

The Dyn Project: Supporting Men Experiencing Domestic Abuse

Final Evaluation Report

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Evaluation of the Dyn Project Executive Summary

1. There are few services within either Wales or the United Kingdom that provide a specific service to men who have experienced domestic abuse. Those that do are largely helpline based, or work with men who have used violence. The Dyn Project is therefore a timely development in domestic abuse service delivery as it provides a safety planning and advocacy service for gay, bisexual, transgender (GBT) and heterosexual men who have experienced domestic abuse (see www.dynproject.org).
2. The Dyn Project began accepting referrals in January 2005. During the period of the evaluation it was located within the Cardiff Women's Safety Unit (WSU), managed by Safer Cardiff and funded by the Cardiff Community Safety Partnership. It is staffed by one full-time Coordinator who has access to the WSU's equipment, administrative personnel, and importantly the experience of other advocates working at the WSU. Recently, the Dyn Project has relocated to a different site to improve the delivery of services directly to men. However, the operational link with the WSU remains as it is considered a precondition to the operation of a men's service.
3. The Dyn Project has developed five guiding principles for its work with men: (1) that it is essential to develop appropriate services for GBT and heterosexual men which are effective in reducing risk and increasing safety; (2) services must have a clear definition of domestic abuse; (3) a clear screening protocol is essential in order to identify, and respond appropriately, to counter-allegations; (4) any service must have the capacity to risk assess referrals in order to identify those who are most at risk of experiencing abuse in the future; and, (5) work with men who have experienced domestic abuse must take place within a multi-agency setting.
4. Data collected for this report consists of 171 men referred to the Dyn Project (representing the number of referrals for a 12-month period), in-depth narrative descriptions from the case files (n=10), telephone interviews with Dyn clients to assess their perceptions of the project (n=4), and interviews with practitioners from a range of agencies that have worked with the Dyn Project (n=7).
5. The Dyn Project developed a classification system to prioritise incoming referrals, and to address the issue of counter-allegations and screening. Screening is not commonplace within services for women because women constitute the overwhelming majority of those abused; however, when working with heterosexual men it is not possible to rely on a statistical probability that they will be a victim. It has been established that perpetrators of domestic abuse use the language of victimisation in order to minimise or excuse their actions. When working with gay, bisexual and transgender men, screening is essential because the dynamics of the relationship may not make it possible to easily identify the role of each partner or there may be a history of counter-allegations. A substantial amount of the work undertaken by the Dyn Project was in relation to screening and classifying referrals.
6. The Dyn Project uses four categories to describe the men who have experienced domestic abuse from an intimate partner:
 - MV1 - Men in same-sex relationships. (24% of 171 men)
 - MV2 - Heterosexual men with no known history of abusive or violent incidents as either a victim or a perpetrator. (30% of 171 men)
 - MV3 - Heterosexual men with a known history of abusive or violent incidents (i.e., they have been identified as the (alleged) perpetrator of domestic abuse towards a former or current intimate partner); however, they have no record of any High or Very High Risk incidents within the last four months, and any current incidents are medium risk or for information only. (33% of 171 men)
 - MV4 - Heterosexual men with a known history of abusive or violent incidents (i.e., they have been identified as the (alleged) perpetrator of domestic abuse towards a former or current intimate partner). Currently they are known or alleged to be perpetrating

domestic abuse or have an evidenced history of doing so (e.g., a partner referred to a MARAC, repeat incidents, etc). (13% of 171 men)

