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Characteristics of men who seek help from an Irish domestic abuse helpline:  
the MENCALLHELP study

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## **Abstract**

Domestic violence and abuse (DVA) within relationships is a worldwide problem which has detrimental direct and indirect consequences. Indeed, the negative health effects of DVA have been evidenced both nationally and internationally. It is also increasingly acknowledged that men experience DVA, and the gendered experience of DVA by those who identify as men has been explored in recent studies and reviews. However, there is still little known about how male victims of DVA utilise support services, particularly in countries like Ireland where masculinity stereotypes may be particularly powerful. In the present study, an exploratory statistical analysis of 10 months of retrospective contact data from an DVA support service based in **Ireland** was conducted, which included 3181 contacts made by 1093 individuals. Of this 2507 contacts were made by 715 men. Analyses provided evidence as to who contacts the service, what kinds of DVA are reported, how these behaviours are reported, and what kinds of outcomes result from this contact. Of the 715 men who made contact, they were most likely to be married, living apart from their partner, between the ages of 35 and 54, with an average of 2.1 children. All types of DVA were reported but psychological abuse was the most common, with 69.5% of the 2507 contacts from male victims containing a report of psychological abuse. Contact was made by telephone in most cases (80%) and information was the most common outcome, being provided on 55.2% of contacts. Results provide important information about the utilisation and characteristics of calls received by an Irish DVA support service, which will inform the enhancement of services provided to vulnerable men and their families.

**Keywords** – Domestic Violence and Abuse, Masculinity, Helpline, Men, Help-seeking

## **Introduction**

Domestic Violence and Abuse (DVA) and more specifically Intimate Partner Violence (IPV) represent global health problems affecting people of all genders, imposing significant burdens on health and social services and long-term consequences for victims (Scott-Storey et al., 2022). Often used interchangeably within the literature, IPV refers to any behaviour within an intimate relationship (past or current) that causes or has the potential to cause physical, sexual, financial or emotional abuse, including psychological abuse and coercive control, whilst DVA describes the same behaviours but includes violence between other known parties, such as family members (Watson & Parsons 2005). Traditionally recognised as a gendered issue particularly affecting women, DVA is increasingly being investigated as a crime also perpetrated by women against men. However, DVA is still predominantly recognised as a ‘female experience’, leading to difficulties in men identifying themselves as victims of abuse (Hine et al., 2021). Moreover, societal constructs of masculinity also impede men from showing emotional vulnerability more generally, which further prohibits recognition of victimisation (Hines, 2015). This is no more so the case than in **The Republic of Ireland (referred to in this paper as Ireland henceforth)**, where such norms are widely recognised (Watson & Parsons, 2005). At present, there is limited contemporary evidence on the experiences and needs of male DVA victims in Ireland, a gap this study seeks to address through a review of caller data to a helpline for such men.

### **Experiences of Male Victims of IPV**

Recent literature reviews (Scott-Storey et al., 2022) and large-scale quantitative client case reviews (Hine, Bates, Mackay et al., 2022; Hine, Bates, Graham-Kevan et al., 2022) of men’s experiences of IPV illustrate that knowledge about male victimology and help-seeking behaviour is proliferating. The abusive behaviours men disclose range from physical, psychological, and sexual violence to financial abuse and controlling tactics, such as using

children to further abuse (Corbally, 2015; Hine et al., 2020; Hine et al., 2021; Jovanoski and Sharlamanov, 2021). Men also report verbal abuse and physical aggressions with children present to prevent retaliation (Bates, 2020; Walker et al., 2020), gaslighting, monitoring/restricting movement/technological surveillance or stalking, insults or other tactics by which victims feel humiliated, denigrated, undermined in public and/or threatened (Bates, 2020), including intimidation, destruction of property, parental alienation (Hine & Hine, 2022), or threats of taking the children away (Nybergh et al., 2016). Studies investigating the experiences of heterosexual men point to coercive patterns of sexual abuse enacted through pressure to comply to societal standards of masculine sexuality and to engage in unwanted or unprotected sex (Machado et al., 2018; Bates, 2020). The frequency and seriousness of abusive episodes appears to be less intense in the beginning of the relationship progressing into more severe forms of violence due to life changes, such as the birth of a child (Machado et al., 2017). The median age of men reporting violence was identified in some studies as approximately 41 years old, with range of callers to helplines aged between 20 and 76 years old (Hine et al., 2022). Bates (2020) highlights the negative physical and psychological impact on male victims of DV, increased risk of depression, anxiety, PTSD, and suicide (Machado et al., 2018; Hines and Douglas, 2018). Moreover, because men internalise their negative emotions and resort to substance misuse and antisocial behaviours to cope with stress and trauma, the long-term impact on their health is substantial (O'Donnell et al., 2020).

