

Experiences and  
Mental Health Impacts  
of Intimate Partner  
Violence against Men  
and Boys: A Rapid  
Review



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# Contents

<b>Executive Summary</b>	3
<b>Section 1.0. Introduction</b>	6-11
1.1. Background	6
1.2. How common is male experiences of intimate partner violence in the UK?	6
1.3. Why focus on men's experiences of intimate partner violence?	9
1.4. Intimate partner violence & mental ill health	10
1.5. Report Aims	11
<b>Section 2.0. Methodology</b>	13-16
2.1. Design	13
2.2. Definitions	13
2.3. Search strategy	13-15
2.4. Inclusion criteria	16
2.5. Study selection & Data extraction	17
<b>Section 3.0. Results</b>	19-31
3.1. Search results	19
3.2. Study characteristics	19-20
3.3. Prevalence rates and types	21
3.4. Quantitative studies summary	22-25
3.5. Qualitative studies summary	25
<b>Section 4.0. Recommendations</b>	32-39
4.1. Recommended research priorities	32-38
4.2. Strengths & Limitations	39
<b>Conclusion</b>	40
<b>References</b>	41-46

# Executive Summary

## Background & Aims

There is a lack of empirical research evidence exploring experiences and impacts of intimate partner violence (IPV) among male victims. IPV is a type of domestic violence that refers only to violence/abuse between intimate partners only.

IPV is defined in the current report as any act of “physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner”

The objective of the current report is to synthesize the available literature examining how common intimate partner violence is among men and boys, and what the associated mental health outcomes are for this population via a rapid review approach.

The main goal is to use this collated information to identify key research priorities which will inform a larger-scale funding tender awarded by the Commissioner for Victim of Crimes Office (in Northern Ireland; NI) to better understand the experiences and needs of male victims of IPV within NI.

## Rapid Review



## Research Question:

What are the experiences and associated mental health outcomes of intimate partner violence (IPV) among men and boys?

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Searches were carried out on databases: Web of Science, PsycINFO and PubMed

Searches were restricted. Studies must have focused on male samples (or reported male findings separately); focused on mental health as the primary outcome; been published between 2010-2023; must have been available in the English language and in full-text form; IPV must have occurred at age 13 or older; it must have been clear violence was perpetrated by an intimate partner (and not a family member or other person).

All studies must have examined **both IPV experiences and mental health outcomes** in them together to be included.

A total of 14,466 studies were returned from database searching and 67 met the inclusion criteria for this review.

The findings are summarised in relation to: the study characteristics, the reported rates of IPV and IPV types across studies, and the association between IPV victimisation and mental ill health.

## Procedure




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## Summary of Identified Research Priorities

- Address the dearth of research in NI (and the UK more broadly)
- There is a need for dedicated empirical research focused on examining both the prevalence and patterns of IPV experienced by men and boys in NI.
- Further research is required to explore the broader (and more specific) mental health impacts of IPV among males in NI.
- Research should seek to clarify whether certain patterns/types of IPV are more likely to have a greater impact on mental ill health among men.
- Dedicated research investigating the link between IPV victimization and suicidality is important.
- Future research should aim to capture the nuance and unique experiences of specific subgroups, who may be at greater risk (e.g. members of the LGBTQ+ community).
- Researchers and stakeholders should seek to work in partnership to challenge the stigma and perceptions of male experiences of IPV.

# Section 1.

## Introduction



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## 1.0. INTRODUCTION

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### 1.1. Background

Intimate partner violence (IPV) can be defined as any act of *“physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner”* (Breiding et al., 2015, p. 11). IPV has been identified as a significant health concern worldwide. It is an issue that can affect individuals of all genders and can result in long term impacts for many of those who experience it (McNeill et al., 2022). To date IPV among cisgender women and the resulting outcomes and impacts have been widely researched; this is undoubtedly important work. However, within the IPV literature the experience of men and boys remains understudied (Scott-Storey et al., 2022, Taylor et al., 2021). This means that to date there is no empirical consensus regarding how common the experiences of IPV are among men/boys, the variation of the types of IPV experiences among men and boys, nor whether there are any differences or unique needs resulting from these experiences among this population (Scott-Storey

et al., 2022; Taylor et al., 2021). This leaves a significant gap in both the literature and our understanding of IPV among men and boys, a population which may have unique and hidden needs. This report aims to provide an overview of existing empirical research which focuses on understanding IPV experiences and mental health outcomes among males (men aged 18+ and boys aged 13+).

### 1.2. How common are male experiences of IPV in the UK?

Global estimates indicate that the prevalence of IPV among men is approx.17% (Lanre et al., 2014). However, understanding how common IPV is among men within a UK context is challenging and narrowing the focus to Northern Ireland (NI) is even more challenging. Overall, this is primarily due to a lack of available research examining the issue. Moreover, studies that do report on male IPV experiences, are likely only reporting the tip of the



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iceberg due to challenges surrounding the under reporting of male victimisation of IPV. Previous literature has outlined that this under reporting of IPV among men is due to issues such as stigma and gender stereotypes, whereby men experiencing IPV do not recognize themselves as victims of IPV nor that their experiences can be defined as IPV (Taylor et al., 2021).

Concerning the evidence available within the UK, it is important to state that many studies use the term 'domestic violence', as opposed to IPV. This is important to consider when interpreting the prevalence rates of abuse or violence reported within these studies. Domestic violence is defined as, *“threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.”* (PSNI, 2022). The challenge here is that we cannot be certain about the

perpetrator of the abuse and whether they were an intimate partner or another household member (e.g., domestic violence definitions can include abuse perpetrated by siblings, parents, and /or children residing in the same household).

With that caveat in mind, the Office of National Statistics (ONS), published rates and trends of domestic abuse, using data gathered from both police reports and the Crime Survey for England and Wales (between October 2021 and March 2022). The report detailed that, 699,000 men (approx. 3 in 100 males) aged 16 years and over experienced domestic abuse (thus the broader definition which includes IPV) in the last year (ONS, 2022<sup>1</sup>). Looking at NI specifically, a report examining trends within police recorded domestic abuse incidents and crimes in NI (from 2004-2022) found that, 32% of all domestic abuse crime victims were male across the 2021-2022 period. This is notably higher than recorded PSNI rates during the period 2004-2005 (PSNI; 2022<sup>2</sup>). Similarly, a report launched by The Mankind Initiative, a

<sup>1</sup> Further details regarding the study population and context are available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjus/articles/domesticabusevictimcharacteristicsenglanddomestica/yearendingmarch2022>

<sup>2</sup> The PSNI publishes figures on the levels and trends in police recorded domestic abuse incidents and crimes annually. These figures only relate to those domestic abuse incidents reported to the police. Full details regarding the data are available at:

<https://www.psni.police.uk/sites/default/files/2022-12/Domestic%20Abuse%20Incidents%20and%20Crimes%20in%20Northern%20Ireland%202004-05%20to%202021-22.pdf>





UK based organisation for male victims of domestic violence reported that 13.8% of men aged 16 to 74 have experienced some form of domestic abuse since the age of 16 (2019/20), equivalent to an estimated 2.9 million male victims (The Mankind Initiative, 2021).