7. Therefore almost one-quarter of referrals coming to the Dyn Project are for gay male victims of domestic abuse. The overwhelming bulk of the cases coming to the Dyn Project are for heterosexual men. For these men, the distinction between 'victim' and 'perpetrator' is often blurred.
8. The typical Dyn client is a white British male who is less than 40 years old, and reflecting the Dyn Project's status as a criminal justice agency has been referred to the Dyn Project by the police. Where employment status is known, equal proportions are in full-time work as are unemployed.
9. The findings from the risk assessments conducted with male victims of domestic abuse show markedly different results from the risk factors present for female victims of domestic abuse. For example, psychological risk factors (e.g., threats to kill, suicide attempts, stalking) do not seem to feature as prominently for Dyn clients. Furthermore, victims' reports of extreme jealousy/control exhibited by their partners are much less frequent than other research has found with female victims.
10. The four types of Dyn clients differ not only in terms of the individual risk factors but also their overall risk classification (medium, high, very high risk). It is those cases where the distinctions between victimisation and offending behaviour are blurred that appear to be at highest risk. For example, significantly more MV3 and MV4 clients were more likely to be classified at high or very high risk. The more easily identified 'legitimate' victims (either gay or heterosexual) appear to be at lower overall risk. However, of these 'legitimate' victims, the proportion of gay male victims (MV1) assessed as high or very high risk was twice that of their heterosexual counterparts (MV2), accounting for almost 1 in 3 gay male referrals. Similarly, 27% of gay victims (MV1) were repeat referrals to the Dyn Project compared to only 4% of heterosexual victims (MV2).
11. Aspects of service delivery varied considerable among the four types of Dyn referrals. For example, gay male victims (MV1) were the most likely to receive long-term support. About one-third had open cases for more than 80 days, compared to only 4% of MV2, 16% of MV3 and 14% of MV4. They were also more likely to be offered and to accept the following: face-to-face appointments, telephone contact, information packs, police occurrence markers, and referrals to HomeSafe and housing services.
12. Taken together, the findings from the risk and service data appear to indicate a situation whereby gay victims are less likely to recognize or disclose their experiences as abusive, yet are more willing to take up services and support from the Dyn Project. In contrast, heterosexual male clients are more likely to be considered at greater risk, yet are less likely to accept services or support. Gay male victims appear to be the most similar to female victims of domestic abuse in terms of their desire for support and advocacy, whereas heterosexual male victims are clearly less likely to engage with the services offered by the Dyn Project. This may be a function of the type or method of service delivery at the Dyn Project, in particular the greater likelihood that the Project Coordinator was able to successfully contact gay male victims by phone.
13. Of the four GBT clients that consented to a follow-up interview, 3 perceived the Dyn Project to have reduced the violence and/or threat of violence in their lives, and 3 believed their future risk was lower due to the advice and support that they received. All four were satisfied or very satisfied with the Dyn Project. Contact with the Dyn Project was very much valued and enabled men to access services and obtain specialist advice that would not have been possible otherwise.
14. Interviews with the key informants revealed several strengths of incorporating a service for men experiencing domestic abuse into a multi-agency approach towards domestic abuse, including: increasing the information-sharing and good practice between advocates supporting male and female victims (particularly with respect to heterosexual perpetrators attempting to present to services as victims); providing a more holistic picture of the amount of men needing services and support; challenging misconceptions and increasing attention about male victims of domestic abuse; improving other agencies' awareness and responses to male victims; and providing a specialist service for GBT victims that greatly enhanced the provision afforded to this community.

15. Recommendations arising from this research include:

- Maintaining existing provision so that all male victims have access to an appropriate service in Cardiff and further developing the capacity of the Dyn Wales /Dyn Cymru Helpline to ensure that male victims across Wales have access to support.
- Conducting an empirical investigation into whether the FSU9 risk assessment form should be adapted specifically for male victims, particularly to further explore heterosexual and gay male risk factors respectively.
- Conducting an empirical investigation into the respective risk profile of heterosexual men and their partners to inform service providers as to the nature of counter-allegations, particularly as the heterosexual referrals most at risk (MV3 and MV4) were cases with blurred distinctions between victimisation and offending behaviour.
- Considering the development of a dedicated domestic abuse strategy for GBT men as their levels of risk and support uptake warrant different models of service provision, potentially as part of a broader engagement with the needs of LGBT people experiencing domestic abuse in Wales.
- Considering the development of a dedicated domestic abuse strategy for heterosexual men as their levels of risk and support uptake warrant different models of service provision, particularly exploring models of intervention that can respond to the needs of men where there are blurred distinctions between victimisation and offending behaviour.
- Developing a set of agreed standards for work with men who have experienced domestic abuse to ensure that interventions identify and reduce risk while holding perpetrators to account.

1. The Dyn Project: Introduction

This chapter introduces the reader to the Dyn Project after describing the relevant background and policy context surrounding the provision of a service to men experiencing domestic abuse. The literature on gay, bisexual, transgender (GBT) and heterosexual men's experiences of domestic abuse is reviewed before proceeding to a discussion of the challenges of screening these relationships to identify the injured party and alleged perpetrator. The chapter concludes by presenting the 'Cardiff Model' for working with men, which includes five guiding principles which are essential to effective work with men experiencing domestic abuse.

Background and Policy Context

The Home Office has indicated that one in six men will experience domestic abuse at some point in their lives (Mirrlees-Black, 1999), although the research (particularly relating to heterosexual men) is limited. Working with men who have experienced domestic abuse is complex, as the following questions indicate:

- (1) How do we communicate with men who have experienced domestic abuse?
- (2) How do we screen for the injured party and alleged perpetrator?
- (3) What services do men who have experienced domestic abuse want?
- (4) What works for GBT and heterosexual men in terms of risk assessment, safety planning and risk reduction?

Over the last few years there has been considerable progress in incorporating the issues facing GBT men into the policy and legal framework in which agencies operate. The *Domestic Violence, Crime and Victims Act 2004* served to recognise this issue and extend legal protection to encompass lesbian and gay people, as indeed has the *Civil Partnership Act 2005*. A greater challenge still is found with the *Gender Recognition Act 2004* which will have a continuing impact in ensuring that the sector meets its responsibilities to the transgender community. More generally, definitions of domestic abuse include the experiences of both GBT and heterosexual men. Hence, the adoption by the British Government of a common definition of domestic abuse which was considered to be:

any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners of family members, regardless of gender or sexuality (Home Office, 2005:7).

The working definition used by the Dyn Project is itself is a gender-neutral definition of domestic abuse adapted from the definition in use by the Cardiff Women's Safety Unit (Robinson, 2003:1) which concerns:

the misuse of power and the exercise of control by one adult person over another adult within the context of a close personal relationship. Abuse can be physical, emotional, psychological, sexual or financial.

