



Review Article

Coping and psychological outcomes of male victims of intimate partner violence: A systematic review

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ABSTRACT

Objectives: Although intimate partner violence (IPV) research has historically focused on female victimisation, emerging studies now examine heterosexual male victims. This qualitative systematic review synthesises evidence from five continents, including the underrepresented African context, to explore men's IPV experiences, coping strategies, psychological effects, and public health implications.

Study design: Systematic review of qualitative studies on male IPV victimisation, coping, and psychological well-being.

Methods: A systematic review of 36 qualitative studies was conducted, focusing on male IPV victimisation, coping strategies, and psychological outcomes. Inductive codes developed directly from participants' responses were used to identify experiences, coping strategies, and psychological outcomes. Related codes were then grouped into higher order concepts and mapped onto a problem focused versus emotion focused coping spectrum.

Results: Findings reveal that male victims experience physical, psychological and sexual abuse, including broken bones, humiliation, and forced sexual intimacy. Coping strategies were both adaptive (e.g., exercise, spiritual coping) and maladaptive (e.g., alcohol use, avoidance, minimization or exiting the relationship). Emotion-focused strategies were more frequently associated with negative mental health outcomes. Problem-focused coping like help seeking had mixed psychological outcomes. Moreover, help-seeking was often hindered by stigma, fear of emasculation, and lack of awareness of available resources. Religious coping and informal support were mentioned but underexplored. The review also highlights the absence of theoretical framing and cultural sensitivity in many studies.

Conclusions: Public health systems should adopt gender-sensitive IPV responses, recognising male victimisation and reducing barriers to support. Further research should explore culturally relevant coping strategies and inform practitioner-led interventions.

1. Introduction

Intimate partner violence (IPV) constitutes a pervasive public health crisis, manifesting through physical, psychological, and emotional abuse within romantic relationships. Its repercussions are profound, encompassing traumatic brain injury, post-traumatic stress disorder, depression, anxiety, and, in extreme cases, fatality.^{1–4} Historically, academic

and policy discourses have predominantly framed IPV through a gendered lens that casts men as perpetrators and women as victims.^{5–7} While a growing body of empirical research affirms that IPV is perpetrated and endured across genders,^{8–10} interventions remain disproportionately oriented toward female victims due to the existing binary paradigm. Recent scholarship has begun to illuminate the lived realities of male victims in heterosexual contexts.^{11–13} However, there is still no

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structured, systematic synthesis that classifies the coping strategies these men employ along the problem-focused (PE) and emotion-focused (EF) spectrum, or that consolidates evidence on the associated psychological outcomes across diverse conditions.

Given the persistent marginalisation of heterosexual male victims within IPV discourse, they are frequently characterised as a hard-to-reach population, both methodologically and socially.^{5,14,15} This, combined with assumptions that their victimisation is less prevalent and less severe than female victims^{16–18}, this has contributed to a relative paucity of research on male IPV victims. In response, qualitative methodologies have been widely used to access and interpret male victims' lived experiences. Existing reviews have primarily focused on help-seeking behaviours^{9,19} and on how dominant constructions of masculinity shape male victims' experiences, coping and help seeking within specific national contexts.²⁰ However, the domain of coping itself remains underdeveloped to support evidence of the adaptive and maladaptive strategies male victims employ, and of their psychological consequences.^{11,21} Moreover, only one quantitative study has attempted to link coping strategies to psychological well-being, and its focus on adolescent dating violence constrains the generalisability of its findings to adult male IPV victims.²²

While there is substantial evidence on coping strategies among female IPV victims,^{23–25} equivalent evidence for male victims remains limited. Existing empirical studies on male victims provide important but fragmented insights into their coping, identifying a range of problem-focused and emotion-focused strategies,^{10,13,26–28} even so no comprehensive and structured synthesis of this work currently exists. This review addresses this gap by synthesizing evidence from literature on male IPV victimisation, coping strategies, and psychological well-being. Specifically, it aims to categorise abuse typologies, delineate adaptive versus maladaptive coping strategies, generate evidence to inform practitioner-led interventions. Guided by the central research question, “What does the literature reveal about male IPV victims’ experiences, coping mechanisms, and psychological well-being?” By integrating evidence from diverse global contexts, it underscores that IPV against men is a pervasive and consequential phenomenon, challenging dominant masculine and patriarchal assumptions that minimize its seriousness¹⁸ and providing a foundation for more tailored public health policy and practice responses.