Specific abusive behaviours affecting GBT+ men involve deliberate misuse of pronouns and receiving threats of “outing” victims as a form of manipulation (Bacchus et al., 2017; Barnes and Donovan, 2018; Hine et al., 2023; Pentaraki et al., 2017). Sexual violence by way of rape and forced sex is a prevalent theme in testimonies of gay and bisexual men, with some evidence suggesting the use of HIV-related violence such as not disclosing positive status or deliberately transmitting the virus (Dickerson-Amaya & Coston, 2019). Studies

investigating disclosure rates among men reporting same-sex DVA suggest that there is a considerable amount of stigma perceived by GBT men (Laskey et al., 2019). Evidence on men's victimology within both GBT and heterosexual populations suggests there are substantial barriers to abuse disclosure due to shame, fear of ridicule or being perceived by police officers as the initiators of violence (Hine, 2019; Hine et al., 2023; Huntley et al., 2019).

### **Male help-seeking behaviour**

Formal sources of DVA support are available to men (e. g., helplines, health clinics, mental health providers, police), however they are often reported to be unsatisfactory, and male victims of DV tend to prefer disclosing to informal sources, such as family, friends, and online communities (Hine et al., 2021). Inappropriate handling of confidentiality and lack of choice regarding the gender of the service provider seems to be particularly important to male victims of DV, who disclose a preference for receiving help from female professionals (Huntley et al., 2019). While Simmons et al. (2016) claim that men might prefer continuity of care and a long-term relationship with their health practitioners to facilitate disclosure, other studies suggest that male victims of DVA prefer the flexibility of accessing services whenever the situation becomes more tense (Wright, 2016). Studies investigating male use of DVA helplines suggest that men struggled to access the service, indicating a severe lack of resourcing for charities supporting this population (Hine et al., 2021). Men also feared the practical implications of disclosure to formal sources of support, such as not having access to safe accommodation to escape the abuser, as well as the impact on their financial and professional life (Huntley et al., 2019). DVA helpline studies suggest that this population is reticent about disclosing the abuse to their employer, mentioning that a "male victim of DVA" label would not only affect their prospects for promotion but would also change the way they are regarded in the professional arena (Wright, 2016; Wallace et al. 2019). Fear around the breakup of the family and losing their role as father also prevented men from seeking support (Bates, 2020; Bates & Hine, in

press). Moreover, the threat to their masculine identity associated with vulnerability of disclosure overlapped with men's commitment to their relationship with their abusive partner and their children (Huntley et al., 2021). Because barriers to help-seeking are so complex and many stem from gender stereotypes, theory on masculinities has been utilised to understand male victims' relationship with invisibility and vulnerability.

### **Masculinity**

Constructions of masculinity have typically defined men by how they enact a position of social power through accruing adequate masculine capital, such as being strong, stoic, rational, in control, honourable, not asking/needing help, being able to cope regardless of the situation (Connell, 2005; 2020). Hegemonic masculinity thus highlights the relationship between power, dominance, and how men subscribe to gender norms. Traditional masculine norms have thus been suggested to have an impact on the help-seeking behaviour of men experiencing DVA and their difficulties in responding to injury or illness, as these represent antitheses of masculinity (Connell & Messerschmidt, 2005; Huntley et al., 2019). For example, Logoz et al. (2022) claimed that traditional masculinity ideologies were associated with low levels of self-compassion and emotional competence, which support previous theories according to which men ascribe to the model of hegemonic masculinity to ward off anxiety and avoid feeling powerless (Jefferson, 2002). However, authors investigating the links between conformity to masculine norms and willingness to seek help after experiencing DVA show that men with increased levels of self-compassion have less self-stigma and are more likely to disclose the abuse in a formal setting (Komlenac et al., 2022). On the other hand, commitments associated with masculinity, such as marriage and fatherhood have been used by men as rationales for staying in abusive relationships (Corbally, 2015). Violence is integrated in men's perception of masculinity, but as they grow older, alternative, less aggressive ways of masculinity are negotiated (Reilly et al., 2004). This could explain why many studies investigating the profile

of male victims' help-seeking behaviour identifies that this population tends to disclose abuse later in life, around the age of 41 years old (Hines et al., 2007).

### **Masculinity in Ireland**

According to Barr et al. (2019) colonisation, religion, and societal constructs of familial responsibilities have shaped the masculinity of Irish men. The dynamic capacity of hegemonic masculinity to historical contexts is pervasive in Ferguson's (2001) portrayal of the traditional Irish masculine ideal. Stemming from a time when Ireland's economic landscape was agricultural and men's manual labour shaped the land, the traditional construction of masculinity derived from the body's physicality and endurance. The culture of the "hard man" was central to the construction of the working-class male representative (Bairner, 1999, p. 128), who was further shaped by the Roman Catholic Church in his identity within the familial sphere. Heavy drinking is described as a normative coping strategy in Irish culture, used by men as an emotional anaesthetic to provide temporary escape from adversity (Inglis, 1998; Watson and Parsons, 2005), as well as a hegemonic ideal of masculinity associated with strength (Tilki, 2006; Share et al., 2007). Contemporary accounts of men involved in focus groups highlight the fluidity of gender roles as well as the tensions that still define the Irish man, whose identity ranges from hard-working, stoic provider for the family to philandering, carefree rogue (Darcy, 2019).

