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MEN'S EXPERIENCE WITH SHELTERS IN DENMARK

Men's exposure to intimate partner violence and their experiences with a crisis centre in Denmark

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Abstract

Many countries are unable to offer men and their children a safe place to stay when exposed to intimate partner violence (IPV). Denmark is an exception by having implemented a coordinated effort in 2016 of meeting the need of male victims of IPV and their children. This presents an opportunity for in-depth exploration of the experiences of male victims of IPV. In this study we present a review of men's exposure to IPV in Denmark, the experiences of 58 men who stayed in six crisis centres for men, and present results from a follow-up pilot study working with these men. Men staying in the crisis centres reported having been exposed to psychological, physical, economical, material violence and stalking perpetrated predominantly by a female partner or ex-partner. In the follow-up several men reported still being exposed to different types of violence and threats. The men experienced a number of adverse outcomes associated with their experiences, but described a positive impact by the combination of help offered at the shelters. This study points to the importance of safe accommodation for male victims of IPV and includes recommendations for practice.

Keywords: domestic abuse, refuge, male victims, coercive control, physical aggression

Public Significance Statement

The absence or limited help available to men who fall victim to IPV in most countries, limit the available knowledge that can be gathered about their situation. Knowledge is needed of what kinds of IPV men try to escape, which men that seek help, barriers men face when wanting help, how shelters help and the effect it has on the men. The presented knowledge give insight into men's experiences of IPV and can serve as inspiration for the development of shelters that are sensitive to men's specific needs in their crisis.

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Men's exposure to intimate partner violence and their experiences with a crisis centre in Denmark

Intimate partner violence (IPV) is domestic violence (DV) where the perpetrator is a former or present partner or spouse causing physical, psychological or sexual harm to the other partner or spouse through aggression or coercion. Before the 1970s DV and IPV was not common language in the public narrative and was routinely ignored by police, clinicians and academics unless it escalated to homicide. The rise of the feminist movement and a number of feminist activists raising awareness of the issue of violence against women, led to the development of a gendered model of IPV. This model sought to explain an observed asymmetrical problem of men's violence towards women, explaining it from theories of patriarchal control, gender inequality and male privilege (e.g., see Dobash & Dobash, 1979). This was an important model and movement that brought IPV into the public narrative, but as a consequence of its origins, focused on men's perpetration and women's victimization alone.

At the same time as the gendered model of IPV gathered momentum, a parallel body of literature emerged, largely pioneered by Murray Straus (Straus, 2010). This work saw the development of a different approach to IPV that worked to explore it within the community setting. This approach used primarily self-reporting measures, to explore both men's and women's victimization and perpetration of IPV. Key findings of this work demonstrated that men and women could perpetrate and be victim of IPV (e.g., Archer, 2000), the majority of IPV was bidirectional or mutual abuse (e.g., Straus 2008; Langhinrichsen-Rohling et al., 2012), an overlap of IPV with other types of violence and criminality (e.g., Moffitt et al., 2001; Bates et al., 2014), and the fact women are equally at risk of perpetrating controlling behaviour (e.g., Carney & Barner, 2012). The term bi-directional (symmetrical) violence indicates that both the partners in a relationship perpetrates some level of IPV against each other, and is a different pattern than unidirectional perpetration (asymmetrical) of IPV, where one of the partners is the perpetrator (Taylor et al., 2021). Bi-directional IPV represent a situation where men and women can be both perpetrator and victim at

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the same time, and span anything from a dysfunctional relationship with low impulse control by both partners, self-defence and a partner retaliating following a period of receiving IPV.

Within the last 15 years, there has been a greater and more in-depth exploration of men's experiences. This research has shown that men experience significant physical abuse (e.g., Hines et al., 2007; Lysova et al., 2019), coercive control (e.g., Bates, 2020a), sexual violence and being forced to penetrate (e.g., Stemple et al., 2017; Bates & Weare, 2020), stalking by ex-partners (e.g., Logan, 2020), and post-separation experience of abuse (Bates et al., 2022) including the manipulation of children (e.g., Bates & Hine, 2022). The current body of literature exploring men's experiences of IPV is dominated by that of the United States (e.g., Hines et al., 2007; Hines & Douglas, 2018; Rai & Choi, 2021), Canada (e.g., Dim et al., 2020) and the United Kingdom (e.g., McCarrick et al., 2016; Bates, 2020b). Within Europe there are a few published works, for example from the Netherlands (e.g., Drijber et al., 2013), and Portugal (e.g., Machado et al., 2016). Internationally available peer reviewed research literature within the Scandinavian countries on IPV against men is rare (Johansen et al. 2021). Only a handful of quantitative and qualitative studies have been published from both Norway (Fjell, 2012; Bjørnholt et al., 2019; Øverlien, 2020) and Sweden (Nybergh et al., 2013; Nybergh et al., 2016; Ahnlund et al., 2020). In Denmark, the peer reviewed research on men's experiences of IPV has mainly focused on sexual violence (Larsen & Hilden, 2016; Træen et al., 2020) and partner homicide (Thomsen et al., 2019).

