

Hidden Wounds, Unheard Voices: An Exploration of Men as Victims of IPV during and Post-COVID-19

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ABSTRACT

The victimisation of men in Intimate Partner Violence (IPV) has historically received limited attention, particularly during and after the COVID-19 pandemic. This study explores the experiences of male victims of female-perpetrated IPV and assesses the support and services they accessed during and after the pandemic in the UK. Through interviews with ten participants, the data were analysed using framework analysis. The participants reported a broad range of abusive behaviours, including physical, emotional, and financial abuse. Additionally, new forms of coercive control were found to be linked to the pandemic and the unique female-perpetrator/male-victim dynamic. The findings revealed that male participants endured multiple forms of abuse and coercive control, compounded by institutional failures, which significantly affected their ability to access support.

1. Introduction

Intimate partner violence (IPV) is a global health issue and is recognised as a significant health problem that cuts across cultural, socioeconomic, and ethnic borders (Ellsberg & Emmelin, 2014). It includes any behaviour within an intimate relationship that causes physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) (Breiding et al., 2008). Recent studies show that COVID-19 pandemic restrictions provided the space where IPV mechanisms were used by some men to isolate women (Gearin & Knight, 2020; Evans et al., 2020; Lyons & Brewer, 2022; Lebrun et al., 2023; Costa et al., 2024). In this context, male perpetrators exert further control over their partners, particularly through the use of suppression, fear, and domination. However, the dominant public discourse about IPV victims, particularly during the COVID-19 pandemic, and a view that continues to be influential in terms of public policy, is gendered. This perspective focuses on women as 'essentially' the victims and men as the perpetrators, thus undermining a large number of men who are subjected to IPV by their female partners.

So far, little evidence pointing to women as perpetrators of IPV has been found, challenging many past conceptualisations of men as the sole perpetrators of IPV. Hence, there is a demand for more in-depth studies into the experiences of male victims, an area in which

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relatively little qualitative research has been undertaken. A comprehensive review of research from the past decade shows a notable rise in IPV cases involving male victims (Machado et al., 2016; Morgan & Wells, 2016; Weare, 2018b; Bates et al., 2019). This increase has been especially pronounced during the COVID-19 pandemic. According to Mankind, a charity in the UK supporting male victims of domestic abuse, there has been a 35% increase in the number of calls during lockdown from male victims who have reported various forms of IPV committed by their female partners (Media and Policy Briefing, 2020).

While most studies have focused on women's experiences during COVID-19, few have explored the same issue among men in the UK. The dearth of empirical research into men's experiences of IPV during and post-COVID-19 significantly confines our understanding of its nature, processes, and consequences. Hence, this paper fills the gap by discussing the results of a project that aimed to explore the experiences of male victims of IPV and evaluate the support and services received during and post-COVID-19. To achieve this, the article is structured as follows. First, the background and review of the literature pre- and during COVID-19 are discussed. In the second part of the article, research methods and ethical issues are portrayed. The analysis then proceeds to examine some of the salient themes emergent from the responses to explore the aims of the paper.

2. Men as Victims of IPV

The early framework of IPV is built on the feminist understanding of the phenomenon and indicates IPV as gender-based violence directed against a woman by a man, motivated by desire and control, which has historical and cultural roots in patriarchal societies (Dobash & Dobash, 1979; McKinnon, 1979; Hester, 1990). This framework posits that violence is inflicted on women due to the unequal gender structures in families and society, disproportionately affecting women. By focusing primarily on physical violence, this approach has been instrumental in advancing knowledge about violence against women and has served as a foundation for numerous valuable studies. These studies introduced and explored terms such as domestic abuse within social and legal frameworks.

However, this perspective typically presents IPV as asymmetrical and primarily a 'women's issue,' centering on men's violence against women. In contrast, women's violence against men is often regarded as less severe and infrequent, with softer consequences. Women's aggression is frequently framed as largely self-defensive (Hamberger, 2005), arising in response to abuse, and unlikely to cause serious harm or injury. This asymmetrical view is further reinforced by societal stereotypes about men and women, particularly the notion that men are authoritative and independent, while women are fragile and in need of protection (Gerber, 1991). As a result, men's victimisation in IPV is often underestimated or overlooked.

A growing body of international studies highlights that men also experience IPV from their female partners, suffering both physically and psychologically as a result. For example, quantitative studies (Coker et al., 2002; Reid et al., 2008; Hines & Douglas, 2010) and qualitative studies (Hines et al., 2007; Cook, 2009) report that men endure substantial physical and psychological impacts, including PTSD, depression, suicidal ideation, psychosomatic symptoms, and general psychological distress. A study by Hines et al. (2007) in the USA indicates that men who contacted a national helpline had experienced significant physical abuse, such as being kicked, punched, and choked. In addition to physical abuse, a study by Morgan and Wells (2016) in the UK suggests that men have been subjected to various controlling behaviours, including gaslighting, manipulation involving children, false allegations, coercion related to sex and pregnancy, isolation, and the fear of living with

ongoing abuse. Other UK-based studies examining the experiences, prevalence, and impacts of IPV on men (Weare, 2018b; Bates et al., 2019; Bates, 2019a; Bates, 2019b; Westmarland et al., 2021) report similar findings. These studies highlight additional forms of abuse, such as emotional, psychological, and financial abuse, where male victims face manipulative and controlling behaviours (Weare, 2018b; Bates et al., 2019). This includes verbal insults, threats, constant criticism, isolation from friends and family, manipulation through children, financial control, and restricted access to resources (Westmarland et al., 2021).

