

Barriers for Male Victims of Intimate Partner Violence to Seek and to Find Help: An Anonymous Online Survey from Germany

Mathias Blanz¹, Jessica Jänsch²

¹Faculty of Applied Social Sciences, Technical University of Applied Sciences Wuerzburg-Schweinfurt, Wuerzburg, Germany

²Independent Researcher, Wolfskeelstraße 20a, Wuerzburg, Germany

Email: mathias.blanz@thws.de, jessica.jaensch@web.de

How to cite this paper: Blanz, M. and Jänsch, J. (2025) Barriers for Male Victims of Intimate Partner Violence to Seek and to Find Help: An Anonymous Online Survey from Germany. *Open Journal of Applied Sciences*, 15, 1946-1969.

<https://doi.org/10.4236/ojapps.2025.157130>

Received: June 5, 2025

Accepted: July 14, 2025

Published: July 17, 2025

Copyright © 2025 by author(s) and Scientific Research Publishing Inc. This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

Abstract

The latest crime statistics from Germany show that nearly 21% of police reports of intimate partner violence (IPV) were made by men. There were a total of 34,899 male victims, which means that almost 100 men are victims of IPV every day in Germany. The results of an anonymous mixed-method online survey of 141 German men who experience (or had experienced) IPV in their relationships to women are reported. The results support the fact that men can experience multiple violence in relationships by their partners, most pronounced by psychological violence (e.g. insults), followed by physical violence (e.g. blows) and to a smaller amount by sexual violence (e.g. forced to intercourse). Triggers were everyday situations like dispute or stress. Battered men show inhibiting feelings and thoughts, which prevent them to out their violent experiences. Among these are the beliefs that counseling centers and the police could not help them and that they couldn't win in court. Instead, they prefer to react with distancing and escaping or trying to tolerate and accept their traumatic experiences. If they confide in others, with the exception of friends, all persons showed more rejecting than supporting reactions. For aid organizations like social work, a number of participants indicated that such counseling offers for men in Germany "do not exist" or "are not known". Implications for social work practice, education and research are discussed and suggestions are offered to improve the situation.

Keywords

Aggression in Relationships, Intimate Partner Violence (IPV), Battered Men, Male Victims

1. Introduction

Everybody counts or nobody counts [1].

1.1. The Global and International Perspective

The World Health Organisation defines intimate partner violence (IPV) as “behaviour within an intimate relationship that causes physical, sexual or psychological harm” [2]. In 2025, out of the more than 600 data points considered by the WHO to estimate worldwide IPV lifetime prevalences about 9% concern studies on men as victims: the respective medians for men are 17.1% for physical abuse, 13.0% for sexual abuse and 24.4% for psychological abuse. Especially for the European WHO region, lifetime prevalences for male IPV victims are ranging, depending on studies from different countries, between 13.1% (Spain) and 42.0% (Finland) for physical violence (10 data points), between 1.7% (Switzerland) and 54.2% (Spain) for sexual violence (17 data points) and between 4.6% (Albania) and 94.5% (Spain) for psychological abuse (11 data points).

In a review of 17 international forensic studies on male victims of IPV published between 1990 and 2019, Kolbe & Büttner [3] report prevalence rates of 3.4% to 20.3% for physical violence, 0.2% to 7.0% for sexual violence and 7.3% to 37.0% for psychological violence. Overall, the mentioned data converge that men are most often affected by psychological IPV, followed by physical IPV and, somewhat less frequently, by sexual IPV. However, as noted by Weare & Bates [4], it should be taken into account that the kind of violence often occurs in mixed forms, e.g. physical together with sexual violence. As further outlined by [3], IPV does cause additional subsequent negative consequences for male victims, such as a 2.5-fold reduction in physical health status and in 24.2% of the cases psychiatric sequelae like anxiety disorders or substance misuse. As shown in a recent study from Wales, male IPV victims also report reduced psychological well-being and increased loneliness, especially if they were subsequently separated from their children as a form of secondary victimisation [5].

1.2. The German Perspective

Out of the 38 data points on which the above-mentioned assessment through the WHO on the prevalence of male IPV victims in Europe is based, only two come from Germany. They concern exclusively sexual violence against younger males and report a prevalence of 4.0% to 6.5%. In a further German study by Krahé, Waizenhöfer & Möller [6], nearly 15% of the surveyed women indicated that they have already exhibited unwanted sexual behavior (completed and attempted kissing/petting, intercourse, oral sex) against their male partners through physical force, exploitation of incapacitated state and/or verbal pressure. With respect to physical violence, [3] interviewed 16 male IPV victims in their German violence victim clinic, mostly referred by GPs and emergency rooms. As physical injuries they identified hematomas, abrasions, reddened skin, bite wounds, scalds and vitreous hemorrhages. The physical violence reported refers to blows (with hand, fist

or object), kicks, bites, scratches and pushes. Overall [3] assessed the injuries as being caused by “mild to severe blunt force trauma” (p. 538; translated from German). In addition, the authors suspect a larger number of undetected male IPV victims, because they feel personal shame, fear of disbelief, deprivation of children and the hope that the partner will change her behavior. In light of these sparse data, all three forms of IPV among male victims in Germany appear to be largely unexplored.

Instead of using scientific data, the discussion and public portrayal of IPV in Germany is nearly exclusively based on reference to reporting statistics. Cases of IPV reported to the police in Germany are regularly published by the Federal Criminal Police Office (Bundeskriminalamt, BKA), and the most recent statistics relate to the year 2023 (published in 2024) [7]. In 2023, a total amount of 167,865 (p. 14) attempted or completed acts of IPV were registered, including violence against spouses, registered partners, partners in non-marital partnerships and former partners. This number has increased by about 6.4% since 2022, and shows a share of 20.8% male victims in 2023 (p. 5). In terms of homicide and manslaughter (attempted or completed) as well as bodily harm resulting in death, there were a total of 82 cases of men being victims of intimate partner violence in 2023—this means that approximately every 4 to 5 days a man is currently threatened in Germany with his life in his relationship. In addition to the 20.8% (34,899) of reported male victims of IPV, the BKA statistics of 2023 also show 46.0% (40,662) male victims of intra-family violence (IFV), which results in sum in an average share of 29.5% (75,561) male victims of domestic violence (DV; here defined as IPV together with IFV).

Since these data are based only on cases that have become public knowledge, a considerable number of unreported cases is assumed. As an official statement of the German Federal Government said, “experts suspect that the number of unreported cases is around 80 percent. Men are often even more ashamed than women when they become victims” (translated from German) [8]. Anonymous studies on aggressive behaviors between partners of different sexes found no significant and consistent gender differences, which is true for the international level as well as for Germany. See e.g. the meta-analysis of 82 single studies by [9], which is based on more than 30,000 couples and the annotated bibliography from [10], in which 343 publications (also after the year 2000) are taken into account, with an aggregated sample size of more than 440,000 persons. Even in the only German study by Habermehl [11] that exists in this research tradition, no significant gender differences were found between male and female victims or perpetrators. A German summary of the results of the mentioned anonymous studies stems from Schwithal [12].

Nevertheless, official political statements in Germany about IPV nearly exclusively focus on female victims and male perpetrators. In public presentations of the BKA results, for instance, the Federal Ministry of the Interior and Home Affairs (Bundesministerium des Inneren und für Heimat) avoid to even mention

“male victims” (or “female perpetrators”) [13]. But there are also some exceptions from this. For example, the following description of the deficient research situation for male IPV victims in Germany is provided by the German Ministry of Social Affairs of Baden-Wuerttemberg: “Violence against men takes place on a daily basis, but is hardly discussed or recognized in society. This is because violence against men, whether domestic violence, sexual violence or stalking, is still a taboo subject” (translated from German) [14].

1.3. Studies on Experiences of Male IPV Victims in Coping with Their Trauma

Since the beginning of scientific research on IPV in the 1970s, incidents of male victims are known [15]. Descriptions of single case examples for male IPV victims can be found in [16]. As shown in [17], if hypothetical aggressive acts by the partner are assessed by male and female undergraduates, male victims are judged more negative and the aggressive acts against them are considered as less abusive. In addition, male participants reported being more likely to minimize their traumatic experiences and less likely to disclose and seek help compared to female participants. During the last years, several studies took a closer look at the strategies and experiences male victims of IPV made in coping with their trauma, which will be summarized in the following.