Regarding male experiences of IPV specifically within the UK, a recent study using representative data from the Avon Longitudinal Study of Parents and Children (ALSPAC), examined rates of IPV among adolescents and young adults within the UK general population (1,149 males). The authors found that overall, 29% of males reported experiencing IPV in their lifetime (Herbert et al., 2020).

Furthermore, it is important to recognise that men should not be considered a homogeneous group in the context of domestic violence research, with previous research from the Crime Survey for England and Wales (ONS., 2020) demonstrating that male members of the LGBTQ+ community were twice as likely to experience domestic violence than heterosexual men<sup>3</sup>. Therefore, there is

much nuance to consider when it comes to understanding experiences of domestic violence among men and boys.

Finally, a major challenge of past research examining male's experiences of IPV specifically, is that many studies suffer from some important limitations. One major challenge is that it is difficult to draw conclusions due to limitations such as small sample size or the lack of a representative sample.

### What is a representative sample?

**A representative sample is a subset group that accurately represents the characteristics of the larger target group. This means that to have a representative sample of all male victims of IPV in NI, we would first have to know how many male victims of IPV exist in total and what their general sociodemographic profile looked like, and then assess if that profile was represented in our sub-sample.**

Understanding male experiences of IPV within the context of NI specifically is arguably even more challenging. While the Police Service of Northern Ireland (PSNI) publishes regular reports of rates of domestic

<sup>3</sup> <https://www.gov.uk/government/publications/supporting-male-victims/supporting-male-victims-accessible#fn:24>



violence within NI, this includes psychological and physical forms of abuse or violence perpetrated by an intimate partner OR family member. Therefore, prevalence estimates reported are not reflective of those experiencing IPV alone, and of course these rates only reflect incidents known to the PSNI, with many incidents likely going unreported. Taken together, this leaves a significant gap in both the literature and our understanding of IPV and its associated mental health outcomes as experienced by males in NI.

### 1.3. Why focus on men's experiences of IPV?

IPV among men and boys remains understudied and poorly understood in NI and across the rest of the UK (Scott-Storey et al., 2022, Taylor et al., 2021). This leaves a significant gap in both the literature and our understanding, thus presenting challenges for the development (and funding) of suitable interventions and services to support those in need.

Another, more global challenge to our current understanding of male

victims of IPV is how IPV has been historically conceptualised within society, which has often been exacerbated by gender stereotypes (Bates et al., 2020). Research suggests that men experiencing IPV do not often recognize themselves as victims of IPV or that their experiences can be defined as IPV (Bates, 2020). Therefore, male victims of IPV may have unique challenges and barriers to overcome due to these societal issues. The societal impacts are also important given that this is likely to have knock on effects for support seeking, criminal justice policies, and service provision. This is particularly relevant for those working at a governmental level, who feed into policy and strategies, who strive to tackle the issue of IPV.

At present within the UK, the government approach to tackle the issue of domestic violence centres on a framework focused on women and girls, the Violence Against Women and Girls strategy<sup>4</sup> (Taylor et al., 2021). However, the UK Violence against Women and Girls Strategy does refer to the need to address the increasing demand for support for male victims of domestic abuse and makes

<sup>4</sup> <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

reference to a specific male victim's position paper<sup>5</sup>. Within NI, a similar strategy, called 'Tackling Violence Against Women and Girls Action Plan'<sup>6</sup>, which is currently under consultation.

Of note, without having enough evidence it remains challenging to determine specific needs and how they should be addressed.

#### 1.4. Intimate Partner Violence & Mental Ill Health

Given the traumatic nature of IPV it is unsurprising that these experiences have been linked to adverse psychological outcomes. Specifically, studies have demonstrated an association between IPV and outcomes such as post-traumatic stress disorder (PTSD) (Hines., 2007; MacManus et al., 2022), anxiety, depression, suicidality (Prospero et al., 2007; Lagdon et al., 2014), low self-esteem, physical injuries (Brooks et al., 2020) and physical health conditions (Hines et al., 2015; Scott-Storey et al., 2022), among

male victims. A qualitative study by Bates (2020), with 161 UK based men (aged 18+), found that their experiences of IPV detrimentally impacted both their physical and mental health, and their future relationships (both in terms of future intimate partners and with others). In sum, this evidence underscores that men experience a range of both physical and psychological impacts following experiences of IPV.

Despite the above, there remains a dearth of empirical research evidence (particularly within the UK and NI specifically) exploring experiences and mental health outcomes of IPV among male victims. Specifically, this means there is an inadequate understanding of IPV as experienced males in the UK, and thus in turn whether variation exists surrounding experiences within different subpopulations of males (i.e., among gender or sexual minority men, those resident in urban vs rural communities, and those in varying age categories). Likewise, there is little understanding of

<sup>5</sup> <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020/male-victims-position-paper-march-2019-accessible-version#fn:2>

<sup>6</sup> <https://www.psni.police.uk/sites/default/files/2022-09/Tackling%20Violence%20Against%20Women%20and%20Girls%20Action%20Plan.pdf>



what the short and long-term mental health outcomes of IPV are for male victims.

### 1.5. Report Aims

The objective of the current report was to synthesize the available literature examining experiences and mental health outcomes of intimate partner violence among men and boys, via a rapid review approach. The main goal of the current review is to use this collated information to identify key research priorities which will inform a larger-scale funding tender awarded by the Commissioner for Victims of Crime Office to better understand the experiences and needs of male victims of IPV within NI.

#### **Research Question:**

**What are the experiences and associated mental health outcomes of intimate partner violence (IPV) among men and boys?**



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# Section 2.

## Methodology



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## 2.0. METHODOLOGY

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### 2.1. Design

The objective of this report was to synthesize the available literature examining the experiences and associated mental health outcomes of intimate partner violence (IPV) among men and boys.

To address this objective, a rapid review approach was chosen in line with similar empirical research studies (Ali et al., 2021; McNeill et al., 2022). This methodology has many advantages. Specifically, rapid reviews offer an approach to data syntheses that condenses the systematic review process, while still providing robust evidence-based results in a timely and cost-effective manner (Sabiston et al, 2022; Tricco et al., 2015).

### 2.2. Definition of Intimate Partner Violence (IPV)

In line with previous empirical research, IPV is defined in the current report as any act of *“physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner”* (Breiding et al., 2015, p. 11). It is important to acknowledge that IPV definitions differ from the broader definitions of domestic violence. Likewise, it is pertinent to be mindful that different bodies and / or organisations may differ in their underpinning use of a definition upon which they build action plans and strategies.

### 2.3. Search Strategy

The following electronic databases were searched: Web of Science, PsycINFO and PubMed. Additionally, using snowballing, specific journals known for the publication of empirical research on IPV (e.g., *‘The Journal of Criminal Psychology’*; *‘Journal of Interpersonal Violence’*; *‘Journal of Family Violence’*; *‘Trauma, Abuse and Neglect’*) or journals which are noted to be frequently referenced in this area were also searched.

