



Gender Differences in Service Provision for Victims of Interpersonal Violence: The Moderating Role of Relationship Type

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Abstract

Purpose Research suggests that male victims of interpersonal violence (IPV) experience differential treatment when seeking help from service providers. However, little research has explicitly investigated gender differences in actual service provision. The present study investigated whether there are gender differences in the number and type of services provided to IPV victims by the social services (research question 1), as well as if these gender differences vary depending on the victim's type of relation with the offender (research question 2).

Methods We used data from the SU-Kvinnofrid ("Women's peace/safety") project, with information on all IPV victims ($n=2,998$; 2,814 female and 184 male) seeking support from the social services in 34 Swedish municipalities. Data were analyzed using logistic and negative binomial regression models.

Results On average, there were no or only small gender differences in service provision. However, these average differences masked significant variation based on the offender's relationship to the victim. Men generally received fewer services when victimized by a partner but more when victimized by a non-partner (e.g., a family member); a pattern primarily driven by safety-focused and, to a lesser extent, practical support.

Conclusions The findings do not support the view that there is a general bias against male victims. Rather, they suggest that service provision is critically shaped by the inherently relational nature of IPV, and that gender differences in treatment cannot be understood by only focusing on the gender of the victim. Future research should not only adopt a positional perspective – stressing men as victims – but also a relational perspective, focusing on how different types of relationships influence service provision.

Keywords Intimate partner violence · Domestic violence · Help-seeking · Support · Human services organizations · Interventions

Introduction

Studies from across the world show that a large proportion of both women and men experience interpersonal violence (IPV) (Desmarais et al., 2012; Scott-Storey et al., 2023). Victims of IPV experience a range of adverse outcomes, including physical injury, mental health problems, trauma,

compromised social relationships and social isolation (Cho et al., 2020a; Coker et al., 2021; Laskey et al., 2019), underscoring the need for accessible and comprehensive support services for both immediate protection and long-term recovery. Despite the harms of IPV, victims, and especially male victims, often refrain from seeking professional support (Barrett et al., 2020; Cho et al., 2020b; Morgan et al., 2014; PettyJohn et al., 2023). Furthermore, a growing body of literature reports that, when male victims do access support, they frequently report negative experiences, including inadequate service provision and even experiences of being re-victimized in the process (Douglas et al., 2012; Huntley et al., 2019; Lysova et al., 2020; Machado et al., 2017, 2024; Taylor et al., 2022; Tsui, 2014; Walker et al., 2020).

Research on service provision for male and female IPV victims has typically followed separate tracks, relying on

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single-gender samples (Huntley et al., 2019; Machado et al., 2024; Ravi et al., 2022). Despite recurrent reports of discrimination and bias against male victims in qualitative studies (Hines, 2015; Machado et al., 2020, 2024; Taylor et al., 2022; Walker et al., 2020), little research has explicitly investigated gender differences in actual service provision (see Cho et al. (2020) and Schaffner et al. (2023) for exceptions). Without such head-to-head comparisons, it is difficult to assess to what extent reports of inadequate service provision for male victims are due to gender discrimination rather than more general factors that affect male and female victims alike.

Existing research on service provision has narrowly focused on violence between intimate partners, and, moreover, focused on the gender of the victim, not on the gender, or other relevant characteristics, of the offender (Douglas et al., 2011; Lysova et al., 2020; Machado et al., 2024; Machado et al., 2017; PettyJohn et al., 2023; Tsui, 2014). This narrow focus overlooks the inherently relational nature of IPV and risks sidelining more complex patterns of violence within family systems or other significant relationships (e.g., between carers and care providers). Such violence may disproportionately be experienced by marginalized groups such as ethnic minorities with strong familial ties or victims with disabilities (Nosek et al., 1997; White et al., 2013; Yoshida et al., 2009).

Against this background, the present study investigated the following two research questions:

RQ1 Are there gender differences in the number and type of services provided to victims of IPV by the social services?

RQ2 Do these gender differences vary depending on the victim's type of relation with the offender?

To this end, we used a unique dataset of all IPV victims ($n=2,988$) seeking support from the social services in 34 Swedish municipalities, with detailed data on the type of services provided and the total length of the case. We emphasize that the study is explorative and associational. With 184 male victims in the data, estimates of gender differences by offender type are imprecise, and the observational data preclude causal conclusions. Nonetheless, given the dearth of descriptive, and even more so causal, quantitative research on the topic, explorative and associational research fills a critical gap in the literature and provides a foundation upon which future research with larger samples or causal designs can build.

In this study, we define interpersonal violence broadly, as encompassing violence between intimate partners but also violence in other constellations of close relationships such as between family members.

Research Background

Epidemiological research shows high rates of IPV exposure both in women and men, though with higher rates in women (Desmarais et al., 2012; Hamby, 2009; Straus, 2011; Swedish National Council for Crime Prevention, 2024) and with women more frequently reporting severe violence accompanied by more profound physical and psychological consequences (Ansara et al., 2010; Kimmel, 2002; Tjaden et al., 2000). Male victims are less inclined to seek support from formal service providers (Ansara et al., 2010; Barrett et al., 2020; Cho et al., 2020; Cho, Seon, Cho et al., 2020a, b), possibly due to shame, stigma, masculinity norms, fear of professional bias, and limited availability of appropriate services (Machado et al., 2024; Moore, 2021).

