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Men's experiences of help-seeking for female-perpetrated intimate partner violence: A qualitative exploration

Kevin F. Hogan[1] | Victoria Clarke[2] | Tony Ward[2]

[1]Department of Counselling and Psychotherapy, Newman University, Birmingham, UK

[2]Department of Health and Social Sciences, University of the West of England University, Bristol, UK

Correspondence
Kevin F. Hogan, Department of Counselling and Psychotherapy, Newman University, Bartley Green, Birmingham, UK.
Email: k.f.hogan@newman.ac.uk

Abstract

The subject of female-perpetrated intimate partner violence (IPV) against men has been one of controversy, with well-rehearsed arguments surrounding both the nature and existence of female-perpetrated abuse against men. The aims of this study were to explore men's help-seeking experiences and/or their perceptions of utilising support services/support networks following IPV victimisation. Consequently, this study explored the help-seeking experiences of 26, largely British, men who self-identified as having experienced female-perpetrated IPV. As the focus was on subjective experiences, a qualitative design was employed. Participation was invited from men who had sought help for their IPV victimisation from a range of sources and those who had not sought help at all. Semi-structured interviews explored the men's experiences of seeking help, and barriers to seeking help, following IPV. The data were analysed using reflexive thematic analysis. Some of the participants who took part in this study had received formal support for their experiences of IPV (i.e. counselling, calling IPV helplines and support services, contact with social workers or the police) and informal support (e.g. speaking to work colleagues, family and friends). Five participants had never spoken to anybody about their experiences prior to taking part in the interview. A range of barriers prevented the men from seeking help. First and foremost, the importance of maintaining a sense of masculinity consistently underpinned the participants' narratives. The men's fear of being judged negatively by others was often not unfounded. Negative help-seeking experiences included being treated with suspicion and contempt. Positive help-seeking experiences facilitated the men in recognising their relationship as abusive, which for some of the men was influential in their decision to leave or seek help. The lack of recognition and understanding of male IPV within society was of concern to most of the men. Some expressed a desire to use their own experiences in order to help other men in abusive relationships. These results have important implications for the development of appropriate support for male victims, including the need for practitioners to be non-judgemental whilst assisting men in recognising their relationship as abusive.

Implications for practice

- Practitioners should validate men's experiences of intimate partner violence (IPV) and assist them to recognise their relationship as abusive, which can potentially empower men to leave an abusive relationship.
- Practitioners should be mindful to maintain a non-judgemental approach in their work with male victims. This is of particular value when men are self-critical of their perceived failure to meet internal and social masculine expectations as a consequence of their IPV experiences.
- Group-based support services for male victims may provide men with a 'safe' place to share their experiences and navigate some of the challenges presented by masculine norms and expectations.

Implication for policy

- Services should be aware of the importance of early and effective intervention as negative help-seeking experiences can have lasting and significant implications for men's mental health, potentially even exacerbating post-traumatic stress disorder experienced as a result of IPV.

1 | INTRODUCTION

The World Health Organization (WHO; 2021) define intimate partner violence (IPV) as behaviour inflicted by a partner or ex-partner that causes harm to the victim including physical abuse, psychological abuse, sexual coercion and controlling behaviour. IPV is a major social and health problem, associated with severe physical and mental health difficulties (World Health Organization, 2013). Whilst the majority of victims, including fatalities, are female and the majority of perpetrators are male, the WHO (2012) acknowledges that men are also victims of IPV and sexual violence, both within same-sex and heterosexual relationships. A growing body of research on men's experiences of female-perpetrated IPV (e.g. Bates, 2019; Hine et al., 2020; Huntley et al., 2019; Wallace et al., 2019b) suggests that there are some important differences in men's experiences of IPV, particularly with regard to help-seeking.

1.1 | Men's help-seeking behaviour

A broad body of literature has identified that men's ambivalence towards seeking help from mental health professionals is strongly associated with adherence to social norms and ideologies surrounding traditional masculinity (Berger et al., 2013; Brown et al., 2019; Lysova, Hanson, Hines, et al., 2020; Seager, 2019; Yousaf et al., 2015). This problem may be further reinforced when seeking help for IPV victimisation, something that may be considered the antithesis of conventional masculinity (Bates, 2019; Burrell & Westmarland, 2019; Corbally, 2015; Donovan & Hester, 2010;

Huntley et al., 2019; Randle & Graham, 2011; Walker et al., 2020; Zverina et al., 2011).