The search terms used were informed by:



- (1) The primary goal of this review was to explore whether males experience IPV and what the associated mental health outcomes of those experiences are.
- (2) Search terms used in previous empirical research utilizing rapid or systematic review methodologies to explore IPV (e.g., McNeil et al., 2022; Mojahed et al., 2021).

These terms were reviewed by all members of the research team for face validity. Agreed terms were then piloted with an initial search of the electronic databases to ensure appropriateness prior to implementation.

The review question and search strings were constructed using the PEO framework (Moola et al., 2015; Munn et al., 2018), and detailed below (see Figure 1). Searches were limited to article title, abstract, and keywords as appropriate across databases and will be restricted to the year 2010 - present. For studies to meet the criteria for inclusion they must have included all three components of the PEO framework (i.e., the study must focus on or include data on males aged 13+, they must examine IPV experiences AND they must examine mental ill health. See Figure 1 below)

Figure 1. Search Terms using PEO Framework

P <i>Population</i>	E <i>Experience</i>	O <i>Outcome measure</i>
Adult Men (aged 18+ years old)  Adolescent Boys (aged 13-17 years old)	Intimate Partner Violence	Mental Ill Health
"Men" OR "man" OR "male" OR "males" OR "boy" OR "boys" OR "masculin*" OR "young men" OR "young boys" OR "adolescent males"	"Coercive control" OR "intimate partner violence" OR "domestic violence" OR "domestic abuse" OR "partner violence" OR "partner abuse" OR "dating violence" OR "spousal abuse" OR "spouse abuse" OR "domestic conflict" OR "marital conflict" OR "physical violence" OR "emotional violence" OR "sexual violence" OR "psychological violence" OR "rape" or "assault"	"Mental health" OR "Mental ill health" OR "psycholog*" OR "depress*" OR "anxiet*" OR "mood disorder*" OR "disorder*" OR "post traumat*" OR "behaviour*" OR "stress" OR "psychosis" OR "suicid*" OR "self-harm*" OR "disorder"



## 2.4. Inclusion Criteria

The review process adopted the following study inclusion criteria<sup>7</sup>:

- 1** The results must have focused on adult men, or adolescent boys only. In studies including both men and women, the results specific to men must have been available separately to warrant inclusion.
- 2** Studies must have focused on mental ill health as a primary outcome. Studies that investigated other factors as secondary outcomes (alongside mental ill health) could also be included. Secondary outcomes could include (but were not limited to) physical health, other emotional or societal consequences of IPV, or its effects on health-related behaviours, including addictive and risk-taking behaviours.
- 3** Studies must have been published between January 2010 and January 2023.
- 4** IPV must have occurred directly and at age 13 years or older.
- 5** The full-text article must be accessible in English language.
- 6** Qualitative and quantitative studies are permitted.
- 7** Studies using terms other than IPV such as domestic violence or domestic abuse were permissible however it must have been clear, within the study, that violence was perpetrated by an intimate partner (i.e., not a family member).

<sup>7</sup> All studies must have examined both IPV experiences and mental health outcomes together to be included.

## 2.5. Study Screening, Selection & Data Extraction Procedure

Three reviewers were involved in the study screening selection and selection procedure. Firstly, all articles generated from the search strategy above were exported into Endnote 20. Secondly, all study titles and abstracts were screened independently by two reviewers. This process was guided by the PEO framework (see Figure 1 above), as well as the study inclusion criteria.

Next, those studies which were eligible for full text screening were reviewed independently by reviewers 1 and 2 against the study inclusion and exclusion criteria. In case of uncertainties, a third reviewer was consulted and resolved this issue. Finally, a summary of relevant data was extracted from all eligible remaining study sources into a table. The following key information was collected (where available):

- 
- **Authors**
  - **Year of publication**
  - **Country of Origin**
  - **Quantitative, Qualitative or Mixed**
  - **Title/journal**
  - **Population and sample size**
  - **Sample age**
  - **Study design and analytical methods**
  - **IPV prevalence estimates (if reported)**
  - **Type of IPV (physical, sexual, psychological, emotional, and social)**
  - **Psychological outcome reported**
  - **Any secondary outcomes reported**
-

# Section 3.

## Results



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## 3.0. RESULTS

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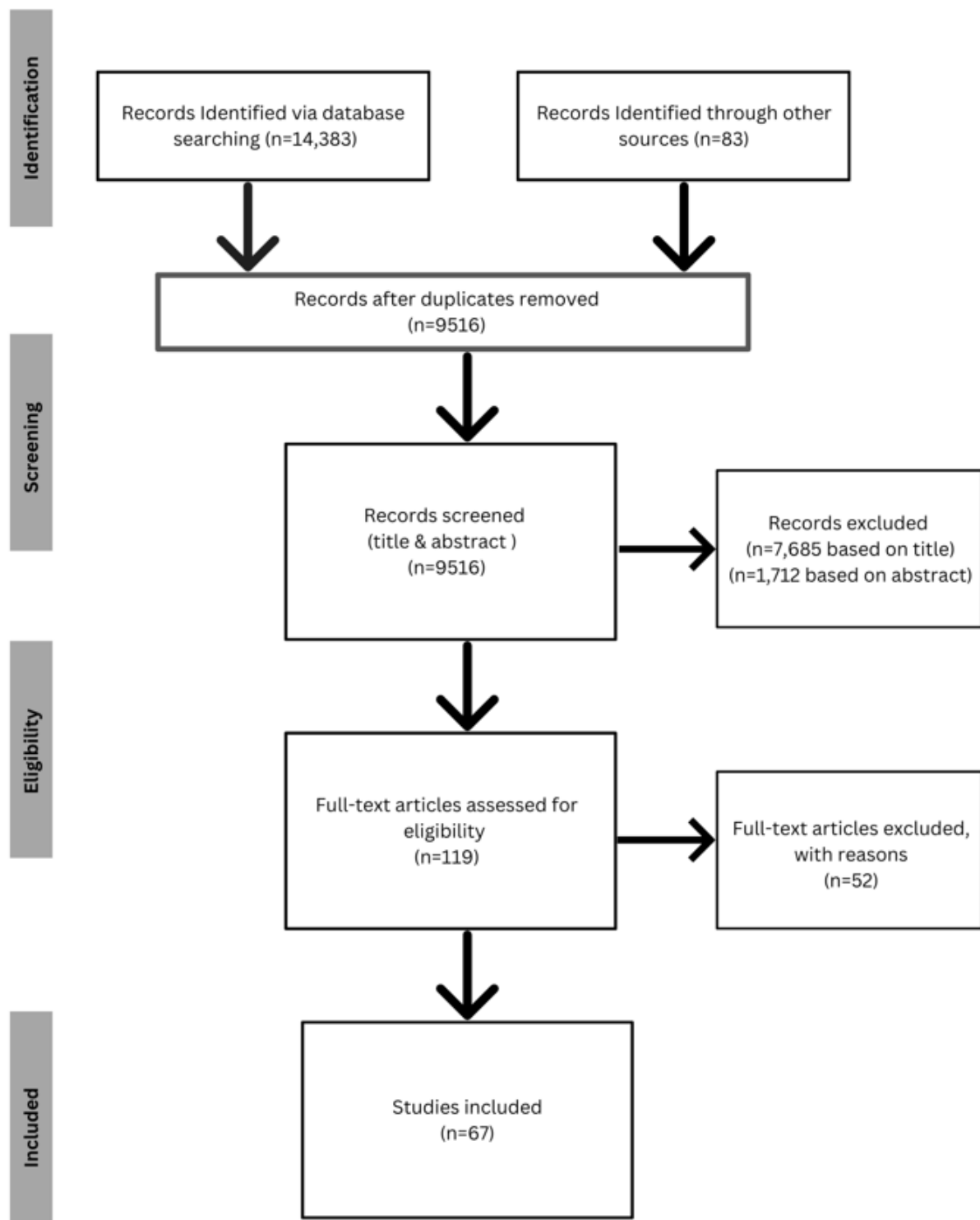
### 3.1. Search Results