2. Methods

We conducted a systematic review of existing qualitative studies on coping and well-being of male victims of IPV. Following the guidelines put forth by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines Moher, Shamseer²⁹ and Rew's³⁰ recommendations we systematically synthesize empirical evidence on coping and psychological well-being among male IPV victims, treating participants narratives as the primary data. PRISMA enhanced the transparency, rigour, and replicability of the process. The methodology involved identifying relevant databases, defining search terms, applying inclusion and exclusion criteria, and conducting screening and quality assessment.

2.1. Search strategy

Between March and May 2025, six peer-reviewed databases, Web of Science, Medline, Scopus, PubMed, Sociological Abstracts, and APA PsycInfo, were searched for studies published between 2010 and 2025. Given the limited indexing of male victimisation, advanced Boolean searches combined terms such as “intimate partner violence,” “male victims,” “partner violence,” “male survivors,” “female to male,” “male victims coping,” and “dating violence.” Specific journal search was conducted in November 2025. Cochrane Library and PROSPERO were also searched to avoid duplication.

2.2. Inclusion and exclusion criteria

Eligibility criteria were developed and applied to assist the screening process for identifying relevant literature. IPV in this study was conceptualized as any aggression that induce fear and control, in other words intimate terrorism.³¹ Studies were included if they: (1) focused on heterosexual men (≥ 18 years) experiencing IPV; (2) explored coping or help-seeking; (3) examined physical, sexual, or psychological abuse; (4) were empirical, peer-reviewed, and in English; and (5) used qualitative or mixed methods. Exclusions applied to studies on female or LGBTQ + victims, child abuse, grey literature, quantitative-only studies, reviews, and inaccessible full texts.

2.3. Screening

After removing duplicates ($n = 2617$), titles and abstracts were screened, yielding 95 articles. Following full-text review, 20 met the criteria. Reference mining identified six additional studies. Specific journal search resulted in 10 more studies included. The screening process is detailed in Fig. 1.

2.4. Quality assessment

For a quality assessment of the selected papers, the Critical Appraisal Skills Programme (CASP) for qualitative study adopted in previous study, as well as the scoring method was used to determine eligibility.¹⁹ Of the 36 qualitative studies, 20 defined the methodology adopted. Most of the studies were described with a generic qualitative approach as exploratory. After the data collation, a descriptive summary of the codes extracted directly from the participants narratives was provided (See Table 1) with details on samples and data sources, location, and codes.

2.5. Synthesis and analysis procedures

Because most studies did not focus on coping or well-being as primary outcomes, we treated participants' narratives, quotations, and authors' descriptive accounts as central analytic material. This reflects the view that narrating experiences constructs identity and positions individuals within social norms.⁴⁰ Our synthesis interpreted how men described “what they did” and “how they felt,” rather than relying solely on authors' categorical labels.

Data extraction followed Braun and Clarke⁶⁰ targeting text on responses to abuse (behavioral, emotional, cognitive, relational) and psychological well-being. Author's first read full texts for context, then coded relevant sections line by line to capture features such as “minimizing abuse,” “staying for children,” “turning to alcohol,” “using prayer,” and “seeking informal support.” Codes were compared across studies using constant comparison to identify patterns and categories. Analysis became partly deductive, aligning codes with problem-focused versus emotion-focused coping frameworks informed by stress and coping theory⁶¹ and existing IPV literature and reviews.^{22,23,62} Problem-focused codes reflected attempts to manage the situation (e.g., leaving, help-seeking), while emotion-focused codes addressed internal regulation (e.g., denial, self-blame, substance use, spiritual consolation). Overlapping codes were merged into themes; less frequent but conceptually important codes were retained as subthemes. The process was iterative and reflexive, ensuring themes were grounded in data and theoretically coherent. To enhance rigor, two reviewers independently coded subsets, compared thematic maps, and resolved discrepancies in consensus meetings. The revised framework was applied to remaining studies with ongoing checks for consistency. This produced higher-order themes synthesizing male victims' coping strategies and psychological outcomes along the problem-focused/emotion-focused spectrum. Table 2 summarizes major codes and related studies.

