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ORIGINAL ARTICLE

Intimate Partner Violence and Male Survivors' Help-Seeking

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Abstract

Purpose This study identifies distinct patterns of intimate partner violence (IPV) polyvictimization among male survivors and examines the relationships between these patterns and help-seeking behaviors from various sources. It also explores whether these relationships are moderated by survivors' race/ethnicity.

Methods The study sample included 3,832 male survivors who reported 7,421 perpetrators, drawn from the 2010 National Intimate Partner and Sexual Violence Survey in the U.S. A latent class analysis (LCA) was conducted to classify IPV polyvictimization based on six types of IPV. Logistic regression analyses were used to examine associations between IPV polyvictimization patterns and help-seeking behaviors (i.e., from police, doctors, and psychologists). Interaction terms between race/ethnicity and polyvictimization patterns were included to test for moderating effects.

Results The LCA revealed four distinct patterns of polyvictimization: (1) Physical and Psychological Violence (PPV), (2) Physical Violence and Stalking (PVS), (3) Coercive Control (CC), and (4) Psychological Aggression (PA). Compared to PVS survivors, those in the PPV group were more likely to seek help from all sources. Survivors in the CC group were more likely to seek help from doctors. Black and Other Race survivors were less likely than White survivors to seek help from psychologists.

Conclusions More complex forms of polyvictimization involving both physical and psychological violence were associated with greater help-seeking from professional sources. The lower rates of mental health service utilization among racial/ethnic minority survivors warrant further investigation. Improving male survivors' access to legal and mental health services requires addressing societal biases surrounding IPV and promoting cultural sensitivity in service provision.

Keywords Polyvictimization · Intimate partner violence · Male survivors · Help-seeking behavior · Racial/ethnic differences

Intimate Partner Violence and Male Survivors' Help-Seeking

Survivors of intimate partner violence (IPV) continue to suffer from physical and mental health problems, even long after experiences of victimization. Seeking help from various sources (e.g., police, doctor) following IPV is critically important to reduce negative health consequences for victims of all genders. However, previous studies are often limited by both by focusing on female survivors, largely ignoring male survivors' help-seeking, and by focusing on a single victimization subtype (e.g., the most recent incident), overlooking potentially cumulative effects of multiple victimization over time. Furthermore, racial/ethnic disparities in the realm of IPV remain understudied. The current study fills this gap by using recent national data to examine the help-seeking of male survivors of IPV and the racial/ethnic variations in those relationships.

IPV Victimization and Health Outcomes among Men

A large majority of IPV studies have focused on females as victims and males as perpetrators, despite the knowledge that men are also impacted by IPV (Desmarais et al., 2012;

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Dim, 2020; Nowinski & Bowen, 2012; Reid et al., 2008; Taylor et al., 2022). Many male survivors experience a combination of different subtypes of IPV over time, also known as polyvictimization (Choi et al., 2016). Approximately half of victimized men experience polyvictimization, making it a common IPV experience among male survivors (Bates & Taylor, 2022; Sabina & Straus, 2008; Schokkenbroek et al., 2022). A study on college dating partners found that the most common polyvictimization pattern among men is a combination of psychological, physical, and sexual abuse, with 21.3% of college men included in the study experiencing this combination of polyvictimization (Sabina & Straus, 2008). A study of men in Canada identified jealousy and verbal abuse as the most common subtype, followed by physical aggression, with moderate violence, control, or verbal abuse being the least prevalent (Ansara & Hindin, 2010). Still, only a limited number of research exists on polyvictimization patterns and subtypes among men.

A wide variety of short- and long-term health outcomes have been linked with IPV in male survivors. Short-term health outcomes include mental health concerns like anxiety and depression, as well as physical health concerns such as pain or discomfort, headaches, or insomnia (Black, 2011; Gilbert et al., 2023; Mellar et al., 2023). Long-term health outcomes include physical ailments such as high blood pressure, heart disease, diabetes, and obesity (Houston & McKirnan, 2007; Gilbert et al., 2023), mental health concerns, including depression (Devries et al., 2013; Schokkenbroek et al., 2022; Spencer et al., 2019), and substance use disorders (Afifi et al., 2008; Magdol et al., 1997). These health outcomes also are often associated with the specific type of victimization experience or subtype. Various literature suggests physical IPV is associated with chronic disease and substance use in both men and women (Coker et al., 2002), as well as depression in men (Magdol et al., 1997; Reid et al., 2008). Psychological IPV has been linked to depressive symptoms (Dim, 2020; Reid et al., 2008) as well as anxiety and increased fear in men (Dim, 2020). Survivors who experience polyvictimization are more likely to experience more adverse health outcomes, including anxiety and depression, as compared to those who are victims of one type of abuse (Ansara & Hindin, 2010; Sabina & Straus, 2008; Schokkenbroek et al., 2022).