### **DVA and Male victims in Ireland**

Doyle and McWilliams (2019) investigated the DVA response in Ireland against the backdrop of political and ethnic conflict within the society and highlighted the impact of conservative values on victims' decision to come forward and disclose abuse. These factors are believed to have normalised domestic violence in Ireland and inhibited help-seeking behaviour. **In relation to prevalence, variation in data point times, collection techniques and definitions of DVA have created challenges in creating comparative prevalence for male victimisation. In the last**

prevalence population survey undertaken in Ireland, 6% of men were found to have experienced severe abusive behaviour at one point in their lives (Watson & Parsons 2005). Domestic abuse prevalence data from the United Kingdom identify a 3% prevalence of male victimisation in England and Wales in the previous year (Office for National Statistics 2022) and lifetime prevalence rates of DVA 14.1% have been identified in Northern Ireland (Ross & Beggs 2023).

Male victims in Ireland have been particularly affected by physical, emotional, and financial abuse, coercive control, and administrative abuse (Watson and Parsons, 2005). This holds particularly true within the Irish legal system where only fathers who are married to the mother and the child have automatic statutory rights over children, creating fertile grounds for parental alienation (Purvis, 2019). Stereotypes around fatherhood and lack of legislative protection traps unmarried fathers who are victims of DV in abusive partnerships under the threat of losing access to their children (Corbally, 2015). Drawing attention to biases towards men held by child welfare social workers, Nygren et al. (2019) alerted to the prejudice against fathers at incipient stages of child custody assessments and addressed the need for gender-sensitive policy to encourage the father-child relationship (Nygren et al., 2019). These forms of abuse can have devastating consequences for male victims, who reportedly suffer ambiguous loss from losing access to their child(ren), financial instability and risk homelessness (Bates & Hine, in press; Hine & Bates, 2022).

### **Helplines in Ireland for DV**

Whilst some suggest that Ireland still lags behind in relation to domestic violence policy elsewhere in the UK or in other European nations (Doyle & McWilliams, 2019), efforts have been made to improve responses to victims in Ireland. In the Republic of Ireland, welcome efforts in enhancing responses have been made evident through new provisions within the Domestic Violence Act (2018) which incorporates the exercise of Coercive Control as a form

of domestic violence as well as a recent release of a third National Strategy on Domestic, Sexual, and Gender Based Violence and implementation plan (Department of Justice 2022a, 2002b). In Northern Ireland, a statutory response for victims of DVA through the formulation of a gender inclusive Domestic Abuse and Civil Proceedings Act (2021) and a seven-year strategy program Stopping Domestic and Sexual Violence and Abuse (Department of Health and Justice Northern Ireland 2022) undeniably represents progress in this country also. However, whilst there is now high familiarity with the existence of helplines (National DV Helpline, Men's Aid and Men's Advisory Project), only seven per cent of male victims sought support from formal organisations, with ninety per cent moving in with family or friends after the relationship breakdown instead of accessing a victim refuge; and one third never told anybody (Watson & Parsons, 2005). Crime statistics from the Police Service of Northern Ireland (PSNI) suggests a 43 per cent increase in incidents of domestic violence reported to the police compared to the level recorded in 2004/05. Moreover, 33,108 cases of domestic abuse incidents reported to the police in the 2021/22 period represents the highest level recorded. It is of note that 32% of these cases are male. Similar upward trajectories of cases reported to police are evident in Ireland with 2021 with 12,993 reported cases increased by 2350 on 2020 (22% increase) (An Garda Síochána 2022). The fact that 23% of reported cases are male highlight that whilst some men are reporting DVA, it could be argued that the lower figures perhaps highlights ongoing struggles for men disclosing victimisation. Disclosure rates for DVA remain low, with official statistics show that out of a total of 1,209 respondents of NICS, six-in-ten victims (63.4%) did not disclose their abuse to the police, 21% did not consider DV to be a crime and 12.3% accepted domestic violence as "just something that happens" (2015/16 Northern Ireland Crime Survey, 2017). Where men experiencing DVA are concerned, it is suggested that a better understanding of the men who make use of these

services and the reasons they seek help may enable support services to develop more effective outreach strategies to encourage these men to make contact.

### **Helpline studies**

Studies of helplines in the UK helped provide a male victimology profile, as well as the kinds of support accessed through DV services. According to recent large-scale quantitative data analysed by Hine et al. (2021), psychological abuse was the most common form of IPV disclosed by male victims (81.8%), followed by physical abuse (66.1%), controlling behaviours (48.1%) and financial abuse (32%) (Hine et al., 2021). According to Hine et al. (2021), male victims of DV engaged with the helpline for emotional support (94.3%), for obtaining information and general advice (71.1%) and/or for signposting to other services (90.4%). A recent review of victim services in the UK and United States have suggested that men remain an “underserved” population with insufficient resources available (Bates and Douglas, 2020). Moreover, the quality-of-service provision is mixed at best according to Hine et al. (2021), who reported that half of the participants in their study failed to get through the helpline call-handlers in previous attempts. Moreover, there are disproportionately fewer shelters and refuge spaces for men, compared with women. Therefore, men’s reluctance to contact support services may be related to their negative interactions with such services.

