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# The Impact of Masculine Ideologies on Heterosexual Men's Experiences of Intimate Partner Violence: A Qualitative Exploration

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## ABSTRACT

The subject of female-perpetuated intimate partner violence (IPV) against men remains poorly understood and in need of further research. Exploration of societal expectations surrounding masculinity and male victimization may enhance understanding of how men experience IPV victimization. Consequently, this experiential research study explored the impact of masculine ideologies on the way in which 26 men made sense of their experiences of female-perpetrated intimate partner violence (IPV). Semi-structured interviews explored the men's sense of themselves, their relationship, and their use of support networks. The data were analyzed using reflexive thematic analysis. The importance of maintaining an appropriate sense of masculinity underpinned the men's narratives. Participants described feeling shame and embarrassment for not having met dominant cultural expectations surrounding the roles of men in heterosexual relationships. Many of the participants struggled to accept the role of "victim," which was perceived as demasculinizing. These findings offer implications for understanding men's experiences of IPV and developing enhanced sources of support.

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The World Health Organization (WHO) define intimate partner violence (IPV) as threats or acts of violent behavior inflicted by a partner or ex-partner resulting in physical, sexual or mental injury (World Health Organization, 2021). Whilst most victims of IPV are female and the majority of perpetrators are male (World Health Organization, 2012) men can also be targets of IPV within both same-sex and heterosexual relationships (World Health Organization, 2012, 2021). A growing body of research on men's experiences of female perpetrated IPV (e.g., Hogan et al., 2021; Huntley et al., 2020; Venäläinen, 2020) suggests IPV victimization may present a significant challenge to masculine norms and expectations, resulting in additional feelings of shame and embarrassment and reduced help-seeking

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behavior. Consequently, societal expectations of masculinity may deepen men's victimization, negatively impacting their experiences of IPV (Morgan & Wells, 2016).

### **Masculinity, social norms and stereotypes**

Connell (1995) identified that masculinities are not fixed entities; rather they are configurations of practice, influenced by ongoing changes in the social meaning of gender and relationships (Connell & Messerschmidt, 2005). West and Zimmerman (1987) described the expression of masculinity as perceptual and interactional activities that are socially and micropolitically guided. Masculinities are differentiated on the basis of domination, as a range of masculinities establish positions of superiority in relation to other masculinities and femininities, resulting in a hegemony of masculinity within a structure of gender relations (Haywood & Mac An Ghaill, 2003). Within the hierarchy of masculinities, hegemonic masculinity, defined by Connell (1995) as a set of practices that maintain men's dominant position within society, represents a position of superiority and power (Haywood & Mac An Ghaill, 2003). Hegemonic masculinity and its pervasive association with the perpetration of violence may contribute to the obscurity of heterosexual men's experiences of victimization (Venäläinen, 2020). Accordingly, the stigma of being a male victim may influence reporting of IPV and the associated psychological symptoms (Huntley et al., 2019; Randle & Graham, 2011; Walker et al., 2020).

### ***Male IPV victimization and help-seeking behavior***

The difficulty in integrating a social narrative of hegemonic masculinity with the paradoxical experience of being a victim is a persistent theme running through the literature on male IPV victimization (e.g., Barrett et al., 2020; Burrell & Westmarland, 2019; Corbally, 2015; Hine et al., 2020; Hogan et al., 2021; Huntley et al., 2019, 2020; Machado et al., 2016). Acknowledgment of the many associated emotional consequences of IPV victimization, including depression, fear, vulnerability, humiliation and shame (Hine et al., 2020; Lagdon et al., 2014; Spencer et al., 2021) do not conform with ideals of hegemonic masculinity (Durfee, 2011). Hence male victims may struggle to acknowledge their experiences as abuse which in turn limits help seeking (Morgan et al., 2014; Wallace et al., 2019). Research that has explored men's discourses of female-perpetrated abuse demonstrates that men struggled to identify themselves as victims due to a perceived failure to meet masculine expectations, and had difficulty articulating their experiences of abuse, resulting in a lack of self-acceptance (Corbally, 2015; Hogan et al., 2021; Machado et al., 2020). Men who have experienced IPV frequently attempt to negotiate

the paradoxical discourses of victimization and hegemonic masculinity by portraying their partner as an abuser whilst describing themselves as independent and not a helpless victim in need of protection, thus avoiding any emotional reaction to their experiences (Drijber et al., 2013; Durfee, 2011; Morgan & Wells, 2016).