Male Survivor Help-Seeking

IPV survivors seek help from various sources, including formal and informal help sources. Formal sources of help include the police or those in the medical or mental health field, while informal sources include those who are not professionals, such as family members and friends (Ansara & Hindin, 2010; Barrett et al., 2019; Douglas & Hines, 2011; Machado et al., 2017). Help-seeking for IPV seems to be especially low overall among male survivors. A vast majority of literature reveals that male survivors are less likely than female survivors to seek help (Ameral et al., 2017; Ansara & Hindin, 2010; Barrett et al., 2019; Coker et al., 2000, 2002; Lysova & Dim, 2022; McCarrick et al., 2015), with rates of around 32% of males seeking help, compared to 64% of females (Barrett et al., 2019). A national survey in Canada revealed that 56% of female survivors disclosed to formal services, while just 20% of men chose to disclose (Burczycka, 2021). Research shows that men often choose to use informal sources over formal sources of support, likely due to the shame that comes with experiencing IPV as a male (Bates & Taylor, 2022; Douglas & Hines, 2011; Machado et al., 2016; Scott-Storey et al., 2023; Taylor et al., 2022). When formal services are used, a few studies found the most commonly utilized service appears to be mental health counseling (Douglas & Hines, 2011; Tsui, 2014).

The low rates of help-seeking, specifically among formal services, could be attributed to a variety of factors. Male survivors experience a variety of barriers when they choose to seek help for their victimization, including shame and embarrassment (Scott-Storey et al., 2023) due to a lack of belief in their report, as well as a lack of action from service providers (Douglas & Hines, 2011), or even others believing that they are the abuser within the relationship because of their gender (Bates & Taylor, 2022; Bates, 2020a, b). Male survivors' distrust in police as a formal help-seeking source could be one reason males underreport their abuse (Tsui, 2014). Approximately only half (51%) of the male survivors included in another study chose to report to the police, particularly due to the shame associated with coming forward as a male victim of IPV (Scott-Storey et al., 2023) as well as the common perception of police not believing the victim, or the experience of police having a stereotyped view of IPV in which the female is the victim (Walker et al., 2020). Similarly, one study found that when men did seek help, they experienced gender-stereotyping, bias, and double standards in regard to their treatment, with services focusing more on the female than the male or even accusing the male of being the aggressor (Abraham & Pearson, 2024; Machado et al., 2017). Other barriers men experience regarding disclosure of abuse include fear or a challenge to their masculinity and gender roles within society (Brooks et al., 2017; Scott-Storey et al., 2023; Simmons et al., 2016; Vogel et al., 2011; Walker et al., 2020), and low visibility of services (Huntley et al., 2019). Societal stigmatization toward male survivors also plays a role. Negative attitudes and stereotypes toward male survivors might impact the way they see and define their abuse, decreasing the likelihood that they recognize potentially abusive acts as abusive and

seek help (Arnocky & Vaillancourt, 2014; Scott-Storey et al., 2023).

Although available studies are limited, results remain consistent that male survivor help-seeking behaviors seem to differ by the victimization type. One study grouped male survivor victimization experiences into four subgroups (i.e., mild physical violence, jealousy, and mild physical violence, moderate physical violence, and severe physical and psychological violence) and found that the moderate physical violence group and the severe physical and psychological violence group were the most likely to seek formal help (Lysova & Dim, 2022). Another study found that male survivors of sexual assault were less likely to seek help, with just 13% of the sample seeking help. The severity level of IPV strongly influences male help-seeking behaviors, with research identifying it as the strongest predictor of help-seeking among male survivors (Tenkorang et al., 2021), and studies further show that as the severity of violence increases, the likelihood of male survivors seeking help also rises (Ansara & Hindin, 2010; Coker et al., 2000; Lysova & Dim, 2022). In one study, just 17% of men who experienced mild physical violence sought help from formal services, but a large increase up to 53% was seen in men who experienced more severe physical violence (Lysova & Dim, 2022).

Male survivor help-seeking also seems to vary by their demographic characteristics. Available literature shows that IPV is one of the least reported crimes to police among LGBTQ victims, including gay and bisexual men, with one study finding that a majority of gay and bisexual men had overall negative perceptions of police helpfulness, with about 60% of them believing that reporting to police is significantly less helpful compared to the heterosexual women's perception (Finneran & Stephenson, 2013; Guadalupe-Diaz, 2016). Income level can also impact survivor help-seeking; survivors of a lower socioeconomic status are more likely to seek help, such as reporting IPV incidents to police (Dufour et al., 2023; Cattaneo & DeLoveh, 2008; Coker et al., 2000, 2002). Immigrant survivors seem to display comparable formal and informal help-seeking behaviors to non-immigrant survivors (Hulley et al., 2023; Tsui, 2014). Racial/ethnic minority male survivors seem to be less likely to seek help, similar to what has been found in minority female survivors (Lipsky et al., 2007; Wolitzky-Taylor et al., 2011; Yoshioka et al., 2003). Male survivors who were Asian faced help-seeking difficulties and deterrences, partly due to both the cultural values that minimize IPV victimization and cultural expectations of masculinity (Park et al., 2020; Simon & Wallace, 2018). Hispanic and Black male survivors were less likely to seek formal help compared to White survivors (Cho et al., 2020).