Two bodies of literature have investigated gender differences in actual service provision by IPV agencies, social services and the police and legal system. First, a primarily qualitative strand of research, using male-only samples, has reported negative experiences by male IPV victims when seeking help. These include being denied help, being referred to batterer's programs or otherwise treated as an offender, feeling discredited or ridiculed, gender-stereotypical attitudes by professionals, and low ratings of helpfulness (Douglas et al., 2012; Machado et al., 2017, 2024; Moore, 2021; Taylor et al., 2022; Tsui, 2014; Walker et al., 2020). These findings have in research and by advocacy groups been interpreted as indicating bias, discrimination, and unfair or differential treatment against male victims *as* male victims, in turn grounded in a gender-stereotypical understanding of IPV by service providers (Machado et al., 2020, 2024; Moore, 2021; SAVE, 2010; Taylor et al., 2022; Tsui, 2014; Walker et al., 2020). However, in light of reports of similar negative experiences among female victims (Epstein et al., 2019; Robinson et al., 2008), it is difficult to ascertain whether the findings from male-only samples specifically reflect systematic and gender-based bias or general inadequacies affecting help-seekers regardless of gender.

Second, two quantitative studies, both from the United States, have explicitly investigated gender differences in the type or helpfulness of actually received services. Using a convenience sample of college students, Cho et al. (2020) found that male IPV victims were less likely than female victims to rate formal services, but more likely to rate informal help (e.g., from friends), as helpful. Using client data from IPV agencies, Schaffner et al. (2023) found that male clients were less likely than female clients to receive all types of services save for legal support, with the gender gap being largest for shelter and practical support (e.g., financial assistance) but smaller for emotional support such as counselling and therapy. A related study, using client data from Croatia, found that male victims were somewhat more likely

to seek legal counselling, but that there were no gender differences in social or psychological counselling (Peraica et al., 2021). However, this study only examined what type of services that clients sought, not what they actually received.

Common to both these strands of literature is that they have solely or primarily focused on the gender of the, primarily heterosexual, victim. This restrictive focus implies a conflation of victim and offender, such that potential differences in service provision or ratings depending on the gender of the *victim* cannot be disentangled from corresponding differences depending on the gender, or other relevant characteristics, of the *offender*. However, theory as well as research underscores that IPV is an inherently *relational* phenomenon (Johnson, 2006): neither the nature and dynamics of the violence, nor the responses to the violence by third parties, can be understood by focusing solely on the victim. In research focused on intimate partner violence in heterosexual couples, the offenders of violence against male victims are by definition women. However, broadening the scope to intimate partner violence in same-sex couples or to IPV in families and other significant relationships makes it clear that relationships can be more complex, and both men and women can be victimized by male as well as female offenders.

Differential treatment of male and female victims by service providers can come about through two processes: (1) differential needs of the victim requiring different types or extent of services, for instance due to exposure to more severe violence, or (2) differential treatment at a given level or type of need, which would constitute a form of bias or discrimination. Importantly, both processes may be influenced by the relationship between the victim and the offender, including the genders of the respective parties.

As for differential needs, research suggests that, overall, men exhibit higher levels of aggressiveness (Hyde, 2005), use more physical and severe forms of violence (Archer, 2022; DeLisi et al., 2015), and are much more likely to commit homicide (United Nations Office on Drugs and Crime, 2013). Although subject to some controversy (Straus, 2011), most evidence suggests that this pattern holds for intimate violence as well (Hamby, 2009; Kimmel, 2002). Thus, victimization by male offenders may result in more harm, greater danger, and thus a greater need of supportive services. Likewise, there is evidence of higher prevalence or severity of IPV in same-sex, especially gay, couples (Greenwood et al., 2002; Rollè et al., 2018; Tjaden et al., 1999), higher prevalence against victims with disabilities, in which the offender is often a (possibly male) carer or relative rather than a romantic partner (Rosen, 2006), and higher prevalence or severity in honor contexts, when the offender is also often a (male) relative (Cooney, 2014; Idriss, 2022; Oberwittler et al., 2014). In other words, when broadening

the scope to include IPV outside heterosexual couples, it is relatively more likely that male victims will be victimized by another man and also be exposed to more severe violence.

As for differential treatment at a given level or type of need, vignette studies indicate that the type of relationship between victim and offender, including the offender's gender, shapes how the violence is perceived by the general public, with male-to-female violence more likely to be condemned and viewed as abusive than female-to-male or same-sex violence (Felson et al., 2009; Russell et al., 2015; see also Parker et al. (2022)). These studies thus indicate biased attitudes by the general public. We are not aware of any related studies that directly test biased attitudes among staff in relation to IPV service provision, but research on other types of clients and service provision suggests that such biases may exist. For instance, caseworkers have been found to be more favourably inclined to same-sex clients (Pedersen et al., 2020), which, since women are typically overrepresented among social workers (Kullberg, 2005), could imply bias against male IPV clients. In line with this, women are more likely to get applications for social assistance granted by the social services in Sweden (Hussénus, 2021), possibly because women are deemed as more deserving of help and as less responsible for their own situation (Kullberg, 2005).