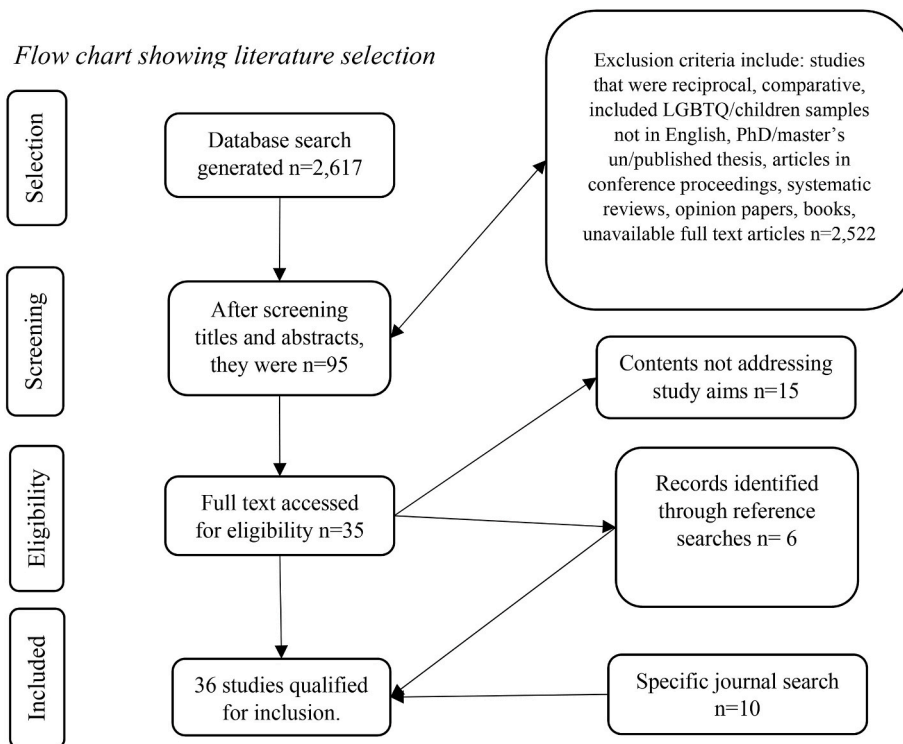


Fig. 1. Flow chart showing literature selection.

3. Results

3.1. Classification of IPV experience

IPV against men is broadly delineated into primary and secondary forms.⁴⁸ Primary violence refers to direct abuse by female partners and encompasses physical, sexual, and psychological dimensions. Physical violence, frequently reported across global contexts, includes acts such as slapping, punching, and stabbing.^{11,38} Sexual violence, though less prevalent, involves coerced acts including forced penetration and the use of sex enhancers against the victim's will.⁶³ Psychological abuse, the most pervasive, comprises verbal degradation, coercive control, stalking, gaslighting, and financial exploitation, all of which serve to undermine the victim's autonomy and psychological stability.^{39,59} Secondary violence, by contrast, involves indirect mechanisms of harm. Legal administrative abuse is a secondary form of violence and entails the strategic manipulation of judicial systems—such as false accusations or restraining orders, to isolate or criminalise the victim.⁴¹ Thug-battery, though rare, refers to the use of third parties to inflict physical harm,⁴¹ while weaponizing children involves manipulating offspring to emotionally destabilise or exert control over the victim.^{15,49} Collectively, these typologies reveal the multifaceted and often insidious nature of male victimisation, the impact and coping within intimate relationships as shown in Table 3.

3.2. Impact of IPV

The psychosocial ramifications of IPV on male victims are profound and multifaceted. A recurring theme across the literature is the compounding effect of unrecognised or unacknowledged abuse.³⁹ Three principal domains of impact emerge: physical and psychological health, relational intimacy, and paternal bonds. Physical and psychological sequelae include both acute and chronic conditions—ranging from somatic injuries (e.g., fractured ribs, blurred vision) to psychological disorders such as depression, anxiety, and PTSD.^{18,33,48} Victims frequently report enduring trauma, with flashbacks and emotional dysregulation

persisting post-separation.⁵² Relational difficulties are also prevalent. Survivors often struggle to establish new intimate partnerships, citing mistrust, emotional detachment, and hypervigilance.^{36,38} These challenges are compounded by internalized shame and residual fear. Parental alienation constitutes a further dimension of harm. Victims who were estranged from their children during the abusive relationship frequently encounter obstacles in re-establishing paternal roles.^{33,48}

3.3. Coping mechanism

Problem-focused coping refers to deliberate strategies male victims use to address or end abuse,^{22,62} including help-seeking, placating the abuser, and leaving.^{74–77} Three main approaches emerged from the analysis: help-seeking, engaging in conciliatory dialogue, and leaving. Help-seeking, whether through informal networks or institutions, was often hindered by gender norms and disbelief.^{11,38,66} Many victims struggled to recognize psychological abuse,^{39,59} with acknowledgment often following severe harm or cumulative manipulation.^{14,55} Even then, fear of ridicule and lack of support deterred disclosure.^{49,59} Experiences with support systems were mixed: some received validation,²⁶ but most faced minimization or blame.^{58,64,65} Formal institutions, particularly law enforcement was frequently perceived as dismissive or biased.^{36,41} Resolution strategies such as engaging in conciliatory dialogue were also reported.^{52,69} Dialogue rarely de-escalated violence and sometimes worsened it.¹⁸ Leaving was typically a last resort, delayed by emotional ties, moral convictions, or fear of losing children.^{23,51} Many victims delayed departure due to emotional bonds, moral convictions, or fear of losing access to their children.^{14,65} For some, leaving did not guarantee safety, as post-separation abuse persisted.⁵²