Despite these changes, there are few services within either Wales or the United Kingdom that provide a specific service to men who have experienced domestic abuse. Those that do are largely helpline based (Broken Rainbow, www.broken-rainbow.org.uk, a service for lesbian, gay, bisexual and transgender people; and MALE, www.mensadvice.org.uk, advice and enquiry line for men), or work with men who have used violence (Respect, www.respect.uk.net).

Terminology

Finding terminology that is both accurate and accessible when discussing the topic of domestic abuse as it affects GBT and heterosexual men is challenging. In practice, the Dyn Project avoided terms such as 'victim' and 'survivor' for a number of reasons. Firstly, there is lack evidence as to whether men in

abusive relationships (regardless of their sexuality) accept these labels. Secondly, as will become clear, a substantial number of male (primarily heterosexual) referrals involve counter-allegations where the boundaries between 'victim/survivor' and 'perpetrator' are blurred. Consequently, reference will frequently be made to men who experience domestic abuse. However, the term 'victim' will be used in a more general sense, for both the sake of convenience and where it is appropriate to do so. On occasion, to distinguish between the referral categories used by the Dyn Project, reference will be made to GBT and heterosexual men with no known history of perpetrating domestic abuse (MV1 and MV2) as 'legitimate victims'. This does not mean that heterosexual men classified as otherwise (MV3 and MV4) do not experience injury or abuse. Indeed, they are likely to have been referred to the Dyn Project as a result of a specific incident. However, the term intentionally implies that it is possible to make a distinction between a single incident of behaviour and a series of behaviour(s) that might be considered to constitute domestic abuse.

In naming the pattern of behaviour associated with the attempt by one person to exert power and control over another, the term 'domestic abuse' will be used in preference to 'domestic violence.' This, as with terms to refer to individual clients, developed out of practice at the Dyn Project. 'Domestic violence' is associated with violence against women. This can result in the conflation of 'domestic violence' with a gender-based model of an abusive relationship. Thus, the perpetrator is assumed to be physically larger and their abuse is related to the use of violence. This is an unhelpful assumption when dealing with domestic abuse among both heterosexual and GBT men who do not necessarily fit with ease into this paradigm. In the case of the GBT, escaping from a gender-based model of an abusive relationship is particularly important. Firstly, gender (or more accurately, the inappropriate imposition of heteronormative gender roles) cannot be used as a proximate filter to suggest who is likely to be the abusive partner in GBT relationships. Secondly, the presumption that abusive relationships among GBT men mirror those of their heterosexual counterparts has led to the damaging myth of 'mutual abuse'. This has historically served to marginalise the experience of GBT men in abusive relationships, particularly those suffering from other forms of abuse such as emotional, psychological or financial abuse. The use of these terms must therefore be challenged.

Finally, while this report is concerned with the experience of GBT men, the vast majority of those men in same-sex relationships accessing the Dyn Project self-define as gay men (Rowlands, 2006: 45). Thus, throughout the report 'gay man' will be used as shorthand to denote this broader client group when reference is being made specifically to the activities or client base of the Dyn Project. However, much of the academic and practice literature addresses either the experience of GBT men or the broader lesbian, gay, bisexual and transgender communities (LGBT). Consequently, use will also be made of these abbreviations where appropriate.

Overview of the Dyn Project

The Dyn Project is a safety planning and advocacy service for men who have experienced domestic abuse in Wales. The Dyn Project (www.dynproject.org) works with GBT and heterosexual men in Cardiff and across Wales and can offer a range of services and resources to assist men in abusive relationships, which include offering information, advice and access to a range of support services.

The Dyn Project has developed following the work of the Cardiff Women's Safety Unit (WSU), is managed by Safer Cardiff (www.safercardiff.com) and funded by the Cardiff Community Safety Partnership (www.cardiffcommunitysafety.co.uk). The Dyn Project was in development between October 2004 and January 2005, at which time it became operational. In February 2006 the Dyn Wales / Dyn Cymru Helpline (0808 801 0321) was launched to provide a confidential listening and advice service to men in Wales. The Dyn Project is staffed by one full-time Coordinator, in post since June 2005, and is supervised and managed by the Director of the Cardiff WSU.

During the pilot and during the period in which data were collected for this report, the Dyn Project was located within the open-plan offices of the WSU. During the initial stages of its implementation and development, therefore, the Dyn Project benefited from access to the WSU's equipment, administrative personnel, and importantly the experience of other advocates working with victims of domestic violence and abuse, while operating within a shared management structure.

Since November 2006 (one month before publication of this report), the Dyn Project was re-located to the Safer Cardiff offices. This provides a dual advantage of being able to provide a more flexible working environment, particularly in relation to interview space for male clients, whilst at the same time being co-located with other projects involving safety and minority communities.

The Dyn Project offers two main services:

- Men in Cardiff can access a 'one-stop-shop' for advice, support, information and referrals to other agencies. This can be done via telephone or via face-to-face appointments.
- For men living outside of Cardiff, the [Dyn Wales / Dyn Cymru Helpline](#) is a confidential listening and advice line and can be accessed on 0808 801 0321. The Helpline operates between Monday 9am - 12noon, Wednesday 1pm - 4pm and Thursday 6pm - 9pm.

