

Exploring service and support needs

Exploring the service and support needs of male, lesbian, gay, bi-sexual and transgendered and black and other minority ethnic victims of domestic and sexual violence

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Disclaimer

The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they represent Government policy)

Chapter One: Introduction

Background

Previous research, policy and practice concerning domestic and sexual violence have tended to focus on heterosexual women (including black or minority ethnic women) who are victimised by male partners, family members, or other men. This is not surprising, as heterosexual women constitute the largest victim group (Walby and Allen, 2004). However, it is increasingly recognised in both policy and practice that domestic and sexual violence occurs across all population groups¹. Men (whether heterosexual, black or minority ethnic and/ or gay or bisexual), lesbian or bisexual² women and transgendered individuals may also experience domestic violence (Povey et al., 2008; Donovan and Hester, 2007; Home Affairs Select Committee, 2008).. Since 2007 the availability of civil protection in the form of non-molestation and occupation orders have been extended to same sex couples in recognition of this³. Men (whether heterosexual, GB and BME), BME and LB women, as well as transgendered individuals, may also experience sexual violence (Povey et al., 2008; Donovan and Hester, 2007).

¹ For instance, domestic violence is defined by the Home Office as "any violence between current and former partners in an intimate relationship, wherever the violence occurs. The violence may include physical, sexual, emotional and financial abuse." Domestic violence occurs across society regardless of age, gender, race, sexuality, wealth and geography (<http://www.crimereduction.homeoffice.gov.uk/violentcrime/dv03a.htm#4>)

² In the rest of the report BME will denote Black and minority ethnic, and LGBT will denote lesbian women, gay men, bisexual and transgendered individuals

³ Domestic Violence Crimes and Victims Act 2004, Part 1, section 3.

A wide range of services have worked hard to support female victims. A number of these and other specialist domestic and sexual violence services also cater to needs of both heterosexual and gay men, including those from BME communities⁴, although it is not clear how widely this is recognised. The government has also sponsored a number of national helplines (Male Advice Line, Broken Rainbow) aimed at male and LGBT victims of domestic violence. However, the Sexual Violence and Abuse Action Plan (HM Government, 2007) points to a lack of access to appropriate services for male victims more generally and female BME victims of sexual violence. Evidence to the Home Affairs Select Committee regarding services for male, LGBT and BME victims of domestic violence, also suggested there are few specific services, that generic services may not cater adequately for these groups, and that targeted services may be transitory due to funding problems (Home Affairs Select Committee, 2008).

There is, however, a lack of research, especially in the UK context, that examines the extent and nature of domestic or sexual violence for the victim

⁴ For example, Rape Crisis UK, currently has 38 member groups of which 13 offer services to male victims of sexual violence in England and Wales. The remaining 25 groups would also signpost male victims to relevant services in their local area (Bennett, 2009). Of the 491 services registered on UKRefugesonline (the National database of domestic violence services) 97 offer direct services to male victims of domestic violence with a further 17 offering direct services to perpetrators (UKROL, 2009). Out of the 500 services currently listed in the DABS handbook, which lists services that specialise in working with childhood sexual abuse, sexual assault, childhood abuse, domestic violence and related issues, 255 services state that they offer specialist services to men. The National Association for People Abused in Childhood (NAPAC) website lists 8 men only services within England out of a total of 34 specialist services (NAPAC, 2009).

groups this report is concerned with, let alone their service needs or experience of using services. Moreover, the few studies of sexual violence that exist have tended to focus on white heterosexual women and gay men, with limited inclusion of BME communities.

Scope and nature of the research

The current research aimed to begin to plug the existing knowledge gap via research with service providers and service users in three areas of England: the South West, the North West and London⁵. The research focused on the extent and nature of both domestic and sexual violence, and the related service use and service needs, for the following hitherto under-researched population groups:

- Male (heterosexual) victims of domestic and sexual violence
- Lesbian, gay, bi-sexual and transgender victims of domestic and sexual violence
- Male black and minority ethnic victims of domestic and sexual violence and female BME victims of sexual violence

This included both service provider and service user perspectives. Systematic reviews of the domestic violence and sexual violence literature were also carried out⁶.

⁵ The locations were selected purposively. London and Manchester are cities with concentrations of individuals from a range of BME communities, and known LGBT communities. London has the largest concentration and widest range of BME communities in the UK. The South West provides city, town and rural locations with some BME and LGBT communities. By using these areas it was possible to compare service needs and availability of services across urban and (semi) rural locations.

⁶ While data from the systematic reviews of the domestic violence and sexual violence literature are referred to in this report, the full reviews are being published separately.

Method

The research included interviews and focus group with victims (or potential victims), augmented by an on-line survey, and interviews with service providers. Given that the research involved individuals who had used services and who were potentially vulnerable, a largely qualitative approach was used and victim samples developed via extensive networking and snowballing. Even so the overall numbers in the victim samples remained small. Brief overviews of the samples follow below. Further details are provided in Appendix 1.

Service providers

A total of 111 service providers in London, the North West and South West of England, were contacted who might be offering services to male, LGBT and/or BME victims of domestic or sexual violence and who represented a wide range of services across the voluntary, health and criminal justice sectors, as well as private solicitors and counsellors. Seventy-six service providers agreed to take part (Table A1.1), including 58 services from the voluntary, 15 from the statutory and three from the private sector. (For further details see Appendix 1. Findings from service provider interviews are outlined in Appendix 2)

Service users

Heterosexual male, BME, and LGBT victims of domestic and sexual violence are in different ways 'hard-to-reach' groups (Gadd, 2002; Batsleer et al., 2002; McCarry et al., 2008). Despite the wide range of methods used to generate

the samples, numbers remained small:

- Recruitment of a *service user interview sample* was initiated via the service providers interviewed, and further contact made with generic services where potential participants might access services. While time consuming, this approach generated only 25 interviewees. Nine had experienced domestic violence and 12 sexual violence.
- An anonymous *on-line survey* was developed to boost the service user sample, linked to service provider sites. There were 59 responses of which 35 were useable (7 were spoilt, 6 were heterosexual women, and 11 gave no gender or sexuality). Twenty-one had experienced domestic violence and 15 sexual violence (including one who had experienced both).
- *Support service data* from a further 22 heterosexual male victims of domestic violence was included. These were clients from two projects providing support to individual men alongside domestic violence services for women. Project staff asked the men questions about their experiences of domestic violence, service need and use.
- To boost the transgender sample, a *focus group* was established with 15 male-to female pre-operative individuals self-selected from a transgender network. While excluding wider transgender experiences, it provided some insight into this particular group, including potential service need and use.

Table 1.1 Service user samples and demographic breakdown

	Heterosexual men			Gay men		Bi-sexual men		Heterosexual BME women		Lesbian/gay/queer women		Bi-sexual women		Transgender		Total
	DV	S V	CS A*	DV	SV	DV	SV	DV	SV	DV	SV	DV	SV	DV	SV	
Online	6	1	1	2	0	1	0	0	1	8	7	3	6	1	0	37
Interviews	5	0	7	2	0	0	0	0	10	2	2	0	0	0	0	21

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Support service data	22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22
Focus group	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	15
Total	33	1	8	4	0	1	0	0	11	10	9	3	6	16	0	102*
BME	13	1	1	1	0	0	0	0	11	3	1	1	0	4	0	36
White	16	0	7	3	0	1	0	0	0	7	8	2	6	12	0	62
Other	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Total	33	1	0	4	0	1	0	0	11	10	9	3	6	16	0	102*

* One heterosexual man was in both the DV and CSA samples and therefore counted twice (thus N=102 rather than 101).

The samples were not nationally representative or necessarily representative of population groups.

Table 1.1 provides the demographic breakdown for the service user samples.

Altogether 101 individuals took part in the research: 47 men (42 heterosexual, four gay and one bi-sexual), 39 women (11 heterosexual BME, 19 lesbian/gay/queer and 9 bi-sexual) and 16 transgendered individuals. This included at least 36 individuals identifying as BME and 62 as white. While these are small, self-selecting and non-representative samples, they none the less provide insight into hidden groups and experiences.

Analysis

The interviews with service providers and service users and focus group were taped and transcribed, then analysed thematically. The samples were too small for statistical analysis.

Structure of the report

The main body of the report covers the findings from the service user samples, with three separate chapters outlining findings from the heterosexual male, LGBT and BME groups respectively. Each chapter outlines findings concerning the extent, nature, service use and service need regarding both

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domestic and sexual violence for the groups concerned. The findings from the service provider interviews are referred to where appropriate, although most of the service provider findings are outlined in Appendix 2.

Chapter Two: Heterosexual male victims of domestic and sexual violence

Introduction

This chapter discusses the findings from the service user interviews, on-line survey, and support service sample as they relate to the experiences of heterosexual male victims of domestic and sexual violence. Overall, the data included 33 such respondents with experience of domestic violence (13 of whom identified as BME⁷)⁸. However, despite extensive attempts to recruit heterosexual men with experience of sexual violence as adults, only one (BME) man was recruited via the online-survey. This may reflect the small numbers of heterosexual men who experience sexual violence as adults from female partners or others (see Povey et al., 2008⁹; Tjaden and Thoennes, 2000), compounded by the difficulty men have in acknowledging or disclosing sexual assault (Walby & Myhill, 2001).