The Swedish Context

According to the Social Services Act (SFS, 2001:453), the municipal (local) social services are responsible for supporting victims of IPV in Sweden. Importantly, although “special consideration” should be given to child and female victims, regulations governing the social services' obligations are largely gender-neutral and the social services are obliged to support all victims, regardless of their gender. Relatedly, the official discourse is increasingly characterized by a gender-neutral understanding of IPV (e.g., Government Offices of Sweden (2024), as is the approach of government agencies for developing instruments used for detecting IPV; instruments that are also implemented by the social services (Goicolea et al., 2023; National Board of Health and Welfare, 2014).

Data and Methods

Data and Population

We used data collected through the SU-Kvinnofrid (Swedish for “Women's peace/safety”) project, launched by the Swedish Association of Local Authorities and Regions to

systematically follow up and evaluate the services provided by the social services to IPV victims. 34 of Sweden's 290 municipalities participated and provided the data used in the study, with the data covering the period January 2021 to October 2023. Participating municipalities gathered information on all adult clients (aged 18 and above) seeking assistance for interpersonal partner or honor-based violence. The data included 29 indicators, most of which were taken from instruments developed by the National Board of Health and Welfare for systematic evaluation of IPV cases. Case managers and social workers documented the required information from initial registration through case resolution or project conclusion. Swedish municipalities have a high degree of autonomy in deciding how to organize the support and what type of services to provide. The organizational approach to IPV support varied across the included municipalities, with some channelling clients through Personal Social Services and others utilizing specialized violence-intervention agencies.

The final data comprised 3,070 clients, with the 2,998 identifying as either male or female and having complete data on offender type included in the study. The included municipalities were largely nationally representative in socio-economic composition and gender distribution, but tended to be more urbanized, had a younger population and a higher proportion of residents with migrant backgrounds (see Online Resource A). Additional information can be found in the SU-kvinnofrid project report (Swedish Association of Local Authorities and Regions, 2024).

Variables

Outcomes: Social Service Support Case managers registered all services provided to the client from the initiation to the termination of the case or the end of the project. Services could be classified into 19 detailed categories. For the purposes of this study, we grouped them into (1) emotional support (individual or group-based therapy); (2) safety-focused support (e.g., protected shelters); and (3) practical support that is not directly related to the violence (e.g., practical assistance with household chores, financial support). The different types of services were not mutually exclusive, and we generated three binary variables indicating if each respective type of service was provided.

Two additional outcome variables were also used: (4) The total number of different types of services provided was computed based on the 19 categories in the original variable (henceforth: number of services), and (5) the number of days from the initiation to the termination of the case (henceforth: case length). These variables are count variables, where higher values may be interpreted as indicating

more services in a quantitative sense, and hence as indicating that the client was deemed to be in need of more resources. There were no missing data on type or number of services, but 808 clients (27%) lacked information on the length of the case.

Exposure Client gender was registered as legal gender (0=male; female=1), with an option for other genders. 2,814 (94%) identified as female, 184 (6%) as male and 10 (<1%) as other. Only male and female clients were included in the study.

Moderator The offender was operationalized as either a partner (former or current; coded 1) or a non-partner (parent, child, other extended family member, or other). The original variable allowed case officers to register more than one offender, and of the 2,649 clients coded as victimized by a partner, 144 were in addition victimized by a non-partner. 2,517 female and 132 male clients were victimized by a partner, and 297 female and 52 male clients by a non-partner. 45 clients had missing data on offender. There were unfortunately no data on the gender of the offender.

Confounders The following variables were used to adjust for possible confounding of the moderating effect of the relation with offender on social service support: organizational type of the unit where the client was registered (1=investigation unit; 2=service provider; 3=both investigation unit and service provider); municipal classification (1=smaller/rural municipalities; 2=medium-sized towns and municipalities near medium-sized towns; 3=large cities and municipalities near large cities); municipal population size (1=<15,000; 2=15,000–39,999; 3=40,000–99,999; 4= $\geq$ 100,000); client age in years (1=18–24; 2=25–44; 3=45–64; 4= $\geq$ 65); and client national background (1=born in Sweden with at least one Swedish-born parent; 2=born in Sweden with two foreign-born parents; 3=born in Europe; 4=born outside Europe; 5=not known).

Statistical Methods

For the count outcomes (number of different types of services and case length), negative binomial regression models were estimated to account for the overdispersion of the outcomes:

$$\log(E[Y_i|X_i, M_i, Z_i]) = \beta_0 + \beta_1 X_i \quad (\text{model 1a})$$

$$\log(E[Y_i|X_i, M_i, Z_i]) = \beta_0 + \beta_1 X_i + \beta_2 M_i + \beta_3 (X_i * M_i) \quad (\text{model 1b})$$

$$\log(E[Y_i|X_i, M_i, Z_i]) = \beta_0 + \beta_1 X_i + \beta_2 M_i + \beta_3 (X_i * M_i) + \beta_4 (X_i * Z_i) + \beta_5 (M_i * Z_i) \quad (\text{model 1c})$$

Where i denotes clients, $\log(E)$ is the natural logarithm of the expected count (the link function for the model), and $(E[Y_i|X_i, M_i, Z_i])$ is the expected value of Y for client i , given covariate values (X_i , M_i , and Z_i). β_0 is the intercept, β_1 is the effect of the exposure (gender; X), β_2 is the effect of the moderator (relation with offender; M), β_3 is the interaction between gender and the moderators. The vector of the confounders captured by Z are interacted with both gender ($X_i * Z_i$) and the moderators ($M_i * Z_i$), thus allowing for heterogeneous confounding effects across categories of gender and offender. All confounders were entered as categorical variables.