Recent qualitative research by Dixon et al. (2020) exploring the experiences of men who self-reported IPV victimization from their female partner and associated help seeking behavior, identified that the men's narratives reflected a desire to maintain autonomy. The men were reluctant to accept the label of victim due to the perceived lack of autonomy and instead preferred to describe the choices and actions they took which served to maintain or prevent the abuse, reflecting hegemonic masculine norms of control and power. Recruiting men from Australia, Canada, United States and the UK, this study provided insight into the experiences and help-seeking behavior of male IPV victims across several culturally Western countries.

A systematic review and qualitative synthesis of research on the help-seeking behavior of male IPV victims by Huntley et al. (2019) identified challenges to masculinity as a pervasive barrier to help seeking. Societal and self-perceptions of masculinity and a desire to maintain a masculine identity were closely linked with men's internal pressures, fear of disclosure and reluctance to seek help. The study of masculinities has been used to understand the origins and maintenance of IPV perpetration by men against women (Gardiner, 2002) however, the relationship of masculinity to male IPV victimization remains unclear (Huntley et al., 2019). Furthermore, there remains a need for further research exploring men's experiences of help-seeking in order to enhance service provision (Lysova & Dim, 2020) which the current study aimed to address.

Men's experiences of female-perpetrated IPV victimization remains poorly understood and in need of further exploration (Corbally, 2015; Dixon et al., 2020; Machado et al., 2017). This study explored the men's experiences of physical and psychological abuse and controlling behaviors, building on the findings of studies that have focused exclusively on physical abuse (e.g., Lysova & Dim, 2020; Machado et al., 2020). There is a need for further research that explores societal expectations of masculinity and male victimization in order to enhance understanding of how men experience IPV victimization (Morgan & Wells, 2016). Furthermore, Huntley et al. (2019) recommend the need for research examining the relationship between masculinity and IPV vulnerability, invisibility and help seeking behavior, all of which the current study aimed to explore. Greater awareness of men's experiences of IPV (Machado et al., 2017) including accessing sources of help-seeking (Barrett et al., 2020; Lysova et al., 2020) and barriers to support may enhance service provision (Barrett et al., 2020; Burrell & Westmarland, 2019; Huntley et al., 2020).

Aims of this study were to explore the impact of masculinity on men's sense of themselves and their relationship as well as their use of support networks for a group of British men. Participation in this research was invited from men who had sought help from a range of sources as well as from men who had not sought any help for their experiences of IPV, answering Dixon et al.'s (2020) and Machado et al.'s (2020) recent call for research exploring the experiences of men who have not sought help and Barrett et al.'s (2020) call for further research exploring the nuanced experiences of male victims' help-seeking experiences including factors that prevent men from seeking help for IPV (Lysova et al., 2020)

## **Method**

### ***Research design***

A broadly experiential qualitative research stance was adopted in order to facilitate understanding of how participants perceived, experienced, and made sense of themselves and their relationship as well as their use of support networks (Braun & Clarke, 2013) through the use of qualitative interviews and reflexive thematic analysis (TA; Braun & Clarke, 2006). Given the aims of this study, and the focus on men's experiences, perspectives and sense-making, an experiential qualitative design was appropriate (Braun & Clarke, 2013). Reflexive TA facilitated an exploration of participants' contextually situated experiences, meanings, and behaviors (Braun & Clarke, 2021a).

### ***Participants and recruitment***

Purposive sampling was used to recruit 26 men over the age of 18 who self-identified as a victim of female perpetrated IPV. The recruitment process and data collection lasted for two years and three weeks. In line with the recommendations of Braun and Clarke (2021b), the researchers reviewed the data quality during data collection and the final sample size produced rich, experientially diverse data which met the analytic requirements of reflexive TA.