Although only one heterosexual man reported experiencing sexual violence as an adult, other participants interpreted 'sexual violence' to include childhood sexual abuse (CSA) and we obtained a further, very small, sub-sample of

⁷ The BME participants, although from a range of ethnicities, may not represent all BME experiences.

⁸ The number of heterosexual male victims who responded to our call for participants in the research was low. This is echoed by other research (see Robinson and Rowlands, 2006).

⁹ Povey et al., (2008), from the 2006/7 self-completion intimate violence module of the British Crime Survey, found approximately one percent of men (and three percent of women) had experienced a sexual assault (or attempted assault) in the last year. However, it was not clear whether the men were heterosexual.

seven heterosexual men in the interview sample who reported being victims of such abuse and were accessing counselling and group work support offered by third sector sexual violence support services. Their experiences are included here as they provide some limited evidence of how heterosexual men may access sexual violence and related services as adults. One of these men was also in the domestic violence interview sample.

Domestic violence

Extent and nature of domestic violence

Data on the prevalence of heterosexual domestic abuse in general populations indicate that while heterosexual men and women may experience similar domestic violence behaviours, there are also important differences. For instance, the British Crime Survey (BCS) interpersonal module (Povey et al. 2008) found that while a fifth of men, 22%, and a third of women, 33%, had experienced abuse from a partner since the age of 16, women experienced a greater amount and more severe abuse from male partners, and the physical and emotional impacts on female victims were significantly greater than on male victims. Echoing this distinction, men in the BCS tended not to report partner abuse to the police because they considered the incident “*too trivial or not worth reporting*” (ibid.: 67). Based on research with female victims, we may expect that domestic violence involves behaviours (whether physical, sexual, psychological, emotional, verbal, financial etc.) used as an ongoing pattern of fear and coercive control by one person against another with whom they have or have had a relationship (Johnson, 2006; Stark, 2007). Such ‘archetypal’ domestic violence will usually involve one partner as the primary

aggressor, involve frequent abuse, and is likely to escalate and to result in serious injury.

Like heterosexual women, the men in the current study experienced a range of abusive behaviour, some of which was ongoing and severe and linked to fear and control. The nature of the abuse varied from serious physical assault to issues of harassment experienced post separation in relation to child contact. While most of the men interviewed¹⁰ experienced violence from female partners or ex-partners, there were also numerous instances where partners' relatives and friends¹¹ carried out, or were involved in, the abuse. . Some of the men appeared to be both victims and perpetrators of domestic violence. The following sections focus mainly on the findings from the support service sample as this tended to provide more wide-ranging and richer data.

The 22 men in the support service sample were asked about their most recent, first and worst incident of domestic violence. The majority of incidents for this group were arguments with female partners and sometimes children that escalated to physical violence: about finances, about children (discipline and contact) and housework, about other partners, and about drug and alcohol issues. As with female victims, for the men most incidents took place in the home, a few at places of work and sometimes in public spaces. The first incident took place between one month to 54 years into the relationship concerned, with a median of three years.

¹⁰ From all the samples (support service, on-line and interview).

¹¹ Inclusion of partners' relatives and friends extends more widely than the Home Office definition (see Chapter One, footnote 1).

Table 2.1: Male support service sample – domestic violence experienced during most recent incident and impact

Type of domestic violence behaviour	N=22
Verbal	20
Physical	12
Controlling behaviour (not defined by client)	8
Weapons used	6
Psychological abuse (not defined by client)	3
Sexual abuse	0
Impact	
Threat/fear (as defined by client)	14
Physical injury (minor)	10
Physical injury (major)	2

Note – (1) The categories of ‘psychological abuse’ and ‘controlling behaviour’ were identified retrospectively by the practitioner working with the men and a member of the research team, based on the incident and patterns of abuse described by the male respondent.

(2) The different categories of abuse are not mutually exclusive.

Table 2.1 lists, where possible, the types of domestic violence experienced most recently by the heterosexual men in the support service sample, and the impacts¹². The range of experiences are similar to those of female victims, although none of the men in this sample reported sexual abuse from female partners¹³. Almost all the men experienced verbal abuse, and the majority physical violence (some resulting in injury), mainly from female partners but also from other family members; for instance one man was attacked by his step-son when he went to collect his belongings. Six men talked about a

¹² The data from the online or interview samples was not as detailed, and could not be analysed systematically in this way

¹³ The US NVAW Survey (Tjaden and Thoennes, 2000) found that 0.2 per cent of men and 4.5 per cent of women who had ever been married or lived as a couple reported being raped by a current or former marital/opposite-sex partner at some time. The BCS does not similarly differentiate rape or sexual assault by intimate partners.

weapon being used in the attack on them, with five suffering minor injury. Two men experienced serious physical attack resulting in injury, with one hospitalised as a result. Two men did not relate any specific incidents, and described their experience as concerning child contact arrangements. Of the other men interviewed¹⁴ additional experiences included one man injured in a serious assault by his son; another experienced abuse from male relatives in relation to issues of forced marriage; and one had experience of childhood sexual abuse as well as violence from his female partner in a previous relationship.

Dealing with emotional abuse

The five men in the interview sample emphasised in particular the difficulties of dealing with the emotional impact of abuse, made more difficult because, as men, they were not used to discussing their feelings:

You're used to not being open with your feelings. And it's quite hard to communicate so you tend to keep things to yourself and they you know sort of eat away at you a bit so... (David¹⁵, interview sample)

The interviewees who had experienced a range of abuse (such as domestic violence and child sexual abuse), and/or from more than one abuser, found the emotional impact of their experiences especially difficult to deal with.

Fear of partner

¹⁴ This applies to the interview sample. There were no details for the online sample of the types of behaviours experienced.

¹⁵ To ensure anonymity, the names used for this and other participants quoted in the report are entirely fictitious.

Fear has been described by female victims as a key feature in experiences of 'severe' domestic violence that involve abusive power and control over them (Johnson, 2006), and found to be experienced to a lesser degree by male than female victims (Hamberger and Guse, 2002). The 22 men in the support service sample were consequently asked about whether they were frightened of their partners and visa versa¹⁶. Fourteen out of 22 men said they were or had been in fear of their partners, while two feared other men who had threatened them on behalf of their partners. Some of this subgroup of 16 men were assessed by the professionals working with them to have experienced 'controlling' behaviours. While some of the men feared what their partners might do to them, others feared what the women would do to themselves, or their children. Fear was also related to potential (malicious) allegations and not just to fear of physical or other abuse. However, five men stated they were not frightened of their partner, and one man said he thought his partner was frightened of him. This subgroup of six men were thus unlikely to have been experiencing the severe type of power and control over them.

Victim and perpetrator

Previous research in the UK has found that, while both men and women presenting as victims of domestic violence may also be using violence against their partners, female victims are much more likely to use violence as self-protection, male perpetrators are more likely to be the primary aggressors, and men may also be overstating their victimisation (Gadd et al., 2002; Robinson and Rowlands., 2006; Hester, 2009). In the current study, additional

¹⁶ Similar data was not available for the other samples.

information from a professional working with all of the 22 men in the service support sample and from police records indicated some similar patterns.

Information from the professional indicated that:

- In eight out of 22 cases was the professional able to state with confidence that the man was a victim only.
- In five of the 22 cases there was adequate information to implicate the man as both a perpetrator and victim of domestic violence.
- In a further three cases the professional was unable to decide one way or the other.
- The remaining six out of 22 men were perpetrators only, not victims.

Further information about 15 of the 22 support service cases was available from the police, which showed that there were more frequent police incidents recorded than had been described by the men. In seven of the 15 cases it appeared that the man was minimising his own abusive behaviour and was also implicated as a potential perpetrator of abuse. All 22 clients were also asked about whether their partners, or they themselves, had ever been subject to police or other criminal or civil law intervention. This provided further indications of some men being both victims and perpetrators. One man and his partner were currently subject to a non-molestation order, with one partner being subject to an order in the past. Six clients and four partners (two from the same couple) had been arrested at some time in relation to domestic violence. Four of the men and three partners had been convicted of a domestic violence related offence, including one couple.

Domestic violence service use and service need

Alltogether 43 of the 76 service providers interviewed in the current study reported that they provided services to male victims of domestic and/or sexual violence. Two domestic violence services were aimed exclusively at men. While all of the statutory sector agencies said they provided services to male (and LGBT and BME) service users, only about a quarter claimed any specialisation in working with these groups. Those providers working specifically with male victims felt that the sector was a “*female domain*”, which failed to recognise male victims and the stigma they face. Service providers also identified a lack of advocacy or holistic support of the type available to heterosexual women (Hester and Westmarland, 2005; Howarth et al., 2009)

Holistic support

Only one of the men interviewed¹⁷, who had experienced physical domestic violence, appeared to have been provided with what could be described as a holistic service, including: victim support, the police, medical intervention, offers of counselling, and specialist domestic violence advocacy.

Police involvement

There was police involvement at least once in most of the support service cases, with an average of two involvements and a maximum of ten. Four of these men talked about female partners having called the police, with an average of 2.25 contacts made (slightly more than by the men), indicating that the women might have felt victimised by the men. Other UK research indicates that women perpetrators may be more forthcoming about what they

¹⁷ From the interview sample.

have done and will call the police to report their own behaviour¹⁸ (Hester, 2009). In 12 out of 22 support service cases the most recent domestic violence incident had police intervention. While most of these cases involved partner violence, in one instance the man received phone and text messages about a fight between his partner and son, and consequently called the police. In five out of 12 instances the men left the vicinity of the perpetrator when the police intervened. This may echo other research findings, that male victims may actively manage their safety and protect themselves by leaving the vicinity of the perpetrators (Hester, 2009).

