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“I was sofa surfing at my parents’ house down in Wiltshire”: Experiences and needs of men made homeless by domestic violence in the United Kingdom

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**This is the Draft Version of the final output.**

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## **Abstract**

The Crime Survey for England and Wales (CSEW) estimates that 3% of men aged 16 and over—approximately 699,000—experienced domestic abuse in the year ending March 2022. DVA can have a profound impact on these men, impacting their physical and mental well-being. Homelessness and domestic violence and abuse (DVA) are likewise profoundly interconnected, yet male victims of DVA remain largely overlooked. This study addresses a significant gap by exploring the experiences of six men in the UK who became homeless due to DVA. Semi-structured interviews were conducted, and data were analyzed using thematic analysis. Four key themes emerged: (1) Abuse in Relationships: Participants described enduring financial, psychological, and sexual abuse over long periods. (2) Transition to Homelessness: Escalating abuse leads to homelessness, often accompanied by mental health crises and suicide ideation. Many struggled to seek help due to stigma and inadequate support services. (3) Homelessness: Male victims were displaced from their homes, often relying on friends, family, or shelters. The lack of male-specific services was a significant issue. (4) Ongoing Struggles: Participants continue to face trauma, financial instability, and separation from their children long after their homelessness ends. The findings reveal the urgent need for male-specific domestic abuse services, improved training for professionals, and policy changes to ensure equitable resources. Greater public awareness is also needed to reduce the stigma around male victimhood and homelessness, allowing more men to seek help without fear of judgment.

## Introduction

According to Public Health England, a person may be classified as homeless if “a household has no home in the UK or anywhere else in the world available and reasonable to occupy” (Public Health England, 2019). As the UK homelessness charity *Crisis* notes, there are several types of homelessness. For some, homelessness means rough sleeping on the streets, while others may find themselves jumping between temporary shelters (Crisis, 2017). For this study, we will refer to homelessness as covering the following three types, as outlined by *Crisis*: rough sleeping, statutory homelessness, and hidden homelessness. Rough sleeping, where individuals sleep in open, often unsafe spaces like streets and parks, is the most visible and dangerous form of homelessness. The longer someone experiences rough sleeping, the more likely they are to face challenges around trauma, mental health, and drug misuse. Statutory homeless refers to people who meet specific legal criteria to be labeled homeless under the law. Finally, hidden homelessness broadly covers those people who are not entitled to help with housing or who do not even approach their councils<sup>1</sup> for help and are not counted in the official statistics.

The Department for Levelling Up, Housing and Communities in the UK suggests that local authorities assessed 305,170 individuals as homeless in 2022, 30% of which were female, 50.75% were male, and the rest of which were in couples, families, and groups (genders unknown) (Ministry of Housing, Communities & Local Government, 2023). Due to the varied definitions outlined above and the nature of some forms of homelessness (i.e., hidden), it is difficult to gauge just how many people in the UK are considered homeless. Indeed, *Crisis* suggests that over 60% of homeless people are hidden from services and statistics, as many choose to stay in squats or sofa surf but are, in fact, still homeless (Reeve, 2011). The WHO identifies homelessness as a critical social determinant of health, encompassing not only the absence of stable housing but also the interconnected structural disadvantages that accompany it. These include increased exposure to violence, reduced

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<sup>1</sup> Council refers to the local government in England. These are responsible for a wide range of services including, but not limited to housing, education, planning and development, emergency services, and public health.

access to healthcare, and greater vulnerability to physical and mental health difficulties (WHO, 2023). This global framing underscores the complex and often cyclical nature of homelessness, particularly where systemic barriers to support and recovery are present.

Homelessness, then, is a multifaceted issue influenced by a range of interconnected factors. The complexity of these factors means that addressing homelessness requires a comprehensive understanding of the various predictors and contributors (Giano, 2020; Heerde et al., 2021; Mitchell et al., 2023). Some of the key factors, however, include family instability, unemployment and poverty, mental illness, substance use, unstable living arrangements, child maltreatment, and lack of social support, to name a few.

### **Domestic Violence and Abuse (DVA) and Male Victims of DVA**

Domestic violence and abuse (DVA) have also been linked to homelessness, particularly for women and their children fleeing abusive relationships (Mayock et al., 2016), an issue exacerbated by the recent COVID-19 pandemic (Yakubovick et al., 2022). Since 2013, the Government has defined DVA as 'any incident or pattern of incidents of controlling, coercive or threatening behavior, violence or abuse between those aged 16 or over who are or have been intimate partners or family members [mother, father, son, daughter, brother, sister & grandparents; directly related, in-laws or step-family] regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, and emotional' (Home Office, 2013a). Significantly, the government updated the Domestic Abuse Act in 2021 to also recognize 'children under the age of 18 years who see, or hear, or experience the effects of the abuse, as a victim of domestic abuse if they are related or have a parental relationship to the adult victim or perpetrator of the abuse' (Office for National Statistics, 2021a).