Table 1 Summary statistics

	Women	Men
<i>Outcomes: Support</i>		
Amount of support (number)	2.10 (1.99)	2.04 (1.93)
Case length (in days)	153.70 (173.14)	127.62 (115.23)
Support with safety	0.390	0.348
Practical support	0.531	0.516
Emotional support	0.548	0.571
<i>Moderator</i>		
Offender: partner	0.894	0.717
<i>Confounders</i>		
Organizational type		
Investigation unit	0.624	0.599
Service provider	0.202	0.249
Both investigation unit and service provider	0.171	0.153
Municipal classification		
Smaller / rural municipalities	0.320	0.359
Medium-sized towns and municipalities near medium-sized towns	0.425	0.440
Large cities and municipalities near large cities	0.255	0.201
Municipal size		
< 15,000	0.085	0.076
15,000-39,999	0.291	0.277
40,000-99,999	0.387	0.397
≥100,000	0.236	0.250
Client age (in years)		
18-24	0.117	0.151
25-44	0.649	0.553
45-64	0.206	0.218
≥65	0.029	0.078
National background		
Born in Sweden with at least one Swedish-born parent	0.569	0.586
Born in Sweden with two foreign-born parents	0.062	0.072
Born in Europe	0.084	0.072
Born outside Europe	0.242	0.232
Not known	0.043	0.039

Table shows averages of all variables, with standard deviations in parentheses for the count variables.

For the binary outcomes (types of services), corresponding logistic regression models were estimated:

$$\ln\left(\frac{p_i}{1-p_i}\right) = \beta_0 + \beta_1 X_i \quad (\text{model 2a})$$

$$\ln\left(\frac{p_i}{1-p_i}\right) = \beta_0 + \beta_1 X_i + \beta_2 M_i + \beta_3 (X_i * M_i) \quad (\text{model 2b})$$

$$\ln\left(\frac{p_i}{1-p_i}\right) = \beta_0 + \beta_1 X_i + \beta_2 M_i + \beta_3 (X_i * M_i) + \beta_4 (X_i * Z_i) + \beta_5 (M_i * Z_i) \quad (\text{model 2c})$$

Where $\ln\left(\frac{p_i}{1-p_i}\right)$ is the natural logarithm of the odds of the service type for client i , and the right-hand side of the models are equivalent to models 1a-1c.

Models 1a and 2a thus estimate the average gender difference, models 1b and 2b the unadjusted moderation by relation with offender, and models 1c and 2c moderation adjusted for confounders. β_1 in models 1a and 2a formally tests RQ1, and β_3 in models 1b-1c and 2b-2c formally tests RQ2. No confounders were used to test RQ1 regarding average gender differences since gender is fixed characteristic (at least within the scope the present cross-sectional analysis) that cannot meaningfully be said to be caused, and thus confounded, by the confounders available in the data (e.g., municipal size or client age) (Holland, 1986).

The coefficients from models 1a-2c were subsequently used to generate predicted counts or probabilities depending on gender and the moderators, and presented graphically to facilitate interpretation of the results (Jann, 2014). All analyses were conducted using Stata v. 18 (StataCorp, 2023).

Results

Table 1 shows summary statistics of the sample. The average number of services provided was around 2 for both men and women, and all three types of services were relatively common in both genders. Women's cases were somewhat longer than men's on average (153 vs. 128 days). Both genders were most often victimized by a partner, but the proportion was larger among women. There were no or only small gender differences in the confounders.

Table 2 presents the negative binomial regression models, with Fig. 1 showing predicted counts for illustrative purposes. As for RQ1, there are no gender differences on average in the number of services (IRR=0.97, 95% CI [0.85,1.11], $p=0.658$), but men's cases are somewhat shorter (IRR=0.83, 95% CI [0.69,1.00], $p=0.045$). As for RQ2, the moderation models show that the small or non-existent average gender differences mask important variation by offender type. Men receive fewer services than women when victimized by a

Table 2 Negative binomial regression models with number of services and case length as outcomes

	Number of services			Case length		
	Model 1a	Model 1b	Model 1c	Model 1a	Model 1b	Model 1c
Sex (ref: woman)						
Man	0.97 [0.85,1.11]	1.37* [1.08,1.75]	1.25 [0.63,2.47]	0.83* [0.69,1.00]	1.36 [0.96,1.94]	1.17 [0.44,3.09]
Offender (ref: not partner)						
Partner		0.97 [0.87,1.08]	0.94 [0.56,1.58]		1.56*** [1.35,1.80]	1.36 [0.63,2.91]
Interaction						
Man X Partner		0.58*** [0.43,0.78]	0.55** [0.38,0.79]		0.56** [0.37,0.85]	0.49** [0.29,0.84]
Constant	2.10***	2.16***	2.64***	153.70***	102.54***	100.22***
N	2998	2998	2744	2225	2225	2077