In the study by Cook [18], the 30 men interviewed who were affected by IPV and sought help from institutions often reported the experience of strong barriers. For example, hotlines stated that they are only for women or tried to refer the men to batterers’ programs, while the police either ridiculed or even arrested them. At court, they lost custody or free contact to their children and were accused by their partners of IPV or abusing their children.

In an anonymous online survey, Douglas & Hines [19] reviewed 302 men (from 18 to 59 years) who lived in the USA in an other-sex relationship and who reported experience of IPV during the previous year. Participants were recruited through helplines, websites, newsletters, blogs etc. and reported of psychological aggression (96%), controlling behavior (93%) and minor (99%) to severe physical violence (54%) which caused minor (e.g. cut; 77.5%) to severe injuries (e.g. broken bone; 35%). With declining frequencies the affected men did seek help from friends/family/lawyers, mental health professionals/online support, police, domestic violence agencies, hotlines and medical professionals. The best ratings for being helpful were for friends/family/lawyers (90%), medical professionals (78%) and mental health professionals/online support (70%), while the lowest ratings concerned domestic violence agencies (45%), the police (44%) and hotlines (31%). Again, domestic violence agencies and hotlines often told “We only help women” (60% - 80%) or suggested batterers’ programs (30% - 60%). With respect to the police, the male helpseekers were more often arrested and placed in jail instead of their partners and their charges were dropped less frequently. Furthermore, participants with more positive helpseeking experiences showed less alcohol abuse

and those with more negative experiences showed more post-traumatic symptoms.

Similar results are reported in [20]. In their study, out of the 1368 men attended GP in England, 257 (19%) said they already have been victims of IPV and 92 (36%) of these affected men told someone about their traumatic experiences. Most of them confided in friends and family, followed at some distance by medical professionals, the police and helplines. As barriers the authors list the following aspects: not feeling that appropriate support is available, feeling ashamed or embarrassed, they didn't define their experiences as abuse, fear of being disbelieved and fear of further violence.

To investigate these barriers further, Huntley *et al.* [21] distinguished between two kinds of hurdles in their systematic review of 12 qualitative studies (between 2006 and 2017 from USA, UK, Sweden and Portugal) on men in relations to women or other men. First, barriers within the male IPV victims themselves, which prevent them from help-seeking on their own and second, barriers on side of the external services in terms of limited offers, support and intervention which restrict a successful help-finding. The analysis revealed the following nine themes considered in the literature: 1) fear of disclosure (e.g. losing custody of the children, losing their home, financial losses), 2) challenge to masculinity (e.g. being looked down upon as a man, violation of the expectation that men are strong and can defend themselves), 3) commitment to relationship (e.g. waiting for the abuse to stop, loving and trying to protect the partner), 4) diminished confidence and despondency (e.g. feeling depressed, avoiding everyday social contacts), 5) invisibility of services (e.g. services are not available or not appropriate, IPV services are only for women), 6) initial contact (men must feel an extreme acute crisis to be ready for professional contact), 7) confidentiality (the given information should be kept private, not be passed on uncontrolled), 8) appropriate professional approaches (meeting help-seekers needs e.g. for counselor's gender, amount and frequency of contact, an empathetic, supportive attitude etc.) and 9) inappropriate professional approaches (e.g. a wall of silence, lack of sensitivity and compassion, gender stereotyped treatment by IPV services and the police).

In the study by Walker *et al.* [22], 258 men (18 to 77 years) were recruited using a snowball technique through social media and a monthly newsletter in Australia to participate in an online survey with open-ended questions about their relationship. From these persons, 143 (55.4%) reported an experience of IPV (the authors prefer to speak of "boundary crossings") and 126 (48.8%) of them provided detailed descriptions of these incidents, which were subsequently assigned by the authors to several themes and subthemes. With respect to the type of experienced IPV, participants reported about primary abuses, like physical violence (e.g. assaults), sexual violence (e.g. coercion), controlling behavior (e.g. social isolation), manipulation (e.g. emotional blackmail), domination (e.g. demand obedience) and verbal abuse (e.g. screaming and criticism), as well as about secondary abuses, like using children for personal gain (e.g. lying about dad) and social and legal

manipulation (e.g. false accusations). With regard of the used strategies for help-seeking and the reactions of the entrusted persons, 91.6% of the disclosing participants turned to family and friends. Their reactions were shock/surprise/disbelief (e.g. “She could appear to be very sweet”), minimizing (e.g. “Each couple has fights”), reversing the issue (e.g. “What did you do to make her do that?”), indifference (e.g. “They had little to no concern”) and support (e.g. “Some were supportive”). Among the reported reasons for not disclosing to family and friends were: trying to protect the partner, embarrassment, failure to realize IPV and fear of being disbelieved. In addition, 51% of the disclosing persons reported the abuse to the police, leading to the following reactions: doubt (e.g. “I wasn’t believed”), ridicule (e.g. “They ridiculed me”), indifference (e.g. “They ignored it”), gender stereotyping (e.g. “Not interested when I told it was from a female partner”) and reversal the issue (e.g. “The police arrested me”). Among the reasons for not disclosing were: not serious enough, missing of witnesses and lack of support. In sum, the authors speak of much more unhelpful than helpful reactions (p. 8) which was already found in previous studies [23].

1.4. Aims of the Present Study

In light of the deficient state of research in Germany on male victims of IPV, the major aims of the study were to obtain more empirical data to the following questions: 1) To what extent and through which specific behaviors do the male victims experience violence in their relationship in the German context? 2) How do they characterize typical situations in which they experience this violence? 3) How are the feelings and thoughts of the battered males? 4) How do they personally react to these violent experiences? 5) To whom do they confide in about their traumatic experiences? And 6) How do they describe the reactions of those people?

The methodological approach of the study was closely related to the qualitative study by Walker *et al.* [22] reported above, but we also included quantitative ratings scales, which resulted in a mixed-method design. The focus of the study was on experienced violence in relationships to women and we tried to reach a sample of the male general population in Germany. In addition, we were interested in different forms of IPV, *i.e.* physical violence (e.g., being beaten), psychological violence (e.g., being insulted) and sexual violence (e.g., being forced to intercourse).

2. Method

2.1. Data Collection

A link to the questionnaire was posted in German internet forums (e.g. on Facebook) on the topics of “partnership, relationship problems, violence and separation”. In addition, the link was made available to advice centers and aid organizations in Germany with the request that it will be passed on affected male IPV clients or placed in other forums of this topic. In the accompanying explanatory text, it was explained that the survey only aimed at men who experience or have experienced violence in a relationship to a female partner. When clicking on the link,

in order to continue, participants had to indicate that their partner is violent and female/male. The investigation followed ethical guidelines of the German Research Foundation (Deutsche Forschungsgemeinschaft, DFG). Before working on the questionnaire, participants agreed to an informed consent, which included an email address for persons who wanted more information. It was also emphasized that the participants can interrupt or cancel their work during the whole survey. It was assured that the data will not be passed on to parties who are not involved in the research process and that data collection and storage are completely anonymous. Finally, participants were informed about help offers, e.g. numbers of telephone counseling; for more details see [24].

2.2. The Questionnaire

After indicating the gender of the violent partner, four blocks of items were presented. In the first block, participants were asked to assess the level of different forms of violence in their current or former partnership (three items: “I experience/d physical [psychological, sexual] violence”) on response scales ranging from 1 = not at all correct to 7 = completely correct (all instructions presented here were translated from German and the same response format was used for all rating scales of the questionnaire). Following this, participants were asked to describe the violence they had experienced in their own words (three open questions): “In what form was/is the physical [psychological, sexual] violence exercised?” In the second block, the participants answered the item “Briefly describe which situations usually precede the acts of violence” in an open question. In the third block, participants rated 10 items on their own reactions to the experienced violence on rating scales whose wordings are presented in **Table 1**. In addition, participants were asked to answer the following question in their own words: “How do/did you usually react after your partner has offended you?” The forth block dealt with whom the men confided in and how these people reacted. For this purpose, participants rated seven items worded “I entrusted myself to...” (a diary, my family, good friends, acquaintances, people from aid organizations, the police, a lawyer) on rating scales. Furthermore, participants were asked to describe in their own words the reactions of these persons: “When you confided in them, how did your family [your friends, your acquaintances, the aid organizations, the police, the lawyer] react?” At the end of the questionnaire, participants indicated their age (in years), their level of education (university degree, high school diploma, secondary school diploma or no degree) and the duration of the relationship (in years). They were also asked whether the relationship has been ended (yes/no) and, if so, by whom (open question). Finally, participants were asked to enter the first digit of their German zip code.