Emotion-focused coping involves strategies aimed at managing emotional distress rather than confronting the source of abuse directly.^{22,62} These include denial, self-blame, apology, acceptance, avoidance, prayer, and habit formation. A recurring theme is the tension between acknowledging victimisation and preserving masculine identity. Men often frame their experiences to maintain control and align with societal expectations of strength, using narratives such as the “good

Table 1
Summary of articles reviews.

Author, Year/country	Design, Sample/sources of data	Related codes extracted directly from participant narratives
Alsawalqa, (2021) ³² /Jordan	Interpretive phenomenological analysis study of 33 heterosexual men purposively selected from Amman City	Experience of IPV. Positive religious coping
Ayodele, (2017) ²⁶ /Nigeria	Exploratory case study of 3 heterosexual males recruited through snowballing from three senatorial districts in Lagos	Experience of IPV. Minimization.
Bates, (2019) ¹¹ /UK	Exploratory qualitative study of 161 heterosexual men who completed questionnaire online	Impact of IPV. Minimization.
Bates, (2019) ³³ /UK	Exploratory qualitative study of 161 heterosexual males recruited from an organization known to work with males who posted the advert on their website	Experience of IPV. Minimization.
Bates & Taylor, (2021) ²⁷ /UK	Photo elicitation study of 16 heterosexual men recruited through organizations that support male victims and social media	Experience of IPV. Help-seeking, impact on well-being.
Bates & Hine, 2023 ³⁴ /UK	Exploratory online qualitative study of 171 heterosexual males recruited via websites and social media	Experience of IPV. Impact of IPV, Help-seeking, avoidance.
Bates et al., 2024 ³⁵ /UK	Exploratory online qualitative study of 130 heterosexual males recruited via NGO websites and social media	Experience of IPV. Impact of IPV, Avoidance.
Brooks et al. (2017) ³⁶ /Canada	Participatory qualitative research approach of 9 heterosexual males recruited through community agencies	Experience of IPV. Minimization.
Carthy et al., 2023 ³⁷ /UK	Narrative interviews with 12 heterosexual men recruited via agencies who advertised the study, and also via social media	Experience of IPV. Impact of IPV, Help-seeking.
Chan & Tsang, (2017) ¹⁴ /China	Exploratory qualitative study of 8 heterosexual males recruited purposively through nongovernmental organization and independent association for men in Hong Kong	Experience of IPV. Minimization.
Corbally, (2014) ¹⁵ /Ireland	Biographical narrative interpretive method, analysed from a social constructivist perspective of 14 heterosexual male recruited by seeking volunteers who attended abused men support group in Ireland	Experience of IPV. Minimization.
Dim, (2020) ³⁸ /Canada	Exploratory qualitative study of 16 heterosexual male recruited through the assistance of a nongovernmental organization (NGO)	Experience of IPV. Acceptance.
Dixon et al. (2020) ³⁹ /Australia Canada, UK and USA, Durfee (2011) ⁴⁰ /USA	Phenomenological study of 41 heterosexual males recruited via advertisement	Experience of IPV. Denial and minimization.
Entilli & Cipolletta, (2016) ⁴¹ /Italy	Exploratory study of 48/Heterosexual male petitioners randomly selected from filings for protection orders	Experience of IPV. Denial and minimization.
Harries et al., 2025 ⁴² /Australia	Grounded theory study of 20 heterosexual males recruited through main media channels, few channels and referrals by friends who found the online advertisement	Experience of IPV. Denial and minimization.