Table shows incidence rate ratios, with 95% confidence intervals in brackets * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Model 1a and 1b: not adjusted for covariates. Model 1c: adjusted for organizational type, municipal classification, municipal population size, client age in years, and client national background

partner, but more when victimized by a non-partner, with the interaction between gender and offender being significant (IRR=0.55, 95% CI [0.38,0.79], $p=0.001$). Another way of putting it is that offender identity is only related to the number of services received by men. Turning to length of the case, men's cases are on average shorter than women's when victimized by a partner but longer when victimized by a non-partner, with the interaction between gender and offender again being significant (IRR=0.49, 95% CI [0.29,0.84], $p=0.009$). Unlike for number of services, the identity of the offender matters for the length of women's but not men's cases, such that being victimized by a partner increases the length of women's but not men's cases. Note that the relatively small number of men in the data results in wide confidence intervals in Fig. 1, especially for the predictions related to non-partner violence.

Table 3; Fig. 2 present the logistic regression models, with types of services as the outcomes. There are no gender differences on average in the odds of receiving safety-focused (OR=0.83, 95% CI [0.61,1.14], $p=0.254$), practical (OR=0.94, 95% CI [0.70,1.27], $p=0.694$) or emotional (OR=1.10, 95% CI [0.81,1.48], $p=0.549$) support. However, these non-existent average gender differences again mask important variation by offender type, with men being less likely to receive safety-focused and practical support when victimized by a partner but more likely when victimized by a non-partner. The interaction between gender and offender is significant for safety-focused support (OR=0.36, 95% CI [0.13,0.97], $p=0.042$), but not significant for practical support when adjusting for confounders (OR=0.48, 95% CI [0.18,1.27], $p=0.139$). Both genders receive more emotional support when victimized

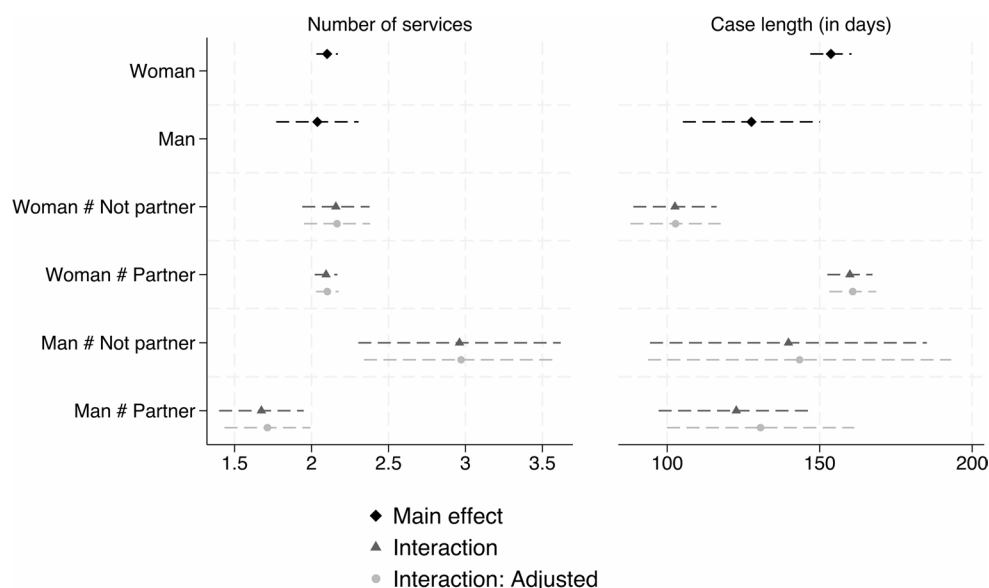
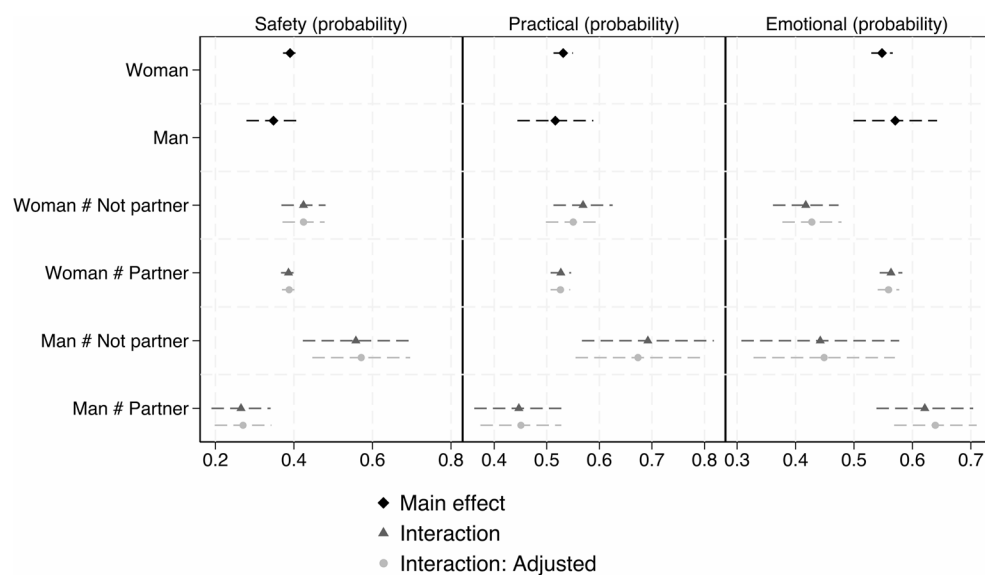
Fig. 1 Number of services and case length depending on gender and offender

