

A qualitative exploration of men's perceptions towards male victims of female-perpetrated intimate partner violence

Anjana Patel ¹, Kerem Kemal Soylemez ^{2,*}, Marina Rachitskiy ¹ and Joanne Lusher ²

¹ University of Roehampton London, Roehampton Ln, London SW15 5PH United Kingdom.

² Regent's University London, Inner Circle, Regent's Park, London NW2 4NS United Kingdom.

World Journal of Advanced Research and Reviews, 2025, 26(02), 1467-1477

Publication history: Received on 30 March 2025; revised on 05 May 2025; accepted on 08 May 2025

Article DOI: <https://doi.org/10.30574/wjarr.2025.26.2.1764>

Abstract

There is growing recognition of male victimization of female-perpetrated Intimate Partner Violence and the unique challenges men face. However, research surrounding societal attitudes and perceptions of IPV and its impact on both victims and society remains under-researched. The purpose of this research was to explore the views of men regarding male victims of IPV perpetrated by females. The study specifically examined three key areas, namely, the identification of IPV, seeking assistance, and reporting behaviour. Thematic analysis was employed to gather insights from five participants and gain a deeper understanding of their perspectives on IPV. Key findings include the inability to recognise IPV, barriers which occur on an individual and societal level which prevent help-seeking and a lack of support networks, with gender expectations being one of the more prominent causes. This study highlights the need for comprehensive education, awareness, and robust support services that specifically target the distinct challenges male victims of IPV experience.

Keywords: Intimate Partner Violence; Help-Seeking; Female-Perpetrated; Thematic Analysis

1. Introduction

Intimate Partner Violence (IPV) refers to actual or threatened physical, sexual, financial, or psychological harm within a relationship, inflicted by a current or former partner or spouse [1]. Although statistics suggest women are often the victims of IPV and men are often the perpetrators, it is essential to acknowledge that men can also be victims of this type of abuse [2].

Data collected from the Crime Survey for England and Wales (CSEW) reported that 699,000 men aged 16 years and over experienced domestic abuse in the year ending March 2022. This accounts for approximately 29% of domestic abuse cases and 3% of the adult population [3]. Further, in the 12 months leading up to March 2018, CSEW also found that 49% of men (compared with 19% of women) who experienced domestic abuse, did not report it to anyone. Despite the growing recognition of male victimisation and change in societal attitudes and perceptions surrounding IPV, the issue remains largely unexplored and shrouded in misconceptions [4].

1.1. Gender Stereotypes and Intimate Partner Violence

Gender stereotypes are widely held beliefs about the characteristics and behaviours typically associated with men and women [5]. Despite research indicating that men and women experience similar rates of partner violence, IPV has traditionally been viewed as one-sided, with men viewed as dominant aggressors and women as vulnerable victims [6, 7]. Research has shown that gender stereotypes and conventional gender roles attributed to men, such as masculinity, aggression and the role of a provider, are risk factors for higher rates of IPV committed by men against women [8].

* Corresponding author: Kerem Kemal Soylemez.

However, with regards to male victims of female-perpetrated IPV, these gender stereotypes not only impact both how men perceive IPV and report their experiences, but also reinforce inequality when seeking help [9].

Studies suggest that when reporting incidents, both men and women are more likely to report cases of male perpetration rather than female perpetration [10]. According to Robertson and Murachver [11], traditional beliefs about chivalry and societal expectations of male behaviour in heterosexual relationships can lead male victims to minimise incidents of female violence. Men are also less likely to seek help for female-perpetrated IPV as it deviates from societal norms or goes against masculine ideals that emphasize self-reliance, strength, and emotional control [12]. In same-sex relationships, male victims face unique challenges in seeking help due to additional barriers such as stigma, internalized homonegativity, and discrimination related to both their sexual orientation and the taboo surrounding male victims of domestic violence [13].