For this study, the definition of intimate partner violence and controlling and coercive behavior used was from the UK Government Home Office:

Any incident or pattern of incidents of controlling, coercive or threatening behavior, violence or abuse between those aged 16 or over who are or have been intimate partners regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, emotional (Home Office, 2013).

Controlling behavior is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain.

Coercive behavior is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim (Home Office, 2013).

These definitions were included in the participant information sheet and the research advert.

The research was advertised at domestic abuse services, recruiting two participants. Nine participants were recruited from mental health and drug and alcohol support services. Thirteen participants were recruited from an advert placed on online support forums and blogs for male victims. Snowballing was used to recruit two further participants.

The length of abusive relationships the men had been in ranged from 6 weeks to thirty-one years (mean length: twelve years and 5 months). Four participants were in an abusive relationship at the time of taking part in the interview. See, Hogan et al. (2021) [Table 1](#) characteristics of the participant group for further details of the participants.

### **Data collection**

Semi-structured interviews explored the impact of masculinity on the men's sense of themselves and their relationship as well as their use of support networks. The participants were asked about their experiences of victimization (Dixon et al., 2020), the impact of masculine ideologies on their experience of IPV victimization (Morgan & Wells, 2016), their perceptions of why the abuse happened including their perceptions of the function of violence (Huntley et al., 2019); and their help-seeking experiences (Bates & Douglas, 2020).

Participants were given a choice of three interview modes: face-to-face, *Skype* video call or telephone. Thirteen participants chose face-to-face interviews, 10 telephone interviews and three *Skype* interviews. The length of the interviews ranged from 39 minutes to 2 and a quarter-hours (mean length: 1 hour, 25 minutes).

Ethical approval for this study was granted by the authors' Faculty Research Ethics Committee. This study adhered to the British Psychological Society (Bates et al., 2014) Code of Human Research Ethics. Each participant was given a participant information sheet which provided details about the research aims, the nature of participation and sources of support. All participants were asked to sign a consent form. To maintain anonymity, each participant was invited to choose their own pseudonym (Braun & Clarke, 2013).

### **Data analysis**

The data were analyzed using reflexive TA (Braun & Clarke, 2006, 2019), informed by theories of masculinity (e.g., Connell, 1995; West & Zimmerman, 1987). As this research aimed to explore the men's subjective experiences

**Table 1.** Characteristics of the participant group (N = 26)

Self-identified race/ethnicity	White British 19, White Other 5, British Pakistani 1, Black Afro Caribbean 1
Age range (mean)	24-74 (47) years
Highest educational qualification obtained	No qualifications 2 General Certificate of Secondary Education (GCSE) (qualifications typically obtained before the school leaving age of 16) 1 Ordinary National (a vocational further education qualification) 1 A Level (broadly equivalent to a high school diploma) 3 National Vocational Qualification (NVQ) (a work-based learning qualification) 3 City and Guilds (a vocational/apprenticeship qualification) 2 Level 4 Certificate (certificate of higher education) 1 Undergraduate Degree 7 Post Graduate qualification 5 Prefer not to answer 1
Employment status	Unemployed 6 Full-time employment 15 Full-time student 1 Part-time student 1 Retired 3
Self-identified social class	Working class 12 New affluent worker 1 Middle class 11 Prefer not to answer 1 Not sure 1
Number of children - range (mean)	2-6 (4)
Current contact with children	Full contact with children 10 Limited contact with one or more children 7 Lost contact with one or more children 9
Relationship status at the time of interview	Single 14 In a relationship 7 Engaged 1 Married 4
Length of abusive relationship - range (mean)	6 weeks – 31 years (12 years, 5 months)
Number of abusive relationships	One 20 Two 6
Had counselling for IPV victimisation	Yes 11 No 15

following female-perpetrated IPV, a contextualist perspective was adopted, which views subjective experiences as contextually located (Braun & Clarke, 2013). Therefore, this study explored how the men made sense of their experiences in their particular social, cultural, and historical contexts (Forrester, 2010).