Limited data suggest that male survivors of IPV are less likely to seek help, and their help-seeking seems to be associated with various factors, including their race and ethnicity. Still, male survivors' help-seeking is severely understudied and less known. The current literature mostly focuses on female survivors of IPV, largely ignoring the experiences of male survivors and their help-seeking behaviors. There is a tendency to focus on a single victimization subtype (e.g., focusing on the most recent incident instead of the overall picture of their experience of abuse), which often has the result of overlooking the cumulative experiences and thus the effects of polyvictimization. Moreover, most survivors studied remain White/Eurocentric, contributing to a gap in understanding diverse racial/ethnic groups and their experiences of IPV. The current study addresses these gaps by examining the help-seeking behaviors of male survivors of IPV, including experiences of polyvictimization and variations across different racial/ethnic groups. Research questions for this study are threefold: (1) What are the subgroups of IPV polyvictimization among men? (2) How is male survivors' help-seeking associated with their polyvictimization experiences and/or their demographic characteristics, including race and ethnicity? and (3) How is the relationship between IPV polyvictimization and help-seeking among male survivors moderated by their race and ethnicity?

Method

Study Sample

We used the National Intimate Partner and Sexual Violence Survey (NISVS) collected from 18,049 nationally representative respondents aged 18 or older in 2010 in the U.S. (Black et al., 2011). For this study, we first selected respondents who reported that their victimization was committed by an intimate partner, including a spouse, live-in partner, fiancé, boy or girlfriend, dating partner, someone they were seeing casually, and someone identified as a sex partner. Of 8,587 respondents who experienced IPV, we selected 3,823 male respondents. The total number of IPV perpetrators reported by the male respondents was 7,421 (7,212 females, 202 males, and 7 unknown genders).

Measurements

IPV Victimization

Respondents in the NISVS reported victimization experiences in their lifetime by reporting perpetrators' behaviors based on 60 items in total for each perpetrator. We

classified them into six categories based on the type and severity of violence: (1) psychological aggression (5 items) (e.g., told you that you were a loser, a failure, or not good enough; told you no one else would want you); (2) coercive control (14 items) (e.g., tried to keep you from family or friends; threatened to take your children away); (3) severe physical violence (9 items) (e.g., kicking; slamming; beating); (4) less severe physical violence (3 items) (e.g., threatening to physically harm you; pushing or shoving); (5) stalking (7 items) (e.g., making unwanted phone calls to you; watched you from a distance); and (6) sexual violence (22 items) (e.g., having sex by using physical force, exposing their body parts to you; fondling or grabbing your sexual body parts). All categories were recoded into dichotomous variables to indicate the victimization of certain types of violence. For example, if a perpetrator committed at least one of the fourteen items from coercive control, they were coded 1 (yes) for coercive control. We used these dichotomized variables to classify IPV polyvictimization. This approach was chosen after the preliminary analysis of data, which showed the most appropriate results when using dichotomous variables. While some research suggests that summing IPV experiences generates more robust classifications (e.g., Hardesty et al., 2015), using the summation in this data tended to produce skewed classification results because of a wide range of differences in the frequencies across items.

Survivors' Safety Concerns

Respondents reported their safety concerns due to IPV victimization by answering the question, "Were you ever concerned for your safety when IPV happened with a perpetrator?" We created a dichotomous variable indicating a safety concern by coding those who answered yes as having a safety concern regarding IPV that a reported perpetrator committed. Although there were other variables on survivors' health in the NISVS (e.g., fear, nightmare), they were not included in the current study since they were asked to those experiencing certain IPV types (e.g., sexual assaults). As a result, survivors' safety concern was the only health-related variable controlled for in this study.

Help-seeking

Respondents answered if they ever talked to the following professionals about what the perpetrator did: police, doctor or nurse, and psychologist or counselor, respectively. Three dichotomous variables were created to indicate seeking formal help from each of these professionals: Police, Doctor, and Psychologist.

Survivors' Race and Ethnicity

Respondents reported their race based on the seven categories: White, Black, Asian, Native Hawaiian and Pacific Islander (NHPI), American Indian and Alaska Native (AIAN), Other Race, and Multiracial. Those seven categories were reduced to three due to the small sizes of non-White and non-Black categories: White, Black, and Others. An additional question captured if they are of Hispanic or Latina/ Latino origin. By adding the Hispanic origin category to the variable, we created the race variable with four categories: non-Hispanic White, Black, Hispanic, and Other Races.

Demographic Characteristics

This study controlled five demographic characteristics of the survivor. Respondents reported the highest level of *education* they have completed with eight categories, ranging from no schooling to postgraduate. A dichotomous variable was created with two categories: less than high school graduation and high school graduation or more. The survey question asking about respondents' annual household *income* included eight categories, ranging from less than $10,000 to $75,000 or more. We recoded them into two categories, considering the federal poverty threshold in 2010 when the data was collected: less than $20,000 and $20,000 or higher. The *sexual and gender identity* was measured with four categories: heterosexual or straight, gay or lesbian, bisexual, and transgender. We created a binary variable by reducing them to two: heterosexual/straight and sexual and gender minority, combining all the other categories. Respondents answered the question asking if they were born in the United States, including U.S. territories and U.S. military bases or not. We created a variable, *Nativity*, with two categories: foreign-born and U.S.-born. *Age* was captured as a continuous variable.