Substance misuse

Less than a quarter of the men in the support service sample (5 out of 22) raised issues of drug or alcohol abuse in relation to either themselves or their partners. Although the numbers are small, this appears to be a smaller proportion than identified in other UK research involving probation or police samples (Gilchrist et al., 2003; Hester, 2009). One partner in the current study was reported to be using amphetamines, one using crack and heroin, and three using alcohol. One man said he was himself alcohol dependent and also claimed to have received treatment for this. One partner also appeared to be receiving treatment for alcohol dependency.

Mental health

The wider literature indicates that mental health problems might be an outcome for men as well as women experiencing domestic violence (Henning

¹⁸ There are similar findings from the US (Miller 2001)

et al., 2003). In our support service sample only one of the 22 men identified as having mental health issues, whereas six of the men thought their female partners suffered from a mental health issue - including one woman with depression, one with personality disorder, one with self-harm, and two with some other mental health problems. One of the men identified that his partner had previously suffered from post-natal depression. This echoes findings from studies directly comparing male and female perpetrators of domestic violence, which have indicated a higher level of mental health issues for female perpetrators (Saunders, 2002).

The men in the support service sample were also asked whether either they or their partner had received counselling in relation to domestic violence. More than a third (8 out of 22) of the men had received counselling (5 out of 11 BME and 3 out of 7 white men). Five partners were also thought to have received counselling, although men might not have known if their female partners had received counselling post-separation.

How they accessed domestic violence services

The men across the sample groups accessed services via a variety of routes, including referral by other services or actively seeking information about services themselves.

Nearly all the 22 men in the support service sample had been referred to the domestic violence support services following involvement by the police. Nonetheless, most (20 out of 22) claimed their contact with the domestic

violence support service was the first time they had sought help. They did not deem contact with the police as 'help-seeking'. Their feedback about the domestic violence support services, however, was positive, describing the services as: supportive; invaluable; very helpful; that they felt heard and taken seriously; and that the services were easy to access.

The five male heterosexual respondents to the on-line survey had all used or attempted to use services as a result of domestic violence in the last five years¹⁹. To find and access appropriate services, they had used the telephone directory, the internet, their GP, and one respondent contacted a service after having seen a poster. The most consistent and important thing that the men wanted help with was "*advice about what to do*" (Jon). However, only three of these five respondents had successfully accessed services, involving therapeutic counselling, advocacy services, and an advice helpline.

Some interviewees were aware that generic services were available to both men and women, and most knew they could go to their GP in order to access counselling or other interventions. One man expressed concern, however, that he did not usually go to the doctor being "*a bit of a tough old bird..a bit stubborn,..a typical man*" (Daryl), and that he might end up more depressed as a result. Echoing concerns in the wider literature on gender and health (see Payne, 2006), this suggests the importance of challenging gendered

¹⁹ The responses from a further three gay/bi-sexual men are included in Chapter Three. It is possible that these GB men had experienced domestic violence in a previous heterosexual relationship, but the data collected is unable to clarify this.

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expectations about emotional health and well-being if men are to access services.

Multiple abusers

Those men who had experienced abuse from more than one abuser were especially worried about the reaction from service providers:

People are normally just a bit shocked. But I have to be careful who I tell again, because of this general impression, um, and for fear of being ostracised. (Tim)

For instance, and as discussed further in the section on sexual abuse (below), men who have experienced childhood sexual abuse may be viewed as potential perpetrators of child sexual abuse, which may constrain their ability to access services and/or to come to terms with the impact of their domestic violence and other abuse experiences.

Gender specific services

Not surprisingly given their experience that there was little or no support, the on-line respondents believed that services should be available to all of those subject to domestic violence, irrespective of gender. They did not mention the need for male only services. By contrast, interview sample respondents felt it was important to have services for men only, because the dynamics of a group might change if women were present, and the men felt that they might not open up emotionally if women were also present as service users.

Possible improvements

The online respondents suggested that improvements would include help lines to be open longer hours²⁰; for there to be more outreach services with longer duration of sessions; and for more information to be provided on the internet.

Sexual violence

Extent and nature of sexual violence - male victims of child sexual abuse

The literature on sexual violence against male victims, and as adult survivors of child sexual abuse, is limited. One consistent theme is the similarities experienced by both male and female victims of sexual violence, whether as children or adults. Another theme is how the construct of masculinity may cause possible confusion for men regarding sexual orientation after experiencing sexual abuse from male perpetrators (see Struckman-Johnson, 1994; Tomlinson and Harrison, 1998; Itzin, 2000). The seven heterosexual male interview participants²¹ with experience of childhood sexual abuse (CSA) echoed many aspects of the literature, on male adult survivors, as follows:

- They talked about the difficulties in disclosing their experiences of CSA²². They felt the general silence in society about men experiencing sexual violence, made it particularly difficult for them to deal with the issue.
- Their abusers were mainly adult men (while very small numbers, 5 out

²⁰ The Male Advice helpline for male victims of domestic violence is currently open only Monday to Friday, 10.00 to 13.00 and 14.00 to 17.00.

²¹ As the online respondent with experience of sexual violence did not provide details of service use he is not referred to in the analysis in this section.

²² See also Struckman-Johnson (1994); Tomlinson and Harrison (1998).

of 7 had a male abuser, 2 had a female abuser)²³.

- The emotional and other impacts included: self harm and suicidal thoughts; use of alcohol or drugs to numb experiences (with further detrimental consequences); anger at having been abused, leading to aggressive behaviour; negative impacts on their relationships with family members, friends, work colleagues, and intimate partners; negative consequences on their work and economic resources²⁴.

Need for positive response

The men talked about the importance of partners, employers and others responding positively. For instance, one man had had positive support from his employer which helped him to deal with his experience:

“I actually went to work and said look, I need to just take a couple of weeks off I’ve got a few personal problems, they were brilliant and handled it very, very well.” (Simon – interview sample)

However, two of the seven men talked about the further problems they had experienced because others thought that men who have been sexually abused will go on to abuse children. While the research evidence indicates that most will not go on to abuse (Mendel, 1995) both professionals and partners had fears about the victims’ potential to go on to abuse children.

One man’s partner was seeing a counsellor and when she mentioned that he had suffered some sexual abuse as a child *“the first thing her counsellor said was, is your child safe?”* (Gordon – interview sample). The other (also

²³ See Radford et al.,(forthcoming)

²⁴ See Huckle (1995); Mendel (1995).

included in the domestic violence sample, above) experienced harassment from his female partner following his disclosure of childhood sexual abuse. She saw him as a potential perpetrator against other children and reported him to the police as a result.

Sexual violence service use and need - male victims child sexual abuse

Echoing other UK research on help-seeking by men who have experienced domestic violence (Hester et al., 2007) , for the seven heterosexual men in the interview sample who had experienced CSA, there was some sort of ‘crisis point’ at which they sought help. For most this was when another emotional issue had also brought up their sexual abuse experiences, or when their emotions could no longer be contained. These ‘trigger’ issues were wide ranging: a colleague dying, the birth of a first child, reports of abuse cases in the media.

Accessing services

The seven men first accessed services anywhere between ten and nearly forty years after their CSA experiences²⁵. They had tried to find appropriate services via the internet and Yellow Pages. Some had first accessed general, private or voluntary sector, counselling services before seeking more specialised sexual violence services aimed at both male and female adult survivors. However waiting lists could be very long, and one man gave up after waiting 20 months for specialist provision. Some had no choice but to

²⁵ This echoes other research. King and Woollett (1997) found that male survivors of CSA were slow to access support, and slower to do so than male adult victims of sexual assault.

pay to get private therapeutic counselling services at times of crisis. However payment acted as a barrier to accessing services for some of the men, and some men also felt that lack of free services indicated the negative way society saw them.

Counselling and therapeutic services

The men had used counselling on and off at different points in their lives, partly because acknowledging and addressing the abuse they had experienced was very difficult. Generally this very small sample of men were very positive about the counselling and related support they were offered by the specialist, third sector, adult survivor sexual violence services, even if they found addressing their experiences difficult:

“..and it was a big step and I did make that call. and then starting going weekly to the group.... I haven't had the idle suicidal thoughts,... my anger has disappeared and I did have an anger problem.” (Gordon – interview sample)

Contact with police

A few of the men had been in contact with the police, although there were different reasons for this: Tony's partner contacted the police following counselling as she had concerns that he would abuse their children; some were contacted by the police as part of wider historical child abuse investigations; and others had decided following counselling that they wanted to pursue criminal proceedings against their abuser. The men were generally complimentary about the police approach, but concerned about lack of co-

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ordination between the police and other support, and especially about the lack of information about or referral to further support, which they needed once they had disclosed.

Gender specific services

Similar to the male interviewees experiencing domestic violence, most of the men who had experienced CSA thought that a male only group made it easier to open up and talk about these issues.