With the gendered model of IPV still dominant in research and practice, there is still a lack of parity and inclusivity in practice (see Bates et al., 2017 and Scott-Storey et al., 2022 for reviews) with many groups of victims remaining "underserved" (Bates & Douglas, 2020). In order to develop this area, and work towards a national and international vision of preventing IPV, sharing national experiences of developing help for male victims of IPV is needed.

The aim of this paper is to provide a detailed account of what is known of IPV against men within Denmark. This includes a discussion on 1) the prevalence of IPV; 2) the experiences of 58 men

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experiencing IPV that stayed at the crisis centres "Mandecentret" between 2016-2018; 3) the crisis centres and resources available to men; and 4) an in-depth follow-up analysis of the experiences of five of the 58 men who reported on their experiences in Danish crisis centres.

Intimate partner violence in Denmark

Though there are studies of IPV in Denmark, there is little peer reviewed research published on gender differences or men's experiences. This is despite the fact there are national reports that included men's experiences with IPV and demonstrate the prevalence (Plauborg et al., 2012; Helweg-Larsen, 2012). Only in the last couple of years resources have been channeled to address scope of the known knowledge gap in a series of reports (Johansen et al., 2021a,b; Frederiksen et al., 2022).

The most recent national report on IPV indicated that 0.8% of males and 1.0% of females in Denmark self-report having experienced physical violence from a partner within the last year (Algren & Laursen 2022,). The frequencies have been extrapolated to an estimate of 20,000 (13,000–29,000) men and 24,000 (17,000–32,000) women exposed to physical partner violence each year. The estimates represent an 31% decrease from 2005 estimates for women (from 35,000) and a 186% increase for men (from 7,000). Psychological partner violence was reported by 3.7% of men and 5.2% of women, estimated to 76.000 (64.000-89.000) men and 112.000 (99.000-126.000) women annually (Algren & Laursen 2022).

A second report presented prevalence of different types of IPV in people aged 16-64 years of age (Ottosen & Østergaard, 2018). The twelve-month-prevalence of physical violence was reported experienced by 0.72% of men and 1.64% of women, psychological violence by 1.19% of men and 3.86% of women, economic violence by 0.13% of men and 0.29% of women, and pressure/force to have intercourse by a partner by 0.55% of men and 0.94% of women. Self-reported perpetration of

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physical partner violence was reported by 0.64% of men and 0.99% of women within the last year. In more than 93% of the partner violence cases the perpetrator was reported to be of the opposite sex.

Since April 2019 psychological violence (or non-physical forms of violence) has been made punishable by law in Denmark (Schmidt, 2021a). In the penal code, chapter 23 and 24 specify crimes that can occur in the family and sexual crimes (Retsinformation, 2020a). Crime statistics before 2019 thus mainly represent physical violence within a relationship. The Danish Crime Prevention Council carry out their own investigations of IPV as part of their victim surveys (Pedersen et al., 2020). Victims of IPV represent 6% of all victims of violence in Denmark between 2005–2018, but specific data on this crime is not provided by gender, and only in general observations (Pedersen et al., 2020). According to crime statistics about 10% of the reported IPV cases is of a male victim, and it is estimated that 0.1% of men and 0.3% of women are exposed to IPV annually.

IPV victims access to safe accommodation in Denmark

There are several organisations offering help to victims of IPV in Denmark, but the main contact point, is the organisation Lev Uden Vold (Live Without Violence/LUV), that run a national helpline. LUV offer help and advice to both victims of IPV and rape, perpetrators of violence, family and professionals. Through calls to LUV, victims of IPV are offered help, legal counselling, information of possibilities of therapy and conversations with a psychologist, and provided with information about crisis centres. The term “crisis centres” is used in Denmark for organizations that offer services for victims of domestic violence and other crisis in life, and include the possibility to stay in a shelter or refuge.

Crisis centres for women and their children escaping specifically from domestic violence have existed since 1978 in Denmark, and currently there are around 78 crisis centres, and in 2019 there were 2164 unique stays by women with 1900 children (WAVE Team, 2019; Lev Uden Vold, 2021a; Statistics Denmark, 2020). Danish law requires women and their children are able to access a

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crisis centre if exposed to domestic abuse (Schmidt, 2021b). The municipal council must offer women temporary accommodation if they are exposed to IPV, threats of violence or a similar crisis in the family or a cohabiting relationship. Children can accompany the women and they are to receive care and support during the stay including up to 10 hours of treatment with a psychologist (Serviceloven § 109; Schmidt, 2021b). Crises centres for men and their children escaping specifically from domestic violence like the ones for women, does not exist in Denmark. The reason is to be found in Danish law (Table 1). The legislation specifies that the municipal council must offer people temporary accommodation and activating support, care and subsequent help if they are homeless and have additional social problems (e.g., crime, psychological problems, financial problems, social isolation, lack of contact to family and children) (Serviceloven §110; Schmidt, 2021c). This legislation is used to interpret whether men exposed to IPV can be granted access to temporary accommodation in Denmark. Men can seek help from a crisis centre if they are being exposed to IPV in combination with homelessness or if the violence prevent them from staying in their home. With the §110 it is possible to justify help for men (and support shelters financially from the government).

