



Intersectional Barriers to Protection: Service Providers' Perspectives on Supporting Black, Latino, and Immigrant Male Victims of Female-perpetrated Intimate Partner Violence

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Abstract

Aim This study examined service providers' perspectives on how race, ethnicity, and immigration status shape help-seeking experiences and institutional responses for Black, Latino, and immigrant male victims of female-perpetrated intimate partner violence (IPV).

Method Semi-structured Zoom interviews were conducted with 10 service providers, primarily from the United States (with one provider each from Canada and Ireland), who work with male victims of female-perpetrated IPV. Participants included 5 attorneys, 2 domestic violence agency professionals, 2 mental health clinicians, and 1 executive director of a men and families center. Data were analyzed using an inductive reflexive thematic analytic approach.

Results Three themes were identified: (1) Barriers to Help-Seeking, Protection, and Support, reflecting intersecting internal, structural, immigration-related, and institutional constraints; (2) Identity-Responsive Practices, describing providers' strategies for adapting services to diverse male victims; and (3) Gender as the Initial Lens of Institutional Interpretation, reflecting providers' descriptions of gender as the initial lens through which male victimization was interpreted, with race, ethnicity, and immigration status shaping institutional responses.

Conclusion From the perspective of service providers, improving protection for Black, Latino, and immigrant male victims of female-perpetrated IPV requires more than stigma reduction. Findings suggest that systems should address credibility bias, expand culturally and linguistically responsive services, and integrate immigration-informed pathways to promote more equitable access to safety.

Keywords Intimate partner violence · Service providers · Male victims · Black men · Latino men · Immigrant men · Qualitative research

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Intimate partner violence (IPV) remains a pervasive public health and social justice issue with profound psychological, legal, and relational consequences for those who experience it (see [1] for a review). Research has increasingly recognized men's experiences of IPV victimization [2–4] and documented barriers to help-seeking, including stigma, disbelief, and limited access to gender-responsive services [5–10]. However, far less attention has been devoted to how these barriers are shaped by race, ethnicity, and immigration status among men, despite broader evidence that these dynamics influence how men interact with courts, law enforcement, and social service systems [11–13]. Consequently, our understanding of how intersecting identities shape marginalized men's efforts to seek formal support or

protection remains limited, even though help-seeking experiences that are met with supportive and effective responses are associated with improved psychological well-being and safety outcomes [5, 14]. Conversely, barriers to help-seeking and inequitable institutional responses may prolong exposure to violence, delay access to trauma-informed healthcare and mental health services, and reinforce broader racial and ethnic disparities in health and well-being [5–10].

From an intersectional perspective [15], this lack of clarity has practical implications. Without research that centers Black, Latino¹, and immigrant male victims (of any race or ethnicity), it becomes more difficult to identify recurring barriers or tailor services in ways that reflect how multiple, overlapping identities shape men's access to support [16]. Improving understanding of these barriers is therefore essential not only for developing more equitable institutional responses, but also for reducing disparities in access to healthcare, mental health services, safety, and other supports that influence long-term health outcomes. In this context, examining service providers' perspectives is particularly important, as providers observe patterns across cases and directly navigate the institutional structures that shape access to services [17, 18]. Their perspective offers insight into how gender, race, ethnicity, and immigration status influence men's expectations about seeking help, their interactions with formal systems, and the responses they receive. Consistent with an intersectional perspective, we conceptualize these identities not as independent or additive influences on men's experiences, but as mutually constitutive social positions that shape how men are perceived and responded to within broader institutional systems [15]. Although Black, Latino, and immigrant men represent broad and internally diverse populations with unique historical, cultural, and structural experiences, this study examines them together to understand how service providers conceptualize the intersection of race, ethnicity, immigration status, and gender in shaping male IPV victims' engagement with formal systems. Existing literature suggests that these identity dimensions may shape help-seeking and institutional responses through different mechanisms; therefore, examining these populations together allows for the identification of both shared institutional processes and identity-specific influences while recognizing that their experiences are neither uniform nor interchangeable. Rather than asking whether gender, race, ethnicity, and immigration status each matter independently, our goal is to understand how providers describe these identities as operating together to shape

credibility, perceived risk, access to protection, and engagement with formal systems. In the present study, we utilize in-depth interviews with 10 service providers to examine how providers understand the role of these intersecting identities in shaping the help-seeking experiences and institutional responses encountered by Black, Latino, and immigrant male victims of female-perpetrated IPV.

IPV Victimization Among Black, Latino, and Immigrant Men

IPV has historically been framed in public discourse, policy, and service systems as primarily affecting women [19, 20]. Although women experience high rates of IPV and face distinct vulnerabilities [21], national data make clear that a substantial proportion of men also report victimization. Recent estimates indicate that 44.2% of men in the United States (U.S.) report lifetime exposure to contact sexual violence, physical violence, and/or stalking by an intimate partner, with prevalence highest among non-Hispanic Black men (57.6%) and substantial among Hispanic men [40.3%; 22]. Although nationally representative estimates disaggregated by immigration status are not currently available for male victims, a recent review of IPV among immigrant populations in the U.S. reported lifetime victimization rates—encompassing both men and women—ranging from 13.9% to 93%, depending on country of origin, type of violence measured, and sampling approach [23]. While these estimates vary considerably across studies, they suggest that IPV is also present within immigrant communities at meaningful levels. Together, these findings indicate that a sizeable proportion of Black, Latino, and immigrant men are affected by IPV in the U.S., underscoring the importance of centering their experiences in research on victimization and help-seeking.

Barriers & Help-seeking Experiences Among Black, Latino, and Immigrant Male Victims

Help-seeking, or the process through which victims disclose abuse and engage informal networks (e.g., family, friends) or formal systems (e.g., law enforcement, courts, service providers), is a critical mechanism through which victims access safety, legal protection, and psychological support [24]. Yet research consistently shows that men face substantial obstacles when attempting to disclose abuse or seek assistance. Across samples, men report internal and structural barriers, including viewing IPV as a private matter, experiencing shame or embarrassment, and fearing retaliation or false accusations from their partners [2, 6, 10].

¹ Throughout this manuscript, we use the term Latino in our narrative to refer broadly to male individuals of Latin American origin or heritage. We retain the term Hispanic when it appears in direct quotations from participants or when reproducing terminology used in cited studies, official datasets, or other source materials.

Concerns about being blamed, not believed, or treated with bias by service providers are also frequently endorsed [2, 5, 10, 25]. Thus, for many men, help-seeking is shaped not only by internalized stigma surrounding male victimization, but also by expectations about how others may interpret their experiences.

To date, much of this literature has not centered race, ethnicity, or immigration status in examining men's help-seeking experiences. Studies have often relied on predominantly White samples or aggregated racial and ethnic groups without sustained attention to how social context shapes disclosure and system engagement [25–26]. Emerging research suggests that Black men in the U.S., for example, may approach formal systems within a broader landscape marked by institutional mistrust and concerns about criminalization [27]. In one of the few IPV-focused studies centering Black male victims, participants described reluctance to involve law enforcement due to fears of being perceived as perpetrators and concerns about harm during police encounters [27]. Related scholarship on Black men's engagement with health and social services in general highlights emotional suppression, skepticism toward institutions, and prior experiences of discrimination as barriers to support [12, 28–29]. In this context, gendered stigma surrounding male victimization may intersect with racialized concerns about credibility and safety within formal systems.