The analytic process began with immersion in the data, reflecting on and engaging with the data, noticing interesting aspects relevant to the research question (Braun & Clarke, 2019). The coding process involved systematically generating codes, to capture all aspects of the data (complete coding) that were relevant to the research question (Braun & Clarke, 2013). Initial themes were then generated by clustering concepts or issues that underpinned similar codes

(Braun & Clarke, 2013). Each theme had a central organizing concept, which captured a pattern or meaningful aspect of the data, in relation to the research question (Braun & Clarke, 2013).

## Results

Four themes are reported: (1) Feeling shame and embarrassment for not having met masculine expectations; (2) Perceptions of violence shaped by masculine norms; (3) “It’s the shame of it”: Shame and gender norms as barriers to seeking help; and (4) The importance of having a safe space to talk without fear of judgment. Each theme is illustrated with relevant data extracts. The data has been edited to remove superfluous material.

### *Feeling shame and embarrassment for not having met masculine expectations*

This theme captures the men’s feelings of shame and embarrassment for not having met dominant cultural expectations surrounding the roles of men in heterosexual relationships. The men were often self-critical of their inability to maintain “authority” within their relationship, for example: “I think it’s the shame of it and feeling weak, how could I make a woman overpower me and do that and control my mind” (Jay, 44). Jay’s narrative suggests that he was influential in making his partner abuse him reflecting hegemonic masculine norms of control and power.

Most of the men felt shame because they had not been able to “manage” their partners’ behavior. The men’s shame was related to social perceptions of men, and a desire to adhere to hegemonic masculinity, which promotes power, authority and competence.

The men reported common forms of psychological aggression inflicted by their female partner included humiliating and belittling their masculinity, implying that they were less of a man: “She was saying ‘Well you ain’t a man’” (David, 48). The men spoke about physical attacks being targeted at their genitals, for example: “Hair dye I had splashed on my genitals” (James); “She tries to hit me between the legs” (Ron, 39). Some participants perceived this as an attack on their masculinity: “The female-perpetrator circumvents masculinity or seeks to emasculate her target by attacking his genitals” (James, 38).

Occasionally participants proposed that their female partner attempted to sabotage their employment to undermine their masculine identity as a “breadwinner” and maintain control of their behavior: “She wouldn’t want me to go to work so she’d stop me from going to work. It’s because she . . . it’s a control thing, so she’d cut all of my laces in my shoes” (Jerry, 52). These types of behaviors resulted in a cycle of control through which the men’s partners were able to micromanage their daily life, limiting their autonomy and social interactions.



Participants' accounts highlight the significance of masculinity and stereotypical gender assumptions surrounding the roles and expectations of men on their experiences of IPV. Consequential feelings of shame and embarrassment for not having met these expectations added an additional layer of pain to the men's experiences.

### ***Perceptions of violence shaped by masculine norms***

Participants' perceptions of violence were often shaped by masculine norms. Frequently the men normalized violence between men as masculine appropriate behavior, but reported that they had moral objections that stopped them from using physical force against women, thus, upholding salient gendered norms around violence.

The men reported feeling confused on account of the fact that their partners' use of violence did not conform to stereotypical gendered beliefs surrounding the use of violence:

I would excuse myself because if it was a man in front of me it'd be a different thing, I'd fight back. But I felt . . . I felt helpless really because I could deal with a man but I couldn't deal with a woman so . . . it was confusing for me. I didn't quite understand why I let this thing like this happen (Jay, 44).

Jay's partner's behavior violated gendered cultural script around violence and he did not know how to respond as a result. Jay makes clear that he *would* know how to respond to male violence and he views himself as somehow responsible for his female partner's violence – as a man he *should* have been able to stop this.

Some men claimed that their partners' behavior was culturally influenced: "I just think a lot of families shout in our culture" (Tariq, 45, British Pakistani). Some men reported that female violence is more acceptable within their partners' culture, suggesting that the use of violence is more prevalent where it is considered to be socially accepted: "I was frightened of her because she came from a violent country with violence endemic in the society [. . .] women fight with knives in public in [large African country]" (John, 74).