[Table 1 near here]

Independently run providers of temporary accommodation (crisis centres) for men, where male victims of IPV among other social problems, is part of the target group have existed in Denmark since 1987 (Horsens Krisecenter, 2020), one year after the first study that found similar IPV perpetration rates for men and women (Straus 2010). The first place for men was established by people working at a crisis centre for women, who had observed that there often was a male victim of IPV when there was a female victim of IPV. An observation that also was made at the creation of the first shelters in the UK (Pizzey, 2011). In 2021, there were nine crisis centres for men only in Denmark; four that accepted both men and women, and two safehouses for honour-related violence that accepted both men and women (Lev Uden Vold, 2021b). Seven of the crisis centres that accepted men and their children, existing under a national organisation named Mandecentret, with locations in the cities Aalborg, Aarhus, Esbjerg, Odense, Copenhagen, Randers and Slagelse

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(Mandecentret, 2022). In 2020 Mandecentret was contacted by 1900 unique persons and accommodated 188 men of which 67% had experienced IPV (Mandecentret, 2021a).

Other relevant organisations for men exposed to IPV include Dialog mod Vold (dialogue against violence) which offers specialized psychological treatment for families experiencing abuse and offers programs for perpetrators of IPV. The waiting time is lengthy (around 2 years), as funding for helping perpetrators of IPV is limited to 100 individuals a year, and this help is predominantly given to male perpetrators (93%) because they recruit most of their users from the Danish prison and probation service (Magnusson, 2020; Volsing & Rasmussen, 2020).

Mandecentrets start and involvement with male IPV victims

Mandecentret (for ease referred to as crisis centres in this article) was created in 2006 as a non-government organisation with the aim of helping men as an overlooked and vulnerable group in society, who risked deteriorating mental health when exposed to a crisis in life, because of a divorce or separation from a partner. In 2015 the Danish government funded a three-year project, running from 2016-2018, as part of an action plan to prevent IPV (Oxford Research, 2019). The aims of the project included examining the need for crisis centres for men who were victims of IPV, and collecting information on the violence the men experienced. This was the first serious attempt to offer men in Denmark who were experiencing IPV systematic help and attempt to understand the gender specific needs they may have. In extension of a national targeted funding for social problems (Satspuljeaftalen 2017-2020), Mandecentret, the female crisis centres, and other organisations dealing with IPV, built a separate but collaborative organisation: LUV. LUV is not a crises centre, but offers outpatient help to professionals, next of kin, male and female victims and perpetrators and serve as a centre of knowledge on IPV (Lev Uden Vold, 2021c).

Mandecentret's approach to helping male victims of IPV

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Mandecentret is a crisis centre that can offer a temporary living place, counselling and support to men who are homeless, due to a relationship breakdown or as a consequence of IPV (Mandecentret, 2021b). The stay is financed by the men's municipality, and depending on the evaluation of each municipality the man may have to pay a daily fee to the municipality for staying at the crisis centre. If men living at Mandecentret continue to have a need for support when moving out, they are offered follow up for a year. Men who do have a living place can access free remote counselling (Mandecentret, 2021b).

There is zero tolerance to the use of alcohol and narcotics when using the temporary living places. The work with the men is thus aimed at preventing a severe crisis in men's lives that can lead to adverse physical and mental health outcomes, as well as social problems such as unemployment, substance abuse or homelessness. If the man is a father, effort is put into preventing that the father is isolated and alienated from their children. Mandecentret cannot offer the men anonymity or facilities with the security level and protection some of the female crisis centres can offer (Table 1). As a consequence, men have in some cases been rejected, due to the level of physical threats from an ex-/partner, family member or others on behalf of the partner towards the man, the staff or the other men and children accommodated in the crisis centre (personal communication, Mandecentret).

People working at Mandecentret are a mix of paid professionals and volunteers, with backgrounds as social workers, pedagogues, lawyers, therapists, and conflict mediators. A free remote help-line is mainly run by volunteers, while the residential stays are managed by professionals. Men who contact Mandecentret or stay in their crisis centres, with or without their children, are met by a fairly even distribution of male and female staff and volunteers. This means that the men continue to have normal social interactions with both men and women throughout their stay with the crisis centres.

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At Mandecentret resources are available, such as social work counselling, personal sparring, help for creating a network, legal aid and conflict management with the family/partner/ex-partner. The men are also offered free group therapy, based on a standardised method built around the framework of 8 men meeting for 8 weeks (Jensen, 2019). At the crisis centres the men live and interact with each other, taking turns in daily routines, cooking and eating together and participating in social activities such as sports or different activities with their children arranged by the centre.