2.1 Gender Stereotyping of IPV

Gender biases and stigmas surrounding masculinities are reported as significant barriers that prevent men from reporting abuse. For example, an exploration of men's help-seeking in Portugal suggests that men often deny their sense of vulnerability and conceal their perceived weakness to align with masculine ideals (Machado et al., 2016). Similar findings are evident in Bates et al. (2019), which indicates that men felt their experiences of abuse were viewed as a weakness, they were mistrusted, and they were often perceived as abusers themselves or struggled to identify as victims. For men, the stigmas associated with being a male victim of IPV, on both personal and societal levels, such as self-blame, shame, and embarrassment, cause emotional and psychological harm. These impacts include depression, diminished self-confidence, and mental instability (Collinson, 2009; McCarrick, 2016). Gender stereotypes also permeate service provision, hindering male victims from seeking justice. Such attitudes enable the manipulation of legal and administrative systems to harm the partner (Tilbrook et al., 2010). This is reflected in studies where men reported instances of their partner manipulating the US legal system or falsely accusing them of IPV, leading to disbelief in their claims (Hines et al., 2007).

Moreover, these stigmas and societal attitudes influence the responses of police and social services and, critically, how victims perceive their own victimisation. This affects how victims respond to violence and increases the likelihood of not reporting their experiences to the police or engaging with the wider criminal justice system (Hines & Malley-Morrison, 2001; O'Brien et al., 2005; Bates et al., 2019; Powney & Graham-Kevan, 2019).

Javaid (2017) argues that cultural and social factors play a crucial role in shaping gender stereotypes, which discourage men from reporting rape to the police. Drawing on the concept of hegemonic masculinity, as defined by Connell (1990) as the culturally exalted form of masculinity that legitimises men's dominant position in society and justifies the subordination of women and other marginalised masculinities, Javaid (2017) suggests that these dominant masculine norms pressure male victims to handle their victimisation independently. As a result, their experiences are often overlooked by the police.

Similarly, Weiss (2010) contends that cultural expectations of men and gender ideals obscure the possibility that women can be sexual perpetrators within societies. Due to the greater average size, weight, and muscular strength of men compared to women, it is often assumed that men possess sufficient physical strength to protect themselves from serious harm inflicted by women (Weiss, 2010). These assumptions are rooted in culturally shared beliefs about gendered bodies, where female bodies are perceived as inherently defenceless because of their smaller size and presumed lack of strength.

However, this perception contradicts findings from studies demonstrating that women can, in some cases, be stronger, larger, faster, and even more resilient than men (Roth & Basow, 2004; Thorborg et al., 2013). Furthermore, the nature of victimisation differs for men compared to women, with men being blamed more for their victimisation than women (Stewart & Maddren, 1997; Yamawaki et al., 2012; Gracia, 2014). For instance, victims are

more likely to be blamed if they return to or stay with their abuser due to a protective or chivalrous attitude towards their partner (Yamawaki et al., 2012). Additionally, if men are recognised for initiating IPV, they are more likely to be belittled and less likely to be seen as deserving of support or assistance (Gracia, 2014).

These stereotypes around victimisation may be even more intensified for men who have experienced rape. The social stigmas surrounding men's physiology, such as being stronger, having a greater desire for sex, and the belief that men cannot be forced into sex by a woman have influenced public perception and women's sexual aggression (Weare, 2018a; Gage & Lease, 2021). The gender stereotype of rape myths and the lack of recognition of men's victimisation have contributed to serious emotional breakdown and self-neglect, including self-harming, substance abuse, and suicide attempts (Davies, 2013; Bates & Weare, 2020).

2.2 Barriers to Seeking Help for Male Victims of IPV

While there are barriers to help-seeking for all victims of IPV, such as lack of money, lack of refuge, and lack of police support, the challenges to masculinities discussed above create specific barriers for men. These include fear of disbelief and not being taken seriously (Morgen et al., 2018), clashes with masculinity norms, such as being protective of their partners (McCarrick, 2016), inappropriate professional approaches (Morgan et al., 2014), or the perception of men as naive and helpless (Machado et al., 2016). In fact, the combination of being a man and a victim of IPV is seen as improper and intolerable for many men. This suggests that the status of victim may not carry the same meaning and consequences for men and women equally.

Empirical evidence shows that violence against men is often viewed as less serious by the public, making men more reluctant to seek help for problems that are perceived as contradictory to masculine stereotypes in the dominant culture (Haines et al., 2007; Hammer et al., 2013; Machado et al., 2016; Bates et al., 2019). Other studies highlight men's refusal to report IPV due to the fear of losing child custody or being falsely accused of child abuse (Hines et al., 2015). Therefore, the cost male victims pay for reporting and experiencing IPV appears to be particularly high.

2.3 The Impact of COVID-19 on IPV Against Men

Current research on men's experiences of IPV has not sufficiently explored the issue during and post-COVID-19 in the UK. It is evident that economic and health crises, such as COVID-19, have exacerbated the experience of IPV. Factors such as loss of income, self-isolation, extended domestic stays, and lack of public interaction have contributed to the increase in domestic violence (Goh et al., 2020; Sharma & Borah, 2020; Westmarland et al., 2021). While most studies have focused on the experiences of women during COVID-19, there is a lack of research exploring the same issue in relation to men in the UK. Westmarland et al.'s (2021) study is the only one that examines the experiences of male victims of domestic abuse during COVID-19 in the UK. Funded by Respect, the study found that COVID-19 aggravated the experience of domestic abuse and impacted various aspects of men's lives. By analysing 344 calls and emails from male victims and interviewing six members of staff, the study suggests that men experienced different forms of abuse, including physical, financial, emotional, and sexual abuse, as well as specific forms of coercive control during the pandemic, such as house abandonment, disputes over lockdown rules, and forced showers (Westmarland et al., 2021).

