

ORIGINAL RESEARCH

Male victims experiences with seeking help from domestic violence agencies over time and across western English-speaking countries

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Abstract

Background: Male victims of intimate partner violence (IPV) represent a substantial but overlooked portion of IPV victims. Access to domestic violence (DV) services remains a challenge, particularly when agencies primarily serve female victims. This study examines male IPV victims' experiences with mainstream and specialized DV agencies across four English-speaking regions: the United States, Canada, the United Kingdom/Ireland, and Australia/New Zealand. **Methods:** Two samples of male IPV victims from Western English-speaking countries/regions were recruited: one consisting of self-identified male IPV victims ($n = 594$) and the other of male IPV victims from crowdsourcing sample ($n = 1380$). Participants completed an anonymous online questionnaire, and among other issues, reported on their help-seeking from DV agencies, specific experiences with DV agencies, and perceived helpfulness of the DV agencies' services. **Results:** Men from the victims sample were significantly more likely to seek help compared to male IPV victims from the crowdsourcing sample. Specialized DV agencies were rated as more helpful than mainstream agencies. USA respondents reported the most positive experiences, while those from other regions, particularly Canada and the UK/Ireland, reported negative encounters. **Conclusions:** Findings highlight the need for improved, gender-inclusive training and resources within mainstream DV agencies, as well as increased support and expansion of specialized services for male IPV victims. Policymakers and service providers must address the systematic gaps in support to ensure male victims are recognized and effectively helped across all regions.

Keywords

Male victims; Intimate partner violence (IPV); Domestic violence agencies; Help-seeking behavior; Male-inclusive DV services

1. Introduction

Population-based research indicates that men comprise 33% to 50% of intimate partner violence (IPV) victims across the United States (USA), Canada, Australia and the United Kingdom (UK) [1–5]. A review by Lysova *et al.* [6] of 246 prevalence studies from 2011–2022 found that 11.8% of men experienced physical IPV in their relationships, compared to 14.6% of women. Men who have been victimized by IPV face various physical and mental health consequences, including post-traumatic stress, depression, suicidality, and cardiovascular health problems [7–9], among other issues. This well-established evidence on the substantial proportion of male IPV victims and its associated health impacts underscores the need for a deeper understanding of available support services. IPV victims—both men and women—can and (at varying rates) do seek assistance from both formal sources, such as domestic violence (DV) helplines, law enforcement, and mental health

professionals, as well as informal sources, including friends, family, and online resources [10, 11].

This paper concentrates on male IPV victims' reported experiences of the services provided by DV agencies and hotlines. These organizations are essential in safeguarding IPV victims and providing necessary services. Despite the high prevalence of victimization, men often hesitate to seek help, particularly from formal resources, even when they need it [12]. This hesitation is further exacerbated by the limited availability of services for male victims of IPV, regardless of national context [13–15]. The lack of services for male IPV victims likely stems from an early research and policy focus on female victims, which prioritized women's support and protection [16], with no resources allocated to male victims and to anyone abused by women (*e.g.*, lesbian gay bisexual transgender queer (LGBTQ+)). This led to a limited grassroots effort to develop agencies that specialize in men and/or the LGBTQ+ community as IPV victims [17]. The availability

of these specialized DV agencies requires further research to understand male victims' help-seeking attitudes and their satisfaction with these different types of DV agencies, namely the mainstream agencies that traditionally and often primarily focus on female victims and newer, specialized DV agencies that offer male and/or LGBTQ+ victims a place to receive services.

Most research on male IPV victims' interactions with DV agencies and hotlines consists of small, qualitative studies with limited generalizability [18]. This highlights the importance of our study, a large-scale quantitative analysis using two samples: self-identified male IPV victims and men from the general community who reported experiencing physical and/or sexual IPV. By comparing these groups, we gain valuable insights into the unique characteristics and challenges faced by male IPV victims, distinguishing them from victims from the general community of men. This knowledge is crucial for guiding prevention and intervention efforts and formulating strategies to address risk factors, ultimately reducing the occurrence of IPV among men.

To our knowledge, no quantitative studies have examined and compared the experiences of male IPV victims across multiple national contexts. Cross-national research is essential for gaining a broader understanding of male IPV victims' experiences, as demonstrated by the World Health Organization's work on violence against women. This study examines help-seeking behaviors among male IPV victims who interacted with DV agencies and hotlines across four Western English-speaking national/regional contexts: the USA, UK/Ireland, Canada, and Australia/New Zealand (AUS/NZ). These Western, English-speaking countries were selected due to their similar development of DV agencies and hotlines, as well as the involvement of researchers coordinating data collection in these regions. Our sample was limited to men from countries where English is the primary or official language due to funding and time constraints that prevented the translation of study measures into additional languages.

Given the limited research on men's IPV victimization, little is known about whether their experiences with DV agencies and hotlines have evolved over time. Understanding these changes is crucial for evaluating progress, identifying gaps, informing policy and practice, increasing awareness and building an evidence base to improve support for male IPV victims. This study seeks to address these gaps.

1.1 Brief history of DV agencies and hotlines

Domestic violence agencies and hotlines originated in the 1970s as grassroots efforts to assist female victims of IPV [16]. By the 1980s and 1990s, these agencies had secured funding and became institutionalized across Western nations, including the USA, UK, Ireland, Canada, Australia, and New Zealand. Today, they provide shelter, housing, legal assistance, and counseling services [19]. These agencies are widespread; for example, in the USA, there are approximately 2000 DV agencies and hotlines [20]. However, because these agencies were initially developed for female victims, they largely follow a gendered framework that links IPV to patriarchal power structures [21]. This framework, sometimes called the

gender paradigm [22], assumes IPV is predominantly male-perpetrated, influencing public and professional responses to male IPV victims [23].

Due to this paradigm, male victims often encounter barriers when seeking support. Research shows that mainstream agencies may deny services to men or provide inadequate support [24]. Studies in the USA, UK, Canada, and Australia confirm that male IPV victims—heterosexual, gender minority, and sexual minority—struggle to access resources [13, 15]. In response, specialized DV agencies emerged to address male victims' needs [17]. However, these agencies remain scarce and underfunded. Currently, the USA has only two shelters dedicated to male victims, with a few others offering sheltering for both men and women in the same facility [17]. Canada's first men's DV shelter opened in 2021 [25]. The UK has two helplines for male IPV victims, operational only for limited hours, and thirty-seven organizations providing a mere forty dedicated shelter spots [26]. Australia's MensLine provides some support [25], but overall, specialized services remain limited worldwide [14]. Despite their limited reach, evaluating these agencies is crucial to understanding their effectiveness and improving support for male victims.

1.2 Men's experiences with mainstream and specialized DV agencies and hotlines

Multiple qualitative studies highlight negative experiences for men seeking help from mainstream DV agencies. In the UK, men reported feeling blamed for their abuse [7], while Canadian research found that most male victims struggled to access help, often encountering disbelief or being misidentified as perpetrators [27]. Australian studies similarly noted that men were told to "man up" or labeled as perpetrators when seeking support [28]. In the USA, men frequently faced accusations and ridicule and were turned away from services [29]. A mixed-country study found that these negative interactions reinforced self-blame and discouraged help-seeking [18].

Quantitative studies in the USA further confirm these challenges. Douglas and Hines [24] reported that nearly half of male IPV victims contacting agencies or hotlines were told services only supported women, and over 40% were accused of being abusers. These negative experiences were associated with poorer mental health outcomes. Given these findings, we hypothesize that male IPV victims in this study will report similar negative experiences, though improvements may have occurred over time as awareness of male IPV victimization increases [30].

Research on specialized DV agencies is limited but largely positive. In Portugal, a study of male IPV shelter residents found they valued the emotional and legal support provided [31]. In Denmark, men at a crisis center reported improved well-being, including reduced depression, after receiving housing and counseling [32]. Similarly, a UK domestic abuse helpline study found that most male callers sought emotional support, service referrals, and legal advice, with nearly all reporting positive experiences [33]. Given these findings, we hypothesize that male IPV victims in this study will report more positive experiences when engaging with specialized agencies, particularly those that cater to men and/or LGBTQ+

individuals.