Research centering Latino men's IPV-specific help-seeking experiences is even more limited. In one recent study that included Latino male victims, participants frequently endorsed barriers related to shame, concerns about blame, difficulty disclosing abuse, language access challenges, and immigration-related concerns [30]. These patterns are consistent with broader help-seeking scholarship suggesting that cultural norms emphasizing self-reliance, family privacy, and the maintenance of masculine identity (i.e., *machismo*) may shape attitudes toward disclosure and formal service engagement [31–32]. Structural constraints, including financial barriers, immigration status, and language accessibility, have also been documented as obstacles to service use among Latino men more broadly [33–35]. Accordingly, help-seeking may involve navigating both gendered stigma and structural conditions that influence whether services feel accessible, culturally responsive, and safe to approach.

Immigration status introduces additional structural considerations that may shape men's help-seeking experiences. Much of the literature on immigration-related barriers to help-seeking for IPV has focused on women, highlighting how immigration law, institutional racism, limited culturally competent services, and fears of deportation influence decisions about whether to involve formal systems [36–37]. Although this work centers women, the structural dynamics

it describes are not inherently gender specific. As such, more research is needed to understand how immigration status intersects with male victimization, particularly how immigrant men weigh the risks and consequences of seeking protection for IPV.

What this literature makes clear is that help-seeking barriers for male IPV victims rarely operate in isolation. The same concerns that constrain men's disclosure in general (e.g., shame) may take on different stakes when layered with racialized surveillance, language access, or legal vulnerability [38]. At the same time, the evidence base remains uneven, especially for Latino and immigrant men, and much of what we know comes from victims' self-reports. To better understand how these intersecting barriers unfold across service settings, it is critical to examine the perspectives of professionals who serve male victims within these systems to see how identity shapes help-seeking, institutional responses, and access to services in practice.

Service Providers' Perspectives on Supporting Black, Latino, and Immigrant Male Victims

Research examining service providers' experiences working with male IPV victims remains limited. Existing studies identify both interpersonal and systemic barriers that constrain men's access to support, including difficulty recognizing abuse, shame surrounding victimization, emotional attachment to abusive partners, inadequate professional training on male victimization, persistent gender bias within agencies and legal systems, and insufficient funding for services [9, 17, 39–42]. However, this literature has largely examined male victims as a single homogeneous group, offering little insight into how race, ethnicity, or immigration status shape providers' experiences or the institutional responses their clients encounter.

The limited scholarship that engages these dimensions of identity more directly suggests that these factors may influence how services are delivered and accessed. For example, clinicians working with Black male IPV victims in the U.S. describe prioritizing relatability, intentionally building trust, and directly addressing shame and stigma in therapeutic contexts, while remaining attentive to concerns about bias and safety within formal systems [43]. Beyond male-specific samples, provider-focused research with Black immigrant women victims in Canada highlights structural barriers including limited culturally relevant services, language access challenges, financial strain, transportation difficulties, and gaps in professional training [44]. Studies of providers serving Latina victims in the U.S. identify related concerns, such as unfamiliarity with legal systems, distrust

of police, immigration-related vulnerabilities, and family-centered cultural norms shaping help-seeking decisions [45–47]. Research with organizations supporting immigrant women further documents systemic capacity limitations, rigid service timelines, and insufficient interagency coordination as constraints on access to care [37].

Collectively, this work indicates that service provision unfolds within broader structural contexts marked by legal precarity, racialized surveillance, language accessibility, and institutional resource constraints. Yet we know far less about how providers understand and navigate these intersecting identity dynamics when working specifically with Black, Latino, and immigrant male IPV victims. Because providers operate at the intersection of individual disclosure and institutional response, their perspectives offer a critical lens on how identity shapes help-seeking, credibility assessments, and access to protection in practice. The present study builds on this literature by examining how service providers interpret and respond to the role of race, ethnicity, and immigration status in the help-seeking experiences of Black, Latino, and immigrant male IPV victims.

The Current Study

This study is grounded in intersectionality theory [10, 48], which conceptualizes social identities as mutually constitutive and structured through interlocking systems of power. From this perspective, gender, race, ethnicity, and immigration status do not operate independently; rather, they jointly shape how individuals are perceived, evaluated, and responded to within institutional contexts. In legal and service settings, these intersecting identities can influence credibility determinations, perceived risk, eligibility for resources, and access to services [49]. Guided by this framework, we conducted in-depth interviews with 10 service providers with professional experience supporting male victims of female-perpetrated IPV (hereafter referred to as male IPV victims unless otherwise specified) to examine how providers conceptualize the ways intersecting identities shape men's help-seeking experiences and institutional responses. We examined how providers across domestic violence (DV) organizations, legal settings, and mental health services responded to interview questions about how race, ethnicity, and immigration status shape men's service accessibility, interactions with formal systems, and resource outcomes. By centering providers' accounts, this study advances understanding of how intersecting identities are negotiated within institutional responses to male IPV victimization and how these institutional processes may contribute to disparities in access to protection, trauma-informed care, and other health-related supports among Black, Latino, and immigrant male IPV victims.

Method

Participants and Procedure

This study was reviewed and approved by the first author's Institutional Review Board (IRB Approval #2179607) and via a reliance agreement with the first author's IRB by all other universities represented on this study. We interviewed 10 service providers with professional experience supporting male IPV victims. Participants were recruited using purposive sampling to ensure inclusion of providers with demonstrated expertise in this area. Potential participants were identified through professional contacts of the research team, referrals from colleagues, targeted online searches, and snowball sampling. Providers were considered eligible if they were at least 18 years old, fluent in English, and had publicly verifiable experience working with male IPV victims (e.g., through organizational websites or scholarly or professional publications). Given the exploratory aims of this study, our objective was not to obtain a representative sample of service providers but to recruit participants with substantial expertise supporting male IPV victims across multiple institutional contexts. Purposive sampling allowed us to identify providers with experience working with Black, Latino, and immigrant male victims whose practice-based knowledge could provide rich insight into recurring barriers, institutional responses, and service needs that may not be apparent from individual cases alone. Using these strategies, 17 professionals were identified and contacted by trained graduate research assistants via email.

Service providers who declined participation ($n = 2$) were thanked and not contacted thereafter. Nonrespondents ($n = 5$) received up to two reminder emails, spaced one week apart. Providers who expressed interest were directed to an online consent form hosted on Qualtrics and asked to indicate their availability for an online interview. Following consent, interviews were scheduled and conducted remotely via Zoom, with participants receiving the meeting link by email. During the consent process, participants were given the option to be identified by name or to remain anonymous in any resulting publications or presentations. This approach acknowledged their time and expertise and allowed those who wished to be named as experts to do so. One participant opted for anonymity and was assigned a pseudonym (i.e., Michelle); all others consented to being named. Given the sensitive nature of the topics discussed, all quotations were carefully reviewed to ensure they did not include identifying information about clients, organizations, or specific cases. When selecting quotations for publication, the research team considered the potential risks of attribution and included only excerpts that reflected participants' professional perspectives while protecting client

confidentiality and minimizing the potential for inadvertent identification.