Furthermore, the disruption of social and protective networks, decreased access to services, and self-isolation rules exacerbated the risk of violence for men. This study is one of the few

aimed at increasing the visibility of male victims of IPV during and post-COVID-19, uncovering the unseen and unheard experiences during this global crisis. The next section outlines the methodology and ethical considerations of the project, followed by the results and discussion.

3. Methodology

3.1 Research Design

This qualitative study was conducted in collaboration with the Men’s Advice Line, a prominent helpline for male victims of domestic abuse in the UK. The decision to employ a qualitative approach stemmed from its suitability for exploring deeply ingrained phenomena such as beliefs, experiences, and attitudes among participants (Bryman, 2008; Babbie, 2013). The research team included a female researcher with expertise in cross-gender research on sensitive topics, involving participants of different genders. The Men’s Advice Line facilitated access to prospective male participants, who were referred to the researcher via email for further contact.

The study aimed to recruit heterosexual male victims who self-identified their experiences as abusive within relationships with female partners. Inclusion criteria required participants to have realistic expectations of the research process, understanding that the researcher could not provide counselling or expert advice. Purposive sampling was employed to select participants. A total of 38 referral emails were received, including seven from migrant men. The response rate was 5% for non-migrant men and 21% for migrant men. Data analysis, based on responses from 10 male participants (including two migrants), reached saturation, indicating that further participants did not provide new insights relevant to the research aims. As a result, the research sample comprised eight white English men and two migrant men (nationalities withheld for confidentiality reasons). Among the participants, half were no longer in abusive relationships, while the other half remained in such relationships.

Table 1. Research sample

Participant’s number	Participants’ age	Length of relationship	Familial status
1	45	10 years	Married with two children
2	38	10 years	Married with three children
3	32	8 years	Married with one child
4	31	9 years	Married with three children
5	52	15 years	Married with three children
6	42	6 years	Married with one child
7	26	2 years	In partnership, no children
8	41	10 years	In partnership, no children
9	49	9 years	Married with one child
10	27	5 years	Married, no child

3.2 Data Collection Procedure

Data collection occurred between March and June 2023. Most participants engaged in online Teams interviews shortly after initial contact via email. Despite efforts to enhance visibility among migrant men, many referred individuals did not respond, possibly due to language barriers or concerns about their visa and settlement status. These findings are consistent with Westmarland et al. (2021), who highlighted threats and control dynamics within migrant communities. Conducting online semi-structured interviews via Teams was deemed the most suitable method for data collection, as participants were located in various regions across the UK. The researcher used [name deleted for peer review] University’s Teams account for the security of conducting and recording the interviews. The interviews were conducted in

English and lasted for a maximum of 60 minutes. An interview guide was used as a flexible tool to assist the researcher in maintaining a structured conversation. Broad, open-ended questions were asked first, gradually introducing more narrowly focused questions about more sensitive issues. Questions included the background to the abusive relationship, the abuse experienced, the consequences of the abuse, the experience of dealing with the police, and the level of support received.

3.3 Ethical Consideration

The research proposal was approved by the [name deleted for peer review] Ethics Committee. Active steps were taken to ensure that participants were fully informed about the study, including its aims and the intended future use of the data. Participants were assured of confidentiality and anonymity, and provided their consent to participate at the start of the interview. A clear protocol was established to outline the actions the researcher should take if participants became distressed at any stage of the research process, from initial contact through to post-interview. Names, dates, locations, and other identifying information were removed from the transcripts to protect participants' confidentiality.

3.4 Researcher's Positionality

My position as an outsider, due to my gender, nationality, accent, and occupation as a [deleted for peer review] female researcher studying male victims of IPV, facilitated a deeper understanding of the social and cultural dynamics at play. This helped to contextualise the findings within a broader framework. It appeared that the male victims felt more comfortable opening up to me, perceiving me as more empathetic and less judgmental, which led to richer data. This dynamic also challenged and disrupted traditional gender stereotypes, fostering a more nuanced understanding of male victimisation and its complexities. However, I must emphasise that my aim is not to minimise or resolve the appalling incidents of violence against women, nor do I seek to de-gender the problem of IPV. As a feminist researcher, gender-related issues are my main concern. I believe that feminist research must engage more deeply with the issues surrounding the use and abuse of power by women in intimate relationships, as understanding power relations is fundamental to feminist research. This is particularly important during and post-COVID-19, where women's experiences of being victims of IPV were the prime focus of many researchers, and minimal attention was paid to male victims' experiences of IPV. Therefore, the aim of this paper is to fill this gap and increase the visibility of men's perceptions, experiences, and challenges they face in relation to IPV during and post-COVID-19. The researcher was responsible for conducting the research and data analysis to avoid bias.

3.5 Analysis Strategy

NVivo 14 was used for data analysis, with interviews transcribed verbatim. Framework analysis was employed to analyse the interview data, following the five stages of familiarisation, identifying the thematic framework, indexing, charting, and mapping and interpretation. Framework analysis helped the researcher capture the richness, depth, and diversity of the data (Gale et al., 2013). It is similar to thematic analysis but is essentially a comparative form that uses a prearranged structure of inductively and deductively derived themes (i.e., frameworks) (Goldsmith, 2021). This method was selected and favoured over other analysis techniques because of its highly structured approach, which enables easy tracking of data categorisation and analysis. Additionally, it aids in identifying consistent patterns and themes, contributing to data saturation by ensuring that all variations and commonalities across the responses are thoroughly explored (Saunders et al., 2018). The

method suited the aims of this study well, as it allowed for the exploration of predefined areas while remaining open to unexpected findings.