Participants expressed a sense of pride at not having physically retaliated against their female partners, which was underpinned by a belief that hitting a woman is a negative manifestation of masculinity: "Once that man's hit back, I think all masculinity is lost" (Frank, 45). However, the men also believed that their reluctance to retaliate was significant in their victimization: "I've always thought to myself I would never strike a woman, that's probably why I was such a victim because I would not defend myself" (Steven, 24). Some of the men reported that their partner would use their refusal to retaliate as a means of maintaining control, for example:

She'll stand in front of me and she knows that I won't push her out of the way because then it'll look bad on me if I do push her out of the way and like she falls against something, so I feel trapped, I feel powerless it doesn't feel good at all (Shane, 37).

The men were in a bind then – using violence in self-defense would involve violence against women and marked them out as a *bad* man but not retaliating also diminished their masculinity. Stereotypical gender-based assumptions surrounding what constitutes IPV prevented many of the men from recognizing their relationship as abusive. James attributed a lack of public awareness that men can be victims of IPV as significant in his own difficulties in spotting IPV: “When you're taught about abuse it's always the man abuses a woman that's how it works, it doesn't work the other way round” (James, 38).

The majority of participants reported that their experiences had a lasting psychological impact on them, including negatively influencing their perceptions of women, as well as their perceptions of partner relationships in general. Frequently, participants described having a mistrust of women as a consequence of their abusive relationship: “I don't trust women at all” (Stuart, 47).

### ***Shame and gender norms as barriers to seeking help***

Many of the participants struggled to accept the role of victim, which was perceived by the men as de-masculinizing: “Definitely made me feel less of a man, to be being beat up by a woman” (David, 48). The men feared that they would be ridiculed and humiliated if they did seek help on account that help-seeking violates traditional masculine assumptions: “Shame that I expect from society because I haven't measured up to my perception of a man” (Lewis, 57). Therefore, many of the men did not seek help in an attempt to avoid feelings of shame.

Frequently the men reported that their friends and family did not recognize their experiences as domestic abuse: “None of my friends who I told about it really took it as domestic abuse or took it that seriously, they just saw John ((laughs)) complaining about his wife” (John, 74). Some participants described the reaction of their male friend as particularly hostile and unhelpful: “The reaction you get off your friends, ha ha ha you wuss . . . you're a wuss, you've got no bones in you, it's only the same reaction you get off your wife” (Frank, 45). These accounts reflect the prevalence of gendered scripts surrounding IPV victimization, and the association of victimization with femininity.

The men described feeling embarrassed about telling their stories. Occasionally, the men who took part in a telephone interview expressed a sense of relief that the interview was not face-to-face, and was therefore less shaming: “Talking to you is alright because we're on the phone, I don't know what you're doing at the other side of the phone” (Stuart, 47).

Reflecting on his decision to take part in a telephone interview, Jay described the value of being able to end the interview by hanging up the phone if he felt uncomfortable: “It was like probably back up for me if . . . if I couldn’t handle it then I could . . . then I could always put the phone down” (Jay, 44). This interviewing method offered participants greater anonymity in their participation, reducing feelings of shame and embarrassment. The men conveyed feelings of shame associated with a sense of failure to maintain masculine appropriate norms, which had a significant impact on their sense of masculinity and willingness to seek help.

### ***The importance of having a safe space to talk without fear of judgment***

This theme captures participants’ experiences and speculative thoughts surrounding helpful sources of support. Some men expressed a preference to talk to women about their experiences and anticipated enhanced empathy, compassion, and acceptance of their victimization: “I find it easier to be able to confide in females rather than males” (Craig, 59). Some men expressed a preference to talk to women on account that they are less likely to endorse a masculine ideology which emphasizes male strength and self-determination, which was therefore less shaming than talking to another man. Some men expressed a preference to talk to men about their experiences, on account that opposite-gender interaction is subject to erotic transference: “It’s much harder for a man to tell a woman ((laughs)) that his wife is beating him up, or being abusive to him” (John, 74). Belonging to a support service for male victims provided some of the men with a “safe” place to share their experiences and challenge rigid gender roles by sharing his vulnerability within the group: “There was a lot of crying went on [. . .] I think that’s good because men rarely cry do they?” ((laughs)) (John, 74).

