Journal of Family Violence
https://doi.org/10.1007/s10896-026-01091-4

ORIGINAL ARTICLE

Suicidal Behaviour Among Male Victims and Survivors of Intimate Partner Violence: A Scoping Review

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Received: 30 May 2025 / Accepted: 23 February 2026

Abstract

Purpose Traditionally, research on the psychological effects of intimate partner violence (IPV) has centered predominantly on women, with relatively limited attention given to the experiences of men, particularly concerning suicide risk. Although a growing body of evidence acknowledges that men can also be victims or survivors of IPV, the association between IPV and male suicidality has not been explored with comparable depth or urgency. As a result, critical gaps remain in our understanding of how IPV contributes to suicidal ideation and behavior among men, thereby limiting the development of gender-responsive support services and policy interventions. To address this gap, a scoping review was conducted to synthesize current scholarship and identify areas of underexplored knowledge.

Methods A scoping review methodology was applied in accordance with the PRISMA-ScR guidelines. The databases ProQuest Central, CINAHL, and Scopus were systematically searched for studies published between January 2014 and May 2025. Eligible studies focused on the associations between male victims of IPV and suicidal behavior. Two reviewers independently screened studies for inclusion. Disagreements between the two reviewers were resolved through discussion with a third reviewer. This resulted in the inclusion of 25 studies. Data were extracted on study characteristics, main findings, and research gaps. Findings were synthesized using content analysis, resulting in three key themes: (1) Gender Differences and Suicidality, (2) Teen Dating Violence, and (3) Adult Male IPV and Suicide.

Results Across these themes, findings consistently highlight the role of relationship conflict, particularly IPV, in elevating suicide risk among men. While current research underscores the need to address intersecting stressors such as social stigma, financial hardship, substance misuse, and mental health conditions, a detailed content analysis of the included studies reveals ongoing gaps in the literature.

Conclusion These findings call for a more nuanced, gender-sensitive approach to IPV prevention and suicide intervention that reflects the unique experiences and barriers faced by male victims and survivors.

Keywords Domestic violence · Intimate partner violence · Suicidal behavior · Men · Male · Scoping review

Men as Victims and Survivors of Intimate Partner Violence

Domestic violence and abuse can appear in various forms, such as child abuse, elder abuse, and partner violence. While child and elder abuse can occur outside of domestic settings, intimate partner violence (IPV) is specifically related to violence involving a current or former intimate partner (World Health Organization, 2023). In this article, the term intimate partner violence (IPV) will be used to describe behavior within an intimate relationship, including both current and former spouses and partners, that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors

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Published online: 18 March 2026

(Ibid.). IPV is increasingly recognized as a significant, global public health issue due to its prevalence and association with heightened risks of poor health outcomes, depressive symptoms, substance abuse, and suicidal behaviors (Stöckl & Sorenson, 2024; World Health Organization, 2023).

Traditionally, research on the psychological effects of IPV has centered on women, with extensive literature highlighting increased risk for depression, post-traumatic stress and anxiety among female victims/survivors (see Campbell & Lewandowski, 1997; Cirici Amell et al., 2022; Golding, 1999; Paludi, 2004). Since the 1970 s, the feminist perspective has dominated the research literature, focusing mainly on men as perpetrators. Many supporters of this perspective view sexism and unequal treatment of women in patriarchal societies as primary drivers of IPV (Dobash et al., 2004; Dutton, 2012; George, 1994; Hamel, 2020). According to Barber (2008) and Jovanoski and Sharlamanov (2021), the positioning of men as perpetrators rather than as victims/survivors means that men who experience IPV can be reluctant to report such incidents for fear of embarrassment, humiliation, and the lack of available support services. Shifting cultural perspectives and evolving attitudes in the field of gender-based violence are beginning to challenge the asymmetrical claims that men are more likely than women to perpetrate violence against an intimate partner and raise awareness of men as victims/survivors of IPV (River & Flood, 2021). An emerging literature is also increasing our understanding of IPV within lesbian, gay, bisexual, transgender, and gender-queer (LGBTQ) relationships (Calton et al., 2016; Victoria et al., 2021), including recognition of sexual and gender minority adolescents (Scheer & Baams, 2019; Scheer et al., 2023), and LGBTQ victims living in rural areas where there are less resources and services, but more isolation (Tillewein et al., 2025). However, much work needs to be done before research and practice are truly inclusive of all survivors, particularly in understanding the association between relationship conflict and suicidality (Favril et al., 2023).

Suicide is a major public health concern worldwide (Naghavi, 2019). According to the World Health Organization, more than 720,000 people die due to suicide every year (World Health Organization, 2024), and for every suicide there are a significantly higher number of people who attempt suicide. A prior suicide attempt is a significant risk factor for suicide in the general population (Favril et al., 2023; Kim et al., 2020). The causes of suicide are complex and multifaceted. The link between suicide and mental health and a previous suicide attempt is well established (Wasserman et al., 2021). However, as shown by Choi et al. (2024) and Rogers et al. (2021), many suicides happen impulsively in moments of crisis, particularly among younger victims (those under the age of 35) after relationship discord or separation (Kazan, Calear & Batterham, 2016). For Van Wyk (2022), the situation is exacerbated by conflict, violence, abuse, or loss, and a sense of isolation. Evidence demonstrates a strong relationship between IPV, depressive symptoms, and suicide attempts among women (Devries et al., 2013), there is also acknowledgment of a dearth of literature relating to the same among males (McLaughlin, O'Carroll & O'Connor, 2012). Largely absent from these debates are the significant number of men who kill themselves in the context of longstanding, cumulative problems involving relationship conflict and IPV.