Analysis

The analysis was conducted in two stages. In the first stage, a latent class analysis was conducted to classify IPV polyvictimization based on six dichotomized variables of IPV victimization (e.g., psychological aggression, severe physical violence, sexual violence). In the latent class analysis, we performed the analysis based on the steps described as follows. First, the analysis was started with the most parsimonious model (Model 1), followed by models with increasing the number of classes that were supposed to share similarities in their polyvictimization experiences, until the Lo-Mendell-Rubin adjusted likelihood ratio test of model fit (Lo et al., 2001) and the bootstrap likelihood ratio

test (BLRT; McLachlan & Peel, 2000) showed statistically insignificant results for the model with k classes, which indicate that adding one more class did not generate statistically and practically proper solutions compared to the previous model. Then we compared information criteria model fit statistics, such as Akaike Information Criteria (AIC), Bayesian Information Criterion (BIC), and adjusted BIC, of which a low value indicates a better fit. We also reviewed entropy values for all models to assess whether their values were higher than 0.8, indicating 80% of the individuals were relevantly classified in latent classes (Muthén & Muthén, 2007). Additionally, the smallest class size was considered in the model selection. If the class solutions had the smallest class with a sample size of less than 10% of the sample, we excluded them for meaningful analysis in the next steps. Once we narrowed down the models by selecting them based on the fit statistics, we took a closer look at the substantive meaning of each solution by reviewing how each of the IPV types was represented in the model. Each solution provides the probability of each IPV type being committed per class. Probabilities of 0.70–1.00 were deemed to indicate a high probability of a certain type of victimization; 0.40–0.69, a moderate probability; and 0.40 or less, a low probability (Nagin, 2005). The final number of latent classes of polyvictimization was determined based on parsimony, substantive sense, distinction (e.g., each class is unique), and practically meaningful class division. We used Mplus v.7 (Muthén & Muthén, 2012) for latent class analysis.

Next, we validated the selected class solution by exploring the associations between class membership and auxiliary variables. This step is critical to ensure the selected class solution has practical utility. The procedure involves testing if class membership is related to the outcome variables as expected (Weller et al., 2020). We implemented a 3-step approach (R3STEP) (Asparouhov & Muthén, 2014) by including help-seeking (outcome) variables as auxiliary variables. This approach is relevant since it allows us to test the associations between two categorical variables (class membership and help-seeking). The procedure started with predicting the latent class model (step 1) and then creating the latent class variable (step 2). In step 3, a series of multinomial regression analyses was conducted to regress class membership on each help-seeking variable separately. Unadjusted log odds ratios were reported.

Once the IPV polyvictimization class membership was validated, logistic regression analyses were conducted by the survey package of R, *svy* (Lumley, 2004) to examine the associations between IPV polyvictimization and help-seeking. This package is suitable for the NISVS, which has a complex survey sample design. The sample strata and weights were used in the analysis (Black et al., 2011). Also, survivors were likely to report more than one perpetrator (the mean number of perpetrators per survivor was 1.94) that they experienced in their lifetime. As a result, the data has a layered structure, in which variables related to each perpetrator's behaviors, such as IPV polyvictimization, safety concern, and help-seeking, were measured for each perpetrator that a survivor experienced. In order to reflect those characteristics, a cluster sample approach, which treated perpetrators as subunits within a cluster (i.e., survivors), was used in this analysis (Lumley, 2004). Finally, we fit a logistic regression model by using the option *family=quasibinomial* to accommodate different sampling weights (Fox & Weisberg, 2018).

We performed three logistic regression analyses with each of the three help sources as the dependent variable. IPV polyvictimization, safety concerns, and race/ethnicity were included as independent variables, and other demographic information was included as control variables. The interaction term, *IPV Polyvictimization* × *Race*, was added to the model only when both IPV polyvictimization and race/ethnicity were statistically significant in the original model to test a race/ethnicity moderation in associations between help-seeking and IPV polyvictimization. We reported adjusted log odds ratios.

Results

We conducted a latent class analysis and obtained the optimal number of latent classes of IPV polyvictimization. Table 1 describes the fit statistics. The LRT and BLRT tests showed Model 9 had a better fit. Fit statistics, such as AIC, BIC, and adjusted BIC, had the lowest values in Model 9. However, the entropy of Model 9 (0.79), along with Model 3 (0.66), was lower than the acceptable level of 0.8, which showed Model 9 was not the optimal model. As fit statistics did not suggest optimal solutions, as a next step, we considered other factors, such as the size of the smallest class and distinctions of each class created by the model. We excluded Model 6 to Model 10 since the smallest class sizes were considered too small (0.85% −5.0%). Of the remaining models, Models 2, 4, and 5, Model 4 was determined to be an optimal class solution based on parsimony, a distinct and meaningful class division reflecting types of violence.