### **The Present Study**

Men seeking support following the experience of DVA face limited options. At the time of the study, there was only one support helpline in Ireland dedicated to supporting male victims of IPV and DVA. The ‘Men Call Help’ study is the first to conduct an evaluation of an Irish DVA helpline for men. This helpline was established in 1997, it provides a variety of support services including: a telephone helpline 9am-5pm (Mon-Fri), email support service, one to one support sessions, court accompaniment services, counselling, parenting courses and run several outreach clinics in addition to promoting awareness about male victimisation and DVA. Last

year, the helpline responded to 7561 contacts, of which 522 were counselling appointments, 244 were court support appointments and 105 were outreach/one-to-one appointments (Men's Aid Annual Report, 2021). The aims of the MENCALLHELP study were as follows:

- To gain an understanding the typical call characteristics that were documented (e.g. nature of call (crisis or information), call duration, primary motivation for calling, type of DVA documented, and outcome of call) over the study period.

### **Methods**

This is a report on the quantitative phase of a mixed methods study detailing the contact data recorded by an Irish DVA support service. The quantitative phase of the study analysed the characteristics of those who contacted the service over the period from the 1st of January 2016 to the 31st of October 2016, collecting demographic data, details of DVA disclosed, and details of resources utilised by callers. Typically, calls and interactions with staff at this service are firstly recorded manually on paper using a pre-prepared form, before then being transferred onto the computer system used by this support service. The paper records were used as the data source for this study, due to issues with data extraction from the computer system. The records are stored in a locked filing cabinet. The data collection (of the 3181 paper documents) took three-months.

IBM SPSS Statistics (version 23) was utilised to enter data and generate statistics on the basis of this data collected. Two databases were constructed for the purposes of analysis, each supplying different information. A 'Contact' database was constructed firstly using the contact data provided by the helpline service. While collecting data for the 'Contact' database a unique client identifier was applied to the contacts made by each client. This allowed the contacts for each client to be merged, which allowed a client database to be constructed. These databases were used for different purposes, with the 'Contact' database offering information about the services used most often by those making contact, as well as the kinds of abuse that

were reported most often, call duration and call outcome. The client database allowed information to be generated regarding the behaviour of clients, i.e. the number of calls they made, age of client, marital status, location of client, ethnicity, and the number of abusive incidents reported by each client

The paper records also contained a segment for free text. This contained further details regarding the abusive acts engaged in by the perpetrator, as well as a synopsis of what was related by the client and the advice or support offered by the call handler. This information was recorded quantitatively, by creating variables which recorded the presence or absence of a variety of abusive acts, for example ‘slapping’, ‘shouting’, ‘stabbing’, ‘threatening behaviour’, and ‘withdrawal of access’, for example.

A large amount of data was missing from the contact sheets used as the data source. Call and contact recording procedures often involve error and data loss and, in a DVA support service it is likely that clients may be reluctant to reveal some information. This had an impact on the information that was available to the researchers in this case. This missing or lost data was consistent with what has been found in other studies of helplines which made use of the data collected by the service under study (Jefford et al, 2005).

### **Ethical Considerations**

Ethical permission to undertake the study was granted by the Research Ethics Committee in Dublin City University in March 2017 (Reference: DCUREC/2017/032). Given the nature of the helpline service, a strict Confidentiality Policy to protect the privacy of data held by them about their clients was in operation. The data sources which were accessed in this study are recorded as a matter of routine by the service. In negotiating ethical permission to undertake this study, the researchers fully complied with both the parameters set out in the ethics application and also the helpline confidentiality policy.

## Results

This study is broadly concerned with all contacts made to the helpline by self-reported male victims of DV, as well as by friends, family members or other concerned individuals speaking in their behalf, and provides frequencies related to the entire dataset below. However, for the purposes of this study we are primarily interested in data relating to male victims of DVA and their use of support services. Between the 1st of January and 31st of October 2016, a total of 3181 contacts were analysed for the purposes of this study. These were broken up into incoming and outgoing contacts, as well as calls, e-mails, texts, one-to-one meetings and court accompaniment sessions. The most frequent mode of contact with the support service was the telephone call, with this accounting for 2530 out of the total 3181 contacts, or 79.5% of total contacts (see Table 1). This would seem to indicate that, despite the availability of multiple modes of contact, the preferred mode was the telephone.

[Insert Table 1 About Here]

### Victim Profile

The mean age of the male victims of DVA in this study was 45.7 (SD=11.7) and ranged from 21 years to 80 years. Most men did not give their age, with only 361 out of 715 of those who made contact supplying this information. This limits the inferences that can be made about this data. Based on this limited sample of the dataset most of those who made contact were between the ages of 35 and 54. This age group combined accounted for 221 out of the 361 of those who had supplied this information.

The vast majority of clients were male, with only 13 female clients out of 728 (see Table 2). 74.3% of the persons who made contact with the service were male and 14.3% of those who made contact were female. This information was not provided in 11.4% of cases (see Table 2).

Just over two thirds (67.4%) of the sample were Irish, however 21.3% of the sample did not provide this information. Ireland was split into four geographic regions for the purposes of collecting information related to the geographic area in which the men lived. This was based on the four geographic regions served by Tusla (the Irish child and family agency)<sup>1</sup>. The region in which most clients resided was Dublin Northeast (DNE), which accounted for 266 (37.2%) cases. This location also is the area where the service is located.