The Dyn Project piloted a user-led support group in June 2006 for gay and bisexual men who have experienced domestic abuse. Although the group was a one-off, it did illustrate a number of issues that any future men's groups (be they for heterosexual or GBT men) will have to address. In particular, this concerned the challenge of sustaining a group of sufficient size to merit the commitment of time and resources, while also being of use to participants.

In addition, the Dyn Project has been involved in delivering training to agencies in the local area (including Magistrates, the Crown Prosecution Service, the National Probation Service, health services and voluntary and community groups), as well UK-wide (for example, to CAADA, the NSPCC and Broken Rainbow). Finally, the Dyn Project and Broken Rainbow facilitated the establishment of a UK wide **Lesbian, Gay, Bisexual and Transgender (LGBT) Domestic Abuse Forum** to help develop networks and the sharing of good practice between those working on this issue (see Appendix A).

Gay Men Experiencing Domestic Abuse

Background

The Dyn Project began to develop a model to work with GBT men experiencing domestic abuse in a sector that is still relatively under-developed. This is particularly the case in terms of research and an understanding of the specific risks facing victims of domestic abuse whom might also be experiencing homo/bi/transphobia and discrimination based on their sexual orientation or gender identity. Any attempt to engage with GBT domestic abuse requires an attempt to estimate its prevalence. Yet, a dearth of research makes it hard to obtain an accurate estimate (West, 1998). Furthermore, much of the literature focuses on female same-sex relationships (Renzetti, 1992; Renzetti & Miley, 1996; Ristock, 2002) or encompasses LGB people more generally (Turell, 1999), although there has been a considerable growth in the literature on gay men (Cruz, 2003; Greenwood et al, 2002; Stanley et al, 2006). Consequently, this review utilizes all of the available research on domestic abuse in the LGBT communities. Practitioners generally accept that rates of violence and abuse in lesbian and gay relationships are similar to those reported for heterosexual couples (Burke & Follingstad, 1999). Thus, it is commonly asserted that one in four lesbian and gay people experience domestic abuse at some point during their lives (Henderson, 2003; NCAVP, 2002).

It is important to note that the experiences of bisexual, intersex and transgender¹ people are rarely addressed in the research (Turell & Cornell-Swanson, 2005: 72), despite evidence that this is just as a substantial an issue (Ristock, 2005: 5). Indeed, it is a weakness of this evaluation that it is marked by the same absence of the experiences of bisexual, intersex and transgender men. While the Dyn Project offers a service to gay, bisexual and transgender men, client records entered onto the database only recorded whether they were in a relationship with a member of the same or opposite sex. However, it is worth noting that, of those men sampled in research sponsored by the Dyn Project early in its development, 94.8% of participants defined themselves as gay men (Rowlands, 2006: 45).

¹ For more detailed information on issues affecting intersex and transgender people and domestic abuse see <http://www.survivorproject.org/>

One of the challenges facing practitioners working in the sector is the absence of substantive research within practice guidance for working with these communities. For example, Sullivan and Laughlin (1999) provide a commentary on the identification of the victim, yet they do not deploy any research into specific risk factors or help-seeking behaviour that would inform this process. More problematically, there are a multitude of definitions found within the literature. Some studies explore physical violence (Regan et al, 2002), while others include a broader spectrum of abuse (for example, Toro-Alfonso & Rodriguez-Madera, 2004). This variation in definition is understandable as researchers have attempted to raise awareness that domestic abuse occurs in both lesbian (Hart, 1986) and gay communities (Island & Lettelier, 1991), particularly as the commonly used definitions of domestic abuse primarily relate to abuse by men against women (Robinson, 2003: 1). However, the variation is not semantic and presents a substantial problem (Potoczniak, 2003: 252). Our understanding of this issue is further complicated due to problems that arise in relation to sampling, such as the difficulty of using random samples, the use of self-selected participants in most research and the problem of multiple responses about the same relationship provided by different respondents (Riemer & Thomas, 1999).

Prevalence

Different approaches to sampling and methodologies have led to a wide range of reports into prevalence. More importantly, given the difficulty in sampling, estimates must be taken as descriptive rather than representative. Thus, Turell (2000) notes a number of different studies into physically violent relationships between lesbians which have reported frequencies of that have ranged from 8% to 60%. Individual (and methodologically rigorous) studies with a broader sample of gay men still suggest violence occurs at a rate of 7 to 10% (Toro-Alfonso, 1999) to 22% (Greenwood *et al*, 2002). Initial data from the most current study of domestic abuse in same-sex relationships in the UK (Donovan *et al*, 2006: 7), reported that 35.2% of male respondents said they had experienced domestic abuse at some time in a same-sex relationship.