The men in Mandecentret who have been exposed to IPV often have complex social problems besides IPV partly because men and women who seek residency at crises centres often have social problems in addition to being victims of IPV (Mandecentret, 2021b). Those who have more resources, are more likely to seek remote counselling instead of residency. The social problems the men at Mandecentret have in addition to IPV, could include physical and mental health issues, a high conflict-level with the family, unemployment, financial troubles, and loneliness (Jensen et al., 2020). Mandecentret approaches this complex situation with a holistic approach called "Livshjulet" (The Wheel of Life). At the beginning of a stay the men usually just need a safe and quiet space to process difficult thoughts and feelings (Jensen et al., 2020). During this phase they receive support to take care of basic self-care, eating properly and sleep. Following this period, a plan is made with the men for their stay based on the Wheel of Life's 12 areas (thoughts/feelings/actions, relationship with the partner/ex-partner, children, law, family, network/relations, employment, accommodation, economy, physical and mental health, violence and abuse, interests and passions). The Wheel of Life is used to set goals, uncover needs, and identify actions that need to be set into motion.

The next stage of this paper will discuss the data from men answering surveys when moving in and out of Mandecentret, and serve as baseline for the follow-up study described below. A total of 58 men were followed throughout the three-year project period (2016-2018) and the experiences published in "Under the Radar" (Mandecentret 2021b). Parts from this report is presented below with permission. Questionnaires asking about the men's context and situation, mental well-being

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(WHO-5 well-being index (Topp et al., 2015), the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS, Tennant et al., 2007) and the Multidimensional Scale of Perceived Social Support (MSPSS, Zimet et al., 1988)), employment, living situation and demographics were collected when the men moved in and out of the crisis centres. In addition, counsellors were interviewed about the men's experience with IPV, the progress of the men's situation, the language men used about their situation, and their experience with the methods and initiatives at Mandecentret.

Sample description

Almost half (47%) of the 58 men who were granted access to the shelter as victims of IPV during the project period, did not identify as Danish. This is similar to what has been observed in female shelters in Denmark (Rambøll, 2015; Dokkedahl. et al., 2021). Complex social problems, a smaller network, language barriers, problems finding a job and a living place, may have been contributing factors to why this group may have ended up in a life crisis, and needed help from Mandecentret when exposed to IPV.

The mean age of the men was 44 years and covered the full range of adult life (18-89 years of age). The men were mainly fathers (86%), mostly with limited contact to their own children during the stay. A third of the fathers did not see their children, a third saw them sporadically, and only a third had a steady agreement of contact where they got to see their children.

Because crisis centres for male victims of IPV have been put under a law that is not designed for IPV victims, but is designed for people without homes and social problems, it was not surprising that only 41% were employed during their stay. The majority of the men were on government support (55%) or had no income (7%).

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IPV that the men had experienced

Most men had experienced polyvictimization and had reported experiencing more than one type of violence (90%). The most frequently experienced type of violence was psychological violence (100%), followed by physical violence (81%), economical/financial violence (22%), material violence (i.e. destruction of property or items; 21%), and stalking (10%). None of the men staying at the crisis centres were recorded having experienced sexual violence.

The main perpetrator of the violence towards men who stayed in Mandecentret was reported to be a female partner/ex-partner (90%). Less frequently violence had been carried out by a person on behalf of a female partner/ex-partner (9%), a brother-in-law/sister-in-law (9%), other family-in-law (9%), parents-in-law (7%), the man's parents (5%), non-biological children (5%), the man's own children (3%), or a male partner/ex-partner (3%). A quarter (25 %) of the men had experienced violence from several perpetrators.

An important part of the domestic violence experienced by men, was being threatened or experiencing separation from their children. A common theme occurred where men experienced their children being used as a mechanism of IPV. The men who experienced this kind of violence did so before and after entering the crisis centres, and in some cases also after leaving the crisis centres. Children were a significant factor in the men's crisis experience, and all the fathers expressed a wish to be with their children. In cases where the mother did not agree that the father brought the children with him to the crisis centres, it was seen by the crisis centres counsellors as a potential escalation the conflict that risked harming visitation rights of the father (Oxford Research, 2019). However, it is suspected that the presence of children may also motivate this group of men to seek help from a crisis centre such as Mandecentret.

Based on the men's explanations, it was evaluated by the counsellors that in 24% of the cases there had been some form of mutual violence, representing a long period of dysfunctional

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relationship, in which the man admitted to also perpetrating violence (Oxford Research, 2019). It has not been possible for the councillors to evaluate who initiated the violence when it was bi-directional.

Men coping with the effects of IPV at Mandecentret

A third of the men were on sick leave from work during the stay at the shelter, and the average time the men stayed in the shelter was 140 days. In comparison, the average time a woman spent in a shelter for females was 67-96 days in the same period (The National Board of Social Services, 2017, 2018, 2019). The men's well-being was measured using the WHO-5 (scale 0-100) and mental health using the WEMWBS when moving in and out of the crisis centre (Tennant et al., 2007; Topp et al., 2015; National Board of Health, 2021). The average well-being score of the men who provided information (n=19) was 35.5 when moving in, which had significantly ($p=.003$) increased (54.7) when moving out (Oxford Research, 2019). A WHO-5 well-being score lower than 36 is considered considerably lower than the general population, that normally has a score around 68 (Region Sjælland, 2022). Sisak et al. (2008) found that a low WHO-5 well-being score correlated with suicidal intent, depression, and hopelessness. It was evaluated that 60% of the men moving into the crisis centre had a high risk of suffering from depression or a prolonged stress load (well-being score < 36).