Stereotypical traits of masculinity, such as physical strength and emotional restraint, contribute to the misconception that female-perpetrated violence against men is less severe or prevalent than male-perpetrated violence against women. This misrepresentation falsely portrays men as aggressors [14, 15]. Poon et al. [16] found that as women are less likely to have a criminal history when they do display aggressive behaviour, it contradicts common stereotypes. As a result, society often views their violent actions as unusual and may dismiss them, thus creating a false narrative that female-perpetrated IPV is non-existent and can leave male victims feeling ostracised.

Further, the gender bias positions IPV primarily as a women's issue, leading to male victims facing accusations, and being blamed as instigators with the women acting in defence, dismissal, and even attributing the female violence to men's infidelity [17, 18, 19]. While the challenges faced by female victims are widely acknowledged, the struggles of male victims often go unnoticed, as society tends to show more empathy and concern towards women's well-being in IPV cases [4, 20]. This disparity persists even when the perpetrator's gender is unknown, further underscoring the contrasting societal perceptions of male and female IPV victims.

To understand the impact of gender stereotypes on perceptions and responses to IPV, Bates and colleagues [21] conducted a study that examined how these stereotypes manifest in scenarios of bidirectional violence, involving both parties as "victim" and "perpetrator". One hundred seventy-eight undergraduate students were asked to categorise and assess severity, resolution, and justice outcomes in hypothetical scenarios of opposite-sex IPV. The findings revealed that participants rarely identified men as "victims" and women as "perpetrators", indicating that gender-based biases were likely to be at play in the study. Findings also suggest that gender stereotypes can hinder one's ability to recognise men as victims of IPV.

Hine and colleagues [7] replicated earlier findings by examining different types of violence and the proportions of abuse perpetrated by each party. Their study revealed that while participants acknowledged that abuse can be bidirectional, they were still influenced by gender stereotypes, which led to the perception that abuse primarily occurs in one direction. This reluctance to view men as victims was particularly evident in cases of apparent bidirectional violence, where men often endured more abuse. Consistent with Bates' [21] findings, Hine et al. [7] observed that participants were less likely to suggest that male victims contact the police. This suggests that gender stereotypes create barriers to help-seeking, driven by fears of disbelief or stigma. Such stereotypes often obscure male victimization, portraying men as aggressors and thereby questioning their credibility as victims. This dynamic may contribute to a "hidden" population of victims, as gender norms compounded with fears of judgment can dissuade individuals from reporting abuse or seeking help [19].

1.2. Minimisation of Intimate Partner Violence by men

How men perceive IPV is heavily influenced by their understanding of abuse [22]. Research suggests that certain non-physical behaviours, such as emotional, financial, or psychological control, may not be recognised as abusive by men [23]. This lack of recognition can stem from emotional confusion, societal dismissal of such experiences, and misconceptions about abuse, often leading male victims to internalize these beliefs. As a result, they may downplay their victimization, prolonging their exposure to abusive situations [18,21]

Research has studied cases of men subjected to IPV by women to uncover the various forms of abuse they experience. Archer [25] found that, unlike male perpetrators who were more likely to cause harm through beatings or strangulation, female perpetrators are more inclined to use objects as weapons. It is noteworthy that emotional abuse, psychological abuse, and coercive control were not criminalised in the United Kingdom until 2015, when a new law was introduced to address these issues, even in the absence of physical violence [20]. However, due to their perception that IPV only

refers to severe physical violence, male victims of female-perpetrated violence are often reluctant to label their experiences as abuse, leading them to minimise or overlook their experiences to conform to societal expectations [26].

Terms like victim and abuser, commonly used in discussions about female victimization, elicit different responses from men and women [27]. Due to the gendered connotations associated with IPV, men may be reluctant to identify as victims [4]. Research, policies, and support systems often focus on women as victims, neglecting to acknowledge that women can also be perpetrators. This narrow focus can perpetuate feelings of shame and isolation in men, making it harder for them to recognize abuse and seek help, thereby widening the gap in support access [28]. To address these issues, Walker et al. [4], studied men's experiences of IPV perpetrated by women in Australia and introduced "boundary crossings" to describe behaviours that infringe upon a person's rights. Their findings revealed that men often face shock and minimization from family and friends when disclosing their experiences, as well as secondary victimization from police and support services, including ridicule and indifference. By using "boundary crossings" instead of IPV in their research, the study not only captured more detailed accounts of abuse but also emphasized the importance of using terminology that does not have a gender implication associated with it.