To present a more comprehensive illustration of the associations between male victims of IPV and suicidal behavior, a scoping review was deemed appropriate. Scoping reviews are a recognized and increasingly utilized form of evidence synthesis, offering a rigorous methodology for mapping the breadth of existing research and identifying knowledge gaps across emerging, complex, or underexplored areas (Peters et al., 2021). Given the exploratory nature of the current inquiry, a scoping review was selected as the most suitable approach for addressing the review questions. This review was guided by the following research questions:

1. How are the associations between male victims of intimate partner violence and suicidal behavior represented in the literature?
2. What knowledge gaps exist in this area of research?

Methods

To ensure a systematic and transparent review process, the methodology developed by the Joanna Briggs Institute (JBI) (Peters et al., 2021) was followed. In addition, the review adhered to the Preferred Reporting Items for Scoping Reviews (PRISMA-ScR) guidelines (Page et al., 2021).

Protocol and Registration

The scoping review protocol was developed and registered on the Open Science Framework [21/03/2025 https://doi.org/10.17605/OSF.IO/WEQ6X].

Eligibility Criteria

The Population, Concept, Context (PCC) framework, recommended by the Joanna Briggs Institute (JBI), was used to develop eligibility criteria for the review (Peters et al., 2021). Table 1 summarizes these criteria.

Table 1 Eligibility criteria for study inclusion

Eligibility Criteria	Description
Population	Studies focusing on males of any age who had experienced IPV or related forms of abuse. This included boys, adolescents, young adults, and adult men. No age restrictions were applied, recognizing that IPV can occur across the lifespan, including adolescence. Studies on teen dating violence (TDV) were included. Studies with both male and female participants were eligible if male-specific findings were reported separately.
Concept	The main concept of interest was suicidal behavior, including suicidal ideation, suicide attempts, self-harm, and death by suicide. Related concepts were also considered: intimate partner violence, intimate partner abuse, domestic abuse, domestic violence, coercive control, gaslighting, and other forms of psychological, emotional, physical, sexual, or financial abuse. Studies were included if they reported associations between male victims of IPV and suicidal behavior; those not reporting associations were excluded. Studies were eligible irrespective of the measurement approach used for suicidality and IPV. As a scoping review, terminology relating to sex and gender was extracted and reported as presented in the original studies. Many included studies used the terms sex and gender interchangeably and largely conceptualized gender within a binary framework (e.g. male/female or men/women), often without providing explicit definitions. Accordingly, this review adopts the terminology used in the included articles.
Context	Studies from any country or region were eligible.
Types of Sources	Only studies reporting empirical data were included, such as peer-reviewed journal articles and grey literature reporting original findings. Both quantitative, qualitative, and mixed-methods studies were eligible for inclusion. Excluded sources were systematic/scoping reviews, non-empirical papers (protocols, commentaries), conference abstracts, and theses.
Language and Time Frame	Only English-language studies published between January 2014 and May 2025 were included, following JBI guidance (Peters et al., 2021). An updated search covering January - May 2025 ensured the review captured the most current literature.

Search Strategy

The development of the search strategy involved an iterative approach. The project team identified search terms through both their expertise, through consultation with a specialized charity supporting male victims of domestic abuse, and an exploratory search of key articles indexed in the identified databases. Acting on the recommendations of Arksey and O'Malley (2005), a thorough and systematic search was subsequently carried out to identify appropriate studies and literature relevant to the review question. The databases searched, additional sources, keywords, and search dates are summarized in Table 2.

Table 2 Summary of search strategy

Source	Details
Databases searched	ProQuest Central, CINAHL, Scopus
Additional sources	Targeted website searches (Google Scholar); citation searching; screening of reference lists of included studies
Search terms	men OR male OR men and boys OR young men OR young male OR adolescen* OR youth AND suicid* OR self-harm AND domestic abuse OR domestic violence OR intimate partner violence OR intimate partner abuse OR coercive control OR gaslighting OR economic abuse OR financial abuse OR psychological abuse OR emotional abuse OR social abuse OR control* OR physical abuse OR sexual abuse
Search operators	Boolean operators "AND" and "OR" were applied to enhance the precision and relevance of search results
Search dates	January 2014 – May 2025

Study Selection

The titles and abstracts of retrieved papers were screened by two independent reviewers (LC and DA) and assessed against inclusion criteria utilizing the Rayyan.ai platform, a web and mobile application designed for systematic reviews (Ouzzani et al., 2016). Papers that met the inclusion criteria were retrieved in full and independently assessed in greater detail by two reviewers (LC and DA). Disagreements were resolved by consulting with a third reviewer (JF). Full-text papers that did not meet the inclusion criteria were excluded.

Search Results

The results of the search and screening process are summarized in Table 3.

See Fig. 1 for the flow of studies through the scoping review, adapted from Page et al. (2021). The additional study identified in the May 2025 update has been counted within the total 'records identified' in the PRISMA flowchart.

