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Brief Report on a Systematic Review of the Experiences of Male Victims of Intimate Partner Violence as Help-Seekers

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ABSTRACT

Little is known about help seeking behaviors of male victims of intimate partner violence. This systematic review intends to summarize the help seeking experiences of male victims in terms of the usefulness of the existing services following the Preferred Reporting Items for Systematic Reviews recommendations. Twelve studies from five countries and with 3245 participants were selected. The results indicated that male victims mostly seek informal help (e.g., family and friends), and are satisfied with this source of support. Regarding formal services (e.g., police), male victims evaluate these services as not useful. As a result, men seem to become further (re)victimised by the system and penalized for trying to seek formal help. In order to provide better services to male victims, it urges a focus on the training of frontline professionals, in primary and secondary prevention, and in awareness campaigns. The suggestions for future research are put forward.

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Male; victims; help-seeking; formal; informal; usefulness; secondary victimization

Intimate partner violence (IPV) is defined as a “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours” (e.g., World Health Organization (WHO), 2017).

Much of what is known about this phenomenon, namely its prevalence, types of violence, dynamics, impact, help seeking, and the usefulness of services available is predominantly related to the study of women victims in heterosexual relationships (e.g., Wallace et al., 2019). Moreover, countries provide more attention and support services to women, through awareness campaigns, perpetrator treatment programs, and victim support services being developed according to this usual view of IPV (e.g., Laskey et al., 2019; Machado & Matos, 2020).

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There is a growing number of male victims seeking help. Despite an increasing number of studies on the experiences of male victims of IPV, this theme is still neglected and men's victimization is underreported due to fear, shame, and the lack of specialized support for this population (Huntley et al., 2019).

Male victims of IPV: Prevalence, impact, and needs

Several studies demonstrate that men are victims of IPV and experience all its types (e.g., Lysova et al., 2020a). Males also report being victims of legal and administrative abuse (e.g., Hines & Douglas, 2015; Lysova et al., 2020a; Machado et al., 2020). It is important to note that men in same-sex relationships are more at risk of experiencing IPV than people in opposite-sex relationships (e.g., Laskey et al., 2019). Similarly, transgender are more likely to experience relationship abuse than cisgender (e.g., Laskey et al., 2019).

This phenomenon persists over time, triggering physical, psychological, and economic consequences for the victims (e.g., Bates, 2019; Hines & Douglas, 2018; Walker et al., 2019). Male victims may be more likely to experience and perceive their overall health as poor (Hines & Douglas, 2015). Men with child(ren) reported that their father-child(ren) relationship was negatively affected (Bates, 2019).

Male victims of IPV and their help seeking

Although male victims have been recognized as such since the 70s, it seems that these first studies have been devalued, overlooked, and associated with numerous stereotypes (e.g., women are considered weak and subject to protection; men are dominant and the providers; IPV perpetrated by women is less serious; e.g., Dutton & White, 2013). Therefore, male victims experience difficulties in articulating their abusive experiences and tend to not seek help for problems that society views as nonnormative for men (Bates, 2019; Hines, 2019; Machado et al., 2016). Research shows that men face internal barriers when reporting, such as: shame, fear of not being believed, and denial (e.g., Lysova et al., 2020b; Machado et al., 2020; Walker et al., 2019). These barriers are also external, namely, limited available services and professional bias (Lysova et al., 2020b; Machado et al., 2020; Walker et al., 2019). Due to the persistence of this problem over time and its consequences, IPV victims seek help from either informal (Bates & Douglas, 2020; Lysova & Dim, 2020), or formal sources of support. However, there are significantly fewer resources and capacity available around the world for male victims (e.g., Bates & Douglas, 2020). This systematic review intends to characterize the experiences of help seeking from male victims of IPV and to explore the perception of the usefulness of the informal and formal sources used.

Method

Data sources and search strategy

A systematic electronic search was conducted in three databases, namely *Web of Science*, *PsycInfo* e *Psychology and Behavioral Sciences Collection*. The studies were identified using the following equation: *intimate partner violence* AND *male victims* AND *help seeking experiences*. A hand search was performed in the references of the relevant papers and previous reviews of the literature on this subject.