1.3 Predictors of helpfulness

To our knowledge, only one study has examined predictors of helpfulness ratings for DV agencies and hotlines [34]. The strongest predictor of positive ratings was receiving a helpful referral to a local DV agency, while the strongest predictor of negative ratings was being told the hotline only helped women. Additionally, men with a history of childhood sexual abuse rated their experiences more negatively. The current study also aims to explore predictors of DV agency helpfulness; although most of our analyses will be exploratory, we also hypothesize that agencies providing useful resources will be seen as more helpful, while those turning men away will be rated less favorably.

1.4 Theoretical context

Several existing theories and typologies can be used to explain why male IPV victims may be reluctant to seek help and why DV agencies may not provide the services and resources necessary to sufficiently help men. For example, gender role conflict theory [12] postulates that masculine norms (*e.g.*, stoicism, emotional suppression) discourage men from seeking help for any health-related issue, which is further exacerbated when the problem is considered non-normative for men. Overstreet and Quinn's [35] stigmatization model identifies how cultural stigma, internalized stigma, and anticipated stigma hinder IPV help-seeking behaviors, particularly among groups that are marginalized as IPV victims, such as men.

Furthermore, the severity of the IPV experiences may inform whether victims—men or women—seek help; for example, Johnson's typology of IPV [36] distinguishes between situational couple violence (SCV) and intimate terrorism (IT). Research on this typology indicates that community samples primarily experience SCV [37], characterized by low-level (*e.g.*, slapping, pushing), infrequent, and non-controlling acts of violence. In contrast, participants in targeted victim samples are more likely to face IT [38], where violence is part of a broader pattern of coercive control by a partner. Given these differences, we anticipate that men in a community sample would be less likely to seek help from DV agencies and hotlines, likely due to the comparatively less severe nature of the abuse they experience compared to men in a targeted IPV victim sample.

As mentioned above, Dutton's [22] "gender paradigm" may influence how DV agencies—particularly mainstream DV agencies—respond to male IPV victims because it has shaped how service providers view both IPV and who the perpetrators and victims are. Thus, service providers at DV agencies may be unlikely to acknowledge men as victims or provide appropriate and necessary services.

1.5 Summary and hypotheses

Given the existing research gaps and the theoretical context discussed above, this study seeks to replicate and expand upon the literature on male IPV victims' experiences with DV agencies and hotlines, both mainstream and specialized. This

study is part of a larger project examining men's experiences with IPV in Western countries where English is the primary language [39]. We used two distinct samples: (1) a subsample of a sample gathered from a crowdsourcing platform; this subsample consisted of men who reported experiencing physical and/or sexual IPV, and (2) a targeted sample of male IPV victims. Our hypotheses and research questions are:

1. Based on Johnson's [36] IPV typology, we hypothesize that men in the community sample gathered through the crowdsourcing platform would be less likely than the self-identified male victims sample to seek help from DV agencies and hotlines, likely due to the less severe nature of the abuse community men experienced.

2. Based on the gender paradigm [22], we hypothesized that male IPV victims' experiences with mainstream DV agencies and hotlines would be predominantly negative. However, we also hypothesize that their experiences likely have improved in recent years due to growing awareness of this issue over time [30].

3. We hypothesized that male victims' experiences with specialized DV agencies/hotlines would be largely positive, given the prior research on this topic [31–33].

4. We also examined potential differences in helpfulness ratings across the countries and regions involved (USA, UK/Ireland, Canada, AUS/NZ) for both mainstream and specialized DV agencies. Based on previous research on male IPV victims' experiences with DV agencies cited above, we did not expect significant differences in helpfulness levels across the countries and regions.

5. Finally, we investigated factors predicting the perceived helpfulness of both mainstream and specialized DV agency services. While most of our analyses on predictors of help-seeking experiences were exploratory, considering Douglas *et al.*'s [34] findings, we hypothesized that agencies that provide supportive resources for the men will be perceived as more helpful, whereas agencies that turn away men because they only help women will be perceived as less helpful.

2. Materials and methods

2.1 Participants and procedure

For this study, we recruited two samples of male-identifying individuals: one consisting of male IPV victims and another drawn from the crowdsourcing platform Prolific. The data collected for this study is from 2021; this is the fifth paper using data from this dataset.

2.1.1 Male victims sample

This sample included 594 male victims. Eligibility criteria included being from an English-speaking Western country (USA, Canada, UK, Ireland, Australia, or New Zealand) and between the ages of 18 and 59. (Due to child abuse and elder abuse reporting laws in USA states, we limited eligibility to ages 18–59 in order to be able to keep the survey anonymous and maximize participation and honest reporting.) They also needed to report that "at least one of their romantic partners had acted aggressively towards them, tried to control them, or forced or coerced them into something against their will at

some point in their lives”.

The study utilized an anonymous online survey administered through Qualtrics between February and November 2021; among other quality control efforts [39], we programmed Qualtrics to allow only one submission per Internet protocol (IP) address. Participants were recruited through multiple channels, including advertisements shared with agencies and professionals working in fields related to male IPV victims, such as DV, mental health, healthcare, divorce, and parenting. The recruitment materials described the study as examining “men who experienced aggression from their romantic partners” and included a link to the survey. To incentivize participation, respondents were offered a \$10 Amazon gift card. After providing informed consent, participants completed screening questions to determine eligibility. Those who did not meet the criteria were thanked for their time and redirected to a conclusion page. Eligible participants who completed the survey and wished to receive compensation were directed to a separate form where they provided only their email address to ensure confidentiality.

Please see Hines DA *et al.* [39] (2025) for full demographic information on this sample. In brief, the majority of participants (59.9%) of the 594 men in the sample were from the USA, with smaller representation from England (8.8%), Canada (8.9%), Australia (13.3%), Scotland (2.4%), Wales (0.3%), New Zealand (5.1%), and Ireland (1.3%). Most identified as cisgender male (98.7%) and heterosexual (85.9%), with a smaller percentage identifying as gay (6.2%) or bisexual (4.5%). Participants had an average age of 37.17 years ($SD = 8.59$). In terms of race and/or ethnicity, 69.8% identified as White, followed by Black/Caribbean/African (11.2%) and Latino/Hispanic (8.5%); smaller percentages identified as Native American/Aboriginal, Australian, Southeast Asian, and other backgrounds. Most (74.5%) had at least some college education, and 69.2% were employed full-time. Relationships lasted an average of 7.12 years ($SD = 6.01$), with former relationships ending on average 3.18 years prior ($SD = 4.58$). Nearly half (46.1%) parented children with their abusive partner.

2.1.2 Prolific sample

We recruited 4005 men through Prolific, a crowdsourcing platform for academic research. Compared to other platforms, Prolific panel members provide higher-quality, more diverse and less biased responses [40]. Participants received \$5 US for completing the survey, which targeted men or transgender men (ages 18–59) from Western English-speaking countries with at least one prior romantic relationship. Recruitment was completed within 24 hours in July 2021.

For this analysis, we included only men who reported experiencing at least one act of physical and/or sexual IPV victimization, resulting in a subsample of 1380 men (34.5% of the original sample). Of these, 40.3% were from the USA, 41.1% from England, 7.2% from Canada, and smaller percentages from Australia, Scotland, Wales, New Zealand, Ireland, and Northern Ireland. Most identified as cisgender male (99.1%) and heterosexual (88.6%), with 4.3% identifying as gay and 6.0% as bisexual [39].

The average age was 33.96 years ($SD = 9.78$). In terms

of race and/or ethnicity, 76.5% identified as White, followed by Black/Caribbean/African (10.7%), Southeast Asian (5.4%), East Asian (5.2%), and Latino/Hispanic (3.5%). The majority (73.2%) had at least some college education, and 68.0% were employed full-time, with students being the next largest group (8.7%). Relationships lasted an average of 7.55 years ($SD = 7.30$), with former relationships ending on average 0.97 years prior ($SD = 2.75$). The largest relationship status category was married (40.3%), followed by dating (16.3%) and ex-dating (15.2%). Additionally, 42.2% parented children with their partner. Please see Hines DA *et al.* [39] (2025) for further demographic information on this sample.