Socially and culturally constructed masculine norms endorse being stoic, self-reliant, emotionally inexpressive and in control (Nam et al., 2010; Sullivan et al., 2015), values that are typically perceived by men as being inconsistent with help-seeking (Brown et al., 2019; Gillon, 2008; Hines & Douglas, 2010). However, the nature, source and manner in which help is offered may influence men's openness to seeking help (Huntley et al., 2019; Pollard, 2016), with some evidence suggesting that men react more positively to psychotherapy given its emphasis on promoting autonomy and self-reliance (Berger et al., 2013). Nonetheless, there remains a need to further develop male-friendly approaches to mental health services which facilitate the expression of emotional distress and challenge gender stereotypes (Brown et al., 2019; Emslie et al., 2007), in order to effectively meet the needs of men and overcome barriers to help-seeking (Huntley et al., 2020; Liddon et al., 2019).

1.2 | Male help-seeking behaviour and IPV victimisation

Research conducted in the United States and Europe that focused directly and indirectly on men's experiences of help-seeking following female-perpetrated IPV has identified several internal and external barriers to help-seeking. These include men's feelings of shame, embarrassment and their lack of awareness and mistrust of support services (Bates, 2019; Douglas & Hines, 2011; Drijber et al., 2013; Huntley et al., 2019; Machado et al., 2020; Machado et al., 2016; McCarrick et al., 2016; Tsui et al., 2010).

Huntley et al. (2019), in a systematic review and qualitative evidence synthesis of studies on help-seeking experiences for male victims of domestic violence, identified fear of disclosure as a central barrier to formal help-seeking. The authors found experiences that were specific to men included fear of challenges to perceptions of their masculinity, at both a personal and a societal level, and fear of being accused of being a perpetrator.

Following a synthesis of systematic review evidence on help-seeking by male victims of domestic violence and abuse, Huntley et al. (2020) outlined recommendations to effectively support male victims, including the need to enhance awareness and visibility of IPV services for men in order to aid access. The authors also recommended the need to facilitate confidentiality and privacy, as well as providing an individual approach and continuity of care to the service user. Whilst these findings provide useful recommendations for the development of policy and practice, the authors call for further research that enhances understanding of the specific experiences and needs of male victims, including barriers to support utilisation and the development of needs-led service provisions (Huntley et al., 2020).

Recent UK-based research by Bates (2019) exploring men's experiences of IPV, including barriers to leaving their relationship and perceptions of societal beliefs about male victims, identified that the men's physical and psychological well-being was negatively influenced by the abuse they experienced. This online qualitative survey study demonstrated that the men perceived society as disbelieving of male victimisation, which negatively impacted their willingness to seek help and leave the relationship.

Negative help-seeking experiences have been shown to have lasting and significant implications on male (and female) victims' mental health (Fauci & Goodman, 2020; Tsui et al., 2010). US research by Douglas and Hines (2011) demonstrated that the association between sustaining IPV and post-traumatic stress disorder (PTSD) was stronger where there were greater levels of hostility towards male victims when voicing their experiences.

1.3 | The current study

There is new interest in research on men's help-seeking experiences as a result of female-perpetrated IPV (Huntley et al., 2019). As support services for male victims evolve (Huntley et al., 2020), with growing recognition of gender-specific experiences and barriers to accessing support (Bates & Douglas, 2020; Hogan et al., 2012; Wallace et al., 2019a), there remains a need to further develop a nuanced understanding of male victims' experiences with (Huntley et al., 2020; Lysova, Hanson, Dixon, et al., 2020; Morgan et al., 2014) and perceptions of support services in order to better assist male IPV victims (Barrett et al., 2020; Bates, 2020; Powney & Graham-Kevan, 2019; Tsui et al., 2010). Furthermore, Hine et al. (2020) outline the need for research that investigates men's experiences of informal and indirect help-seeking from friends and family.

Greater awareness of help-seeking behaviour may enhance practitioners' awareness and understanding of how support services can effectively assist male victims and their support networks, facilitating victims' escape and recovery of an abusive relationship (Hine et al., 2020; Holloway et al., 2018; Roddy & Gabriel, 2019; Williamson et al., 2015). The aims of this study were to explore men's help-seeking experiences and/or their perceptions of utilising formal support services including counselling and more informal support networks (e.g. family and friends) following female-perpetrated IPV. Both men who had sought help from a range of sources of support and men who had not sought any help for their victimisation were recruited, in order to explore participants' perceptions of support services.