Eligibility criteria

Studies were considered for this review if they met a set of eligibility criteria: (1) included male participants, with 18 years and older; (2) included male who were victims of IPV; (3) included male who had sought for help; (4) published between 2000 and 2020; (5) published in academic journals; (6) written in English language; and (7) empirical studies. Studies in other languages, published in non-peer-reviewed journals or unpublished (e.g., dissertations) were excluded.

Data extractions and analytic strategy

According to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Statement (PRISMA; Moher et al., 2009), we conducted a four-phase process to select the relevant studies based on a sequential examination of the title, abstract, and full text (see, [Figure 1](#)). Data extraction was performed using a qualitative synthesis form, summarizing sample size and characteristics (n and type of sample), instruments used, and main results.

The search in the databases was carried out independently by the second author and then replicated by the first author, in two distinct stages. In the first stage, the two authors independently evaluated the titles and abstracts of all identified studies, in order to assess potentially relevant references. In the second stage, the articles that seemed relevant were selected for full-text evaluations. Study selection was independently determined by the two authors based on the inclusion and exclusion criteria. The agreement rate between the two authors was 86.7%.

Quality assessment

The quality of all studies analyzed was evaluated based on the Quality Assessment Tool for Studies with Diverse Designs (QATSDD; Sirriyeh et al., 2011).

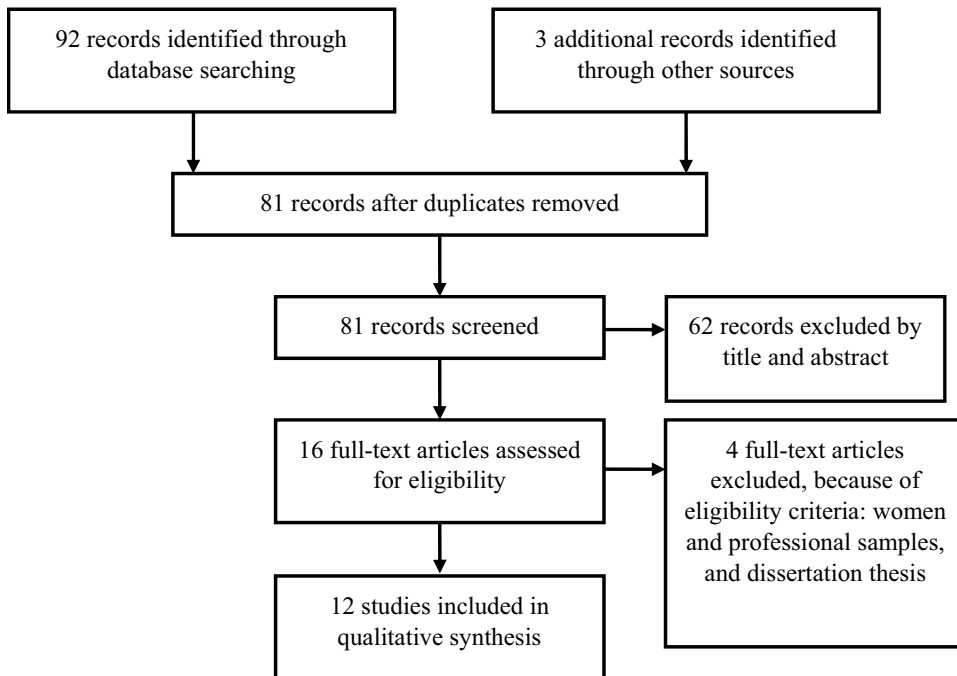


Figure 1. Flowchart: flow of information through the search and selection process during this systematic review.

The scores of the evaluation scale demonstrate that the selected studies have an average of 71% quality (see, [Table 1](#)).

Results

Studies characteristics

The included studies were published in five different countries. Most of the reviewed studies were conducted in the United States ($n = 5$). The remaining were published in Canada ($n = 2$), Portugal ($n = 2$), United Kingdom ($n = 2$), and in Australia ($n = 1$).

As shown in [Table 2](#) (see below), participants were adult men who are or have been in an intimate relationship and that had sought some kind of help. Nine out of the studies were comprised of male only samples, except three studies involving mixed samples. Only one study focuses homosexual relationships. The ages of participants varied between 18 and 90 years ($M = 25.5$).