Figure 1 describes the four-class solution with the estimated probabilities of experiencing various types of IPV. The first class was characterized by a moderate probability of less severe physical violence (0.43) and a low probability of stalking (0.34). This group was labeled as *Physical Violence and Stalking (PVS)*, which comprises 16.2% of all cases. The second class (15.1%) was characterized by the perfect probability of psychological aggression (1.0), with low probabilities of all other IPV types, ranging from 0.00

Table 1 Goodness of fit statistics (N=7,421)

Model tested	Loglikelihood	AIC	BIC	Adjusted BIC	Entropy	Relative frequency for smallest class	*P*-value for LMR adjusted LRT	*P* value for BLRT
1-Class	-24,890	49,792	49,833	49,814			-	
2-Class	-23,715	47,456	47,546	47,504	0.83	16.2%	<0.001	<0.001
3-Class	-23,478	46,996	47,135	47,071	0.66	15.7%	<0.001	<0.001
4-Class	**-23,133**	**46,320**	**46,506**	**46,420**	**0.84**	**15.1%**	**<0.001**	<0.001
5-Class	-22,809	45,687	45,922	45,814	0.86	9.8%	<0.001	<0.001
6-Class	-22,617	45,315	45,599	45,469	0.83	5.0%	<0.001	<0.001
7-Class	-22,480	45,056	45,388	45,236	0.90	2.0%	<0.001	<0.001
8-Class	-22,411	44,933	45,313	45,138	0.86	2.3%	<0.001	<0.001
9-Class	-22,368	44,860	45,289	45,092	0.79	3.1%	<0.001	<0.001
10- Class	-22,361	44,861	45,338	45,119	0.82	0.85%	0.0791	0.067

AIC Akaike Information Criterion, *BIC* Bayesian Information Criterion, *LMR* adjusted, *LRT* Lo-Mendell-Rubin, *(LMR)* adjusted likelihood ratio test

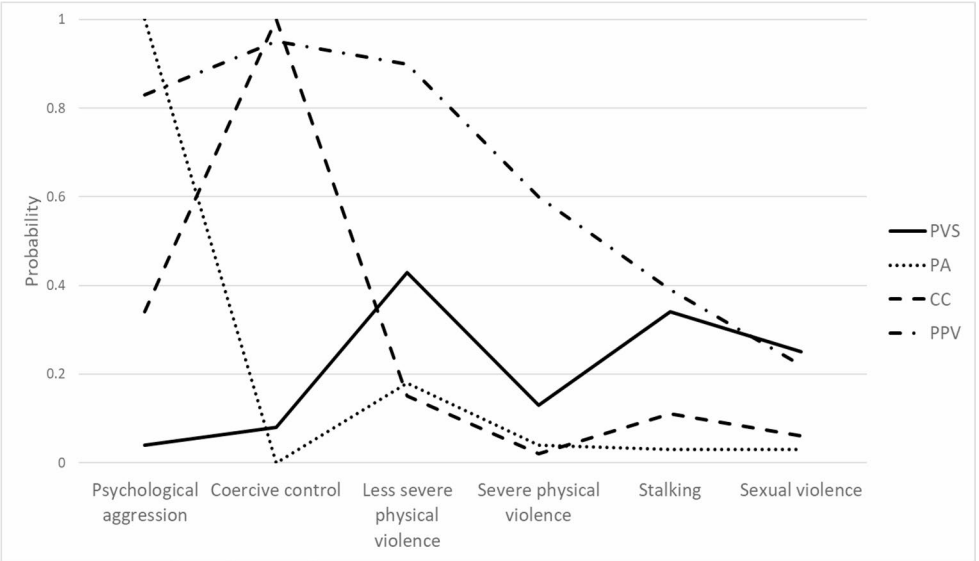

Fig. 1 Probability of experiencing each type of IPV across latent class membership

to 0.18. This group was labeled as *Psychological Aggression (PA)*. The third class, labeled as *Coercive Control (CC*; 43.7%), showed a perfect probability of coercive control with low probabilities of all other IPV types, ranging from 0.00 to 0.34. The last group, labeled as *Physical and Psychological Violence (PPV;* 25.0%*)*, showed high probabilities of psychological aggression (0.83), coercive control (0.95), and less severe physical violence (0.90), along with a moderate probability of severe physical violence (0.60) and low probabilities of other IPVs (0.22–0.39).

Table 2 describes the associations between class membership and help-seeking. Overall, 5.4% of IPV in the study resulted in contacting police, 3.4% doctors, and 12.2% psychologists. 14.9% of PPV brought about contacting police, while 2.2% of PVS, 1.4% of PA, and 2.2% of CC resulted in contacting police. 7.8% of PPV resulted in talking to doctors, while 1.3% of PVS resulted in seeing doctors. 5.2% of PVS resulted in talking to psychologists, 8.4% of PA, 9.7% of CC, and 23.3% of PPV. Multinomial regression analyses confirmed that classification differentiates cases as related to the main outcome (help-seeking).