The final sample included 10 service providers: five attorneys, two DV agency professionals, two mental health practitioners, and one executive director of a men and families center that includes mental health and DV services who all report experience working with Black, Latino, and immigrant male victims (see Table 1). Eight participants were based in the U.S., one in Ireland, and one in Canada. Providers outside the U.S. were included to broaden the range of institutional contexts represented and to explore whether providers described similar or divergent patterns across national settings. Given the small number of international participants, the sample was not intended to support formal cross-national comparisons. Participants reported between 5 and 35 years of professional experience working with male IPV victims, and 70% of the sample self-identified as women. The inclusion of providers from legal, DV, and

mental health settings was intentional, as these professionals occupy distinct but complementary roles within the systems that male IPV victims commonly encounter. Although modest in size, the sample represented a breadth of professional expertise and extensive experience working with male IPV victims, providing sufficient depth to explore providers' perspectives regarding Black, Latino, and immigrant men's help-seeking experiences and institutional responses.

Interviews were semi-structured and conducted via Zoom during Summer and Fall 2024 and lasted 60–90 min. Interviews were carried out by a team of three trained graduate research assistants (all female, 1 identifying as Latina, 2 identifying as Black). Participants received a \$150 USD Amazon gift card in recognition of their time. Interview questions explored providers' experiences working with Black, Latino, and immigrant male IPV victims, including men occupying multiple intersecting identities, as well as perceived challenges faced by both clients and

Table 1 Participant demographics ($N = 10$)

Name	Occupation	Country of Residence	Approximate length of time working with IPV victims	Approximate percentage of clients who are men in current role	Approximate number of male IPV victims that the professional has worked with
Margie Heilbronner	DV agency case manager	United States	30 years; 9 years working exclusively with men	100%	Over 200
Jamie Madler	Family law attorney	United States	15 years; 11 years working predominantly with men	85%	1,500 ^a
Andrea McDermott	DV agency social care manager	Ireland	15 years; 10 years working exclusively with men	99% ^b	10,000
Tara Palmatier	Clinical psychologist	United States	15 years working almost exclusively with men	90-95%	Could not estimate a number, but estimated 20,000+ hours of clinical service for male IPV victims
Jason Pica	Divorce and family law attorney	United States	9 years	25-30%	20-30
David Pizarra	Divorce attorney	United States	26 years	90-95%	500
Bijan Rafii	Executive director of a center for men and families	Canada	5 years working exclusively with men	100%	Over 1,000
Lisa Scott	Family law attorney	United States	35 years	50%	90-100
Ann Silvers	Therapist	United States	15-20 years	80%	Over 100
Michelle*	Supervising Family law attorney	United States	11 years	Unable to provide an estimate ^c	15

Note. * = pseudonym

^a Participant indicated she had worked with over 3,000 men and half of them experienced IPV

^b Participant indicated that 99% of her clients are male victims, with the other 1% being women calling to get help for a brother, son, etc.

^c Participant described reporting patterns (women more likely to report), rather than client distribution, and noted that she works with both men and women who describe experiencing IPV victimization

service systems, the influence of gendered and racialized assumptions on service provision, and recommendations for improving institutional responses. Although the interview guide prompted discussion of these groups individually, providers frequently drew comparisons across populations and described them in relation to one another, often discussing shared institutional processes alongside identity-specific experiences. This analytic approach therefore preserved providers' interconnected accounts while attending to both convergent and divergent patterns across groups. Participants were informed that they could skip any questions they preferred not to answer. The full interview guide is provided as supplemental materials. All interviews were video-recorded and transcribed using Zoom, with transcripts reviewed and corrected by research assistants to ensure accuracy.

Data Analysis

Interview data were examined using an inductive reflexive thematic analytic approach [50], allowing themes to be identified from participants' accounts while attending to patterns both within and across interviews. This approach also explicitly recognizes that qualitative analysis is an interpretive process, shaped by researchers' theoretical commitments, positionalities, and analytic choices. Rather than treating researcher influence as bias to be eliminated, reflexive thematic analysis requires ongoing critical reflection on how researchers' perspectives inform coding, theme development, and interpretation [50]. This orientation aligned with the study's aims and with the research team's applied, community-engaged approach to interpersonal violence research.

Analysis proceeded in several stages. First, members of the coding team engaged in reflexive discussion to articulate their expectations, assumptions, and prior experiences relevant to the study topic before immersing themselves in the data through repeated reading of the interview transcripts. To facilitate collaborative analysis, three coders—two Master's-level researchers (both female, one identifying as Latina and one identifying as Black) and one undergraduate research assistant (female, identifying as Asian)—independently coded a subset of interviews representing each provider group (one attorney, one mental health professional, and one DV agency provider). These preliminary codes were then discussed with the first and fourth authors (both female PhD-level researchers, both identifying as White, one also as Spanish) to explore areas of conceptual overlap and distinction and to deepen interpretation of the data.

Drawing on these discussions, the first and fourth authors developed preliminary themes and an evolving working codebook to support organization and collaboration throughout the analytic process. Consistent with reflexive

thematic analysis, the codebook served as a flexible document to guide ongoing analytic reflection rather than as a fixed coding framework. As analysis progressed, the codebook was iteratively revisited and refined as new insights emerged from the data and interpretations evolved. The full dataset was then coded by members of the research team. Although each interview was reviewed by at least two coders, this process was intended to foster reflexive dialogue and multiple interpretive perspectives rather than establish coding reliability or agreement. Discussions among coders were intended to explore alternative interpretations and refine analytic insights rather than resolve discrepancies in pursuit of consensus or identify a single "correct" interpretation. The first and fourth authors maintained responsibility for the ongoing development, refinement, and definition of the final themes.

Throughout the analytic process, the research team engaged in ongoing reflexive discussions regarding how our disciplinary training (e.g., social work and psychology), professional experiences (e.g., clinical work and research experiences), and social identities—including gender and racial and ethnic identities—might shape our interpretation of providers' accounts. Given the study's focus on race, ethnicity, immigration status, gender, and institutional credibility, we intentionally sought to incorporate the perspectives of team members whose professional and lived experiences could inform interpretation of providers' accounts related to Black, Latino, and immigrant men. These discussions encouraged researchers to critically examine assumptions, consider alternative interpretations, and refine emerging themes throughout the analytic process. Although we did not formally evaluate differences in interpretation across researchers based on their social identities, differing perspectives were viewed as valuable analytic resources that enriched interpretation rather than evidence of a single correct understanding of the data.