Regardless of these variations and as noted above, domestic abuse among lesbian and gay people is routinely presumed to affect 1 in 4 members of these communities over their lifetimes (Broken Rainbow, 2005: 3). Locally, Rowlands (2006) reported that men in the gay and bisexual communities will experience domestic abuse in a similar proportion to heterosexual women. A descriptive study into the experience of gay and bisexual men in South Wales drew on a sample of 58 gay and bisexual men. Of these:

- 8.6% of participants disclosed experiencing abuse in a current relationship;
- 15.5% of participants disclosed experiencing abuse in their most recent relationship;
- 24.1% of respondents disclosed having experienced stalking or harassment from a former partner or boyfriend; and
- 22.4% of participants reported that they had ever tried to leave an abusive relationship.

The Nature of (L)GBT Domestic Abuse

Many of the issues that LGBT face in relation to domestic abuse are comparable to their heterosexual counterparts. Indeed (though not addressing the experience of transgender people), the Lesbian/Gay Power and Control Wheel (see Appendix B or <http://www.ncdsv.org/images/Lesbian-GayPCwheelNOSHADING.pdf>) is an adapted version of the Duluth Power and Control Wheel and a vital tool in work with these communities. Yet, evidently there are specific issues that can affect LGBT people who experience domestic abuse (Cruz, 2003) which need to be addressed in order to deliver effective safety planning and advocacy. Thus, while existing risk assessment tools are likely to be broadly useful in relation to LGBT domestic abuse, it is essential that practitioners are alert to these other issues. As Allen and Leventhal (1999: 74) observe:

It is because we face oppression and because we have built unique communities that battering is different in [lesbian, gay, bisexual and transgender] relationships than in heterosexual ones. Although the tools that batterers use to maintain control – physical, sexual, economic, and emotional abuse – cut across lines of gender identity and sexual orientation... the specific behaviour of a particular batterer will always reflect

the community in which a couple lives... As a result, battering in [lesbian, gay, bisexual and transgender] relationships may look different in some ways from what we expect from male-to-female battering. Understanding these differences is critical to recognising battering outside its stereotypical heterosexual form.

Thus, there are specific tools that may be used by a perpetrator in an LGBT relationship (NCAVP, 2002: 9). These may include:

- 'Outing' or threatening to 'out' a partner's sexual orientation or gender identity to family, employer, police etc. or in other situations where this may pose a threat;
- Reinforcing someone's fears that no one will help because they are LGBT, or for that reason they 'deserve' the abuse (in particular, this may play on the belief that service providers are either homo/bi/transphobic or heterosexist);
- Justifying abuse with the notion that a partner is not 'really' lesbian, gay or bisexual (for example, if their previous partner was of the opposite sex), or undermining someone's sense of identity (for example, gender identity).
- Telling their partner that domestic abuse is a 'normal' part of LGBT relationships, or suggesting that it is 'mutual';
- Controlling someone's access to social networks. This is particularly relevant to LGBT people where there may be limited access to community resources; and,
- Describing the abuse as part of sado-masochistic (S/M)² activity.

Moreover, domestic abuse in LGBT communities is a marginalised issue, both by service providers and the communities themselves. To develop an understanding of domestic abuse as it affects LGBT people and in order to offer an appropriate service it is necessary to consider the issue in terms of both the nature of domestic abuse and the experience of being a member of these communities. Simply put, the experience of homo/bi/transphobia and heterosexism can make it harder to address violence and abuse in relationships and to get the support that is needed (Ristock, 2005: 3). Thus, some of the specific barriers to LGBT accessing support can include:

- Real or perceived homophobia from service providers;
- The need to 'out' oneself to access services;
- Internalised homophobia;
- A lack of appropriate or specialist services (including housing);
- A lack of training in relation to LGBT domestic abuse, including a failure to screen for perpetrator or victim status;
- The myth of 'mutual abuse'; and,
- For those with multiple identities, the experience of domestic abuse can be further exacerbated, particularly if these are in tension (for example, someone who is both LGBT and from a faith community).³

Risk Factors

As outlined above, there is an increasing literature that not only provides descriptive data on the experiences of LGBT people, but also has begun to identify the factors that are related to abuse. Considering gay men, Merrill and Wolfe (2000) detailed a range of physical abuse experienced that included pushing, shoving or grabbing (79%), restraint or the blocking of an exit (77%), punching, hitting or striking (64%) and slapping (54%). Turell (2000) indicated that the gay men participating in her sample experienced: sexual abuse (13%), physical abuse (44%), coercion (41%), threats (45%), stalking (17%), shaming (63%), financial abuse (37%), and emotional abuse (83%). Within South Wales, albeit at a lower frequency, a sample of 58 respondents reported having 'ever' experienced a range of behaviour in a relationship (Rowlands, 2006). This included: being hit or kicked (36%), the use of weapons (12%) or having something thrown at them (26%). 16% reported being in fear of their lives

² It is common for couples participating in S/M to have a 'safe word' to make sure both parties are safe. In contrast, in an abusive relationship one party is not in a position to give consent or does so under duress.