2.1.3 Both samples

This study was approved by the ethics boards of all participating institutions. The Institutional Review Board (IRB) approval number for the lead institution of the first author, George Mason University, is 1689545-15. Participants remained anonymous, and safety precautions included the provision of information on IPV support agencies and guidance on clearing browser history. The datasets are not yet publicly available, as we are still developing manuscripts. They will be placed in a data repository upon completion. In the meantime, data requests can be directed to the corresponding author.

2.1.4 Consent to participate

When clicking on the survey link, all potential participants were presented first with the consent form, which outlined their rights as participants. They were informed about what was involved in the study and that it would take approximately 20–30 minutes to complete the survey, that their data would remain anonymous and confidential, their right to skip any questions they did not want to answer, and their right to withdraw from the study at any time. Participants were provided country-specific resources to contact should they become distressed during the study, and they were provided contact information of the lead researcher and her IRB. Participants were asked to indicate whether they consented to the study by clicking on either: “Yes, I have read the above consent form and agree to participate” or “No, I have read the above consent form and do not agree to participate”. Only participants who indicated yes were routed into the survey.

2.2 Measures

Participants in the male victims sample were instructed to respond to all survey questions based on their experiences with an aggressive partner. If they had multiple aggressive partners, they were asked to focus on the most recent one. Men in the Prolific sample were directed to answer all questions about their current or most recent romantic partner. Below, we describe only the measures relevant to the current analysis. For analyses comparing differences by country, England, Scotland, Wales, Northern Ireland, and Ireland were grouped under UK/Ireland, while Australia and New Zealand were combined into the AUS/NZ category.

2.2.1 Demographics

Participants provided basic demographic information about themselves and their partners, categorized as either their aggressive partner (for the male victims sample) or most recent partner (for the Prolific sample). This included details such as country of residence, age, race and/or ethnicity (participants could choose as many racial and/or ethnic group categories they identified with, as well as write in a response or leave it blank), education, employment status, sexual orientation, and gender identity. Additionally, participants reported on their relationship with their aggressive/most recent partner, including their current status, relationship duration, whether they were still together, and if not, how long ago the relationship ended. They were also asked whether they shared parenting responsibilities with this partner.

2.2.2 Intimate partner violence

We utilized the Revised Conflict Tactics Scales (CTS2) [41] to assess the extent to which participants both perpetrated and were victimized by various acts of aggression within their relationships. This included severe psychological aggression (*e.g.*, destroying or damaging a partner's belongings), physical aggression (*e.g.*, kicking, punching), and injuries (*e.g.*, small cut/bruise, passing out). Due to a programming error, not all sexual aggression questions were administered, so this subscale was excluded from analysis. We augmented the CTS2 with ten items adapted from the Psychological Maltreatment of Women Inventory (PMWI) [42] to measure coercive control (*e.g.*, not allowing to see family and friends). Additionally, we included the six-item Threatened Legal/Administrative IPV Scale [43], which assesses behaviors such as threatening to make false accusations to authorities regarding physical or sexual abuse.

Participants indicated whether each act had been used by them and/or their aggressive/most recent partner at any point in their relationship. Each CTS2 subscale, the coercive control scale adapted from the PMWI, and the threatened legal/administrative abuse scale was scored in two ways: (1) Occurrence of aggression—A yes/no variable indicating whether any act of that type had ever occurred; and (2) Variety of aggression—The total number of different acts within each type of aggression that had occurred. For instance, the physical IPV subscale included 12 items, meaning participants could have experienced up to 12 different forms of physical IPV. This second scoring method, known as a variety score, is recommended by Moffitt *et al.* [44], who found it to be a reliable and valid measure of the severity and frequency of different forms of IPV while maintaining appropriate statistical assumptions.

The CTS2 has been shown to possess strong construct validity, discriminant validity, and reliability [41]. Prior research on male IPV victims [45, 46] has established the reliability and validity of the PMWI items on male IPV victims and community samples of men. Similarly, the legal/administrative abuse scale has demonstrated strong reliability and validity on a population-based sample of men and a sample of male victims [43]. For all scales measuring the various forms of IPV, Cronbach's alphas spanned from 0.70 to 0.89, with a

few exceptions. Lower reliability values were observed in subscales with minimal variability in item responses, where most participants either endorsed all items or none at all. As per Novick and Lewis [47], Cronbach's alpha underestimates and does not accurately reflect reliability when there is limited variability on items and when items are measured dichotomously, as was the case in the current study.

2.2.3 Follow-up IPV questions

Participants answered follow-up questions about the timing of the first and most recent instances of aggression in their relationships. Using these responses, we calculated the duration of IPV they experienced.

2.2.4 Help-seeking questionnaire

We asked participants to complete a revised version of Douglas and Hines' [24] help-seeking inventory, which asked whether they had sought assistance from 14 different resources. This analysis specifically examines their experiences seeking help from DV agencies and hotlines that specialize in supporting male and/or LGBTQ+ victims (*i.e.*, specialized DV agencies/hotlines) and from "mainstream DV agencies and hotlines" that typically and traditionally have women as clients. If participants sought help, they were asked to report the year they last accessed that resource. They then rated its helpfulness on a 5-point scale (1 = not at all helpful, 2 = not helpful, 3 = neither helpful nor unhelpful, 4 = helpful, 5 = very helpful). Additionally, they identified the specific services (*e.g.*, housing, counseling) and responses (*e.g.*, being reassured that they didn't deserve the abuse, being believed) they received. Participants responded to all services/responses items with a yes or no answer.

3. Results

Findings on IPV victimization and perpetration across the two samples are reported elsewhere [39]. Briefly, participants in both samples reported experiencing significantly more acts of victimization than they reportedly perpetrated. Additionally, men in the male victims sample reported significantly higher levels of both victimization and perpetration compared to participants in the Prolific sample.

3.1 Help-seeking by sample type and country

The percentage of men in each sample who sought assistance from different agencies is displayed in Table 1. Help-seeking rates were significantly higher in the male victims sample (32.9% for specialized and 23.9% for mainstream agencies) compared to the Prolific sample (1.4% and 1.5%, respectively). Table 2 compares help-seeking rates across samples and countries. No men in the Prolific sample from Canada or AUS/NZ sought help, while USA men had the highest help-seeking rates (2.5% specialized, 3.1% mainstream) and UK/Ireland men reported lower rates (0.7% specialized, 0.6% mainstream); however, chi-square tests could not be performed due to small cell sizes. Among the male victims sample, USA men were significantly less likely to seek help compared

TABLE 1. Sample difference in help-seeking rates and helpfulness ratings.

Resource	Prolific Sample (N = 1380) % (n)	Male Victims Sample (N = 594) % (n)	χ^2 (p)
Help-Seeking Rates			
Specialized DV Agency/Hotline	1.4% (19)	32.9% (192)	419.61 (<0.001)
Mainstream DV Agency/Hotline	1.5% (21)	23.9% (142)	278.82 (<0.001)
	M (SD), n	M (SD), n	Welch's <i>t</i> (p)
Average Helpfulness Rating [^]			
Specialized DV Agency/Hotline	3.84 (1.26), 19	3.23 (1.46), 188	1.99 (0.058)
Mainstream DV Agency/Hotline	3.75 (1.45), 20	2.68 (1.56), 131	3.05 (0.005)

Note. We used Welch's *t* to correct for unequal sample sizes and heterogeneity of variance.

[^]Where 1 = not at all helpful, 2 = not helpful, 3 = neither helpful nor unhelpful, 4 = helpful, 5 = very helpful.

DV: domestic violence; M: mean; SD: standard deviation.

to those in the UK/Ireland (specialized: 27.6% vs. 51.3%; mainstream: 19.1% vs. 34.7%), with no other significant country differences.

3.2 Helpfulness ratings by sample and country

Table 1 also presents the average helpfulness ratings for each of the two samples. Men in both samples rated specialized agencies above the neutral midpoint (3.0), with no significant differences between samples. However, mainstream agencies were rated more favorably by the Prolific sample (3.75) compared to the male victims sample (2.68). Table 2 further explores country differences. Within the Prolific sample, helpfulness ratings did not vary by country. However, among the male victims sample, USA men rated specialized agencies significantly higher than those in the UK/Ireland and AUS/NZ. Similarly, they rated mainstream agencies higher than men in the UK/Ireland, Canada, and AUS/NZ. Ratings for both resources were below the neutral midpoint in all regions except the USA, where they were rated above 3.0.