Results

Thematic analysis of service providers' interviews yielded three overarching themes addressing how intersecting identity-related factors, particularly gender, race, ethnicity, and immigration status, shape providers' understandings of and responses to male IPV victims. These themes were developed in relation to the study's central questions about how providers perceive and navigate identity in service provision. The three themes included: (a) Barriers to Help-Seeking, Protection, and Support, (b) Identity-Responsive Practices, and (c) Gender as the Initial Lens of Institutional Interpretation. Together, they reflect providers' accounts of how intersecting identities shape male victims' experiences

of victimization, access to services, and institutional responses.

Theme 1: Barriers to Help-seeking, Protection, and Support

In discussing their work with diverse male IPV victims, all 10 providers described a range of obstacles that they perceived as limiting Black, Latino, and immigrant men's ability to recognize abuse, seek assistance, and secure protection. These barriers emerged at multiple levels, including within men's own beliefs and expectations, in relation to immigration status, and within legal and service systems. Providers emphasized that these challenges often intersect and compound in practice. These accounts coalesced into five subthemes: (a) internal barriers, (b) immigration-related barriers, (c) structural and resource-related barriers, (d) bias and disbelief in formal help-seeking systems, and (e) anticipated consequences.

Subtheme 1a: Internal Barriers

When asked about challenges men face in recognizing abuse and seeking support, eight of the 10 service providers described internal barriers rooted in culturally embedded expectations about masculinity and male responsibility, as well as racialized stereotypes and broader societal narratives about Black and Latino men. Providers most often described these barriers as being tied to expectations of provision, authority, and male strength. As Jamie, an attorney in the U.S. explained:

I would say that with Latinos, that cultural dynamic of men can't be a victim...it's more about being the provider for the family, the strong, you know, male model. And so, I would say with them, [their abuse is] even less recognizable. And I would say quite often, even when it's brought up, they can't bring themselves to accept that or recognize it.

Another attorney from the U.S., Jason, emphasized how expectations about strength and control intersect with racialized stereotypes that position Black men as inherently aggressive, making it difficult for clients to see themselves as victims:

I do find a difference between, particularly a lot of my clients are Black men because I am Black, some of which are abused and, I think the societal norm of we have to be strong and be the person that's in charge, or be more of the aggressor comes, and when they come into my office with that built in societal norm,

it's really hard to get them to accept the fact that they have been getting abused.

Providers emphasized that these norms functioned not simply as abstract cultural expectations, but as internalized standards against which men evaluated themselves. When experiences of abuse conflicted with those standards, participants consistently described feelings of shame and perceived emasculation. Ann, a therapist in the U.S., noted:

There's enough shame already around all men who are dealing with being the target of a female abuser. And then, again, my...experience with Black or Hispanic men has been, this extra heap of being emasculated by what's happened.

Providers also reflected on how they believed racialized socialization and societal treatment shaped whether some men recognized themselves as victims.

I mean, there's a lower probability that they can view themselves as a victim if they are African American or Latino, again because of either their cultural heritage, or how society has, you know, treated them throughout their life, and what they've been raised to believe that society thinks about them. —*Jamie, Attorney, U.S.*

Across interviews, service providers described these internal barriers as shaping not only men's emotional responses, but also how they understood their identities in relation to victimization. In participants' accounts, masculinity norms, racialized stereotypes, and internalized shame were thought to influence whether some Black and Latino men recognized abuse and whether seeking help aligned with who they believed they were expected to be.

Subtheme 1b: Immigration-related Barriers

In addition to the internal identity conflicts described above, seven of the 10 service providers identified immigration status as a distinct and consequential barrier shaping their clients' help-seeking and protection decisions. When discussing immigrant male victims, participants emphasized that legal precarity fundamentally altered how they perceived men evaluated risk, safety, and engagement with formal systems.

Providers most consistently pointed to avoidance of court involvement among undocumented or noncitizen men, describing fear of deportation or immigration consequences as making formal help-seeking feel unsafe. Jamie (attorney, U.S.) explained: "*I think that comes down to whether they're here [with documented or undocumented immigration*

status]. If they're here [with undocumented status], they don't want anything to do with court. They want to resolve it as quickly as possible outside of the court system." Margie, a DV case manager in the U.S. similarly noted: "Immigrant men are less likely [to come to us] because they don't trust the legal system at all. They're afraid that we're gonna turn them in."

Even when men had some form of legal status, uncertainty about how legal proceedings might affect that status appeared to create hesitation. Participants described clients whose residency was recent, conditional, or tied to marriage, and who worried that initiating court involvement could jeopardize their standing. Lisa, an attorney in the U.S., explained: "If they're an immigrant, and...maybe they have a green card from being married, and it's not been for very long... they are very worried about... whether it's going to affect their immigration status. So that is a big, big concern."

Relatedly, providers described uncertainty about eligibility for legal protection as another barrier facing immigrant male victims. As Jason (attorney, U.S.) recalled:

I can remember a male, who was an immigrant who was undocumented, who was a survivor of domestic violence, who didn't know if he could get an order of protection or a divorce because he didn't have documents... coming at this as, I don't know if I can do anything, because I'm not documented.

Beyond fears tied to immigration enforcement, providers also described structural access barriers that limited options even when men were willing to seek help due to their immigration status. As Margie (case manager, U.S.) stated: "There's very little services for immigrants... a lot of programs are not gonna help them if they don't have citizenship."

Finally, providers described immigration-related concerns as shaping how men engaged with services when they did seek help. Participants observed that immigrant clients were often more guarded, less forthcoming with details, and were more focused on minimizing exposure to formal systems.

Usually, [immigrant victims] are just more nervous... They're not as open with history and the facts... They're more focused on how quickly we can get this resolved... They don't want to fight things... they just want to try to keep it under wraps and resolve it as quickly as possible. – Jamie, Attorney, U.S.

Taken together, participants framed immigration status not simply as a demographic characteristic, but as a structural

condition that reshaped their clients' perceived risks of help-seeking for IPV. In providers' accounts, legal precarity narrowed men's perceived options, constrained the strategies they were willing to pursue, and altered how openly they could engage with services.

Subtheme 1c: Structural and Resource-related Barriers

Eight of the 10 service providers described structural and institutional barriers that they believed restricted Black, Latino, and immigrant men's ability to access services, even when men recognized the abuse or were willing to seek help. Unlike the internal or immigration-related barriers described above, providers emphasized how these obstacles were rooted in systemic conditions, including affordability of legal resources, language accessibility, cultural and gender mismatches in service provision, and limited availability of services for men.

Several providers emphasized that access to legal protection was shaped by broader structural inequities, particularly economic disadvantage. As David, a U.S.-based attorney explained, "The bigger factor, I think...it's education and access to legal resources." Similarly, Bijan, an executive director of an agency for men and families in Canada, noted that "it's more economical, I think, and social disadvantages get amplified in a situation where there is adversity for these clients," highlighting how financial strain and social marginalization compound barriers to seeking protection. Participants further described how these constraints often influenced whether men could pursue restraining orders or secure representation.