³ See http://www.stonewallhousing.org/specialist_services.html#bme for organisations working with LGBT people from BME communities.

while 26% of respondents indicated that their partner had threatened to commit suicide as a method of psychological abuse. Nearly 20% were expected to be more passive or subordinate in the relationship, while their partner had forced them to 'act straight' (19%) or said that abuse is a normal part of relationships between men (14%). Almost 20% said they had experienced forced sexual activity against their will, with just over 12% stating that their partner had lied about the use of a condom. Indeed, Heinz and Melendez (2006) reported that sexual assault is a major concern within abusive relationships, building upon previous research indicating a significant risk of either HIV / sexual transmitted infection in abusive relationships (Greenwood et al: 2002). More generally, it has been suggested that the major correlates of domestic abuse among gay men include dependency, jealousy and substance use along with possessiveness and interdependence (McClennen, Summers & Daley, 2002). Donovan *et al* (2006) recently reported initial findings into the types of abusive behaviours reported in same sex relationships (albeit, by an unrepresentative sample). Of these, there were some significant differences between the reporting of men and women. In particular, men were more likely to report having their spending controlled, to be physically threatened, be forced into sexual activity, have 'safe' words/boundaries disrespected and have requests for safer sex refused.⁴

Based on this literature, the Dyn Project developed, for use in conjunction with the FSU9 (see Appendix C), a GBT specific risk assessment. However, there has been no attempt to date to consider the experiences of gay men in relation to existing generic risk assessment tools (such as the FSU9 used by the South Wales Police). This may be considered to be a serious oversight given that:

... while there is some clustering of domestic violence, it is nonetheless experienced by people from all backgrounds to some extent. Any development of stereotypes of typical victims may well be extremely problematic for the effective provision of service to those who do not fit within these pictures... (Walby et al, 2001: 327).

Those working with domestic abuse within the heterosexual community have long recognised that the ability to make some assessment of risk is vital (Kropp, 2004: 677), particularly in order to develop preventative strategies (Department of Justice, 2004). Thus, agencies working with LGBT people need to undertake an appropriate assessment of risk. While much of this assessment will be included within existing procedures (for example, the collection demographic and background information), it is essential to explore the following areas (West, 1998: 180-181):

- The unique forms of violence and abuse that can affect members of these communities;
- The influence of homophobia (for both parties);
- The role of each partner (see below for information on screening);
- Prior exposure to violence (such as homophobic hate crime).

Engagement

Accessing the GBT male community can be difficult. Indeed, one study on help-seeking behaviour in LGBT communities reported that women were more likely to seek help for relationship abuses than were men (Turell & Corell-Swanson, 2005: 79). The issue of engagement can be considered both in terms of service provision and community awareness.

While Turell (1999) reported that 54% of LGBT people sought support related to abusive relationships, it appears that the most common source of help is provided by friends, counselors and relatives (Merril & Woolfe, 2000; McClennen et al, 2002). In the initial summary of their research, Donovan *et al* (2006: 11) report that just over half of men who said they had experienced domestic abuse sought support from their friends; in contrast just over 10% and 16% sought support from the police or lesbian or gay helpline/organisation respectively. Indeed, should someone seek 'formal' support, the availability of

⁴ Despite the high levels of sexual abuse (and the consequent impact on sexual health or ability to negotiate safer sex) reported across a range of studies, it is striking how little attention is paid to this issue. For example, guidance from the Terrence Higgins Trust in 2005 to those providing advice on HIV and the criminal law discusses a range of issues that any advisor would rightly need to be aware of. Yet, it makes no reference to the possibility of HIV transmission occurring within the context of abusive relationship (see <http://www.tht.org.uk/informationresources/publications/policybriefingpapers/hivandthecriminallaw.pdf>).

specific services appears limited. Renzetti (1996) charted the poverty of service available to lesbians experiencing domestic abuse. Of the 566 service providers who participated in her research, only 9.7% (or 53) reported efforts that were specifically designed for this community and only 30% had material explicitly addressing the issue. While this could reflect a lack of need, it seems more likely that lesbians were not seeking assistance from these service providers. While no comparable survey exists for gay men, it is reasonable to presume that this situation is common across the LGBT communities. Thus, services are often inappropriate or do not exist. For example, a recent report (ACON: 2004) suggested that LGBT people leaving abusive relationships are at risk of homelessness because of an absence of suitable housing options. Moreover, the legacy of homo/bi/transphobia and heterosexism from agencies continues to have a substantial impact, not least with regard to the criminal justice system and the identification of domestic abuse at referral points. Secondly, Island and Letellier (1991: 1) began their ground breaking work by noting that 'gay men's domestic violence is not a new problem, just a newly recognized problem'. Despite the passage of time, awareness of domestic abuse remains low within these communities. Indeed, this has been recognized as a significant challenge, particularly as the LGBT communities have been described as being in denial (Broken Rainbow, 2005: 6) about the issue.

For both of these reasons, it is essential that services are geared specifically towards these communities. This must include the development of specific material and referral routes. For example, the Dyn Project (in partnership with the Cardiff Women's Safety Unit) developed LGBT domestic abuse literature (see Appendix D). This, in addition to distribution to local agencies and social venues, was also used for the first time at the Cardiff-Wales Mardi Gras in 2005⁵. Not less vital is the importance of an ongoing process of consultation with the local communities to ensure that services and the interventions they offer are timely and appropriate.

