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# Male Victims of Intimate Partner Abuse: Use and Helpfulness of Services

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Data obtained from a national study of male victims or survivors of intimate partner abuse (IPA) indicate that the experience (current or past) of abuse and with service use may predict a positive perception toward help seeking. However, marital status and a tendency to minimize problems may predict negative attitudes toward help seeking. Empirical evidence from this mixed-method study suggests that male victims face many interpersonal and societal obstacles. Feeling uncomfortable when requesting assistance, men in IPA situations are affected by a masking factor that causes them to hide their situation and contributes to a misconception factor that causes people to treat men as the sole perpetrator. Although men are eligible, services may not be perceived as being available or helpful. The study yields important implications for social work practice, and the findings result in several recommendations for increased awareness about IPA, advocacy for gender-inclusive services, revision of laws and policies, increased research, and emphasis on funded and anonymous services.

KEY WORDS: *domestic violence; helpers; intimate partner abuse; male survivors; male victims*

Intimate partner abuse (IPA) against men, like other forms of domestic violence, is a complex problem that affects people of all ages and both genders. Although the label of IPA and domestic violence are often used interchangeably to describe spousal abuse, family violence can include children, siblings, elders, and partners. According to [Centers for Disease Control and Prevention \(2012\)](#), IPA is “abuse between two people in a close relationship . . . [including] current and former spouses and dating partners” (p. 1). Typically, a pattern of coercive control and power is forcefully exercised by one partner over the other through a combination of physical abuse, sexual abuse and exploitation, emotional abuse, economic or financial exploitation, and spiritual abuse. Mutual violence between partners is not uncommon, and victimization can be bi-directional and multifaceted ([Hines & Douglas, 2010](#); [Johnson, 2006](#)).

Regarding male victimization, socialization factors reinforce victim blaming that leads to a myriad of myths about men in IPA situations ([C. Brown, 2008](#)). Myths include, for example, that only women are abused and that all abuse is perpetrated by men against their female partners. As early as the 1970s, spousal abuse gained national attention, resulting in a proliferation of research and literature on the prevalence, etiology, and impact of IPA and the treatment for abuse victims and perpetrators.

This literature, however, focused primarily on women as victims and men as perpetrators ([Bograd, 1988](#); [Roberts, 2005](#); [Stets & Straus, 1990](#)). According to the estimates from the National Violence Against Women Survey ([Tjaden & Thoennes, 2000](#)), 1.5 million women and 834,700 men annually are physically violated or raped by their intimate partners in the United States. A study on partner abuse among six Asian ethnic groups in the United States found that the IPA prevalence was higher among male than female victims (17.6 percent versus 15.3 percent) ([Leung & Cheung, 2008](#)). Research shows that men, as victims of partner abuse, are less likely than female victims to seek help or report incidents of abuse ([Tjaden & Thoennes, 2000](#)). [G. Brown \(2004\)](#) found that female victims were four times more likely than their male counterparts to report partner violence to police (81 percent versus 19 percent). Despite these alarming statistics, very few empirical studies have investigated the needs of male victims in IPA.

This study focuses on IPA against men and explores service use and helpfulness as perceived by male victims of IPA. In this article, the term “victim” represents victims who are being abused and survivors of past IPA. The research framework that explains the inclusion of the variables in this study has been published in a separate article (see [Tsui, Cheung, & Leung, 2012](#)).

## METHOD

This study examined the extent to which existing services are being used by male victims and the perceived helpfulness of the existing services for these male victims. The study used an anonymous online survey, with the option of a paper-based self-administered survey, to solicit input from male IPA victims. Nonprobability sampling techniques with a combination of convenience, purposive, and snowball sampling methods were adopted to recruit a nationwide cross-sectional sample of male adults in the United States. This methodology, with its emphasis on anonymity, creates a context that facilitates disclosure of painful experiences and vulnerabilities (Wright, 2005).

### Study Sample

Eligible study participants were male victims who had experienced one or more forms of IPA, were older than 18 years, and were living in the United States. It included service users who were referred to organizations for assistance and male victims who had never used social services. Inclusion criteria are based on the Healthy People 2010 Initiative, in which ending violence is one of the key health indicators (U.S. Department of Health and Human Services, n.d.).