Table 3 Logistic regression models with types of services as outcomes

	Safety		Practical		Emotional	
	Model 2b	Model 2c	Model 2b	Model 2c	Model 2b	Model 2c
Sex (ref: woman)						
Man	1.408 [0.819,2.419]	10.61* [1.565,72.00]	1.506 [0.846,2.681]	1.351 [0.215,8.491]	0.953 [0.554,1.640]	0.663 [0.0851,5.162]
Offender (ref: not partner)						
Only partner	0.754** [0.613,0.927]	1.341 [0.456,3.947]	0.759** [0.616,0.934]	0.757 [0.255,2.246]	1.505*** [1.225,1.848]	0.722 [0.236,2.203]
Interaction						
Man X Only partner	0.404** [0.205,0.796]	0.420 [0.167,1.056]	0.471* [0.238,0.932]	0.535 [0.218,1.310]	1.377 [0.713,2.661]	1.032 [0.397,2.680]
N	2998	2343	2998	2343	2998	2340

Table shows odds ratios, with 95% confidence intervals in brackets * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Model 2b: not adjusted for covariates. Model 2c: adjusted for organizational type, municipal classification, municipal population size, client age in years, and client national background.

Fig. 2 Type of service depending on gender and offender

by a partner, but offender type does not moderate the gender difference in this type of service use (OR=0.75, 95% CI [0.27,2.12], $p = 0.592$).

Supplementary Analyses

Supplementary analyses were conducted to probe the sensitivity of the results to specific modelling decisions, as well as to investigate additional moderating effects and related outcomes. First, we included additional confounders that were excluded from the main analyses because of missing values (functional impairments) or because they may be mediators rather than confounders (e.g., contact initiation source). Results of models with additional confounders were qualitatively similar to the main results (Online Resource C). Second, we estimated equivalent models as in the main manuscript but (i) using a stricter definition of offender where only victims with a partner as sole offender

were coded 1 (i.e., excluding victims of multiple offenders); and (ii) using a more detailed measure of non-partner offenders that distinguished between family and others. Results using a stricter definition of offender were similar to the main results. Relative to female victims, male victims exposed by family-members were particularly likely to receive safety-focused services, while male victims exposed by other close relations were especially likely to receive practical support (Online Resource D). Third, we estimated equivalent models but using the presence of honor-based motive as an additional measure of the relational context. The overall patterns were similar to, but less consistent than, the results of the main analyses: Male clients received relatively more services when the violence had an honor motive, which was primarily driven by safety-focused services (Online Resource E). Fifth, we used Bonferroni corrections to account multiple comparisons, as each of the research questions were tested in relation to five different outcomes. Three previously significant coefficients became

non-significant: the average gender difference in case length, the adjusted (model 2c) moderation effect on safety-focused support, and the unadjusted (model 2b) moderation effect on practical support (Online Resource F).

We also investigated whether gender differences in the type of violence (physical, psychological, sexual, or other) varied depending on the victim-offender relationship. These data were from another dataset: IPV victims seeking help from Victim Support Sweden (2024), a civil society organization focused on supporting crime victims. The results showed the male relative to female victims were generally more often exposed to physical violence when the offender was a non-partner, but not when the offender was a partner (Online Resource G).

As final robustness tests, we conducted multiple imputation analyses to account for missing data, as well as simulation-based power analyses and sensitivity analyses using E-values for the moderation effects central to our study. The multiple imputation analyses used 20 imputed datasets and addressed missing values in offender type, case length, and all covariates (organizational type, municipal classification, municipal population size, client age, and client background). Results from the multiple imputation analyses were similar to the main results (Online Resource H). The power analyses showed that we had adequate statistical power (> 80%) to detect the moderation effects that we actually observed with the number of services (estimated power: 96%) and case length (estimated power: 88%) as the outcomes. Power to detect specific types of services, e.g., safety-focused support (estimated power: 74%), was lower. See Online Resource I. Sensitivity analyses using E-values indicated that unmeasured confounders would need to be associated with both the genderXoffender interaction and service provision by risk ratios of 3 to 5 or greater to fully explain away our findings. While this does not rule out confounding, it suggests that fairly strong confounders would be required. See Online Resource J.