“.. Even though the sexual abuse can be from male or female, I think it's important that it's men.” (Gordon – interview sample)

Chapter Three: LGBT victims of domestic and sexual violence

Introduction

This chapter discusses the findings from service users identifying as LGBT who took part in the interviews, on-line survey or focus group. This data included 17 men and women who had experienced domestic violence (4 gay men, 10 lesbian and 3 bi-sexual women); and 15 women who had experienced sexual violence (9 lesbian or queer women²⁶ and 6 bi-sexual women). In addition, 15 of 16 individuals identifying as male-to female transgender discussed both domestic and sexual violence. The experiences of gay men are included in this, rather than the previous, chapter which examined the experiences of heterosexual men. This differentiation allows the analysis to take into account the often complex intersection between gender and sexuality.

Extent and nature of domestic violence (LGBT)

Only limited prevalence data exists on lesbian and gay male experiences of domestic violence, from the US (Tjaden and Thoennes, 2000). The data suggest that similar proportions of lesbians and gay men may have experienced such abuse from same sex partners, and lesbians may also have experienced domestic violence in earlier relationships with male partners.

²⁶ Participants were given the option of self defining their sexuality. In order to make the analysis clear we use the term lesbian to refer to those women who defined as either lesbian or queer.

Heterosexual men are less likely to be victimised than either heterosexual women, lesbians or gay men. Other research, from the UK (Donovan and Hester, 2007) found that, although experiences of domestic violence are similar for lesbians and gay men, gay men are significantly more likely to experience physical and especially sexual violence²⁷, while lesbians are significantly more likely to be affected by emotional and sexual violence. Although the numbers in the current research samples are small, they appeared to echo some of these patterns. In particular, there was some indication that the gay men tended to experience domestic violence from male perpetrators, and lesbian or bisexual women experienced domestic violence from both female and male perpetrators. From the on-line sample, five of the eight lesbian women had experienced domestic violence from female perpetrators, and one of the three bi-sexual women. The other five women had experienced domestic violence from male perpetrators, some in previous relationships. The two gay male victims experienced violence from another man, while the bi-sexual man experienced abuse from a female perpetrator. No one had experienced abuse from more than one female perpetrator, while one of the lesbian women had experienced abuse from more than one male perpetrator. Whilst there is a vast literature on the provision of services for male perpetrators of domestic violence, most of these programmes make the assumption that those male perpetrators have abused female partners. An evaluation of the Dyn Project (Robinson & Rowlands, 2006) highlights how the needs and risk factors associated with heterosexual and same sex male perpetrators may well differ, in the ways indicated above.

²⁷ See also Mezey & King (1987).

While only four gay men and lesbians formed part of the service user interview sample, they had a wide range of experiences of domestic violence. One lesbian woman had experienced domestic violence from her female partner in the most recent relationship, but was convicted as perpetrator against a former female partner. The other woman had been forced to marry in an African country and experienced domestic (including sexual) violence from her husband, who “*was trying to make her heterosexual*” (Dominique – interview sample). She was seeking asylum in the UK. One of the gay men experienced domestic violence from a previous partner he described as “*straight but confused about his own sexuality*” (Usuf – interview sample), and the other also experienced domestic violence from a male partner.

Emotional impacts

All LGB participants talked about experiencing emotional impacts from domestic violence: the lesbian and bi-sexual women reported having panic attacks and nightmares as well as feeling suicidal about their experiences: of being “*not able to cope with daily life, suicidal*” (Lea – online sample), or “*coping with aftermath [of abuse] without killing myself*” (Martha – on-line sample). The male respondents reported similar impacts. The gay men also raised concern of how sexual violence (within the context of domestic violence) might make them vulnerable to exposure to HIV.

Sexuality and abuse

Those interviewed talked about how the context of, or link to, lesbian and gay

male sexuality was integral to the way they experienced and were impacted by the abuse. For instance, threats to 'out' them, or the misuse of safe words during S&M sex. This created the context for the abuse and/or led to further vulnerability to abuse by making it more difficult to get away from the abuser.

Transgender experiences

Based on information within their community, the transgender participants talked about experiences of domestic violence as especially common to individuals identifying as transgender. Where someone had entered a long term relationship as a man and later on wanted to change genders (biologically or otherwise) they thought both parties in the relationship may end up feeling emotionally abused, victimised and harassed even where neither intended to hurt or harass each other. The group were concerned that some men appeared to deliberately seek out and had sex with transgender women but then could not cope with or accept their own desires and subjected their sexual partner to violence; while others appeared not to be aware that they were 'chatting up' a trans-woman resulting in violent reaction.

Extent and nature of sexual violence (LGBT)

The lesbian and bi-sexual women had experienced sexual violence from more male than female perpetrators. Although the numbers are small, this echoes the general findings from the study outlined above that male perpetrators pose the largest threat (Tjaden and Thoennes, 2000). Five of the nine

lesbians²⁸ had experienced sexual violence from men, one in the context of a forced marriage (discussed in Chapter 5), and others in earlier heterosexual relationships, while four lesbians had experienced sexual violence from female partners. All six bi-sexual women from the on-line sample had experienced sexual violence from male perpetrators. In addition, at least four women had experienced childhood sexual abuse²⁹.

Impact of abuse

Echoing other UK data (Donovan and Hester, 2007), the female interviewees talked about feeling frustrated, angry, suicidal, confused, and generally damaged from their experiences of sexual violence, and that the impacts affected all areas of their lives. Many acknowledged that it would take a long time to address the damage caused by their abuse.

Transgender experiences

The transgender group talked about experiences of sexual violence that might be common to individuals identifying as transgender, within intimate relationships and/or from unknown men. Generally it was felt by the group that sexual violence was a hidden issue in the trans-community, not talked about much, and was very unlikely to be reported. Potential or actual experiences of sexual violence from long term partners when individuals were transitioning, and sexual and other forms of violence from unknown men were also mentioned in relation to domestic violence (above). Some of the younger

²⁸ Both lesbians interviewed and three of the seven lesbian on-line respondents.

²⁹ Three from on-line sample and one from interview sample.

individuals talked about having ‘picked up’ partners because they wanted sex or companionship or both, which may have resulted in sexual violence. The group pointed out that the common view regarding individuals experiencing sexual violence (as also applied to biological women) that ‘she was asking for it’ or ‘she should not have been there’ were equally relevant in the trans-community.

Service need and service use – LGB victims of domestic and sexual violence

There were many similarities in how LGB participants who had experienced either domestic or sexual violence saw their service needs and service use, and both sets of respondents are therefore included here. LGB participants³⁰ wanted practical advice and ways to deal with the feelings they had about their experiences of domestic and/or sexual violence, to discuss the impact of domestic or sexual abuse on their sexuality, as well as assistance in leaving abusive situations and relationships.

DV and SV services accessed

As indicated in Table 3.1, the on-line respondents³¹ had accessed a range of services, identifying these via the internet, referral or recommendation by another service such as GP, or through information from friends (heterosexual male victims of domestic violence did not mention friends in this way). Both men and women had accessed medical services, crisis and therapeutic

³⁰ From both on-line and interview samples.

³¹ The on-line survey data allowed access data to be compared and quantified. Such analysis was not possible with the interview sample data.

counselling, advocacy services and helplines. In addition, women had accessed alcohol or substance misuse services and SARCS³², and LGB women who experienced sexual violence had also accessed rape crisis centres. The 11 lesbian and bi-sexual (LB) women who experienced domestic violence had attempted to access an average of four services. Just over half these attempts were successful (24 out of 40 attempts). The 13 LB women who had experienced sexual violence had tried accessing a similar number of services, again with just over half being successful (24 out of 40 attempts). The three men had attempted to access on average three services, with just over half proving possible to access (5 out of 9 attempts – although the numbers are small).

Table 3.1: Type of service used (and attempted service use) by on-line LGB respondents experiencing domestic or sexual violence.

Services	Lesbian/ bi-sexual women n=24		Gay/ bi-sexual men n=3
	DV n=11	SV n=13	DV (no SV)
medical services via their GP	6 (1)*	7	1
medical services through accident and emergency	1 (1)	0 (1)	0 (1)
Crisis counseling	4 (3)	3 (2)	1 (1)
Therapeutic counseling	6 (3)	5 (2)	2 (0)
Advocacy services	0 (2)	0 (2)	0 (1)
Info/advice helpline	3 (5)	2 (5)	1 (1)
Alcohol services	2	1	0
Substance misuse services	1	-	0
SARC	1 (1)	2 (2)	0
Voluntary sector – rape crisis	-	4 (2)	
Totals	24 (16)	24 (16)	5 (4)

*

Figures inside brackets are unsuccessful attempts

³² A SARC is a one-stop location where victims of rape, sexual abuse and serious sexual assault, regardless of gender or age can receive medical care and counselling, and have the opportunity to assist a police investigation, including undergoing a forensic examination, if they so choose.

Therapeutic services and counselling

Echoing other studies (Ristock, 2001; Donovan and Hester, 2007), the largest group of both male and female on-line respondents (experiencing domestic or sexual violence) had accessed some form of therapy or counselling, including crisis provision. The need for this type of support was also reflected in answers to questions about the help needed, where participants mentioned in particular the need to talk about their experiences and deal with emotional impacts: *“I’d be able to talk about things and learn to trust again”* (Ava – on-line sample), *“just wanted to talk”* (Brenda – on-line sample), and to deal with *“my frustration and anger”* (Joanne – on-line sample).

Accessing other services

In contrast to previous studies, many of the women had used medical services, mainly via their GP. One woman accessed a church for counselling as her GP had said there was a very long waiting list for GP referred support.