3.3 Support and responses provided

Table 3 shows the various services and responses provided by each of these resources. These percentages were calculated only among the participants who reported seeking help from that service and who provided answers to the follow-up questions regarding resources and services provided. Significance tests could not be conducted because the data points were neither independent nor repeated measures. Thus, we will only discuss trends. Men received more services from the specialized DV agencies than they did from the mainstream agencies. Nonetheless, the minority of men who sought help from either resource received housing services, services for their children, or services for their partner. About half of the men seeking help from the specialized DV agencies were provided with legal services and other support services, and the majority were provided with counseling services and given helpful information. Less than half of the men seeking help from mainstream DV agencies were provided with any of

these services, with housing services, resources specific to male survivors, and services for children the least likely to be provided.

In terms of responses, the majority of men seeking help from specialized DV agencies were believed and told they did not deserve the abuse, while a minority of men seeking help from mainstream DV agencies received those responses. A minority of men seeking help from specialized DV agencies were told that agency only helped women, were asked what he did to deserve it, and were ridiculed in some way. The latter two responses were also in the minority according to men seeking help from mainstream DV agencies, but just over half were told that the mainstream DV agency only helped women.

3.4 Predictors of helpfulness

To enhance the statistical power of our analyses, we combined both samples and all countries to examine the predictors of perceived helpfulness. Demographic and IPV-related predictors are presented in Table 4. Due to country-level differences in helpfulness ratings—specifically, men in the male victims sample from the USA reported significantly greater service helpfulness than those in other countries—we categorized country as USA vs. Non-USA for these analyses. For both types of agencies, the USA subsample was a significant predictor of helpfulness; for both agencies, older men, men who were no longer in their relationships, and longer time since relationship ended were negatively associated with helpfulness. For specialized DV agencies/hotlines, men who had children found the agencies/hotlines less helpful. For both resources, the longer the duration of IPV, the longer ago the violence started, and the longer ago the last violent act occurred, the less helpful the men found the resources. The most consistent victimization predictor variable was legal/administrative abuse, with higher victimization from this type of abuse predictive of lower ratings of both resources. Across both resources and all types of IPV, higher levels of perpetration were associated with higher helpfulness ratings. Additionally, the ratings of helpfulness were significantly higher more recently.

TABLE 2. Help-seeking rates and helpfulness ratings by sample type and country.

Resource	Prolific Sample					Male Victims Sample				
	USA (N = 556)	UK/Ireland (N = 680)	Canada (N = 99)	AUS/NZ (N = 45)	$\chi^2 (p)$	USA (N = 356)	UK/Ireland (N = 76)	Canada (N = 53)	AUS/NZ (N = 109)	$\chi^2 (p)$
Help-Seeking Rates										
Specialized DV Agency/Hotline	2.5%	0.7%	0.0%	0.0%	--	27.6% _a	51.3% _a	39.6%	32.4%	17.38 (<0.001)
Mainstream DV Hotline/Agency	3.1%	0.6%	0.0%	0.0%	--	19.1% _a	34.7% _a	30.2%	31.1%	13.13 (0.004)
	USA M (SD), n	UK/Ireland M (SD), n	Canada M (SD), n	NZ/AUS M (SD), n	F/Welch's t (p)	USA M (SD), n	UK/Ireland M (SD), n	Canada M (SD), n	NZ/AUS M (SD), n	F/Welch's t (p)
Helpfulness Ratings [^]										
Specialized DV Agency/Hotline	3.93 (1.33), 14	3.60 (1.14), 5	--	--	0.28 (0.611)	3.96 (0.97), 96 _{a,b}	2.68 (1.42), 37 _a	3.05 (1.66), 21	1.88 (1.32), 34 _b	28.12 (<0.001)
Mainstream DV Agency/Hotline	4.13 (1.20), 16	2.25 (1.50), 4	--	--	5.38 (0.081)	3.79 (1.27), 61 _{a,b,c}	1.74 (1.14), 23 _a	2.25 (1.39), 16 _b	1.42 (0.72), 31 _c	43.98 (<0.001)

Note. Percentages or means in the same row sharing subscripts are significantly different from each other, according to a post-hoc z-test with a Bonferroni correction (chi-square test) or according to Tamhane's T2 post hoc test (ANOVA). Chi-square tests could not be conducted with men from the Prolific sample due to small cell sizes. We used Welch's t to correct for unequal sample sizes and heterogeneity of variance.

[^]Where 1 = not at all helpful, 2 = not helpful, 3 = neither helpful nor unhelpful, 4 = helpful, 5 = very helpful.

DV: domestic violence; AUS/NZ: Australia/New Zealand; M: mean; SD: standard deviation.

-- in the Canada and AUS/NZ columns indicates that we did not have any data for the helpfulness ratings because no one from those countries/regions used those services.

-- in the $\chi^2 (p)$ column indicates that we were unable to perform a chi-square test because of insufficient cell sizes.

TABLE 3. Services and responses received from DV agencies (combined samples).

	% Reporting	
	Specialized DV Agencies (n = 201)	Mainstream DV Agencies (n = 145)
Services Received		
Housing Services	38.8	31.3
Counseling Services	65.0	42.8
Legal Services	48.8	36.6
Other Support Services	50.7	42.4
Services for Children	33.8	30.3
Services to Help Partner	43.8	38.6
Helpful Information	59.2	48.6
References to Programs that Have Helped	46.8	38.6
Resources Specific to Male Survivors	44.5	31.7
Responses Received		
Said didn't deserve abuse	52.2	41.4
Believed him	64.2	43.4
Told him they only help women	40.3	51.0
Asked what he did to deserve it	44.7	40.8
Made light of/fun of his story	35.5	39.0

Note: The n's are based on the number of participants in the samples combined who reported seeking help from the DV agency and had provided answers to these follow-up questions. DV: domestic violence.

We conducted a backward linear regression using the demographic and IPV variables that were significant in the bivariate analyses as predictors, with helpfulness ratings as the outcome variable. The final models are presented in Table 5. The significant unique predictors of helpfulness for specialized DV agencies/hotlines include the USA subsample, perpetration of physical IPV, and the most recent year the service was accessed; this model explained 32.8% of the variance in ratings of helpfulness. For mainstream DV agencies/hotline, significant unique predictors included the USA subsample, controlling behaviors perpetration, victimization from legal administrative abuse (negative), and the most recent year the service was accessed; 58.5% of the variance in helpfulness was explained by this model.

We then examined the correlations between helpfulness ratings and the specific types of responses provided by each resource (Table 6). For both types of agencies/hotlines, providing housing, counseling, legal, and other types of support services significantly correlated with higher helpfulness ratings, as did providing services to children and partners. Likewise, providing useful information, referrals to supportive programs, and resources tailored for male survivors were significantly positively associated with helpfulness. Additionally, affirming that the participant did not deserve the abuse and expressing belief in his experience were also strong predictors of higher helpfulness ratings. Telling him they only help women was negatively associated with helpfulness for both resources, while asking what he did to deserve the abuse was positively associated with helpfulness for mainstream DV agencies/hotlines. Finally, making light of or fun of his experi-

ence was negatively associated with perceived helpfulness for only specialized DV agencies/hotlines.

3.5 Helpfulness and responses over time

Finally, we explored the helpfulness of these resources over time. To ensure adequate cell sizes for analysis of variance (ANOVA) of helpfulness ratings over time, we combined certain years based on cell sizes: prior to 2010, 2010–2014, 2015–2017 and then 2018, 2019, 2020 and 2021. Table 7 presents the results. Both ANOVAs were significant, and *post-hoc* tests revealed the following differences: (1) For specialized DV agencies/hotline, helpfulness ratings were significantly higher for 2015–2017, 2018, 2019, 2020 and 2021, in comparison to ratings from 2010–2014; and (2) for mainstream DV agencies/hotlines, helpfulness ratings for 2018, 2019, 2020 and 2021 were significantly higher than for 2010–2014; ratings of helpfulness for 2021 were also significantly higher than for prior to 2010.