Identifying the Injured Party and the Alleged Perpetrator

One substantial challenge facing LGBT people experiencing domestic abuse has been the myth of 'mutual abuse'. The assumption that domestic abuse cannot occur between individuals of the same gender has contributed to the marginalisation of LGBT people. Compounding this is the focus on abuse in the heterosexual community which has left many professionals unable to conceptualise LGBT domestic abuse (NCAVP, 2002: 11) because they may often be looking for a disparity in physical size between the injured party and the perpetrator. However, in the absence of good practice guidance and specific services it is indeed challenging to determine the perpetrator in an abusive relationship (McClennen, 2005: 151). Indeed, considering power dynamics among lesbian women, Ristock (2002) highlighted how these may be confusing because same-gendered partners might be relatively similar in size and strength. Consequently, it requires a close analysis of the relationship to identify who is experiencing domestic abuse. Thus, it is not a matter of identifying 'mutual' abuse but rather the misbalance of power (Island & Lettelier, 1991; Renzetti, 1992). The approach to screening for the injured party and the alleged perpetrator will be considered later.

Heterosexual Men and Domestic Abuse

Background

Research remains inconclusive about the nature or frequency with which men experience domestic abuse. The commonly cited 1996 British Crime Survey (Mirrlees-Black, 1999) suggested that 4.2% of men and 4.2% of women had been physically assaulted by a current or former partner in the year preceding respondents' participation in a self-completion questionnaire. Indeed, over a lifetime the Survey reported that:

- 15% of men aged 16 to 59 said they had been physically assaulted by a current or former partner. The inclusion of frightening threats increases this to 17%;
- 5% of men had been assaulted on three or more occasions.

⁵ Mardi Gras is a free annual LGB celebration and concert event designed to promote tolerance and harmony (see <http://www.cardiffmardigras.co.uk/>).

Such data has contributed to the debate around heterosexual men's experience of domestic abuse by suggesting (at first reading) a parity between the experiences of men and women. For example, a news report exploring these findings titled a report into these findings as 'Men - the new victims of domestic violence' (see <http://news.bbc.co.uk/1/hi/uk/259913.stm>). Saunders (2002: 1425) summarises the acute problem that has arisen in terms of the response to heterosexual men's⁶ experience of domestic abuse. The controversy has seen some men's rights organisations argue that, on the basis of such evidence, the criminal justice system is biased against men. On a practical level, this argument has provided an impetus to an argument that demands 'equal' funding for what is presented as is an 'equal problem'. However, the same British Crime Survey reported that:

- 23% of women as opposed to 15% of men aged 16 to 59 said they had been physically assaulted by a current or former partner;
- 12% of women and 5% of men had been assaulted on three or more occasions;
- Women were more likely to be injured (in 41% of incidents) than men (31%); and
- The majority of female victims said they had been very frightened, compared to a minority of men.

Thus, it is possible to see emergent gender differences in terms of the experience and consequences of domestic abuse that do not support a hypothesis of gender parity. Furthermore, the 2001 British Crime Survey (Walby & Allen, 2004) reported that:

- Women are the overwhelming majority of the most heavily abused group. Among people subject to four or more incidents of domestic abuse from the perpetrator of the worst incident (since age 16), 89% were women; and
- Half of male victims had experienced just one incident of domestic abuse in the past year compared to one third of female victims.

Despite these gender differences, Kimmel (2002) identifies how the debate around prevalence has been used to draw attention to the neglected issue of men's experience of domestic abuse. Significantly, he also raises pertinent questions as to the motivation behind those groups suggesting an absolute parity between the experiences of men and women. In particular, he noted that many of those advocating this position (and the resultant policy shift that it would presuppose) appear to do so by seeing compassion as a 'zero-sum game' whereby efforts to address the victimisation of women must automatically preclude the needs of men. Nonetheless, it has to be acknowledged that the critique generated by men's rights groups is to an extent empowered by a limited recognition that domestic abuse *can* affect *some* men. Indeed, this is an issue that affects both those working with men and women who experience domestic abuse. It is important to acknowledge the use of violence and abuse by women where it occurs. A failure to do so will damage the credibility of those working with women who experience domestic abuse (Osthoff, 2002: 1538). More importantly, by talking about men's experience of domestic abuse it is possible to consider the *nature* of such acts (particularly in relation to profiles of risk and the context in which this occurs). Moreover, this raises a number of *implications* in terms of a policy response. For example, this immediately raises the question as to whether men need access to refuge provision or whether all men who are the injured party in one incident might legitimately be considered to be 'victims' of domestic abuse.

Heterosexual men account for a majority of referrals to the Dyn Project (see Chapter 4). However, levels of successful engagement with those men who do not have a history of perpetrating domestic abuse remains low. Indeed, this reiterates the data from the 1996 British Crime Survey (Mirrlees-Black, 1999: 55) which reported that women (57%) were far more likely to talk about their experiences than men (31%). This is likely to reflect the difficulty of engaging men in any social care activity (largely due to the impact of socialization on help-seeking activities); the limited avenues through which to access men; and the differences in the type and severity of abuse that heterosexual men appear to experience from their female perpetrators.

⁶ For the purposes of economy, for the remainder of this section any reference to men and women will refer to members of the heterosexual community.