Discussion

Drawing on data on all victims of IPV ($n=2,998$) seeking support from the social services in 34 Swedish municipalities, this study investigated whether there are gender differences in the number and type of services provided to victims of IPV by the social services (RQ1), and whether these gender differences vary depending on the victim's type of relation with the offender (RQ2).

In relation to RQ1, we found no or only small gender differences on average in the services received by IPV victims. However, and in relation to RQ2, these small or non-existent *average* differences were not particularly informative

in themselves, as they were the product of two opposing tendencies: Men received fewer services when victimized by a partner but more when victimized by a non-partner (e.g., a family member). Likewise, men's cases were shorter when victimized by a partner but longer when victimized by a non-partner. These gender differences were primarily driven by safety-focused and, to a lesser extent, practical support, with men generally receiving less of these services in partner victimization cases but more in non-partner cases (although it should be noted that the results for specific types of services were less consistent and more sensitive to multiple testing corrections). There were no moderating effects of offender type on emotional support.

We emphasize that the study is explorative and associational: estimates of differences by offender type are imprecise, and the observational data preclude causal conclusions. However, we believe that the results nonetheless bring important nuance to the sparse quantitative research on the topic. This research has found that male clients receive fewer services (Schaffner et al., 2023) and rate the services as less helpful (Cho et al., 2020). Likewise, the more extensive qualitative literature has found that male victims repeatedly report negative experiences of seeking help, including being denied help and rating the help that they do receive as inadequate (Douglas et al., 2012; Machado et al., 2017, 2024; Moore, 2021; Taylor et al., 2022; Tsui, 2014; Walker et al., 2020).

Both the quantitative and the qualitative bodies of literature have almost invariably focused on cases where the offender has been an intimate, and typically female, partner. Thus, our finding that men received fewer services and received these services for a shorter period of time when victimized by a partner aligns with these previous findings. Some studies have interpreted these gender differences as evidence of bias or discrimination against male victims *qua* male victims (Machado et al., 2020, 2024; Moore, 2021; SAVE, 2010; Taylor et al., 2022; Tsui, 2014; Walker et al., 2020). This interpretation is at least conditioned by our finding that men received *more* services than women, and for a longer period of time, when victimized by a non-partner. By design, studies limited to intimate partner violence in heterosexual couples cannot explore if differential treatment of male victims in these particular kinds of relationships generalizes to violence in other forms of close relations. It is difficult to square our findings with a *general* bias against male victims; rather, they suggest that service provision is critically shaped by the inherently *relational* nature of IPV. Importantly, vignette studies also show that the offender type, and thus the type of relationship, shapes moral judgments over and above the gender of the victim (Felson et al., 2009; Parker et al., 2022; Russell et al., 2015).

One possible explanation for our findings is that male victims are primarily abused by female partners, while

non-partner offenders are mostly men. Since violence committed by men is often assessed as more severe or dangerous, this may influence service provision. Although we lack direct data on offender gender, this hypothesis aligns with established IPV research. First, vignette studies show that male offenders of IPV are judged more harshly than female offenders committing similar acts of violence (Felson et al., 2009). Second, in the most recent and comprehensive population survey, 95% of Swedish men exposed to violence by an intimate partner reported that the offender was a woman, and 98% of female victims reported that the offender was a man (Swedish National Council for Crime Prevention, 2024). Third, men are more likely to use violence in general, especially severe violence (Archer, 2022; Hamby, 2009; Hyde, 2005; United Nations Office on Drugs and Crime, 2013), including violence in non-intimate close relations (e.g., against family members) (Eriksen et al., 2006; Hoffman et al., 2005; Idriss, 2022; Klun et al., 2024; Kuay et al., 2016). Thus, although speculative and not directly based on the data, one hypothesis is that most clients exposed to violence by a partner were exposed by a partner of the opposite gender, and that most non-partner offenders in our data are men. This hypothesis is indirectly supported by our finding that the strongest interaction effects were observed for safety-focused services, which are arguably most sensitive to case workers' assessments of the severity of the violence. It is also indirectly supported by our complementary findings using data from Victim Support Sweden (2024), showing that male IPV victims are more often exposed to physical violence when the offender is a non-partner, but not when the offender is a partner.

Importantly, our aim is not to deny gender bias from service providers, and such bias has been documented in research, including in the Swedish social services (Callegari et al., 2022; Kullberg, 2005). For instance, Kullberg (2005) showed that Swedish social services officers, who are predominantly female, sometimes display a moralizing discourse whereby female clients are viewed as having “winded up” in trouble whereas male clients are viewed as having “put themselves” in trouble. The consequence is that male clients are regarded as more responsible for their situation and less deserving of support. It is certainly possible that such attitudes partly explain why male clients receive fewer services when victimized by a partner. Thus, rather than challenging established conclusions concerning bias against male victims *qua* male victims, one interpretation of our findings is that they qualify these conclusions: There may well be a bias against (heterosexual) male victims of intimate partner violence, possibly because female offenders are seen as less aggressive or violent, but this does not seem to generalize to other close relations and offender types.