2 | METHOD

2.1 | Research design

A broadly experiential qualitative research stance was adopted in order to facilitate understanding of how participants perceived, experienced and made sense of their help-seeking experiences (Braun & Clarke, 2013).

2.2 | Participants and recruitment

Participation in this study was invited from men over the age of 18 who self-identified as a victim of female-perpetrated IPV; thus, purposive sampling was used. For the purpose of this study, the definition of IPV and controlling and coercive behaviour used was from the UK Government Home Office:

> Any incident or pattern of incidents of controlling, coercive or threatening behaviour, 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).

This definition was included in the participant information sheet and the research advert. The research advert included information about the nature of the research study, as well as practical and ethical information surrounding participation and the email address of the first author. The research was advertised at domestic abuse services, through which two participants were recruited. Nine participants were recruited via mental health and drug and alcohol support services. An advertisement was placed on online support forums and blogs for male victims, recruiting thirteen participants. A further two participants were recruited through snowballing. The final sample consisted of 26 men, a slightly larger-than-average sample size for qualitative interview research in the area of gender and psychology (Clarke & Braun, 2019).

TABLE 1 Characteristics of the sample (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 achievement	No qualifications (2) GCSEs (1) Ordinary National (1) A Level (3) NVQ (3) City and Guilds (2) Level 4 Certificate (1) Undergraduate Degree (7) Postgraduate 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)
Relation 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)

In line with the recommendations of Braun and Clarke (2021), this sample size provided rich data, which were experientially diverse and thus met the analytic requirements of reflexive thematic analysis.

The time period since leaving the relationship and taking part in the interview ranged from five months to 18 years (mean length: 3 years 8 months). Twelve participants were in a relationship at the time of taking part in the interview, four of these were in an abusive relationship (see Table 1 below for further details of the sample).

2.3 | Data collection

Data were collected using semi-structured interviews conducted by the first author. Participants were given a choice of three interview modes: face-to-face, *Skype* video call or telephone. Sturges and Hanrahan (2004) identified that participants value the autonomy of choosing the type of interview they would like to participate in. Furthermore, this flexibility and choice may have enhanced participants' feelings of safety and control. This was particularly important given that some of the men were still in an abusive relationship at the time of conducting the interview (Ellsberg & Heise, 2002). Thirteen participants chose face-to-face interviews, 10 telephone interviews and three *Skype* interviews. The length of the interviews ranged from 39 min to 2 and a quarter hours (mean length: 1 hr, 25 min). An interview guide was developed based on a review of existing research (e.g. Douglas & Hines, 2011; Tsui et al., 2010).

Ethical approval for this study was granted by the authors' Faculty Research Ethics Committee. This study adhered to the British Psychological Society (2014) Code of Human Research Ethics. Prior to participation, each participant was given a participant information sheet and was asked to sign a consent form. To maintain anonymity, each participant was invited to choose their own pseudonym at the start of the interview (Braun & Clarke, 2013).

2.4 | Data analysis

Inductive reflexive thematic analysis was used to analyse the data following the six-phase process outlined by Braun and Clarke (2006). As this research aimed to explore the men's subjective experiences of help-seeking 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 research participants made sense of their experiences in their particular social, cultural and historical contexts (Forrester, 2010).

The analytic process began with immersion in the data, noticing interesting aspects about the data relevant to the research question. The first author led the coding process, which involved systematically generating codes, in order to identify all aspects of the data that were relevant to the research question. Initial themes were then generated by clustering similar codes. These themes were then reviewed against the coded data and the entire data set, and defined and named to capture the essence of the 'story' and substance of each theme. All three authors contributed to the process of theme development in order to facilitate a rich nuanced reading of the data. The conceptualisation and operationalisation of themes in this study (mostly) departs somewhat from Braun and Clarke's construct of themes as conceptually founded patterns of shared meaning (Braun & Clarke, 2019). This is because we sought to explicitly identify barriers to help-seeking and negative and positive experiences of help-seeking in advance of analysis and the men's experiences were thematically organised under these topic headings during the analysis. The final—unanticipated—theme is in line with Braun and Clarke's conceptualisation of themes.

Quality practices in reflexive TA centre on the researcher's depth of engagement with the data and reflexive practice, rather than

measures of inter-coder agreement (Braun & Clarke, 2020). The first author maintained a research journal throughout the research process to reflect on his assumptions around the topic and experiences of conducting the interviews and analysing the data. Meetings with the second and third authors—particularly during the data analysis phase of the research—provided further opportunities for reflection on the assumptions he brought to his analysis of the data and how these might be shaping and delimiting his data engagement and interpretation.