Due to the absence of an up-to-date and national comprehensive list of IPA organizations that serve male victims, a combination of nonprobability sampling techniques were used. Participants were recruited via e-mails sent to 1,386 organizations with a focus on IPA or family relations, university student newspapers, and counseling providers. Web site contacts were obtained from key word searches such as IPA, domestic violence, abused men, male victims, and services for male victims. With university-based institutional review board approval, participants were invited via e-mail to participate in the research and received a cover letter explaining the research purpose and procedures. Although there were no anticipated risks, participants who might need assistance were encouraged to contact their personal therapist or providers listed on the "Useful Resources for Men in Partner Abuse" document that was attached in the e-mail invitation.

### Research Instruments

Based on a preliminary study and existing literature (see Tsui et al., 2012), the survey contained key

variables related to support and network resources. The survey included 21 quantitative questions examining help-seeking variables and one open-ended question soliciting recommendations. Three scales and a demographic questionnaire were used for the study.

**Demographic Questionnaire.** A self-screening question was incorporated to identify the male respondents, who were the target participants for this survey. Demographic questions included age, ethnicity, education, employment status, gender of partner, marital status, number of children, born in the United States, foreign born, and years in the United States.

**Barriers to Help-Seeking Scale.** The Barriers to Help-Seeking Scale (BHSS) is a 31-item multidimensional, context-specific measure developed by Mansfield, Addis, and Courtenay (2005) to assess the reasons or barriers men identify for not seeking professional help for mental and physical health problems. The BHSS comprises five subscales: Need for Control and Self-Reliance, Minimizing Problem and Resignation, Concrete Barriers and Distrust of Caregivers, Privacy, and Emotional Control. Participants were asked to use a five-point Likert scale (ranging from 1 = strongly disagree to 5 = strongly agree) to rate the reason for not seeking help. Mansfield et al. (2005) reported that the BHSS demonstrated very good internal consistency, indicating overall alphas of .94 and .95 for the studies and average subscale alphas ranging from .75 to .93, with a mean of .84. The total scores of the scale had acceptable test-retest reliability (.73), whereas the subscales demonstrated test-retest reliabilities ranging from .35 to .94, with an average of .67.

**Service Use Scale.** This scale was constructed specifically for this study to assess respondents' perceptions toward the use of services. Included in this measure are six types of services and two domains of service use: use and helpfulness of these services for IPA male victims. Participants were asked to rate service helpfulness on a five-point Likert-type scale (ranging from 1 = very unhelpful to 5 = very helpful). In addition, scores of six items for service use were calculated, ranging from 0 to 6. Higher scores for service use indicate more types of services being used, representing positive experience or perceptions toward service use. The Cronbach's alpha value of the Service Use Scale was .71, which demonstrated acceptable internal reliability.

**Table 1: Sociodemographic Characteristics of Respondents (N = 80)**

Variable	M	SD	n	(%)
Age	43.31	10.19		
18–34			18	(22.5)
35–49			37	(46.3)
50+			23	(28.8)
Missing			2	(2.5)
Race/ethnicity				
American Indian or Alaska Native			1	(1.3)
Asian			4	(5.0)
Black or African American			5	(6.3)
Hispanic, Latino, Spanish			8	(10.0)
White			58	(72.5)
Other (mixed)			4	(5.0)
Education				
Less than high school			2	(2.5)
High school			25	(31.3)
College graduate			28	(35.0)
Postgraduate			25	(31.3)
Employment status				
Employed full-time			52	(65.0)
Employed part-time			10	(12.5)
Unemployed			7	(8.8)
Retired			5	(6.3)
Student			1	(1.3)
Other			5	(6.3)
Gender of partner				
Male			11	(13.8)
Female			68	(85.0)
Missing			1	(1.3)
Marital status				
Single			18	(22.5)
Married			18	(22.5)
Separated or divorced			36	(45.0)
Living with significant other			6	(7.5)
Other			2	(2.5)
Number of children	1.54	1.23		
0			13	(16.3)
1			23	(28.8)
2			16	(20.0)
3			9	(11.3)
4–5			4	(5.0)
Missing			15	(18.8)
Born in the United States				
Yes			67	(83.8)
No			12	(15.0)
Missing			1	(1.3)
Foreign born	9.9	13.68		
Years in the United States			10	(83.3)
Missing			2	(16.7)