Data Items and Extraction Process

Consistent with the advice of Peters et al. (2021), the research team devised a draft data extraction table to reflect the two identified research questions. Data extraction was piloted at an early stage, with the research team independently extracting data from a random sample of five papers (Peters et al., 2021). As a consequence of the ongoing discussion, the data extraction table was refined. Data extraction included details about the publication,

Table 3 Summary of search results

Stage	Number of records	Details
Records identified through database searching	5,695	Initial search of ProQuest Central, CINAHL, and Scopus
Records excluded before screening	5,629	Excluded by title keywords ($n=5,594$); duplicates removed ($n=35$)
Records screened (title/abstract)	66	Eligible for abstract screening
Records excluded (title/abstract)	14	Did not meet inclusion criteria
Additional records identified through targeted website search	1	From key websites (e.g., Google Scholar)
Full-text articles assessed for eligibility	53	After screening and website search
Full-text articles excluded	28	Did not meet inclusion criteria
Additional records identified through reference list hand search	0	No new articles found
Studies included in the review (initial search)	24	Eligible after full-text screening
Additional studies identified in May 2025 update	1	From updated database search
Total studies included in the review	**25**	Final number of included studies

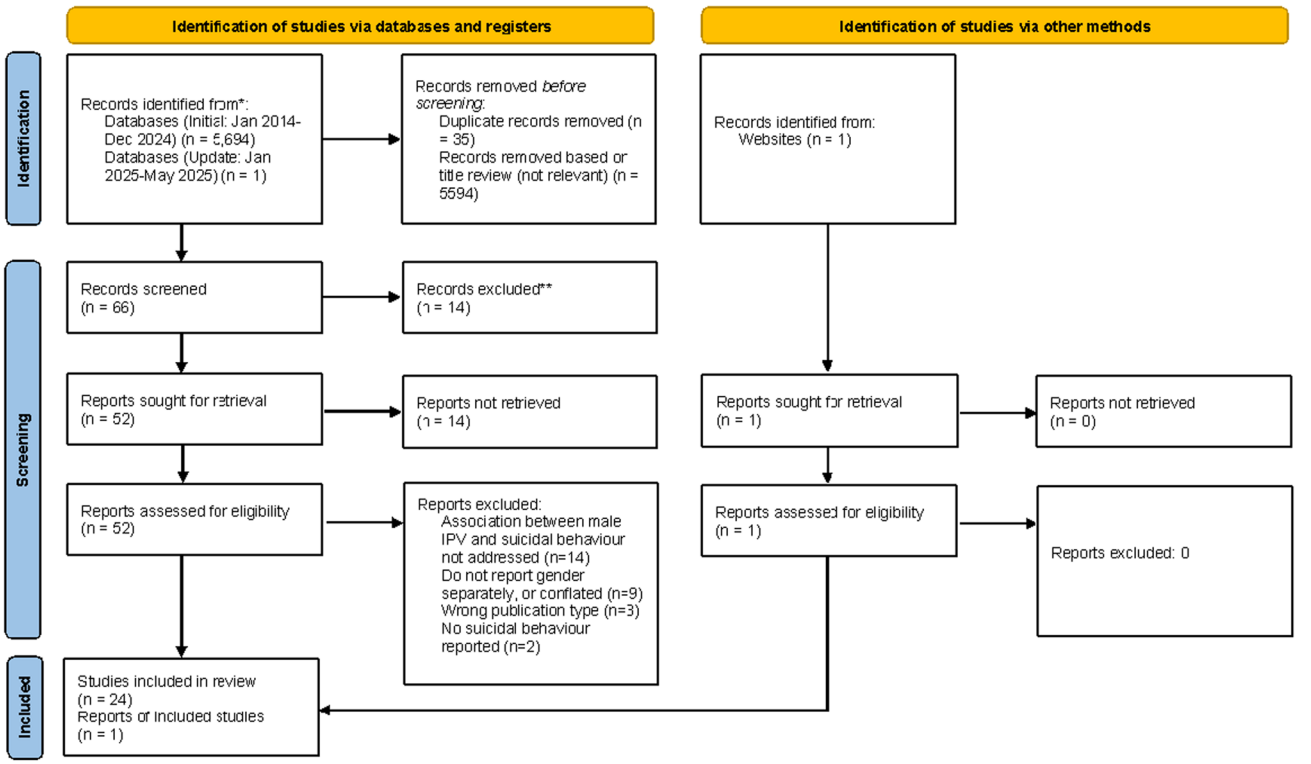

Fig. 1 PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources

study aims, study population and sample size, study design and methods, outcomes and key findings, and limitations and future directions related to the associations between male victims of IPV and suicidal behavior. A condensed summary of the selected studies is presented in Table 4. The full data extraction table is available in Supplementary Table 1.

Synthesis of Results

Content analysis was employed to synthesize findings and identify key themes emerging from the literature (Hsieh & Shannon, 2005). Adopting an inductive approach, as recommended by Bengtsson (2016), the analysis involved a close examination of the data presented in the included studies to