3 | RESULTS

The analysis is reported under four headings: Barriers to seeking help; Negative help-seeking experiences; Positive help-seeking experiences: labelling the relationship as abusive; and There is a need for change—"I'm keen to spread the word". Each theme is illustrated with relevant data extracts. The data have been edited to remove superfluous material.

3.1 | Barriers to seeking help

This topic heading captures the psychological barriers that prevented the men from seeking help, including a desire to maintain masculine stoicism, a fear of not being believed and a lack of faith that support services could help them. The men's accounts reflected rules around masculine expectations that were restrictive and difficult to follow. Therefore, many of the men did not seek help in an attempt to avoid feelings of shame:

> It's a shame like that I expect from society or because I haven't measured up in like some way to my perception of what I should be as a [male] member of society
>
> (Shane).

Adherence to heterosexual masculine norms that endorse independence often restricted the men from accessing sources of support. Victimisation was associated with weakness and a failure of appropriate masculinity. Brian described maintaining a sense of 'pride' by not seeking help:

> Pride isn't it, male pride I suppose, don't want to admit you, I don't know ((pause)) I suppose it's a weakness isn't it, you think you're weak because you let your wife beat you up.

The idea that Brian 'let' his wife abuse him signals a perception that men have a choice about whether they become victims of female violence. The men often described feeling fearful that their experiences would not be believed if they were to seek help. This resulted in the men remaining in their relationships:

> It was that fear of yeah, not being believed, you know that kept me there longer than was good for me really
>
> (Simon).

Frequently, the men made reference to the physical size and strength differences between themselves and their female partners, which fuelled this fear:

> They won't believe me you know, I mean I'm taller than my wife, you know I'm a big built fella you know, if I call up and say this, they just wouldn't believe me
>
> (Simon).

Despite recognising the negative impact their relationship had on their well-being, the majority of men interviewed did not seek help from professional support services. Frequently, the men were unaware of sources of support. Their perception was often that there was not any support for men:

> Support wasn't out there, not in my eyes, I couldn't see any support for male domestic abuse, you know, I never saw any support out there
>
> (Brian).

Some participants felt that IPV support services would not help them because they were men:

> I've never tried, errm ((sigh)) be like a lack of faith that it would help anyway really, I wouldn't expect to get much support
>
> (Shane).

When asked about their perceptions of counselling, the men's disregard for this form of support often centred on a belief that accessing therapy carried a social stigma that they were keen to avoid:

> If you'd have gone for counselling [...] it would stay with you for life, and people would know, for life, he's been for counselling he has
>
> (Frank).

In some instances, there was a misperception that counselling was about making their relationship work:

> Should I have gone for counselling, would it have put me in a different frame of mind to try and make the marriage work? I don't know whether I'd have wanted to be put in that situation (Frank).

The men's accounts suggest that limited knowledge of the aims of counselling was a barrier to accessing this form of support.

3.2 | Negative help-seeking experiences

This topic heading captures the men's negative experiences of seeking help for their IPV victimisation, including their experiences with professional services and support networks. Feelings of fear and shame defined the men's experiences of help-seeking. Their willingness to seek help was influenced by perceptions of who they could trust and a desire for their experiences to be validated. Frequently, the men reported that they first attempted to speak to family and friends about their experiences, rather than utilise formal sources of support, for example:

> It was finding people I could talk to and trust to talk to, I think that was the first step and ((pause)) I took the process of, well I've got a good relationship with my parents, I spoke to them and I spoke to close friends
>
> (Simon).

The men's fear of being judged negatively by others was often not unfounded. Commonly, the men described being treated with suspicion and contempt in both professional support services and within their own support networks. Frank reported that he frequently tried to talk to his family about what had happened, but he was met with a 'wall of silence', which appeared to be underpinned by others feeling embarrassed and not knowing how to respond:

> You try, it comes up in conversations it's like on TV and, you could be in the same room as your brothers and you say, 'That's what happened to me' and they say 'Do you want a cup of tea' to try not to talk about it
>
> (Shane).

For some of the men, the silence they received from those around them further reinforced their feeling of isolation and confusion:

> You try and talk to your brothers about it or your male friends, because they never open up and said 'Yeah, you know my uncle was like that' used to think to yourself, 'Well am I the only one'
>
> (Frank).