Figure 2 displays the process of study screening and eligibility checking. The number of study exclusions at each stage is also reported. A total 67 out of 14,466 studies met the inclusion criteria for this review. Key reasons why studies were excluded at the full text screening stage were: (1) they did not focus on mental ill health as it relates to the experience of IPV as the main outcome of interest, (2) they did not report findings of their male participants separately, (3) the full text was not available, (4) they were duplications.

### 3.2. Study Characteristics

The specific characteristics of the studies included in this review are presented in Table 1 (below). Please see supplementary materials (Table S1) for a more detailed breakdown of included studies characteristics. In summary, the 67 studies included within this review detailed research across a multitude of countries, the majority were US based (n=32 USA; n=8 UK; n=6 Canada; n=4 China; n=2 South Korea; n=2 Belgium; n=3 Australia; n=1 Germany; n=1 Nigeria; n=2 Italy; n=1 Guatemala; n=1 Myanmar; n=1 New Zealand; n=1 Rwanda; n=1 South East Asia; n=1 Sri Lanka). A range of methodologies were employed. Most studies (n=61) adopted a quantitative design (specifically 50 were cross sectional and 11 were longitudinal), 5 utilized qualitative methods and only one study used a mixed methods approach. Sample sizes range from n=150 to n=33,127 for quantitative studies and n=4 to n=29 for qualitative (n=302 for the mixed methods study). The mean age reported across studies ranged from 15 to 64 years old. However, age was not reported in a consistent fashion across all studies. Sample population across studies was diverse, e.g., mixed gender samples, adult men from general or clinical populations, LGBTQ+, adult men with IPV history, men with chronic health conditions, adolescents and young adults, students, help seeking males, and veterans. Majority of the included studies did not use nationally representative population data.

Figure 2. Prisma flowchart of Study Selection



### 3.3. Male IPV experiences

Most of the included studies reported the rates of IPV among their respective samples. Overall, these rates varied widely from 6.6% to 78.0%. This is unsurprising given the variation across sample characteristics, definition, and measurement of IPV (including questionnaire used, time frame of reference i.e., past year or lifetime, and whether different IPV experiences were summed and reported together or separately). Ten studies focused on LGBTQ+ populations and found rates ranging from 1.9% - 55%. Six studies specifically focused on adolescent populations (focusing on participants aged 18 or under) and found rates of 12.5% - 49.3% among boys within their respective samples. For example, the most recent adolescent study included within this review (Beckmann & Kliem., 2021), focused on adolescents (average age of 15 years) in the 9<sup>th</sup> grade (equivalent to year 11 of secondary school within NI) and they found 49.3% of boys reported experiencing any type of teenage dating violence at least once in their lifetime (42.6% for emotional violence; 14.4% relational violence; 8.2% physical violence, 5.4% experienced threat and 3.5% sexual violence).

Regarding specific types of IPV, most studies typically focused on physical, psychological, and sexual forms of IPV. Rates of physical, psychological and sexual IPV among males varied greatly from 4.3-100%<sup>8</sup>, 1.0-96.0%<sup>9</sup>, and 0.4%-48.1% respectively. Other types of IPV reported across studies were defined and reported as legal aggression, controlling, or monitoring behaviour, threat, harassment, emotional IPV and verbal IPV. Of those studies, that reported the rates of multiple different types of IPV experiences, physical and psychological/emotional violence were the most frequent.

### 3.4. Psychological Impacts (Quantitative Studies)<sup>10</sup>

The most assessed psychological outcomes were depression (36 studies), followed by anxiety disorders (27 studies), PTSD (19 studies), and suicidality (11 studies). Other assessed mental health issues were problematic eating behaviours/eating disorders, psychosis, sleep disturbances, and borderline

<sup>8</sup>The rate of 100% for physical IPV is due to a specific sample of men who were seeking help for IPV who were purposely sampled.

<sup>9</sup>The rate of 96% for psychological IPV is due to a specific sample of men who were seeking help for IPV who were purposely sampled.

<sup>10</sup>Prevalence rates summarised in this report must be considered in line with the variation across study sample characteristics, definitions of mental health disorders used, and measurement of outcome (including questionnaire used, time frame of reference i.e., past year or lifetime, and application of diagnostic criteria)

personality disorder (BPD). Moreover, several studies explored mental health issues which were defined and examined more broadly (or grouped together), such as, stress, general, mental, or emotional distress, any diagnosed mental health issues, common mental health disorders, internalising symptoms, mood disorders or axis I disorders.

The rate of PTSD, anxiety, and depression among male victims of IPV varied greatly across studies, ranging from 14.13%-42.9%, 7.61%-80.0%, and 2.0% to 83.5% respectively (for those studies that reported it). Most studies exploring links between IPV, and internalising symptomatology demonstrated a positive association between the two, across a diverse range of populations. For example, Davis et al. (2022), examined IPV and a range of mental health outcomes among a LGBTQ+ male sample. Findings revealed those who experienced any type of IPV in their lifetime were twice as likely to experience depression and anxiety. Furthermore, those who had endorsed experiences of emotional IPV more recently were 7 times more likely to experience anxiety than those do not endorse recent emotional IPV. A study examining IPV, focusing on a comparison of physical and mental health impacts among male U.S. veterans and non-veterans (n=13,765), found that, non-veterans who experience IPV are four times more likely to experience depression, this risk was twice as likely for veterans (Cerulli et al., 2014). In a sample of over 1000 U.S. based adults, males with IPV histories were three times more likely to have experienced depressive symptoms, than those without IPV histories (Renner et al., 2014). Further, a UK study exploring IPV among a male LGBTQ+ sample found that those who endorsed having to ask a partner's permission or ever fearing their partner were over twice as likely to experience symptoms of anxiety (Bacchus et al. 2017).

Hines and Douglas (2011) explored IPV and PTSD among two different samples of men (one help seeking for IPV and one community sample). The findings demonstrated that experiences of IPV were significantly associated with PTSD. Moreover, men who experienced intimate terrorism (characterised by severe violence) were at a significantly greater risk for meeting the clinical threshold criteria for PTSD. A study which focused on men's experiences of sexual aggression, demonstrated that this was significantly associated with PTSD, depression, and poor physical health (Hines & Douglas., 2016a). Interestingly, one study found evidence to suggest a dose-response relationship between the number of IPV experiences types and the increased likelihood of experiencing poor psychosocial health (Ogunbajo et al., 2022).