Table 4 Condensed summary of included studies

Author(s) and year	Country	Study design	Population	Sample size	Key findings
Baiden et al. (2021)	USA	Cross-sectional survey	Adolescents (14–18)	15,624	Physical TDV significantly associated with suicidal ideation, plans, and attempts among adolescents.
Baker et al. (2015)	USA	Qualitative	Adolescents (14–19)	39	Both genders reported Nonsuicidal self-injury (NSSI) and suicidal behaviors; no gender differences explored.
Cerulli et al. (2014)	USA	Cross-sectional survey	Male Veterans	3,010	IPV involvement linked to suicidal thoughts; 18% victimization rate among male veterans.
Choi et al. (2024)	USA	Regression analysis of the 2017–2019 US National Violent Death Reporting system (NVDRS)	Adult suicide decedents	92,805	Men more likely to die by suicide related to intimate partner conflict; Hispanic males also at higher risk.
Cohen et al. (2022)	Uganda	Cross-sectional analysis	Adolescents and young adults (13–24)	2,395	Male IPV perpetrators more likely to report suicidal ideation.
Dufort et al. (2015)	Sweden	Cross-sectional data from the Swedish Public Health Survey	General population (16–84)	50,350	Male victims of domestic violence had elevated suicide attempt risk.
Gasperecz et al. (2023)	USA	Longitudinal study	Young adults	1,860	No significant association between psychological DV and suicidal ideation.
Joksimovic et al. (2024)	Ireland	Internet based longitudinal survey	Adults	1,098	Male victims of systematic abuse showed increased risk of suicidality.
Kafka et al. (2022)	USA	Mixed methods	Suicide decedents	12,122	IPV significantly elevated suicide risk among Black and Hispanic men.
Khan et al. (2023)	Bangladesh	Qualitative	Men who attempted/ died by suicide	37	Suicidal behaviours linked to masculinity norms, relationship stress, and cultural pressures.
Kim et al. (2022)	South Korea	Longitudinal survey - Korea Welfare Panel Study (KOWEPS)	Married adults	9,732	Male IPV victims were more likely to report suicidal ideation. Masculinity norms may exacerbate mental health impacts.
Kim et al. (2018)	USA	Cross-sectional survey - Youth Risk Behavior Surveillance System (YRBSS)	High school students	11,341	Male victims of sexual dating violence showed higher suicide risk, possibly due to masculinity-related stigma and underreporting.
Lysova & Dim (2025)	Canada	Mixed methods	Male IPV survivors	33,127 (quant) 16 (qual)	Male IPV survivors reported suicidal ideation linked to isolation and stigma. Help-seeking was low due to masculine norms.
MacIsaac et al. (2018)	Australia	Retrospective audit	Suicide decedents	2,153	Many men exposed to IPV were perpetrators or dual-role. Lower IPV disclosure may explain underestimation in records.
McManus et al. (2022)	UK	Cross-sectional survey	Adults (16+)	7,058	21.4% reported IPV. IPV strongly associated with suicidal behaviour, especially in women. Nearly 50% of suicide attempts linked to IPV.
Nazif-Munoz et al. (2024)	Chile	Time-series design	General population	182 observations	Domestic violence strongly associated with male suicide. Economic crisis and alcohol use increased suicide rates in men.
Newman et al. (2022)	USA	Cross-sectional survey	Formerly incarcerated adults	201	IPV and sexual violence linked to suicidal ideation. Most interpersonal violence types were independently associated with distress.
Nydegger et al. (2024)	USA	Secondary analysis of Youth Risk Behavior Surveillance (YRBS) questionnaire	Adolescents	14,765	Male adolescents more likely to attempt suicide at high levels of sexual IPV. Stigma may inhibit help-seeking.

Table 4 (continued)

Author(s) and year	Country	Study design	Population	Sample size	Key findings
Ogunbajo et al. (2022)	Nigeria	Cross-sectional survey	Gay, bisexual, and other men who have sex with men (GBMSM)	413	IPV associated with depression, anxiety, loneliness, and suicidal behaviours among GBMSM in Nigeria.
Sipilä et al. (2018)	Finland	Cross sectional survey	Parents with children under 18	6,289	IPV strongly associated with alcohol abuse, distress, and suicidal thoughts in both men and women.
Smith et al. (2020)	USA	Cross-sectional analysis	Bisexual adolescents	1,929	TDV linked to suicide risk among bisexual youth. No gender differences found; possibly due to low male dating rates.
Stanley et al. (2023)	USA	Retrospective cohort National Violent Death Reporting System (NVDRS) data.	Suicide decedents (18+)	402,391	20% of suicides were IPP-related. Most descendants were male, aged 25–44, and White.
Ulloa & Hammett (2016)	USA	Longitudinal survey	National sample	7,187	Bidirectional IPV linked to highest suicide risk. Male victims showed inconsistent suicidal thoughts across waves.
Umubyeyi et al. (2014)	Rwanda	Cross-sectional survey	Young adults (20–35)	917	IPV exposure linked to depression and anxiety in men. Genocide trauma and poverty were additional risk factors.
Wolford-Clevenger et al. (2016)	USA	Cross-sectional survey	College students	502	Physical abuse linked to suicidal ideation in men, emotional abuse in women. IPV types correlated with depression.

allow themes to emerge naturally from the content. Rather than imposing preconceived categories, the research team allowed insights to develop organically, particularly concerning how IPV involving male victims is framed and understood. This analytical process facilitated a deeper understanding of how male experiences of IPV are represented, marginalized, or neglected in the literature, and how this may influence policy, practice, and support services. The identified themes highlighted systemic gaps, social stigma, and barriers to disclosure and support, contributing to broader conversations around gender, victimhood, and mental health within the context of IPV.

Findings

Study Characteristics

All twenty-five studies included in this review were published between January 2014 (Cerulli et al., 2014) and May 2025 (Lysova & Dim, 2025). 52% ($n=13$) of studies were conducted in the USA with others focusing on male victims of IPV in Australia ($n=1$), Bangladesh ($n=1$), Canada ($n=1$), Chile ($n=1$), England ($n=1$), Finland ($n=1$), Ireland ($n=1$), Nigeria ($n=1$), Rwanda ($n=1$), South Korea ($n=1$), Sweden ($n=1$), and Uganda, ($n=1$). Quantitative approaches were used in twenty-two of the articles and qualitative approaches were used in the other three.