Language access emerged as another consistent structural barrier in providers' accounts. Providers described limited availability of bilingual professionals, which constrained men's ability to understand or navigate systems, and highlighted broader cultural and gender misalignment in service provision, including the shortage of gender-concordant providers:

There isn't a whole lot of Spanish-speaking social workers, and there definitely isn't very many Spanish speaking male social workers...So another man in this field will be tremendously helpful...especially a Latino man or an African American man. – Margie, Case Manager, U.S.

Here, participants framed the issue as a structural workforce gap, noting that the lack of culturally and gender-matched providers could limit men's comfort, recognition, and engagement in services, particularly for Latino and Black men. Providers also described limitations in language accessibility at the institutional level, particularly the reliance on

English-language documentation. Margie (case manager, U.S.) noted that law enforcement often provided documentation that clients could not read:

Or [they] hand a card, it's all English-speaking to a non-English-speaking person, our police officers do that a lot. They'll give them, here's your police report number, and it's all in English, and they don't read or speak English...I've had clients come in, and he says this is a police report, but I don't know what this says, because it's all English.

In this account, the barrier was not simply conversational but reflected how the provider perceived institutional processes as limiting men's ability to understand and engage with the system.

Finally, providers described institutional service gaps that left some immigrant men without meaningful support. Lisa (attorney, U.S.) recounted:

He has language issues. And so it was, it was very difficult. And when he started having money problems... I called several agencies here in [West Coast City] area to see if they could help him, like immigrant, refugees, abuse [resources]. It's all [for] women, women, women.

In this example, the provider described a client who was unable to access assistance through agencies that primarily served female victims. Providers described similar challenges across interviews, noting that services were often structured in ways that did not account for the needs of male, immigrant, or non-English-speaking clients, particularly at the intersection of these identities. In providers' accounts, these patterns reflected institutional limitations in access, representation, and service availability.

Subtheme 1d: Bias and Disbelief in Formal Help-seeking Systems

Eight of the 10 service providers also described bias, stereotyping, and disbelief within formal systems, including courts, law enforcement, and child protection agencies. In these accounts, providers described men's reports of victimization as often being questioned or dismissed based on gendered assumptions about who can be a "real" victim, as well as racialized stereotypes that positioned Black and Latino men as inherently aggressive. Providers emphasized that these biases were not isolated incidents, but patterned responses embedded within institutional decision-making.

Jamie (attorney, U.S.) described what she referred to as a "double burden" faced by Black male clients in court:

I think the biggest issue [is], you know, that Black men are... It's a double whammy, because first they have to convince the court that as a male they are a victim of IPV. And then, second, they have to convince the court that even though they're a male, and Black, not just are they the victim of IPV, but they also have to defend that they aren't the abuser, because nine times out of 10, when you allege that your male client is the victim, almost you can guarantee that the woman is going to counter and make her own IPV allegations because she knows that that's easier for the court to accept, based on our culture.

Other providers described how these biases manifested earlier in the help-seeking process, particularly in interactions with law enforcement.

I still think they still see a Black man as a criminal automatically...I've had clients that get arrested. They sit in jail; they lose their job. They don't have money for an attorney. A [district attorney] will come and say, hey, I'll give you deferred adjudication, get out of jail. Well, now, you have a conviction of an assault. I see that more so with my African American males because society still treats them as criminals. - *Margie, Case Manager, U.S.*

In this account, the provider described racialized assumptions as contributing to arrest, financial loss, and pressure to accept a plea deal, reinforcing the perception that engaging formal systems could result in further harm.

Several participants also spoke more directly about stereotype-driven credibility assessments. As Lisa (attorney, U.S.) explained:

There's still a bias against a man based on his looks or his, just the way he speaks or interacts...if he's Black or ethnic, there is still, I think, a bias that he must be the abuser. He can't be a victim.

Another attorney, Michelle (U.S.-based), described how immigration status shaped judicial credibility assessments and revealed biases: "So, they face me, and explain that he [the judge] doesn't believe in VAWA (Violence Against Women Act), that [immigrants] will say anything to get status in the U.S."

Finally, some providers situated these patterns within broader systemic inequalities embedded in institutional systems.

I mean that just goes back to the systemic racism and classism that exist in the court system. So it's not just

an IPV thing. It's a race-class thing, gender thing... If you don't have money to hire an attorney, and you're self-represented, and you don't look, and you don't dress in the clothes that you're supposed to dress in, and you don't speak in the way that they want you to speak... then you're not going to be as successful. That's just the way of it. – *Michelle, Attorney, U.S.*

Across interviews, providers described formal systems as sites where gendered and racialized assumptions shaped, in their view, credibility determinations, legal outcomes, and access to protection. In providers' accounts, bias functioned as a barrier because men's victimization was often interpreted through stereotypes that positioned them as perpetrators first and victims second (or not at all), limiting access to support.

Subtheme 1e: Anticipated Consequences of Help-seeking

Finally, six of the 10 service providers described how they believed expectations of negative outcomes shaped whether Black, Latino, and immigrant men were willing to seek help. Unlike the bias described above, which reflects institutional responses once men engage systems, this subtheme captures providers' accounts of men's anticipatory fears, including concerns about being criminalized, treated unfairly, dismissed, or deported.

Multiple providers described how they perceived Black men, in particular, as anticipating being viewed as the aggressor rather than the victim, which they believed limited help-seeking. As Margie (case manager, U.S.) shared: *"African American men, society has portrayed them as more so the criminal, so they're less likely to call the police, less likely to reach out for help."*

Participants also noted that, in their experience, Black and Latino men often entered legal settings with a heightened fear of discrimination. As Lisa (attorney, U.S.) explained:

Generally, someone who's Black or Latino often has a heightened sense or heightened fear of being treated unfairly in the system... they often are already feeling like they've been discriminated against in some ways in other areas. So, they already have a heightened fear of being discriminated against in the family law system.

Similar anticipatory fears were described for immigrant men, with Andrea, a social care manager in Ireland, explaining,

When immigrants are involved [or] people here who are non-nationals, you know, they fear that they will

be sent home... that they will be sent back to their own country, where it might be even more dangerous.

In this framing, providers described the anticipated consequences of help-seeking as extending beyond dismissal to include potential deportation. In providers' accounts, expectations of criminalization, discrimination, or removal shaped whether diverse male victims viewed formal systems as protective or as posing additional risk.

Theme 2: Identity-responsive Practices

Alongside their discussions of barriers, providers described how they adjust their work with clients whose experiences they perceived as being shaped by race, ethnicity, and immigration status. Identity was not treated as peripheral, but as central to how they approached safety planning, court preparation, and engagement in services. These accounts clustered around three areas of practice: (a) culturally responsive engagement and trust-building, (b) education and preparation for system involvement, and (c) language access and communication support.

Subtheme 2a: Culturally Responsive Engagement and Trust-building

Eight of the 10 providers described intentionally adjusting how and when they discuss abuse, identity, and risk in ways they believe reflect clients' cultural backgrounds, values, and prior experiences. Rather than applying a uniform script, participants emphasized the importance of pacing conversations, checking their own assumptions, and adapting communication styles to build trust and reduce defensiveness among Black, Latino, and immigrant male victims.