1.3. Stigma and barriers to help-seeking

Studies suggest that male victims of IPV often tend to experience a unique set of stigmas which hinder their ability to seek support and intervention [29, 30]. Men who experience IPV may struggle with their sense of masculinity as traditional masculinity is often associated with power, control, and dominance [4, 31]. Society views men who are abusive towards women as going against the traditional standards of masculinity. However, this same view is also held when men experience aggression from women [32]. The traditional norms of masculinity also discourage men from expressing their emotions and being vulnerable, which can be seen as a threat to their masculine identity. In response to experiencing IPV, some men may rely on unhealthy coping mechanisms like substance abuse or antisocial behaviour to manage feelings of inadequacy, numb complex emotions, or avoid seeking help or support [33]. However, the strong association between substance misuse and IPV perpetration in men complicates the narrative, as these coping strategies are often misconstrued as causes of IPV rather than correlated factors [34]. Consequently, this misunderstanding may deter male victims from seeking help and perpetuate harmful perceptions, further marginalising their experiences and reinforcing the stigma surrounding male victimization.

Overstreet and Quinn's [35] IPV stigmatization model examines how stigma affects help-seeking behaviours for those experiencing IPV on individual, interpersonal, and societal levels. Their model outlined three core types of stigma: cultural stigma, which undermines the legitimacy of abusive experiences; stigma internalization, where individuals adopt negative stereotypes about IPV victims; and anticipated stigma which focuses on the concerns victims have about the potential reactions of others once they learn about the abuse, i.e the fear of rejection and judgment from others. Taylor and colleagues [36] applied this model to determine the barriers male victims face and why they are less likely to seek help for their victimisation than females. Their findings suggest male victims of IPV face significant barriers to seeking help, primarily due to societal stigma around masculinity. Key challenges include concerns over credibility, perceptions that support services are predominantly tailored for women, and negative responses when men do seek help, fostering a cycle of isolation and victimization. However, these were primarily attributed to their gender, suggesting society's perception of male victims of female-perpetrated IPV is still closely tied to outdated gender norms and stigma. The application of this model to male victims highlights that, like female victims, men also experience stigma as a barrier contributing to gender disparities in reporting. The study also highlighted a lack of education and training among professionals, which can limit effective support for male victims, which is pertinent in changing societal attitudes and increasing access to support systems.

1.4. Professional attitudes and access to support

Research suggests the key difference between male and female victimisation lies not in the mental or physical experiences of the abuse but in the specific challenges men face when seeking help. Studies indicate that men are significantly less likely to contact IPV services compared to women, even when experiencing similar levels of abuse [30]. This reluctance to report IPV, results in a lack of visibility and recognition of male victims' needs within public policy, which in turn leads to insufficient funding and fewer services and resources dedicated to supporting them [37]. Efforts to drive social and policy changes in response to violence against women in intimate relationships have inadvertently reinforced the perception that IPV experienced by men is less common or severe [38, 39] This false perception significantly impacts male victims' understanding of their access to support, as societal norms often suggest that men do not require IPV services [40]. As a result, following victimisation, help-seeking can be hindered by gender-specific barriers such as stigma, perception issues, failure to recognise themselves as victims and the misconception that available services are geared for women only [2, 37]. Moreover, while female victims benefit from a range of services such as emergency shelters, safety planning, and therapeutic interventions, similar provisions for male victims are often

lacking [41]. This underreporting perpetuates a cycle where male victims' needs remain unmet, and support services remain underfunded or even nonexistent, further alienating potential help-seekers. The gap in services not only highlights the significant disparity in available support for men but also underscores the practical limitations they face in accessing appropriate help, alongside the psychological and emotional challenges.