Men also saw a significant improvement in the WEMWBS mental health score, with these scores increasing (n=19, $p<.05$) from an average of 40.4 on entry, to 47.4 on exit of the shelter (Oxford Research, 2019). Values below 40 is considered a probable depression, and 41-44 a possible depression (Bianca, 2012).

The support from friends and family was measured using the MSPSS (Zimet et al., 1990). MSPSS measure an individual's perceived support from friends, family, and significant others. The average MSPSS score did not differ between moving in and moving out (Oxford Research, 2019).

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However, the results do not necessarily reflect a static situation, as men described being removed from some family and friends that were connected with the relationship that broke down, at the same time reconnected to family and friends that the men were previously cut-off due to the IPV. Some men also managed to create new friendships with other residents in the crisis centre.

According to the staff's evaluation 78% of all 58 men had an improved well-being when they moved out, 51% had improved their relations, and 61% were estimated to have escaped the violence. The measured results documented that the men who entered the crisis centre were evaluated to be in a severe crisis, and that the help they were given access to improve the well-being of the men, to a level where the crisis was evaluated to have less impact on their well-being and mental health (Oxford Research, 2019).

Men's reactions to IPV

In the conversations with councillors sorrow was described as a common reaction to the crisis the men experienced, even if the relationship had been violent (Oxford Research, 2019). The sorrow came from the loss of the relationship, family, safety, home, and often the contact to children, including being cut-off from influence or knowledge of their children's daily activities (Mandecentret, 2021b). The latter could lead to a sense of powerlessness. Common symptoms described included being racing thoughts, headaches, nervousness, nightmares, sleeplessness, pain in the body, pounding heart, forgetfulness and problems concentrating. The men who have experienced IPV often reacted with shame and guilt, signs of depression, anxiety, stress, a negative self-image and hopelessness. Some men expressed suicidal thoughts. The staff of the crisis centres are aware of the men's reactions to IPV, and psychoeducation have been integrated into group sessions. The aim of the psychoeducation is teaching the men to understand their reactions and how the violence affects them.

Men's language about IPV

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In Mandecentret's self-evaluation of the work with men exposed to IPV staying at the crisis centre and via counselling, the professionals were asked how men speak about the violence. The combined picture indicated that men were reluctant to disclose their experience of IPV, and many lacked the vocabulary to express what they had experienced in a violent relationship (Mandecentret, 2021b). Some men also expressed a fear of talking about the violence, because they thought a report to the municipality could endanger their contact with their children, further escalate the violence, or risk being ridiculed for doing so. The men also expressed guilt that the violence had been possible and feeling guilty from their own reactions to the violence.

Mandecentret has focused on learning the language men use to talk about the violence. Men contacting Mandecentret express their experiences with IPV in indirect ways, which may make it difficult for others to understand that they may actually be speaking about IPV. Conflict can be phrased as a "The relationship feels like a war", "She keeps me in check", and "She makes me completely powerless" by their partner (Mandecentret, 2021b). The men may also use indirect terms to talk around their experience of the violence. For example, the experience psychological violence may be formulated as the partner being "Hysterical", "Dominating" and "Mentally ill", and physical violence as the partner having "Gone amok" or "Slapping."

Men contacting the centre described fears and behaviour that seem to exploit stereotypic perceptions of gender and parenting. The men expressed fear of being pressured to hit their partner back and being presented with threats of never being able to see their children again. The ability to control men's resources seems to be impactful on men, as is seen in other literature on legal and administrative aggression (see Tilbrook et al., 2010). Examples of what the professionals report hearing from men include: "She has kicked me out of our shared home, and I don't have the energy to fight anymore", "She decides what I am allowed to buy with the money I have earned" and "She says I have to pay if I want to see my children" (Mandecentret, 2021b). Though sexual violence and sex without consent were not reported for the 58 men staying in the shelter because of IPV, it is

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communicated as part of men's experiences when contacting the centre: "She took off her clothes and tried to sit on me even though I told her I didn't want to", "I didn't feel like I had a choice. If I didn't have sex with her, I was afraid the conflict would escalate as usual when I told her no" and "She took advantage of the fact that I was unable to say no because I was drunk".

Method

In extension of the information gathered on men's experiences of their stay at Mandecentret we designed a follow-up study (data collected June-August 2020). The aim was to examine how the experience of staying at Mandecentret had affected the men's lives.