Many of the men reported that their friends and family did not recognise and validate their experiences, which undermined their own ability to recognise their relationship as abusive: 'The people I did tell sort of laughed and said "That's women for you"' (John). In some instances, the men reported that family members trivialised their abuse, even considering their injuries to be humorous:

> Going to my in-laws for Sunday lunch with a black eye, and my father-in-law asking me, you know, 'How did you get that' and I sort of, you know, 'She' ((moves head to the side)) you know. And he laughed, and they all thought it was hilarious
>
> (Neil).

Frequently, the men reported that their initial attempts to talk about their experiences were so negative that they subsequently made a decision not to disclose their experiences again:

> I didn't feel supported or understood so I just thought, 'well I'm not going to bother doing that again' [...] it just wasn't worth my disclosure, I felt worse by doing it, because then I felt embarrassed [...] I'd rather have just kept it to myself
>
> (Shane).

Often, the men who did seek help from professional support services described being treated with suspicion, which they attributed to their gender: 'They automatically assume you're the bloke, you're the one who's done something' (Neil).

Describing his experiences of calling a helpline for victims of domestic violence, Lewis reported that he received gender-stereotyped treatment, based on the assumption that men are always the abusers and never the victims:

> I started telling the story, and she [helpline operator] said 'And so when did <u>he</u> abuse you, your son', and I went 'she'. 'Oh I'm sorry, I'm sorry, I'm sorry'. I said 'That's okay', I said 'Just to let you know you're as conditioned as everybody else'.

Some men experienced a lack of recognition of male victimisation, leaving them without any support. One participant, who did eventually leave his abusive partner, described the profound implications of the lack of sheltered support for male victims: 'I had to make myself homeless in order to get away from it' (James). However, in doing so, he further experienced a lack of recognition of male victimisation:

> I presented myself as homeless once I'd got out of hospital for my different injuries, went to the council, started filling out this form. And the person said 'Oh no, you can't fill out that box for fleeing domestic violence, that's for women only'
>
> (James).

Many participants were frustrated by the way in which their victimisation was handled by the police. Some reported that police officers did not believe their experiences because they were male victims: 'The police still don't believe that men suffer domestic violence' (Martin). One participant described being ridiculed by the police: 'You could

hear them [police officers] sniggering in the background' (Jerry). This treatment resulted in additional feelings of shame and embarrassment. James described the lack of support available to abused men as prolonging his victimisation: 'The system, if you like, was complicit in what happened'. In some instances, because of a lack of intervention, the men experienced PTSD as a result of the abuse, which early intervention might have prevented:

> By the failings of the system, by the lack of it, by the lack of understanding, I have to say I did suffer from post-traumatic stress disorder
>
> (James).

Of the 26 participants who took part in this study, 11 had received counselling for their experiences of IPV. Six of these men described the counselling they received as helpful, whilst five described it as unhelpful, and in some instances detrimental to their psychological wellbeing. Neil reported that the process of psychologically experiencing and relating within therapy was unhelpful:

> I went once a week for six weeks, and it was horrible, I absolutely hated it […] it was 'Well how do you feel?' Well it was fucking obvious how I feel, you could tell how I feel, you know. ((laughs)) I'm sitting there choking back the tears and obviously I'm fucking, you know, it's not the question. And it wasn't helpful at all.

Neil's narrative indicates the difficulty he experienced in talking about his feelings, an endeavour that may present a significant challenge to men's perceptions of what it means to be traditionally masculine.

3.3 | Positive help-seeking experiences: Labelling the relationship as abusive

Being believed was of significant value to the men: 'Having one other person who believes you is significant, is important, and is a source of great strength' (James). The men frequently described counselling as helpful because the therapist was non-judgemental: 'She offered no judgement at all, which is one of the things that makes it very easy to talk to a counsellor' (Aaron). This appeared to be of particular value given that many of the men were self-critical of their perceived failure to meet internal and social masculine expectations as a consequence of their IPV experiences. Frequently, the men described counselling as beneficial because it was confidential and the counsellor was a stranger, which facilitated their willingness to talk about their experiences: 'It's easy to talk to someone who doesn't know you, I'm okay with that' (Tim).

Some men reported that having counselling whilst in the relationship helped them to recognise their relationship as abusive, which was influential in their decision to leave:

> Going through this, you know now I see the pattern, now I see it is a pattern, and it's not just a series of isolated events that I'm instigating, and I was only getting that from the opportunity to talk about it and put it all into perspective
>
> (Aaron).