The Crime Survey for England and Wales (CSEW) estimates that 5% of adults aged 16 years or older experienced DVA in the year ending March 2022, 6.9% (1.7 million) of which were women and 3% (699,000) were men. Importantly, CSEW notes that these figures are not dissimilar to the year ending March 2020, despite the Covid-19 pandemic. Furthermore, between April 2014 and March 2017, there were 400 domestic homicides recorded in England

and Wales, nearly 30% of which were men and nearly 70% women, half of which were committed by a partner or ex-partner. The World Health Organization (WHO) describes intimate partner violence (IPV) as “a major public health problem and a violation of human rights,” noting that approximately 1 in 3 women worldwide have experienced physical and/or sexual IPV or non-partner sexual violence in their lifetime (WHO, 2021). While these figures highlight the global prevalence of abuse against women, the WHO also acknowledges that men, children, and individuals within LGBTQ+ communities are frequently underrepresented in both research and support frameworks despite experiencing abuse. These global perspectives support the need to expand conceptions of DVA beyond traditional gendered paradigms, particularly when considering under-recognized populations such as male victims.

However, despite the first reports of female-on-male violence dating back to 1974, in which Gelles noted that “the eruption of conjugal violence occurs with equal frequency among both husbands and wives” (p.77), DVA has historically been described through a gendered lens (Otherwise known as the “gender paradigm”) (Dutton, 2010; 2011; Hine, 2019). This approach argues that violence stems from patriarchal systems that frame men as perpetrators who assert their power and control over female victims despite evidence that shows that men can also be victims (Straus, 1999; Archer, 2000). Male victims of DVA remain largely overlooked and underreported due to this approach (Carmo et al., 2011; Thurseau et al., 2015). The DVA charity *ManKind Initiative*, for example, suggests that 49% of male victims do not tell anyone that they are a victim of abuse, making them two and a half times less likely to tell anyone compared to female victims (Brooks, 2013). Addis and Mahalik (2003) posit that this is due to a reluctance to receive support, fuelled by ingrained stereotypes which imply that men are strong and do not need help. Similarly, Yousaf and colleagues found that the more men advocate traditional gender roles, the less inclined they will be to reach out for help (Yousef et al., 2015). For example, many male victims do not reach out for fear of not being believed (e.g., Bate, 2020).

This is particularly troubling given that much research suggests that male victims can and do experience similar forms of abuse to women (Lysova et al., 2019; Drijber et al., 2013;

Hine et al., 2022). For example, Hines and Brown's (2007) study revealed that one-third of abused men typically sustain serious physical injury as a result of DVA. It is also not uncommon for men to experience other forms of abuse, including sexual abuse (Prospero, 2007; Reid et al., 2008; Bates & Weare, 2020; Hine et al., 2022; Hine & Douglas, 2016). Moreover, while there is a tendency for research to focus on physical forms of abuse (e.g., Hines et al., 2007), there is also plenty of evidence to suggest that psychological abuse is also common for male victims. This includes coercive control, namely possessive behavior, name-calling, threats, isolation, manipulation (Bates & Hine, 2023; Hines et al., 2007), economic control, and more (Drijber et al., 2013; Hines et al., 2017; Hine et al., 2022). When looking beyond experiences to impact, when collecting data from male victims of intimate partner violence, Bates (2020a) found that psychological abuse appears to impact victims more than physical abuse, and work by Coker (2002) has also demonstrated a similar level of effect on male and female victims. Interestingly, there is evidence to suggest that bidirectional abuse between males and females is a common feature of DVA (Langhinrichsen-Rohling et al., 2012). Moreover, and despite critics citing self-defense as a common instigator of female-on-male violence, research shows that motives for abuse appear to be similar across sexes and that female-on-male abuse can be just as severe as male-on-female abuse (Medeiros & Straus, 2006). Although a minority opinion, Stets and Straus (1989) argue that women are, in fact, more often than men, the instigators of aggression.

Abuse is, of course, also not limited to cisgender, heterosexual ('cishet') men, and, despite representing a smaller proportion of the population than 'cishet' individuals, LGBT+ individuals appear to face higher rates of domestic abuse than their heterosexual counterparts. The UK Office for National Statistics found that between the ages of 16 and 74, 8.4% of gay and lesbian individuals and 15.2% of bisexual individuals faced DVA in the year ending 2020, compared to 5.2% of heterosexual individuals (Office for National Statistics, 2020). Some, however, suggest that these numbers could be even higher (Magić & Kelley, 2019). Overall, the impacts of DVA are complex and include, but are not limited to, physical injuries and

adverse mental health effects in male victims (Hine et al., 2022; Hines & Douglas, 2010; Coker et al., 2002; Bates, 2020b).

### **Male Homelessness**

Male homelessness is driven by various complex and interrelated factors (Hine, 2025). Economic instability is a primary cause, with unemployment, underemployment, and the lack of affordable housing playing significant roles. Mental health issues also contribute significantly, as conditions like depression, anxiety, schizophrenia, and PTSD can impair a man's ability to maintain employment and stable housing. Finally, substance abuse, often intertwined with mental health struggles, exacerbates the situation by undermining social connections and financial stability. These men's unique challenges tend to complicate their efforts to regain stability (Hine, 2025). Health concerns are both acute and chronic, ranging from untreated injuries and chronic illnesses to mental health disorders exacerbated by the stress of homelessness.