2.3. Analysis of the Open Questions

The analysis closely followed the inductive approach of Walker *et al.* [22]. In a first step, the verbal responses of all participants to a specific item were reviewed

and a preliminary system of categories was created (e.g. “slaps in the face” was assigned to the category *hits on head and face*, and “kicking the body” to *punches and kicks to the body*). Subsequently, during two further reviews of the responses by two independent raters, the answers were assigned to categories on a trial basis and, if reasonable, the categories were partially specified, expanded or summarized. This was carried on until most of the responses could be assigned to only a few main categories. If some answers remained, they were assigned to the category “miscellaneous” (e.g. “press a cigarette on me”). It was not uncommon for participants to produce multiple responses to a single question (e.g. “slaps in the face, throwing knives, kicking, scratching”) that received entries in multiple categories during the analysis. Some few responses which were placed at the wrong question (e.g. “insulted” as answer to physical aggression) were not counted. The data reported here is based on the assignments of two further blind raters to the final category systems, which were not involved in the study. For each category system of the four blocks, examples for the assigned answers are given in the results section (translated from German) and Cohen’s Kappa as a measure for interrater reliability was calculated. Kappa can be interpreted as follows: $>.80$ very good, $>.60$ good, $>.40$ moderate, and $>.20$ low. All original German responses of the participants in the study can be requested as a SPSS file by e-mail from the first author (Mathias.Blanz@thws.de).

2.4. Sample Description

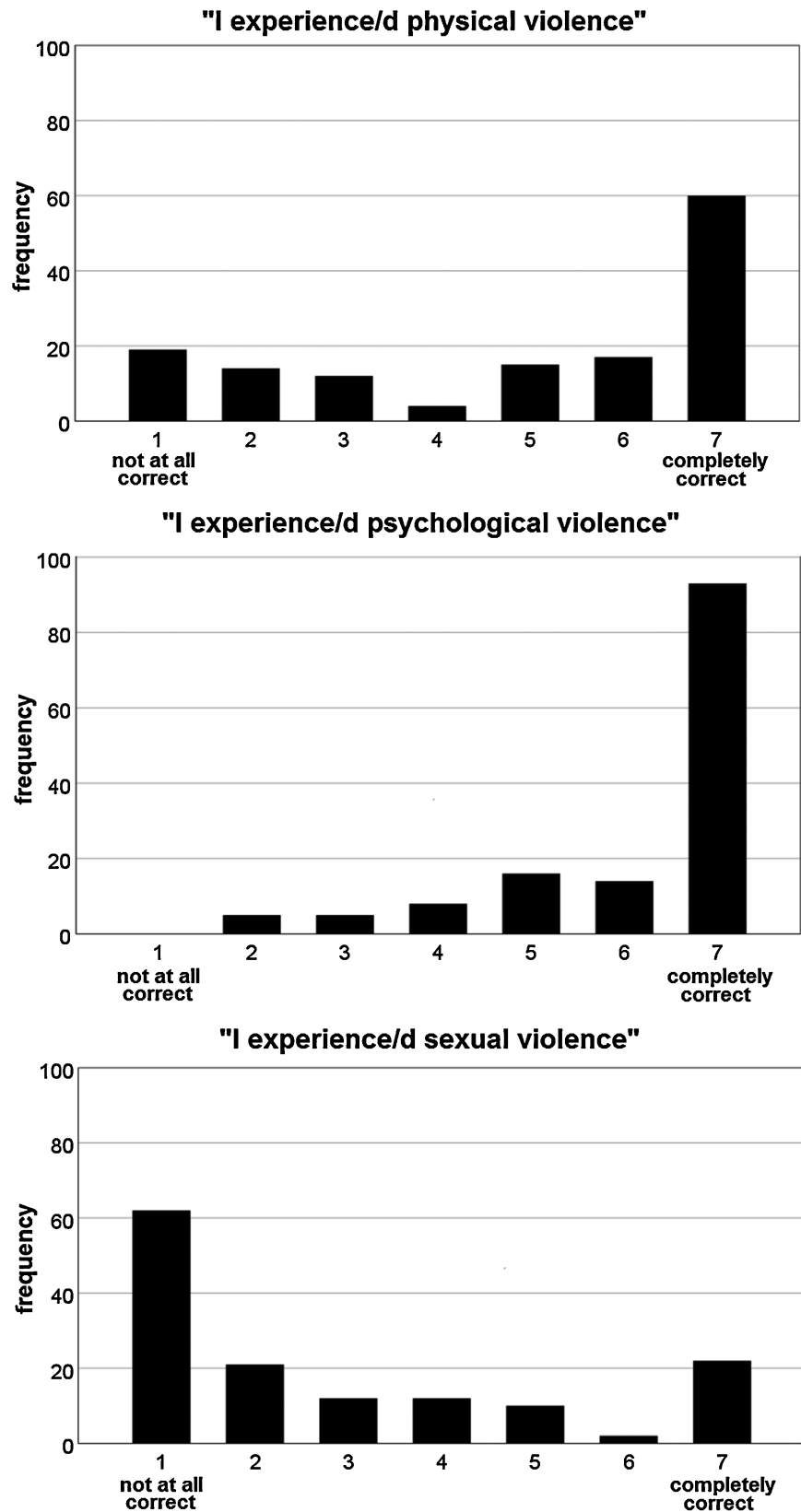
One hundred and fifty-three men filled in the complete questionnaire. From these, twelve persons indicated that their violent partner is male or did not provide any information. After excluding these persons, the final sample size was $n = 141$. Age ranged between 22 and 84 years with a median of 44 years. Participants’ school leaving certificate was a university degree (44%), high school diploma (42%), secondary school degree (13%) or none (1%). Their partnerships lasted between 1 and 50 years with a mean of 9.5 years. Around 80% of the relationships of the participants were already terminated by the time of the study, most of them by the male partner or by mutual agreement. As indicated by their postal codes, participants stem from the entire territory of Germany.

3. Results

3.1. Experienced Violence

Figure 1 shows the frequencies of participants’ responses on the scales for the three different forms of intimate partner violence.

For *physical violence* 43% of the participants show the highest scale value of 7 (completely correct) and 65% values higher than the scale-midpoint (4). The median is 6 (with an interquartile range of $IQR = 4$) and the mean is 4.5 (with a standard deviation of $SD = 2.3$). When asked to describe the physical violence they had experienced, 111 participants (79% of the sample) gave 216 multiple answers, which were assigned to the following categories: 1) punches and kicks to



Note. n = 141 men with experiences of intimate partner violence.

Figure 1. Frequencies of different forms of reported intimate partner violence.

the body (32%; “body blows with the fist”, “kicks in the genitals”), 2) hits on head and face, slaps (17%; “blows to the head, punches to the face”, “wound above the eye from a blow to the face”), 3) attacks with objects (16%; “hit with umbrella”, “thrown with ashtray”), 4) choking, scratching, biting, hair pulling, pinching, spitting (14%; “scratching the body with sharp nails”, “bleeding holes from bite in the forearm”), 5) push, shake, hold or pull (13%; “pushing away and shaking”, “violent detention”) and 6) miscellaneous (8%; “doused with hot water”). The measure for interrater reliability was Kappa = 0.9.