4. Discussion

This study examined potential differences in male IPV victims' help-seeking experiences with DV agencies and hotlines, as well as their perceptions of these resources' helpfulness—both over time and across countries. Our hypotheses and research questions were as follows: (1) Drawing on Johnson's [36] IPV typology, we hypothesized that men from the Prolific sample would be less likely to seek help from DV agencies and hotlines than those in the male victims sample, likely due to the less severe nature of the abuse experienced by community

TABLE 4. Correlations between helpfulness ratings and demographics and violence variables.

	Helpfulness of:	
	Specialized DV Agencies/Hotlines n = 207 r (p)	Mainstream DV Hotlines/Agencies n = 151 r (p)
Demographics		
USA Subsample	0.49 (<0.001)	0.67 (<0.001)
Have Children	-0.16 (0.022)	-0.12 (0.150)
Age	-0.41 (<0.001)	-0.50 (<0.001)
Relationship Ended? (1 = yes, 0 = no)	-0.19 (0.008)	-0.34 (<0.001)
Sexual Orientation	-0.05 (0.461)	0.03 (0.764)
Relationship Length	-0.09 (0.211)	-0.15 (0.068)
Length of Time Since Relationship Ended	-0.23 (0.001)	-0.25 (0.002)
Violence		
Duration of Violence	-0.27 (<0.001)	-0.45 (<0.001)
Time Since First Aggression	-0.32 (<0.001)	-0.46 (<0.001)
Time Since Last Aggression	-0.15 (0.033)	-0.17 (0.040)
Violence Perpetration (Yes/no)		
Severe Psychological	0.37 (<0.001)	0.35 (<0.001)
Controlling Behaviors	0.36 (<0.001)	0.42 (<0.001)
Legal/Administrative	0.37 (<0.001)	0.36 (<0.001)
Severe Physical	0.37 (<0.001)	0.45 (<0.001)
Any Physical	0.36 (<0.001)	0.33 (<0.001)
Any Injury	0.41 (<0.001)	0.45 (<0.001)
Violence Victimization (# of Acts)		
Severe Psychological	-0.10 (0.156)	-0.21 (0.011)
Controlling Behaviors	0.03 (0.700)	-0.11 (0.182)
Legal/Administrative	-0.21 (0.003)	-0.31 (<0.001)
Severe Physical	0.00 (0.963)	0.07 (0.406)
Any Physical	-0.08 (0.285)	-0.03 (0.753)
Any Injury	0.06 (0.425)	0.10 (0.209)
Year Last Contacted (Ranges from 2000–2021)		
Specialized DV Agency/Hotline	0.28 (<0.001)	
Mainstream DV Agency/Hotline		0.37 (<0.001)

Note. For IPV perpetration, we used the dichotomous variables (yes/no) because of the severe skew of the continuous variables; for IPV victimization, we used the continuous variables (i.e., number of acts) because they were much less skewed and the dichotomous variables indicated that a large majority of men reported victimization of each type of IPV. For both sets of variables, we excluded sexual IPV because of the potential unreliability of that variable.

The n's are based on the number of participants in the samples combined who reported seeking help from the DV agency and had provided helpfulness ratings. DV: domestic violence.

TABLE 5. Backwards multiple regression results predicting helpfulness.

Variable	B	SE B	β	<i>t</i>	<i>p</i>
Specialized DV Agencies/Hotlines					
USA Subsample	1.15	0.20	0.40	5.90	<0.001
Any Physical IPV Perpetration	0.54	0.19	0.19	2.77	0.006
Year When Service Contacted Last	0.09	0.02	0.22	3.74	<0.001
Mainstream DV Agencies/Hotlines					
USA Subsample	1.80	0.19	0.57	9.58	<0.001
Controlling Behavior Perpetration	0.58	0.19	0.18	3.00	0.003
Legal Administrative Abuse Victimization	-0.12	0.05	-0.14	-2.47	0.015
Year When Service Contacted Last	0.10	0.02	0.25	4.43	<0.001

Note. For IPV perpetration, we used the dichotomous variables (yes/no) because of the severe skew of the continuous variables; for IPV victimization, we used the continuous variables (i.e., number of acts) because they were much less skewed and the dichotomous variables indicated that a large majority of men reported victimization of each type of IPV. For both sets of variables, we excluded sexual IPV because of the potential unreliability of that variable. To avoid issues of multicollinearity, we only used the variable of any physical IPV, rather than both the severe physical and the any physical IPV variables in the same analysis.

Specialized DV Agencies/Hotlines: Adjusted $R^2 = 0.328$, $F(3, 188) = 32.06$, $p < 0.001$.

Mainstream DV Agencies/Hotlines: Adjusted $R^2 = 0.585$, $F(4, 136) = 50.28$, $p < 0.001$.

DV: domestic violence; IPV: intimate partner violence; SE B: Standard Error for Unstandardized Regression Coefficient.

TABLE 6. Correlations between helpfulness ratings and services/responses provided.

Services/Responses Received	Helpfulness of:	
	Male-inclusive DV Agencies/Hotlines n = 203 <i>r</i> (<i>p</i>)	Traditional DV Agencies/Hotlines n = 148 <i>r</i> (<i>p</i>)
Tangible Services		
Housing Services	0.56 (<0.001)	0.77 (<0.001)
Counseling Services	0.68 (<0.001)	0.75 (<0.001)
Legal Services	0.60 (<0.001)	0.71 (<0.001)
Other Support Services	0.63 (<0.001)	0.72 (<0.001)
Services for Children	0.64 (<0.001), n = 164	0.70 (<0.001), n = 124
Services for Partner	0.49 (<0.001)	0.64 (<0.001)
Other Resources		
Gave Helpful Information	0.74 (<0.001)	0.69 (<0.001)
Gave References to Helpful Programs	0.61 (<0.001)	0.67 (<0.001)
Offered Resources Specific to Male Survivors	0.57 (<0.001)	0.64 (<0.001)
Responses		
Told Him He Didn't Deserve Abuse	0.46 (<0.001)	0.73 (<0.001)
Believed Him	0.58 (0.001)	0.53 (<0.001)
Told Him They Only Help Women	-0.32 (<0.001)	-0.32 (<0.001)
Asked What He Did to Deserve Abuse	0.01 (0.932)	0.23 (0.006)
Make Light/Fun of His Story	-0.22 (0.002)	-0.03 (0.750)

Note: The *n*'s are based on the number of participants in the samples combined who reported seeking help from the DV agency and had provided answers to the follow-up questions. DV: domestic violence.

TABLE 7. Helpfulness of resources over time.

	Prior to 2010	2010– 2014	2015– 2017	2018	2019	2020	2021	<i>F</i> (<i>p</i>)
	M (SD), n	M (SD), n	M (SD), n	M (SD), n	M (SD), n	M (SD), n	M (SD), n	
Specialized DV Agencies/Hotlines	2.43 (1.81), 7	1.89 (1.24), 19 _{a,b,c,d,e}	3.33 (1.47), 27 _a	3.38 (1.50), 24 _b	3.63 (1.08), 40 _c	3.58 (1.39), 50 _d	3.41 (1.48), 34 _e	4.54 (<0.001)
Mainstream DV Agencies/Hotlines	1.67 (1.12), 9 _a	1.38 (0.65), 13 _{b,c,d,e}	2.22 (1.45), 23	3.06 (1.61), 16 _b	3.25 (1.56), 28 _c	3.25 (1.61), 32 _d	3.46 (1.50), 24 _{a,e}	5.33 (<0.001)

Note. Means in the same row sharing subscripts are significantly different from each other at $p < 0.05$, according to Tukey or Tamhane's T^2 post hoc tests. DV: domestic violence. M: mean; SD: standard deviation.

men; (2) In line with the gender paradigm [22], we anticipated that male IPV victims would report predominantly negative experiences with mainstream DV agencies and hotlines; (3) We also hypothesized that these experiences may have improved in recent years, due to increasing public awareness of male IPV victims [30]; (4) We expected that male victims' experiences with specialized DV agencies and hotlines would be largely positive, consistent with prior findings [31–33]; (5) We also explored potential differences in perceived helpfulness across countries and regions (USA, UK/Ireland, Canada, AUS/NZ) for both mainstream and specialized DV agencies. Based on prior research, we did not anticipate significant cross-national differences in helpfulness ratings; and (6) We examined factors predicting perceived helpfulness of both mainstream and specialized DV services. While most of these analyses were exploratory, we hypothesized—based on Douglas *et al.* [34]—that agencies offering supportive resources would be viewed as more helpful, whereas those that denied services to men on the basis of gender would be perceived as less helpful. Our findings largely aligned with our hypotheses, and our exploratory analyses uncovered key findings that should inform future research on men's help-seeking behaviors for IPV victimization.