Also crucial in the given context are the societal norms around masculinity, which significantly influence the perceptions of male homelessness and the willingness of homeless men to seek help (Hine, 2025). Traditional expectations of men as providers and protectors (Connell & Messerschmidt, 2005) lead to feelings of shame and inadequacy when these roles cannot be fulfilled (Dej, 2018; Liu et al., 2009), especially as fathers (Rice et al., 2017). This stigma can deter men from seeking the assistance they need (Amato & MacDonald, 2011; Nguyen et al., 2012), fearing they will be perceived as weak or incapable, and these pressures also affect mental health (Genuchi, 2019). Addressing male homelessness effectively requires a nuanced understanding of these gendered dynamics and targeted interventions that challenge stereotypes and promote compassionate, gender-sensitive support services. However, two principal issues remain. First, pathways to male homelessness have not been explored extensively, and second, domestic violence has been chronically overlooked as a contributing factor.

### **Homelessness, Gender, and Domestic Violence**

In 2022-23, 9,770 individuals were homeless due to domestic abuse in England, though their genders were not recorded (Ministry of Housing, 2023). Over the same period, an additional 4,859 were reported in Scotland (with no equivalent data available for Wales or N. Ireland). St Mungo's found in 2014 that 32% of homeless women and 8% of homeless men cited domestic abuse as a factor, while Crisis reported that 61% of women and 16% of men had experienced partner abuse. Although domestic abuse may not always directly cause homelessness, it can play a significant role. However, the UK charity *SafeLives* noted in 2018 that few homeless shelters consider domestic abuse as a referral criterion, making it hard to calculate just how many homeless people have experienced DVA. This is despite the same 2018 report highlighting that housing continues to be the second most important issue DVA victims raise. Men, however, continue to face limited options, as services are often designed with women and children in mind. This means that as of March 2022, despite all DVA victims being legally entitled to emergency housing, there were only 37 refuges for men in England and Wales, compared to 269 for women (ONS, 2022). *ManKind Initiative* data also reveals that male victims had to refuse refuge spaces 120 times due to distance, with men traveling an average of 160 miles to find shelter (ManKind, ND). Additionally, housing providers often lack an understanding of male domestic abuse dynamics (SafeLives, 2018).

Research on homelessness in the LGBT+ community finds that almost one in five lesbian, gay, and bisexual people and one-quarter of trans individuals have experienced homelessness at some point in their lifetime (Stonewall, 2018). Similar rates are observed globally in the US (Price et al., 2016), Canada (Josephson et al., 2020), and Australia (Hail-Jares et al., 2021). Young LGBT+ people are particularly affected (Ecker, 2016). Although few studies directly link DVA to LGBT+ homelessness, existing research indicates that family conflict, often related to sexuality or gender identity, is a common cause (Abramovich, 2017; Côté & Blais, 2021; Durso & Gates, 2012; Rhoades et al., 2018; Robinson, 2018; Shelton & Bond, 2017; Yu, 2010).

There are several other examples of studies that have explored the experiences of those made homeless from DVA across the globe, including in the United States (Hagen,

1987; U.S. Conference of Mayors, 2011), Canada (Novac, 2007; Piat et al., 2015), France (Firdion & Marpsat, 2007), and Australia (Moschion & Ours, 1019). Unfortunately, however, there appears to be a lack of global research that specifically explores DVA as a leading factor in homelessness, as well as studies that seek to cross-culturally compare causes of homelessness (with the few studies that exist being outdated and methodologically unreliable) (Helvie & Knuttsmann, 1999; Daly, 1990; Toro & Rojanksy, 1990). Therefore, it is impossible to determine in which countries DVA appears to be a prevalent causal factor in homelessness.

Despite a clear suggestion across various groups that experiences of DVA may lead to homelessness for various groups, much of the scholarly work on homelessness as a function of DVA has approached the issue as 'gendered,' despite increasing recognition of male survivors and the majority (86%) of rough sleepers being male (Statista, 2022). As explored above, this is likely rooted in the broader shortage of investigation into DVA in male victims (Hine et al., 2022). Indeed, there is currently little research that specifically explores the experiences of men made homeless by DVA. Instead, work has either explored the efficacy of housing interventions for any homeless individual experiencing violence (Thomas et al., 2020) or the experiences of women specifically (Mayock et al., 2017). Any of the preliminary work available on men has either examined the 'stressful life events' of homeless men and women respectively (Zugazaga, 2004; Van den Bree, 2009) or has looked at the impact of trauma within homeless men but not necessarily as the reason for homelessness in the first instance (Kim et al., 2010; Deck & Platt, 2015). Furthermore, from the few studies that exist, several methodological issues have been flagged. As Van den Bree and colleagues (2009) note, many studies exploring risk factors in homeless individuals are cross-sectional and use non-random samples. As a result, it is often difficult to determine when exactly DVA took place and whether it was a causal factor in homelessness.

It is clear, therefore, that there is a palpable lack of literature that explores male victims' experiences of DVA and trajectories into homelessness in the UK. The present study will thus be the first of its kind, seeking to explore the experiences and needs of men made homeless as a result of DVA.

We had one research question – “What are the experiences, needs, and challenges of men made homeless as a result of Domestic Violence and Abuse (DVA)?”

## **Method**

### **Participants**

Six men took part in this study. The only inclusion criteria were that they were male, over 18 years of age, had experienced a period of homelessness, and had lived in the UK (before becoming homeless). We allowed participants to come forward based on the use of the words ‘homeless’ and ‘homelessness’ in the information given. If participants had queries regarding eligibility, we clarified the definitions provided by *Crisis* covering many forms of homelessness.