Occasionally, the participants reported that the police were instrumental in helping them to recognise their relationship as abusive: 'They said "She's been abusing you", and then I suddenly realised' (John). In addition to labelling the relationship as abusive, some men reported that the police were helpful because they encouraged the men to seek help: 'They said to me "You need to do something, you need to get help". And er…they gave me a list of erm [support] units' (John). This validation of the men's experiences empowered the men to leave their relationships or seek help.

Some participants reported that they had received help from services that work with male victims of IPV. Frequently, these men reported that they valued sharing their experiences with somebody who had been through a similar experience. Fear of being the only male victim was a common theme in the interviews. Meeting other men who had similar experiences proved to be significant in reducing this fear, and helped to 'normalise' the men's experiences:

> It's realising that you're not alone. That was the best thing about it, I'm not alone for God's sake, you know there are other guys that are suffering, I'm not the only weirdo here and that was the best part of it, there are other people
>
> (John).

Belonging to a support group for male victims provided the men with a 'safe' place to share their experiences and navigate some of the challenges presented by rigid gender roles:

> There was a lot of crying went on, a lot of revelations and a lot of crying. And in our recovery programme we all cried together. And I think that's good because men rarely cry, do they? ((laughs))
>
> (John).

John's account demonstrates his questioning of traditional masculine norms through his willingness to share his vulnerability within the group. At the same time, his laughter at this point in the interview may signal some ongoing discomfort with acknowledging and sharing his vulnerability with another man (the male interviewer).

3.4 | There is a need for change—'I'm keen to spread the word'

This final theme captures the men's perceptions of changes that need to be made in the wider social context in order to enhance

recognition and understanding of female-perpetrated IPV and improve service provision for male victims. These changes typically centred on the need to enhance awareness of male victimisation, and tailor support services to meet the unique needs of men.

The men's willingness to take part in this research was frequently underpinned by a desire to bring about change. The men perceived research as an important first step towards enhancing awareness of male victimisation: 'I'm thankful I can take part in something that will, you know, one day help everyone' (Steven).

In particular, the men's accounts focused on a need to enhance awareness and understanding of female-perpetrated IPV in heterosexual relationships within frontline services:

> There's no training for the police in being able to spot this kind of thing. There's no training in the NHS, doctors aren't trained on being able to spot male victims of violence
>
> (James).

Frequently, the men highlighted the importance of education in reducing stigma surrounding male victimisation: 'I think if men were educated about what they were in they would start to realise that it isn't actually a reflection on their masculinity' (Oliver).

For some of the men, taking part in this research was a significant step towards recognising their resilience. For example, Jay described feeling more comfortable in sharing his vulnerability:

> I wouldn't even have entertained this years ago, even like if somebody says 'Do you want to speak to somebody' I would say 'No thanks'
>
> (Jay).

Some men outlined the need to tailor IPV services to accommodate the unique needs of male victims. For example:

> Asking for a different type of domestic abuse centre for guys, I don't think that's a problem, it shouldn't be the same, we think differently, we do things differently
>
> (Lewis).

The need for gender-specific interventions related to the need for facts over feelings, reflecting traditional values of hegemonic masculinity:

> For men to kind of go 'I don't necessarily need to talk to you from an emotional point of view, you've given me the facts', we deal in facts, so yeah it would normalise it from the point of view of the male
>
> (Aaron).

This desire for facts of course raises questions about the role of counselling in support services for male victims.

4 | DISCUSSION

Participants' accounts evidenced a reluctance to disclose their experiences of abuse on account of dominant social constructions of victimisation as a female experience (Wallace et al., 2019a, 2019b). Fear of shame and emasculation limited participants' help-seeking behaviour (Bates, 2019; Huntley et al., 2019; Lysova, Hanson, Hines, et al., 2020; Walker et al., 2020). The men's difficulties in identifying and seeking help for their victimisation appeared to centre on their investment in notions of hegemonic masculinity and a fear of being perceived as less masculine (Gillon, 2008; Hine et al., 2020; Zverina et al., 2011). Limited help-seeking was a barrier to leaving their abusive relationship (Bates, 2019; Hines & Douglas, 2010). These findings support evidence that men often feel pressure to maintain socially appropriate masculine standards of behaviour (Seager, 2019).