Three studies (Choi et al., 2024; Kafka et al., 2022; Stanley et al., 2023) examined data from the United States (US) National Violent Death Reporting System (NVDRS). The NVDRS is a state-based online reporting system in the US that combines data from multiple sources into a single, anonymous database. Data is collected on violent deaths, including homicides, suicides and deaths caused by law enforcement acting in the line of duty. It is important to note that the NVDRS data does not capture all IPV-related suicides in the US. The data consists only of known circumstances associated with the deaths, which is information typically obtained from informant interviews, including family statements, coroner/medical examiner reports, information taken from suicide notes, and death scene investigation reports.

Three studies (Kim et al., 2018; Nydegger et al., 2024; Smith et al., 2020) examined data from the US Youth Risk Behavior Surveillance System (YRBSS). The YRBSS stands as the largest public health surveillance system in the US, monitoring a wide range of health-related behaviors among high school students' involvement in and experience of IPV. The combined total of participants in the selected studies was 644,218. Of this number, 71% ($n=458,044$) identified as male and 29% ($n=177,583$) identified as female. Using content analysis, three themes are represented within current scholarship: 'Gender Differences and Suicidality', 'Teen Dating Violence' and 'Adult Male IPV and Suicide'.

Across the included studies, suicidality was assessed through diagnostic interviews (e.g., the Mini International Neuropsychiatric Interview (MINI), national survey modules (e.g., YRBSS, Adult Psychiatric Morbidity Survey (APMS), single-item or study-specific questions, administrative records (e.g., NVDRS, coronial data, mortality statistics), and qualitative interviews. IPV was measured using validated instruments (e.g., WHO questionnaire, Conflict Tactics Scale (CTS), national survey modules), study-specific survey items, administrative coding, and qualitative interviews.

Gender Differences and Suicidality

Seven articles included in this review explored potential gender differences in the association between IPV and suicidal ideation. While emotional abuse has been linked to increased suicidal ideation among women (McManus et al., 2022), Wolford-Clevenger et al. (2016) found that men who experienced physical abuse reported higher levels of suicidal ideation, though the authors offered a limited explanation for this finding.

Kim et al. (2022), studying male victims/survivors in South Korea, offer further insight by suggesting that physical assault by a female partner may be perceived as a violation of traditional masculine norms, such as toughness, aggression, and stoicism. This perceived loss of masculinity can intensify self-stigma, reduce help-seeking behavior, and worsen mental health outcomes. The risk is compounded by the fact that support systems for IPV victims in South Korea are primarily designed for women, leaving male survivors under-supported and more vulnerable to suicidal ideation. Similar themes are echoed in studies by Umubyeyi et al. (2014) and Ulloa and Hammett (2016), who found that while men experience IPV at significantly lower rates than women, they are still at notable risk for depression and anxiety when subjected to physical or psychological abuse.

Sipilä et al. (2018) further demonstrate that suicidal ideation is heightened among male IPV victims/survivors living with alcohol dependency. These findings highlight the need for healthcare and social service systems to recognize how IPV, substance use, and mental health issues interact in the lives of male survivors. Early intervention and gender-sensitive services are critical to addressing these complex, intersecting challenges.

Considering gender differences in IPV and suicidal ideation in Nigeria, Ogunbajo et al. (2022) found that compared to women, gay, bisexual, and other men who have sex with men who experience emotional and physical IPV, as well as controlling behaviors, face increased feelings of loneliness and are at greater risk of engaging in self-harming behaviors. Consistent with Kim et al.'s (2022) findings, the authors emphasize the urgent need to address structural and societal norms, such as rigid masculinity, homophobia, and gender role expectations, which are particularly oppressive in Nigeria, where same-sex relationships are both illegal and highly stigmatized.

Teen Dating Violence

Seven articles included in this review examine the relationship between Teen Dating Violence (TDV) and self-harm and suicidal ideation. Baker et al. (2015) conducted qualitative research using focus group interviews with 39 teenagers in Hawaii. They found that dating violence often occurred in contexts of distrust and discord, especially during relationship break-ups. Male participants openly discussed experiences of non-suicidal self-injury and suicidal threats, often as responses to emotional distress stemming from relationship conflict. Importantly, the authors noted that self-harm among males living with TDV was typically not intended as a suicide attempt but rather served as a coping mechanism for emotional distress.

Expanding on this work, Gasperecz et al. (2023) analyzed survey data from 678 adolescents across five US high schools. Their quantitative findings showed a strong correlation between psychological TDV and suicidal behavior for both males and females. Notably, psychological abuse, such as persistent insults, humiliation, and intimidation, was more strongly associated with self-harm outcomes than physical abuse. While both Baker et al. (2015) and Gasperecz et al. (2023) stress the need for improved services addressing psychological abuse in teen relationships, neither provides a detailed gender-based analysis. Both male and female participants reported similar experiences of NSSI, suicidal ideation, low mood, and alcohol use, making it difficult to identify gender-specific patterns in the relationship between TDV and self-harm.