### **Materials and Procedure**

Participants were recruited through social media, specifically a post on X (formerly Twitter) with an image-based advert (see Table 1 for the demographic makeup of participants). If contacted, the team provided an information sheet about the study. Potential participants were informed about the study's purpose, procedures, and their rights, including the right to withdraw at any time without providing a reason. Consent forms were emailed to participants before the interview date, ensuring they had ample time to review and sign.

Semi-structured interviews were used. The interview schedule was designed to explore the personal experiences and needs of men made homeless as a result of domestic violence and abuse (DVA). The semi-structured format allowed for both structured questions and the flexibility to probe deeper into relevant topics based on participants' responses (Clarke & Braun, 2013). The interview began with an introduction and explanation of the terms used, followed by a series of open-ended questions to elicit detailed responses. Questions were generated from previous work both on homelessness (Mackie & Thomas, 2014) and men's experiences of abuse (Hine et al., 2022) by the first author. The questions explored the personal experiences of a male survivor of domestic violence, focusing on how abuse contributed to a person's homelessness. The questions also covered the participant's current housing situation, the impact of domestic violence on his physical and mental health, the

support he has received from service providers, and what improvements could be made to better assist homeless men affected by domestic abuse (See Appendix A).

Interviews were conducted by the first author, who has extensive experience conducting qualitative research using these methods. The interview commenced with the interviewer's formal introduction, explaining the study's purpose and confirming the participant's comfort with the terms used. Participants were reminded of their right to confidentiality and the ability to withdraw or skip questions at any time. Each interview was conducted individually through Microsoft Teams and lasted around 60 minutes each. Participants were encouraged to be open and honest in their responses to capture their authentic experiences. The interviews were recorded with the participant's consent to ensure accurate data collection. All data collected during the interviews were anonymized and securely stored, accessible only to the research team. Participants' demographic information was captured through an online survey and securely held on Qualtrics. This structured yet flexible approach allowed the researchers to gather in-depth qualitative data while ensuring the comfort and safety of the participants.

### **Data Analysis**

The data was transcribed and analyzed using MS Word. The team followed Braun and Clarke's (2013) reflexive thematic analysis framework. First, we immersed ourselves in the data, reading it repeatedly, making notes, and identifying initial ideas. Next, we systematically coded the data, highlighting significant elements relevant to our research. In the third step, we grouped these codes into potential themes, organizing them to reflect patterns within the data. We then refined these themes, ensuring they accurately represented the dataset. Each theme was defined and named clearly in the fifth step. Finally, we compiled a narrative that linked the themes to our research questions, culminating in the final report.

### **Results**

During the interview process, the men participating in this study largely shaped their narratives chronologically. From this, four chronologically connected themes emerged, representing the journey most men took through their relationships and into homelessness – 'Experiences of

Abuse in the Relationship,' 'The Transition,' 'Homelessness,' and 'The Present.' The first theme encompasses various forms of abuse that the participants experienced throughout their relationships, including financial abuse, sexual abuse, and manipulation. The second theme (transition) refers to a period of intensified abuse, with increased violence, where many men tried to leave the relationship but felt unable to do so. The third theme then provides insight into how the participants tried dealing with homelessness, including sofa-surfing and relying on friends and family, living in hostels, and other arrangements, which, as will be shown, have had a negative impact on their well-being. The final theme discusses the aftermath of homelessness, where many participants managed to obtain a permanent address but continue to suffer from the effects of their experiences.

### **Theme 1 - Experiences of Abuse in the Relationship**

Many of the men in this study reported experiencing prolonged abuse, often spanning several years. While there were instances where the abuse began after years of stable relations, it was more common for some form of abuse to have been present from the outset, even before marriage or cohabitation. Some, like WBC2, described their relationship as "volatile" with 'high highs' and 'low lows' (lines 27-28).

Overall, the types of abuse reported by participants varied widely but mostly coalesced around experiences of financial abuse, sexual abuse, and isolation from friends and family (Scott-Storey et al., 2023). Financial abuse was described by several participants, for example, by WBC2, who had his money taken away and was forced to take additional jobs, and whose partner also borrowed money on his behalf from family and friends:

"She would regularly spend rent money, Council tax money, utilities money, on her smoking habits, on her regular go downs with friends" (WBC2, lines 36-38).

In a few cases, men felt pressured to spend more money to appease their partners. WBC3, for example, describes that he felt pressured to buy expensive gifts for his partner:

"And I very stupidly started to buy gifts one after the other. And I ran out of money soon because she wastes money" (WBC3, lines 81-83).

These accounts demonstrate that financial abuse can be enacted through diverse mechanisms, many of which do not align with traditional conceptualizations of this form of abuse (i.e., a primary earner controlling income).

Sexual abuse was another distressing form of maltreatment encountered by some men, with most examples relating to acts of humiliation and direct non-consensual acts (Weare, 2018). Some participants like WBC3 have described how "She forced me to have sex when I didn't want it... [...]" (lines 105-108), with WB2 being similarly explicit about "a sexual assault on me in February 2019" (lines 56-57). Sexual abuse is often overlooked in relation to cisgender, heterosexual men due to stereotypes regarding constant sexual readiness (Nimbi et al., 2019). However, these accounts demonstrate that men can experience sexual assault that is deeply distressing to them.