Each transcript was analysed separately to ensure that individual experiences were preserved, allowing for the identification of different ways victims may have experienced abuse. The analysis process was iterative, with subthemes continually refined and data reconsidered until the final analysis was completed. Sharing the initial analysis with other experienced qualitative researchers unfamiliar with IPV literature helped improve the analysis process. The diversity of viewpoints was beneficial in avoiding bias and incorporating the researcher’s perspectives into the data. Given the dual roles of researcher and data analyst, the researcher engaged in peer debriefing with a colleague of comparable expertise. This process aimed to ensure the accuracy and credibility of the findings while minimising potential bias.

4. Research Findings and Discussion

This section presents the study’s results and discusses the identified themes. The challenges to masculinity, including the shame and humiliation of being a male victim of IPV and emotional exploitation, were found to overlap with all the themes in this study. The main reasons for under-reporting IPV to the police, social services, or even family and friends appear to be isolation, stigma, and the culpability associated with masculinity and abuse. This is supported by findings from other studies, which suggest that few male victims are prepared to report their experiences of IPV to the police due to fear of disbelief, mistrust, and lack of service provision, all of which intensify the experience of abuse (Morgan & Wells, 2016; Bates et al., 2019b; Powney & Graham, 2019). Similarly, my findings show that experiencing abuse is extremely difficult for men because it challenges the normative masculine traits they have grown up with and shifts their masculine identity. Three main themes were identified within this study. The main themes, relevant subthemes, and the number of participants who echoed the themes are showed in Table 2.

Table 2. Number of participants who echoed the themes

Main theme	Subtheme	Number of participants contributing to the theme	
4.1 Multiple forms of abuse	4.1.1 Physical abuse	9	
	4.1.2 Financial abuse	8	
	4.1.3 Sexual abuse		9
			2
4.2 Coercive controlling behaviours	4.2.1 Micromanaging	9	
	4.2.2 Using children as a means of control	7	
	4.2.3 COVID-19 as a context for perpetrating coercive control	10	
4.3 Institutional failure of treating male victims	4.3.1 Secondary victimisation	10	
	4.3.2 Lack of professional support	10	

4.1 Theme 1: Multiple Forms of Abuse

The demonstration of different forms of abuse here is not outlined within the broader perceptions of control and gender. Instead, the themes are drawn from participants’ responses, recognising themselves as victims of a continuous pattern of abuse in their intimate relationships.

4.1.1 Physical Abuse

The findings of the study suggest that many participants experienced a pattern of abuse rather than a series of isolated incidents. Almost all the participants reported experiencing different forms of physical abuse, such as punching, kicking in the groin, choking, slapping, pushing, throwing objects like mobile phones, and flipping plates of food. These experiences predated the pandemic, continued during it, and persisted afterwards. Some participants tended to minimise the impact of physical abuse due to being men and physically strong, and some did not even recognise these acts as forms of physical abuse until they sought help. Participant five, aged 52, who has lived with his partner for 15 years, states:

‘During the first lockdown, we were both frustrated with the isolation. She pushed me couple of times and punched into my chest as always. But one night that we had a fight, she slapped me hard in the face. It was painful but did not leave any injury. I didn’t think of that as physical abuse until I spoke to Men’s Advice Line. I even didn’t report it to the police’.

For some men the visibility of abuse is linked with having severe marks and bruises which seem to challenge men’s limits of masculinity through testing their ability to tolerate the pain.

For others the repetition of physical abuse over the years particularly during pandemic had made it invisible to the extent that they have internalised the abuse and do not recognise the battering as a form of physical abuse. Participant two, age 38 states:

‘We are married for 10 years, when she gets angry she always punches me into my arms and chest. During lockdown one night we had a very loud argument, she punched me very hard. Few days after I called GP for the chest pain but did not disclose it because I thought punching is reaction to her anger’.

The routinisation and normalisation of abuse, along with its acceptance by both victims and perpetrators, were common themes across most accounts. Other studies have similarly indicated that for male victims of IPV, certain abusive behaviours, like pushing and shoving are often perceived as normal interactions between couples (Collinson, 2009; Bernardino et al., 2016). However, what stands out in this study is the emphasis on the invisibility of violence, highlighting concerns around male victims’ self-victimisation and their acceptance of abuse. This invisibility allows female abusers to justify their actions, downplay the severity, and reshape the situation to further harm their male partners. Male victimisation, particularly in cases of physical abuse, is so closely associated with female experiences that men who are victimised are often viewed as being feminised. These entrenched gender stereotypes can lead to distrust, lack of responsiveness, and even ridicule or hostility from legal and healthcare professionals when a man claims he has been physically abused.

Some participants refused to defend themselves because they believed that hitting women would be neither manly nor civilised. Others felt that a ‘real man’ should never hit a woman. For example participants one age 45 states:

‘Over the past five years, she has hit me several times, but I never defended myself. I didn’t want to be seen as the man who hits his wife. I wanted to be seen as the real man everyone expects me to be, so I kept quiet and took it. It was hard, but I felt trapped in that image, like if I reacted, I’d be judged differently’.