All male and female LGB service users³³ experiencing domestic violence had accessed, or tried to access a similar range of services including: local authority (emergency) housing departments, GPs, counselling, therapy, and LGBT and domestic violence organisations. Few of the LGBT respondents had directly contacted the police, although the police had become involved in some instances.

³³ From on-line and interview samples.

Level of skill and accessibility

Participants were critical where services were not accessible, or staff not skilled enough. For example, counselling and psychiatric services in the statutory sector were seen as offering very different types and levels of support, with the latter perceived as more inaccessible. Psychiatric services in particular were seen as difficult to be referred to, had long waiting lists, and the psychiatrists themselves evasive:

“Difference being is, with my therapy they’re very supportive. They’re always there. Whereas with [psychiatric service] basically you’re lucky if you get past the secretary to talk to anybody. It’s awful there. (Susan – interview sample)

Also, specialist services might have a high level of training and understanding in a particular area whereas more generic interventions might not have such detailed training. In relation to LGBT services this might mean they were highly trained in relation to issues directly affecting sexuality but might not have expertise in the area of violence and abuse, and visa versa. Volunteers staffing some voluntary sector services were thought at times not to be trained to a consistent degree:

“There is a marked difference between some rape crisis centres. Some ..use counsellors, others don’t. Some of the [latter] can handle calls in a clumsy or abrupt way” (April – interview sample)

Early intervention

The LGB women who had experienced sexual violence had sought services to deal with the impact of recent abuse, because they had mental health or

other problems resulting from childhood abuse, or from sexual violence in the context of domestic violence and wider familial abuse. One interviewee talked about the importance of early intervention, and how lack of earlier intervention had probably created further problems of sexual abuse for her.

Concern about homophobia

Generally, respondents³⁴ who experienced domestic or sexual violence were worried about potential homophobia when they contacted and used both statutory and specialist voluntary sector. They were concerned that service providers would not be aware of how homophobia and aspects of sexuality had been used by domestic violence perpetrators, or might not in other ways be able to understand their particular experiences. For instance:

- One gay man experienced ongoing physical assault from his partner, but the police officer who intervened appeared to dismiss the case, as he considered ‘buggery’ as the only abuse a gay man could experience.
- In another example, a psychiatric service was involved in setting up bed and breakfast accommodation for one of the lesbian respondents who had become homeless, and had apparently told the accommodation “*that I was gay and I hated men*” with negative consequences: “*So as soon as I walked into the B&B it was very hostile*” (Susan – interview sample).
- Another lesbian participant had found that the Crown Prosecution Service staff she had contact with “*do not take rape against lesbians*

³⁴ From on-line and interview samples

seriously. They stereotype us as man haters" (Lottie – interview sample).

Where women had experienced sexual violence from another woman rather than a man some services also found this difficult to envisage, and needed to *"be made more aware of same sex rape"* (Joanne – interview sample).

Connecting the issues of sexuality and violence

The biggest concern of the LGB respondents³⁵ was that services should deal with domestic violence or sexual violence and LGBT issues together. Whilst some specialist women-only domestic and sexual violence services provide services which may be tailored to the needs of lesbian women, there are very few LGBT based specialist services who specifically address the issue of domestic and/or sexual violence (see service provider findings, Appendix 2). Respondents were very positive, however, where services could deal with both domestic or sexual violence and take account of issues related to their sexuality. For instance, one woman had used rape crisis, a helpline and another voluntary sector service, and commented that the services were *"aware of LGBT issues. Wasn't made to feel my sexuality was a problem"* (Felicity – interview sample).

For some respondents earlier experiences of male sexual violence had impacted on how they saw and experienced their sexuality, and compounded their emotional crises. This was an issue mentioned specifically by lesbian and bi-sexual women, and made more complex where the latter were in

³⁵ From on-line and interview samples.

relationships with men. As one bi-sexual woman who experienced sexual violence from a male perpetrator described:

I need to be able to understand what the connections are between my sexuality and abuse. .. My sexuality and the abuse have links that I am uncomfortable with and I need to disentangle. (Alison – interview sample)

Possible improvements

Respondents generally³⁶ identified on-line message boards and chat rooms, and being able to email someone from an organisation for on-going support, as important additional assistance that should be widely available. Echoing the views of many respondents, one interviewee wanted:

Um, definitely a Lesbian and Gay drop-in centre where you could go and talk in confidence like if things are bad. (Sarah – interview sample)

Her nearest centre was too far away to access easily or within her means.

Gender specific services

Respondents who had experienced sexual violence were asked whether services should be gender specific. One of the gay male interviewees thought that it was more important that practitioners understood the issues and were sympathetic than what gender or sexuality the practitioners were. Generally, however, the view was that there should be a choice of female or male practitioners:

“victims should have a choice as to the gender of the person they deal

³⁶ From both on-line and interview samples

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with, especially when talking about sexual assault.” (Maria – interview sample)

Service need and service use - transgender victims of domestic and sexual violence

The 15 transgender male-to female community group felt that reporting domestic or sexual violence was complex and often difficult, due to: relationship dynamics where one partner wanted to change genders; being seen to behave in a way not condoned by society, or keeping secret their behaviour from partner or family; and compounded by feelings of shame.

Linking in to existing local services was considered essential to developing appropriate services for the trans-community, especially in non-metropolitan areas, where separate services would not be economically viable. It was felt that the transgender dimension of LGBT was frequently overlooked by LGBT organisations or initiatives. Persuading the transgender community to feel comfortable within LGBT organisations was seen as a parallel process.

Existing services for transgendered individuals may be private and tend to deal with wider health issues, emotional support and information linked to trans-issues rather than being able to deal with sexual and/or domestic violence. Specialist women’s domestic or sexual violence services such as refuges, Women’s Aid and rape crisis provide services primarily for biological women, and the focus group participants felt this creates particular gaps in provision pre-op, or for those who do not intend having surgery (echoed by

lack of such provision in the Gold Book³⁷). There was some support for separate services for transgender victims of sexual and domestic violence, such as a community centre with drop-ins. The website, specific chat rooms and email are a means of support already accessed by this group, which might be developed further.

³⁷ The Gold Book, published bi-annually by Women's Aid, England, is a resource directory of specialist domestic violence support services. It includes reference to those services who provide specific support to lesbian couples, lesbian and bi-sexual women, and pre and post operative transgender women. Whilst these services are listed in the book the number of services is limited, particularly for transgender women.

Chapter Four: BME victims of domestic and sexual violence

Introduction

This chapter discusses the findings from a very small number of service users identifying as BME who took part in the support service sample, interviews or on-line survey. This included a total of 16 men who had experienced domestic violence, and 12 women who had experienced sexual violence. A further BME man who experienced sexual violence responded on-line, but is not included as he did not provide details of any service use. Table 4.1 identifies the sexuality of the BME respondents in order to identify where intersecting issues of gender, sexuality and ethnicity are an issue. As indicated in Table 4.1, the BME sample included four individuals of mixed ethnicity (2 men, 2 women); seven who identified as Black British or African Caribbean (6 men, 1 woman); six as Asian British (5 men, 1 woman); two as Bangladeshi (both men); four as Pakistani (all women); and five as African (all women).

Table 4.1 samples: ethnicity of BME men and women experiencing domestic and sexual violence

	Men experiencing domestic violence n=16			Women experiencing sexual violence n=12	
	Support service	On-line	interviews	On-line	interviews
Mixed ethnicity	1 heterosexual	1 gay	1 heterosexual	1 heterosexual	
Black British	6 heterosexual				1 heterosexual
Asian British	4 heterosexual	1 heterosexual			1 heterosexual
Bangladeshi		1 gay	1 gay		

Pakistani					4 heterosexual
Black African					1 lesbian 4 heterosexual

These are self-selecting, small, samples that may not represent wider BME experiences

Extent and nature of domestic violence (men) and sexual violence (women)

The experiences of both men and women are discussed together to indicate similarities and differences. Also, many of the women experienced sexual violence in the context of domestic violence.

The previous two chapters outlined many of the issues affecting the BME men experiencing domestic violence, and indicates common experiences of both BME and non- BME men. Although half the men in the clinical sample identified as BME, there were more similarities than differences across the whole group. While marginally more of these BME men appeared to fear their partners, this may be an anomaly associated with the small numbers . Some experiences were only discussed by the BME men: one South Asian man who immigrated to marry in the UK, faced violence from a female partner and her family (see also Charsley, 2005). A Bangladeshi gay man, had been forced to marry and had been abused by his father and uncle, suffering mental health problems as a result. Another, a mixed white and African-Caribbean man, had experienced domestic violence from a female partner while living abroad.

Nearly all the BME women had experienced sexual violence from their intimate partners (as part of domestic violence and/or forced marriage), as well as rape, gang rape in the context of war, and being forced into

prostitution by known men or others. A couple of the women had fled to the UK due to sexual violence and were seeking asylum, and a few had returned to the UK after experiencing sexual violence from husbands and/or others when living abroad. The impacts of sexual violence led to two of the women having severe mental health problems with depression and suicidal feelings. Generally the women experienced a mixture of ongoing fear, undermining of their confidence and self-esteem.

Impact of racism

Both men and women raised BME specific issues related to racism (including stereotypes about refugees, immigrants, and asylum seekers), potential conflicts between religion and sexuality, and issues of language. These were often felt to compound the nature of the abuse experienced, and also affected service needs and use.