Only one study offered a detailed level of gendered insight. Drawing on data from Uganda's National Violence Against Children Survey, Cohen et al. (2022) found that male adolescents were more than twice as likely to perpetrate TDV and nearly three times more likely to experience suicidal ideation compared to non-perpetrating males. In addition, male victims/survivors of TDV reported higher rates of alcohol use, sadness, worthlessness, and suicidal ideation than females. In relation to suicide prevention, the authors highlighted a lack of support systems for young men, exacerbated by societal norms around machismo and hypermasculinity, which discourage emotional vulnerability and help-seeking. These cultural expectations may act as barriers to disclosure and support for male victims and perpetrators alike.

Although Cohen et al.'s (2022) study offers valuable insight into the gendered dynamics of TDV and self-harm in Uganda, the authors caution against generalizing their findings. Cultural differences, particularly around masculinity and social norms, limit the transferability of these results to other settings. However, according to the study by Nydegger et al. (2024), female adolescents are more likely than males to report both TDV and suicidal ideation, which may lead to earlier intervention and support. Analyzing data from the 2017 Youth Risk Behavior Surveillance System (YRBSS), involving a sample of 14,765 adolescents in the US, the authors findings support the work of Cohen et al. (2022) and suggest that, in contrast to female adolescents, males are less likely to disclose experiences of TDV or suicidal thoughts and appear to face a heightened risk of suicide due to underreporting and lack of targeted support.

Examining the association between TDV, suicide and ethnicity, Baiden et al. (2021) found that Black or African American, Hispanic, and Asian young men experiencing TDV are at a higher risk of suicidal ideation compared to their White counterparts. However, Baiden et al. (2021) present conflicting findings, highlighting the influence of contextual factors such as socioeconomic status, cultural stigma, and access to mental health services. These inconsistencies underscore the complexity of the relationship between TDV, ethnicity, and mental health. For Kim et al. (2018), further research is needed to analyze the intersecting roles of ethnic identity, gender, and help-seeking behaviors in shaping the mental health outcomes of young men affected by TDV.

Adult Male IPV and Suicide

Ten studies explored the associations between IPV and suicidal behavior in adult men, offering both quantitative and qualitative insights. Drawing on data from the US National Violent Death Reporting System (NVDRS), Choi et al. (2024), Stanley et al. (2023), and Kafka et al. (2022) consistently report that intimate partner problems, such as conflict, argument, divorce, break-up or discord, whether as a victim, perpetrator, or both, was implicated as a precipitating factor, in approximately 18–24% of adult male suicides. These suicides frequently also involved other precipitating factors such as prior suicide attempts, substance use, financial or housing instability, and mental health difficulties. Notably, Kafka et al. (2022) found in their hand-review of death narratives that some male suicides occurred in the absence of other known risk factors, suggesting that IPV itself may function as an independent and sufficient driver of suicide risk in men.

MacIsaac et al. (2018), Cerulli et al. (2014), and Newman et al. (2022) reported associations between suicidal behavior and exposure to interpersonal violence, most often in men who were identified as perpetrators. However, these findings do not necessarily exclude victimization, given that male IPV victims/survivors may remain unidentified due to underreporting (MacIsaac et al., 2018). A consistent theme across these three studies is that men are significantly less likely to disclose experiences of victimization, contributing to missed intervention opportunities and greater lethality in suicide attempts due to the use of more violent means. These findings are corroborated by Lysova and Dim (2025) who found that male reluctance to seek help stemmed from the use of avoidant strategies which involve actions such as lessening the seriousness of the abuse or turning to self-blame as a means of justifying their negative experiences. Their study reports how such strategies can have a detrimental and progressive effect on mental well-being, deepen feelings of loneliness and emotional distress, and lead to suicidal thoughts.

Additional evidence from Dufort et al. (2015) shows that men exposed to IPV had an eightfold increased risk of suicide attempts compared to non-exposed men, a sharper increase than that seen in women. This gendered vulnerability is echoed in Joksimovic et al. (2024), who found higher rates of suicide attempts among male victims/survivors (55%) compared to women (29%) in contexts of chronic, complex violence. Across all genders, IPV exposure was also associated with non-suicidal self-injury and suicidal ideation.

Qualitative research by Khan et al. (2023:115) usefully deepens our understanding of the complexity of gender-based violence, highlighting how masculine identity norms intersect with suicidal behavior:

> *I thought I would have a good wife, a happy family. But everything was the other way around. [—] It felt really bad thinking about what was happening. I married by my choice, carefully. Thought that she would look after everything. But what is happening? [—] Taking all these into account, I admitted defeat, [—] decided that I won't keep this life anymore.*

In this article, men described their suicidality as stemming from perceived failures in culturally sanctioned roles, such as being providers or protectors, particularly following relationship breakdowns, loss of control, or inability to meet familial expectations. These findings resonate across sociocultural settings, reinforcing a global pattern linking masculinity, emotional suppression, relational conflict, and suicide risk. The cultural associations between IPV and suicidality described by Khan et al. (2023) are also explored by MacIsaac et al. (2018), Kafka et al. (2022), Stanley et al. (2023) and Lysova and Dim (2025). Each article underscores the critical barrier posed by underreporting, especially among men. Taken together, these studies illustrate that male suicide in the context of IPV is not only prevalent but deeply influenced by gender norms, emotional isolation, and social silence around male victimhood.