These perceptions of socialised masculine traits suggest that men may unconsciously fail to recognise various forms of IPV, leading to the construction of IPV as a socially embedded phenomenon. This perspective can be problematic, as male victims are more likely to be disbelieved (Machado et al., 2016; Bates et al., 2019), perceived as untrustworthy (Walker et al., 2005), and their victimisation may be perpetuated by service providers and the broader criminal justice system.

4.1.2 Financial Abuse

For most men, financial abuse, specifically the desire to control one's finances worsened as a result of the post-COVID economic fallout and the recent economic crisis. This form of IPV was the primary reason men contacted the helpline. Their accounts reveal a high prevalence of financial abuse and pressure, leading to significant psychological burdens during and after the pandemic. Many shared experiences of the perpetrator misusing joint accounts, exerting financial control, and engaging in exploitation during and after the COVID-19 pandemic. Some of these actions were intertwined with coercive and controlling behaviours.

We were married for eight years and she constantly controlled me and used the child maintenance to threaten and exploit me. If I was not paying money on time for the baby I was not allowed to see her again. During the pandemic and even after, she was constantly asking me for money to spend on her luxurious lifestyle (participant three, age 32).

Phrases such as 'feeling like trash' and 'being financially exploited' were common among the respondents. While crying out loud, participant eight age 41 was describing how he was financially abused:

After being in relationship for ten years, she became my business partner, and for six years, all the money went into her bank account. I worked tirelessly during COVID so she could live comfortably and buy whatever she wanted. I am depressed!! She spent a lot throughout the pandemic. It turned out that she'd already been planning it with solicitors for about a year before COVID, on how to protect what was seen by her as her assets, which all these assets were what she'd took off me, I feel like a trash now.

The excerpt above illustrates how financial abuse was closely intertwined with emotional abuse and controlling behaviours, as the participant was manipulated over the years, particularly during the pandemic, while serving as the main income provider for the family. Some male participants could not afford to rent housing and were forced to seek refuge, although finding shelter space was difficult. Similarly, Westmarland et al. (2021) argue that female perpetrators use financial abuse to coercively control male victims' finances. The post-pandemic period and the recent economic crisis left victims in a vulnerable position, feeling economically devastated and unable to recover financially. The findings of this study indicate that financial abuse has significantly worsened men's mental health, leaving them feeling trapped and hopeless. As participant nine, aged 49, expressed, 'I felt like I was drowning, unable to escape, and the constant financial control made it worse. It was as if there was no way out'.

Many participants reported heightened anxiety, depression, and a sense of isolation as they struggled to cope with the financial strain. The constant stress of economic instability can lead to a decline in overall well-being, making it difficult for them to see a way out of their situation. This cycle of abuse and its psychological impact highlights the urgent need for targeted support and resources for male victims of financial abuse.

4.1.3 Sexual Abuse

Another finding from the analysis is the occurrence of Force-to-Penetration (FTP), equivalent to rape. Although this form of abuse was reported less frequently, it is possible that some participants did not classify their experiences as rape or were too embarrassed to disclose it. Two out of ten participants reported being forced to have sex by the female perpetrator during the pandemic. Both participants who were forced to penetrate, did not recognise themselves as victims until they visited their GP. Participant seven states:

‘She used to enjoy going to the pub, but because of the isolation rules, she couldn't go. One night, after getting really drunk, she had a strong urge for sex. But I told her that I was not up for it. She threatened me that if we don't have sex she is going to send the sexy voice chats we had to my friends. I was naive and listened to her. She did it two times and I was asking her to stop (Participant seven, age 26).

I went to sleep, then I heard she came into the room. I then realised she was doing something with my hand. She fastened my right hand with a handcuff to the bed so that I couldn't move and then forced me to have sex. She was shouting using f** words. I went to the GP the next day because of bruises on my penis. I didn't, and still don't see myself as a rape victim; I just felt disgusted and hated myself' (participant eight, age 41).

Both respondents were forced to penetrate the perpetrator's vagina through various forms of coercion. FTP refers to situations where a male victim is forced to penetrate the perpetrator's vagina, mouth, or anus with his penis without consent (Weare, 2018a). In England and Wales, FTP is not legally recognised as rape. Instead, perpetrators are charged under other offences in the Sexual Offences Act 2003, such as sexual assault or causing a person to engage in sexual activity without consent. This highlights the difficulty in acknowledging rape when male victims and female perpetrators are involved. When men are raped by women, they are often expected to 'man up' and cope with it; otherwise, they may be perceived as having secretly enjoyed the experience. These attitudes highlight the influence of gender expectations on men and the reinforcement of hegemonic masculinity (Connell, 1995), which male victims are expected to embody. In this context, the societal perception that men are physically and sexually stronger than women, and the assumption that 'men cannot be physically forced to penetrate women' contribute to the emotional and psychological harm experienced by male rape victims. Both respondents had attempted suicide, though unsuccessfully, and had only shared their experiences with professionals.

In the same context, Bates and Weare (2020) argue that male rape victims often question their masculinity and victimisation, as this challenges or contradicts traditional notions of male power, strength, self-reliance, and independence. Similarly, Javaid (2017) highlights the challenges faced by male rape victims, such as societal rejection and a reluctance to engage with the criminal justice system. The emotional distress, such as fear and shame, experienced by male victims undermines their sense of masculinity, particularly as they are victims of a crime typically perceived to affect only women. As my findings suggest, the toxic and damaging gender expectations that men should always be the initiators of sexual intercourse make it difficult for them to be recognised as rape victims. As a result, they are often ignored, further victimised, and their sexual victimisation is likely to be underestimated.