Several providers discussed the need for cultural humility and self-reflection in their approach. For instance, Margie (case manager, U.S.) emphasized the importance of professional self-awareness:

I think it goes back to a lack of adequate training for professionals. Also checking their own biases, understanding the need of the culture. Hispanic men react different versus a White man or African American man, based on their culture and how they were raised.

Similarly, participants cautioned against entering interactions with fixed expectations:

One mistake is... coming into the meeting with preconceived notions about what happened or who this person is...we learn best practices, and then we get

stuck in best practices, and sometimes we need to blur the lines a little bit. – Jason, Attorney, U.S.

Beyond general cultural awareness, providers described modifying how directly and quickly they labeled abuse depending on a client's background and values. For instance, Jamie (attorney, U.S.) shared:

If I see... this person grew up in a very conservative home and he brings home the money, I know automatically that this person is going to be less receptive to accepting that they are a victim of IPV... I'm very careful about bringing it up too early... with certain clients based on their background and their values, I might wait a while to bring it up... because they're not in a place where they can see it or accept it.

Rather than confronting resistance directly, providers described pacing these conversations carefully, allowing clients to share more context before introducing language about abuse. In some cases, participants noted that pushing too quickly could shut down engagement.

Other providers emphasized the importance of relational positioning in building trust. One attorney described adjusting his interpersonal style when working with Black male clients:

Particularly as a Black man talking to another Black man... I turn off the professionalism, and I try to become their peer... That's generally how I get the comfortability level... where they're comfortable sharing these things about being abused. – Jason, Attorney, U.S.

Similarly, Margie (case manager, U.S.) highlighted the role of safety and compassion in fostering disclosure: *"Because they feel safe in a room, and they just cry and they cry, and then they realize that I'm a safe person. So, they start building the trust."*

Providers also described asking direct but respectful questions when they suspected racial, cultural, or religious factors were shaping a client's response to abuse. As Tara, a clinical psychologist in the U.S. noted: *"When I think there might be something that is due to a racial or cultural issue, I will ask questions, so I can understand better."*

Together, these accounts illustrate how providers conceptualized culturally responsive engagement as requiring ongoing self-reflection and adaptation rather than reliance on static identity categories. Providers described ongoing self-monitoring of their own assumptions, resisting preconceived narratives about gender or culture, and adapting their tone, timing,

and relational stance accordingly. By checking biases, pacing conversations carefully, and intentionally building trust, participants sought to create space for disclosure in ways they believed reduced defensiveness and acknowledged the cultural and social contexts shaping their clients' experiences.

Subtheme 2b: Education and Preparation for System Involvement

Six of the 10 service providers described actively preparing Black, Latino, and immigrant male clients to navigate interactions with courts, law enforcement, and immigration systems. Participants emphasized that, given the structural barriers and biases (outlined in Theme 1), marginalized men often, from their point of view, require explicit guidance on how their behavior, communication, and identity may be interpreted within formal systems. Providers described this preparation as both protective and preventative. One attorney explained that she regularly coaches clients on how they may be perceived in court or in written communication:

I try to again warn them... give them as much education and as much information as I can about how to behave. You know, people have this stereotype. So, it's really important to talk to them about that and say, hey, be careful how you present yourself... be careful how you text or email... Everything you write, whether it's text or email, assume that somebody is going to read it. Maybe a judge... If you say those things in your emails or voicemail, they're going to think that you're the abuser... So those are things I have to really talk to them about... give them better tools hopefully, to better present themselves and better interact with the other side. – Lisa, Attorney, U.S.

Other providers described education focused on clarifying legal rights, particularly for immigrant men who may be unaware of available protections.

We can give people... residency... if they're dependent on an abuser... we can talk to them and help them to stay in the country in their own right... and [let them know] that domestic violence legal orders do apply to men as well. – Andrea, Social Care Manager, Ireland.

Preparation also extended to safety planning in light of providers' concerns about racialized policing, as Tara (clinical psychologist, U.S.) stated: *"With Black and Latino clients in particular, I make sure to really go over safety precautions, regarding potential law enforcement being called, for obvious reasons."*

Across interviews, providers framed education and preparation as necessary components of equitable practice. Rather than assuming systems would treat clients neutrally, they described equipping men with information and strategies they believed would help them navigate institutional settings more safely and effectively.

Subtheme 2c: Language Access and Communication Support

Finally, five of the 10 service providers described strategies for navigating language differences to maintain engagement with non-English-speaking clients. When providers and clients did not share a common language, participants most often relied on interpreters and translation tools, which they viewed as essential for effective communication and client support.

At the same time, providers adapted their communication practices when formal language supports were limited. They described slowing conversations, asking clients to repeat or spell words, and posing additional clarifying questions to ensure mutual understanding. Others relied on informal language learning and shared effort to bridge communication gaps. For instance, Margie (case manager, U.S.) described working with a client when neither spoke the other's language fluently:

I had one client that, I don't know Spanish. He didn't know English, but we both tried learning English and learning Spanish. We use[d] the language line. We used Google translate. And we really started forming a really good bond. Even though it was very limited, cause you know, if you don't speak the language, how therapeutic is counseling?

In this example, the provider emphasized persistence, creativity, and shared effort in building rapport despite linguistic limitations. Similarly, Margie noted that once clients felt safe, communication often became more fluid: "Because they feel safe in a room...they're able to talk, even some of the Latino, non-English speaking [men]. We learn to, we've been able to learn to adapt with them."

Providers also described making concerted efforts to secure language support when in-house interpreting services were not readily available. For example, Andrea (social care manager, Ireland) explained: "We don't have interpreting services. So, it's really important that if we can, we try and get somebody, whether we use the Embassy or somebody where we can have, you know, a 3-way conversation."

Rather than viewing language differences as a reason services could not move forward, participants described actively working to keep clients engaged. Whether through

formal interpretation, translation tools, or adjustments to their own communication style, providers emphasized doing what they believed was necessary to help clients understand their rights, express their experiences, and remain connected to support.

Theme 3: Gender as the Initial Lens of Institutional Interpretation

Finally, beyond describing specific barriers and identity-responsive practices, five of the 10 service providers reflected more broadly on how they conceptualized institutional responses to male IPV victimization. In these discussions, participants emphasized that gender often served as the initial interpretive lens through which they believed male victims were perceived and treated within formal systems. Specifically, providers described gender-related assumptions as frequently shaping initial perceptions of credibility and seriousness, with race, ethnicity, and immigration status influencing how those assumptions were subsequently expressed across institutional contexts. As David (attorney, U.S.) stated, "*When I think about it, I've not seen that there's always a racial or a cultural difference in terms of how [male victims] perceive domestic violence, it tends to be more gender than racial or ethnic.*" Other providers described similar dynamics. As Andrea (social care manager, Ireland) explained: "*Society will see whether it's a Black man or a Latino man, or an Asian man...[but] the fact that he's male...is why society sees it [as] not so serious.*"

In these accounts, providers described stereotypes about masculinity as often shaping the initial interpretation of men's victimization, influencing whether men were viewed as credible victims or presumed to be perpetrators. Importantly, participants did not suggest that race, ethnicity, or immigration status were unimportant in shaping institutional responses. Rather, they emphasized that being male often served as the initial lens through which institutions interpreted men's claims of victimization, while race, ethnicity, and immigration status shaped how those gendered assumptions were expressed across legal and service settings. For example, providers described concerns about criminalization among Black men, cultural expectations surrounding masculinity for Latino men, and legal precarity among immigrant men as influencing how men experienced and navigated institutional responses. Together, these findings suggest that providers viewed institutional responses as shaped by multiple intersecting social identities, with gender informing initial interpretations of men's victimization and race, ethnicity, and immigration status influencing how those interpretations translated into barriers, credibility assessments, and service experiences.