With respect to *psychological violence*, the highest scale value of 7 (completely correct) was reported by 66% of the participants and 87% of them show values higher than the scale-midpoint of 4. The median is 7 (with IQR = 1) and the mean 6.2 (with SD = 1.4). With regard to the descriptions of the psychological violence the men experienced, 243 multiple answers were given by 129 participants (92%; e.g. “emotional blackmail, threats of castration and child abduction”, “theft of personal property, doubting my sexuality” or “insults and threat that she will use defensive violations against me”). The multiple answers were subsequently assigned to the following categories: 1) systematic control and manipulation (30%, e.g. things withheld, blocking contacts, gaslighting, hot-cold principle, ignoring or stalking; “restrict contact with friends, read through cell phone”, “withhold passport”, “sometimes ignore, then great love again”), 2) insults, humiliations (even in front of others, 29%; e.g. “loud insults of any kind, especially intimate aspects”), 3) threats and blackmail (24%; e.g. “threat to end relationship”, “threat of child abduction, threat of economic ruin”, “threat of suicide”), 4) inventing and spreading false accusations and lies (11%; e.g. “accusations that I was responsible for all the grievances in her life”, “feigned life-threatening illnesses, feigned pregnancy”), and 5) miscellaneous (6%; e.g. “stress down”). For psychological violence Kappa was 0.7.

Finally, for *sexual violence*, 16% of the participants reported the highest scale value of 7 (completely correct) and 25% values greater than the scale-midpoint of 4. On the other hand, there are 44% with the lowest scale value of 1 (not at all) and 67% with scores lower than the scale-midpoint. The median is 2 (with IQR = 3) and the mean 2.9 (with SD = 2.2). When describing the sexual violence the men had experienced, 67 participants (48%) gave 81 multiple answers (e.g. “touching the bottom and thighs, unwanted anal sex”, “sexual intercourse without consent or with prior refusal”), which were assigned to the following categories: 1) forced to engage in sexual practices (e.g. touching, kissing, sexual intercourse, 56%; “touching the penis during sleep, involuntary oral sex”, “I was purposefully made drunk, sexual acts afterwards”, “If I didn’t feel like having sex, I should still do my job as a man”), 2) arguments or threats if sexual acts do not take place (16%; e.g. “threats of punishment if I refused”, “threats of child removal”, “by referring to my inability to satisfy her sexually”, “had to comply with her wishes, otherwise terror”), 3) permanent rejection of sexual acts (11%; e.g. “years of abstinence and rejection”, “partner denies any sexuality and ignores male needs”, “deprivation of

love and sex”), 4) secretly discontinued or not used contraception (8%; e.g. “omitting contraception, lying to me immediately before sex”, “taking off the condom against my will”, “contraceptive fraud”), 5) unwanted infliction of pain during sexual intercourse (through hitting, biting, scratching, pinching or choking, 6%; e.g. “biting”, “pinching the anus”, “hitting the genitals”, “choking, blows to the face”) and 6) miscellaneous (3%; e.g. “being ridiculed in the group about my sexuality”). The Kappa measure for sexual violence was 0.9.

A look at all three scales for the different forms of intimate partner violence together reveals the following patterns of results. On at least one of the scales, 83% of the participants show scale values of 6 or 7 and 73% the highest score of 7. Of these 73% of participants with the highest score, 33% show a 7 on only one scale, 30% on two scales and 10% on all three scales. Furthermore, physical violence correlates with psychological violence much stronger (Spearman’s $Rho = 0.41$, $p < 0.000$; 95%-CI: 0.25, 0.59) than with sexual violence ($Rho = 0.14$, $p = 0.106$; 95%-CI: -0.03, 0.31), while psychological violence relates to sexual violence with $Rho = 0.21$ ($p = 0.015$; 95%-CI: 0.04, 0.38). There were no significant correlations between the three violence scales and age of participants, their graduation, the duration of their relationship and whether it was terminated or not (all $ps > 0.10$).

3.2. Typical Situations

On the question of typical situations that preceded acts of experienced violence, 119 participants (85%) gave 161 multiple answers (e.g. “conversations with other women, dissatisfaction with the partner”, “disagreement on a topic, prolonged sexual inactivity”) which have been assigned to the following categories: 1) argument, criticism, discussion, disagreement, frustration (39%; e.g. “whenever my own opinion differed from hers”, “when I didn’t do things the way she wanted”, “arguments that escalated”), 2) general dissatisfaction, stress (21%; e.g. “when I had to work late and didn’t buy things”, “in stressful situations or phases of high stress (work and/or family)”, “when she came home and the working day was exhausting”), 3) jealousy (7%; e.g. “are your friends more important than me?”, “asexual contact with other women (e.g. longer conversation)”, “jealousy, attention deficit”), 4) substance use or withdrawal (5%; e.g. “after drinking alcohol at parties”, “alcohol or nicotine withdrawal”, “she chatted with friends and got drunk”), 5) no specific reason (14%; e.g. “mostly out of the blue” or “without any apparent reason”) and 6) miscellaneous (14%; e.g. “when I have shown myself to be open and vulnerable”). For typical situations the Kappa measure was 0.9.

3.3. Own Reaction to Violence

Table 1 shows the descriptive statistics of the 10 scales which were used to assess men’s own responses to the experienced violence. As can be seen there, medians (Md) are ranging between 4 (scale-midpoint) and 7 (highest scale value). Scores of $Md = 4$ and $Md = 5$ resulted for contradiction to the male gender role (the mean is $M = 3.8$), being afraid of being laughed at by others ($M = 4.3$), feeling fear and

shame that others might notice ($M = 4.4$) and tending to suppress and downplay it ($M = 4.7$). Scores of $Md = 6$ appeared for feelings of being abandoned by everyone ($M = 4.7$), being worried about not being taken seriously by others ($M = 5.0$), hiding it from others ($M = 5.4$) and that a counseling center could not help them ($M = 5.6$). At last, the highest scores of $Md = 7$ were found for the belief that one could not win at court ($M = 5.8$) and that the police does not support you ($M = 6.0$).

Table 1. Men's reported own responses to experienced intimate partner violence.

Items	Md	IQR	Mean	SD
"I tend/ed to suppress or downplay it."	5	4	4.7	2.0
"I feel/felt a contradiction to my gender role as a man."	4	4	3.8	2.2
"I tend/ed to hide it from others."	6	3	5.4	2.0
"I feel/felt fear and shame that others might notice."	4	4	4.4	2.2
"I am/was afraid of being laughed at by others."	4	4	4.3	2.2
"I am/was worried about not being taken seriously by others."	6	3	5.0	2.1
"I have/had the feeling of being abandoned by everyone."	6	4	4.7	2.1
"I can/could hardly imagine that a counseling center could help me."	6	2	5.6	1.8
"I am/was convinced that the police would not support me."	7	1	6.0	1.8
"I often think/thought that I couldn't win in court."	7	2	5.8	2.0

Note. $n = 141$ men with experiences of intimate partner violence. Response scales ranged from 1 = not at all correct to 7 = completely correct. Md = median, IQR = interquartile range, SD = standard deviation.

In the open question on own reaction to violence of the abused men, 122 participants of the sample (87%) reported 190 multiple answers (e.g. "at first shocked, stunned and hurt, I withdrew, downplaying the incident, later despair, feelings of depression and resignation" or "not at all, I have no chance of justice. I have to put up with everything, given our family law") to the open question on "How did/do you usually react after your partner offended you?" The frequencies of the resulting categories are: 1) de-escalating (e.g. leaving the situation, keeping a distance or calming down, 33%; "leave the house", "drive away, have a smoke", "escape, retreat", "immediately, I first tried to calm the situation down"), 2) acceptance, ignoring, playing down (22%; e.g. "passive acquiescence", "unfortunately reluctant", "I buckled and did what she wanted", "nothing really, I didn't want the trouble to get any bigger"), 3) fear, shock, grief, despair, disappointment, rage (13%; e.g. "fear, panic", "disappointment", "sometimes I even cried from a guilty conscience", "I was afraid that she would do something to me while I was sleeping"), 4) defending myself (even violently, 13%; e.g. "I set verbal boundaries", "I physically fended off further blows/assaults without hurting my partner", "I held her down to avoid further blows"), 5) seek conversation (address this with

the woman, 9%; e.g. “try to talk to her about it, without success”, “at first I tried to relax the situation and sought a conversation”, “tried to make it clear to her in words that she has to apologize”), and 6) miscellaneous (10%; e.g. “very differently”). The Kappa measure for own reaction to violence was 0.8.