Hogan et al. (2021) ⁴³ /UK	Narrative qualitative research of 12 heterosexual men. Recruitment approach not specified.	Experience of IPV. Impact of IPV, Help-seeking, leaving, self-blame, avoidance and habit formation, denial and minimization.
Hogan et al. (2021) ⁴⁴ /UK	Experiential qualitative research of 26 heterosexual men recruited from domestic abuse services, online support forums and blogs, and snowballing.	Experience of IPV. Help-seeking and minimization.
Iliyasu et al., 2024 ⁴⁵ /Nigeria	Experiential qualitative research of 26 heterosexual men recruited from domestic abuse services, online support forums and blogs, and snowballing.	Experience of IPV. Help-seeking and minimization.
Joseph-Edwards & Wallace, (2020) ¹⁰ /Trinidad & Tobago	Qualitative exploration of 20 heterosexual men. Recruitment through NGOs.	Experience of IPV. Impact of IPV, engaging in conversation, leaving, avoidance.
Lysova & Dim, 2025 ⁴⁶ /Canada	Phenomenological study of 10 heterosexual males recruited through direct contact with second researcher after seeing flyers posted in community establishments	Experience of IPV. Help-seeking, denial and minimization.
Macassa et al., 2025 ⁴⁷ /Sweden	Qualitative narrative analysis of 16 heterosexual men. Recruitment via multistage sampling approach across two Local Government Areas.	Experience of IPV. Impact of IPV, Help-seeking, avoidance and habit formation, denial and minimization.
Machado et al. (2020) ⁴⁸ /USA Machado et al. (2017) ²⁸ /Portugal	Exploratory qualitative study of 11 heterosexual men recruited through a crisis center.	Experience of IPV. Impact of IPV, Help-seeking, engaging in conversation, acceptance, and habit formation.
Morgan & Wells, (2016) ⁴⁹ /UK	Constructivist epidemiological study of 59 heterosexual males recruited online	Experience of IPV. Help-seeking process.
Mwayuli et al. (2019) ⁵⁰ /Kenya	Qualitative exploratory study of 10 heterosexual men recruited via the domestic violence agencies and the police	Experience of IPV. Minimizing, avoidance, making peace, engaging in conversation, help-seeking. Help-seeking correlated with negative emotions.
Nayback-Beebe & Yoder, (2012) ⁵¹ /USA	Interpretive phenomenological study of 7 heterosexual males recruited through advert posted on the website of a UK-based organization supporting male victims	Experience of IPV. Denial and minimization.
Park et al. (2020) ⁵² /Korea	phenomenological study of 15 heterosexual males purposively recruited from the community	Experience of IPV. Help-seeking and barriers.
Rowlands, 2024 ⁵³ /South Africa	Phenomenological case study of 1 heterosexual male recruited through mutual acquaintance	Experience of IPV. Religious conservation, denial and minimization.
Ben Simon et al., 2024 ⁵⁴ /Israel	Phenomenological study of 11 heterosexual single male, recruited by contacting the researchers via flyers posted in two university campuses and online	Experience of IPV. Denial and minimization. Leaving.
Sita & Dear, (2020) ⁵⁵ /Australia	Qualitative study of 25 heterosexual males. Recruitment strategy not clearly specify	Experience of IPV. Impact of IPV, Help-seeking, engaging in conversation, leaving, denial and minimization.
Taylor et al. (2022) ¹³ /UK	Interpretive phenomenological study of 12 heterosexual males recruited via NGOs	Experience of IPV. Impact of IPV, Help-seeking, leaving, denial and minimization, self-blame, acceptance.
	Qualitative case study of 4 heterosexual males recruited through online advertisement on Australia men's support website	Experience of IPV. Denial and minimization.
	Exploratory qualitative study of 147 heterosexual men recruited via social media	Experience of IPV. Help-seeking, leaving, use of recorders and minimization. Having a good formal and informal support improved mental well-being