Discussion

The current study examined how race, ethnicity, and immigration status shape institutional responses to Black, Latino, and immigrant male victims experiencing female-perpetrated IPV, drawing on interviews with 10 service providers across legal, DV, and mental health setting. Although prior research has established that male victims often face stigma, anticipated disbelief, and limited gender-responsive services [5–10], far less attention has been given to how institutional responses interact with racialized stereotypes and immigration-related precarity to shape men's help-seeking experiences [12, 23, 27]. By centering providers' accounts, the present findings extend help-seeking scholarship by illustrating how service providers perceive intersecting identities to influence not only whether male victims seek help, but also how their claims are interpreted, evaluated, and acted upon within formal systems.

Intersecting Identities Shape Barriers to Help-seeking and Protection

A central contribution of this study is demonstrating how providers conceptualized barriers faced by Black, Latino, and immigrant male victims cannot be reduced to gender stigma alone. Providers echoed prior research documenting how men's reluctance to disclose abuse and engage formal systems is often rooted in masculinity norms emphasizing strength, control, and responsibility [2, 6, 10]. However, these accounts made clear that such norms do not operate uniformly. For Black and Latino men in particular, expectations about masculinity were described as intertwined with racialized narratives that position them as dominant providers, emotionally stoic, or inherently aggressive [12, 27, 32]. In this context, acknowledging victimization was not simply embarrassing; it conflicted with deeply internalized expectations about what it means to be a man of color and how society perceives them [27, 38].

Immigration status further complicated these decisions. Providers described men with recent, conditional, or undocumented residency status. These immigration circumstances compounded legal uncertainty, shaping concerns about eligibility for protective orders and intensifying fears that court involvement could trigger immigration-related consequences, including deportation or loss of status. Such immigration-related barriers have been extensively documented among female victims [23, 36–37], and the accounts reported in our study suggest that legal precarity similarly constrains immigrant men's perceived options and shapes how they weigh risk. Rather than viewing formal systems as protective, providers described men feeling that engagement could expose them to additional scrutiny.

Importantly, providers also described what occurred once men did seek help. Across interviews, participants described patterned bias within courts and formal services in which men's claims were approached with skepticism. Several accounts suggested that credibility functioned as a gatekeeper to protection, as providers described men's access to protection from an abusive partner as often depending on whether they were perceived as "believable" victims. Providers described cases in which Black, Latino, and immigrant men were presumed to be the aggressor, required to defend against counter-allegations, or treated as though their claims were strategically motivated to obtain legal status or advantages in family court. These interpretations align with broader evidence that racialized and immigrant men can encounter heightened scrutiny, discrimination, and institutional mistrust when navigating formal systems [11–13, 37].

At the same time, a subset of providers emphasized that gender itself often functioned as the initial lens through which male victimization is interpreted, regardless of a man's racial or cultural background. These accounts are not inconsistent with an intersectional framing; rather, they suggest that providers viewed institutional responses as beginning from a gendered default in which male victimization was minimized or treated as less serious, while race, ethnicity, and immigration status shaped how those gendered assumptions manifested across legal and service settings [51]. In other words, providers described gender as informing initial perceptions of men's credibility as victims, with racialized and immigration-related stereotypes interacting with those assumptions to influence the forms of scrutiny, disbelief, and institutional consequences men encountered once they engaged formal systems [49].

Taken together, these findings suggest that providers viewed barriers to help-seeking among Black, Latino, and immigrant male victims as shaped not only by internalized stigma, but also by how intersecting identities influence whether men are seen as credible once they enter formal systems. Efforts to improve men's help-seeking, therefore, cannot focus solely on reducing stigma or raising awareness of male victimization. They must also address how racialized assumptions and immigration-related suspicion shape how men's claims are interpreted and acted upon [29, 34]. Improving these institutional responses has implications beyond service engagement. When Black, Latino, and immigrant male victims encounter—or are perceived by providers to encounter—biased credibility assessments, culturally or linguistically inaccessible services, or immigration-related barriers, they may experience delayed access to safety, trauma-informed care, mental health services, and other forms of support that are critical to well-being, potentially reinforcing broader racial and ethnic health disparities. Training in courts, law enforcement, healthcare, and

DV agencies should explicitly address male victimization alongside racial and immigration-related bias in credibility assessments. These efforts should also strengthen screening and referral pathways so that Black, Latino, and immigrant male victims are connected to culturally responsive, gender-inclusive, and trauma-informed services when they engage formal systems. Clearer communication about immigrant victims' legal rights, stronger partnerships with immigration legal service providers, paired with expanded access to language-concordant and affordable legal support, may help ensure that protection does not depend on resources or conformity to dominant norms [46]. Finally, these findings suggest that improving outcomes for Black, Latino, and immigrant male victims will require structural investment in culturally responsive mental health care, interpreter services, and gender-inclusive IPV service models, rather than relying solely on individual providers to compensate for broader institutional gaps.

Notably, these themes were consistently described across providers, including those practicing in Canada and Ireland, suggesting that many of the institutional barriers and identity-responsive considerations identified in this study may extend across multiple service contexts. Although the small number of international participants precludes conclusions regarding cross-national similarities, this convergence highlights the potential relevance of these findings beyond the U.S. context. Additional international research is needed to examine how differences in legal systems, service infrastructure, and evolving immigration policies shape providers' perspectives and institutional responses.

Identity-responsive Practices in Institutional Contexts

In addition to describing how intersecting identities constrain men's access to services, providers detailed how they adapt their own practices in response to these realities. These adjustments were not framed as peripheral cultural considerations, but as necessary strategies for engaging men who anticipate stigma, misinterpretation, or institutional harm [43, 49]. Prior research on male IPV victims has documented limited gender-responsive services, persistent bias, and gaps in professional training [17–18, 39, 41–42], while scholarship on culturally responsive practice emphasizes cultural humility and contextual adaptation when working with marginalized populations [16, 52]. The present findings extend both strands of literature by showing how providers working with Black, Latino, and immigrant male victims integrate gender-responsive and culturally responsive strategies in real time, particularly when preparing clients to navigate systems that may already view them with suspicion [7–9].