4.1 Help-seeking differences

Consistent with our first hypothesis and Johnson's [36] IPV typology, men in the victims sample were significantly more likely than victims in the Prolific sample to seek help from both mainstream and specialized DV agencies/hotlines. Help-seeking rates were low in the Prolific sample (under 2%), while one-quarter of the victims sample sought help from mainstream agencies and one-third from specialized agencies. This was expected, as Prolific participants reported less severe victimization [39] and were more likely experiencing SCV. In contrast, men in the victims sample, whose experiences likely aligned more with IT, had a stronger identification as IPV victims.

In addition, men from the victims sample rated mainstream DV agencies as significantly less helpful than male victims from the Prolific sample. Men from the victims samples rated the mainstream DV agencies/hotlines on the unhelpful end of the continuum, while men from the Prolific sample

rated them on the helpful end. The former findings align with both qualitative research [18] and quantitative studies [24, 48] on male IPV victims, who have consistently discussed their negative experiences with mainstream DV agencies, in alignment with the gender paradigm [22]. These experiences are in contrast to women victims of IPV, who largely rate their experiences with mainstream DV agencies as positive [49–51], as well as the responses that men in the Prolific sample provided. Why male victims in the Prolific sample would find mainstream DV agencies more helpful than men from a selected victims sample is a topic for future research, but it could be due to selection bias. Men from the victims sample may identify more strongly with being abused due to not only their abuse, but their negative experiences when seeking help, and thus may be particularly motivated to participate in a survey on male IPV victims' experiences.

In addition, men from both samples rated the specialized DV agencies/hotlines on the helpful end of the continuum, which aligns with prior research [31–33]. More than half of those who reached out to specialized agencies received appropriate resources and responses, whereas less than half did from mainstream agencies. These findings highlight the need to expand specialized services globally. Negative experiences in help-seeking impact victims' mental health [24] and increase isolation [52], emphasizing the importance of training mainstream DV agencies to support male victims more effectively.

Among the victims sample, men from the USA were significantly less likely to seek help than men from other countries, aligning with previous research indicating that American men are less likely to pursue legal assistance [53]. This may be linked to fears of being labeled as perpetrators, as previous analyses [39] found that USA men in this sample reported higher IPV perpetration than those from other countries. Future research should explore this further. Despite seeking help less often, USA men rated DV services as more helpful than their counterparts in other countries, who rated services below the midpoint. This contrasts with expectations of uniformly negative experiences across all countries, as suggested by prior qualitative studies [7, 18, 27–29]. However, this finding is consistent with other results from this dataset, which indicate that men in the USA rated legal resources (*e.g.*, police, attorneys) as more helpful than did men in other nations [53]. Future

studies should examine whether USA DV agencies receive better training or offer added protections for male victims, making their services more helpful than in other nations.

4.2 Predictors of helpfulness

To our knowledge, only one previous study has quantitatively investigated the factors influencing perceived helpfulness of DV agencies and hotlines [34]. Consistent with their findings, we also found that agencies providing support resources (housing, legal aid, counseling) were rated significantly more helpful, while those turning men away were rated significantly less helpful. Crucial elements like taking the victims' concerns seriously, affirming they did not deserve the abuse, and believing their accounts, were essential for creating a supportive environment. These fundamental principles of victim advocacy should apply to all victims, regardless of gender. Conversely, trivializing or mocking a man's experience resulted in significantly lower helpfulness ratings. Future research should investigate why men often do not receive these necessary services and why they sometimes encounter inappropriate and harmful responses. These issues are likely influenced by the gender paradigm [22] and stereotypes surrounding masculinity [54]. It is particularly puzzling why services specializing in male or LGBTQ+ victims occasionally provide inadequate responses, and this area requires further exploration.

In the multivariate analyses looking at demographic and other predictors of helpfulness, in addition to men living in the USA rating these resources as more helpful (as previously discussed), physical IPV perpetration emerged as a significant predictor of specialized DV agencies' helpfulness. This is a puzzling finding but could be due to perhaps specialized DV agencies having better training and understanding of bidirectional IPV and the need for men to sometimes use restraint and/or self-defense when their partners are abusing them. Similarly, men who reported using controlling behaviors rated mainstream agencies more favorably, perhaps due to lower expectations of support. However, men who experienced legal/administrative abuse rated mainstream agencies as less helpful, perhaps perceiving them as dismissing male victims and believing false accusations instead.

These findings underscore the need for DV agencies and hotlines to improve their responses to overlooked IPV victims, including men and LGBTQ+ identified individuals [48]. First, the deeply ingrained belief that men are typically perpetrators and women are victims often leads to secondary victimization. This secondary abuse, frequently initiated by the abuser but perpetuated by DV service providers and other providers, disproportionately affects men [43, 55–58]. Second, when male victims are dismissed, disrespected, or blamed during their attempts to seek assistance, they are less likely to pursue further help. This discouragement leads to greater isolation and poorer outcomes [59, 60]. Therefore, it is crucial for DV agencies and hotlines to adopt a more inclusive and supportive approach to all IPV victims, regardless of gender.

4.3 Helpfulness over time

A recurring trend in the multivariate analyses was that the year of the most recent service contact predicted perceived

helpfulness, with ratings indicating an increase in helpfulness over time. This aligns with our hypothesis that growing attention to male IPV victimization is leading to better support [30]. Follow-up ANOVA analyses confirmed these trends, suggesting that DV agencies may indeed be improving their responses to male IPV victims, as hypothesized. Alternatively, it is possible that men who had negative experiences with DV agencies in the past were more motivated to participate in this survey due to lingering perceptions of unfair treatment, whereas men who previously received adequate support may have moved past their IPV experiences, making them less likely to take part in the study. This potential bias could have skewed the perception of earlier responses as less helpful.

4.4 Limitations

This study has a few notable limitations. First, the male victim sample was a convenience sample of men with internet access, requiring them to see the advertisement, identify as victims, and be willing to complete a survey. Similarly, the Prolific sample relied on men being aware of and registering for the crowdsourcing platform, limiting generalizability. In addition, to be eligible for either sample, participants had to be sufficiently literate in English, and lack of such literacy could be associated with increased vulnerability to IPV. Future research should use more representative samples. Second, the male victims sample was mostly from the USA, while the Prolific sample had a high proportion of UK participants. Representation from Canada and Australia/New Zealand was limited, highlighting the need for broader geographic sampling, including non-English-speaking countries. Third, the study relied on self-reported data, meaning experiences with DV agencies and hotlines could not be independently verified. Fourth, the data are from 2021 and given the observed trend of increasing helpfulness over time, DV agencies may be even more supportive in the present day. Fifth, recall bias may be an issue, particularly for the male victims sample, who were likely to be reporting on former relationships that ended, on average, over three years prior. Similarly, for both samples, no longer being in a relationship was a bivariate predictor of seeking help, although it did not emerge as a unique predictor in the regression analysis; nonetheless, differences between the Prolific and male victims sample in their relationship status could have impacted the findings.

Finally, men's reports of specialized DV agency responses raise concerns about potential misinterpretation. Because the visibility of these agencies is limited, we suspect that men might not have fully understood what we were asking about. Over 40% of men seeking help from these agencies reported being told they only assist women. We did additional analyses that showed that the reports that these agencies only helped women were reported by men who had these experiences years ago, rather than recently. We also noted that in some qualitative data, we had responses such as, "My answers for this series of Qs are the same as for the previous series (mainstream DV agency question). The distinction between them is not clear to me". It also appears from the qualitative data that some of these men may have contacted a men's perpetrator agency, either by mistake or because they were referred to one and thus were

reporting on their experiences with batterer agencies, rather than men's victim agencies. Thus, future research should work to better target men's experiences with agencies that focus on their victimization.