While most men in this sample were married (55%), **almost half of the men** (49.2%), were not living with the abusive individual. 104 (14.5%) **male clients** did not provide information relating to this variable. Most of the **male clients** (72%), were reported to have children. The mean number of children in a relationship was 2.1 (SD=1.1) based on those cases in which such information was provided (N=525) and the number of children ranged from zero to six across the dataset.

[Insert Table 2 About Here]

### **Other Reporters of Domestic Violence against Men**

**Others contacted the service on behalf of abused men. Of these,** female family members and friends made contact on behalf of male victims of DVA more than male family and friends. 3.3% of callers were male family members and friends calling on behalf of male victims, while 10.2% of callers were female family members and friends calling on behalf of male victims.

**Family (10.7% of clients; 6.0% of contacts), friends (2.9% of clients; 1.3% of contacts), and other (0.5% of clients; 0.2% of contacts) made up a smaller proportion of contacts than men.**

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<sup>1</sup> The charity collects geographic data in this way in order to facilitate the Child Protection Referrals that are sent when it is reported that children were exposed to abuse.

## Abuse Profile

In relation to the perpetrator of violence, 253 male clients (35.4%) reported abuse from a current partner with 295 clients reporting abuse from their ex-partner (41.3%) (see Table 3). A female perpetrator was responsible for the abuse inflicted on 607 (84.9%) clients and a male abuser was reported by 19 (2.7%) clients. The DVA support service organised abuse into the categories 'Physical Abuse', 'Psychological Abuse', 'Verbal Abuse', 'Social Abuse', 'Economic Abuse', 'Sexual Abuse' and recorded the type of abuse endured by callers in the database by using a tick box available on the paper records. 'Physical Abuse' was classified as any form of physical altercation, such as being hit, punched, kicked, as well as many others. 'Psychological Abuse' was defined as any report of threatening behaviour or controlling behaviour, including malicious use of the legal system to obtain legal orders. 'Verbal Abuse' was defined as any report of verbal degradation, including name-calling, shouting, screaming and many others. 'Social Abuse' referred to intentional efforts to isolate the victim from friends or family, or to denigrate him in front of friends and family, as well as to restrict access to children or undermine his relationship with children. 'Economic Abuse' referred to any report of the restriction of access to money or controlling the finances more generally. Finally, 'Sexual Abuse' referred to undesired sexual behaviour by one person upon another. It is important to know how DVA was categorised by this service to facilitate comparison with other services who may organise such abuses differently. Note that data pertaining to the type of abuse was not recorded in every contact. This was at times due to because the person was a repeat caller whose abuse experience had been recorded on another call. The types of abuse reported most often by male callers to the service were 'Psychological Abuse' 69.5% and 'Verbal Abuse' at 64.8%. 'Physical Abuse' was reported on 28.2% of contacts by male victims of DVA.

[Insert Table 3 About Here]

## **Handwritten Detail Regarding Abuse**

At the bottom of the paper records, there was a free text location where staff could write detail of further abuse as articulated by the clients. These were read by the researcher and classified into varying descriptors contained in Table 4. This extra information was not recorded for each contact. In 166 contacts, clients claimed that children were used to further abuse, making this the most common descriptor reported, followed by reports that the perpetrator of abuse was suffering from some form of mental health issue (102), false accusations (110), physical violence (57) and coercive controlling behaviours (53). Physical, administrative and remote/social media abuse were reported by service providers in clients' files, including punching, kicking, slapping, scratching, throwing boiling water and one shooting. There was also one report of rape and myriad examples of psychological and verbal abuse.

[Insert Table 4 About Here]

## **Characteristics of Contacts and Signposting Needs**

The 3181 contacts collected during the study period were made by 1093 individuals. The frequency with which clients made contact varied widely. Just over half (54.2%) of these clients who made contact (as this includes all forms of contact) **once, 17.2% called twice and 27.1% called three times or more. One client was in contact with the service 100 times**, calling the service 96 times, receiving 3 calls and attending a one-to-one session. Focusing specifically on male victims of DVA making contact on behalf of themselves 42% (300) made contact once, 19% (136) made contact twice, and 38.5% (275) made contact three times or more. 2530 contacts were made total across phone, e-mail, text, one-to-one, court accompaniment and post. **The median number of 'contacts' made by abused men was 1**, and the number of times a male client contacted the support service ranged from 1 to 100.

Male victims most often made contact by phone, despite having several options available to them. The mean call duration was 12.08 minutes with minimum call duration of 0 and maximum call duration of 120 minutes.

A variety of outcomes from each contact were recorded, with information provision being the most frequently recorded outcome, at 55.2% of contacts. This referred to information relating to legal orders that men could apply for, or third party supports that they could avail of. Other outcomes men were offered included one-to-one sessions (16.6%), call backs either by client or service (12.8%), referral to other services (6.7), reassurance (4.6%), and counselling services (2.2%).