Rigid frameworks surrounding male victimisation perpetuate stereotypes and misconceptions that shape professional attitudes and reduce the quality of support available to male IPV victims. Male victims often prefer seeking help from friends and family, and their reactions play a crucial role in whether victims pursue formal support, as positive responses can help mitigate feelings of shame and stigma (39, 42). However, when victims do seek help from a formal network such as health professionals, police and domestic violence agencies, they often encounter blame, dismissal, inability to understand male victimisation, ridicule, which compounds their trauma [20, 30]. A study by Hines et al. [38] revealed that male victims who contacted domestic violence helplines were frequently turned away, laughed at, or accused of being perpetrators, further revictimizing them. This may be attributed to many professionals—including healthcare providers, law enforcement, and social workers—not being adequately trained to recognize or respond to male victimization. This lack of awareness by service providers can lead to poor treatment or misunderstanding of the unique dynamics of male victimization and even unconsciously reinforce harmful gender norms. Men frequently reported that mental health professionals are among the most helpful sources of support when seeking help [29]. However, societal expectations of masculinity often deter men from accessing psychological support, driven by fears of appearing weak or vulnerable which complicates the help-seeking process and prevents many male victims from engaging with mental health services [43]. This dual barrier—stigma related to both male victimization and mental health—deepens feelings of isolation and shame which poses a significant challenge in providing adequate support for male IPV survivors.

Law enforcement, often influenced by gendered assumptions about physical size, strength, and victimization in the domestic violence debate, may believe that men are less likely to be victims. Studies indicate police responses disproportionately blame male victims, showing skepticism, neglect, refusal to arrest female perpetrators, or claims of inaction [29, 44]. Whilst some studies report mixed responses from law enforcement, reflecting both problematic and progressive attitudes [20, 45] these inconsistencies may contribute to what Tsui [39] describes as a "bidirectional" mistrust between male victims and police. This refers to a mutual lack of trust, where biases lead to dismissive police responses, and victims, deterred by stigma or negative experiences, avoid seeking help, perpetuating a cycle that obstructs effective support further compounding their trauma [39]. Furthermore, studies suggest that when male victims of IPV report their female partners, female perpetrators may counter with false allegations, potentially leading to the man's arrest [29]. This creates a heightened fear of legal consequences among male victims, making them even less inclined to report their experiences or seek help, as they fear being treated as the perpetrators rather than the victims [18, 46]. This systemic bias reflects how deeply ingrained gender roles in society influence professional attitudes leaving male victims feeling isolated and unsupported by the very institutions that are meant to protect them.

1.5. Current Study

The existing literature focuses on the perceptions and experiences of male victims of IPV. Various domains, such as gender stereotypes, how men identify and rationalise abuse, the stigmas and barriers victims face, and professional attitudes to IPV, have been widely explored [4, 6, 10, 18, 19, 26, 32, 40]. Despite these insights, a limited understanding of how the general male population perceives IPV remains. Further research in this area is essential to better prevent victimization, enhance access to support, and assist professionals in identifying victims, thus fostering improved support, awareness, and intervention for male IPV experiences. The current study aimed to provide an answer to the following research questions: What constitutes IPV to men? What barriers do men face when reporting female perpetrated IPV? How do men perceive the services available for male victims to report their experience of IPV?

2. Material and methods

Qualitative methods allow participants to express themselves in their own words, which helps to capture diverse perspectives [47]. This type of research also provides insight into how an individual's experiences shape their understanding of the world [48]. To meet the study's objectives, a semi-structured interview approach was used, allowing for flexibility in exploring nuanced and under-researched topics while ensuring the capture of individual interpretations and experiences [49].