The majority of the samples were collected in clinical contexts ($n = 9$), while the others were community samples ($n = 3$). The majority of studies reviewed were quantitative ($n = 7$). The others were qualitative ($n = 3$) and mixed design ($n = 2$). The total number of participants included in this review was 3245. The number of participants having in consideration the nature of the study and the

Table 1. Quality assessment.

Item	Hines				Tsui							
	Ansara & Hindin, 2010	Barrett et al., 2019	Douglas & Hines, 2011	Hines et al., 2007	Machado, Matos, & Hines, 2016	Machado, Santos, Graham-Kevan, & Matos, 2016	Merrill & Wolfe, 2000	Morgan et al., 2014	Tsui et al., 2010	Tsui, 2014	Walker et al., 2019	Wallace et al., 2019
1	3	3	3	3	3	3	3	3	3	3	3	3
2	3	3	3	3	3	3	3	3	3	3	3	3
3	2	3	3	3	3	3	2	2	2	3	3	3
4	3	2	3	3	3	1	1	1	1	3	1	3
5	3	3	3	3	3	1	3	1	2	2	3	1
6	2	1	2	3	2	2	2	3	3	2	3	2
7	1	0	2	0	3	3	0	0	0	3	0	3
8	1	1	3	3	2	3	2	2	3	2	3	3
9	0	0	3	3	3	—	0	0	0	3	0	—
10	3	3	3	—	3	—	3	3	3	3	3	—
11	—	—	—	3	3	3	—	0	—	—	—	—
12	0	0	3	3	3	3	3	3	3	3	3	3
13	0	0	3	0	0	3	0	0	0	0	0	3
14	—	—	—	0	—	3	—	0	—	—	0	3
15	0	0	0	0	0	0	0	0	0	0	0	0
16	3	3	3	3	3	3	3	3	3	3	3	3
Results	24/42	22/42	37/42	30/42	34/42	34/42	25/42	24/48	26/42	33/42	31/48	36/42
Percentage	57%	52%	88%	71%	81%	81%	60%	50%	62%	79%	65%	86%

QATSDD = Quality Assessment Tool for Studies with Diverse Designs (Sirriyeh et al., 2011). (1) Explicit theoretical framework; (2) Exposition of objectives in the main body of the report; (3) Clear description of the research setting; (4) Evidence of the sample size consideration; (5) Sample representative of the target population; (6) Description of the data collection procedure; (7) Justification for the choice of data collection instruments; (8) Detailed information on data collection; (9) Statistical assessment of the validity and reliability of the instruments (quantitative studies only); (10) Agreement between the research question and the data collection method (quantitative studies only); (11) Agreement between the research question and the format and content of the data collection instrument e.g., interview guide (qualitative studies only); (12) Agreement between the research question and the method of analysis; (13) Justification for the selection of the analytical method; (14) Evaluation of the reliability of the analytical process (qualitative studies only); (15) Evidence of involvement in the design; (16) Strengths and limitations critically discussed.

Table 2. Data \Extraction from the Included Articles and Quality Assessment.

References: Author(s)/Year	Country	Sample/Participants	Study design: Methodology and measures	Quality assessment (QATSDD)
Ansara and Hindin (2010)	Canada	N = 1167; (M = 471; F = 696); Community sample.	Quantitative. Online questionnaire.	57%
Barrett, Peirone, & Cheung (2019)	Canada	N = 900; (M = 385; F = 515); Community sample.	Quantitative. Online questionnaire.	52%
Douglas and Hines (2011)	USA	N = 302; Clinical sample.	Quantitative. Online questionnaire.	88%
Hines et al. (2007)	USA	N = 190; Clinical sample.	Qualitative. Semi-structured interview.	71%
Machado et al. (2016)	Portugal	N = 89; Community sample.	Quantitative. Online questionnaire.	81%
Machado et al. (2017)	Portugal	N = 10; Clinical sample.	Qualitative. Semi-structured interview.	81%
Merrill and Wolfe (2000)	USA	N = 52; Clinical sample.	Quantitative. Online questionnaire.	60%
Morgan et al. (2014)	UK	N = 1368; Clinical sample.	Mixed. Online questionnaire and semi-structured interview.	50%
Tsui et al. (2010)	USA	N = 68; Clinical sample.	Quantitative. Online questionnaire.	62%
Tsui (2014)	USA	N = 80; Clinical sample.	Quantitative. Online questionnaire.	79%
Walker et al. (2019)	Australia	N = 258; Clinical sample.	Mixed. Online questionnaire and semi-structured interview.	65%
Wallace et al. (2019)	UK	N = 6; Clinical sample.	Qualitative. Semi-structured interview.	86%

sample collected varied considerable (e.g., 1338 in the larger quantitate sample that consisted of a mixed study vs. 6 in the smaller qualitative sample).