Reflecting findings of research with gay male and heterosexual female victims (e.g. Oliffe et al., 2014; Kaukinen et al., 2013), many participants did not use professional sources of support. Frequently, the men believed support services could not or would not help them because they were male victims (Oliffe et al., 2014; Machado et al., 2020; McCarrick et al., 2016), and feared that their victimisation would not be believed or taken seriously (Bates, 2019; Drijber et al., 2013). This fear was partly related to the physical size difference between themselves and their female partners and how this would be perceived by others (Corbally, 2015; Walker et al., 2020). Some participants reported a lack of recognition and understanding of male victimisation within support services (Hine et al., 2020; Lysova, Hanson, Dixon, et al., 2020). These accounts indicate that violence perpetrated by women against their male partners may be trivialised (Seelau & Seelau, 2005) or even considered to be humorous (Pagelow & Pagelow, 1984).

The men's accounts suggest that not knowing about the aims of counselling was a barrier to accessing and engaging with this form of support (Brown et al., 2019; Millar, 2003). These accounts highlight the importance of increasing understanding of support services amongst male victims in an attempt to reduce stigma and misunderstanding (Huntley et al., 2020). Evidence from research with women suggests that enhanced knowledge of support services is associated with greater support utilisation (Kaukinen et al., 2013). Negative help-seeking experiences had a detrimental impact on the men's willingness to seek further help (Brown et al., 2019). For some men, this resulted in additional feelings of isolation and psychological distress (Drijber et al., 2013). The trauma they experienced from their relationship was exacerbated by a lack of support, resulting in PTSD for some men (Douglas & Hines, 2011).

For some participants, the process of psychologically experiencing within therapy was unhelpful, and there was a preference for practical facts over emotion-focused interventions (Holloway et al., 2018). This finding supports evidence that some men are disempowered by sources of support that require them to 'fit in' to existing services that are not sensitive to the social norms of traditional masculinity and how these shape male experience (Brown

et al., 2019; Pollard, 2016). Often, the men reported that they preferred to speak to family and friends about their victimisation, rather than utilise formal sources of support (Barrett et al., 2020; Bates, 2020; Machado et al., 2017).

The availability of social support has been related to post-traumatic growth following trauma (Prati & Pietrantoni, 2009) and may facilitate access to formal support (Machado et al., 2017). The men's ability to recognise their relationship as abusive was related to friends, family and professionals recognising and validating their experiences (Bostock et al., 2009; Burrell & Westmarland, 2019; Roddy, 2013). Many of the participants stressed the value of being believed when talking about their experiences (Walker et al., 2020). In line with evidence that helpful sources of support may be influential in men's decision to leave an abusive relationship (Wallace et al., 2019b), validation of the men's experiences empowered some of the men to leave their relationship (Pajak et al., 2014).

Supporting the assertion of Hine et al. (2020) that there remains a need for enhanced recognition and resourcing of services that cater for the needs of men, some participants reported that there is a need to increase societal awareness of male victimisation and sources of support for male victims (Burrell & Westmarland, 2019). Peel et al. (2006) found that participants often chose to take part in qualitative research out of a desire to help other people. This was reflected in the current study, with many of the participants citing a desire to use their own experiences to help other male victims and bring about change in the perception of male victims as a central motivation for taking part in this research. Taking part in this research was also a significant step towards the men recognising their personal resilience and strength (Flanagan et al., 2015) and feeling more comfortable in sharing their vulnerability (Joseph, 2015).

There is increasing research interest in men's help-seeking experiences as a result of female-perpetrated IPV, including perceptions and experiences of accessing formal support (e.g. Burrell & Westmarland, 2019; Lysova, Hanson, Dixon, et al., 2020; Lysova, Hanson, Hines, et al., 2020; Machado, et al., 2020); informal support (e.g. Barrett et al., 2020; Walker et al., 2020); and men's experiences of coping without help and support (e.g. Bates, 2020). The current study confirms existing findings that for those men who accessed help and support, validation of their experiences of IPV was important in assisting them to recognise their relationship as abusive. Feelings of shame and a perceived lack of feasible support prevented men from accessing help.

4.1 | Clinical implications and conclusions

These findings highlight the need for practitioners to be aware of male victimisation and the unique difficulties experienced by male victims (Barber, 2008; Hogan et al., 2012). Practitioners may benefit from listening to or reading survivors' stories, such as those presented in this paper, to enhance their knowledge and understanding of barriers and facilitating factors to help-seeking (Bates, 2020; Morgan et al., 2014) and contribute to the development of competent therapeutic practice (Roddy & Gabriel, 2019). Practitioners and support services should be sensitive to the impact of assumptions and values surrounding masculinity and masculine appropriate behaviour, which may negatively impact help-seeking (Lysova, Hanson, Dixon, et al., 2020; Seager, 2019) and the use of therapy (Hogan et al., 2012). Practitioners should be mindful of the potential difficulty in integrating hegemonic masculinity, defined by Connell (1995) as a normative, desirable way of being a man, underpinned by positions of power and authority (Connell & Messerschmidt, 2005), with the paradoxical experience of being a victim (Hogan et al., 2012).