A qualitative research design was employed, utilizing Thematic Analysis (TA) to align with the research questions. TA emphasizes the importance of personal experiences and their connection to broader societal contexts [50]. This method combines social and psychological interpretations of the data [51] and is widely used in qualitative research to identify,

analyze, and report recurring patterns or themes. By searching for significant themes related to the phenomenon under investigation, TA facilitates the collection of rich, detailed data. Furthermore, TA is a crucial technique for qualitative analysis, giving researchers skills that can be applied to other forms of analysis [51].

2.1. Participants

Consistent with Braun and Clarke's [51] recommendations, five participants were recruited for this study. Participants provided demographic information, including age, ethnicity, education level, and relationship duration.

Inclusion criteria required participants to be male, aged 18 or older, currently living in the UK, and a heterosexual, monogamous relationship lasting at least two years. The age criterion ensures participants can legally consent to the study, their perspectives on IPV are informed and their responses are valid. Research indicates that the length of a relationship can both increase the risk of IPV and influence its dynamics. In longer relationships, greater intimacy and commitment may change the way IPV is experienced or perceived [52]. Therefore, requiring participants to have been in a relationship for at least two years helps identify established patterns of IPV, providing deeper insights into the dynamics of long-term relationships and the nature of abuse. Furthermore, focusing on heterosexual, monogamous relationships ensures a clearer understanding of IPV in this specific context, accounting for gendered societal expectations that may influence the reporting and recognition of abuse [4].

The exclusion criteria were individuals who have experienced IPV. This decision was made to protect their physical and mental health, and to reduce the risk of unintentionally introducing bias due to their heightened awareness and sensitivity to the issue. The study focused only on individuals living in the UK, as it was believed that social values and beliefs regarding male victims of IPV were generally similar across the country, minimizing the risk of cultural variations affecting the study outcome. Recent changes in legal frameworks, such as the Domestic Abuse Act 2021, have shifted the UK towards more inclusive responses to male victims of IPV. This act broadened the definition of domestic abuse to include emotional, sexual, and financial abuse, alongside physical violence and mandated public services to adopt more gender-neutral approaches [53]. Furthermore, national strategies like the *Tackling Domestic Abuse Plan* have started to explicitly address the needs of male victims, reflecting an evolving understanding of IPV and making the UK a relevant context for this research [54].

2.2. Procedure

The six-step analytic process suggested by Braun and Clarke [51] was followed when analysing the in-depth data from the interviews. The transcripts were read and re-read to become more familiar with the data. During this stage, preliminary notes were taken, which contributed to the production of the initial codes. Codes are fundamental components that are extracted from raw data and can be meaningfully assessed in relation to a particular phenomenon. Organizing data into meaningful groups is a crucial aspect of analysis, and coding is an integral part of this process [55]. For the third phase, the codes were organised into potential themes and evaluated on how the various codes could merge to create main themes. After forming a set of main themes, the fourth phase involved fine-tuning the themes along with their subthemes. This required revisiting the thematic map to ensure it accurately reflected the data set. To review coded extracts, Braun and Clarke suggest a two-level process. The first level involved re-reading the extracts and checking for coherence. The second level involved evaluating the validity of the themes with the data set. This helped to gain a clear understanding of the themes and their relationships. The themes were then named and defined, with specific aspects of the data that they captured. Each theme was analysed in detail, both individually and in relation to the larger narrative of the data for the research question. The data analysis involved an iterative process, with continuous back-and-forth movement throughout all six phases [51].

Upon analyzing the collected data, it was concluded that data saturation had been achieved. This marks the stage in the research process where no new information is discovered, and the participants did not generate any additional codes or themes.

3. Results and discussion

The TA process led to the emergence of three main themes: 1. Sociocultural Fallacies and Paradigms, 2. Psycho-emotional Enigma and 3. Legal Impediments and Support Systems. Each theme consisted of two subthemes. Table 1 provides an overview of all the themes and each one is discussed in further depth below.