Other participants reported experiences of extreme jealousy and manipulation from their partners, which also had a negative impact on their lives and their relationships. WBC3, for instance, described a partner who constantly interrogated him, while WBC5's partner went as far as checking his personal web history. Others spoke of what they believed to be the underlying cause of this behavior, such as "extreme pathological jealousy" (WBC3, lines 39-41), with many participants reporting that their partners took deliberate steps to isolate them from family and friends, a tactic used to exert control, as in the case of WBC3:

"She isolated me bit by bit from everyone. I had a really nice friend in Colchester.

I couldn't speak with him anymore" (WBC3, lines 56-59).

These results demonstrate that these tactics can be very effective in isolating men, resulting in a pervasive feeling of helplessness during these abusive periods (Powney & Graham-Kevan, 2022). They also often did not know how to help themselves and felt trapped in their relationships:

"I was scared because I want to if I leave her where do you go? Everything was closed at the time. We're in the middle of a pandemic" (WBC3, lines 79-81).

"I didn't know where or who to reach out to. The thought that whoever that was might not believe me might get it wrong" (WBC1, lines 468-470).

It is also worth noting that this sense of entrapment was exacerbated by their lack of confidence and, in some cases, learning disabilities, which made it difficult for them to find meaningful partnerships:

"I never married before and I didn't have particularly any love story before. Also because I have difficulties interacting with people" (WBC3, lines 8-10).

"It's affected my confidence. I was normally a very confident guy but it's affected me. I have lost a lot of confidence" (WBC5, lines 126-128).

Overall, this vulnerability provided the abuser with a significant advantage to continue their abusive behavior unchecked.

"She took advantage of all of the difficulty and the problem with the pandemics and the fear related to the isolation" (WBC3, lines 44-45).

These findings add to a critical mass of literature now available on the breadth of men's experiences of violence within relationships and the significant impact these behaviors have upon them (Scott-Storey et al., 2023).

## **Theme 2 – The Transition**

Theme 2 relates directly to theme 1 in that the building violence within the relationship often reached a peak in the immediate period before homelessness, typically spanning weeks or months. This was described as a critical time by participants and one of breaking point for the victims, where they felt they could no longer endure it. WBC1 (lines 239-246), for instance, talked about violence that "was getting more frequent and more severe" during that time, with both WBC1 and WBC2 reporting contemplating self-harm and even suicide during this period as a result:

"It has led to one point to me being a functional alcoholic... the thought of not seeing the kids again drove me to an overdose of prescription medication, alcohol, and taking a blade to myself all at the same time" (WBC2, lines 150-152).

"If you leave, you're going to be killed, and if you stay, you're going to be killed. I can actually take one bit of control back. And I planned my suicide" (WBC1, lines 243-245)

In some situations, it was the physical violence that became worse, with WBC6 speaking about several instances of physical assault. Some of the participants tried reaching out for help at this time. However, when the police became involved in these situations, participants reported that there was a common presumption that the male was the perpetrator. This has been reported in previous research (Lysova et al., 2020), and all interviewed men found the initial police response to be unfair and biased in favor of their partners:

"I have been dismissed. Essentially local police force aren't interested" (WBC2, lines 194-196).

"But it's just the way the system was so quick to judge me as the perpetrator of domestic violence. But not actually deal with the real traitor." (WBC6, lines 372-374).

There were instances where police intervention improved over time, as WBC1 noted a significant positive impact from an involved inspector, highlighting that the police can provide better support depending on the individual:

"And then I'll pause the I said that having come out of that situation and being rescued by the police did some things right." (WBC1, lines 132-133)

In this case, the respondent highlighted that the police officer dealing with his case seemed particularly well-trained in matters of domestic violence. He mentions, for example, that the police officer listened to him and seemed empathetic to his circumstances whilst also knowledgeable on different organizations and bodies that could help in his circumstances. Overall, this shows that the police can be more effective in supporting male victims of domestic abuse when effectively trained.

During this period of escalating abuse and impending homelessness, many men become desperate, and the lack of support services tailored for men was highlighted as a significant issue, with several participants experiencing long waits for domestic violence support:

"There are lots of services focussed on. Supporting homeless women and women with young children. And I am not saying that those things should go away at all.

Yeah. It needs to be balanced with. They are not the only people who. Need the help." (WBC2, lines 234-236)

They also expressed a belief, as reflected in previous work on the availability of specialist support for men (Bates & Douglas, 2020), that they would not have waited as long if they were women, noting that most services are oriented toward women and children (Hine, 2019):

"It does come across a lot of the time. Because of either the fact that I'm male the time middle age the time why I'm so many services and schemes seem to exclude me based on that situation" (WBC2, lines 237-239).

For example, WBC4 felt that some services exacerbated his situation rather than helping, describing them as "breaking up families and injecting venom." Support from the NHS, on the other hand, varied among participants. While some, like WBC1, found the NHS helpful for general support, others had different experiences. And even WBC1 had some negative issues:

"My real frustration. It was one of the biggest challenges in the whole journey was that having given a career to the NHS for 20 odd years the same NHS refused to treat my scars on my face labelling them cosmetic." (WBC1, lines 387-390)

WBC4, in turn, believed he did not receive the appropriate level of care:

"And then I called my GP to say I'm here in Kent and my close is 135 at rest and and they again you know they said to me go and f yourself. We have nothing to do with you. You are in Kent. We are here you know. We are not interested. You can do whatever you want you know call call nine whatever that number is you know and it's just nine." (WBC 4, lines 253-257)

There is currently a dearth of evidence relating to health professionals' responses to male victims of domestic violence, including in the context of homelessness, that requires immediate remedy based on the accounts above.