**Help-Seeking Source Scale.** This scale was constructed specifically for this study to evaluate respondents' perceptions toward the use of various sources for help. The scale contains seven different sources of helpers (three formal and four informal). Participants were asked to indicate if they had approached each type of helpers (1 = yes; 0 = no). A helpers score added up the helpfulness scores (1 to 5) from all sources, forming a range from 0 to 35. Higher scores indicate more positive experiences toward seeking helpers for assistance. The Cronbach's alpha of the Help-Seeking Source Scale (.73) was calculated to achieve acceptable internal reliability.

## FINDINGS

Of the 1,386 service providers and sources who received the survey, 116 respondents completed the survey. Thirty-six cases were excluded due to missing data (eight), female respondents ( $n = 12$ ), and cases not involving abuse ( $n = 16$ ). The final sample included 80 participants, with 49 of them providing written recommendations for service improvements.

## Respondent Demographics

As noted in Table 1, the self-identified male victims of IPA were mostly White ( $n = 58$ , 72.5 percent), followed by Hispanic, Latino, or Spanish origin ( $n = 8$ ; 10 percent); black or African American ( $n = 5$ , 6.3 percent); Asian ( $n = 4$ , 5 percent); mixed ethnicity ( $n = 4$ , 5 percent); and American Indian or Alaska Native ( $n = 1$ , 1.3 percent). The age range was 22 to 63 years, with a mean age of 43.3 years (median = 44). The majority of their partners were female ( $n = 68$ , 85 percent), whereas same-sex partners constituted 13.8 percent ( $n = 11$ ). In terms of marital status, 36 respondents (45 percent) were either separated or divorced. Two-thirds of the respondents had children ( $n = 52$ , 65 percent). Fifty-three (66.3 percent) of these respondents had college education or above. Over three-quarters ( $n = 62$ , 77.5 percent) were employed, either full-time ( $n = 52$ , 65 percent) or part-time ( $n = 10$ , 12.5 percent), whereas about one in 11 ( $n = 7$ , 8.8 percent) were not employed. The majority of the respondents were born in the United States ( $n = 67$ , 84.8 percent); among those who were foreign born ( $n = 12$ , 15 percent), 10 of them indicated that they had lived in the United States for an average

of 9.9 years. Two respondents did not indicate an answer.

### Experience of Partner Abuse

With respect to the abusive relationship, more than one-third ( $n = 28$ , 35 percent) of the respondents reported being currently abused, and approximately two-thirds ( $n = 52$ , 65 percent) were abused in the past. The vast majority ( $n = 66$ , 82.5 percent) experienced more than one type of abuse: psychological ( $n = 54$ , 67.5 percent), physical ( $n = 44$ , 55 percent), and economic ( $n = 30$ , 37.5 percent). The qualitative data revealed that some respondents experienced economic coercion and control of resources by their partner, such as restricted access to bank accounts and spending money. Other types of abuse included property damage and threats of divorce, reports to police, and deprived access to children. Some respondents used the term “legal abuse” to refer to the restricted access to children through the use of judicial system (see Figure 1). The past abused respondents reported different types of abuse in higher rates than the currently abused respondents: Twenty-four of the 28 respondents were currently staying in an abusive relationship; the length of the relationship ranged from three months to 26 years, and the median was about 16 years. Of these 24 currently abused, 14 (58.8 percent) had been abused for more than five years and one-third ( $n = 8$ , 33.3 percent) for more than 10 years.