3.4. Confide in Others

Table 2 contains the distribution measures of the seven scales that capture to whom participants entrusted themselves about the experienced violence (“I entrusted myself to...”). As can be seen there, for diary (the mean is $M = 1.9$), acquaintances ($M = 1.6$), aid organizations ($M = 1.9$), police ($M = 2.3$) and lawyer ($M = 2.4$) the medians show the lowest possible scale value of $Md = 1$ (not at all). Even for family the median shows a value of $Md = 2$ (the mean is $M = 2.3$), but it also shows a large dispersion ($IQR = 4$, $SD = 2.3$), which indicates that at least a few participants used this option. For good friends the median is $Md = 3$ ($M = 3.6$), which is the highest median in **Table 2**. Since the IQR for friends is also high ($IQR = 5$, $SD = 2.4$), these results suggest that about half of the participants showed scale values larger than $Md = 3$ and as shown by further frequency analyses, 40% a score larger than $Md = 4$ (the scale-midpoint).

Table 2. Battered men confide in others.

“I entrusted myself to...”	Md	IQR	Mean	SD
“...my diary”	1	1	1.9	1.8
“... my family”	2	4	2.9	2.3
“...good friends”	3	5	3.6	2.4
“...acquaintances”	1	2	2.0	1.6
“...people from aid organizations”	1	1	2.1	1.9
“...the police”	1	0	2.2	2.3
“...a lawyer”	1	3	2.5	2.4

Note. $n = 141$ men with experiences of intimate partner violence. Response scales ranged from 1 = not at all correct to 7 = completely correct. Md = median, IQR = interquartile range, SD = standard deviation.

3.5. Reactions of Others

Table 3 shows participants’ reports about the reactions of others they confided in. The first column indicates the number of participants who responded to the corresponding question; the second column contains the number of categorised answers. The answers to the open questions “When you confided in them, how did ... react?” were assigned to the following categories: (1) supportive (e.g. understanding, encouragement), (2) rejective (e.g. ignoring, smiling, disbelief, appeasement), (3) helpless (e.g. overwhelmed), (4) partner supported, (5) no contact/not told and (6) miscellaneous. The interrater reliability (Kappa) for these six categories varied between 0.7 and 0.9 for the six questions.

Table 3. Reactions of informed others.

“When you confided in them, how did...”	responding participants	categorised answers	supportive reactions	rejective reactions	helpless reactions	partner supported	no contact, not told	miscellaneous
“...your family react?”	51% (72)	74	28%	33%	16%	4%	11%	8%
“...your friends react?”	64% (90)	108	36%	25%	27%	3%	4%	5%
“...your acquaintances react?”	33% (46)	50	30%	28%	16%	0%	16%	10%
“...aid organizations react?”	36% (50)	50	26%	34%	6%	6%	26%	2%
“...the police react?”	30% (41)	43	21%	54%	2%	5%	16%	2%
“...the lawyer react?”	36% (51)	53	25%	49%	5%	2%	13%	6%

Note. n = 141 men with experiences of intimate partner violence who confided to others.

As can be seen in the first column of **Table 3**, the number of responding participants was most pronounced with respect to friends (64%) and family (51%), while figures were lower for aid organizations (36%), lawyers (36%), acquaintances (33%) and the police (30%). Furthermore, the most *supportive reactions* were provided by friends (e.g. “stood by me”), acquaintances (e.g. “supported and encouraged”) and the family (e.g. “help from brother and sister-in-law”) and step-wise descending by aid organizations (e.g. “took time to talk”), lawyers (e.g. “sober, but understanding”) and the police (e.g. “understanding”). In contrast, the results of the *rejective reactions* are largely reversed: the most rejections were given by the police (e.g. “tried to push me into the perpetrator role”), lawyers (e.g. “will not be believed in court”), aid organizations (e.g. “have doubted it”) and the family (e.g. “what did you do before?”), followed by acquaintances (e.g. “mocked, laughed at me”) and friends (e.g. “disbelieved”). For the police and lawyers, there are about twice as many rejective than supportive reactions. Also for aid organizations more rejecting than helpful responses were reported and these organizations are in the top group for supporting the female partner (e.g. “gynocentric”). Out of the 13 mentions in the “no contact, not told” category for aid organizations, 11 (85%) stated that such organizations “did not exist” or that “they are not known”. If one summarizes the data of the three categories “rejective”, “helpless” and “partner supported” to a new category of *non-helpful responses* towards reported IPV of male victims, results show 53% of such responses for family, 55% for friends, 44% for acquaintances, 46% for aid organizations, 61% for the police and 56% for lawyers. These figures are remarkably higher than those for supportive responses for all entrusted persons.

4. Discussion, Suggestions and Implications

The reported results for the German sample of battered men fit quite well to the findings from the USA [19], England [20] and Australia [22], which all point to a number of barriers for male IPV victims to seek and to find help for their traumatic experiences. Already in 2003, the German author Bock presented a differentiation of five such “Hürden” (hurdles) for battered men [25]. We will refer to

Bock's (2003) differentiation in the following summary of the German results.

4.1. Summary of Results

4.1.1. Men Do Experience Violence in Partnerships in Various Forms

The surveyed German men complained mostly about psychological violence by their partners, which implied verbal aggression as well as indirect (or social) forms of aggression. Most frequently stated were "insults, humiliation or emotional blackmail", followed by "public accusations or spreading lies". A little less, but still frequently, physical violence was reported. This comprised primarily "hits on head, face, body or with an object" and "choke, scratch, bite, pinch, pull hair or spit". These findings match the results of a meta-analysis about sex differences in aggression in real-world settings, where women were overrepresented in indirect aggression and underrepresented in physical aggression [26]. Sexual violence was the least reported in the present study and related mainly to "forced sexual intercourse or (partly unusual) sexual acts" and "unwanted kissing or touching". More in-depth documentations of sexual aggression against men in Germany have been published in [6] and [27] for relationships of men to women as well to other men; see also [28].

As shown by [4], the kind of intimate partner violence often occurs in mixed forms. The analysis of these authors of studies conducted in the UK found that men experienced sexual violence alongside a range of other abusive behaviors, but the clearest relationship was between sexual violence and physical violence and between coercive and controlling behaviors that they experienced. In the present study for the German participants, however, the covariation between physical and sexual violence was quite low, while there were stronger correlations between psychological and sexual violence and especially between physical and psychological violence.

4.1.2. Everyday Situations as Triggers

Almost half of the German participants did not see a specific recurring situation in which the violence occurred. Nevertheless, it was most frequently described "dispute, disagreement and criticism", "stress, dissatisfaction and alcohol consumption" and "trivialities or without clear cause". Considering that situations like dispute and stress are inevitably part of any relationship, it seems to be more everyday occurrences that trigger the aggressive behavior and less extraordinary and dramatic events.

4.1.3. Barriers for Men Affected by IPV to Seek Help

1) Inhibiting Feelings and Thoughts

The German participants absolutely believe that counseling centers and the police could not help them and that they couldn't win in court. They feel being abandoned by everyone and are worried about not being taken seriously by others, which is why they try to hide it from them. In addition, the male victims tend to downplay their experiences and to feel a contradiction to their male gender role.

In their free answers, they stated “distancing, escaping or leaving the situation” and “accept, tolerate or ignore” as their most frequent reactions. This point refers to Bock’s [25] first hurdle, which he called “verdrängt” (suppressed).

2) Reserved Public Outing

As a result of these inhibitory beliefs and affects, abused men show largely reduced outing behavior. They are mostly unwilling to confide in acquaintances, aid organizations, the police, or a lawyer—people with whom there is no close personal relationship. In a pilot study with 266 randomly selected men in Germany from 2004, 20% reported incidents of IPV but none of them called the police [29]. Somewhat higher, though still very low, is the willingness of the participants of our own study to coming out among close family members or friends. These results are in line with Bock’s [25] second hurdle that outing of male victims, if at all, is socially proximal rather than distal, which he called “verschwiegen” (keep silent). Also Walker *et al.* [22] mentioned that men have commonly been found to have difficulty articulating abusive experiences; see also [30]. And as shown in [31], men are less likely to use strategies that involve verbal expressions to others to seek emotional support.