(continued on next page)

Table 1 (continued)

Author, Year/country	Design, Sample/sources of data	Related codes extracted directly from participant narratives
Taylor et al. (2017) ⁵⁶ /UK	Exploratory qualitative study of 6 heterosexual male discharged military veterans recruited through community-based veteran support agencies	Experience of IPV. Denial and minimization.
Tsang et al., 2024 ⁵⁷ /Hong Kong & Taiwan	Exploratory qualitative study of 17 heterosexual male recruited from four NGOs in Hong Kong and Taiwan	Experience of IPV. Help-seeking, denial and minimization.
Walker et al. (2020) ⁵⁸ /Australia	Exploratory study of 258 heterosexual males recruited through social media platforms and monthly newsletter of an online men's health support site	Experience of IPV. Help-seeking and barriers.
Wallace et al. (2019) ⁵⁹ /Wales	Interpretive phenomenological study of 6 heterosexual males who sought help from specialist domestic abuse services	Experience of IPV. Denial and minimization, help-seeking.

husband” or “fatherhood” scripts to uphold honour and masculine competence.^{14,15} Many reject the label “victim,” preferring “survivor” to retain dignity.^{11,39} Occupational cultures like the military or contact sports further reinforce denial and emotional suppression.^{38,56} Self-blame is also common, with victims attributing abuse to personal failings or external factors such as their partner's psychological issues or substance misuse.^{36,41}

Less frequently reported but significant are religious and habitual coping strategies. Prayer and religious practices provide emotional solace and a sense of divine order, sometimes reinforcing decisions to remain in abusive relationships due to spiritual convictions.^{51,72} Habit formation includes constructive behaviors like exercise and maladaptive ones such as alcohol use, often adopted when formal support is absent.^{10,26} Avoidance, such as staying away from home, helps prevent confrontation but reflects fear of disbelief or retaliation.⁵⁹ Some victims repeatedly apologized or complied with unreasonable demands, but abuse persisted.^{39,52} When all efforts failed, many accepted their

situation and endured.^{10,18,47,49,52,54,55,69} Despite psychological trauma, most resisted identifying as victims, underscoring gender norms' influence on emotional coping.

3.4. Interaction between coping and psychological outcomes

Across conditions, problem-focused and emotion-focused coping show mixed efficacy,^{74,77} nevertheless, evidence on their impact for male IPV victims remains limited. Problem-focused strategies like help-seeking or legal action can restore control but often increase stress, financial burden, and conflict.^{34,37} Emotion-focused strategies frequently yield adverse outcomes such as alcohol use worsened psychological and social difficulties;^{26,42} minimization reduced conflict but maintained shame and blocked help-seeking, “If I anticipated their reaction was not positive ... then I would feel embarrassed ...”,⁵⁷ and avoidance initially reduced abuse but harmed work functioning, “I didn't want to go home ... productivity went out the window”.⁴² These

Table 2

Concept mapping.

Articles	Class. of Vict. Exp.		Types of Coping		Impact of IPV on Wellbeing		Relatn. btw Coping and Psychological Wellbeing
	Prim.	Secon.	PF	EF	Prob. phy. & Ment. Health	children	
Alsawalqa, 2021 ³²	X			X	X	X	
Ayodele, 2019 ²⁶	X		X	X			X
Bates, 2019 ¹¹	X	X	X	X	X	X	
Bates, 2019b ³³	X	X	X	X	X	X	
Bates & Taylor, 2021 ²⁷	X		X		X		X
Bate & Hine, 2023 ³⁴	X	X	X	X	X	X	X
Bates et al., 2024 ³⁵	X	X		X	X	X	X
Brooks et al., 2017 ³⁶	X	X	X	X	X		
Carthy et al., 2023 ³⁷	X	X	X	X	X	X	X
Chan & Tsang, 2017 ¹⁴	X		X	X	X		
Corbally, 2014 ¹⁵	X	X		X	X		
Dim, 2020 ³⁸	X	X	X		X		
Dixon et al., 2020 ³⁹	X	X	X	X	X		
Durfee, 2011 ⁴⁰	X			X	X		
Entilli & Cipolletta, 2017 ⁴¹	X	X	X	X	X		
Harries et al., 2025 ⁴²	X	X	X	X	X	X	X
Hogan et al., 2021 ⁴³	X		X	X			
Hogan et al., 2021 ⁴⁴	X		X	X			
Joseph-Edwards & Wallace, 2020 ¹⁰	X	X	X	X	X		X
Iliyasu et al., 2024 ⁴⁵	X		X	X	X		X
Lysova & Dim, 2025 ⁴⁶	X	X	X	X	X	X	X
Macassa et al., 2025 ⁴⁷	X	X	X	X	X		X
Machado et al. 2020 ⁴⁸	X	X	X		X	X	
Machado et al., 2017 ²⁸	X	X	X	X	X		X
Morgan & Wells, 2016 ⁴⁹	X	X	X	X	X		
Mwayuli et al., 2019 ⁵⁰	X		X	X	X		
Nayback-Beebe & Yoder, 2012 ⁵¹	X	X	X	X	X		
Park et al., 2020 ⁵²	X		X	X	X		
Rowlands, 2024 ⁵³	X	X	X	X	X		X
Ben Simon et al., 2024 ⁵⁴	X	X	X	X	X		X
Sita & Dear, 2020 ⁵⁵	X	X	X	X	X		
Taylor et al., 2022 ¹³	X	X	X	X	X		X
Taylor et al., 2017 ⁵⁶	X			X	X		
Tsang et al., 2024 ⁵⁷	X		X	X	X		X
Walker et al., 2020 ⁵⁸	X	X	X	X	X		
Wallace et al., 2019 ⁵⁹	X		X	X	X		
Total	36	23	31	33	33	9	15

Table 3
Thematic analysis of findings.