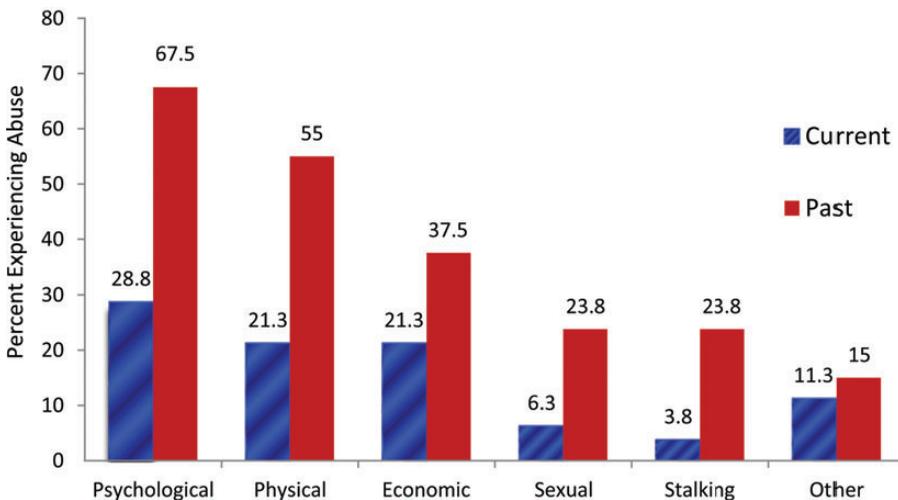
### Extent and Characteristics of Service Use

The results show that three-quarters of the respondents ( $n = 60$ , 75 percent) used the existing services for male victims in IPA, while the remaining one-quarter ( $n = 20$ , 25 percent) did not use any services. Among the service users, two-thirds ( $n = 40$ , 66.7 percent) of the respondents used one to three types of services and the remaining one-third ( $n = 20$ , 33.3 percent) used four to six types of services. Counseling services ( $n = 54$ , 90 percent), legal service ( $n = 42$ , 70 percent), and medical/hospital services ( $n = 27$ , 45 percent) were most used; whereas shelter ( $n = 20$ , 33.3 percent), helplines for men ( $n = 15$ , 25 percent), and services related to substance abuse ( $n = 11$ , 18.3 percent) were found as least used (see Figure 2).

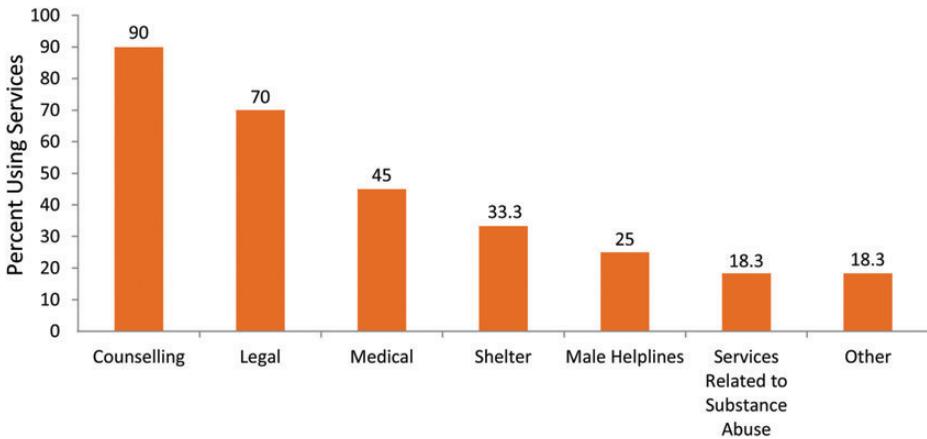
With respect to service helpfulness, the average response from 60 respondents, based on a five-point scale, ranked shelter (1.90), medical/hospital services (2.19), legal service (2.33), and helplines (2.33) as somewhat unhelpful, whereas services related to substance abuse (2.83) and counseling services (2.70) were relatively more helpful. Overall, the quantitative data indicated that the respondents perceived the existing services not helpful; the average scores of service helpfulness ranged from 1.90 to 2.83 (see Figure 3).