However, not all studies found a significant association between IPV and mental ill health. Specifically, IPV experiences were not always found to be linked to increased depression. One longitudinal study (N=1538 Australian adults) found no significant link between IPV and major depression disorder between the ages of 21 and 30 years old (Ahmadabadi et al., 2020). However, the authors did find a significant association between emotional abuse and the onset of anxiety-based disorders among males (Ahmadabadi et al., 2020).

Numerous studies suggested that the type of IPV experienced is important to consider when it comes to an outcome of depression. Foran et al. (2012) found that physical IPV was not significantly associated with depressive symptom severity, however psychological IPV was. Moreover, Xu et al. (2022) utilised a representative sample of married men (N=1083) and women (N=1185) aged 18-64 from the Third Survey of Chinese Women's Social Status 2010. They found that, among men, that lifetime sexual or person control types of IPV were not significantly associated with depression. However, several other types of IPV, financial control, physical violence and psychological violence (both verbal and nonverbal) were significantly associated with higher levels of depression-based symptoms, when compared with men who did not experience these forms of IPV.

Eleven studies explored different aspects of suicidality (including self-harm, suicidal ideation, and attempts) in relation to men's experience of IPV, only 4 of these reported rates of suicidality among their samples. Rates of suicidal ideation ranged from 14.0% - 85.7% among these studies. The majority of the 11 studies reported an association between suicidality and IPV experiences among men. For example, a recent study by Ogunbajo et al. (2022) examined several types of IPV (emotional, physical, sexual, monitoring and controlling) and found a significant association between all types of IPV and suicidal thoughts and attempts. This association remained significant even after controlling for covariates such as demographics and other psychosocial factors (Ogunbajo et al., 2022). Some studies however found that only certain forms of IPV are linked to increased likelihood of suicidality. A study by Kim et al. (2022) found that verbal and threat based IPV experiences were significantly associated with suicidal ideation, but physical threat was not. Conversely, Wolford-Clevenger et al. (2016) found that physical abuse (but not emotional or harassment

based IPV) was significantly associated with an increased likelihood of experiencing suicidal ideation in men.

Regarding the experiences of adolescent males specifically, in relation to IPV experiences and mental ill health outcomes, six studies specifically focused on participants aged 18 or younger. Broadly, the findings suggest adolescent males who experience IPV (in comparison to adolescent males who have not experienced IPV) are more likely to experience several poor mental health outcomes. However like the adult studies outlined above, the evidence was inconsistent and nuanced. For example, a recent study focused on school aged adolescents (average age of 15), found that boys who reported experiencing IPV, were reporting consistently higher symptoms of depression, anxiety, somatic symptoms and suicidality (with small to medium effect sizes), compared to boys who did not report any IPV (Beckmann & Kliem, 2021). Conversely, Romito et al (2013), explored IPV experiences among high school aged adolescents and found that (compared to males who did not experience IPV), symptoms of suicidality, disordered eating behaviours and panic were significantly higher. However, this did not hold true for depression, there was no significant difference between depression levels for male victims of IPV vs those who were not. Moreover, Foshee et al. (2013) conducted a longitudinal study among adolescents (grades 8-12) and found that psychological IPV was associated with increased endorsement of internalising symptomatology but experience of physical IPV was not. Finally, Exner et al. (2013) conducted a larger-scale longitudinal study of IPV experiences (three waves of data collection) involving adolescents under the aged of 18 (participants had to be under the age of 18 at wave 2 to be included). The findings demonstrated that, compared to males who did not experience IPV, male victims of psychological IPV were significantly more likely to report higher levels of antisocial behaviour, suicidal thoughts, problematic substance use and were more likely to be a victim of IPV in adulthood (measured at wave 3).

Overall, consensus from the included cross-sectional studies (across both adult and adolescent samples) suggests that IPV victimisation among males is largely associated with symptoms of internalising symptomatology, specifically depression, anxiety-based disorders, PTSD, and suicidality, with some studies finding evidence for a dose-response relationship between mental ill health and types of IPV experienced. However, it is important to note that some inconsistencies remain regarding (1)

whether specific types of IPV incur greater risk above others, and (2) the association between IPV and depressive symptoms among males (despite depression being the most studied mental health outcome among the included studies).

### 3.5. Psychological Impacts (Qualitative Studies)

Five qualitative studies met the criteria for inclusion and explored the impactful nature experiences of IPV can have among male populations. Consensus from these studies demonstrates that the experience of IPV had a detrimental impact on participants mental health (as well as their physical health). This impact, for many, was long lasting (Bates, 2020), specifically participants endorsed a range of internalising symptomatology. For example, one study explored men's experiences of aggression and control following their separation from a female partner, and the impact of abuse which continued. Participants described the detrimental impact of IPV on their mental health, resulting in symptoms of PTSD and anxiety disorders such as agoraphobia and panic disorder (Bates, 2019). Across several studies, participants reported feelings of suicidal ideation, worthlessness and helplessness, increased anxiety, depressive symptoms and/or physical ill health (Bates & Carthy, 2020; Entilli & Cipolletta., 2016; Sita & Dear., 2019).

*"It is over and has been for 18 years, but I live it as if it happens every day due to my PTSD...I am disabled by my mental illnesses now and I am housebound. It destroyed my life and robbed me of a future. That is how it impacted me; I fear."* (Taken from:

Bates et al., 2019, p12)

Please refer to table 1 below for details of all of the studies included in this current rapid review.

**Table 1.** Summary of Study Characteristics

Author	Year	Country	IPV Prevalence (%) (in men)	IPV Types
Z. Ahmadabadi; J. M. Najman; G. M. Williams; A. M. Clavarino; P. d'Abbs; N. Tran	2020	Australia	combined (2.1%) physical (40.6%) emotional (30.1%) harassment (21.9%) any (51.6%)	physical, emotional, harassment
K. A. Alroy; A. Wang; M. Sanderson; L. H. Gould; C. Stayton	2022	USA	psychological (14.5%) physical (6.8%)	psychological, physical
Y. Amanor-Boadu; S. M. Stith; M. S. Miller; J. Cook; L. Allen; M. Gorzek	2011	USA	minor (32.9%) severe (8.9%)	minor, severe
D. L. Ansara; M. J. Hindin	2011	Canada	N/A	any
W. T. Aye; L. Lien; H. Stigum; B. Schei; J. Sundby; E. Bjertness	2020	Myanmar	EVER-MARRIED 12 MONTHS any (37.7%) emotional (32.7%) physical (21.5%) sexual (0.8%)  EVER-MARRIED LIFETIME any (42.4%) emotional (36.1%) physical (27.3%) sexual (1.8%)  NEVER-MARRIED LIFETIME physical (34.3%) sexual (7.9%)	emotional, physical, sexual
L. J. Bacchus; A. M. Buller; G. Ferrari; T. J. Peters; K. Devries; G. Sethi; J. White; M. Hester; G. S. Feder	2017	UK	frightened (76.1%) coerced (25.6%) physical (44.4%) sexual (26.5%) any last 12 months (27.3)	frightened, coerced, physical, sexual
P. Bandara; A. Page; L. Senarathna; J. Kidger; G. Feder; D. Gunnell; T. Rajapakse; D. Knipe	2022	Sri Lanka	any (22%)	physical, emotional