Table 2 Multinomial regression analyses results of associations between class membership and help-seeking

	PVS[a]	PA	CC	PPV
	%			
	Unadjusted Log Odds Ratio (Standard error)			
Police	2.8%	1.4%	2.2%	14.9%
	-	-0.88 (0.40)*	-0.65 (0.29) *	2.06 (0.21) ***
Doctor	1.3%	1.4%	2.4%	7.8%
	-	0.04 (0.41)	0.54 (0.31)	2.03 (0.29) ***
Psychologist	5.2%	8.4%	9.7%	23.3%
	-	0.54 (0.18) ***	0.63 (0.16) ***	1.90 (0.15) ***

a. Reference category

CC Coercive Controlling, *PPV* Physical and Psychological Violence, *PVS* Physical Violence and Stalking, *PA* Psychological Aggression

*p<0.05, **p<0.01, ***p<0.001

Table 3 Survivor characteristics by race/ethnicity ($n=3832$)

	White (68.7%, 2826)	Black (12.0%, 352)	Hispanic (13.5%, 336)	Other (5.9%, 309)	Total (100%, 3832)	χ^2 statistics
	Weighted % (unweighted *n*)					
Education: Less than High School	5.9% (153) [a]	17.8% (58)[b]	29.3% (83)[b]	6.8% (30)[a]	10.5% (324)	41.61***
Income: Less than 20k	14.2% (364) [a]	36.9% (112) [b]	30.4% (97) [b]	14.4% (57) [a]	19.1% (630)	27.27***
Foreign-Born	3.6% (70) [a]	6.9% (24) [a]	46.6% (132) [b]	34.6% (53) [b]	11.6% (279)	112.94***
Sexual Minority	6.9% (135) [a]	2.7% (8) [a]	13.1% (40) [b]	3.9% (19) [a]	7.1% (202)	7.86***
Safety Concerns	18.8% (533)	17.9% (58)	22.0% (69)	14.8% (54)	18.9% (714)	0.92
Help-Seeking						
Police	11.6% (391)	13.9% (50)	7.3% (26)	8.9% (39)	11.1% (506)	2.30
Doctor	6.9% (228)	3.7% (11)	6.6% (21)	4.2% (16)	6.3% (276)	1.49
Psychologist	22.0% (632) [a]	7.8% (32) [b]	11.2% (42) [b]	9.9% (49) [b]	18.2% (755)	15.33***
	Mean (Standard error)					F statistics
Age	44.22 (0.44)[a]	41.77 (0.92)[b]	36.31 (0.93)[c]	39.21 (1.12)[b]	42.57 (0.34)	22.25***

*$p<0.05$, **$p<0.01$, ***$p<0.001$

Different superscript alphabet characters indicate statistically significant differences among proportions at p=.008, adjusted p value by the Bonferroni method

For example, compared to survivors of PVS, survivors of PA and CC were less likely to contact police, while those of PPV were more likely to contact police without controlling other variables.

Table 3 describes the sample characteristics of male survivors included in the analysis. We reported weighted percentages and unweighted sample sizes estimated by reflecting the sample strata and weights in the NISVS. Among 3,832 male survivors, 68.7% were White, followed by Hispanic (13.5%), Black (12.0%), and Other Races (5.9%). About 10% had less than a high school educational attainment. Approximately one-fifth (19.1%) reported their annual income as lower than $20,000. Slightly more than 10% were born outside the U.S, and 7.1% were sexual minorities. Slightly less than one-fifth reported that they were concerned for their safety when they were victimized (18.9%). Survivors sought help from a psychologist or counselor the most (18.2%), followed by the police (11.1%) and medical professionals (6.3%).

Four race/ethnicity subgroups showed differences in demographics and help-seeking. While 5.9% of White survivors and 6.8% of Other Race survivors had less than a high school education, more than a quarter of Hispanic survivors (29.3%) and slightly less than one-fifth of Black survivors (17.8%) reported having less than a high school education. Compared to Black (36.9%) and Hispanic survivors (30.4%), proportions of White survivors (14.2%) and Other Race survivors (14.4%) with an annual income of less than $20,000 were lower. Slightly less than half of Hispanic survivors (46.6%) and more than one-third of Other Race survivors (34.6%) were born outside the U.S. Sexual minority survivors were represented among Hispanics (13.1%) more than other groups. White survivors sought help from a psychologist or counselor (22.0%) the most. On average, White survivors were the oldest (44.22), with Hispanic survivors (36.31) being the youngest.

Table 4 shows the logistic regression analysis results of the associations between help-seeking and IPV polyvictimization. Survivors of PPV were more likely to contact police than survivors of PVS (aLOR = 1.65, $p<0.001$), a doctor (aLOR = 1.57, $p<0.001$), or a psychologist (aLOR = 1.13, $p<0.001$). Compared to survivors of PVS, those of CC were more likely to contact doctors (aLOR = 0.68, $p=0.04$).