## **Discussion**

This study analysed male victim caller data provided by an Irish domestic violence helpline supporting men. Information regarding clients' demographic characteristics, abuse profile, descriptive keywords of male victims of DV and call outcomes were examined with the aim of understanding the help-seeking behaviour of Irish male victims of DV and their engagement with service providers. The key implication of this study is that it provides seminal information regarding the characteristics of men who access helpline services, providing an essential understanding of the profile of men who experience DVA in Ireland.

### **Demographic Profile**

The mean age of male victims in this study was 45.7, adding support to findings from Hine et al. (2021), Hines et al. (2007), and Huntley et al. (2019), which position male victims' engagement with services within the 40-45 age group (however missing data in this study relating to the age of DV service users limits the inferences that can be made from this sample). Of participants who disclosed their nationality, 67.4% were Irish and 37.2% resided in Dublin Northeast, suggesting that geography may be a factor in determining who made use of this

support service. Because most clients came from the geographical area in which the helpline was located, despite this not being the most populous region, seems to indicate that this is of importance. These findings could indicate the lack of awareness of potential users from other regions of Ireland, suggesting more funding needs to be allocated to promote DV support services to stakeholders as urged by Hine et al. (2021). The tendency of male victims to disclose abuse to services which provide continuity of care as argued by Simmons et al. (2016) might also be argued in this study which identified that over half of those accessing the helpline service did so more than once.

55% of service users were married and 29.2% were unmarried, 4.1% were separated, and 1.7% were divorced. The mean number of children in a relationship was 2.1 (SD = 1.1) as reported by most men included in the dataset (72%). Although research conducted by Bates (2020) highlighted a reluctance amongst men to report abuse based upon fear of losing access to their children, the fact that most men accessing the service had children perhaps highlights men's concerns of the highlighted risks of parental alienation (regardless of marital or residential status) given the Irish legal context regarding unmarried fatherhood. It is interesting to note that the most common call outcome was 'information' documented in 1707 calls received (53.7%). This was followed by 482 one to one follow up meetings (15.1), 387 call backs (12.2) and 195 referrals to other services (6.1%). Anecdotal evidence from the call handling team highlighted that most of the 'information' given related to varying legal challenges men were facing resonating with legal-administrative abuse originally identified by Tilbrook et al (2010). Of the 715 male callers to the helpline, 84.9% of them called to disclose abuse perpetrated by a female aggressor, who was their current partner in 35.4% of the cases and ex-partner in 41.3% of the cases, with 4.1% of abuse perpetrated by other family members or relatives. Barriers of reporting abuse might be due to a large proportion of men currently living with their abuser, also suggested by Hine et al. (2021). However, this study illustrates

that most callers were victims of DV perpetrated by an ex-partner. Additional indicators such as reports of abuse enacted through e-mail, text, phone and social media and interference with access to children seems to support findings of Bates (2019) that men are victims of separation abuse. It can therefore be argued that the IPV men endure is exacerbated by the design of the legal system in Ireland, which requires partners to live separately before the marriage can be dissolved, keeping them in an extended period of legal enmeshment and prohibiting closure to both parties (Corbally, 2015; Purvis, 2019). Manipulation of father-child relationships has been previously documented in qualitative studies as one of the most difficult types of psychological abuse that male victims report (Hine et al., 2020). The high percentage of fathers contacting the service suggests that men in Ireland may already be experiencing challenging levels of DVA.

Previous research has identified the ease at which parental alienation can be enacted (Corbally 2015, Kestell 2019) in Ireland due to the weak statutory rights fathers have in Ireland. The fact that unmarried fathers constituted 29.2% of recorded contacts perhaps reiterates the presence of high risk parental alienation amongst this particular cohort (Nygren et al., 2019).

### **Abusive Profile**

Many types of abuse were reported by callers, mirroring behaviours identified in the systematic review conducted by Scott-Storey et al. (2022), such as psychological abuse (69.5%), followed by verbal (64.8%), physical (28.2%), social (12.3%), financial (9.5%) and sexual abuse (1.1%). Descriptive keywords from men experiencing DVA also reflected Hines et al. (2007) findings that at least some portion of this population experienced physical violence in the form of hitting, slapping, kicking, punching, stabbing, biting, pushing, spitting, choking, scratching, attacks by throwing household objects. Accounts of perpetrators obstructing work or using sleep deprivation and drugging male victims of DVA to further abuse support findings from Bates (2020) that female aggressors manipulate the environment or use specific tactics to

prevent retaliation. Moreover, some men reported that were kicked out of the house, signalling the urgency of providing safe accommodation for male victims of DVA also mentioned by Hine et al. (2021) and Huntley et al. (2019). Severe and potentially life-threatening behaviour such as stabbings (6), attacks with boiled water (3), shootings (1) or rape (1) were reported, highlighting the importance of encouraging men to seek medical assistance and disclose to formal sources of support.