Help seeking/services

Generally speaking, participants sought for informal sources, such as: family, friends, neighbors, coworkers and the internet; and formal sources as: health professionals, lawyers, priests, and/or spiritual counselors, crisis centers, help-lines, mental health professionals, transition houses, shelters, men's centers, support groups, police, DV agencies, justice system, couples' therapy, victim support programs for gay men, HIV agencies, gay agencies, and substance abuse services.

Studies indicate that the highest percentage of participants first sought informal help, namely family and friends. Regarding formal support, police, and mental health professionals were preferential sources. It is important to mention that some studies (n = 4) reported that the majority of participants did not seek any kind of help (see, Table 3).

Male victims' perception of the usefulness of their help seeking

As shown in Table 4, regarding informal sources, specifically family and friends, this support is perceived, in all studies, as the most useful.

Table 3. Help seeking sources: description of results.

Author(s)/Year	Help seeking sources
Ansara and Hindin (2010)	More informal (n = 812); Sources: family (n = 216), friends and neighbors (n = 202), work colleagues (n = 112); Formal sources more sought: health professionals (n = 114) and police (n = 87).
Barrett et al. (2019)	More informal (38.3%); Family (42.5%); Friends (38.3%); Work colleagues (20.2%); Formal sources more sought: mental health professionals (16.4%) and lawyers (11.7%); health professionals (10.9%); Police (6.7%).
Douglas and Hines (2011)	More informal (84.9%): friends (76.7%), family (68.9%), online support (63.4%), neighbors (60.2%). Formal sources: mental health professionals (66.2%), police (46.3%), DV agencies (43.7%), helplines (23.4%), health professionals (18.1%).
Hines et al. (2007)	Helpline. 77.2% (n = 190) of the callers called for themselves, 5.3% of callers called for a friend, and an additional 7.3% called for a family member (i.e., brother, son, father, or nephew). The 1.2% who called for a husband or boyfriend were calling for information on how to deal with an abusive ex-wife of their current husband or boyfriend.
Machado et al. (2016)	76.4% did not sought help Informal sources: friends (71.4%), family (66.7%), work colleagues (28.6%), others (9.5%). Formal sources: health professionals (57.1%), DV agencies (23.8%), police (14.3%), justice system (14.3%), lawyers (14.3%).
Machado et al. (2017)	More informal support was sought, including family, friends, colleagues at work. Sometimes these sources informed men about the formal resources. Formal help (including police, domestic violence agencies, the legal system, health care, social services).
Merrill and Wolfe (2000)	Informal sources: friends (85%), family (60%), work colleagues (50%) and neighbors (37%). Formal sources: mental health professionals (75%), gay DV agencies (67%), police (65%), support groups (42%).
Morgan et al. (2014)	165 participants did not sought help Informal sources: friends (n = 48) and family (n = 36) Formal sources: health professionals (n = 21), police (n = 17), helplines (n = 3)
Tsui et al. (2010)	23.5% did not sought help Formal sources: mental health professionals (45.6%) and lawyers (35.3%).
Tsui (2014)	25% did not sought help. Formal sources: mental health professionals (90%), legal system (70%), health professionals (45%), shelters (33.3%), helplines (25%) substances abuse (18.3%). Informal sources: friends (77.5%), family (72.5%), internet (70%)
Walker et al. (2019)	Informal sources: family and friends (91.6%) Formal sources: police (51%)
Wallace et al. (2019)	Formal source: DV agencies and police

Regarding formal help, studies were unanimous: these sources were not perceived as useful (e.g., Douglas & Hines, 2011; Hines et al., 2007; Machado et al., 2016, 2017; Tsui, 2014; Tsui et al., 2010; Walker et al., 2019; Wallace et al., 2019). Police was, in all studies, a non-useful resource, with male victims reporting being re-victimized and mistreated by these professionals.