4.2 Theme 2: Coercive Controlling Behaviours

Coercive control is a framework developed by Stark (2007) that encompasses a pattern of acts, including assault, threats, humiliation, and intimidation, all of which can harm an individual's well-being, self-esteem, and self-confidence. Coercive control was introduced as a criminal offence in England and Wales in 2015 and in Scotland in 2019, and it is gender-neutral in its legal application. However, few studies have focused on the experience of coercive control and its various forms in the UK when the perpetrator is a woman and the victim is a man (Westmarland et al., 2021; Bates & Weare, 2020).

Coercive control emerged as a central theme in all respondents' perceptions of their abuse both during and after COVID-19. The study highlighted a broad spectrum of coercive controlling behaviours that the men experienced, especially during this time. Examples include controlling and reading messages on their mobile phones, dictating their diets during lockdown, blocking calls from others, enforcing specific hairstyles, belittling,

micromanaging, gaslighting, and making false allegations of rape and sexual assault. The findings suggest that coercive control tactics differ when the perpetrator is a woman. Data indicates that female perpetrators employ hegemonic masculine ideals—such as being the primary breadwinner and guardian of the family as strategies to control and manipulate men into complying with their demands. These tactics exploit traditional gender roles and societal expectations, making it challenging for male victims to recognise and report the abuse. As a result, men may feel emasculated and powerless, which deepens their victimisation and isolation. This highlights the need for tailored support services that address the unique dynamics of female-perpetrated coercive control. Participant one age 45, states:

‘She used to moan a lot that what kind of a man you are because we don’t have sexual intimacy when she desires. She used to tell this in front of everyone to humiliate me. The other occasion after pandemic we were in the airport, and I had to leave her for few minutes to help an old lady. Again she made a big deal that you must help your own family first and then help others.

She used to compare me with other men that why I do not earn enough because I am the main protector of the family and must take responsibility for the finances.’

These experts note that female partners may sometimes expect men to conform to hegemonic masculine ideals, employing power, dominance, and tactics like belittling and threats as part of a larger coercive strategy. This gendered pressure can make it difficult for male victims to acknowledge their abuse, as admitting to being controlled or dominated contradicts these deeply ingrained ideals.

4.2.1 Micromanaging

Some participants experienced extreme forms of micromanagement as part of the perpetrators’ controlling behaviour, particularly during the pandemic, which led to feelings of loneliness and the loss of friends.

‘I have ADHD. During the pandemic, the doctor advised to bring down the dosage of medicine if I get better. It was very hard for me to feel it. So I’d ask her if I was better or not better and she’d say, “No you’re not better, you need to increase the dosage.” Again I didn’t realise at the time because I had no one to talk about. When the restrictions were over I asked GP and then realised she was fooling me’ (participant six, age 42).

Participants eight age 41 states:

‘She controlled every aspect of my life, from what I wore to where I went, always checking in on me. It was like I was being micromanaged every moment of the day. I felt suffocated, like I couldn’t breathe without her permission’.

The impact of micromanaging included men describing their situation as being between a ‘hammer and anvil’, which had a significant effect on their mental health, leaving them isolated and scared. This created an environment where their autonomy was stripped away, leaving them feeling helpless and trapped. The emotional toll of such constant scrutiny contributed significantly to their mental health struggles, including feelings of isolation and fear. As Bates and Weare (2020) point out, this sense of entrapment often resulted in heightened anxiety and depression, as they struggled to navigate the constant scrutiny and control imposed on them. The isolation further compounded their distress, as the participants felt unable to reach out for support or share their experiences with others, leading to a deepening sense of loneliness and despair.

4.2.2 Using Children as a Means of Control

The feeling of being controlled through children was another common mechanism reported by several respondents, resulting in emotional and psychological impacts on both them and the children.

She was inventing allergies for the children based on her own fabricated stories. I say that because in the Family Court proceedings, I actually got the evidence it was an anxiety disorder, not allergies. She wanted to home-educate the children for not being abused at school. I was not allowed to ask my children about their studies because I was not in charge of their education same as taking them to GP to check their allergies (participant five, age 52).

The distress and anxiety experienced by the participants fostered a sense of hopelessness and entrapment in their relationships. This likely restricted their ability to leave, reinforcing the control over them. In some cases, pregnancy, miscarriage, and hormonal changes were exploited to tighten that control even further.

She had a miscarriage and blamed and threaten me to be nice to her .She lied to her family about miscarriage and accused me falsely for giving her anxiety that led to loss of the baby (participant seven, age 26).

The excerpt shared by other participants highlighted reproductive coercion, such as becoming pregnant again, which was intertwined with financial abuse that forced men to comply with the perpetrators' financial demands. The responses also indicated that the hegemonic masculine ideal of a 'good father' was used to exploit and undermine men's sense of fatherhood. In a similar context, Morgan and Wells (2016) argue that using children as a tool to exert additional control diminishes the victim's autonomy, thereby enabling and reinforcing further abuse.

4.2.3 COVID-19 as a Context for Perpetrating Coercive Control

COVID-19 was identified as a context for the further insertion of coercive controlling behaviours. Some participants felt pressure not only to fulfil their masculine roles as primary breadwinners but also to endure various forms of coercive and controlling behaviours unique to the pandemic context. These included being forced to engage in excessive handwashing, being lied to about test results, and experiencing screaming and yelling regarding the pandemic situation, as well as working hard under pressure in isolation. For these participants, finding help and support was extremely difficult, and the lack of social contact, along with lockdown restrictions contributed to the perpetration of coercive control.