As highlighted by Scott-Storey et al. (2022) it was found that the men in this study were also victims of their partners using the system to their advantage. The men who contacted the DVA support service reported that female aggressors made false accusations against them and in this way labelled them as the abuser, instances captured by Bates and Hine (in press) and Huntley et al. (2019). In a similar way to several studies of male victims of domestic violence and abuse these men also reported that they were poorly treated by the police and by other domestic abuse agencies (Hines et al, 2007; McCarrick et al, 2015; Nygren et al., 2019). Other men reported that their wives threatened to make false accusations against them and some simply feared that this would happen because of their wives' victimising behaviour. **Second wave abuse where a female partner initiates harm on a partner through false accusation has been identified as a form of abuse in itself (Corbally 2011) and has been identified as a barrier to men's help seeking (Taylor et al 2021).** Prevailing understandings of DVA as that experienced primarily by women and enacted by men may have contributed to the context in which such abuses can occur, or in which such fears are experienced by men. In relation to men's reluctance to disclose abuse and their complicated relationship with the language around victimisation, it is worth mentioning that some of the descriptive keywords given by male victims suggested female abusers had mental health difficulties and others referred to partners' threats of suicide. The portrayal of female abusers as mentally unstable has been previously documented as a way for men to make their experience of DVA understandable to others, to

reduce stigma and shame as men approach DV service providers (Kestell, 2019, Hine et al., 2021).

### **Reporters of Male Victims of DV**

This study gathered interesting information not just about men's self-reports of abuse experienced, but also about other reporters and allies of male victims of DV, which remains a fruitful area for investigation in future studies for comparisons. Family members (10.7%) and friends (2.9%) made contact to report DVA experienced by their loved ones. However, 19.2% of clients did not disclose whether they had experienced abuse or were calling on behalf of someone who had. Frequency of calls made by family, friends and others was much lower than in the case of men reporting the abuse they endured themselves, suggesting that victims might engage more often with services to obtain emotional support, whereas allies of male victims were perhaps more interested in practical or signposting information to pass on to male victims. These findings give further support to the fact that men tend to access informal sources of support such as family or friends sooner than formal sources of support (Hine et al. 2020; Hines and Douglas, 2020). Should further research engage with data of male victims of DV from tertiary sources, such as family and friends, an investigation of the length of time they had known about the abuse being perpetrated could shed more light relating to the disclosure patterns of male victims, especially as some men do not report themselves directly to services.

### **Recommendations for Best Practice and Future Research Directions**

The importance of building a broader picture of the victimology of DVA in Ireland cannot be underestimated, specifically in relation to the negative psychological and health outcomes male victims of abuse are exposed to. Having a greater understanding of the nature of helpline service utilisation also assists Irish Governmental Strategy directives (Department of Justice 2022a, 2022b) which has appropriate service provision for DVA victims as a key tenet. The fact that the most recent prevalence data in Ireland is currently 18 years old (Watson

and Parsons 2005) risks distortion and minimisation of the contemporary aspects of DVA victimisation as men currently experience it. This study highlights firstly that men need inclusive and appropriate services which respond to service demand whilst accurately capturing data regarding DVA victimisation to further grow responsive services.

Until recently, DVA for men was a relatively invisible phenomenon in Irish research, practice, and policy (Corbally 2015). It is recommended that support services pay particular attention to data collection practices, ensuring electronic data collection tools are fit for purpose and careful data collection and recording is made at the point of call. This will minimise the risk of missing data and further improve data quality as well as visibility of male victim service use. Particular attention to collecting the breadth and frequency of DVA acts as well as harms experienced will prove useful in highlighting the real extent of this challenging problem.

One direction for future research in understanding DV male victimology would be contextualising acts of violence with reports of frequency, pattern and impact, perhaps investigating into specific patterns of abuse male victims of IPV have disclosed (e. g., utilising others, fatherhood and parental alienation, making false claims etc.). The helpline from which these findings were generated provides a very valuable service to its clients, illustrated by patterns of provision for best practice that other studies have generated (Scott-Storey et al., 2022). Some suggestions for future service provision might include:

1. A client-centred approach with critical provision of anonymity and confidentiality should be offered , to enable men to disclose without fear of judgement. This is of particular relevance for first time callers who struggle with legitimising their experiences of DVA. Allowing men time to describe their abuse on a first call will enable extensive data collection as well providing men with a means to legitimise their victimhood experiences.

2. Service providers should offer first time and return callers a mix of emotional and practical support, investigating the health concerns that men have as a consequence of their lived experience of abuse and IPV (medical and mental health concerns, addiction issues, legal provision etc.)
3. Data collection practices should incorporate the collection of a wide breadth of data relating to DVA victimisation practices (for example varieties of first wave direct abuse, varieties of second wave indirect abuse initiated by partners (Corbally 2011) and varieties of parental alienation strategies initiated by abusive partners (Hine and Bates 2022) to appropriately capture the breadth of DVA experienced by men.

Future research might explore the intersectionality of different protected characteristics, which might affect male victims' disclosure patterns. There is little exploration of the experiences of men with disabilities, from BAME groups and of GBT+ men (Hine, Bates, Graham-Kevan et al. 2022). While the helpline from which the data of this study was extracted was available to men of all sexualities and gender identifications, at the time the data was collected the charity was known by a different name, which can be speculated as a potential reason for GBT+ men's lack of engagement. Given this populations' fears of being misunderstood, judged and humiliated by service providers documented by Bacchus et al. (2017) and Hine et al. (2023), careful consideration should be awarded to the way charities position themselves in relation to their service users, the values they hold and the stereotypes they risk perpetuating, which ultimately creates barriers in the help-seeking behaviour of abused men. Future research should investigate through mixed methods approaches the prevalence, severity and behaviours of men disclosing DV to better inform policy makers and clinicians of male victims' needs.