Table 4 Logistic regression analysis results of the associations between Help-Seeking and IPV polyvictimization by race ($n=3832$)

	Police	Doctor	Psychologist
	Adjusted Log Odds Ratio (Standard error)		
PA vs. PVS[a]	-0.56 (0.40)	0.95 (0.68)	0.25 (0.39)
CC vs. PVS	0.11 (0.30)	0.68 (0.33) *	0.31 (0.25)
PPV vs. PVS	1.65 (0.28)***	1.51 (0.35) ***	1.13 (0.28) ***
Black vs. White[a]	0.27 (0.30)	-0.81 (0.45)	-1.72 (0.29) ***
Hispanic vs. White	-0.11 (0.35)	0.35 (0.34)	-0.59 (0.31)
Other Races vs. White	0.03 (0.30)	-0.53 (0.43)	-0.80 (0.31) *
Safety	1.86 (0.21) ***	1.60 (0.21) ***	0.97 (0.19) ***
Age	0.36 (0.07) ***	0.52 (0.10) ***	0.30 (0.12) *
Less than high school	-0.47 (0.37)	-0.59 (0.42)	-0.51 (0.31)
Income: Less than 20k	-0.15 (0.25)	0.21 (0.32)	-0.16 (0.20)
Foreign-born	-0.55 (0.47)	-0.17 (0.50)	-0.20 (0.36)
Sexual minority	-0.19 (0.38)	0.51 (0.73)	0.38 (0.32)

a. Reference categories: PVS, White

CC Coercive Controlling, *PPV* Physical and Psychological Violence, *PVS* Physical Violence and Stalking, *PA* Psychological Aggression

*$p<0.05$, **$p<0.01$, ***$p<0.001$

Having a safety concern due to IPV was associated with seeking all types of help, with the log odds ratios ranging from 0.97 to 1.86.

Some survivors' characteristics were associated with help-seeking. Black and Other Race survivors, compared to White survivors, were less likely to talk to psychologists (aLOR= -1.72, $p<0.001$; aLOR= -0.80, $p=0.011$, respectively). Age was positively associated with seeking all types of help, including police (aLOR=0.36, $p<0.001$), a doctor (aLOR=0.5, $p<0.001$), and a psychologist (aLOR=0.30, $p=0.013$). While both race and IPV polyvictimization were significant in the model with contacting psychologists as a dependent variable, no interaction term between IPV polyvictimization and race was found to be significant; therefore, results of the analysis including interaction terms were not reported.

Discussion

The study results show that IPV polyvictimization among male survivors can be identified in four distinct subgroups. Coercive Controlling (CC) was prevalent the most, followed by Physical and Psychological Violence (PPV). Physical Violence and Stalking (PVS) and Psychological Aggression (PA) were less prevalent than CC and PPV. CC being the most prevalent type of polyvictimization among male survivors seems to be consistent with some of the previous research that shows that while men are often subjected to physical abuse, they experience non-physical, psychological abuse by their female partners as well (Bates, 2020a, b; McHugh et al., 2013). These findings emphasize the importance of addressing experiences of IPV, including coercive control, in interventions for male survivors, who often experience multiple forms of IPV rather than a single type and may therefore suffer a wide range of consequences. Furthermore, PPV, the most severe form of polyvictimization among the four subgroups identified by this study, being prevalent among male survivors, also seems to be consistent with previous research that has reported that both women and men experience severe forms of IPV (Bates & Taylor, 2022; Schokkenbroek et al., 2022). Men tend to be perceived as being less likely to frame their experiences in terms of victimhood; they may view their IPV experiences as less severe or more infrequent than female survivors (McHugh et al., 2013; Walklate et al., 2022). McHugh et al. (2013) noted that male victims of IPV may interpret physical violence and victimization differently from their female counterparts, influenced by cultural factors and societal biases that tend to diminish the recognition of male victimization. Men may downplay or dismiss their experiences with IPV due to traditional gender norms or gender construction that often associates masculinity with strength and emotional fortitude. As a result, men may perceive physical violence as less serious and push back against the idea of victimization (McHugh et al., 2013; Powney & Graham-Kevan, 2019). Societal biases may also impact the way male victims of IPV view physical violence and victimization differently, such as the societal expectation that men are always the perpetrators of violence (McLeod et al., 2024). Nevertheless, this study reveals that some men experience various forms of violence, including CC, stalking, and other types of IPV. This finding suggests that men's experiences of IPV may be substantially underreported, understudied, and consequently misunderstood. However, these findings seem to deviate from another group of previous results that associate CC mostly with female victimization by men who presumably tend to use violence to control their partners based on men's patriarchal power over women (Tolmie et al., 2024). CC, as a form of patriarchal violence, is a persistent and recurring pattern of behavior that severely restricts the freedom and safety of female partners, keeping the victim in a state of fear (Stark & Hester, 2019; Tolmie et al., 2024;). Note that this study measured IPV as a dichotomous variable, without considering the frequency and severity of violence. For instance, all 14 items assessing coercive control were collapsed into a single dichotomous indicator, potentially obscuring important variations and contextual nuances in how coercive control occurred, including contexts in which females and males may interpret certain coercive control items differently. This gap in the measurement of IPV suggests that the findings may present a misleading interpretation of CC in male victimization. Therefore, whether male victimization of CC is similar to the female survivors' experience of CC needs to be further researched by incorporating the different gendered measures of perceived CC severity and frequency to better assess the extent of impact across various populations.