5. Conclusions

Male IPV victims emphasize the importance of having their experiences acknowledged and validated [7, 18, 28, 56, 61], with an urgent need for service providers listening to them with respect, understanding, responsiveness, and expertise of IPV that includes available support resources for men [27]. Our study provides insights into how DV agencies and hotlines can better support male IPV victims. First, the widespread belief that men are usually perpetrators and women are victims has contributed to secondary abuse within DV service systems [52, 55]. Although both men and women suffer from secondary abuse, men appear to be especially vulnerable [43, 56–58]. Second, victims who face dismissal, disrespect, or blame when seeking help are not likely to seek further support, leading to isolation and worsening outcomes [24, 59, 60]. Effective support services play a vital role in helping victims escape abusive relationships [62]. Mainstream DV agencies and hotlines must receive training in gender-inclusive support to provide appropriate assistance to male victims. Additionally, there is an urgent need to expand and adequately resource DV services specializing in male and LGBTQ+ victims [32]. Training and promotional materials should portray both men and women as both perpetrators and victims, integrating empirically sound criteria for a more inclusive approach.

Tailored therapeutic and social support for male IPV victims is also critical [32, 33]. Specific needs may include addressing gender stereotypes that impact men's recognition and disclosure of abuse, the role of fatherhood, and gender-specific coping mechanisms [33]. Professionals must critically examine their own biases regarding masculinity and how these affect their perceptions of male victims. Instructional workshops should address the intersectionality of ethnicity, cultural background, and sexual orientation in shaping men's lived experiences of IPV [33, 52].

Norway provides a successful model. In 2010, new laws mandated that crisis centers serve both men and women, leading to the establishment of forty-three crisis centers for men [63]. A study revealed that most men were highly satisfied with the support from these centers, highlighting how service providers helped them process their experiences and take steps toward healing [63]. While gender-specific obstacles persist, other nations can learn from Norway's approach.

AVAILABILITY OF DATA AND MATERIALS

The datasets generated during and analyzed during the current study are not publicly available because we are still developing manuscripts from the datasets. Datasets will be placed in a data repository once all manuscripts have been written. In the meantime, contact the corresponding author for specific data requests.

AUTHOR CONTRIBUTIONS

DAH, AL and EMD—contributed to the design of the study. DAH—undertook the execution of the study and supervised graduate research assistants in managing the datasets, analyzed the data, and wrote the initial draft of the manuscript. AL—performed significant editing of the initial draft and wrote additional sections. EMD—edited the manuscript. DAH, AL and EMD—contributed to the changes for the revised manuscript for resubmission. All authors read and approved the final manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

All participating universities provided ethics board approval and approved the consent form. The ethics board approval number for the lead study site, George Mason University, is 1689545-15. The other institutions that provided ethical review included Montclair State University (through a reliance agreement; approval #: IRB00001275), Simon Fraser University (approval #: 30000137), Victoria University of Wellington (approval #: 1689545-1), University of Cumbria (approval #: 20/24), and University of Central Lancashire (approval #: SCIENCE 0116). When clicking on the survey link, all potential participants were presented first with the consent form, which outlined their rights as participants. They were informed about what was involved in the study and that it would take approximately 20–30 minutes to complete the survey, that their data would remain anonymous and confidential, their right to skip any questions they did not want to answer, and their right to withdraw from the study at any time. Participants were provided country-specific resources to contact should they become distressed during the study, and they were provided contact information of the lead researcher and her institutional review board. Participants were asked to indicate whether they consented to the study by clicking on either: “Yes, I have read the above consent form and agree to participate” or “No, I have read the above consent form and do not agree to participate”. Only participants who indicated yes were routed into the survey.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

- [1] Conroy S. Family violence in Canada: a statistical profile, 2019. Ottawa: Statistics Canada. 2021.
- [2] Leemis RW, Friar N, Khawwaja S, Chen MS, Kresnow M, Smith SG, *et al.* The national intimate partner and sexual violence survey: 2016/2017 report on intimate partner violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2022.
- [3] Lysova A, Dim EE, Dutton D. Prevalence and consequences of intimate partner violence in Canada as measured by the national victimization survey. *Partner Abuse*. 2019; 10: 199–221.
- [4] Office for National Statistics. Domestic abuse victim characteristics, England and Wales: year ending March 2020. 2020. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020> (Accessed: 12 June 2025).
- [5] Australian Bureau of Statistics. Personal safety, Australia. 2023. Available at: <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2021-22> (Accessed: 12 June 2025).
- [6] Lysova A, Hanson K, Mackay J. Bidirectional and unidirectional intimate partner violence: a comprehensive review. *Partner Abuse*. 2024; PA-2024-0039.R1.
- [7] Bates EA. “Walking on egg shells”: a qualitative examination of men’s experiences of intimate partner violence. *Psychology of Men & Masculinities*. 2020; 21: 13–24.
- [8] Hines DA, Douglas EM. Health problems of partner violence victims: comparing help-seeking men to a population-based sample. *American Journal of Preventive Medicine*. 2015; 48: 136–144.
- [9] Hines DA, Douglas EM. Influence of intimate terrorism, situational couple violence, and mutual violent control on male victims. *Psychology of Men & Masculinity*. 2018; 19: 612–623.
- [10] Ansara DL, Hindin MJ. Formal and informal help-seeking associated with women’s and men’s experiences of intimate partner violence in Canada. *Social Science & Medicine*. 2010; 70: 1011–1018.
- [11] Lysova A, Dim EE. “I thought about killing myself, but a part of me insisted on getting help”: coping experiences of male survivors of intimate partner violence. *Journal of Family Violence*. 2025. Advanced online publication.
- [12] Addis ME, Mahalik JR. Men, masculinity, and the contexts of help seeking. *American Psychologist*. 2003; 58: 5–14.
- [13] Bates EA, Douglas EM. Services for domestic violence victims in the United Kingdom and United States: where are we today? *Partner Abuse*. 2020; 11: 350–382.
- [14] Dixon L, Hines DA, Douglas EM, Emily M. *The Routledge Handbook of Men’s Victimization in Intimate Relationships*. Taylor and Francis: London and New York. 2025.
- [15] Lysova A, Hanson K, Dixon L, Douglas EM, Hines DA, Celi EM. Internal and external barriers to help seeking: voices of men who experienced abuse in the intimate relationships. *International Journal of Offender Therapy and Comparative Criminology*. 2022; 66: 538–559.
- [16] Shepard MF, Pence EL. *Coordinating community response to domestic violence: lessons from Duluth and beyond*. Sage: Thousand Oaks, CA. 1999.
- [17] Hines DA, Malley-Morrison K, Dutton LB. *Family violence in the United States: defining, understanding, and combating abuse*. 3rd edn. Sage: Los Angeles, CA. 2021.
- [18] Dixon L, Treharne GJ, Celi EM, Hines DA, Lysova AV, Douglas EM. Examining men’s experiences of abuse from a female intimate partner in four English-speaking countries. *Journal of Interpersonal Violence*. 2022; 37: 1311–1337.
- [19] Hines DA, Douglas EM. The reported availability of U.S. domestic violence services to victims who vary by age, sexual orientation, and gender. *Partner Abuse*. 2011; 2: 3–30.
- [20] National Network to End Domestic Violence. 18th Annual Domestic Violence Counts Report 2024. Washington. 2024.
- [21] Dobash RE, Dobash RP. Wives: the ‘appropriate’ victims of marital violence. *Victimology*. 1977; 2: 426–442.
- [22] Dutton DG. The gender paradigm and the architecture of antisocial. *Partner Abuse*. 2010; 1: 5–25.
- [23] Hine B. “It can’t be that bad, I mean, he’s a guy”: exploring judgements towards domestic violence scenarios varying on perpetrator and victim gender, and abuse type. In Bates EA, Taylor JC (eds.) *Intimate partner violence: new perspectives in research and practice* (pp. 43–57). Taylor and Francis: London and New York. 2019.
- [24] Douglas EM, Hines DA. The helpseeking experiences of men who sustain intimate partner violence: an overlooked population and implications for practice. *Journal of Family Violence*. 2011; 26: 473–485.
- [25] Moore T. Suggestions to improve outcomes for male victims of domestic abuse: a review of the literature. *SN Social Sciences*. 2021; 1: 252.
- [26] Mankind Initiative. 50 key facts about male victims of domestic abuse and partner abuse (March 2020). 2020. Available at: <https://www.scribd.com/document/712032509/50-Key-Facts-about-Male-Victims-of-Domestic-Abuse-and-Partner-Abuse-March-2020-final> (Accessed: 13 June 2024).
- [27] Roebuck BS, McGlinchey D, Lysova AV, Hastie K, Taylor M. Similar but different: intimate partner violence experienced by women and men. *Journal of Family Violence*. 2024; 39: 409–420.
- [28] Walklate S, Fitz-Gibbon K, Reeves E, Meyer S, McGowan J. In control, out of control or losing control? Making sense of men’s reported experiences of coercive control through the lens of hegemonic masculinity. *Journal of Criminology*. 2022; 55: 451–467.
- [29] Brown S. Men’s formal help-seeking experiences following female perpetrated intimate partner violence [master’s thesis]. Simon Fraser University. 2016.
- [30] Hines DA, Douglas EM. Men’s experiences of female-perpetrated intimate partner violence. In Bates EA, Taylor JC (eds.) *Domestic violence against men and boys* (pp. 9–23). Routledge: London and New York. 2022.
- [31] Machado A. Men victims’ experiences and meanings during the period of residential care in a Portuguese shelter. *International Men and Families Conference*. International Men and Families: Toronto, Canada. 2022.
- [32] Lassen B, Nielsen NH, Winther M, Bates EA. Men’s exposure to intimate partner violence and their experiences with a crisis center in Denmark. *Partner Abuse*. 2023; 14: 133–156.
- [33] Hine B, Wallace S, Bates EA. Understanding the profile and needs of abused men: exploring call data from a male domestic violence charity in the United Kingdom. *Journal of Interpersonal Violence*. 2022; 37: NP16992–NP17022.
- [34] Douglas EM, Hines DA, McCarthy S. Men who sustain female-to-male partner violence: factors associated with where they seek help and how they rate those resources. *Violence and Victims*. 2012; 27: 871–894.
- [35] Overstreet NM, Quinn DM. The intimate partner violence stigmatization model and barriers to help seeking. *Basic and Applied Social Psychology*. 2013; 35: 109–122.
- [36] Johnson MP. *A typology of domestic violence: intimate terrorism, violent resistance, and situational couple violence*. Northeastern University Press: Boston. 2008.
- [37] Johnson MP, Ferraro KJ. Research on domestic violence in the 1990s: making distinctions. *Journal of Marriage and the Family*. 2000; 62: 948–963.
- [38] Hines DA, Douglas EM. An empirical test of Johnson’s typology of partner violence in two samples of men. *Partner Abuse*. 2019; 10: 180–198.
- [39] Hines DA, Lysova A, Bates EA, Bowden CJ, Dixon L, Douglas EM, *et al.* Prevalence of men’s intimate partner violence victimization and perpetration among two samples of male victims: an international study of English-speaking countries. *Partner Abuse*. 2025. Advanced online publication.
- [40] Peer E, Brandimarte L, Samat S, Acquisti A. Beyond the Turk: alternative platforms for crowdsourcing behavioral research. *Journal of Experimental Social Psychology*. 2017; 70: 153–163.
- [41] Straus MA, Hamby SL, Boney-McCoy S, Sugarman D. The revised con-