4.1.4. Barriers for Men Affected by IPV to Find Help

1) Low Professional Support

In our German sample, with the exception of friends, all people, to whom battered men confided in, showed more rejecting than supporting reactions. This was most pronounced for official institutions like aid organizations (“have doubted it”) and the police (“pushed me into the perpetrator role”). Even for friends, only half of them (51%) responded supportive, *i.e.* the male victims had an only fifty-fifty chance to be heard and helped by close and trusted persons (“I can’t imagine that”). For aid organizations, a notable number of responses also indicated that such offers “do not exist” or “are not known”. This corresponds with Bock’s [25] third and forth hurdle which he called “verlassen” (left behind) and “verloren” (lost).

2) Low Resonance at the Societal Level

The larger social environment is less upset in cases of IPV when men are affected as victims, which includes the general population, the press and the political level. Bock’s [25] fifth hurdle name this “verlacht” (laughed at). This is in line with research showing that men receive generally less empathy when they are in trouble [32], that they receive less emotional support from their social environment [33] and that men show low solidarity (in the sense of in-group bias) with other men [34]. In their regular joint press conference on IPV data in Germany, neither the Minister nor the BKA Chairman usually mentions that there are also “male victims” (and “female perpetrators”). In 2025, the Federal Government and the Federal Council passed the so-called “Gewalthilfegesetz” (Violence Assistance Act), which is intended to help to expand women’s shelters in Germany and ensure that women affected by violence have a free legal right for protection and counseling—a law that also does not even mention male victims [35].

4.1.5. The Interplay between Reduced Help-Seeking and Reduced Help-Finding

If no one asks for help, no one will offer it; and if no help is offered, no one will ask for it. In [36], Tsui discusses this two-way interaction with respect to the police, in which officers often doubt the authenticity of men's reports and male victims are skeptical of police reactions. The presented data suggest that such a mutual distrustful relationship may also exist in Germany with respect to battered men on the one side and IPV services on the other side. In the year 2024, there exist well over 400 shelters for women in Germany [37], but only a total number of twelve housings in which only men can find shelter plus three gender-independent shelters [38]. In addition, there has been only a telephone hotline and online support for abused men in Germany since 2021. Thus, one can conclude that male IPV victims are significantly underserved in Germany which in turn corresponds with their low engagement for seeking help on their own. However, continued ignorance about the impact of IPV on male victims will lead to further perpetration of this secondary abuse. As Walker *et al.* [22] put it: "It is important that policymakers explore methods of providing information and support to male victims, including through the use of language and training for police and other agencies, that avoids the assumption that IPV is largely inflicted by men against their female partners" (p. 9).

4.2. Suggestions for Social Work

Huntley *et al.* [21] and Douglas & Hines [19] offer a range of recommendations for policy and practice of social work in order to reduce the neglect of battered men in future. In the following, we will give a summary of these proposals together with own suggestions.

4.2.1. Public Communication

A first recommendation concerns training for the public. IPV should be publicly addressed in a gender-inclusive way. The focus of helping professions like social work has to be on the victim status of the affected persons, not on their category membership. It should be mentioned in all public announcements that there are also male victims and female perpetrators of IPV and social work should ensure that this is also implemented in public political discourses and media statements. In addition, service provision for male victims needs to be more publicly advertised. The used images and wording of publicity need to represent different types of masculinity (e.g. different ages and nationalities) and sexuality (e.g. also same-sex relations). In principle, social work could start an information campaign, as has been carried out for some time for abused women (e.g. posters with telephone numbers).

4.2.2. Training of Social Workers

Social work education should address the question of whether training in social work is in fact prepared for an expansion of such offers for battered men. Adjustments to the study regulations could be considered, particular in order to avoid a

too far-going gender-orientation for IPV victims or perpetrators and more schools or universities for social work could offer courses for students to counsel abused men and violent women. In addition, trainings could also be offered to social workers who are already active in the field of IPV in order to increase their professionalism and their sensitivity to the diversity of victims and perpetrators.

4.2.3. Training by Social Workers

Social work could intensify the cooperation with the police in order to avoid a preconceived gender-orientation in IPV. The police should remain open-minded in taking complaints of men seriously and to trust the statements of men. The routine separation or even arrest of men who complain of experienced IPV should be avoided. Police should treat battered men and accused women in the same way they treat battered women and accused men (the development of a standardized procedure for the police would be advantageous). In addition, social work could also intensify the cooperation with physicians. As with women, male patients should be screened for signs of IPV and male patients should be informed about the topic of IPV by their doctor; see also [20]. The aim is to identify cases of male victims of IPV better and earlier in order to provide information about support services.

4.2.4. Social Work Practice

Social work service provision needs to be more inclusive and better tailored to address more effectively the needs of different sociodemographic groups. An example for Germany is <https://krisenchat.de/>, where younger people can chat with experts about their violent experiences irrespective of their gender. In particular, more professional offers for battered men are in need, which also include more shelters for them (and can the fathers bring their children?). In a representative survey on “Stalking and domestic violence against men” in Germany from 2024, 72% felt that the issue was not taken seriously enough and 75% thought that more education and information as well as more help and advice services were needed in Germany [39]. It is essential for male victims of IPV that confidentiality is ensured and trust is built up in the provision of services. Also, continuity of contact is an important feature of services for male victims and services should aim to give all people seeking support for IPV a choice of professional personnel (e.g. in terms of gender or sexual orientation).

4.2.5. Social Work Research

More research is recommended examining the effectiveness of any of the training, screening and public education techniques, which aim to improve the traumatic situation of male IPV victims. In addition, future research on battered men should specifically address the study of potential correlates (e.g. differing ages, ethnicity, sexual orientation) and short- and long-term consequences of IPV, such as further types of mental health problems and an examination of potential physical health problems. And research is also suggested on how IPV practiced by women can affect a family system, especially children living in such households.

4.3. Implications of the Presented Research

4.3.1. Potential Influences on the Neglect of Men Affected by IPV

1) Cognitive influences

Rudman & Goodwin [34] found male and female gender being associated with the dimension “aggression”, so that men are perceived as more aggressive than women. From the perspective of categorisation research, this process of assigning dimensions to social categories leads to the development of *stereotypes*. If one crosses the categorisation between men vs. women with the categories of victims vs. perpetrators, two “meaningful” quadrants result, namely “male perpetrators” and “female victims”, because these sub-categories are stereotype-consistent with the associated aggression dimension. However, there also result two stereotype-inconsistent cases, namely “male victims” and “female perpetrators”. These sub-categories imply a poor fit to the stereotypical expectations, which is why they are perceived as being less meaningful and less salient in perception and therefore they could be described as “blind spots”. While the present paper on battered men documents the first of these blind spots in the context of IPV, the second blind spot concerns women as perpetrators. A different example for this second blind spot is the sexual abuse of children by women: despite decades of research on this topic in Germany to the contrary [40], the German public continues to believe that these acts are largely committed by men. For social work, Jelinek [41] has thematised this research for the German-speaking area.

2) Motivational influences

Douglas & Hines [19] point to a further inconsistency with regard to male IPV victims, which is more at the conceptual level: these victims contradict “the dominant theoretical perspective of the cause of IPV: the patriarchal construction of our nation” (p. 474). Indeed, an imbalance in power and control is also assumed as major cause for IPV by police, policy and social services in Germany: here IPV is only framed “as a women’s issue” [19], p. 474, and in Germany as a synonym to IPV the term “Gewalt gegen Frauen” (violence against women) is used; see for example [13].

The many doubtful reactions of the people, to whom the abused men confided in our German study, are accompanied by many approaches at the scientific level that also question the fact of male IPV victims (only a short selection: [42]-[45]). In these publications, evidence of battered men has been denied, trivialised, ignored and/or reinterpreted (in the sense of a legitimate struggle by women against male domination). Douglas & Hines [19] conclude the state of the art as follows: “Despite over 30 years of research documenting that men can sustain female-perpetrated physical, sexual, and psychological IPV, these findings remain controversial” (p. 474).