Category	Typology	Description	References
1. Classification of IPV experience			
Primary	Physical Violence	Includes stabbing, beating, slapping, punching, etc.	10,14,15, 33–38, 40–42, 45–47, 49–58,64,65
	Sexual Violence	Forced sexual acts, use of sex toys against will, forced to penetrate, forced Viagra use, physical sexual abuse.	10,33,35,37,42,54,63
Secondary Violence	Psychological Violence	Verbal abuse, coercive control, manipulation, stalking, gaslighting, financial abuse.	10, 33–39, 42 45–47, 49 51–55, 57–59
	Legal-Administrative Abuse	Manipulating legal systems (false accusations, restraining orders, alienation from children).	15, 33–38,41,42,46,47,49,53,55,58
	Thug-Battery Weaponizing Children	Use of hired criminals to physically assault the victim. Manipulating children to harm the victim emotionally or join in the abuse.	41 10,15,35,39,41,42,47,49,51,54,58
2. Impact of IPV			
Physical and Mental Well-being	i. Somatic or physiological consequences	Blurred vision, broken bones, fear, despair, suicidal ideation, PTSD, etc.	10,11,14,15,22, 33–42, 45–59,18,64,65
	ii. Psychological trauma or mental health disorders		
Relational Problems	Difficulties in New Relationships	Distrust of new partners, Emotional detachment, Fear of intimacy, Hypervigilance or anxiety for women.	11,33,36,38,42
	Father-Child Relationships and alienation from Children	Struggles to repair father-child relationships after alienation.	11,34,35,37,42,46,48
3. Coping Mechanism			
Problem-focused Coping	Help-seeking	Seeking help from family, friends, or formal services.	10,14,22,26,33,34, 36–38, 41,42 46–49, 51 53–55, 57–59, 23 64–68
	Engaging in Conversation and Making Amends	Engaging in conversation and making efforts to please the abuser.	18,45,47,48,52,53,65,69,70
	Leaving	Leaving the relationship due to coping exhaustion or intolerable abuse.	14,18,33,39,41,42,45,49, 51–55,23,65
Emotion-focused Coping	Denial/Minimizing	Victims deny or minimize abuse to preserve masculinity.	10,14,15,36,39,40,42,46,49, 51–59,7,71
	Self-blame	Victims blame themselves or external factors for abuse.	18,22,26,36,39,41,42,47,54
	Apology	Victims apologize or fulfill unreasonable demands to stop abuse.	39,52
	Acceptance	Victims accept abuse after failed attempts to stop it.	10,18,47,49,52,54,55,69
	Avoidance	Avoiding home or abuser to prevent confrontation.	10,22,34,35,39,42,45,46,55,56,59,65
	Religious Coping	Using prayer or religious beliefs to cope with abuse.	18,37,51,72,73
4. Connection between coping and psychological outcomes	Habit Formation	Using exercise or substance use to cope with abuse.	10,26,42,46,47,56,65
Problem-focused Coping	Help-seeking, engaging in conversation and leaving	Mixed outcomes	34,37,45,46,53
Emotion-focused Coping	Avoidance, habit development	Poor psychological well-being	10,26,34,35,42, 45–47,53,54,57

patterns heighten vulnerability to health issues, stigma, and occupational instability. Conversely, few studies link coping to improved well-being. One participant reported yoga and mindfulness helped regulate stress and avoid impulsivity.¹⁰ This isolated case suggests potential benefits of adaptive strategies but underscores the lack of robust evidence. More systematic, culturally grounded research is needed to clarify coping impacts and inform interventions.

4. Discussion

This review provides the first systematic synthesis of heterosexual male IPV victims' experiences, coping strategies, and psychological outcomes, drawing on 36 studies from five continents, including Africa. Although women are more frequently and severely affected by IPV, particularly sexual violence, stalking, and life-threatening injury,^{78,79} male victims also experience substantial physical and psychological harm. Sexual victimisation are rare but often involved extreme violations.⁶³ Male victims further reported secondary abuse through legal manipulation and weaponisation of children.