Sample

The original sample included 58 males who sought the help from Mandecentret during the project period between 2016 and 2018. The crisis centres were located in Copenhagen, Frederiksberg, Århus, Odense, Aalborg and Esbjerg. Inclusion criteria in the present study were: being exposed to domestic violence, seeking help at one of the shelters of Mandecentret, having completed a survey on moving in and moving out of the shelter, and volunteering to participate in the follow-up study. Of the 58 men staying at Mandecentret, a total of 18 men had completed both the surveys of moving in and out of the crisis centre, and were invited to participate in the follow up study. Five men responded (27.8%). Between 14-40 months had passed since moving out of the crisis centre (Mean = 26.2 months).

Design

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Ethical approval for the follow up study was sought and granted by the University of Cumbria (UK). The 18 men were invited to participate via a follow-up via letter. The letter asked for consent to reuse the previously collected data regarding the men's stay and answers to the follow-up questions. A link to an online questionnaire was provided in the letter (Survey Monkey, www.surveymonkey.com). The participant was given the option of withdrawing their participation within 2 weeks. All questionnaires asked for age, employment and housing status, experiences with the shelter, questions measuring the WHO-5 well-being index (Topp et al., 2015), WEMWBS (Tennant et al., 2007) and the MSPSS (Zimet et al., 1988). In the follow-up study additional questions were asked about whether they had experienced different types of IPV (physical violence, psychological violence, material violence, economical violence, and sexual violence) from the same perpetrator after leaving the shelter (yes/no), how their experience had affected their confidence in public services (scale 1 = not at all to 10 = greatly), and qualitative questions about their experiences of the community at the shelter, how the experiences have affected relations, socialising, work, and health.

Results

Mental health and relationships

Due to the limited number of responses (n=5) a statistical analysis was not possible, and the following findings are descriptive. The men's ability to thrive, measured using the WHO-5 well-being index, indicated two men with low scores (both WHO-5 = 24) when moving in, increased their score when moving out (WHO-5 = 56 and 68 respectively), and were above the society average (WHO-5 = 68) in the follow-up (WHO-5 = 80 and 72 respectively). One man scored above the society average and one man had low (WHO-5 <36) in all three time-points. The last man suffered a severe drop in his well-being from moving out to the follow-up, dropping from above average (WHO-5 = 96) to a

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low score (WHO-5 = 20). The results of the mental-well-being (WEMWBS) showed the same picture as the WHO-5 well-being-index. The men who scored lower than the society average in the follow-up had left Mandecentret more than 2 years earlier.

The perceived social support (MSPSS) did not change much for the men throughout the sampling times. They scored either moderate (score 3-5, n=2) or high (score >5, n=3). When broken into subscales, men had dropped from a high to a moderate score for friendships (n=2) and family (n=1) as social support, since moving out of Mandecentret, and one man had dropped from moderate to low for family as social support. Significant others as social support remained unchanged in the follow-up, indicating this network may have been a more stable support to the men.

Continued exposure to violence and confidence in authorities

All the men reported continuing experiencing some kind of IPV by the partner/ex-partner following their stay at Mandecentret. The men reported having experienced physically assaults (n=1), psychological violence (n=3), threats (n=2), false accusations (n=1), lying to shared children (n=2), being prevented from seeing their children (n=2), having property destroyed (n=1), having been cheated out of money or property (n=3), being touched in inappropriate ways or without consent (n=3), and being attacked through digital media, calls or emails (n=3). Four of the men had experiences with seeking help from authorities as IPV victims. Three of them answered having their confidence greatly reduced (10 on 1-10 scale) in the police (n=1), state administration (n=2), municipality services (n=2), and court (n=2).

Thematic analysis of the men's qualitative responses

The qualitative data was analysed using Thematic Analysis (Braun & Clarke, 2006) with a specific focus on semantic themes, the analysis was done by the fourth author. Across the range of questions, there were a number of themes seen within the qualitative responses. These fell into the following themes: 1) Experiences at Mandecentret, and 2) Impact of their abuse experiences.

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Theme 1: Experiences at Mandecentret

All five men spoke positively of their time staying at Mandecentret. The men spoke of the people that they worked with there, and indicated this had a positive impact of their experience:

“Nice people” (P1)

“Indescribably wonderful.” (P3)

“I had great help in your extremely fine support and follow-up I have received from the centre” (P3)

They described the way in which they felt safe and secure in the environment, where there was also respect for boundaries:

“I did not so much need to be social and it was respected.” (P1)

“...getting presence and calm staff around helped a lot.” (P5)

What was felt strongest within the data set was the importance of their being a safe and secure environment, one that allowed for the space to “recover” and feel at peace:

“Tranquillity, security, time to recover, time to reflect, time to get living place back,” (P5)

“I’m not sure I would have survived if not (the staff) the family had given the loving support I received in abundance during the probably most difficult period of my life” (P3)

“I needed peace and quiet to get on my feet, and you gave it to me.” (P1)

It was felt that the positive experiences here were seen within the experiences of the peaceful and safe environment, as well as the support they got from the staff and wider community. The only negative experiences seem to be related to the common aspects that are associated with communal living:

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“Overall was ok. Just single episodes that some of the men did not have a duty to clean in the common area.” (P2)

The latter comments refers to issues that are commonly seen within any communal living literature (e.g., Mause, 2008). The fact this was the only perceived negative of this living environment says a lot about the supportive and impactful living space the men found themselves in. However, it should be noted that men who had a positive experience with their stay, could have been more motivated to answering the questionnaire, which can have affected the overall experience described.