### **Theme 3 – Homelessness**

The third theme explores men's experiences when they did not have a permanent address, following the transitional period outlined in theme 2. A key finding here was that male victims

of domestic abuse were often made homeless while female abusers remained in the home. This seemingly even occurred if the man owned the property outright:

"Despite not being married despite thankfully not having children with [ANON] the police bailed [ANON] back to my house"(WBC1, lines 79-80).

Directly after leaving the home, participants described initially falling into a period of "sofa surfing," relying on parents and friends for temporary accommodation:

"As a result of the occupancy order... I was sofa surfing at my parents house down in Wiltshire." (WBC6, lines 313-314)

"I was without somewhere to live stably until September 2023 when I managed to get the property through a housing association" (WBC2, lines 58-60).

Others lived in their cars but eventually faced issues:

"Living in my vehicle living in my car first. Then I bought a van living in my car travelling around busking." (WBC5, lines 90-91)

This transitional phase was often accompanied by feelings of humiliation, shame, and feelings of imposition on the kindness of others, tied intimately with participants' perceptions of the disconnect these requests had with their masculine identity (Liu et al., 2009). Moreover, and despite the importance of support from friends and family, this assistance also often dwindled over time, fueled by embarrassment:

"So anyway during this situation you normally reach out to your family or very very close friends you know now you also feel embarrassed to tell people that you've been called on by you know police and and you were arrested and all that." (WBC4, lines 181-183)

Another significant issue was that even when men were found not guilty of domestic violence, as in the case of Participant WBC4, they were not allowed to return to their homes:

"And I was in the end I was found not guilty. The magistrate said you're [ANON] you are not guilty. And the ladies were being hysterical and I could I could provide them with CCTV footage... And afternoon, November 21st. I'm still in that HMO,

till today, and my wife is refusing to, let me back into the house. She's saying, oh, no, no, no, I don't feel right. I don't feel comfortable. " (WBC4, lines 332-347)

There was also an issue relating to contact with children once men had left the home, as found in previous literature (Bates & Hine, 2023) and as described by WBC5:

"And then we eventually went to court. We went to court because she stopped all contact. She accused me of trying to kidnap our daughter." (WBC5, lines 54-56)

This situation perhaps reflects a broader systemic bias where men are expected to fend for themselves, highlighting a disparity in support and societal expectations, with WBC2 questioning, "Why is the system always biased one way or another? Why can't it just be fair?" (lines 275-276). The system's shortcomings were further illustrated by Participant WBC3, who noted the overwhelming amount of paperwork required for support, much of which is often inaccessible as it was left in their former accommodation.

The voluntary sector emerged in testimonies as a crucial lifeline for many of these men, with WBC1 praising the Salvation Army and WBC3 speaking positively about the charity Crisis. The Samaritans were also highlighted for their assistance:

"I tried to. I tried and I found some Samaritans online very helpful. And in that I had somebody else in that there is some human in that form to like just talk just to vent. Just to. It's. That was another lifeline. That was another lifeline." (WBC5, lines 156-159)

However, responses from local councils were mixed. While some participants did eventually secure council housing, they criticized the slow process and the lack of recognition for men in their position:

"I said to them look I've got a letter that says I'm a victim of domestic violence. It gets me legal aid. Why is this not getting me priority for housing?" (WBC6, lines 142-144)

Conversely, Participant WBC2 appreciated being connected with Action Partnership for constructive signposting, and others spoke about Probation services playing a beneficial role, with Participant WBC1 finding the probation victims' contact scheme particularly useful.

However, some participants reported ending up in generic homeless shelters despite these support mechanisms. These shelters offered a crucial respite, allowing victims to escape abuse and begin rebuilding their lives. However, some participants, such as WBC1, noted issues with the quality of these shelters, including the presence of drugs and other factors that can exacerbate mental health issues:

"After the assessment sweep period. I then realised I'm in a hostel. I knew it was a Salvation Army but it's the biggest hostel outside of London. Yeah it's a 130 bed with a tinderbox of issues. People respectfully with mental health issues. Substance misuse alcohol dependency a volatile environment." (WBC1, lines 140-146)

Overall, the experiences of these men underscore the need for more immediate and tailored support services for male victims of domestic abuse (Hine, 2019, 2025).

#### **Theme 4 – The Present**

The final theme involved men reflecting on the experiences detailed in the previous three themes to determine how these had affected them in the present day. Unsurprisingly, the aftermath of abuse and associated homelessness continued to impact many male victims years later (Scott-Storey et al., 2023). Moreover, while some have managed to break the cycle of homelessness, others still oscillated between stability and instability:

"I've been on and off homeless. At one point I had a house so I could see my daughter in court. I did get a proper home, but my daughter has never spent a night there. Eventually, I struggled with going home because I had a room done up for my daughter, and I had trouble sleeping at the house, so I ended up giving the house up in the end." (WBC5, lines 79-83)

The long-term repercussions of both their abusive and homeless experiences were profound and multifaceted, often affecting them financially, psychologically, and physically:

"I've struggled with self-worth and image issues since I was a teenager. A lot of the time the abuse that was thrown towards me that was verbal from my ex-wife was relating to those concerns" (WBC2, lines 141-143).