The themes from the qualitative information provided by 49 respondents generally revealed that either they were not aware of the services

**Figure 1: Types of Abuse Experienced**



**Figure 2: Service Use**

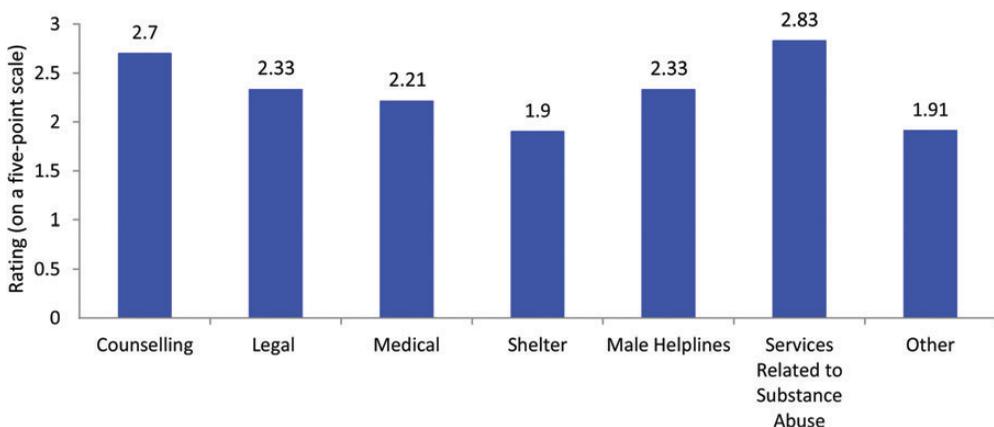


available for male victims of IPA or most services were not available for male victims. For instance, one respondent wrote, “[I] was not aware of [the] hotline,” while another put, “There are no domestic violence agencies in Arizona that serve male victims.” For those who were aware of the service availability, they found the legal system was not helpful, as evidenced by the responses such as, “Courts [were of] no help, never enforced any orders” and “I went to her probation officer as well as police and they were of no help.” The qualitative information indicated that respondents approached different sources for assistance such as police, court, attorney, and social service advocates,

but they were often rejected with distrust and discrimination. One respondent wrote, “Nobody believes men. Police and court believe the women and always side with them.” Another commented, “Police were, in fact, actively anti-helpful.” Another respondent expressed his suffering and concerns about child custody and finances in the process of seeking professional help; he gave a vivid description:

It’s hard for anyone to help. My state’s divorce and child custody laws make it impossible for me to initiate divorce as I would lose my daughter, most of our assets, and I’d be on the hook

**Figure 3: Service Helpfulness**



for alimony, possibly for life. If I seek help through mental health professionals, doctors, or the police, she would certainly divorce me and, again, I would lose everything. I choose to stay in this relationship to be with my child and not be financially ruined.

In some incidents reported by respondents, the respondents' children were abused by their partners (that is, the children's parents) and some of the respondents' children witnessed the parental partner abuse. In terms of improving services for male victims of partner abuse, the respondents provided several recommendations, including increase awareness about IPA, advocate gender-inclusive practice and services, review laws and policies, increase funding and resources, conduct more research, and use anonymity in service provision.

### Characteristics and Perceived Helpfulness of Helpers

The reported characteristics of helpers showed that a significant majority of the respondents (93.8 percent) turned to various sources for support regarding their IPA experience; only a small proportion (6.3 percent) did not seek help. Regarding the formal–informal dichotomy, more respondents approached informal helpers than formal helpers for support (90 percent versus 78.8 percent). Fifteen

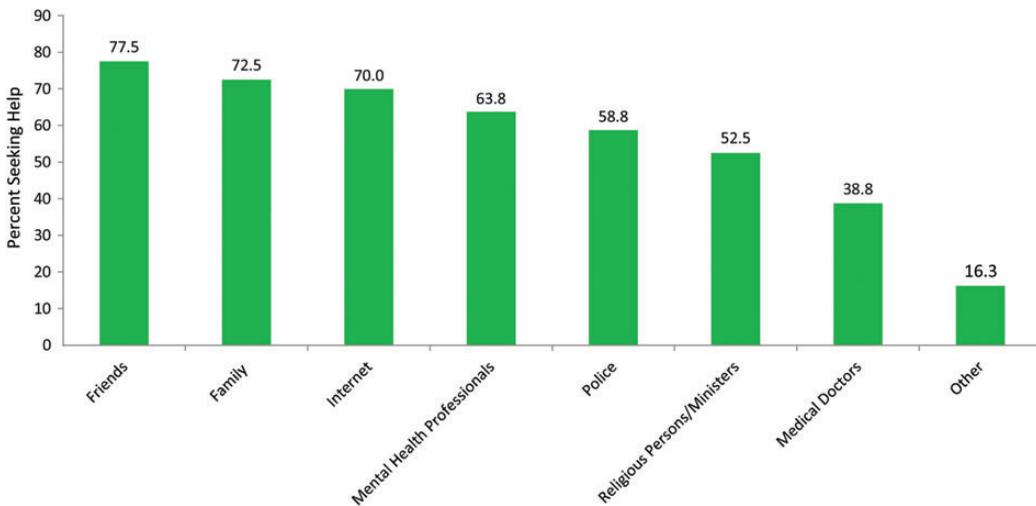
(18.8 percent) respondents used formal or informal sources of support, while 60 (75 percent) turned to both formal and informal sources for help. The most popular informal helpers included friends (77.5 percent), family members (72.5 percent), and the Internet (70 percent); these were followed by mental health professionals (63.8 percent), police (58.8 percent), and religious persons/ministers (52.5 percent). Medical doctors (38.8 percent) were least consulted (see Figure 4).