These findings reflect the men’s internal and external sense of masculinity and the pressures they experienced to maintain socially appropriate masculine standards of behavior.

## **Discussion**

Participants’ accounts highlighted the importance of masculinity and stereotypical gendered assumptions surrounding the roles and expectations of men to their experiences of IPV victimization (R. Connell, 2013; Connell, 2005). The men experienced pressure to “perform” masculinity, and adhere to social expectations, to avoid losing face and project a desirable self-image (Haywood & Mac An Ghail, 2003). Feelings of shame were related to a perceived failure to adhere to hegemonic masculinity, which privileges power, authority and competence (Connell, 1995; Connell & Messerschmidt, 2005). Participants were self-critical of their inability to maintain “authority” within their

relationship (Connell, 2005). The men's accounts evidenced the difficulty they experienced in integrating a social narrative of hegemonic masculinity (Connell, 1995) with their experience of being a victim (Hine et al., 2020; Hogan et al., 2021; Huntley et al., 2020). Consequently, hegemonic masculinity made it difficult to be a victim and increased the men's feelings of shame and trauma.

The men were reluctant to accept the label of victim (Migliaccio, 2001, 2002) and in some instances, attempted to maintain a sense of autonomy by framing their choices and actions as permitting the abuse (Dixon et al., 2020). Reflecting the findings of Durfee (2011) the men's narratives reflected a "victimized masculinity" because they did not portray themselves as helpless victims, needing protection, choosing instead to describe ways in which they were influential in "making" their partner abuse them reflecting hegemonic masculine norms of control and power (Dixon et al., 2020).

Supporting the findings of Morgan and Wells (2016) the men reported that their partner's abuse and control was grounded in gendered stereotypes. Some participants reported that their partner was critical of their failure to meet heterosexual masculine expectations and the domination of men and subordination of woman (Connell, 1995). Some of the men perceived the abuse they experienced as gendered and an attack on their masculinity (Olliffe et al., 2014). These findings are suggestive of a parallel to previous research on women's experiences of intimate partner violence (e.g., Harne & Radford, 2008; Salam et al., 2006) which found that women were victimized by their male partner for failing to meet the stereotypical gender role of a "good wife," including failing to fulfilling household duties and show obedience (Feldman & Ridley, 1995). Consequently, failure to adhere to dominant norms for gender may be a contributing factor to IPV victimization for both men and women. These findings add to existing literature on men's experiences of female-perpetrated IPV and go some way to answering Morgan and Wells (2016) and Hanson et al.'s (2020) call for research exploring the process of control and abuse used by female perpetrators of IPV.

Some participants reported feeling confused that their female partners' use of violence did not conform to stereotypical gendered beliefs surrounding the use of violence (Haywood & Mac An Ghail, 2003). The men normalized violence between men as masculine appropriate behavior (Haywood & Mac An Ghail, 2003), but reported that they had moral objections that stopped them from using physical force against women (Bates, 2020; Cook, 2009). Such objections were underpinned by a belief that hitting a woman is a negative manifestation of masculinity (Graham-Kevan, 2007; Salter, 2016; Scarduzio et al., 2017), thus, upholding gender norms around violence (Bates et al., 2014; Sundaram, 2013). Some of the men believed their reluctance to retaliate was significant in their victimization and was used by their partner as a means of

maintaining control (Bates, 2020). Supporting findings which suggest that the meaning of violence varies within and between cultures (Jewkes, 2002; Mann & Takyi, 2009), and the use of violence is more prevalent where it is considered to be socially accepted (Jewkes, 2002), some of the men claimed that their partners' abusive behavior was culturally influenced and reflected racialized stereotypes around violence.

The men's accounts demonstrate the psychological impact of their IPV victimization including significant changes in their assumptions about women and relationships following their experiences of IPV. These narratives mirror the findings of Barnes (2013) who highlighted that female victims of IPV frequently report being fearful of entering into future romantic relationships.

The men's narratives suggest that stereotypical gender-based assumptions surrounding what constitutes IPV contributed to the obscurity of heterosexual men's experiences of victimization and prevented many of the men from recognizing their relationship as abusive (Venäläinen, 2020). Participants often discounted their experiences of abuse, perceiving victimization as inconsistent with their male identity, and therefore remained in their abusive relationship (Hogan et al., 2021; Huntley et al., 2020).