4.3.2. From Social Work with Men to Social Work for Men

In her article “The unheard gender: The neglect of men as social work clients”, Baum [46] identifies massive information gaps in relation to male-specific litera-

ture and research in social work. She criticizes the fact that in the little literature that exists on social work with men, masculinity is mainly discussed as something potentially threatening, for example, see the books “Working with men” from Newborn and Mair [47], which focuses on male aggression, or “Men and Social Work” by Christie [48], that particularly challenges men’s over-representation in social work management. Men are worldwide seen as the social category of humans with the least perceived vulnerability and need for protection (that’s why there are no ministries for men in Germany or elsewhere). Men, it seems, have no problems of their own (they are assumed to be “able to look after themselves”, ([49], p. 43), but they cause problems in the lives of others. This not only leads to a lack of visibility of the vulnerability of men in public, but also to a lack of specialist knowledge among social workers about the best possible methods of dealing with these problems and the affected men. Thus, Baum [46] demands that future research in social work should consider men’s feelings, thoughts and needs in varying roles and everyday social situations to gain more knowledge about the specific of men’s experiences and living environments.

Gesterkamp [50] also calls for an independent men’s policy. Such a policy should be neither anti-feminist (it should not be about what harms women) nor feminist (it also shouldn’t be about what benefits women), but rather *independent*: the focus of such a policy should be on the question of what helps men in their lives (and how this can be supported) and what harms them (and how this can be reduced). Given the fact, that men die earlier, are the most common victims of murder, work in the deadliest professions, are more often homeless and more often at risk of addiction (to name just a few examples), there are many starting points for such an enterprise.

“Domestic violence and abuse (DVA) is a highly prevalent violation of human rights” ([21, p. 1), which is also true for affected men. The Universal Declaration of Human Rights (UDHR) of the United Nations emphasizes that men, like women, have the right to life, liberty, security of person, equality before the law, protection against discrimination and many other rights and that all people are entitled to these rights without distinction, including by gender [51]. This is an important point for social work since it deals very intensively with the implementation and violation of human rights in various areas of people’s life (see e.g. the work by Reynaert *et al.* in [52] about “Social work as a human rights profession”). When it comes to human rights violations in the form of victims of violence, there is no “competition” between people of different genders, just as it is not between victims of different ethnicities or nationalities [53]. Treating such victims differently engaged because of their group belongingness would result in a professional form of social discrimination at the end. Every person which becomes victim of violence has the same right to be heard, supported and protected.

4.3.3. Limitations of the Presented Research

For the results of the German sample—as well as for the studies of Douglas & Hines [19] and Walker *et al.* [22]—it has to be considered that they depend on

men who defined themselves as IPV victims and who are active in Online forums. So it is not clear up to now, to what degree these data can be generalized to the whole population of male victims of IPV. Here, further research is needed, in particular in Germany.

Acknowledgements

The authors are grateful to Mirjam Reich and Camilo Lagos for their support during data collection and to Daniel Zügner for his comments on an earlier draft of the paper.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

- [1] Connelly, M. (2015) *The Crossing*. Little, Brown and Company.
- [2] WHO (2022) Violence Info—Intimate Partner Violence. <https://apps.who.int/violence-info/intimate-partner-violence>
- [3] Kolbe, V. and Büttner, A. (2020) Häusliche Gewalt gegen Männer (Domestic Violence against Men). *Deutsches Ärzteblatt*, **117**, 534-541.
- [4] Bates, E.A. and Weare, S. (2020) Sexual Violence as a Form of Abuse in Men's Experiences of Female-Perpetrated Intimate Partner Violence. *Journal of Contemporary Criminal Justice*, **36**, 582-595. <https://doi.org/10.1177/1043986220936115>
- [5] Bradford, R.A.W. (2022) Association of Partner Abuse with Loneliness and Impaired Well-Being of Separated Fathers in Wales. *New Male Studies*, **11**, 1-20.
- [6] Krahé, B., Waizenhöfer, E. and Möller, I. (2003) Women's Sexual Aggression against Men: Prevalence and Predictors. *Sex Roles*, **49**, 219-232. <https://doi.org/10.1023/a:1024648106477>
- [7] BKA (2024) Häusliche Gewalt-Bundeslagebild 2023 (Domestic Violence—Federal Situation Report 2023). https://www.bka.de/DE/AktuelleInformationen/StatistikenLagebilder/Lagebilder/HaeuslicheGewalt/haeuslicheGewalt_node.html
- [8] Bundesregierung (2020) Kriminalstatistik zur Partnerschaftsgewalt—Häusliche Gewalt nimmt zu (Criminal Statistics on Intimate Partner Violence—Domestic Violence Is Increasing). <https://www.bundesregierung.de/breg-de/suche/partnerschaftsgewalt-1809976>
- [9] Archer, J. (2000) Sex Differences in Physical Aggression to Partners: A Reply to Frieze (2000), O'Leary (2000), and White, Smith, Koss, and Figueredo (2000). *Psychological Bulletin*, **126**, 697-702. <https://doi.org/10.1037/0033-2909.126.5.697>
- [10] Fiebert, M.S. (2013) References Examining Assaults by Women on Their Spouses or Male Partners: An Updated Annotated Bibliography. *Sexuality & Culture*, **18**, 405-467. <https://doi.org/10.1007/s12119-013-9194-1>
- [11] Habermehl, A. (1989) Gewalt in der Familie: Ausmaß und Ursachen körperlicher Gewalt (Domestic Violence: The Extent and Causes of Physical Violence). GEWIS.
- [12] Schwithal, B. (2005) Weibliche Gewalt in Partnerschaften: Eine synontologische Untersuchung (Female Violence in Intimate Relationships: A Synontological Study). Books on Demand GmbH.

- [13] BMI (2024) Häusliche Gewalt als gesamtgesellschaftliche Herausforderung (Domestic Violence as a Challenge for Society as a Whole). Bundesministerium des Innern und für Heimat (Federal Ministry of the Interior and for Home Affairs). <https://www.bmi.bund.de/SharedDocs/kurzmeldungen/DE/2024/06/lagebild-hg.html>
- [14] MSGI Baden Württemberg (2025) Gewalt gegen Männer (Violence against Men). Ministerium für Soziales, Gesundheit und Integration. <https://sozialministerium.baden-wuerttemberg.de/de/soziales/gegen-gewalt-an-maennern>
- [15] Gelles, R.J. (1974) *The Violent Home: A Study of Physical Aggression between Husbands and Wives*. Sage.
- [16] Hester, M. (2009) *Who Does What to Whom? Gender and Domestic Violence Perpetrators*. University of Bristol in Association with the Northern Rock Foundation.
- [17] Arnocky, S. and Vaillancourt, T. (2014) Sex Differences in Response to Victimization by an Intimate Partner: More Stigmatization and Less Help-Seeking among Males. *Journal of Aggression, Maltreatment & Trauma*, **23**, 705-724. <https://doi.org/10.1080/10926771.2014.933465>
- [18] Cook, P.W. (2009) *Abused Men: The Hidden Side of Domestic Violence*. 2nd Edition, Praeger.
- [19] Douglas, E.M. and Hines, D.A. (2011) The Helpseeking Experiences of Men Who Sustain Intimate Partner Violence: An Overlooked Population and Implications for Practice. *Journal of Family Violence*, **26**, 473-485. <https://doi.org/10.1007/s10896-011-9382-4>
- [20] Morgan, K., Williamson, E., Hester, M., Jones, S. and Feder, G. (2014) Asking Men about Domestic Violence and Abuse in a Family Medicine Context: Help Seeking and Views on the General Practitioner Role. *Aggression and Violent Behavior*, **19**, 637-642. <https://doi.org/10.1016/j.avb.2014.09.008>
- [21] Huntley, A.L., Potter, L., Williamson, E., Malpass, A., Szilassy, E. and Feder, G. (2019) Help-Seeking by Male Victims of Domestic Violence and Abuse (DVA): A Systematic Review and Qualitative Evidence Synthesis. *BMJ Open*, **9**, e021960. <https://doi.org/10.1136/bmjopen-2018-021960>
- [22] Walker, A., Lyall, K., Silva, D., Craigie, G., Mayshak, R., Costa, B., *et al.* (2020) Male Victims of Female-Perpetrated Intimate Partner Violence, Help-Seeking, and Reporting Behaviors: A Qualitative Study. *Psychology of Men & Masculinities*, **21**, 213-223. <https://doi.org/10.1037/men0000222>
- [23] Douglas, E.M., Hines, D.A. and McCarthy, S.C. (2012) Men Who Sustain Female-to-Male Partner Violence: Factors Associated with Where They Seek Help and How They Rate Those Resources. *Violence and Victims*, **27**, 871-894. <https://doi.org/10.1891/0886-6708.27.6.871>
- [24] Jänsch, J. (2022) *Männer als Adressaten Sozialer Arbeit: Eine systematische Literaturübersicht (Men as Addressees of Social Work: A Systematic Literature Review)*. Master of Arts Thesis in Social Work, Technical University Wuerzburg-Schweinfurt, Faculty of Applied Social Sciences.
- [25] Bock, M. (2003) Häusliche Gewalt—Ein Problemaufriss aus kriminologischer Sicht (Domestic Violence—An Outline of the Problem from a Criminological Point of View). *Der Bürger im Staat—Sicherheit und Kriminalität (The Citizen in the State—Security and Crime)*, Landeszentrale für politische Bildung, **1**, 25-31.
- [26] Archer, J. (2004) Sex Differences in Aggression in Real-World Settings: A Meta-Analytic Review. *Review of General Psychology*, **8**, 291-322.