Discussion

This review set out to explore how associations between male victims of IPV and suicidal behavior are presented in the literature, and to identify the key knowledge gaps that exist in this area. The findings presented above highlight the central role of relationship conflict, particularly how IPV can contribute to suicide among men. Male suicides are disproportionately associated with these stressors, yet men remain significantly less likely to seek help (Lysova & Dim, 2025; MacIsaac et al., 2018). As shown by Kafka et al. (2022), this pattern reflects enduring gender norms that discourage emotional vulnerability, suppress expressions of distress, and stigmatize help-seeking. The findings do show that men experience IPV at lower rates than women, with emotional abuse, in particular, associated with increased levels of suicidal ideation among females. The evidence also suggests that within adolescent romantic relationships female adolescents are more likely to report TDV and suicidal ideation. However, males are less likely to disclose, which can lead to higher levels of suicidal behavior. Experiences of TDV are similar across both genders.

There does need to be more consideration towards the measurement of IPV over the life course, and how earlier experiences, including adolescent romantic relationships, can shape later experiences. Men's reluctance to seek help is entrenched within traditional gender norms and stereotypes of masculinity where men are expected to display stoicism and self-control. Seeking assistance or accepting support is often perceived as being weak, exposing men to the potential for ridicule, shame, humiliation, and false accusations of perpetrating violence on disclosure or reporting of their experiences.

Although men report experiencing IPV at lower rates than women, the data suggest that when men do experience such violence, they may endure greater psychological strain and possess fewer coping mechanisms. This disparity is exacerbated by underreporting and widespread social stigma, which hinder early detection and timely intervention.

Multiple authors (Cerulli et al., 2014; MacIsaac et al., 2018; Newman et al., 2022) reported on the associations between suicidal behavior and IPV in men who were identified as perpetrators. Given these findings, it may be beneficial for further research to consider the demographic and social factors associated with IPV and homicide-suicide, which is a rare event but disproportionally committed by men (Kafka et al., 2022). Consideration of homicide-suicide as a distinct event and understanding how risk factors may differ from homicide, suicide, or IPV alone, would help inform prevention and intervention strategies including perpetrator programs. It is worth noting here that there are likely reciprocal relationships between some of the independent variables and IPV, and that these overlaps are observed across men and women, with varying degrees of violence severity. For example, social isolation, substance misuse, and depression, may be both a cause and a consequence of IPV. This demonstrates the complex and varied nature of IPV victimization, perpetration and suicidal behavior. Future research may benefit from sophisticated methodologies and longitudinal designs to determine causal relationships, examine the directionality of relationships, and inform prevention strategies.

Reflecting on the content analysis of the articles included in this scoping review, the answer to the first research question suggests that the associations between male victims/survivors of IPV and suicidal behavior underscore the urgent need to improve systems for recognizing and responding to IPV-related distress in men, particularly among those reluctant to disclose abuse. For this reason, suicide prevention strategies must explicitly target relationship conflict and IPV as key precursors to suicidality in men. Interventions should adopt gender-sensitive approaches that acknowledge male-specific vulnerabilities, address barriers to help-seeking, and challenge norms of emotional suppression. However, whilst current scholarship suggests that IPV prevention and support must consider the intersecting stressors that can accompany IPV and suicidality, such as financial hardship, substance misuse, and mental health conditions, several important gaps in the literature remain. Identifying these gaps speaks directly to the second research question.

Knowledge Gaps

One of the most notable gaps within current scholarship is that of the twenty-five articles identified for inclusion in this study, twenty were conducted in high-income countries, particularly the US. While five studies have examined male IPV victimization in non-Western or low- and middle-income countries, such as Nigeria (Ogunbajo et al., 2022), Uganda (Cohen et al., 2022), and South Korea (Kim et al., 2022), the overall geographic distribution is narrow. This observation raises concerns about the global transferability of the findings and the lack of attention given to sociocultural contexts where IPV against men may be highly stigmatized and even less visible due to the types of legal, cultural, or systemic barriers described by Umubyeyi et al. (2014).

Another critical gap lies in the methodological limitations of the studies included in this review. The vast majority of research is cross-sectional, limiting the ability to draw causal inferences about the association between male victims/survivors of IPV and suicidality over time. As suggested from the content analysis of the twenty-five articles included in this review, it appears that more longitudinal and prospective studies are needed to better understand the

temporal relationships between IPV exposure, psychological distress, and suicidal ideation or behavior in men. If the data existed, it would be important to control for factors linked to gender-based violence, including exposure to poverty, substance use, mental health comorbidities, and social support systems, and adjust rates for geopolitical and sociocultural contexts. These would allow for causation to be established and clarify the association between IPV and suicide explored in this review.

Additionally, variability in measurement approaches reported across the twenty-five articles represents a key knowledge gap in this field. While some studies employed validated instruments (e.g., MINI, CTS, WHO questionnaire), many relied on single-item or study-specific measures without established validity. This inconsistency restricts what is known about the full range of associations between IPV and suicidality, particularly for under-explored domains such as coercive control and psychological abuse (Cerulli et al., 2014; Wolford-Clevenger et al., 2016). Future research should adopt consistent use of validated, multidimensional measures to strengthen comparability and build a more reliable evidence base.