Many of the participants struggled to accept the role of "victim," which was perceived as de-masculinizing and increased their victimization (Corbally, 2015; Morgan et al., 2014). The men feared that they would be ridiculed and humiliated if they did seek help (Drijber et al., 2013) on account that help-seeking violates traditional masculine assumptions (Hine et al., 2020). Frequently the men reported that their friends and family did not recognize their experiences as domestic abuse (Bates, 2019; Huntley et al., 2020). Some men described feeling embarrassed about telling their story and expressed relief that they had chosen to take part in a telephone interview. This interviewing method offered participants greater anonymity in their participation, reducing feelings of shame and embarrassment (Sturges & Hanrahan, 2004). These findings provide further insight in to men's experiences of help-seeking (Lysova & Dim, 2020).

For many of the men these were difficult stories to tell. Pauses and silences reflected the depth of suffering the men experienced (Charmaz, 1999). However, their narratives were largely descriptive with limited discussion of their emotional reaction to their experiences, possibly reflecting the men's difficulty in talking about emotional and personal experiences (Morgan & Wells, 2016). In some instances, the men expressed a preference to talk about their experiences with a woman because they perceived women to be more empathic, compassionate, and accepting of their victimization (Bem, 1974; Burrell & Westmarland, 2019; Myers, 1989). They also felt that women were less likely to endorse a masculine ideology that emphasizes male strength and self-determination (Connell,

1995; Myers, 1989). Some men feared that erotic transference may negatively impact on the ability to talk to women about their experiences (Celenza, 2006).

There is increasing interest on the impact of masculine ideologies on men's experiences of female-perpetrated IPV (e.g., Burrell & Westmarland, 2019; Machado et al., 2020, 2016) and barriers to seeking help (e.g., Barrett et al., 2020; Lysova & Dim, 2020; Lysova et al., 2020; Machado et al., 2017; Wallace et al., 2019). The current study confirms existing findings that IPV victimization may present a significant challenge to masculine norms and that feelings of shame and embarrassment for a perceived failure to meet dominant cultural expectations surrounding the roles of men in heterosexual relationships may limit men's help-seeking behavior.

### ***Study evaluation and suggestions for future research***

Consideration should be given to the language used in the recruitment materials and the phrasing of questions. Several of the participants were reluctant to identify as "victims" (Donovan & Hester, 2010) for fear of being perceived as less masculine (Bates, 2019).

Future research may consider using the phrase "survivor" rather than victim (Dixon et al., 2020). Most participants in this study were in full-time employment. Some evidence suggests that unemployed men may face additional barriers to accessing professional help (Lysova & Dim, 2020). Future research should aim to recruit a more economically diverse sample (Lysova et al., 2020).

Given that some of the men expressed relief that they had taken part in a telephone interview which was less shaming, future researchers may consider the use of other methods that give participants a greater sense of anonymity and control over their participation. Qualitative surveys provide a flexible method that capture a diversity of perspectives and are especially helpful when exploring an under-researched topic (Braun et al., 2020) such as male IPV victimization (Dixon et al., 2020; Huntley et al., 2019). Digital methods including instant messaging interviews may provide participants with easier access to the research interview and enhance participants' ability to express themselves (Gibson, 2020).

Randle and Graham (2011) highlighted the need to explore the experiences of male victims from ethnically minoritized groups. In the current study, although the majority of participants identified as White, two participants from ethnically minoritized groups did speak about the role of their ethnicity/culture in their perceptions of why the abuse happened, supporting earlier findings which suggest that the meaning of violence varies within and between cultures (e.g., Jewkes, 2002; Mann & Takyi, 2009). However, this finding needs further exploration.

Masculinity was a pervasive theme within many of the men's narratives. Given that this was so strongly linked to wider social norms surrounding masculine norms and expectations, this finding may have relevance and possible transferability to other male victims of IPV. In light of evidence which suggests that masculine identity varies within and between transgendered persons (Gardiner, 2013), future research should aim to recruit, trans men in order to further explore the role of masculinity within the accounts of male victims and further develop interventions to support transgendered victims of IPV (Miles-Johnson, 2020; Shaw et al., 2012).

