# Male victims of intimate partner violence: Insights from twenty years of research

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Emily Warrender May 30, 2025

## Denise A. Hines, Ph.D., Enochs Endowed Professor of Social Work at the College of Public Health, George Mason University, explores the often-overlooked issue of male victims of intimate partner violence (IPV)

Men's victimization from intimate partner violence (IPV) has been documented since the first US population-based study in 1975. (1) A review of 246 studies (2011–2022) found that 11.8% of men experience physical IPV, compared to 14.6% of women. (2) Despite decades of evidence, there is limited recognition of male IPV victims.

Global data confirm that men represent a substantial proportion of IPV victims. In the US, 47.3% of men report experiencing IPV in their lifetime, accounting for 46.9% of all IPV victims.(3) In Canada, 2.9% of men and 1.7% of women experienced IPV in their current relationships.(4) In New Zealand, nearly equal percentages of men (29.9%) and women (30.9%) reported lifetime IPV. (5) Australia (6) and the UK (7) report that roughly one-third of IPV victims are men. France and Portugal report that 25-28% of official IPV cases involve male victims. (8,9) In Africa, male victimization is also substantial; for example, 43.6% of IPV victims in Uganda (10) and 31% of victims in Sierra Leone (11) are men. In Asia, men represent one-third of IPV victims in Korea. (12)

Men's experiences of physical IPV range from minor acts to life-threatening violence, with most acts being minor. (13–15) However, men are sometimes subject to severe assaults and are significantly more likely than women to be attacked with knives, thrown objects, and blunt instruments. (16) Interview studies describe extreme tactics, such as attacks during sleep, hammer assaults, stabbings, and being locked out in freezing temperatures. (17–19) Although women in opposite-sex relationships have higher injury rates, men still represent a substantial portion of IPV-related injuries. (20,21) Two US studies of male IPV victims found over 70% reported injuries, with about one-third of victims needing medical attention. (22,23)

Sexual IPV experienced by men includes forced penetration and threats of violence to compel sex, sometimes involving beatings, restraints, or choking. (24,25) When sexual and physical IPV co-occur, risk increases significantly. (25)

Studies also document psychological IPV – including name-calling, threats, and property destruction – and controlling behaviors like monitoring, isolation, and online surveillance. (19,26) Gaslighting, pregnancy coercion (e.g., sabotaging birth control), and financial abuse (e.g., draining bank accounts) are also reported. (17,18,24,27)

Legal/administrative IPV, such as false accusations, misuse of restraining orders, and reputation damage, disproportionately affects men. [26,28]

Many report post-separation parental alienation. [19,29,30] These tactics are enabled by stereotypes that men are always the aggressors.

## Health impacts of IPV

Male IPV victims can experience serious health consequences. A greater frequency of physical, psychological, and controlling IPV – and injury – is significantly associated with PTSD symptoms, [31] with nearly 58% of male victims exceeding a clinical threshold for PTSD.

Research that included sexual and legal/administrative IPV showed that while all IPV types predicted poor health, the strongest unique predictors were controlling behaviors, legal/ administrative IPV, sexual IPV, and injury. [23] Additional studies found male victims reported significantly more health issues – including PTSD, depression, and cardiovascular problems – than non-victimized men. [32]

In qualitative studies, men describe social exclusion, legal entrapment, and reputational destruction through false accusations. [33–35] Many endured fear, shame, emasculation, and suicidal thoughts. [17,18,26,36] Fatherhood impacts are the most painful. Men describe being falsely accused of child abuse or alienated from their children by partners who used lies or legal tactics to interfere with the relationship. [18,19,27,30,33]

## Barriers to accessing help

IPV against men is often minimized or dismissed, despite clear evidence of harm. Media portrayals frequently trivialize and humorize male victimization. [37,38] Traditional gender norms equate victimization with weakness and masculinity with strength, making it difficult for men to recognize abuse or seek help. [35,39] These beliefs contribute to confusion, shame, and prolonged entrapment in abusive relationships. [40,41] Additional internal barriers, such as shame and fear of appearing ‘unmanly,’ compound the problem. [39,42]

External barriers stem from societal norms and stereotypes about who is a ‘real’ IPV victim; i.e., the dominant belief that IPV is perpetrated by men against women to maintain patriarchy. [43] This framework shapes public perception and professional response.

Misconceptions that male victimization is less frequent and less serious, and that men are more blameworthy, are common among judges, [44] police, [45] and mental health providers. [46] Consequently, male victims often feel invisible and unsupported. [19,36] IPV services – typically designed for women – may feel unwelcoming. [42,47]

## Experiences seeking help

Research highlights male victims’ negative experiences with police. Among male IPV victims in the US, 56% of those who called police rated them as ‘not at all helpful,’ and male victims were just as likely to be arrested as their partners. [48] Across various

countries, men report being ridiculed, [49,50] being dismissed despite visible injuries, [49] not being believed, [41] and/or police not responding to calls.(34,42,51) Sometimes, victims were threatened with arrest or falsely arrested. [27,52]

Mainstream domestic violence (DV) agencies have also failed to support male victims. Men frequently encounter disbelief, are accused of being perpetrators, and are denied services. [48,49] Men are told to “man up,” blamed for their abuse, or labeled as aggressors. [50,53] Such negative encounters lead to internalized self- blame and reduced willingness to seek future help. [40] Nearly half of male IPV victims in the US who contacted DV agencies were told support was only for women, and over 40% were accused of being abusers. [48] These negative encounters are linked to increased rates of PTSD, depression, and suicidality. [48,54]

## Available services

In response to these barriers, DV services focused on men have emerged [55] but are limited globally. [56] In the US, only two shelters are exclusively for men. [55] Canada opened its first men’s DV shelter in 2021. [57] The UK has two male-focused helplines with limited hours and only 40 dedicated shelter spots across 37 organizations. [58] Australia’s MensLine provides some support. [57] Despite how scarce and underfunded these resources are, research on male-specific DV services is largely positive, [59–61] which underscores the importance of expanding gender- specific and gender-inclusive services. [60,61] Such responses include addressing masculinity norms, fatherhood, and coping styles. [61] Providers must be trained in gender-sensitive care, using inclusive language and portraying both men and women as potential victims and perpetrators. Practitioners must also examine their own gender-based biases. [61,62]

## Current research agenda

We are currently conducting studies on Latino and Black male IPV victims’ experiences in the US. Most existing research focuses on majority populations or aggregates all participants, often overlooking the unique challenges likely faced by male IPV victims from minoritized backgrounds. Our current work seeks to identify and better understand these issues. To learn more, contact me at dhines2@gmu.edu. A research website is under development and will be linked here: https://publichealth.gmu.edu/profiles/dhines2.

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Primary Contributor

Denise A Hines
George Mason University