The majority of the participants revealed that they were revictimized by the system (mainly police and justice system), having been the target of erroneous beliefs (e.g., men cannot be IPV victims of women). Additionally, male victims considered that formal services are biased: many were rejected and sent away, others were ridiculed and even accused of being the real perpetrator of the relationship.

Helplines and shelters were evaluated as not providing enough service to men. Only the study by Wallace et al. (2019) revealed positive experiences with those agencies. Participants of that study revealed that they felt helped, stating

Table 4. Evaluation of the usefulness of help seeking sources: description of results.

Author(s)/Year	Evaluation of the usefulness of help seeking sources
Douglas and Hines (2011)	Informal support: useful (90%); Formal support – useful: health professionals (78.4%); mental health professionals (70.6%); Not useful: police (44%), DV agencies (44.8%); helplines (31.4%);
Hines et al. (2007)	Formal support – not useful. Men report being revictimized by the system that is set up to help female victims, and that may not consider that men can be victims.
Machado et al. (2016)	Informal support: useful: friends (77.8%) and family (70.6%). Formal support – useful: health professionals (50%); not useful: lawyers (28.6%); DV agencies, police and justice system (0%).
Machado et al. (2017)	Informal support: useful Formal support: not useful. Men report being mistreated and revictimized by police, justice system and social services. Health professionals were considered the most useful.
Merrill and Wolfe (2000)	Useful sources: Gay DV agencies (100%), HIV agencies (100%), other social agencies (100%), gay agencies (94%), support groups (91%), mental health professionals (90%), friends (82%), police (61%) and family (61%). Less useful sources: partner friends (73%), partner family (71%), neighbors (63%), DV agencies for women (60%), common friends (55%) and couples' therapy (50%).
Morgan et al. (2014)	Many participants expressed difficulties in talking to anyone, friend, family or professional, about emotional and "personal" issues. Male friends were the more difficult to talk to.
Tsui et al. (2010)	Useful sources: mental health professionals (77.9%), lawyers (70.6%) and helplines (58.8%); Less useful sources: support groups (5.9%), internet (4.4%), couples' therapy (2.52%), group intervention (2.16%) and shelters (1.82%).
Tsui (2014)	Usefulness of sources: friends (3.63); internet (3.5); family (3.41); mental health professionals (2.96); health professionals (2.87); police (1.68);
Walker et al. (2019)	Informal support: Male victims described a variety of family and friend reactions to disclosure, including support, surprise, disbelief, victim-blaming, and gradual indifference. Formal support: Male victims of IPV felt that the police and legal system failed to respond adequately to their reports, describing police reactions as doubtful, disbelieving, and ridiculing.
Wallace et al. (2019)	Negative experiences with police: Men seeking help for victimization have been treated with suspicion, disbelief and assumed to be the perpetrator. Positive experiences with police DV agencies: Participants reported they were believed, recognized, and their experiences were validated.

that it made a difference in their lives, were grateful to the technicians for their recognition and validation of their experiences and feelings.

Despite these results, it was also possible to verify, in some studies, that the perceived formal source of help, with greater usefulness for male victims, involved health professionals. Participants evaluated these professionals as having heard and supported them, without judgment, despite only prescribing medication for the symptoms (Douglas & Hines, 2011; Machado et al., 2016, 2017; Tsui, 2014). The second source of help pointed out as the most useful were mental health professionals (Douglas & Hines, 2011; Merrill & Wolfe, 2000; Tsui, 2014; Tsui et al., 2010; Wallace et al., 2019).

Discussion

This systematic review revealed the dissatisfaction of male victims and the negative perception of the help services available. Being the studies considered in this review carried out along several years (between 2000 and 2020), it is evident that the same trend of negative perceptions over this long-time frame. Despite the empirical knowledge on this subject having started in 2000,

scientific attention is only prevalent after 2015 and the majority of studies were published in the USA. Some contextual features might help to explain that tendency, such as the definition used, that is often gender-neutral and allowed inclusivity of the range of victim groups (Bates & Douglas, 2020). In Europe, according to the eligibility criteria, Portugal is the only country that studied this topic. That may, in part, be explained by the fact that Portuguese legislation is also gender neutral, the demand for victim support agencies and refugees by male victims is growing, and the topic is under scientific attention since 2012 (Machado & Matos, 2020). The low number of countries represented in this systematic review leads us to reflect that, probably there is no scientific attention given to male victims of IPV in the other countries, and maybe there are not even answers directed to those victims.