Service need and service use – BME men and women

The men and women had accessed a variety of services, the emphasis depending on the particular nature and context of the abuse they experienced. It was especially difficult for the men to find services. This was because there are very few services which provide support specifically to BME men who are experiencing domestic or sexual violence (see service provider findings, Appendix 2). This was further compounded where issues of sexuality were also an issue. The men wanted advice and referral to appropriate support, and had contacted BME advice services and local authorities.

Women who mainly experienced sexual violence from partners initially contacted domestic violence services (mainly Women's Aid outreach or refuges), the police, and/or social services. Women who experienced forced marriage, or sexual violence in war or from partners outside the UK initially contacted legal advice centres, immigration services and/or GPs.

Ethnic context and services

For both the men and women, it was important that services understood the ethnic, cultural, and religious, contexts they were from. Most wanted “*a safe haven where I could talk confidentially about my feelings*” (Patricia – interview sample) and “*High quality service with professionally qualified staff - with good knowledge of the issues - staff who show respect and understanding*” (Leo – on-line sample). For many of the respondents this meant availability of services with staff from different ethnicities who as a result would have lived experience and awareness of issues of inherent racism.. One of the male participants, for example, suggested there should be specialist services dealing with domestic violence with staff from different ethnic groups and with different expertise:

...it should be under one umbrella, there should be one ... whole service for everybody where they've got people from different ethnicities ... (Gopal – interview sample)

At the same time some of the women found it useful to access someone not from the same ethnicity. The Asian women in particular preferred not to see

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Asian workers in case they breached confidentiality to the wider community. One of the Asian women liked talking to a white woman because “*of potential family connections within the Asian community*” (Nadia – interview sample), while another “*was scared of [worker] at first because she was Asian, but then when she was talking, she was fabulous*” (Minna – interview sample). In a different way, one of the African Caribbean women had found an Asian worker helpful because she understood BME issues and experiences in a way that a white worker might not.

One-to-one and group work

The BME men, as with the heterosexual men (see Chapter Two), tended to talk about needing and using one to one provision, such as advice and counselling. Some women also needed one to one services such as counselling or therapy, especially where sexual violence had been very severe or not in the context of domestic violence. However, most of the women, and especially those who experienced sexual violence from partners, wanted contact with other women, to share experiences and develop friendships and ‘family’. They found that voluntary sector services, especially group work and drop-in, fulfilled these needs.

Counselling and therapeutic services

Counselling was often difficult to access, and some therapeutic support did not address the issues required. One woman of mixed ethnicity tried access counselling via her GP, but eventually found counselling of her own accord through Victim Support. An African woman who had been gang raped was in

contact with an NHS sexual violence service, and “*I think they are very good*” (Francesca – interview sample). By contrast, another woman found the psychiatric support provided by the NHS too generic. The psychiatrist, while addressing her mental health and reviewing her drugs did not deal specifically with her experiences of sexual violence.

Gender specific services

While the men did not emphasise men-only provision, all the women wanted female only groups and found it crucial to have female workers in order to talk about their experiences of sexual violence. For the men, they sometimes thought that it was easier to talk to a woman about their feelings than another man, thus same-gender workers were deemed less important.

Some of the women who had recently arrived in the UK and/or were not fluent in English had been provided with a male interpreter, which meant that they were unable to disclose their experiences of sexual violence. While specialist sexual violence services may find it difficult to have interpreters available due to lack of resources, in the Women’s Aid groups there were sometimes other women who could act as interpreters even if staff did not speak the relevant languages.

Intersecting sexuality and ethnicity

The LGB men and women in the BME sample indicated other potential difficulties regarding service providers from BME groups who might not deal adequately with LGBT issues. One of the gay Asian men was reluctant to

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access help from local authority housing officers as he had witnessed homophobia:

Some communities don't accept gay sexualities. Most officers at the council are from these communities. (Usuf – interview sample)

He subsequently received some of the support he needed from a voluntary LGBT organisation. One of the African women, who identified as lesbian, had experienced sexual violence in the context of a forced marriage and was referred by her GP to her local community church for counselling. She found the women there supportive of her experiences of violence and her cultural needs, but feared they might not continue to support her if she insisted that she was a lesbian.

Chapter Five: Conclusion

The research was difficult to carry out and resulted in small samples. The findings may therefore present a partial picture. Table 3.1 in Appendix Three presents an overview of the main findings across the sample groups.

Gender, ethnicity and sexuality intersect in shaping the experience and impact of domestic and sexual violence. The extent and nature of abuse and related service needs therefore differ to some extent between heterosexual male, LGBT, and male BME victims of domestic violence. The different effects of stigma and discrimination as experienced by these groups are especially important in considering service needs. Key findings of the research were that:

- Service providers need to be aware that heterosexual men, LGBT individuals, and BME men and women may all have experienced domestic or sexual violence.
- The nature and impact of the abuse varies depending on the context for the individual concerned. In our particular samples:
 - heterosexual men in the samples did not experience sexual violence as adults, although some experienced sexual abuse as children (CSA);
 - sexuality (e.g. threats to 'out' the individual) and homophobia were used in abuse of LGB individuals;
 - BME men and women experienced being forced to marry, rape in the context of war, and being forced into prostitution.

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- Sexual violence or CSA led to the most severe impacts on health and wellbeing (e.g self harm, suicidal feelings).
- Heterosexual men sometimes feared their partners, but this was not as widespread as is the case in the literature about female victims. In addition, LGBT and BME individuals feared potential homophobic or racist reactions from service providers. Men who experienced CSA feared being perceived as child abusers.
- Heterosexual men who experienced domestic abuse were sometimes also implicated as perpetrators of abuse against their female partners.

With regard to service need:

- All service users needed support with emotional impacts of domestic and/or sexual violence (e.g. one to one or group work), and some needed practical support (e.g. housing, legal advice).
- All wanted a choice of male or female practitioners, although women and men who experienced sexual violence or CSA were most likely to want gender specific services (women-only or men-only).
- BME service users wanted a choice of BME practitioners who might better understand their context. Asian women more often wanted access to practitioners from outside their own community.
- LGBT service users wanted services that could deal with domestic and sexual violence and LGBT issues together.

Recommendations

- The 'Gold Book' directory of domestic violence services should list

services able to support heterosexual and/or BME male and LGBT victims of domestic violence. There should be a similar directory for sexual violence services.

- Service providers generally need training to understand and address domestic and sexual violence as these affect heterosexual and/or BME male and LGBT victims.
- There needs to be consideration of how support for heterosexual and/or BME male and LGBT victims might be located within existing services or through specialist provision. Third sector and specialist domestic and sexual violence services may be best placed to lead on this.
- Different forms of provision should also be considered, including help-lines with long opening hours³⁸, and more outreach (mentioned by heterosexual men); web-based information (mentioned by heterosexual male and LGBT participants); access to practitioners on-line (mentioned by LGBT participants); and community centres with drop-in (mentioned by LGBT & BME participants).
- There needs to be wider dissemination of risk assessment protocols for male victims of domestic violence in order to identify those who may also need support services for the perpetration of violence and abuse.

³⁸ The Male Advice helpline for male victims of domestic violence is currently open only Monday to Friday, 10.00 to 13.00 and 14.00 to 17.00.

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Appendix One: Samples and analysis

Further information concerning recruitment of samples

Service providers

Of the total of 111 service providers contacted, 35 (largely LGBT and some BME) providers declined to participate in the research. The reasons given were that they did not have relevant experience, did not have the resources to be interviewed, or constituted a sub-section of another service also taking part.

Table 1.1 Service provider interviews - type of service provision and agencies

Service Users	Statutory Sector		Voluntary Sector		Private Agency		Total	
	Service Provided		Service Provided		Service Provided			
	N	%	N	%	N	%	N	%
BMER Male & Female	15	100	27	47	2	67	44	59
Women only			21	78				
Men only			4	15				
Specialist	4	27	11	41				
Male Victims of DV/SV	15	100	31	53			46	61
Specialist	4	27	7	23				
Lesbian/Bi Women	15	100	48	83			63	83
Specialist	4	27	6	13				
Gay/Bi Men	15	100	32	55	2	67	49	64
Specialist	4	27	3	9				
Transgendered People	15	100	42	72	3	100	60	
Specialist	3	20	5	12				
Total	15	20	58	76	3	4	76	

Particular difficulties arose regarding the participation of NHS related providers, which caused delays to the research. While many Sexual Abuse Referral Centres (SARCs) are not based within NHS sites, they often include

NHS staff, and NHS ethical approval was therefore applied for and approved, and also accepted by the reviewing ethics committee at the nine NHS sites where the research team wished to interview staff. Following this approval process the team were still required to contact the research and development (R&D) officers in each of the nine sites, and to produce an array of documentation including:

- Locked and signed versions of the actual REC form (with and without SSI forms);
- Electronic and hard signed copies of the distinct SSI forms;
- Copies of the research materials;
- The original research proposal;
- Letters from the sponsoring institution;
- Letters from the funders;
- Evidence of peer review;

In addition, the team were required in some sites to apply for research contracts or research passports, involving submission of additional documents (copies of birth certificates, original evidence of PhD qualifications, and letters of support from the specific institution). Moreover, the Havens in London required further approval from all three NHS trusts as well as the London Haven Strategic Board. Thus, although changes over recent years to the process of NHS Ethics Approval has been streamlined to ensure easier access, this has not been the experience of the research team in this instance. Had the R&D offices been given access to the on-line ethics system a much earlier decision could have been made in most cases.