### **Limitations**

There are some limitations to consider. The data being analysed was gathered from paper-based records, which leaves a lot of information uncollected by service providers and considerable

gaps in the data. This was largely due to the data collection practices of the service at the time which have since changed their practices since the completion of this study, moving to electronic data collection and structured questioning and data collection at the point of call (including the recording of a caller preferring not to answer rather than an uncompleted section). Missing data can be a sign of lack of attention to data collection processes or an indicator of clients' critical desire to preserve their anonymity and refuse divulging some information, sparked from the need to only share what they are comfortable in disclosing and maintain a sense of control and agency. It could also be suggested that the option to access the service anonymously encourages men to initiate contact where they may have been hesitant. The added challenges with the electronic system not being fit for purpose further compounded this situation. However, keyword descriptors were collected by service providers organically during the call, in relation to the types of abuse male victims disclosed, which can be argued increases the validity of this information. To improve the quality of the data, a transition to electronically recording of data in a system fit for purpose would reduce the potential for error where data collection is concerned and provide much needed information in relation to the needs of male victims of DVA

## **Conclusion**

This Irish study provides an important preliminary picture about men's utilisation of a male DVA national victim helpline service. Findings generated from this study have the potential to enhance services to stakeholders and improve the quality of data gathering for future research and evaluation. Although this study examined a helpline dedicated to men experiencing DVA, we believe that the findings have potential resonance to all helplines indicating the importance of understanding factors which can enhance or inhibit the quality of the call and the quality of data collected in relation to the call. Contacting a helpline implies that individuals expose vulnerability and flaws with a view to seeking support and solutions. It is our hope that the

findings of this study shed light on the extensive work undertaken by this service, increase understanding of the needs of men experiencing DVA, ultimately providing staff with evidence-based knowledge to enhance the valuable work they do.

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## Tables

**Table 1.** Frequency of contact based on method and source of contact

<b>Contact</b>	<b>Incoming</b>	<b>Outgoing</b>	<b>Total</b>
Telephone calls	2194	317	2530
Text messages	31	64	95
E-mails	120	104	224
Post	1	2	3
One-to-Ones	N/A	N/A	257
Court accompaniment	N/A	N/A	9
Missing data	N/A	N/A	63
<b>Total</b>	<b>2348</b>	<b>485</b>	<b>3181</b>

**Table 2.** Gender of Caller and **Relationship to Victim**

<b>Calling on behalf of:</b>						
	<b>Self</b>	<b>Male family member</b>	<b>Male friend</b>	<b>Other</b>	<b>Non-specified</b>	<b>Total</b>
<b>Gender of caller</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>	<b>N (%)</b>
<b>Male</b>	715 (65.4)	25 (2.3)	11 (1)	1 (0.1)	60 (5.5)	812 (74.3)
<b>Female</b>	13 (1.2)	91 (8.3)	21 (1.9)	5 (0.5)	26 (2.4)	156 (14.3)
<b>Non-specified</b>	0	1 (0.1)	0 (0)	0 (0)	124 (11.3)	125 (11.4)
<b>Total</b>	<b>728 (66.6)</b>	<b>117 (10.7)</b>	<b>32 (2.9)</b>	<b>6 (0.6)</b>	<b>210 (19.2)</b>	<b>1093 (100)</b>

**Table 3. Abuse Profile**

	N	%	<i>n</i> missing
<b>Male Victim's Relationship to Abuser</b>			135
Current partner	253	35.4	
Ex-partner	295	41.3	
Family member/Relative	29	4.1	
Other	3	0.4	
<b>Gender of Perpetrator</b>			81
Male	19	2.7	
Female	607	84.9	
Transgender	2	0.3	
Male and Female	6	0.8	
<b>Type of abuse</b>			
Physical abuse	707	28.2	
Psychological abuse	1742	69.5	
Verbal abuse	1625	64.8	
Social abuse	308	12.3	
Economic abuse	238	9.5	
Sexual abuse	27	1.1	

**Table 4. Descriptor keywords of abuse as noted by support provider**

Descriptor	Frequency	Descriptor	Frequency
Used children	166	Scratched	13
Allegations that abuser has mental health problem	102	Isolated	12
False accusation related	110	Abuser threatened someone	10
Hit	57	Poor treatment by police	10
Controlled	53	Harassment	9
Abusive remote contact	39	Pushed	8
Manipulation	34	Abuser obstructed work	7
Abuser abused other	32	Stabbed	6
Shouted	32	Bit	5
Abuser threatened to harm client	31	Abuser neglected partner	5
Hit with object	31	Choked	3
Abuser destroyed/hid property	27	Thrown boiling water	3
Poor treatment by agency	21	Spat	3
Abuser threatened themselves	19	Held against will	2
Punched	19	Sleep deprivation	2
Abused by other	18	Drugged	1
Belittled	18	Threatened to throw boiling water	1

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Kicked	16	Shot	1
Locked out of home	14	Pinched	1
Slapped	14	Raped	1

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