Table 1 Themes and Subthemes

Themes	Subthemes
Sociocultural fallacies and paradigms	Hidden wounds Gender lens
Psycho-emotional enigma	Emotional complexities social taboo
Legal impediments and support systems	Legal labyrinth Support spectrum

3.1. Theme 1: Sociocultural Fallacies and Paradigms

3.1.1. Sub-theme 1.1: Hidden Wounds

The subtheme "Hidden Wounds" represents the emotional and psychological trauma that is often suppressed or disregarded in cases of IPV. While physical injuries from IPV are more visible and considered more severe, the emotional and psychological scars are not always so apparent to others. This can result in the victims and society overlooking or misinterpreting signs of abuse, leading to a downplaying of the severity of the situation [23]. Furthermore, the narrow focus on the violent aspect of IPV can result in overlooking the equally harmful but less visible forms of abuse within relationships.

Participants linked the sensation of unhappiness and discomfort to physical violence, suggesting that they understand violence mostly in terms of its physical outcomes. Their vague understanding of what constitutes IPV suggests that emotional and verbal abuse may not consistently be recognised as IPV because they are not viewed as severe as physical violence.

Additionally, some participants differentiated "violence" from "intimate partner abuse," associating violence with physical harm and the latter with controlling behaviours. They highlighted the impact of terminology on their perception of abuse, suggesting that "Intimate Partner Abuse" could provide a more comprehensive framework encompassing physical, emotional, and psychological aspects of abuse.

3.1.2. Sub-theme 1.2: Gender Lens

This subtheme explores how deeply ingrained gender-based stereotypes and biases shape perceptions of IPV. Some views commonly expressed by participants were associated with gender stereotypes such as the belief that men are inherently physically stronger and therefore cannot be victims of abuse, or that men are usually the perpetrators of IPV, not victims [37]. *Their narratives suggest that embedded gender stereotypes can distort the perceptions of what IPV is and the support services available.*

A stereotype is deeply rooted in historical and societal perspectives. Participants assumed that IPV affects more women than men. This common assumption may originate from traditional gender roles that have long portrayed women as more vulnerable in relationships, leading to the belief that they are more likely to experience abuse.

Participants also strongly associated gender stigma as a hindrance when seeking help and with their perceptions of available services for men. For example, some expressed how despite being male victims, women were more likely to be abused than men, and as a result, more support services were available for women. The misperception surrounding male victims of IPV can make it difficult for victims to seek help, as they may see it as a sign of weakness or failure. Ultimately, this can lead to victims avoiding pursuing support altogether.

3.2. Theme 2: Psycho-emotional Enigma

3.2.1. Sub-theme 2.1: Emotional Complexities

Recognising and seeking help for IPV can be a daunting task due to emotional barriers such as shame, confusion, fear, and guilt the victims may experience. The interviews with participants uncovered a common thread that these emotions frequently create conflicting feelings, making it challenging to grasp the complexities of IPV fully [4]. This subtheme sheds light on the emotional turbulence men often grapples with, making it difficult to recognise, cope, and seek assistance for IPV. Participants narratives indicated three emotional complexities: emotional expression, comfortability, and social isolation.

Data supported that IPV can manifest as an emotional outlet, where perpetrators resort to violence or abuse as a means of coping with their own emotions. The unpredictability and inconsistent behaviours can often leave victims feeling confused and fearful.

A participant's perspective shed light on the intricate emotions that tangle victims into abusive relationships. They emphasised the coexistence of fear, yet a peculiar sense of comfort or familiarity, can result in an emotional paradox that often prevents victims from breaking free.