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B. A. Bartlett; K. M. Iverson; K. S. Mitchell	2018	USA	physical (7.01%) sexual (1.03%) emotional (11.99%) fear (5.36%) psychological aggression (0.00%) any (14.86%)	physical, sexual, emotional, fear psychological aggression
E. A. Bates	2019	UK	N/A	emotional, psychological
E. A. Bates	2020	UK	N/A	verbal, physical, sexual
E. A. Bates; N. L. Carthy	2020	UK	N/A	verbal, physical, sexual
L. Beckmann; S. Kliem	2021	Germany	any (49.3%) emotional (42.6%) threats (5.4%) relational (14.4%) physical (8.2%) sexual (3.5%)	emotional, threatening, relational, physical, sexual
J. L. Berger; E. M. Douglas; D. A. Hines	2016	USA	N/A	legal, physical, emotional, psychological, sexual
H. A. Beydoun; M. Williams; M. A. Beydoun; S. M. Eid; A. B. Zonderman	2017	USA	6 per 100,000	physical
M. J. Brown; J. M. Serovich; J. A. Kimberly	2016	USA	any (6.6%)	verbal, physical
D. A. Davis; A. Rock; R. Santa Luce; L. McNaughton-Reyes; C. Barrington	2022	Guatemala	any lifetime (28.6%) any last 12 months (8.8%) emotional (7.8%) physical (5.9%) sexual (1.9%) physical & emotional (57.6%) physical & sexual (18.2%) sexual & emotional (12.1%) physical emotional & sexual (12.1%)	physical, emotional, sexual
E. M. Douglas; D. A. Hines	2011	USA	N/A	physical
L. Entilli; S. Cipolletta	2017	Italy	N/A	physical, psychological
D. Exner-Cortens; J. Eckenrode; E. Rothman	2013	USA	any (20.1%)	physical, psychological
H. M. Foran; D. Vivian; K. D. O'Leary; D. N. Klein; B. O. Rothbaum; R. Manber; M. B. Keller; J. H. Kocsis; M. E. Thase; M. H. Trivedi	2012	Canada	psychological (76.0%) mild physical (16.7%) severe physical (7.4%) any physical (16.7%) any injury (3.1%)	physical, psychological

I. Fortin; S. Guay; V. Lavoie; J. M. Boisvert; M. Beaudry	2012	Canada	psychological (78%) physical (28%)	physical, psychological
V. A. Foshee; H. L. M. Reyes; N. C. Gottfredson; L. Y. Chang; S. T. Ennett	2013	USA	not provided (no gender split)	physical, psychological
G. Gilchrist; K. Hegarty; P. Chondros; H. Herrman; J. Gunn	2010	Australia	fear of partner (7.6%)	"ever afraid of partner"
B. E. Hayes; P. M. Kopp	2020	USA	not provided (no gender split)	physical, coercive control, reproductive control, psychological aggression
S. Hellemans; A. Buysse; O. De Smet; A. Wietzker	2014	Belgium	psychological (12.3%) physical not reported for men sexual (0.00%)	psychological, physical, sexual
S. Hellemans; T. Loeys; M. Dewitte; O. De Smet; A. Buysse	2015	Belgium	not provided (no gender split)	physical, psychological
D. A. Hines; E. M. Douglas	2010	USA	N/A	physical, sexual, psychological, control
D. A. Hines; E. M. Douglas	2011	USA	HELP-SEEKING physical aggression (100%) controlling (93.4%) psychological aggression (96.0%)  COMMUNITY physical aggression (16.3%) controlling (20.0%) psychological aggression (13.7%)	physical aggression, psychological, controlling/intimate terrorism
D. A. Hines; E. M. Douglas	2015	USA	any physical (100%) sexual (48.1%) psychological aggression (95.8%) controlling (94.3%) legal aggression (91.4%)	physical, psychological, sexual, controlling, legal aggression
D. A. Hines; E. M. Douglas	2016	USA	N/A	physical, psychological, intimate terrorism
D. A. Hines; E. M. Douglas	2016	USA	any physical (43.2%) sexual (14.2%) psychological aggression (31.9%) controlling (35.7%) legal aggression (11%)	physical, sexual, psychological aggression, controlling, legal aggression

D. A. Hines; E. M. Douglas	2018	USA	HELP-SEEKING any (100%)  COMMUNITY any (16%)	physical, psychological, sexual
U. Ibragimov; J. A. Harnisch; E. J. Nehl; N. He; T. Zheng; Y. Y. Ding; F. Y. Wong	2017	China	threats to money/housing (7.9%) damage/destruction property (10.6%) threats about sexuality (10.3%) threats of physical/emotional harm (23.9%) physical (13.3%) sexual (7.12%) threats to harm another (23.6%)	threats, physical, emotional, sexual
K. M. Iverson; D. Vogt; R. M. Maskin; B. N. Smith	2017	USA	physical (8%) sexual (4%)	physical, sexual
S. Jonas; H. Khalifeh; P. E. Bebbington; S. McManus; T. Brugha; H. Meltzer; L. M. Howard	2014	UK	any (18.7%) physical (12.0%) emotional (5.6%)	physical, emotional
A. Kamimura; N. Christensen; J. Tabler; J. Ashby; L. M. Olson	2014	USA	US BORN physical (56.3%) sexual (6.3%) emotional (50.0%)  NON-US BORN physical (7.7%) sexual (3.8%) emotional (3.8%)	physical, sexual, emotional
A. Kamimura; M. M. Nourian; N. Assasnik; K. Franchek-Roa	2016	SE Asia	19.20%	physical
R. Kim; J. Yoon; J. H. Kim; H. Lee; J. Park; S. S. Kim	2022	South Korea	verbal (18.8%) threats (2.7%) physical (1.0%)	verbal, threat, physical
S. Kim; A. Currao; J. R. Fonda; K. M. Iverson; A. Kenna; M. E. Pierce; B. M. Beck; R. E. Jorge; C. B. Fortier	2022	USA	22%	any
S. Lagdon; J. Ross; B. Waterhouse-Bradley; C. Armour	2022	UK	physical (24.46%) sexual (4.35%) harassment (22.83%)	physical, sexual, harassment
C. Levesque; M. F. Lafontaine; J. F. Bureau; P. Cloutier; C. Dandurand	2010	Canada	not provided	any
J. B. Lewis; T. P. Sullivan; M. Angley; T. Callands; A. A. Divney; U. Magriples; D. M. Gordon; T. S. Kershaw	2017	USA	any (23%)	physical, sexual
T. B. Loeb; I. W. Holloway; F. H. Galvan; G. E. Wyatt; H. F. Myers; D. A. Glover; M. Y. Zhang; H. H. Liu	2014	USA	not provided; only mean scores on scales	any
A. Lysova; E. E. Dim; D. Dutton	2019	Canada	physical/sexual (2.9%) intimate terrorism (35%) physical/intimate terrorism (22%)	physical/sexual, intimate terrorism, physical/ intimate terrorism