Given the lack of focus on the temporal relationships between IPV exposure, psychological distress, and suicidal ideation or behavior, current scholarship lacks a robust intersectional perspective. While some studies acknowledge differences by gender, race, or sexual orientation (Newman et al., 2022; Smith et al., 2020), only Ogunbajo et al. (2022) examine how these identities intersect to shape men's experiences of IPV and mental health outcomes. As a result, research on gay, bisexual, and transgender men, as well as racial and ethnic minorities, remains sparse, despite evidence that these groups may face compounded stigma and barriers to support. As 22 articles included in this scoping review presented a comprehensive quantitative representation of IPV, there was a clear scarcity of qualitative data, concealing the voices of male victims/survivors within current scholarship. Whilst most of the articles included in this review advanced valuable statistical knowledge, identifying patterns and correlations within large datasets, the limited attention given to the lived experiences of men potentially marginalizes and minimizes their positionality within this important area of research. As shown by Baker et al. (2015), Khan et al. (2023) and Lysova and Dim (2025), qualitative approaches are crucial for understanding the nuanced ways in which men internalize IPV, cope with trauma, and navigate societal expectations around masculinity, emotional suppression, and help-seeking.

The need for qualitative data is particularly important to inform preventative and restorative support services. Although the findings presented above underscore the urgent need to improve systems for recognizing and responding to IPV-related distress in men, there is little focus on how services and interventions should respond to male victims/survivors. Although stigma and underreporting are acknowledged as barriers to support (McManus et al., 2022), minimal attention is being given to how and if existing mental health or IPV services can help and support men at the time and place where help and support are needed. Reflecting on the core themes of the articles included in this review, there is a clear gap in the evaluation of the effectiveness of gender-sensitive and trauma-informed practices and policies aimed at preventing suicidality among men. Those interventions that did exist had the potential to be replicated on a larger scale and should be researched further.

It is important to note that the complex overlap between victimization and perpetration remains under-researched. As shown in clear detail by Kafka et al. (2022), MacIsaac et al. (2018) and Newman et al. (2022), some men who identified as perpetrators in the data may also be victims/survivors, particularly in cases of mutual or bidirectional violence. However, this dual identity is rarely explored in the literature, which limits our understanding of how shame, criminalization, and gendered perceptions of aggression contribute to suicide risk in these cases. For this reason, future research must adopt more nuanced analytical frameworks that move beyond binary categorizations of 'victim' and 'perpetrator' and instead consider the fluidity and complexity of IPV dynamics. This includes investigating how male victims/survivors who are also labelled as perpetrators navigate help-seeking, legal systems, and societal stigma, and how these experiences may contribute to isolation, internalized blame, and suicidality. Without addressing this gap, prevention and intervention efforts risk overlooking a significant and vulnerable subpopulation of men whose experiences fall outside conventional narratives of IPV.

Strengths and Limitations

This review has several strengths. A broad search across three major electronic databases enabled the inclusion of studies spanning a wide range of topics and geographical locations. Given that the relationship between IPV and male suicide may vary across cultural and national contexts, this international scope allowed for a more comprehensive understanding of whether consistent themes emerged globally. Including studies from diverse national contexts added important depth to the findings. However, the review is not without limitations.

A key limitation of this scoping review relates to the way sex and gender were conceptualized and reported in the included articles. Much of the existing literature on suicidal behavior among male victims and survivors of IPA uses the terms sex and gender interchangeably and predominantly

treats gender as binary, typically categorizing participants as "male/men" and "female/women" without clear definitions. As a result, this review reflects inconsistencies in terminology which limits the ability to draw nuanced conclusions about gendered experiences of IPV and suicide, particularly for trans, non-binary, and gender-diverse people whose experiences are absent from the reviewed literature. Future research would benefit from clearer distinctions between sex and gender, consistent terminology, and inclusive data collection practices that better capture gender diversity.

Despite a robust and systematic search strategy, the search was not exhaustive. Additional relevant studies may have been identified had more databases been included with a wider range of search terms. Furthermore, the review was limited to peer-reviewed articles published in English, which may have excluded valuable insights from studies published in other formats and other languages.

Participants in the included studies ranged in age from adolescence to adulthood. The inclusion criteria did not impose age restrictions to capture the full spectrum of male experiences of IPV and suicidal behavior. Nevertheless, this broad age range may reduce the comparability of findings due to developmental and contextual differences across age groups, cultural and national contexts. In line with scoping review methodology, a formal appraisal of the methodological quality of included studies was not conducted either. As a result, the strength and reliability of individual findings could not be critically evaluated. Moreover, due to the predominance of cross-sectional designs and the exploratory nature of scoping reviews, no causal relationships between IPV and suicidal behavior can be inferred.

Conclusions

Current scholarship increasingly recognizes IPV as a significant contributing factor to suicidal behavior among men. This scoping review has synthesized findings from population-based and qualitative studies conducted across varied national and cultural contexts. It has explored how the association between male victimization in IPV and suicidality is represented in the literature and examines the mechanisms through which relationship-related stressors may heighten suicide risk. The identified gaps in the literature indicate the need for more inclusive, longitudinal, and methodologically diverse research that not only captures the complexity of male IPV victimization and its mental health consequences but also informs more effective and equitable interventions for all people living with relationship conflict and abuse.

Supplementary Information The online version contains supplementary material available at https://doi.org/10.1007/s10896-026-01091-4.

Acknowledgements The authors would like to thank the Paul Lavelle Foundation for their advice on identifying appropriate search terms during our development of the search strategy.

Author Contributions All authors contributed to this manuscript and read and approved the final version.

Funding No funding was received for the conduct of this scoping review.

Data Availability Not applicable.

Declarations

Acknowledgements.

Ethical Approval As this study involved a review of previously published literature and did not include human participants, ethical approval was not required.

Competing Interests The authors have no conflict of interest to declare that are relevant to this article.

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