Across interviews, providers described modifying how and when they introduced conversations about abuse, especially with men whose cultural or racialized experiences of masculinity made direct labeling of victimization feel shaming or destabilizing. Rather than directly challenging resistance, participants described pacing discussions, asking open-ended questions about family and cultural expectations, and building trust before using IPV-related language. These adjustments were described as central to maintaining engagement; providers noted that when they moved too quickly or framed abuse in ways that conflicted with men's identities, clients were more likely to disengage [43]. This aligns with broader literature on cultural responsiveness and trauma-informed engagement, which emphasizes relational pacing and contextual sensitivity as foundational to effective intervention [52].

Providers also described explicitly preparing Black, Latino, and immigrant men for how they might be interpreted within courts or law enforcement contexts. This preparation included coaching around written communication, courtroom demeanor, and awareness of how counter-allegations might unfold. In several accounts, providers acknowledged that credibility assessments are rarely neutral, as men's speech patterns, emotional expression, clothing, or prior system involvement could influence how their claims were evaluated [12, 27]. Notably, participants did not describe this as endorsing stereotypes; they described it as helping clients navigate institutions where those stereotypes were already operating.

For immigrant men specifically, preparation often centered on clarifying legal rights and directly addressing fears tied to immigration status before encouraging engagement with formal systems. Participants emphasized that without clear information about eligibility for protection or the potential legal ramifications of alleging abuse, many immigrant men would avoid pursuing support altogether. In their accounts, immigration-informed legal education (rights, eligibility, risks, and pathways to protection) was foundational because it directly addressed the uncertainty that suppresses help-seeking in the first place [36–37].

Finally, providers described the ongoing work required for language access. When bilingual staff or translated materials were limited, providers relied on interpreters, translation tools, slowed pacing, and repeated checks for understanding. These efforts were sometimes resource-intensive and improvised, reflecting broader institutional gaps [25]. Nonetheless, participants emphasized that without intentional communication support, men could not meaningfully engage with services or understand the consequences of legal decisions.

Overall, these accounts suggest that supporting Black, Latino, and immigrant male victims involves more than

recognizing intersecting identities; it requires anticipating how those identities may be interpreted within formal systems and adjusting practice accordingly. Providers described doing this work within institutional contexts that do not consistently recognize male victimization and that often lack adequate language access, legal guidance, culturally responsive services, and gender-concordant providers for men seeking support. Although individual providers can mitigate some of these barriers through culturally attuned and identity-responsive practice, these efforts operate largely as workarounds within systems that remain structurally misaligned [5, 53]. Reducing reliance on these workarounds requires expanding training on male victimization, strengthening language-concordant and culturally responsive services, investing in gender-responsive and gender-concordant programming, and directly integrating immigration-related protections into IPV response frameworks [38, 54].

Limitations and Future Directions

Despite offering novel insights, the present study has several limitations. First, our sample was small ($N = 10$) and purposively recruited based on publicly verifiable expertise supporting male IPV victims. These providers offered insight into recurring institutional patterns, but their perspectives may not reflect the full range of responses across systems, particularly as two providers were located outside of the U.S. (i.e., Canada and Ireland). Notably, the majority of U.S.-based participants practiced in more socially liberal jurisdictions (e.g., West Coast regions), where policies, training, and public discourse around race, immigration, and gender may differ from those in more socially conservative areas [55]. Future research should include providers from a broader range of geographic and sociopolitical settings to assess how race-, ethnicity-, and immigration-related dynamics operate across formal systems. Moreover, because providers frequently described Black, Latino, and immigrant men with overlapping identities, the present study was not designed to compare these populations as distinct or mutually exclusive groups. Future research with larger samples should examine both shared and identity-specific experiences across these heterogeneous populations.

Additionally, although our sample included attorneys, DV agency professionals, and mental health providers with experience working with male victims of female-perpetrated IPV, it was weighted toward legal professionals, and it did not include law enforcement or medical professionals, who often serve as critical entry points into formal systems for IPV victims [56]. The perspectives of healthcare providers may offer additional insight into how race, ethnicity, and immigration status shape screening, documentation, and

referral processes at earlier stages of system contact. In addition, we did not systematically collect demographic information regarding providers' race or ethnicity and therefore could not examine how providers' own social identities may have shaped the perspectives shared in this study. Providers' racial, ethnic, cultural, and lived experiences may influence how they interpret clients' behaviors, understand culturally specific norms and barriers, recognize institutional bias, and evaluate effective strategies for supporting Black, Latino, and immigrant male IPV victims [49]. Because providers' accounts are necessarily informed by their own social positions and professional experiences, future research should examine how these perspectives vary across providers from different racial, ethnic, and cultural backgrounds, including those who share identities with the communities they serve. Such work may identify additional barriers, culturally specific strengths, and practice approaches that were not captured in the present study. Similarly, because providers were not systematically asked to characterize clients by sexual orientation, gender identity, socioeconomic status, or specific immigration category (e.g., refugee, asylum seeker, undocumented, permanent resident), we were unable to examine how these intersecting characteristics may further shape institutional responses and help-seeking experiences.

Additionally, although providers offered valuable insight into recurring institutional patterns and barriers faced by male IPV victims, the present study did not include victims' own perspectives. Experiences with help-seeking and institutional responses are highly variable, and victims may interpret interactions with formal systems differently than providers who work within or alongside those systems. Future research would benefit from integrating victim and provider perspectives to better understand how these experiences converge, diverge, or are differently understood across contexts, particularly differences between providers who work primarily with male victims and those who do not. Finally, our interview guide explicitly asked how experiences may differ for Black, Latino, and immigrant male victims, thereby centering these identities in participants' responses. While this focus was intentional and theoretically grounded, it may have shaped the scope of themes discussed and limited exploration of additional intersecting identities or contextual factors. Future research should expand recruitment to include medical and culturally matched providers and employ interview designs that allow for broader examination of intersecting identities within institutional response. In addition, as the present study focused on providers' perspectives regarding Black, Latino, and immigrant male victims of female-perpetrated IPV, future research should also examine the experiences of diverse male IPV victims in same-gender relationships, transgender and gender-diverse individuals,

and other LGBTQIA+ populations, whose experiences of victimization, help-seeking, and institutional responses may differ in important ways from those captured in the present study.

Conclusion

In sum, this study highlights how service providers perceived intersecting identities to shape help-seeking decisions and institutional responses for Black, Latino, and immigrant male IPV victims. Providers described gender as often informing initial skepticism toward men's victimization, while race, ethnicity, and immigration status shaped how those assumptions were expressed across institutional contexts. Together, these findings point to the need for more equitable, identity-responsive systems that address structural barriers contributing to disparities in safety, service access, and health and well-being among marginalized male IPV victims. Future research incorporating victims' own perspectives is needed to further examine these processes and inform efforts to reduce inequities.

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Data Availability Data is available at the request of the fifth author (principal investigator). Code availability is not applicable.

Declarations

Ethics Approval The study was reviewed and approved by the first author's Institutional Review Board.

Consent to Participate Informed consent was obtained from all individual participants included in the study.

Consent for Publication All individuals provided informed consent for publication of their interview data.

Conflicts of Interest The authors report no conflicts of interest.

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