- flict tactics scales (CTS-2): development and preliminary psychometric data. *Journal of Family Issues*. 1996; 17: 283–316.
- [42] Tolman RM. Psychological maltreatment of women inventory. 1995. Available at: <https://websites.umich.edu/~rtolman/pmwif.htm> (Accessed: 19 November 2019).
- [43] Hines DA, Douglas EM, Berger JL. A self-report measure of legal and administrative aggression within intimate relationships. *Aggressive Behavior*. 2015; 41: 295–309.
- [44] Moffitt TE, Caspi A, Krueger RF, Magdol L, Margolin G, Silva PA, *et al.* Do partners agree about abuse in their relationship?: A psychometric evaluation of interpartner agreement. *Psychological Assessment*. 1997; 9: 47–56.
- [45] Hines DA, Douglas EM. Intimate terrorism by women towards men: does it exist? *Journal of Aggression, Conflict, and Peace Research*. 2010; 2: 36–56.
- [46] Hines DA, Douglas EM. Relative influence of various forms of partner violence on the health of male victims: study of a helpseeking sample. *Psychology of Men & Masculinity*. 2016; 17: 3–16.
- [47] Novick MR, Lewis C. Coefficient alpha and the reliability of composite measurements. *Psychometrika*. 1967; 32: 1–13.
- [48] Robinson SR, Ravi K, Schrag RJV. A systematic review of barriers to formal help seeking for adult survivors of IPV in the United States, 2005–2019. *Trauma, Violence, & Abuse*. 2021; 22: 1279–1295.
- [49] Allen AB, Robertson E, Patin GA. Improving emotional and cognitive outcomes for domestic violence survivors: the impact of shelter stay and self-compassion support groups. *Journal of Interpersonal Violence*. 2021; 36: NP598–NP624.
- [50] McNamara JR, Tamanini K, Pelletier-Walker S. The impact of short-term counseling at a domestic violence shelter. *Research on Social Work Practice*. 2008; 18: 132–136.
- [51] Molina O, Lawrence SA, Azhar-Miller A, Rivera M. Divorcing abused Latina immigrant women's experiences with domestic violence support groups. *Journal of Divorce & Remarriage*. 2009; 50: 459–471.
- [52] Hogan KF, Clarke V, Ward T. Men's experiences of help-seeking for female-perpetrated intimate partner violence: a qualitative exploration. *Counselling and Psychotherapy Research*. 2021; 21: 934–945.
- [53] Hines DA, Lysova A. Male intimate partner violence victims' experiences with seeking help from legal system services over time and across countries. *Partner Abuse*. 2024; 15: PA-2023-0018.R1.
- [54] Hine B, Bates EA, Wallace S. "I have guys call me and say 'I can't be the victim of domestic abuse'": exploring the experiences of telephone support providers for male victims of domestic violence and abuse. *Journal of Interpersonal Violence*. 2022; 37: NP5594–NP5625.
- [55] Corbally M. Accounting for intimate partner violence: a biographical analysis of narrative strategies used by men experiencing IPV from their female partners. *Journal of Interpersonal Violence*. 2015; 30: 3112–3132.
- [56] Machado A, Hines D, Matos M. Help-seeking and needs of male victims of intimate partner violence in Portugal. *Psychology of Men & Masculinity*. 2016; 17: 255–264.
- [57] Tilbrook E, Allan A, Dear G. Intimate partner abuse of men. 2010. Available at: https://www.ecu.edu.au/__data/assets/pdf_file/0007/685276/10_Tilbrook_Final-Report.pdf (Accessed: 12 June 2025).
- [58] Tsui V. Male victims of intimate partner abuse: use and helpfulness of services. *Social Work*. 2014; 59: 121–130.
- [59] Edwards KM, Dardis CM, Gidycz CA. Women's disclosure of dating violence: a mixed methodological study. *Feminism & Psychology*. 2012; 22: 507–517.
- [60] Simon CT, Wallace TW. Disclosure of victimization experiences of Chinese male survivors of intimate partner abuse. *Qualitative Social Work*. 2018; 17: 744–761.
- [61] Lysova A, Dim EE. Severity of victimization and formal help seeking among men who experienced intimate partner violence in their ongoing relationships. *Journal of Interpersonal Violence*. 2022; 37: 1404–1429.
- [62] Waldrop AE, Resick PA. Coping among adult female victims of domestic violence. *Journal of Family Violence*. 2004; 19: 291–302.
- [63] Lien MI, Lorentzen J. Men's experiences of violence in intimate relationships. Springer International Publishing: Cham. 2019.

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