Severe victimization experiences seemed to result in higher rates of help-seeking; PPV survivors were found to have contacted the police, doctors, and psychologists following their experience of IPV more than the survivors of PVS did. This is consistent with previous study results that found that male survivors of PPV are more likely to seek support (Lysova & Dim, 2022). Additionally, other factors that were associated with higher rates of help-seeking include certain demographic factors, such as race, and victims having safety concerns during or following IPV experiences. Non-White survivors sought less help from psychologists than their White counterparts, implying that survivors of color face additional potential barriers to their help-seeking following experiences of IPV. This is consistent with research on help-seeking for minority survivors of IPV, which largely indicates that they have additional

barriers to help-seeking, such as a lack of culturally competent care, biases, discrimination, negative cultural attitudes, lack of affordable resources, or even limited providers (Cho et al., 2013; McLeod et al., 2024; Park et al., 2020; Simon Taylor et al., 2022 & Wallace, 2018). The findings showing that survivors of non-physical forms of IPV such as CC, are more likely to seek the support of doctors than survivors of physical IPV, such as PVS, might suggest that the effects of non-physical forms of IPV could be more distressing to the survivors than the effects of physical violence. For example, some research shows that while experiencing physical IPV can negatively affect male victims' health, it does not consistently contribute to poorer health outcomes for males (Mellar et al., 2023). It may be that some survivors experience multiple types of IPV that results in medical issues that need to be addressed by medical professionals, but report only CC, potentially because male survivors of IPV are less likely to report physical IPV, maybe due to their sense of masculinity (Machado et al., 2017; Taylor et al., 2022).

The study results showed that the relationship between IPV polyvictimization and help-seeking among male survivors was not moderated by their race and ethnicity. Because all race groups showed similar help-seeking behaviors as related to their experiences of IPV victimization, this may suggest that what matters is not so much the survivors' demographic characteristics as the affordability, accessibility, and availability of the services needed by the survivors from various cultural backgrounds. Previous studies on help seeking of male survivors indicate that accessibility and availability of IPV support services for male survivors are scarce, with most services focusing more on female victims, which can greatly impact their ability to seek support (Abraham & Pearson, 2024; Huntley et al., 2019; Machado et al., 2017). Similar studies have also listed a lack of availability of law enforcement staff or support personnel who understand and support male survivors as also being a factor in help-seeking behaviors of male survivors (Walker et al., 2020).

Limitations

The current study results should be viewed within the context of the limitations. Data was self-reported; respondents were asked to recall multiple IPV incidents over time, potentially limiting their accuracy. Due to small sizes, several demographic categories were combined into Others: Asian/Native Hawaiian and Pacific Islander, American Indian and Alaska Native, Other Race, and Multiracial. Similarly, sexual and gender identity categories were dichotomized, aggregating gay or lesbian, bisexual, and transgender respondents into a sexual and gender minority category. As such, study findings on these aggregated categories may not accurately represent each subgroup's experiences. Finally, IPV victimization experiences were dichotomized to achieve optimal classification results, with little information of the frequency and severity of victimization included, which might have affected the study results of help-seeking.

Conclusion and Implications

Despite research showing that IPV happens to all genders, research on help-seeking behaviors for male victims of IPV is still in its infancy. This study was one of the first to use recent national data to explore the help-seeking behaviors of male survivors of IPV, examining areas of polyvictimization and racial/ethnic variations. Yet, there is still a critical need for further research to explore the facilitators of help-seeking among male IPV victims. Future research should address the limitations of this study by employing multiple measures of IPV and help-seeking rather than relying solely on self-report; using longitudinal designs to better establish temporal and causal relationships between IPV and help-seeking; including sufficiently large and diverse demographic subgroups; and incorporating a range of IPV measures that capture the severity, frequency, and contextual dynamics of violence. Furthermore, there is a need for research examining the effectiveness of interventions designed to support this population. This will not only contribute to a more comprehensive understanding of male victims' experiences through the help-seeking process but also inform the development of targeted interventions and policies to better address their unique needs within the broader context of IPV prevention and response.

The findings from this study can contribute to increased awareness of how IPV manifests in males, as well as improved understanding of help-seeking behaviors of male victims. For instance, with an improved understanding of male victims' experiences, healthcare workers can tailor interventions and support services to better meet their needs. This may involve developing specialized screening protocols that better incorporate male perspectives and experiences; providing training to enhance the recognition and response to IPV in male populations, including potential gender differences in identifying, interpreting, and reporting IPV experiences; and offering targeted counseling and support groups. Furthermore, enhanced awareness of the unique challenges faced by male victims in the help-seeking process can inform policy changes and resource allocation to ensure improved access to services and legal protections. By incorporating a more supportive approach to IPV intervention, healthcare providers can contribute to more effective prevention and intervention efforts, ultimately reducing the prevalence and impact of IPV on male victims and their communities.

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Declarations

Ethical approval This study was reviewed and determined to be "Not Regulated" by the Institutional Review Board at University of Michigan [HUM00266123].

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