'I had a very stressful job and during COVID was under pressure. I remember one day I had a terrible headache , my ex-wife asked me to do a test. I did, then went to sleep. Later she came to the room shouting that the test was positive. She forced me to go to the shed and stay there for 10 days!! I was imprisoned , sleeping and working in there. She then confessed; my result was negative' (participant 10, age27).

'During COVID I didn't have any break because she found it too stressful to look after the kids. I had to look after them in my break and then go back to work . I was responsible for her not being able to see her friends during COVID. I was under extreme pressure and haven't recovered yet' (participant 1, age 45).

While the practices of coercive control are rooted in structural and gender inequalities that existed before COVID-19, it is clear that the risks and consequences of such abuses were heightened by the pandemic. The men in the study by Westmarland et al. (2021) observed

that perpetrators seemed more stressed or on edge during this time, resulting in increased tension in their relationships, which they felt further exacerbated the abuse.

4.3 Theme 3: Institutional Failure of Treating Male Victims

Institutional failures of public services, such as family courts and the police, in addressing the needs of male victims emerged strongly in relation to the lack of professional support available to men. Almost all participants believed there was systemic gender discrimination in how male victims of IPV are treated by the police. Some men expressed reluctance to call the police, particularly during the pandemic, due to long wait times, and did not report their victimisation for various reasons, including gender bias, a lack of awareness about male IPV victims, and distrust of the police. It is evident from the responses that, in some cases, the police hold gender-biased attitudes that influence their responses to IPV-related situations.

4.3.1 Secondary Victimization

It was evident that men experienced negative attitudes and emotions towards the police and the broader criminal justice system. Lack of confidence, mistrust, and feelings of disbelief in the police, along with a sense of being unsupported, were apparent from the data. It is important to note that these experiences predated the pandemic and continued during and after it. Maltreatment from the police and the wider criminal justice system tends to increase the likelihood of self-blame, lower self-esteem, and ultimately generates secondary victimisation (Hines & Malley-Morrison, 2001; O'Brien et al., 2005; Powney & Graham Kevan, 2019). Participant six states:

'I was arrested based on false allegation which I presented proofs for that. I made a complaint against the police based on sex discrimination ; the funny thing is that complaint by police is investigated by the police. I complained about her to the police, but they said they are not going to do anything to her. I asked why? They said because we do not want to discourage women to come forward. I am victim of bunch of lies and sex discrimination by police' (Participant 6, age 42).

'I have zero confidence in the police. I called them and said I am going to complain against you to European Court of Justice ,they cut off the phone. This is another discrimination when a man tries to fight for his legal right, the police hung up the phone . I changed the lock, she came home with an officer, and the officer tried to interrogate me , but he must be neutral. How a man can feel safe with the police if there is a systemic discrimination!!' (Participant eight, age 41).

The excerpts above indicate that traditionally biased views of IPV contribute to the secondary victimisation of male victims through the responses of institutional services like the police. Literature suggests that secondary victimisation of male victims is prevalent among the police, characterised by attitudes and behaviours that are dismissive, aggressive, and victim-blaming (Rumney, 2008; Javaid, 2017). These attitudes stem from false perceptions and harmful stereotypes, often expressed through homophobia, disbelief, and hostility (Walker, 2004). The data from this study suggest that secondary victimisation has psychological effects on male victims, which are exacerbated by a lack of understanding of their needs. The failure of the police to recognise and validate IPV among men ultimately undermines male victims, perpetuating patriarchy and reinforcing traditional gender norms and ideals.

4.3.2 Lack of Professional Support

The responses from participants in this study reveal how various factors, including gender, social class, and immigration status, significantly influence the process of seeking help for IPV. One of the primary challenges identified is the systematic gender bias within service providers, with male victims often perceiving that their gender acts as a barrier to accessing resources and support. This gendered discrimination is compounded for migrant men, who

face additional challenges, particularly related to language and cultural barriers. Migrant men reported experiencing heightened difficulties in accessing help due to language barriers, which made it almost impossible for them to explain their experiences of abuse. As Participant seven age 26 states:

‘The challenges I faced in finding help were not just about the abuse itself, but also about being a man. It felt like services just weren’t set up for me. I’m a migrant too, so language was a huge barrier, and when I tried to get help, I could tell they didn’t take me seriously. It was like I wasn’t supposed to be the one asking for support. The whole system seemed to favour women, and as a man, I felt like I didn’t belong in that space’ (Participant seven, age 26).

This sentiment is echoed by Participant ten, age 27, who highlights the additional layer of difficulty created by both language and cultural differences:

‘It’s really tough going through this as a man, especially as a migrant. The language and cultural barriers made it almost impossible to explain what was happening to me. Even when I found someone who could understand, it felt like they didn’t know how to actually help me.’

These statements reflect how migrant men not only face the gendered bias that male victims commonly encounter, but also the added challenge of overcoming language and cultural differences, which significantly hinder their ability to access appropriate support.

While migrant men face compounded issues of language and cultural barriers, non-migrant men also experience difficulties when seeking help for IPV. They, too, struggle with gender biases in service provision, often finding that the system is not designed to support male victims.

Participant two age 38 describes his experience:

‘You go on Google and search “male victim of domestic abuse help.” I think “refuge” comes up first, and then you go on “refuge;” “we won’t help you.” I found Men’s Advice Line, who was great, but it’s like triage at a hospital; there’s no doctor after. So if you go in with your leg hanging off, they triage you, they go, “Yes, your leg’s hanging off.” If you’re a woman, you get everything; if you’re a man, you get a bit here, bit there.’