S. McManus; S. Walby; E. C. Barbosa; L. Appleby; T. Brugha; P. E. Bebbington; E. A. Cook; D. Knipe	2022	UK	any (15.3%)	physical, sexual, economic, emotional
A. R. Miltz; F. C. Lampe; L. J. Bacchus; S. McCormack; D. Dunn; E. White; A. Rodger; A. N. Phillips; L. Sherr; A. Clarke; A. McOwan; A. Sullivan; M. Gafos	2019	UK	12 months (44.9%) 24 months (40.2%)	any
A. Ogunbajo; O. A. Oginni; S. Iwuagwu; R. Williams; K. Biello; M. J. Mimiaga	2022	Nigeria	emotional (45%) physical (31%) sexual (20%) monitoring (55%) controlling (22%)	emotional, physical, sexual, monitoring behaviors, controlling behavior
S. S. Oh; W. Kim; S. I. Jang; E. C. Park	2019	South Korea	any (39.9%)	violence
M. Okuda; M. Olfson; D. Hasin; B. F. Grant; K. H. Lin; C. Blanco	2011	USA	5.80%	physical
D. W. Pantalone; K. L. Schneider; S. E. Valentine; J. M. Simoni	2012	USA	physical (19%) sexual (17%) psychological (51%) any (54%)	physical, sexual, psychological, any
L. P. Peng; R. She; J. Gu; C. Hao; F. S. Hou; D. N. Wei; J. H. Li	2020	China	any (32.7%) emotional (17.1%) monitoring (15.1%) sexual (11.6%) physical (9.5%) controlling (9.2%)	emotional, sexual, physical, controlling, monitoring
M. E. Pierce; C. Fortier; J. R. Fonda; W. Milberg; R. McGlinchey	2022	USA	16.40%	any
L. M. Renner; L. Habib; A. M. Stromquist; C. Peek-Asa	2014	USA	physical (11.5%) emotional (30.1%) both (7.3%)	physical, emotional
P. Romito; L. Beltramini; V. Escriba-Aguir	2013	Italy	any IPV (34.8%)	physical violence, psychological violence, sexual violence, intimate partner violence
J. A. Schumacher; S. F. Coffey; F. H. Norris; M. Tracy; K. Clements; S. Galea	2010	USA	T1 psychological (36.7%) physical (11.7%)  T2 psychological (43.1%) physical (10.9%)	psychological, physical
R. C. Shorey; J. Febres; H. Brasfield; G. L. Stuart	2012	USA	psychological (82.1%) physical (36.4%)	psychological, physical
R. A. C. Siemieniuk; P. Miller; K. Woodman; K. Ko; H. B. Krentz; M. J. Gill	2013	Canada	22.40%	any
S. B. Simmons; K. E. Knight; S. Menard	2018	USA	minor (53%) violent (15%)	minor, violent

V. Singh; M. A. Walton; L. K. Whiteside; S. Stoddard; E. N. Quyen; S. T. Chermack; R. M. Cunningham	2014	USA	any (12.5%) victimisation (11.7%) aggression (4.9%)	any, victimisation, aggression
T. Sita; G. Dear	2021	Australia	N/A	intimate terrorism
A. Umubyeyi; I. Mogren; J. Ntaganira; G. Krantz	2014	Rwanda	physical (4.3%) sexual (1.5%) psychological (7.3%)	physical, sexual, psychological
P. A. C. Vaeth; S. Ramisetty-Mikler; R. Caetano	2010	USA	minor psychological (42.9%) severe psychological (10.4%) physical (12.8%) sexual (10.9%)	psychological, physical, sexual
D. Wei; F. Hou; W. Cao; C. Hao; J. Gu; L. Peng; J. Li	2020	China	physical (2.9%) sexual (6.9%) monitoring (5.7%) controlling (4.7%) emotional (5.4%)	physical, sexual, monitoring, controlling, emotional
C. Wolford-Clevenger; N. C. Vann; P. N. Smith	2016	USA	not provided (no gender split)	physical, emotional, harassment
X. H. Xu; L. Zheng; T. Xu; M. J. He	2022	China	personal control (1.3%) financial control (4.3%) physical (4.9%) psychological verbal (18.2%) psychological non-verbal (16.6%) sexual (0.4%)	control (personal & financial), physical, psychological (verbal & nonverbal), sexual
Mellar, B. M., Gulliver, P. J., Selak, V., Hashemi, L., McIntosh, T. K., & Fanslow, J. L.	2023	New Zealand	ALL any (49.9%) two types (62.1%)  UNEMPLOYED MEN any (69.2%)	physical, sexual, psychological, controlling behaviors, and economic abuse
Cerulli, C., Bossarte, R. M., & Dichter, M. E.	2014	USA	any lifetime - veterans (9.5%) any lifetime - nonveterans (12.5%)	actual or threatened physical violence or unwanted sex.

#### 4.0. IMPLICATIONS & RECOMENDATIONS

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The main aim of this report was to conduct a rapid review of the literature to explore IPV experiences and mental health outcomes among men and boys.

This rapid review found 67 studies meeting the pre-defined inclusion criteria. The primary goal of this exercise was to use this collated information to identify key research priorities which will guide a larger-scale funding tender awarded by the Commissioner for Victims of Crime Office in NI, to better understand the IPV experiences of males in NI. Therefore, the results of the current review will be discussed within the context of future research priorities for the NI population specifically. The resultant research priorities are displayed on the next page.



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#### 4.1. Recommended Research Priorities

# 1

## Address the dearth of research in Northern Ireland (and UK more broadly) concerning males IPV experiences and mental health outcomes.

- The results of the current review highlighted that there is an overall lack of research within the UK exploring IPV experiences and mental health outcomes among men and boys. Indeed, from the 67 studies included within this review, only 8 were UK based and none were conducted within NI. This leaves a significant gap in our societies understanding.
- Without a solid evidence base investigating these issues, there are many challenges with understanding whether current service provision meets the reality of the support needs.
- The findings yielded from this rapid review, have highlighted some specific directions for future research to combat this research paucity (outlined below)

## 2

### Identify the true extent and range (e.g., types) of IPV experiences among males in NI.

- There is a need for dedicated empirical research focused on examining the prevalence and patterns of IPV experienced by men and boys in NI.
- Given the limited available data in this area, a large-scale and preferably representative cross sectional survey would be welcomed (it would be pertinent to focus on adolescent, young adult, and adult male populations).
- Research suggests males experience a broad range of IPV types, including physical, psychological, and sexual experiences. However, it is not clear if certain types of IPV are more/less commonly experienced by males. Future studies should seek to query the types of IPV experienced among males.
- Studies should further seek to identify support service usage rates for male populations experiencing IPV.
- Likewise, studies should interview service providers as participants within research, seeking their views on providing care for male victims of IPV.
- Researchers should seek to explore crime databases or PSNI records to investigate rates of reported male IPV victimization in NI.
- Studies investigating prevalence rates should also seek to explore how these compare to other nations in the UK and other countries more widely, where such comparator databases exist.
- All studies should give due care and consideration to how IPV is defined and measured to ensure any reported rates and results are comparable.