Regarding helpfulness, the average response from 75 respondents, based on a five-point scale (1 = very unhelpful to 5 = very helpful), ranked police (1.68) as very unhelpful or somewhat unhelpful, followed by religious persons/ministers (2.6), medical doctors (2.87), and mental health professional (2.96) as somewhat unhelpful or neutral. Friends (3.63), the Internet (3.5), and family members (3.41) were found relatively more helpful (see Figure 5).

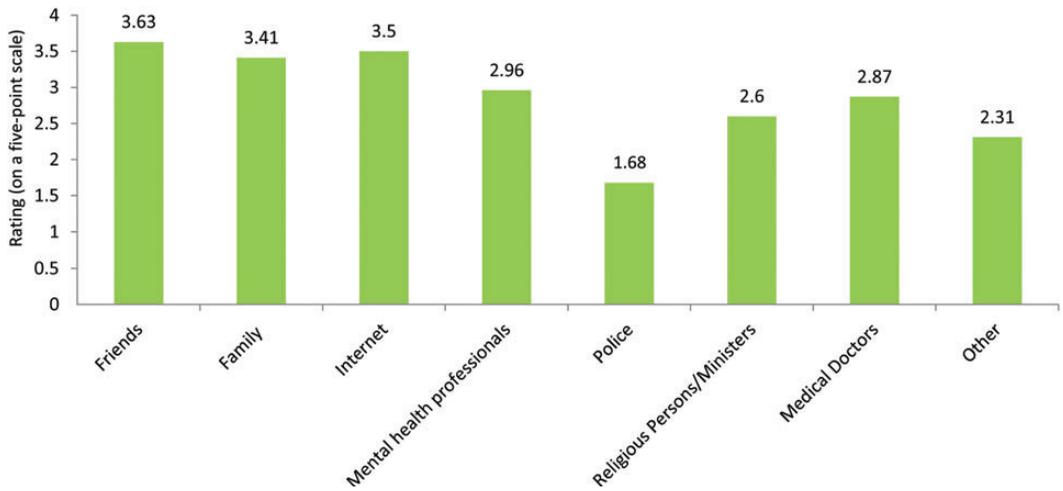
### Multiple Regression for Help-Seeking Sources

A stepwise multiple regression analysis yielded a subset of variables for predicting the likelihood of seeking various helpers for support (helpers score). The results indicated that a four-variable model contributed most significantly,  $F(4, 64) = 21.895$ ,  $p < .001$ , to the variation of the helpers score,

Figure 4: Help-Seeking Sources (Helpers)



**Figure 5: Helpers' Helpfulness**



which accounted for a total of 57.8 percent of the variance (see Table 2). The analysis revealed that individuals who used more types of services were likely to have a significantly higher helpers score ( $t(64) = 5.060, p < .001$ ); individuals who were abused both currently and in the past were likely to have a higher helpers score ( $t(64) = 3.996, p < .001$ ); individuals who were married were likely to have a lower helpers score ( $t(64) = -3.090, p = .003$ ); and individuals who had higher Minimizing Problem and Resignation score (the BHSS subscale) were likely to have a lower helpers score ( $t(64) = -2.398, p = .019$ ). Of the four variables, service use accounted for 35.9 percent, abused both currently and in the past accounted for 12.7 percent, individuals who were married accounted

for 5.4 percent, and the Minimizing Problem and Resignation score accounted for 3.8 percent of the variation, after holding all other variables constant.