The studies have been predominantly conducted with clinical samples ($n = 9$), followed by community samples ($n = 3$). In both types of samples, the majority of participants sought first informal help. Regarding clinical samples, in three studies (Tsui, 2014; Tsui et al., 2010; Wallace et al., 2019), only formal sources of help were studied. One study was only about one helpline for male victims of DV. It would have been interesting to also have forensic samples represented, since a growing number of male victims search for help in the police and the judicial system. Also, the evaluation of shelters should be carried out.

The research explored is predominantly quantitative. There are also mixed and qualitative studies. When comparing the results regarding help seeking, a pattern or differences in the results were not found with these different methodologies, even with significant differences in the size of the sample. Since this is an unknown phenomenon, both methodological approaches are bringing important knowledge and more studies are needed.

Four studies (e.g., Machado et al., 2016; Morgan et al., 2014; Tsui, 2014; Tsui et al., 2010) documented that some participants did not seek for help (values ranging from 24% to 76% of the samples). This may be explained, as previously mentioned, by the societal and internal barriers (Machado et al., 2016; Tsui et al., 2010). Men are considered as non-conventional victims of IPV (Machado et al., 2016). They have difficulties in reporting violence because they feel that no one can help them. Over time, they tend to relativize violence and hide and/or deny they are victims (Tsui et al., 2010).

When men seek for help, distinct, and complementary ways of help seeking are documented. Informal help, including friends and family, was the most used and useful source (e.g., Douglas & Hines, 2011; Machado et al., 2016, 2017; Merrill & Wolfe, 2000; Tsui, 2014; Tsui et al., 2010). Walker et al. (2019), in a qualitative study, where it was possible to deeper explore the experience, stated that male victims' families are not educated about this type of violence and sometimes showing inappropriate reactions (e.g., disbelief regarding the victimization, blaming the victims, as well as

indifference to the situation). Another important data, indicated by Morgan et al. (2014), pointed that men also expressed difficulties in exposing their personal problems to family/friends, with friends being the least comfortable audience to reveal their victimization which highlights the importance of promoting awareness on male victimization (Lysova et al., 2020a). It is essential to have easy access to information and knowledge about this topic through awareness campaigns.

Regarding formal help, the results are consistent: in the majority of the cases, these sources are perceived by male victims as non-useful (e.g., Douglas & Hines, 2011; Hines et al., 2007; Machado et al., 2016, 2017; Tsui, 2014; Walker et al., 2019; Wallace et al., 2019). Although the police was one of the most requested source, it was not considered useful (e.g., Douglas & Hines, 2011; Hines et al., 2007; Machado et al., 2016, 2017; Tsui, 2014; Walker et al., 2019; Wallace et al., 2019). Some participants revealed experiences of re-victimization by the system, namely being rejected, ridiculed, discriminated due to stereotypes rooted in the formal system, and accused of being the real perpetrators (e.g., Hines et al., 2007; Machado et al., 2016, 2017; Walker et al., 2019; Wallace et al., 2019). As a consequence, some were sent to perpetrators programs and in some cases the victims' children were removed from them (Hines et al., 2007; Machado et al., 2017; Wallace et al., 2019).

Health professionals seem to be the most useful source, with reports of positive experiences of validation and emotional support (e.g., Douglas & Hines, 2011; Machado et al., 2016, 2017; Tsui, 2014), followed by mental health professionals (e.g., Douglas & Hines, 2011; Merrill & Wolfe, 2000; Tsui, 2014; Tsui et al., 2010). Regarding the other formal support services studied (helplines, shelters, support groups, among others), although there is a positive record of experiences with the technicians (Wallace et al., 2019), these institutions, in general, were not considered useful (e.g., Douglas & Hines, 2011; Machado et al., 2016; Tsui, 2014; Tsui et al., 2010). This stresses the need of investing in also in terms of institutional politics and guidelines. Those results corroborate the literature: the support system and services are not adequately prepared to receive male victims of IPV, who, in turn, are still quite socially stigmatized, and knowledge of this topic is not yet properly disseminated in society (Machado et al., 2016).