There is also another possible interpretation of the findings that would support the notion of a bias against male victims. Compared to female victims, male victims of intimate partner violence are relatively more inclined to seek informal support from friends and relatives, but less inclined to seek help from formal service providers (Ansara et al., 2010; Barrett et al., 2020; Cho et al., 2020). Male relative to female victims also rate formal services as less, but informal help as more, helpful (Cho, Seon, Choi Cho et al., 2020a, b). Thus, the male clients victimized by a partner included in this study may, if they find that the services offered are not helpful, prefer to rely on informal support sources instead. Another way to put this is that the fewer services provided to male clients when the offender was a partner could be driven by differential demand rather than differential supply, but that the differential demand in turn is a consequence of lower perceived helpfulness among male clients. It is not clear, however, why this would only apply to male victims of intimate partner violence and not victims exposed to violence from other offender types.

Limitations

Two main limitations should be emphasized. First, there were 184 male clients in the data, 52 of which had been victimized by a non-partner, resulting in limited statistical power and imprecise estimates of the moderating effects of offender type. Thus, while our point estimates indicate relatively substantial moderating effects, the confidence intervals are also consistent with small or in some cases non-existent such effects. Power analyses also showed that our study was underpowered to detect small, though not moderate-to-large, moderating effects. With the exception of Schaffner et al. (2023), small sample sizes are common in research on help-seeking by male IPV victims, and future research would gain from obtaining larger samples.

Second, we lacked data on important variables, undermining our ability to investigate mechanisms and increasing the risk of confounding bias. For instance, without data on the gender of the offender, we cannot directly investigate the hypothesis that one of the key mechanisms behind the results is that the gender of the offender is equally or even more important than the gender of the victim in explaining patterns of service provision. This hypothesis assumes that gendered patterns of violence in the general population (e.g., the proportion of same-sex offenders) apply to social service clients. However, empirical data are needed to test whether this assumption holds. Likewise, we lacked data on the type or severity of the violence and thus could not investigate whether male and female victims, or if victims of partner vs. non-partner violence, experienced different forms of violence. Thus, any conclusions concerning differential types

of violence as a mechanism behind our findings should be viewed as a hypothesis to be investigated in future research. Further, we also lacked data on several possible confounders, including informal support networks. Women tend to have more emotionally close relationships with friends (Aukett et al., 1988), which may make them more likely to substitute informal support for the use of formal services. According to the potential outcomes framework, causal interpretations of regression coefficients assumes that confounders are balanced across exposure groups. With observational and cross-sectional data, this is a heroic assumption that is unlikely to be satisfied in practice. Nonetheless, sensitivity analyses using E-values indicated that unmeasured confounders would need to have fairly large confounding effects to completely explain away our main findings.

There are also limitations on the generalizability of our findings. Compared to general survey samples, clinical samples disproportionately include victims exposed to more severe and systematic violence. Moreover, existing research on help-seeking by male IPV victims has been heavily biased towards English-speaking countries. For instance, only two of the 12 qualitative studies included in the literature review by Machado et al. (2024) were from a non-English speaking country (in both cases Portugal). As stated, Sweden has increasingly moved towards a more gender-neutral understanding of IPV, and it is possible that our findings concerning gender differences do not generalize to other cultural or institutional contexts.

Conclusions and Implications for Research and Practice

This study investigated gender differences in service provision for victims of IPV by the Swedish social services, as well as if these gender differences varied depending on the victim's type of relation with the offender. While average gender differences in service provision were small or non-existent, they masked substantial variation depending on the offender type. Men generally received fewer services when victimized by a partner but more when victimized by a non-partner (e.g., a family member); a pattern primarily driven by safety-focused and, to a lesser extent, practical support.

Until now, research has focused almost exclusively on acknowledging men as victims in need of support. Future research should not only adopt a positional perspective – stressing men as legitimate victims – but also a relational perspective, focusing on how different types of relationships (e.g., with partners, family members, children) influence service provision. Nonetheless, given the correlational nature of our data and the potential for unmeasured confounding, our findings should be interpreted as suggestive patterns that warrant further investigation rather than as definitive causal

relationships. Thus, future research should investigate additional factors not measured in the present study – such as informal support networks, severity of the violence, and the gender of the offender – as these may influence both service provision and the observed gender patterns. Research using larger samples enabling more precise estimates, and using experimental or quasi-experimental designs to facilitate causal inference, are also needed.

Implications for policy and practice include ensuring that guidelines and protocols are gender-neutral and applied equitably to all victims, regardless of gender and relational conditions. It is crucial to raise awareness among professionals about the risk of unintentional discrimination against men in diverse life situations and support needs and to educate professionals about potential challenges to reduce bias and discrimination. Social service support should be tailored to the individual's specific situation and relationship to the offender, rather than relying on overly rigid guidelines and protocols.

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Authors' Contribution Statements Högberg conceived of and designed the study, conducted the analyses, and wrote the first draft of the manuscript. All authors participated in revising the manuscript and approved the final manuscript.

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Data Availability The data used for this study are not publicly available. Please contact the Swedish Association of Local Authorities and Regions for more information.

Ethical Approval The use of data for this study was approved by the Swedish Ethical Review Authority (2024-00550-01).

Consent to Participate The study is based on retrospective register data. Informed consent of participation is not applicable.

Consent for Publication The study is based on register data. Consent for publication is therefore not applicable.

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