Service users –interview sample

The service provider interviews led to an initial sample of agencies prepared to facilitate the identification of relevant victims/survivors for interview.

Service user information packs containing an information sheet and consent form were left with those organisations who were willing to disseminate the materials on our behalf, and all were re-contacted at regular intervals.

In addition, the research team designed site specific posters and leaflets, which were distributed to additional, sometimes more generic, service providers (including: local domestic abuse forums; various national support networks; relevant email lists; staff and/or student counselling services; contacting researchers attached to media companies who have addressed the research area; and requesting that the poster be placed on relevant national web-sites).

Service users – on-line survey

To boost the overall sample, an anonymous on-line survey was established using Survey Monkey and linked to a range of service provider sites. The survey asked a range of questions, similar to those asked in the interviews, regarding the nature and extent of domestic or sexual violence, and service use and/or needs of participants. Of 59 responses only 35 were useable. Of those not useable, seven responses were spoilt, six involved heterosexual women and 11 individuals omitted to give gender or sexuality.

List of service providers participating in the research

North West

Manchester Rape Crisis
DV advice and advocacy
Manchester DV helpline
Central Manchester women's aid
North Manchester women's aid
South Manchester WA
Wyhtenshawe WA
42nd Street
Pakistani resource centre
Medical foundation
South Manchester law centre
Roby counselling service
DVIRP
Wai Yin Chinese women society
Lesbian community project
Sheffield survivors
Independent counsellor
Women asylum seekers together

South West

Avon and Somerset Police
Bristol Bangladeshi Women's Org
Relate
Hate Crime Unit, Bristol.
E.A.C.H.
Knowle West DA
M.A.S.H.
Next Link
Survivors Swindon
Victim Support
Mankind initiative
PPU HQ for region
The Harbour
Burroughs Days Solicitors
CPS
WISH
Stonewall Housing
Well Women's Mission
Womankind
Bangladesh Association
YWCA
Next Link
Avon Sexual Abuse Centre
Mens Helpline - Respect
National domestic violence helpline
SARI

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Milne Centre

London

FORWARD

IMKAAN

Newham Asian Women's Project

Ashiana Project

Southall Black Sisters

Newham Action Against Domestic Violence

Chinese Information and Advice Centre

PACE

NAZ PROJECT

Lesbian and Gay Switchboard

Pink Therapy

Richmond Upon Thames Community Safety Partnership

London Friend

ELOP (East London Out Project)

LGBT Liaison – Southwark Police

Broken Rainbow

Metro Centre

Bede House

Polari

GALOP

Croydon Rape & Sexual Abuse Support Centre

South Essex Rape & Incest Crisis Centre

Women & Girls Network

Metropolitan Police Violent crime Directorate

Metropolitan Police Violent crime Directorate

Metropolitan Police Violent crime Directorate

RELATE

Haven Whitechapel

Haven Paddington

Analysis

The interviews with service providers and service users and focus group were taped and transcribed, then coded and analysed thematically with the aid of NVivo7 software. Quantifiable data from interviews and on-line survey was loaded into an SPSS database for analysis.

Appendix Two: Views of service providers

Introduction

This appendix outlines key findings from the interviews with service providers. Service providers were asked about the nature of their and other local service provision, referral options, and perceived gaps in provision.

It should be noted that the sample was not national or necessarily representative, but based on three locations in England and including only those able or willing to take part. Some agencies (largely LGBT and some BME) did not take part as they did not have relevant experience or resources to be interviewed. It was difficult to access service providers in the sexual violence sector, who were already taking part in other government funded research. Health sector services also proved difficult and time consuming to access, due to different requirements of research and development offices across the sites. Even so, the findings do provide an indication of some of the key issues regarding provision of services for male, LGBT and BME victims of domestic and sexual violence.

Range and extent of services

Over two thirds of the 76 service providers in this particular sample said they undertook some form of direct work with victims of domestic or sexual violence (58 out of 76 providers); with 41 out of 58 voluntary sector agencies, 11 out of 15 statutory sector services and the three private services providing direct work. This might include telephone support, advocacy and outreach,

counselling or other therapeutic work. The rest were likely to refer victims on to other services, and /or provided other services such as work with perpetrators.

Voluntary sector agencies in the sample tended to specialise in work on both domestic and sexual violence (22 out of 58 providers), or just domestic violence (18 out of 58 providers), with fewest in sexual violence work (6 out of 58 providers). A third of specialised services (19 out of 58 providers) were targeted at women only (including BME and refugee women), slightly fewer at LGBT groups (17 out of 58 providers). There were fewest services specifically for BME groups (6 out of 58 providers) or men only (4 out of 58 providers) in the sample.

Statutory and private sector agencies tended to provide general services for victims of both domestic and sexual violence, with about a quarter specialising in work with male, LGBT and BME service user groups. The police, Sexual Assault Referral Centres (SARCS), Crown Prosecution Service (CPS) and the National Victim's Organisation said they had a specialism in domestic and sexual violence.

While almost all the service providers (73 out of 76 providers) thought that male victims, LGBT and BME groups needed specifically targeted service provision, only nineteen voluntary sector and five statutory services received additional funding to target one or more of these groups.

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Few agencies were able to provide accurate up to date statistics on the number of service users seen for domestic or sexual violence in the previous year. Also, unless the service was aimed at the LGBT community, sexuality was not asked about nor recorded by most agencies.

When asked about wider availability of services for male, LGBT and BME user groups, respondents tended to mention national services. Most locally based services, in London and South West in particular, were cited only by one or two agencies. Whilst this may reflect paucity of service for some of the service user groups, it may also be the result of lack of information and awareness about existing services. (For full list of agencies see end of Appendix 2).

Referral options

Victims of domestic and sexual violence mostly self-referred into the services taking part in the research, or were referred from the statutory sector. Referral from the voluntary sector was least likely, as they were more likely to provide a specialist service. (See Table Appendix 2.1)

Service providers were asked where they would refer service users. National helplines and national services were mentioned most frequently: Broken Rainbow for LGBT; refuges and/or Women's Aid for BME women; and SARCs, Victim Support, local authority housing, and the police for both men and women (see end of Appendix 2 for agencies referred to in each locality.)

However, there was little consistency or co-ordination regarding referrals; organisations were not always aware that services referred to had been closed (as was the case where voluntary sector services had been unable to secure ongoing funding); and clients were at times being referred with little confidence that the receiving service could deal with all of the client’s issues or concerns. This indicated the need for better, and regularly updated, information such as inclusion of services for male, LGBT and BME victims in the Gold Book (the UK directory for refuge and domestic abuse services).

Table Appendix 2.1: Most commonly cited methods of referral into services taking part in the research

Referral Method	Statutory Sector N=14	Voluntary Sector N=57	Private Agencies N=3	Total N=76
Self-refer	9	50	3	62
Referrals from statutory sector	9	40	2	51
Referrals from voluntary sector	6	32	1	39
Website	2	13		15
Word of mouth		8	1	9
Adverts in specialist press		5		5

Gaps in service provision

Overall service providers identified an acute lack of the specialist advocacy and more holistic approaches such as those available to heterosexual women experiencing domestic violence (see Hester and Westmarland, 2005).

Specialist organisations often felt ill equipped to deal with multiple issues (domestic and sexual violence combined with LGBT or BME issues), or felt that other specialist agencies should deal with aspects of an individual’s experiences/issues. Interviewees also identified gaps in provision for

particular groups involving male victims, LGBT and/or BME individuals (see Table Appendix 2.2). Some gaps indicated the need for training, including lack of knowledge about how sexuality, culture and gender might impact on people's ability to access services; and a lack of recognition that domestic or sexual violence occurs within these communities.

Table Appendix 2.2: Gaps in service provision within each research site as identified by service providers

Service User Group	South West		London		North West		Total	
	N	%	N	%	N	%	N	%
Same Sex/LGBT	4	22	12	46	2	11	18	29
Male victims	3	17	5	19	7	37	15	24
BMER	3	17	9	35	2	11	14	22
No recourse to public funds	1	6	5	19	5	26	11	18
Transgender	2	11	5	19	2	11	9	14
Refugees/Asylum seekers	1	6	3	12	7	37	11	18
People with disabilities	1	6	6	23	1	5	8	13
Lesbian/Bi-sexual			1	4	5	26	6	10
Asian women	2	11	1	4	2	11	5	8
Gay men			1	4	4	21	5	8
Travellers			1	4	3	5	4	6
Young people			2	8	2	11	4	6
Eastern European			2	8	2	11	4	6
Perpetrators	3	17			1	5	4	6
Total	18	29	26	41	19	30	63	

Services mentioned by agency interviewees as available to Male, LGBT and BME victims in the three research locations.