Theme 2: Impact of their abuse experiences.

In the qualitative responses, men described a multitude of ways in which their abusive experiences had impacted on them. The most common areas this was seen to impact included on the possibility of new relationships with the importance of security and safety being seen in their accounts:

“Security has become an important parameter. If I do not feel comfortable with my partner, it will not work.” (P1)

“I am very careful now and do not want to go into a new close relationship” (P2)

The impact of the men's experiences was also seen in their perceptions of authorities and the criminal justice system where men felt they were not believed or taken seriously:

“As a man, you have very few rights when a woman assaults you and without complete clear evidence and witnesses, the woman will always be right. Even with some lesser evidence and pictures of the injuries, the woman is right when she denies that it has happened.” (P3)

“I was told by the police that it was claim against claim although I was very beaten” (P5)

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Other impacts included the impact on work (through sick leave and absence) and through physical and mental health:

“To a high degree. Was on sick leave several times. I have also stopped my work due to working nights and it affected my depression greatly.” (P2)

“...so, there have been a number of periods where it was not possible to do my work at that time.” (P3)

“Got a crooked nose...” (P5)

This evidence supports that there were a range of impacts felt. This did include the impact on children, but this was only commented on by one man who had children. He said:

“Children have often asked questions about why I have not beaten their mother back when they have seen that she had directly assaulted me, so it has been difficult to explain to them. We have spent a lot of time talking it through and they have clearly understood that violence does not bring anything good with it” (P3)

Discussion

The aim of this paper was to provide an exploration of the prevalence and experiences of IPV of male victims within Denmark, and also to evaluate the impact of effective engagement with a crisis centre (Mandecentret) to recuperate and move on from this form of abuse. The literature review and introduction provided an in-depth exploration of the current context within Denmark as well as the provision of “crisis centres” within the country; something that is not currently seen in quite the same way within the UK and US. The analysis of the existing statistics and literature indicates that there are similar prevalence levels in Denmark compared to other areas in Europe; for

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example the figures are similar to England and Wales where the official crime surveys statistics suggest over 2 million adults aged 16-74 experienced domestic abuse in the previous year, which equates to 757,000 men and 1.56 million women (Office for National Statistics [ONS], 2020) meaning for every three victims of IPV one is male and two are female. The most recent survey in Denmark indicated that self-reported experience of physical violence from a partner against men, has increased almost threefold in 16 years (Algren & Laursen, 2022). Research is needed to establish whether this sudden increase in self-reported violence reflects a rapid increase IPV experienced by men, or an increased awareness towards the problem. Men predominantly reported females as the perpetrator of IPV, both in the national investigations and when staying in a crisis centre. This distribution of frequencies based on different types of IPV recorded from the crisis centres helping men exposed to IPV, was similar to the data recorded when female crisis centres in Denmark first began collecting data in 2005 (Lind-Jensen, 2020).

Men were included in the definition of rape in Denmark in the 1980s and sex without consent of any person became illegal in 2021. The surveys of the first men staying at the crisis centres did not express having experienced sexual violence. This may largely be due to men having difficulty identifying sexual violence, the shame connected to the attack, and professionals not knowing how to ask about this type of violence (Jensen et al., 2020). Though the men exposed to IPV who lives at Mandecentret did not disclose sexual violence, men who receive the remote counselling do disclose experiencing sexual violence. The men express confusion by being victim to this type of abuse, and how this experience conflict with the narrative that sexual violence as something that only affect women.

Denmark has since 2016 shown a progressive and much more inclusive approach to provision for IPV crisis centres for male victims. The discussion in this paper shows that the options for men who are experiencing crisis, including that of IPV, are in some circumstances able to seek refuge within the Mandecentret for themselves and their children. Men and women, and their

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accompanied children experiencing IPV, do not have the same rights according to the law when it comes to escaping IPV and getting help. Several attempts have been made in The Danish Parliament to change the law (Serviceloven §109) to be gender inclusive (Retsinformation, 2020b). The proposals have been rejected based on arguments that there is insufficient knowledge about men's exposure to IPV (The Danish Parliament, 2021a,b).

Mandecentret's own analysis, and our own pilot follow-up study, showed the stay to be very impactful for men who had experienced IPV. The early experiences have already shown a need for this help, which is also illustrated by the rapid increase of men's self-reported experiences with IPV and expansion of crises centres for men across the country. Since 2016 a new shelter has opened almost every year. Whilst the thematic analysis of the small qualitative data set is certainly not generalisable to either the wider population of male victims of IPV within Denmark, or even those who have engaged with the Mandecentret, it represents a pilot experience that suggest this form of working with male victims is indeed effective.