The men who had positive experiences of therapy valued a counsellor who was non-judgemental and had some understanding of IPV and its effects (Roddy, 2013; Roddy & Gabriel, 2019). A non-judgemental therapeutic approach was of particular value given that many of the men were self-critical of their perceived failure to meet internal and social masculine expectations. Practitioners should be aware of the importance of facilitating unconditional positive self-regard in the men's recovery from the trauma of being in an abusive relationship (Flanagan et al., 2015). Some participants described counselling as beneficial because it was confidential and with a stranger. These findings further support evidence that men's fears of appearing weak for accessing therapy were reduced following assurances of confidentiality and anonymity (Huntley et al., 2020; Millar, 2003; Tsui et al., 2010).

Supporting the findings of Hine et al. (2020), some men outlined the need to tailor IPV services to accommodate the unique needs of male victims. Treatment models for male victims need to consider the role of masculinity and gender identity (Liddon et al., 2019; Lysova, Hanson, Dixon, et al., 2020). Connell (2000) argued that hegemonic masculinity is a fluid concept and that commitment to the norms and expectations of masculinity can be superseded by distancing from and rejecting social practices, such as stoicism and emotional control (Brown et al., 2019). The men who received help from services that work with male victims of IPV reported that sharing their experiences in a support group with other men who had been through a similar experience provided a 'safe' place to challenge gender norms and reduce feelings of shame and embarrassment surrounding masculinity and victimisation (Carmo et al., 2011; Randle & Graham, 2011).

4.2 | Limitations of the research and suggestions for future research

The men who took part in this research self-identified as victims of female-perpetrated IPV. Given that some of the men were reluctant to identify as 'victims' and even objected to the interviewer's use of that term (Drijber et al., 2013; Lysova, Hanson, Dixon, et al., 2020; Tsui et al., 2010), consideration should be given to the language used in the recruitment materials and the phrasing of questions in future research. Researchers should be mindful of participants seeking to avoid a victim identity (Donovan

& Hester, 2010) for fear of being perceived as less masculine (Bates, 2019).

Further research exploring the desirability and efficacy of support for male victims is required (Bates & Douglas, 2020) to enhance understanding of the experiences of male victims of IPV. This in turn can inform the development of support services and therapeutic practice that centres the needs and experiences of male victims. At the same time, there is also a wider need to challenge traditional masculine norms that inhibit recognition of male victimisation and prevent men from seeking help (Huntley et al., 2019).

ORCID

Kevin F. Hogan https://orcid.org/0000-0001-9043-7852
Victoria Clarke https://orcid.org/0000-0001-9405-7363

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AUTHOR BIOGRAPHIES

Kevin F. Hogan is a professional doctorate in counselling psychology graduate of UWE and a chartered psychologist, registered with the HCPC as a counselling psychologist. He is a senior lecturer in counselling and psychotherapy at Newman University.

Victoria Clarke is an associate professor in qualitative and critical psychology in the Department of Health and Social Sciences, University of the West of England, UK, where she teaches about qualitative methods and sexuality and gender. Her research interests are in the intersecting areas of sexuality and gender, appearance and embodiment, and family and relationships. She is a qualitative methodologist and co-author of numerous outputs on thematic analysis and other aspects of qualitative research. She is a co-author (with Virginia Braun) of *Successful Qualitative Research* (2013, Sage) and co-editor (with Virginia Braun and Debra Gray) of *Collecting Qualitative Data* (2017, Cambridge), and is currently writing a book on thematic analysis with Virginia Braun for Sage. She regularly tweets about thematic analysis and qualitative research: @drvicclarke

Tony Ward is an associate professor of health and counselling psychology at the University of the West of England, a consultant psychologist and therapy team leader at Shelley Park Neuro Care Centre in Bournemouth and a visiting lecturer at Paris 8 University in France. He has research interests in working therapeutically with clients that have neurological conditions, neuroscience as an integrative approach in psychotherapy and the combination of cognitive and traditional psychodynamic perspectives in therapy for depression and anxiety.