## 3

## Identify the mental health impacts of IPV experiences among men and boys in NI.

- Consensus from the studies included within this review demonstrate that the experience of IPV among males is associated with symptoms of internalising symptomatology, specifically depression, anxiety-based disorders, PTSD, and suicidal ideation.
- Cross-sectional and longitudinal research is required to examine the association between IPV and mental health outcomes among the NI male population, as at present this is unknown.
- While depression, anxiety disorders, and suicidal ideation were the most endorsed mental health disorders among those experiencing IPV, it could also be the case that they were simply the most common *targets* of research. Therefore, information surrounding the extent to which other disorders are related to IPV experiences is lacking (a small number of studies included in this review investigated other types of disorders e.g., eating disorders, psychosis, sleep disorders and substance abuse disorders). Research examining whether other mental health outcomes are relevant in relation to male IPV would be useful. Future studies shouldn't limit their focus to only common mental health disorders.
- The findings suggest depression is the most studied mental health outcome in relation to IPV among males. Despite this, the findings across studies were inconsistent regarding a link between IPV and the experience of depression. Future research using representative data should seek to clarify this inconsistency.
- Some studies within this review suggested that the type of IPV experienced is important to consider when it comes to mental health outcomes. Research should seek to clarify whether certain patterns/types of IPV are more likely to have a greater impact on mental ill health among males.
- Studies should also consider utilising qualitative approaches to explore NI's males lived experiences of IPV, the impact of IPV experiences on psychological wellbeing, and what are males' views surrounding service provision for these issues?

## 4

## Increase understanding on suicidality as an outcome for males who have experienced IPV.

- Eleven studies included within this review explored different aspects of suicidality (including self-harm, suicidal ideation, and attempts) in relation to males' experience of IPV. Most of these studies reported a significant association between suicidality and IPV experiences among males.
- Dedicated research exploring different aspects of suicidality (such as self-harm, ideation, plans, attempts) as an outcome of IPV experiences among males is warranted.
- Exploration of whether certain types of IPV incur greater risk of suicidality is also warranted.
- Both, quantitative and qualitative approaches which explore this issue would be useful.
- As with all research related to suicidality it must be conducted sensitively and carefully with appropriate distress protocols in place to ensure participant wellbeing.



## 5

## Identify if IPV experiences and mental health outcomes differ by subgroups and if certain sub-populations of males at a greater risk.

Researchers or stakeholders who wish to action any of the research priorities outlined in this report should be mindful of some important considerations to ensure maximum effectiveness and impact. Specifically:

- Males are not a homogenous group (meaning they are not one group who all share the same experiences, characteristics, and needs). Much nuance and understanding would be lost within research if this wasn't considered.
- Of the 67 studies included within this review, only 6 specifically focused on adolescent samples. The findings of these studies suggested adolescent male victims of IPV do experience significantly higher levels of mental distress (compared to those who do not experience IPV). Therefore, dedicated research to investigate the extent to which IPV is experienced by this subgroup, the nature of these experiences, and associated mental health impacts is warranted.
- Previous research has also suggested that certain populations such as LGBTQ+ persons may experience higher rates of IPV and may suffer more detrimental impacts to their mental health as a result.
- Studies included within this report have explored other subpopulations such as adolescents, veteran's, HIV positive men, men with a previous history of mental ill health, and specific help seeking populations.
- Future research actioning the priorities in this report should aim to capture the unique experiences of these subgroups and extend their investigation to sub-groups such as those living in rural vs. urban locations in NI.

## 6

## Understand stigma and perceptions of IPV among men and boys in NI.

- While beyond the aims and scope of this rapid review it is important to comment on the need for further research exploring perceptions of IPV among men and boys themselves, as well as within the public and services providers. This is necessary given the prevailing stigma and societal prejudices around IPV experiences broadly, and male IPV experiences specifically.
- Researchers can play a critical role in improving this perception by conducting research which highlights men's lived experience of IPV and its associated mental health impacts.
- Policy makers and other stakeholders can further bolster these efforts by funding and running stigma reducing awareness campaigns (particularly on social media) which puts the empirical evidence and human experiences at the forefront.

## 4.2. Strengths & Limitations

Several limitations regarding the current review must be noted. Firstly, most of the included studies within this review were cross-sectional in nature. A major challenge with cross sectional studies is that such studies gather information from participants at one point in time, meaning cause and effect cannot be determined, and we cannot consider how one's behaviour changes overtime nor changes in their experiences across the lifespan.

Secondly, given that many survey based studies use self-report questionnaires, this means they are reliant on the participants reports of their experiences and symptoms of mental ill health being truthful and accurate. Self-report measures are not diagnostic tools for mental ill health disorders rather they confer a likelihood that someone would meet the diagnostic criteria if assessed by a clinician.

Thirdly, the countries in which the included studies were conducted varied greatly. This has important implications for the degree to which the findings can be generalised as there are cultural nuances in relation to IPV experiences and mental health outcomes which may impact the results. Moreover, the included studies varied in their measurement of IPV and mental health outcomes, making comparisons and generalisations difficult.

Finally, employing the methodology of a rapid review itself carries some limitations. Outlining strict inclusion/exclusion criteria in relation to databases of choice, language, and publication date restrictions, and type of literature included (i.e., grey literature, book chapters, empirical research articles etc) may lead to publication bias. Despite this, a major strength of this review lies within the rigorous and robust study selection and data extraction procedure involving two researchers working independently at each stage of the process, with a third settling any disagreements on study inclusion.

## CONCLUSION

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This rapid review of IPV experiences and mental health outcomes in males has demonstrated that despite a plethora of available studies (n=67) there remains a great degree of inconsistency in results. This inconsistency is due to the many different methodological approaches having been taken to conduct the research. Furthermore, studies have been conducted across a range of geographical areas each with their own unique socio-political contexts with a predominance of studies being from the US. There is a clear dearth of UK based research (8 studies) and no research originating from NI. This report is therefore a **call to action** for stakeholders who wish to understand and support males in NI who have/are experiencing IPV. Indeed, we must urgently commence efforts to establish an evidence-base related to males IPV experiences and mental health outcomes.

### Take Home Messages

- This review located 67 studies on IPV experience and mental health outcomes among males and discovered a lack of consensus in reported results.
- Focusing on the UK and NI, the available evidence becomes even more scarce and inconsistent.
- Without an evidence base, we know very little about the extent to which males experience IPV or what those experiences look like.
- Without a solid understanding of the extent or type of IPV experienced by the male population, we do not understand the mental ill health consequences of those experiences.
- This lack of understanding is further compounded by the fact that men are not a homogenous group, indeed specific subgroups may be at a greater risk and/or their experiences may differ in meaningful ways.
- The current evidence base is limited by a multitude of methodological variations making comparisons and generalizations challenging.
- In conclusion, stakeholders must coalesce their efforts to understand the extent and nature of IPV more fully among male populations, because only in doing so, can we truly have confidence that service provision is adequately matched to the reality of the need.

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