This study also reported on a small-scale quantity of feedback from those who had been living in the crisis centre and could reflect on their experience at "follow up" periods after. This data revealed that the respondents' stays at the Mandecentret had been overwhelmingly positive – they had found space to "recover", find peace and feel safe and secure. Indeed, the only negative feedback seemed to be related to the general issues that are associated with living in communal spaces (e.g., tension over shared household duties, e.g., Mause, 2008).

Indeed, shelters were established as a place of refuge for women escaping abuse and provided emergency housing, psychological support and legal support (Renzetti and Follingstad., 2015). For example, research has suggested that women and children who live in refuges and chose to work together on activities found it beneficial (Humphreys et al. 2006). An important part of being resident within such a setting includes the ways in which there is a shared community, a sense of belonging, and a sense of safety in living within a group; the findings from this small-scale analysis

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indicated there was an important sense of peace and safety found within the Mandecentret. This supports findings of previous work exploring women's victimisation that demonstrated the importance of relationships developed with other residents (e.g., Few, 2005), support experiences from staff (Tutty et al., 1999) and other shelter factors (e.g., policies and resources; Fisher & Stylianou, 2019)

In this study, men described the ways in which their experiences of abuse had impacted on them. This supports what we have seen in previous literature including the impacts on physical and mental health (e.g., Lund et al. 2014), and the impact on getting into a new relationship (e.g., Berger et al., 2016; Lysova et al., 2019; Bates, 2020a). The impact seen on men's ability to engage in work and the possibility of sickness/absence, has also been seen in previous literature with female victims (Tolman and Wang 2005; Crowne et al. 2011). The men explained meeting barriers when seeking help from criminal justice system, and impacted their confidence in authorities, which is consistent with men's experiences in other countries (Taylor et al., 2021).

Overall, these findings support those within the literature around the impact of IPV on male victims, and indeed contrast some common beliefs that "gender matters" and men do not experience as significant outcomes as women (e.g., Caldwell et al., 2012). The wider evidence base suggests that men do indeed experience physical and mental health outcomes; for example Hines and Douglas (2010) report that 80% of their help-seeking sample reported an injury, and Tsui (2014) found men reported physical injuries as well as psychological impacts, such as a loss of self-worth and suicide ideation. The evidence from the current study as well as the wider literature, demonstrates that men within Denmark, and across the world, experience significant physical and mental health impacts from their abuse experiences. Ultimately, within the current study through both the existing reports and the current small-scale study, we see that for those who are fathers, abuse connected to their children is an important factor that impact the men. This mirrors findings within the wider evidence base, that indicates that fathers fear for their children's well-being as one

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of the biggest barriers to escaping the abuse. For example, Bates (2020a) described how men's experiences of separation and alienation from their children impacted their relationships with their children.

Within countries like the UK there are limited opportunities for men to escape an abusive relationship and find refuge with their children (e.g., Bates & Douglas, 2020). The UK and US have been dominant in the development of the male victims' literature base, but there are very limited resources or opportunities for men to reside in refuge within these countries. This reality limits the possibility to gather data on men seeking help because of IPV and compare even to the limited data collected. The absence of knowledge of men's needs for refuge and benefits from getting help when exposed to IPV, may help perpetuate false beliefs that men are not in need of such help, or worse, beliefs that men do not wish to seek help. In the absence of men's experiences, we must draw upon the experiences of women living in these environments, which has demonstrated the positive impact of these safe and rehabilitative spaces. The findings from this small-scale study suggest that for these Danish men, the impact was similar – it created a positive, safe space for recovery and developing feelings of security and safety.

Implications for Practice

Men represent a considerable and increasing proportion of IPV victims in Denmark, and the need for crisis centres supporting these men is apparent. The systematic collection of data on men's experiences on entry, exist and follow-up, following a stay at a male crisis centre, contribute valuable knowledge for understanding male's experience of IPV and what helps them cope with the situation. The presented description of the help given to male victims of IPV in Denmark may serve as inspiration to countries who are rising to the challenge of helping male victims of IPV, or to explore strengths and weaknesses of existing strategies. Finally, besides illustrating the need for safe accommodation for males exposed to IPV, the findings show that there is a need to develop therapeutic and social support tailored for the specific needs of men.

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Table 1. Differences in the laws covering shelters for women (Serviceloven §109) and men (Serviceloven §110) exposed to domestic violence (Mandecentret, 2020; Schmidt, 2021b,c)

Law	Serviceloven §109	Serviceloven §110
Target	Women exposed to IPV and threats	People who need a place to stay and with social problems
Genders included in law	Only for women and their children	Any
Anonymity possible	Yes	No
Obligation of coordinated counselling by the municipality	Yes	No
Personnel specialised in working with IPV	Yes	Not guaranteed
Women and their children are ensured care and support by specialised professionals, including 10 hours of psychological help	Yes	No
Other differences		Fewer options for men with children, as §110 covers help to men and women with abuse and untreated mental health problems, where children cannot stay.