- <https://doi.org/10.1037/1089-2680.8.4.291>
- [27] Krahé, B. (2001) The Social Psychology of Aggression. Psychology Press.
 - [28] Finneran, C. and Stephenson, R. (2012) Intimate Partner Violence among Men Who Have Sex with Men: A Systematic Review. *Trauma, Violence, & Abuse*, **14**, 168-185. <https://doi.org/10.1177/1524838012470034>
 - [29] BMFSFJ (2004) Gewalt gegen Männer in Deutschland. Abschlussbericht der Pilotstudie (Violence against Men in Germany. Final Report of the Pilot Study). <https://www.bmfsfj.de/re-source/blob/84386/a7d02d91e3aeb8db5fe17581be17d8ec/pressemat-studie-gewalt-maenner-data.pdf>
 - [30] Corbally, M. (2014) Accounting for Intimate Partner Violence: A Biographical Analysis of Narrative Strategies Used by Men Experiencing IPV from Their Female Partners. *Journal of Interpersonal Violence*, **30**, 3112-3132. <https://doi.org/10.1177/0886260514554429>
 - [31] Tamres, L.K., Janicki, D. and Helgeson, V.S. (2002) Sex Differences in Coping Behavior: A Meta-Analytic Review and an Examination of Relative Coping. *Personality and Social Psychology Review*, **6**, 2-30. https://doi.org/10.1207/s15327957pspr0601_1
 - [32] Seager, M., Farrell, W. and Barry, J.A. (2016) The Male Gender Empathy Gap: Time for Psychology to Take Action. *New Male Studies: An International Journal*, **5**, 6-16.
 - [33] Warring, I.V., Simpson, J.A. and Van Lange, P.A.M. (2024) Romantic Relationships Matter More to Men than to Women. *Behavioral and Brain Sciences*. <https://doi.org/10.1017/s0140525x24001365>
 - [34] Rudman, L.A. and Goodwin, S.A. (2004) Gender Differences in Automatic In-Group Bias: Why Do Women Like Women More than Men Like Men? *Journal of Personality and Social Psychology*, **87**, 494-509. <https://doi.org/10.1037/0022-3514.87.4.494>
 - [35] Bundesregierung (2025) Gewalthilfegesetz im Bundesrat beschlossen—Bessere Unterstützung für Gewaltopfer (Violence Assistance Act Passed in the Federal Council—Better Support for Victims of Violence). <https://www.bundesregierung.de/breg-de/bundesregierung/gesetzesvorhaben/gewalthilfegesetz-2321756>
 - [36] Tsui, V. (2014) Male Victims of Intimate Partner Abuse: Use and Helpfulness of Services. *Social Work*, **59**, 121-130. <https://doi.org/10.1093/sw/swu007>
 - [37] Statista (2024) Gewalt gegen Frauen—Wie viele Frau-enhäuser gibt es in Deutschland? (Violence against Women—How Many Women’s Shelters Are There in Germany?). <https://de.statista.com/infografik/33562/ausgewaehlte-ergebnisse-der-bundesweiten-frauenhaus-statistik/>
 - [38] Weißer Ring (2024) Warum viele Bundesländer keine Zufluchtsorte für Männer anbieten (Why Many Federal States Do Not Offer Shelters for Men). <https://forum-opferhilfe.de/warum-viele-bundeslaender-keine-zufluchtsorte-fuer-maenner-anbieten/>
 - [39] Tagesschau (2024) Wenn Männer zu Opfern werden (When Men Become Victims). <https://www.tagesschau.de/investigativ/swr/vollbild-gewalt-maenner-100.html>
 - [40] Tozdan, S. and Briken, P. (2022) Expert Opinion on the Topic “Child Sexual Abuse by Women”. *The Journal of Sexual Medicine*, **19**, 679-681. <https://doi.org/10.1016/j.jsxm.2022.02.003>
 - [41] Jelinek, S. (2020) Sexueller Missbrauch an Kindern durch Frauen (Sexual Abuse of Children by Women). ZKS Medien.

- [42] Straton, J.C. (1994) The Myth of the Battered Husband Syndrome. *Masculinities. Interdisciplinary Studies on Gender*, **2**, 79-83.
- [43] Straus, M.A. (2010) Thirty Years of Denying the Evidence on Gender Symmetry in Partner Violence: Implications for Prevention and Treatment. *Partner Abuse*, **1**, 332-362. <https://doi.org/10.1891/1946-6560.1.3.332>
- [44] Saunders, D.G. (1986) When Battered Women Use Violence: Husband-Abuse or Self-Defense? *Violence and Victims*, **1**, 47-60. <https://doi.org/10.1891/0886-6708.1.1.47>
- [45] Meier, J.S. (2015) Johnson's Differentiation Theory: Is It Really Empirically Supported? *Journal of Child Custody*, **12**, 4-24. <https://doi.org/10.1080/15379418.2015.1037054>
- [46] Baum, N. (2015) The Unheard Gender: The Neglect of Men as Social Work Clients. *British Journal of Social Work*, **46**, 1463-1471. <https://doi.org/10.1093/bjsw/bcv074>
- [47] Newburn, T. and Mair, G. (1996) Working with Men. Russell House.
- [48] Christie, A. (2001) Men and Social Work: Theories and Practices. Palgrave.
- [49] Lawrence, S. (2003) Domestic Violence and Men. *Nursing Standard*, **17**, 41-43. <https://doi.org/10.7748/ns.17.40.41.s54>
- [50] Gesterkamp, T. (2018) Männerpolitik und (Anti-)Feminismus (Men's Politics and (Anti-)feminism). Aus Politik und Zeitgeschichte (APuZ). Bundeszentrale für politische Bildung (bpb). <https://www.bpb.de/shop/zeitschriften/apuz/267944/maennerpolitik-und-anti-feminismus/>
- [51] UN (1948) Universal Declaration of Human Rights (UDHR). https://www.un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf
- [52] Reynaert, D., Nachtergaele, S., De Stercke, N., Gobeyn, H. and Roose, R. (2021) Social Work as a Human Rights Profession: An Action Framework. *The British Journal of Social Work*, **52**, 928-945. <https://doi.org/10.1093/bjsw/bcab083>
- [53] Shnabel, N., Halabi, S. and Noor, M. (2013) Overcoming Competitive Victimhood and Facilitating Forgiveness through Re-Categorization into a Common Victim or Perpetrator Identity. *Journal of Experimental Social Psychology*, **49**, 867-877. <https://doi.org/10.1016/j.jesp.2013.04.007>