The negative experiences with the formal system reported by participants appear to be associated with gender stereotypes that affect society and, consequently, these services (McCarrick et al., 2015). It was found that some of the victims are also influenced by these social perceptions, believing that only women can be victims in intimacy (Walker et al., 2019), which explains the lower complaint rate and demand for help being lower when compared to females. It is essential that male victims know that it is acceptable to ask for help, without stereotypes and stigmas being adjacent to the process (Wallace et al., 2019).

In addition to stereotypes, Barrett et al. (2019) add that the barriers of seeking help are not the only factor of disproportionality in the prevalence rates of male disclosure. These authors demonstrate that victims who do not disclose, not experience levels of severity proportional to the rest, and this factor should be a warning to professionals: when men ask for help, they experience a more imminent level of danger than others (Barrett et al., 2019; Tsui et al., 2010). Another conclusion of this study indicates that these men generally seek help only when the violence has already escalated to the level of danger, and this severity will be decisive, not only in the search for help, but also in the type of help that is sought (Barrett et al., 2019). Help seeking behavior varies based on several factors, namely, gender, type, severity, impact of IPV, as well as on structural factors, the characteristics of potential helpers and the available opportunities for help seeking (e.g., Ansara & Hindin, 2010; Barrett et al., 2019; Lysova & Dim, 2020). The type and severity of IPV experienced and the impact suffered seemed important in this process, as previous studies stated. Victims who experience severe violence, multiple forms of IPV, and reported a higher negative impact, are more likely to seek formal support (Bates & Douglas, 2020; Machado et al., 2016, 2017).

These men are in need of emotional support (having someone they can trust to talk to, no criticism or discrimination), as well as a more technical support, such as psychological and social support (housing, transport, help; Barrett et al., 2019). The data still add the need to develop specialized services specifically for this population, as well as information on the existing services, which must be available and easily accessible (Barrett et al., 2019). It will be more feasible for these male victims to reveal the violence they are subjected to, if they are aware of this information and feel that they are supported in these services (Machado et al., 2016).

Finally, there are important missing intervention aspects in the studies. They lack information on interdisciplinary and multilevel intervention that, considering the needs of male victims, is mandatory (Machado et al., 2016).

Despite the contributions of this study, there are limitations. Most of the selected studies encompass samples collected online. However, the online data collection is limited to participants with digital literacy, not providing information about what happens to the non-digital victims that also search for help. The fact that studies are centered in heterosexual men neglects other populations that also register high prevalence of intimate partner violence. Future studies should be more diverse and inclusive in terms of sample or participants and future systematic reviews could adopt more search terms in order to capture different participants and specifics of other forms of IPV.

Another important point focuses on the size of the sample of this SR: to obtain even more coherent results, more studies on this theme are necessary, in order to deepen and enrich the information found. In addition, the language of the studies is considered a limitation as only studies in English were selected. Another limitation of this study is due to some studies included in

this review having used evaluation scales specifically developed for the study in question. To find more specific and objective results, it would have been important to know whether violence was bidirectional, which was not addressed by the selected studies. It would be important to better understand the existing dynamics and whether they could influence seeking for help.

Implications

There is an urgent need for educating the general public, and men in particular, to male as victims of IPV (e.g., there is a need for prevention campaigns and awareness actions to include references to and images of men; Barrett et al., 2019).

There is a need to focus on the training of frontline professionals in primary and secondary prevention. It is important to sensitize them to the needs and impact that IPV has on victimized men so that they can provide them with better assistance (Douglas & Hines, 2011; Tsui, 2014). All support services must adopt a neutral and informed approach, and have a therapeutic environment and a safe space, which allows victims to address what they are feeling and experiencing (McCarrick et al., 2015). Machado et al. (2016) also consider investing in online support services for male victims of IPV.

Another important implication in the field is the need for a specific risk assessment instrument for men in support service settings (e.g., Perryman & Appleton, 2016), since the target audience of risk assessment instruments in support services are mainly produced for women and children.

Finally, there is a lack of studies that evidence the concrete impact and outcomes of men's help seeking processes toward their protection and recovery (e.g., follow-up studies on men victims' life after seeking for informal or formal help). Moreover, at the moment, there are already a considerable number of studies with LGBTQ community that, in our opinion, should be addressed in a specific systematic review.

These empirical knowledge gaps, the circumstances where these men seek help and their help seeking trajectories are relevant to inform policies and practices. Successful help seeking for male victims of IPV should no longer be postponed.

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