Most of these men also continued to suffer from trauma and various psychological conditions that they attribute to their past abuse. For example, Participant WBC5 reports that the entire situation has severely impacted his confidence, making it difficult for him to find and maintain employment:

"It's affected my confidence. I was normally a very confident guy, but. It's affected me. We have lost a lot of confidence. I. I'm scared of even looking for jobs. I can't handle rejection as well as I used to. I. I've had all this experience of being told, no, no, you can't do that. You can't see your daughter, you can't do this, you can't go with it. You've got to have this you to have a house. Then I got a house. Oh, you still can't see. It's just affected me. I don't, you know, I don't I don't have confidence. And I don't trust people's words so much, you know. It's, you know, I've been told one thing and then, you know, and then. Yeah, I struggle with that. As a fact. It's changed my life and it's changed me." (WBC5, lines 126-135)

This ongoing psychological toll was a common theme, with many participants highlighting enduring emotional scars:

"I was not diagnosed with it for several years. Post-traumatic stress disorder" (WBC1, lines 334-336).

"I'm always afraid something can happen. You can receive any moment because. Well I'm afraid this money when I see this a lot of people now all this homeless men most of them are men" (WBC3, lines 361-363).

Physical scars from the abuse were also a lingering reminder for some victims, further exacerbating their emotional distress:

"I've got a list of injuries and I've got a fractured skull. I've got fractured cheek bones but my nose was so badly damaged out of my septum replaced" (WBC1, lines 407-409).

"My left arm was so badly damaged, I was retained in A&E because they were going to amputate. Horrific. And so daily three times a day I have to go to my GP surgery over time. You know, I look at this if I look back, bruises fade, the injuries

heal. You then left with the scars which really trigger the mental health side of things because it's a permanent souvenir that [ANON]'s given me. I then get to a point where from the assaults I have to have spinal surgery. That operation was seven hours and I became registered disabled." (WBC1, lines 411-417)

Additionally, the financial impact has been significant for many. Years after the abuse, several participants reported still recovering financially, having lost substantial amounts of money during their period of homelessness:

"Financially I lost my home. I lost my business. I was genuinely wearing a financial straitjacket for seven years" (WBC1, lines 350-352).

Separation from children was another enduring issue. The three participants with children reported that they remained separated from their children in some way and continued to find it difficult to maintain contact. WBC5 said "I'm totally cut off from my daughter now," (lines 75-76), and participants WBC2 and WBC4 reported struggling with the ongoing pain of limited access to their children or having their children turned against them (Bates & Hine, 2023):

"The, the sort of lowest points was about 6 to 9 months post separation when she decided that I was not going to see the children ever again because she was scared that I would tell her new boyfriend about what she was like." (WBC2, lines 147-150)

"There was I think there was a parent parental alienation. I was getting cornered where my wife and two daughters were kind of standing together." (WBC4, lines 57-58)

There was also a palpable sense of resentment towards the criminal justice system among these men. Many felt they were mistreated and noted that no formal apology had ever been issued to them for the way they were treated:

"Having been failed by the system through Child arrangements order and subsequently trying to have arrangement enforced" (WBC2, lines 279-281).

"The way the system was so quick to judge me as the perpetrator of domestic violence. But not actually deal with the real traitor." (WBC6, lines 372-374)

The enduring impact of abuse and homelessness on these men reinforces the need for long-term support and recognition of their unique struggles.

### **Discussion**

This paper explores one of the first detailed studies into men's experiences of homelessness due to domestic violence and abuse (DVA). Theme 1 detailed how men described enduring abuse, often financial, jealous, or controlling in nature, which frequently spanned years. In some cases, abuse began after stable relationships, but it more commonly predated marriage or cohabitation. These findings align with research showing the varied and severe nature of abuse experienced by men (Scott-Storey et al., 2023). Several participants also felt trapped and unsure of how to seek help, often not recognizing themselves as victims, reflecting earlier studies (Hine et al., 2022; Huntley et al., 2019).

Theme 2 explored the transitional period at the end of the relationship and before homelessness. Participants described how abuse typically escalated just before they became homeless, with some contemplating self-harm or suicide, supporting prior research on the psychological impact of DVA on men (Hine et al., 2022; Bates, 2020b). Notably, when the police became involved, they often presumed the men were perpetrators, which aligns with findings by Lysova et al. (2020). However, some men later reported more positive experiences after officers received training. The men also faced long waits for domestic violence support, believing services prioritized women, as other research suggests (Bates & Douglas, 2020). They also found broader services, including the NHS, unequipped to adequately address male victimhood, echoing the invisibility of male victims in society and services (Hine, 2019).

Theme 3 explored participants' experiences of homelessness once they left their permanent address. A key finding here was that these male victims often became homeless while their female abusers *remained in the home*, even if the men owned the property. This represents a serious procedural defect when dealing with cases of male violence from a female perpetrator and deciding on residence. After leaving, many men relied on friends and family for temporary shelter, which became unsustainable over time and involved feelings of shame and embarrassment. Voluntary organizations like *Crisis*, the *Samaritans*, and the

*Salvation Army* were praised for their support, while council responses were mixed. Homeless shelters offered some men a path to stability but were generally not equipped to handle male DVA victims, and many felt unsafe. Theme 4 captured the long-term impacts of abuse, including trauma, financial difficulties, separation from children, and a loss of confidence affecting employment prospects. Several men also expressed resentment towards the criminal justice system, feeling mistreated and never having received an apology.