South West:

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In the South West 44 different agencies or types of agency were cited as referral potentials by interviewees. The most frequently cited were: Next Link (key domestic violence service provider in the area), refuges and/or Women's Aid and police (21%, n=4 respectively). Followed by Broken Rainbow, SARCs, social services, housing, EACH (advice for LGB) and Avon Sexual Abuse Centre (16%, n=3 respectively). Solicitors, Victim Support, RASAC, Respect, Rape Crisis, MALE, Womankind, Racial Equality Council and SARI (a specialist BME service) were noted by two agencies respectively (11%). There were some major differences between the statutory and voluntary sector. Broken Rainbow was cited exclusively by the voluntary sector, as were the police, social services, solicitors, MALE, RASAC, and Respect. The voluntary sector also identified more specialist agencies

Three interviewees mentioned locally based BMER agencies and two, Awaz Utaoh (aimed at South Asian Women). Next Link's provision for BMER women was noted by two agencies, as were Kinergy and Women's Aid.

All other initiatives were cited only once: Mankind, Fathers for Justice, Next Link, Gay Men's shared Housing, Women's Trust, Deleh Bhal (aimed at older Asian People) and Knowle West Domestic Violence Forum, a locally based Asian Women's Group, Touchstone, Black Orchid, DART, Henna Foundation, Avon counselling and psychotherapy service, MIND, Wellwoman clinic and Bridge.

London:

The number of agencies cited by those interviewed in London was exactly the same as that in the South West, that is 44. In London the most frequently

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cited potential referral agency was Broken Rainbow (44%, n=12). Half this number (22%, n=6) noted: Stonewall Housing, GALOP, SARC's and Victim Support. Southall Black Sisters, Solicitors, refuges and/or Women's Aid, social services and housing. Differences between the statutory and voluntary sector were less marked in London, although specialist agencies were mentioned almost exclusively by voluntary sector interviewees

Mentioned generally: Bede House, the Terrence Higgins Trust, Lilith Project and Poppy Project.

Mentioned by two agencies each were other LGBT organisations, local BMER services, Broken Rainbow, Southall Black Sisters, Schools Out and Womankind.

Mentioned once were: Lesbian and Gay third party reporting campaign, specialist refuge, hate crime campaigns, Ashiana, Southall Black Sisters and RESPOND. Locally based services mentioned included: Metro Centre, Kyros, NRG@Waterloo, Lesbian and Bisexual group, Asian Association, African Group, Harbour Trust, Elop, Bede House, Newham Action Against Domestic Violence, Anchal, Amina Scheme, Elbow, Newham Asian Women's Project, Kirean Women's Aid, Redbridge Women's Aid, Women's Therapy Centre, Breaking Free and Pukkha. Other national organisations, additional to those cited by South West agencies, were: Terrence Higgins Trust, Refugee Therapy Centre, PACE, Stonewall, Galop, One in Four, Asylum Aid, Victim Support, Lesbian and Gay Switchboard and National Association of People Abused in Childhood.

North West:

Forty different potential referral agencies were noted by agency interviewees in the North West with over half citing refuges and/or Women's Aid (53%, n=9) and only slightly less (47%, n=8) mentioning the Lesbian and Gay Foundation. These were followed by: Broken Rainbow; housing and city council outreach workers (18%, n=3); and Victim Support, police, Respect, MALE and Rainbow Centre (12%, n=2). The spread was much wider from voluntary sector agencies with a long list of specialist services noted

Eleven agencies in the North West provided some information with three noting Loving Me (for lesbian and bisexual women affected by domestic violence) and Women's Aid. Local BMER services were noted by two agencies.

One interviewee each mentioned: a campaign aimed at South Asian and Afro-Caribbean Women, Central North West Women's Aid outreach service, Refugee Action, Local Lesbian and Gay Asylum Group, Leicestershire LGBT, Rape Crisis, Lesbian and Gay Foundation, Local Authority Sexuality task group and Sanctuary Schemes. Local organisations included: Saheli, Sojourners, Dias, 42nd Street, DV helpline, Lesbian and Gay Foundation, Roby, African Caribbean mental health, Pankhurst Centre, Rainbow Project, Loving me, Karma Nirvana, Chinese health information centre, Somali Women's Group, Refugee Groups, BHA, Pakistani Resource centre, Wai Yin, MASH, Women Asylum Seekers Together, BME community projects and Salford Women's Aid. Again, national organisations were noted here. In addition to those already cited by agencies in South West and London, Respect, the NSPCC and MALE were noted.

Specialist services identified for referrals

The services listed below were each mentioned by one agency interviewed.

South West:

Specialist agencies mentioned by voluntary sector interviewees included: BLAG Helpline, Kinergy, Off the Record, Southall Black Sisters, Terrence Higgins Trust, Rights of Women, Male rape and sexual abuse association, Mankind, Everyman, Lesbian & Gay Switchboard, Survive Swindon, MASH, WISU.

London:

Specialist agencies mentioned by voluntary sector interviewees included: Newham Asian Women's Project, Women's Trust, Nia Project, London Transgender Group, One in Four, Local BMER DV organisations, Respect, Lesbian Survivors of Abuse, Mind, Asian Women's Housing, IMELE, Women's Therapy Centre, Refugee & Migrant Project, ELBWO, Threshold, Childline, Rights of Women, Male rape & sexual abuse association, and Marlborough counselling.

North West:

Specialist agencies mentioned by voluntary sector interviewees included: Survivors In Ice, SAVS, National Sexual Abuse Service, Sojourners, Hosla, Leal advocacy workers, Lesbian Community Project, 42nd Street, Shelter, Roby, Afro Caribbean Mental Health, Preston Safety, Rainbow Centre, Loving me, Karma Nirvana, Women's Action Forum.

Appendix Three

Table Appendix 3.1 - Summary of findings

	Domestic Violence				Sexual Violence			
	Heterosexual men	Lesbian/ gay/ bisexual	Transgender male-to-female	BME men	Heterosexual men (CSA)	Lesbian/ queer/ bisexual	Transgender male-to female	BME women
Nature of violence	Range of verbal, physical and harassment, but not sexual.	Sexuality used as part of abuse: threats to 'out' them. Misuse of safe words during S&M sex.	Possibly verbal, physical and sexual	Range of violence from female partners, including being forced marry (gay and BME)	Childhood sexual abuse	Rape	Rape and sexual assault	Rape and sexual assault (as part of domestic violence and/or forced marriage), rape, gang rape in the context of war, and being forced into prostitution
Who are the perpetrators	Mainly female partners. Also family members, and partners' friends	Gay men - mainly male partners Lesbian & bi-	Female or male Partners and dates	Female partners, family members	Mainly male abusers	Mainly male abusers, including previous male partners. Also	From partners and/or from unknown men	Male partners, soldiers, other known men.

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		sexual women – both female and previous male partners				female partners.		
Impact (fear)	Some men feared their partners. Some were both victims and perpetrators	Fear of disclosure due to possible homophobia from others		Marginally more of BME men appeared to fear their female partners compared to heterosexual men (may be an anomaly associated with the small numbers) Fear of racism (including stereotypes about immigrants)	Fear of being seen as abuser of children	Fear of disclosure due to possible homophobia from others	Fear of disclosing due to reaction from others	Fear of racism (including stereotypes about refugees, immigrants, and asylum seekers)

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				Fear of homophobia within BME communities.				
Impact (health and wellbeing)	Difficulties dealing with emotional impact of abuse, especially as not used to discussing their feelings.	Intense emotional impact: panic attacks, suicidal thoughts. Vulnerability to HIV (gay men)			Severe emotional impact: self-harm, suicidal thoughts, alcohol & drug use	Long term impact: angry, suicidal, confused about sexuality		Undermining of confidence and self-esteem. Some had severe mental health problems: depression and suicidal feelings.
Service use	At crisis point in contact with police, GPs, counselling, advocacy, helplines. Many without success, some times because they	Men and women had accessed medical services, crisis and therapeutic counselling, advocacy services and helplines, and	Used website, specific chat rooms and email for support	Contacted BME advice services and local authorities. Used one to one provision, such as advice and counselling.	At crisis point sought counselling (one-to one and group), or sexual violence services. Few services,	Had accessed medical services, crisis and therapeutic counselling, advocacy services, helplines and SARCS (similar	Used website, specific chat rooms and email for support	Those who experienced sexual violence from partners in the UK contacted DV services (Women's Aid outreach or

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	found it difficult discussing experiences and feelings	women SARCS (similar to LQB & sexual violence)			long waiting lists. Some contact with police for historical child abuse cases	to LGB & domestic violence), plus Rape Crisis		refuges), the police, and/or social services. Those who experienced forced marriage, or sexual violence in war contacted legal advice centres, immigration services and/or GPs Used one to one provision, such as advice and counselling. Also third sector group work and drop in to develop friendships and
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Exploring service and support needs

								'family'.
Service need	Services should be available to all subject to domestic violence, irrespective of gender, with some men-only provision	Provision of services that could deal with domestic violence or sexual violence and LGBT issues together.	Linking in to existing local services considered essential to developing appropriate services for the trans-community.	<p>Counselling was often difficult to access</p> <p>Especially difficult for the men to find services.</p> <p>Services needed to understand the ethnic, cultural, and religious, contexts the men were from.</p> <p>Need a range of staff with different ethnicities</p>	Male only provision made it easier to disclose	Provision of services that could deal with domestic violence or sexual violence and LGBT issues together.	Linking in to existing local services considered essential to developing appropriate services for the trans-community.	<p>All wanted women only support.</p> <p>Counselling was often difficult to access.</p> <p>Services needed to understand the ethnic, cultural, and religious, contexts the women were from.</p> <p>Asian women in particular (at times) preferred not to see Asian workers in case</p>

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									the latter breached confidentiality to the wider community
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Exploring service and support needs

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