This quotation highlights the perception that male victims of IPV receive minimal support compared to women, often being left in limbo after initial contact with services. This issue is compounded during and after the pandemic, when services were disproportionately allocated to female victims, further marginalising male survivors.

While both migrant and non-migrant men face systemic gender bias in IPV services, migrant men are uniquely disadvantaged by additional barriers such as language difficulties and a lack of culturally sensitive services. Non-migrant men may be able to navigate these challenges more easily due to familiarity with the language and culture, but they still encounter significant barriers in accessing appropriate help. Both groups report feeling excluded and unsupported, particularly during the pandemic, when services were often focused on female victims, exacerbating the existing gender disparities.

The experiences shared by participants in this study align with findings from previous research (Morgan & Wells, 2016; Bates, 2019a; Powney & Graham, 2019), which indicate that male victims of IPV in the UK often face exclusion from essential services such as housing, legal support, and outreach. The prioritisation of women’s services during the pandemic further marginalized male victims, deepening the gendered barriers they already faced. Participants expressed frustration over the lack of recognition and public awareness of male victimisation, which contributed to feelings of shame and reluctance to seek help.

This study suggests that significant policy reforms are necessary to ensure equal access to IPV services for male victims. These reforms should include increasing funding for

specialised programmes for male victims, enhancing staff training to address gender biases, and fostering public awareness campaigns aimed at destigmatising male victimisation. Without these changes, male victims, especially migrant men will continue to face systemic barriers, remaining overlooked and unsupported in a system that fails to meet their needs.

5. Implications for Practice and Future Research

The findings of this study suggest that participants have experienced a wide range of physical, financial, and sexual abuse, as well as various forms of coercive control during and after the COVID-19 pandemic. While a few studies have documented such incidents during the pandemic, this study provides one of the more in-depth explorations of these experiences, creating a space for men to share their accounts. It is evident that the pandemic challenged existing gender power dynamics, as the men who participated in this study encountered new forms of coercive controlling behaviours while trying to fulfil their masculine roles as protectors and breadwinners. This has had a significant impact on their mental health and well-being, which many continue to struggle with.

The findings contribute to the understanding of a new form of coercive control in which female perpetrators use hegemonic masculine ideals to manipulate male victims, placing them into patriarchal gender roles to comply with their demands. This adds a new dimension to the dynamics of coercive control, as male victims may be unaware of their coercive manipulation while adhering to traditional masculine traits in an effort to perform their manhood. However, this contrasts with the coercive control framework, which is described as a gendered process that deprives women of equal personhood and liberty (Stark, 2007). This highlights the need to move beyond the discourse that defines violence and control as inherently masculine behaviours, allowing for a better understanding of the various aspects of men's victimisation in IPV. It is clear that men are suffering from a 'crisis of masculinity' as a result of secondary victimisation. This is supported by discussions around male rape myth acceptance, victim-blaming, disbelief, and maltreatment from the police and the wider criminal justice system, all of which contribute to the secondary victimisation of male survivors. These issues must be taken seriously and warrant further study. Support services need to recognise that male victims of IPV are often unlikely to acknowledge the seriousness of their feelings regarding any type of sexual violence, particularly rape.

To effectively address the challenges faced by male victims of intimate partner violence (IPV), it is crucial for practitioners and policymakers to prioritise understanding the nature and impact of negative male rape stereotypes. This understanding should inform the development of targeted training for police forces and front-line service providers, enabling them to identify and challenge their own implicit biases towards male victims. Both academics and practitioners must also deepen their understanding of the mechanisms used by IPV perpetrators, particularly regarding direct and secondary victimisation, to enhance intervention strategies.

In light of the influence of English law on police and service providers' perceptions, male rape victims are often disbelieved or inadequately supported. Therefore, it is vital to evaluate whether public and front-line services perpetuate or challenge male rape myths in society. Policymakers and service providers should assess how these myths shape the treatment and support of male rape victims, and implement measures to ensure that victims receive the care, validation, and justice they deserve. This approach will improve outcomes for male victims and help dismantle harmful stereotypes that limit their access to essential services.

With the rise in the number of male victims of IPV in the UK (ONS, 2020), particularly during and after the pandemic, this study highlights the need for holistic professional support

for men, similar to that provided for female victims. It is essential to develop more male-centred services for IPV victims that are inclusive of all men, regardless of their nationalities, cultural backgrounds, or sexual orientations. These services must be designed to address the unique needs and experiences of male victims, acknowledging the diversity within this group. This includes considering the intersectional factors that may influence how different men experience IPV, such as race, ethnicity, immigration status, and socio-economic background, and ensuring that practitioners, police, and healthcare professionals are aware of the specific gendered barriers that prevent men from accessing services free from bias. The dominant public discourse around IPV is shaped by normative perceptions of masculinity and femininity, which reinforce the female-victim, male-perpetrator narrative. Addressing this issue requires raising awareness and engaging communities and educational institutions through campaigns and scholarly collaboration to make male victims more visible and ensure they receive appropriate support.

The findings of this study must be viewed in light of its limitations. The results from the interviews cannot be generalised to the wider population; the sample size of ten may not necessarily represent the broader demographic that professional services engage with when dealing with male victims of IPV. Therefore, I encourage future research to include larger sample sizes, including migrant men, to enable findings to be generalised to the wider population. Employing both qualitative and quantitative methodologies will also help to examine the nature and patterns of male sexual victimisation from a gender perspective.

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