3.2.2. Sub-theme 2.2: Social Taboo

Social Taboo delves into the societal norms that impede open discussions about the emotional and psychological effects of male victims of IPV perpetrated by women. Participants discussed how societal pressures and stereotypes surrounding masculinity can discourage male victims from expressing their vulnerability and emotional distress, further intensifying their emotional struggles [40]. This subtheme underscores the societal barriers male victims face in acknowledging and addressing IPV victimisation's psychological and emotional aspects. *Participants' voices demonstrate the impact of societal taboos surrounding masculinity on the disclosure of IPV.*

A participant shared that pride and self-reliance fuel his perception of sharing personal struggles. Their hesitation to share own experiences with others may stem from societal expectations that suggest individuals should be self-reliant and capable of handling their problems independently. This attitude can create a barrier to open discussions about emotional issues, including experiences of IPV, as individuals may fear judgment or perceive disclosing such vulnerabilities as a sign of weakness.

Participants' narratives demonstrate how societal norms act as barriers to open discussions about IPV, particularly for men who face the fear of appearing vulnerable or emasculated when seeking help.

3.3. Theme 3: Legal Impediments and Support Systems

3.3.1. Sub-theme 3.1: Legal Labyrinth

Various concerns by participants were highlighted, including the vagueness surrounding legal protocols and proceedings, and the tendency not to take psychological abuse as seriously as physical violence. Responses also suggest concern surrounding psychological abuse not leaving visible marks, leading legal professionals such as police officers to doubt victims, dismiss their claims, or refrain from investigating without adequate proof [7]. Participants' narratives shed light on various factors that may prevent victims of IPV from seeking justice.

A participant highlighted a specific legal issue in the UK, where the legal definition of rape only involves penetration by a penis. This can create confusion for male victims of sexual abuse and may exclude them from being classified as rape victims in particular situations. Another participant delved into the practicalities of the legal system's response to IPV, suggesting that, from their perspective, only cases of immediate physical endangerment warrant police intervention. Further, they highlighted the impact of societal perceptions of masculinity within the legal system, where both the victim and authorities may doubt or question cases involving male victims of IPV due to the stereotype that men are expected to embody physical strength and toughness.

3.3.2. Sub-theme 3.2: Support Spectrum

The subtheme "*Support Spectrum*" explores the participants' perceptions of the available services and resources for those affected by IPV. The term "spectrum" implies that support services are perceived differently regarding accessibility, availability, and inclusivity. *Answers reveal several* limitations and barriers that participants described, including feeling like IPV is a 'woman's problem', a lack of awareness surrounding support available for men and a lack of trust in services [41]. During the study, the participants also expressed a need for increased awareness and diversity of support services.

It was noted that the disparity in online resources and societal attitudes based on the gender of the victim, suggesting there are more available helplines for women compared to men who face dismissive attitudes. This reflects unequal resources and societal biases preventing men from seeking support. The lack of diversity in the police force also underlines the need for more inclusive support systems, especially for individuals from ethnic minorities who may feel uncomfortable disclosing their experiences to White British officers.

Furthermore, participants stressed the importance of choosing appropriate support services when seeking help for IPV. This highlights a potential hesitancy among individuals to reach out to conventional healthcare providers like GPs, indicating the need for clear guidance on how and where to access appropriate support. This underscores the importance of providing individuals with clear information on where to report IPV and what resources are available, as the lack of such guidance can leave them uncertain about where to seek help, potentially resulting in delayed or inadequate support.

4. Conclusion

This qualitative study explored male perspectives on female-perpetrated IPV, adding to the existing body of IPV research. The research drew attention to the overlooked issues and unique challenges men encounter when recognising and seeking assistance for female-perpetrated IPV. These challenges include emasculation, going against societal expectations, victim-blaming, and a lack of support services. The findings emphasise the importance of challenging societal stereotypes and gender norms that may prevent male victims from coming forward and seeking aid. By raising awareness of the prevalence of female-perpetrated IPV and developing comprehensive support networks which cater to the unique needs of male victims, society can break down the obstacles which prevent male IPV survivors from seeking help whilst facilitating their path to healing and recovery.

Compliance with ethical standards

Acknowledgments

Authors would like to thank those who took part in this study.

Disclosure of conflict of interest

The authors declare that there is no conflict of interest.

Statement of ethical approval

Ethical approval was obtained from the Research Ethics Committee at University of Roehampton London.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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