### ***Implications for practice***

Practitioners need to be aware of the unique difficulties experienced by male victims of IPV (Hogan et al., 2021; Huntley et al., 2020; Lysova & Dim, 2020). Interventions need to consider the impact of masculinity and gender identity on men's willingness to access support (L. o. Liddon et al., 2019). Furthermore, supporting the findings of Dixon et al. (2020), group-based interventions with other male victims provided the men with a safe space which aided disclosure of their experiences of IPV by facilitating interaction with other men who had experienced IPV and therefore, presenting an opportunity for the men to learn from and support each other (Burrell & Westmarland, 2019).

Practitioners working with male IPV victims need to be aware that masculine stereotypes and dominant cultural expectations surrounding the roles of men, and associated feelings of shame and embarrassment for a perceived failure to meet hegemonic masculine expectations, may prevent men from seeking help for their victimization and increase the trauma resulting from intimate partner violence for heterosexual men (Lysova et al., 2020; L. o. Liddon et al., 2019). In line with the recommendations of Huntley et al. (2019), service providers should enhance advertising of support services which represent masculinity by framing help-seeking as an active, independent and ration response, thus using masculine ideologies in a positive way (Krumm et al., 2017). Practitioners should be mindful of threats to men's sense of masculinity including loss of independency, power and control (L. o. Liddon et al., 2019) and be aware that the informal nature of group-based interventions may be more appealing to men (Kiselica & Englar-Carlson, 2010; L. Liddon et al., 2018).

Service providers should be mindful of potential resistance to "victim status" (Zverina et al., 2011). The men who received help from services that work specifically with male victims of IPV, reported that sharing their experiences with other men who had been through a similar experience provided a "safe" place to challenge masculine norms and reduced feelings of shame and embarrassment surrounding masculinity and victimization (Hogan et al.,

2021; Randle & Graham, 2011). Consequently, peer support groups may be particularly valuable in the development of male-friendly IPV support (Dixon et al., 2020).

Practitioners should be mindful that direct questioning around IPV victimization may be less helpful due to masculine ideals and the potential for shaming. In line with previous recommendations (e.g., Corbally, 2015; Dixon et al., 2020), a more broad questioning technique and focusing on the actions of the abuser rather than the men's victimization may facilitate help seeking and disclosure of IPV, leading to the development of male-friendly practice and services (Dixon et al., 2020). Telephone-based interventions may be a helpful way of enhancing access to sources of support given that some of the men experienced relief that the interview was not face-to-face and was therefore less shaming (Burrell & Westmarland, 2019).

## Conclusion

The men's accounts reflected a sense of pressure to "perform" masculinity, adhering to social expectations in order to avoid losing face and project a desirable self-image. Many of the men were self-critical of their inability to maintain authority within their relationship and meet dominant cultural expectations surrounding the roles of men in heterosexual relationships (Connell, 1995; West & Zimmerman, 1987). Some men reported that their partner was also critical of their inability to meet heterosexual masculine expectations of the domination of men and the subordination of woman in their relationship. Often the men described the abuse they experienced as gendered and an attack on their masculinity (Olliffe et al., 2014). Failure to adhere to dominant norms for gender may be a contributing factor to IPV victimization for heterosexual men (Hine et al., 2020). Masculine norm and a fear of emasculation also limited participants' help-seeking behavior (Huntley et al., 2019). Hegemonic masculine norms made it difficult for the men to occupy the position of "victim" and increased the men's experience of trauma. These findings offer important implications for developing enhanced awareness, knowledge and understanding of male IPV victimization (Dixon et al., 2020) including the importance of adhering to masculine ideologies, and fear of emasculation as a barrier to help-seeking (Bates & Douglas, 2020; Morgan et al., 2014).

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## Ethical Standards and Informed Consent

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation University of the West of England and with the Helsinki Declaration of 1975, as revised in 2000. Informed consent obtained from all patients for being included in the study.

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