**DISCUSSION**

The majority of the male victims in this study had used social services and had sought formal and informal sources for support. Consistent with previous research (for example, Tsui, Cheung, & Leung, 2010), this study reported that counseling and legal services were most used, and counseling was rated as a helpful service. Yet, the qualitative comments in the study varied; some respondents found counseling effective whereas others did not. Some noted the importance of the careful selection of a counselor. Substance abuse treatment, despite its perceived helpfulness, was the least popular; this may be due to perceived public stigma. Of particular note is the extremely unhelpful service of shelter, which was ranked as the least helpful among all services. Evidence was seen in the qualitative data of the current study and previous literature (Stop Abuse and Violence Environments, 2010; Tsui et al., 2010) that the issue of discrimination against male victims continues in the United States. In addition, one in three respondents indicated their use of medical/hospital services but perceived low levels of helpfulness, reflecting that some IPA male victims if physically injured may have had negative experiences when consulting the medical/health

**Table 2: Stepwise Multiple Regression of Helpers Score**

Variable	R <sup>2</sup>	Adjusted R <sup>2</sup>	B	Beta	t test
Service use	.359	.349	.496	.436	5.060***
Abused both currently and in past	.486	.471	.381	.341	3.996**
Married	.540	.519	-1.299	-.257	-3.090**
Minimizing problems & resignation	.578	.551	-.075	-.197	-2.398*
Constant			3.720		5.197***

Note: R<sup>2</sup> = 57.8%. Model, F(4, 64) = 21.895, p < .001.  
 \*p < .05. \*\*p < .01. \*\*\*p < .001.

care professionals. Some studies indicate the lack of knowledge and sensitivity of health care professionals (Barber, 2008) and the lack of male counselors (Levant, Wimer, & Williams, 2011; Tudiver & Talbot, 1999). Because medical, health care, and mental health providers are often the important point of entry for services for IPA male victims, it is essential to increase their awareness and knowledge about IPA.

With respect to different sources of helpers, the majority of the male victims preferred seeking help from informal networks, which confirms the results in past research (Lane & Addis, 2005). Qualitative data corroborated this finding and provided some reasons for their preference. Though shame and embarrassment were felt in the process of help seeking, the situation may be mediated by the supportive attitude of the informal network. Family and friends were the preferred helpers, because of the trust relationship with the male victims. In addition to friends and family, the Internet was a popular helping source, primarily due to its flexibility of access and anonymous characteristic. The male victims may perceive online media as being less threatening to their masculine self-image and ego while still maintaining their autonomy.

Religious sources were the least preferred and least helpful among the informal helpers in the study, because of their lack of training and bias against male victims, as indicated by the respondents. Further, formal networks including police, medical doctors, and mental health professionals were less preferred, with police viewed as most unhelpful. The male victims' refusal to seek formal help was due to many reasons, including discrimination against male victims, disbelief of male victims, victims' fear of being arrested, victims' shame, and ineffective services. Indeed, the feeling of distrust between male victims and formal helpers, in particular police, was bi-directional. Instances of the unfair treatment and discrimination against male victims and the lack of trust between male victims and police were widely found in the study. The issue of social exclusion and isolation of IPA male victims is a serious concern.

Consistent with existing literature, the quantitative findings suggest that male victims have experienced multiple forms of abuse; psychological abuse had the highest prevalence rate, followed by physical and economic abuse. Half of these abused men

stayed in the abusive relationship for more than 16 years, indicating an ongoing pattern of controlling, intimidating, and abusive behaviors with multiple abuse occurrences over time in the intimate relationship. This appears to be the norm in IPA, regardless of the gender of the victims or perpetrators. It should be noted that such gender symmetry and role reversals refer only to the pattern and existence of IPA in the society, but not to the severity of abuse.