Male victims most often used emotion-focused and problem-focused coping, a pattern that partly mirrors female-focused literature. Male victims employed strategies such as denial, minimization, spiritual coping, safety planning, and help-seeking,²³ but unlike female victims, who more often access shelters, IPV services, legal advocacy, and mental health care,^{23–25,80,81} male victims relied on avoidance, internalized responses, and informal networks, with limited specialist support. These differences reflect gender norms: male victims face pressure to maintain strength and self-reliance, making minimization and avoidance ways to

preserve masculine identity. Problem-focused actions requiring public victim status, reporting, legal protection, shelter entry, conflict with norms framing men as protectors. Stigma, fear of ridicule, and anticipated disbelief^{18,82} further constrain coping. Adaptive strategies common among female victims, such as early help-seeking and formal advocacy, may be less accessible or carry higher identity costs for male victims, reinforcing solitary and sometimes maladaptive responses.

Importantly, the review also highlights what is not being captured in current research on male victims. The broader IPV and trauma literature points to a wider range of coping strategies including deliberate safety planning, structured use of legal and social services, collective or peer-based support, meaning-making and post-traumatic growth, digital or online help-seeking, and proactive economic and housing strategies that were rarely or not explicitly examined in the studies included here. Religious and spiritual coping, for example, is well-recognised as salient in highly spiritual contexts,^{72,83,84} but remained largely underexplored for male victims in our corpus. Likewise, very few studies investigated whether men engage in organised peer support (e.g., support groups, online forums) or advocacy as a way of coping with, and resisting, their victimisation. The absence of these strategies in the reviewed literature likely reflects measurement and conceptual gaps, researchers tend to focus on a narrow set of coping behaviours rather than their true absence in male victim's lived experiences.

Taken together, the findings suggest that male victims use many of the same broad coping categories documented among female survivors, but the forms these strategies take, their social acceptability, and their psychological consequences are mediated by gendered expectations. There is preliminary evidence that, as in the female literature, reliance

on emotion-focused strategies such as avoidance, denial, and substance use is associated with poorer psychological outcomes, whereas more overtly problem-focused strategies—particularly those that involve supportive others, may be protective.²³ However, the evidence base for male victims is too limited and fragmented to draw firm conclusions about which strategies are most adaptive in specific conditions. Future research should therefore move beyond simply cataloguing coping strategies to examining how gender norms shape male victim's appraisals of abuse, their perceived options for coping, and the pathways from specific coping patterns to psychological health outcomes. Longitudinal and mixed-methods designs, alongside gender-inclusive service research, will be crucial for developing interventions that do not merely extend female-oriented models to men, but are explicitly responsive to the social and psychological realities of male victimisation.

4.1. Limitations

Despite its strengths, this review has limitations. It draws on 36 qualitative studies, many with small samples and secondary data not designed to explore coping, raising concerns about generalisability and recall bias.⁸⁵ Most participants were help-seeking male victims recruited via formal channels, underrepresenting those in remote or digitally disconnected settings. Coping was rarely a primary focus, limiting theoretical depth and cultural sensitivity. The review covered six databases, but relevant studies may have been missed and some texts were excluded due to inaccessibility. Inconsistent timeframes for measuring coping further complicate interpretation. These gaps highlight the need for culturally attuned, theoretically grounded research on male IPV victims' coping and mental health trajectories.

4.2. Implications for public health policies and practitioners

The findings call for gender-inclusive IPV responses. While women bear the greatest burden, heterosexual men also face severe harm, PTSD, depression, suicidality, but remain invisible in policy and services.^{52,55} Gender norms equating masculinity with strength and self-reliance make disclosure risky and difficult^{15,49} contributing to under-identification and delayed intervention. Coping patterns matter: reliance on denial, avoidance, and substance use increases risks of comorbidities and social isolation, while adaptive strategies like exercise and spiritual coping offer intervention entry points.^{10,72} Public health systems should integrate IPV screening and referral into settings men access (primary care, mental health, addiction services, faith-based and sports programs). Policy priorities include: developing validated screening tools and clinical protocols appropriate for men, and providing targeted training for public health and criminal justice professionals on the gendered barriers experienced by male victims. Intervention should include investment in low-threshold, confidential support options for men (e.g., helplines, online chat, peer or group support, and a small number of male-accessible safe housing options) that do not require them to immediately adopt a "victim identity". A gender-sensitive public health approach addressing male victim's coping patterns and structural barriers can improve outcomes and equity in IPV prevention.

4.3. Conclusions

This systematic review provides a comprehensive synthesis of the lived experiences, coping mechanisms, and psychological well-being of heterosexual male victims of IPV. The findings highlight the pervasive impact of gender norms on help-seeking behaviours and the structural barriers that male victims face in accessing support. The review offers critical insights that can inform public health policy that recognises male victimisation as a legitimate and urgent concern, and that fosters inclusive, evidence-based interventions to support all survivors of IPV.

Ethics statement

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Declaration of competing interest

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