The findings from this study emphasize the necessity of immediate and long-term actions across several levels. In the short term, better training for police and service providers is crucial. Police officers need specific training on how to recognize male domestic violence and abuse (DVA) victims to avoid gendered assumptions that often label men as perpetrators, something that has been called for in several other studies (e.g., Lysova et al., 2020). Additionally, service providers should be equipped to understand the unique barriers male victims face, such as stigma and societal expectations (Huntley et al., 2019), enabling them to offer more targeted and effective support.

On the service level, the creation of male-specific support systems is vital. In the short term, expanding existing services, such as emergency shelters and counseling for men, could provide immediate relief. Long-term strategies should involve the development of comprehensive, male-centered programs that address not only the immediate housing crisis but also the psychological trauma, financial instability, and family estrangement that many male victims experience. Support must extend beyond crisis intervention, offering ongoing counseling and assistance to rebuild their lives in a gender-sensitive and gender-inclusive way (Hine, 2025).

In terms of policy, reforms are needed to ensure that male DVA victims receive equitable resources and access to services. Short-term policy changes should focus on integrating male victims into existing DVA frameworks, ensuring they are equally recognized and supported. Long-term goals should include legislative reforms that address gender bias in housing, family court systems, and public services, ensuring a more inclusive and balanced approach.

Finally, public awareness campaigns are essential for changing societal attitudes toward male victimhood. In the short term, efforts should focus on debunking stereotypes and raising visibility around male DVA (Hine, 2019). In the long term, comprehensive education campaigns should aim to foster a cultural shift, challenging harmful gender norms and promoting a more inclusive understanding of domestic violence that recognizes the experiences of all victims, regardless of gender (Hine, 2025).

Despite this study's contribution to addressing a significant gap in the literature, two key limitations must be acknowledged. First, the sample size was small, comprising only six participants, which inevitably limits the generalizability of the findings. While the study offers valuable insights into the lived experiences of men made homeless due to domestic violence and abuse (DVA), the limited number of voices restricts the extent to which broader conclusions can be drawn about the wider population of male victims. This is consistent with other studies in the field that have also struggled to recruit male participants in this space (Liu et al., 2009), underscoring the ongoing challenges of accessing this hidden and underserved group. Second, several participants recounted experiences that occurred months or even years before the interviews. As such, there is a risk of recall bias, whereby participants may unintentionally distort or reconstruct their memories over time (Bretherton, 2017). This distortion does not undermine the authenticity of their narratives but may affect the precision with which certain events are remembered or sequenced. These limitations suggest that while the current findings offer important qualitative depth and help surface under-explored experiences, further research using larger, more diverse samples and longitudinal approaches is needed to strengthen the evidence base and validate these patterns within the broader literature.

Our findings nevertheless show a clear pattern of male homelessness linked to DVA, and despite these limitations, provide a crucial examination of men's experiences of homelessness caused by domestic violence. The study shows mechanisms that contribute to male homelessness and reveals the severe challenges men face, including financial abuse, a lack of support, and societal perceptions that leave them vulnerable. Immediate and long-term

changes are needed to improve support, raise awareness, and address the stigma around male victimhood and homelessness. Future research should explore the experiences of more male victims and engage with stakeholders such as the police, NHS, and charities to address the service gaps and challenges in supporting male victims. We encourage future research to obtain larger samples and make their results more generalizable. However, this task was not easy, and it was difficult for us to find participants willing to discuss their experiences.

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## Tables

Table 1. Participant Information

<b>Participant Number</b>	<b>Age</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Occupational Status</b>	<b>Occupation</b>	<b>Length of Homelessness</b>
WB1	61	Male	White British	Other	NHS Pensions Consultant	18 months
WB2	39	Male	White British	Part-time Work	Carer	8 months
WB3	54	Male	White British	Ful-time Work	Data Analyst	1 month
WB4	57	Male	White British	Other	Security Operative	2 years 8 months
WB5 <sup>2</sup>	N/A	Male	N/A	N/A	N/A	N/A
WB6	52	Male	British Indian	Unemployed	N/A	15 months

<sup>2</sup> Participant WB5 declined to provide demographic information but did identify in interview as a male.

**Appendix A - Semi-structured interview questions - Exploring the experiences of men  
made homeless as a result of domestic violence and abuse (DVA)**

1. In your own time, please introduce yourself and tell me a bit about yourself.
2. Please describe in your own words, what your current housing position is.
3. Please could you tell me about your current (or previous) experience as a homeless man and how long you have/had been homeless for?
4. In your own words, could you please tell me about your experience as a survivor of domestic violence and abuse? This could include how abuse manifested in your relationship and/or family relationships at home or after separation
5. Do you feel that your experiences of domestic violence and abuse have contributed to your journey to becoming homeless? If so, how?
6. What other contributing factors have played a role in your journey to becoming homeless (if any)?
7. Do you feel that homelessness as a result of domestic violence and abuse have impacted your physical and mental health? If so, how?
8. If you have reached out for support in the past, how have service providers supported you as a homeless individual? Were you pleased with this level of support? Please explain your answer
9. Likewise, how have service providers supported you as a survivor of domestic violence and abuse? Were you pleased with this level of support? Please explain your answer
10. In your opinion, what could service providers do, if anything, to ensure better support for homeless men made homeless by domestic violence and abuse?
11. Is there anything else that I haven't asked you today that you would like to add?