It is interesting to note that two-thirds of the respondents who were subjected to abuse are not currently being abused. What they have done to end an abusive relationship is unknown and would be worth exploring in future research. In addition, the prevalence rate of IPA in same-sex relationships is higher in the current study (13.8 percent) than the 2010 National Survey of Sexual Health and Behavior (NSSHB) (8 percent) (Center for Sexual Health Promotion, 2010). The difference may be due to the data collection methods, as NSSHB used an individual interview whereas this study was conducted anonymously online and may have made men feel more comfortable when answering sensitive questions.

Regarding the effects of IPA on victims, this study reveals that the male victims, like their female counterparts, suffer from physical and psychological consequences that have been assessed in prior research (Prospero, 2007; Stets & Straus, 1990). As stated by Cronholm (2006), the health effects of IPA victimization on women is a parallel process that occurs in men who are victims of IPA and impacts the physical, emotional, mental, social, and financial aspects of their lives. In the current study, male victims reported that they suffered from physical injuries, posttraumatic stress disorder, suicidal ideation, and loss of self-worth and confidence. In addition to the impacts on the adults in the abusive relationship, parental spousal abuse affects the children. Extensive research has indicated that perpetrators of IPA also abuse children in the household (National Council on Child Abuse & Family Violence, 2012), and there is a higher risk for future victimization and perpetration of abuse in children who witness violence between their parents (Bowlus & Seitz, 2006; Sommer, 1994; Straus & Gelles, 1990). Prior studies indicated that males, in particular, have a higher risk for exposure to IPA as adults if they reported exposure to violence as a child (Coker et al., 2002).

This present research has several limitations. The cross-sectional design, use of nonprobability sampling, self-report bias, and small sample size affect its generalizability. Selection bias exists due to invalid e-mail addresses, absence of personal computer, and personal bias of referrers in making referrals. In addition, this self-administered survey was provided only in English, thus some eligible participants, such as Spanish-speaking people who are not good at English and preferred a Spanish survey, may have been excluded from study. However, this exploratory research used a mixed method approach, in which the qualitative data helped explicate the quantitative findings and provided a greater understanding of the lived experience of the IPA male victims. The use of a national sample and anonymous online survey facilitates the investigation of the help-seeking of the male victims who are often neglected and hard to reach.

### Practice Implications

To reduce IPA against men, it is essential for social workers and related service providers to increase the knowledge about IPA. Practitioners should pay attention to symptoms of physical violence, psychological assault and other forms of abuse and neglect, and the coexistence of IPA and child abuse in the household. Because IPA male victims tend to minimize or hide the abuse, some research suggests that practitioners ask men the same questions that they ask women (Fontes, 2003). Preventive efforts and early identification are crucial to break the cycle of violence. Some special attention should be given to IPA families with children who may be at higher risk of experiencing child abuse and/or witnessing parental violence in the household. There is a need to provide unbiased and gender inclusive and culturally sensitive training for domestic violence service providers and law enforcement officers who are at the front line in working with the male victims.

Multilevel education and intervention programs in the community are needed. First, there is a need to educate service users and service providers and the general public about IPA and dispel myths, stereotypes, and stigma of IPA. Although boys and men are socialized about masculine gender roles, which are a critical barrier to men's help-seeking as found in the study and past research, we can and must resocialize them with a new perspective by reframing and redefining masculinity in a

positive and healthy way (Chan, 2006; Tsui et al., 2010). In addition, the service providers can use the technology as an effective and efficient means to disseminate knowledge about IPA and adopt a user-friendly approach to involve abused men in Internet services such as anonymous open forums and online support groups. Due to the exploratory nature of the current study, future research on male victims of IPA should examine childhood victimization, victimization and perpetration in both partners (Hines & Douglas, 2010), substance abuse treatment, and steps male survivors have taken to end the abuse by their partners. Although it is vital to consider the gender symmetry and mutual violence of IPA, future research should also examine role reversals and changes in gender roles. An integration of quantitative and qualitative research is recommended. Regarding the barriers to help-seeking, qualitative techniques or in-depth interviews, case studies, and focus groups would be effective in exploring the process of men's struggles from resistance to the decision to seek help. More research needs to be conducted to replicate the findings, and a larger sample is required to compare the differences between service users and nonusers. To heal from abuse, an important first step is to acknowledge the problem and seek help. **SW**

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