Prevalence

As suggested above, the debate over men's experience of domestic abuse is voracious. Dobash and Dobash (2004: 325) propose that '... the question becomes one of who is likely to use violence against an intimate partner: men, women or both?' For the purposes of an evaluation, considering men's experience of domestic abuse this question can be approached from two points within the literature: firstly, what is women's experience domestic abuse and how are these related to those of men? Secondly, if men do experience domestic abuse, what does this mean and how might it present itself? At the core of this debate is the issue of power and control. If men experience violence or abuse, do they do so in a manner that would be recognised as domestic abuse? That is, do their partners engage in an ongoing pattern of domination, control and fear (Johnson & Ferraro, 2000)?

Firstly, the issue of women's experience of and abuse towards women in intimate relationships is recognised as a significant problem. Tjaden and Thoennes (2002: 154), reporting on the National Violence Against Women Survey in the United States, note that women experience higher rates of violence by marital/opposite sex cohabiting partners than men do, both across their lifetimes and in the 12 months proceeding the survey. This included more frequent and longer lasting violence, more threats and fear of bodily harm and greater negative consequences. Similarly, in the UK, the 2001 British Crime Survey (Walby & Allen, 2004) reported that women are the overwhelming majority of the most heavily abused group. Indeed, among people subject to four or more incidents of domestic abuse from the perpetrator of the worst incident (since age 16), 89% were women. Furthermore, it has been suggested that reports by men of their experience of domestic abuse may be inaccurate. For example, over 1 in 4 men in the 2000 Scottish Crime Survey had inaccurately reported experiences of force or threats from a partner (Gadd et al, 2002: 55). Indeed, they suggested that at least half of the partners of the men who had experienced some force or threat would also have been able to offer accounts of repeat domestic abuse perpetrated against themselves (*ibid*: 44). Generally, it is also recognised that claims of victimisation by men are open to question because male perpetrators often present themselves as victims (Hearn, 1998) as part of strategy of minimisation, denial or blame for their actions. Thus, it might be said that domestic abuse is *asymmetric* because the vast majority of those experiencing abuse and violence in former or current relationships will be women.

However, there is a substantial body of literature that suggests that men are equally affected. For example, the National Family Violence Survey (Straus & Gelles, 1990) reported 'gender symmetry' in spousal assault. Recently, Archer's (2000) meta-analysis suggested that women were slightly more likely than men to report using physical aggression in intimate relationships. This appears to raise the second question proposed above: if men do experience domestic abuse, what does this mean and how might it present itself?

At first sight, it may appear that the question of women and men's experience of domestic abuse appear to contradict themselves. There is an extensive debate around how data for either perspective is generated; however, it is beyond the scope of this report to discuss this in the detail it deserves. The debate can be summarised, and is done so by Dobash and Dobash (2004), as being on different approaches: *family violence research* versus *violence against women*. Others have suggested that another way of looking at this question is whether the definition of domestic abuse is 'narrowed' to a focus on physical assault or whether it concerns the broader concept of a pattern of intimidation, coercive control and oppression (Das Dasgupta, 2002). An alternative perspective has been to consider the types of populations being studied, in particular whether they constitute a clinical or representative sample (Hamberger & Guse, 2002: 1304). On this basis, Johnson (1995) has argued that the contradiction between the data supporting gender symmetry and asymmetry arises as a result of different types of partner violence. Namely, that men are more likely to be involved in 'common couple' or 'situational violence' rather than the kind of abusive behaviour described as 'intimate terrorism' which is much more frequently perpetrated against women (Johnson, 1995; 2006).

To further contextualise men's experience of domestic abuse, it is necessary to consider why this issue is not simply a matter of reported prevalence. Nazroo (1995) used a community sample which illuminated the data produced by both of these approaches. Semi-structured interviews produced data that was both qualitative and quantitative, thus maintaining a focus on context. More than half (55%) of the women and 38% of the men reported being violent in their current relationships, suggesting that not only is violence symmetrical but that it is more often perpetrated by women. Yet, in *context* there was a marked difference in the nature of violence: men's violence was far more likely to be dangerous and

threatening, to result in serious injury and produce anxiety in the victim. Significantly, motive was also noted and as an issue will be discussed later. This divergence has been noted in other studies comparing men and women's experience of violence and abuse. Thus, there is plentiful evidence that women commit violence in intimate relationships (Langhinrichsen-Rohling, Neidig & Thorn: 1995). Yet, research comparing couples who are involved in a treatment programmes (Busch & Rosenberg, 2004; Dobash & Dobash, 2004; Swan & Snow, 2002) all reiterate a gender difference in the severity and consequences of the violence.

Significantly, Hamberger and Guse (2002) investigated gender differences in the commission, experience and impact of partner violence by comparing a sample of heterosexual men and women from a court-ordered domestic abuse program, along with women from a shelter for abused women. They concluded that, compared to men, women in both groups were significantly more likely to report intense fear when their partners initiated violence. Men reported higher rates of initiating the first episode of violence in the relationship, and lower rates of violence initiated by their partners, that did either group of women. Women in both groups reported experiencing more severe violence than men, while men reported receiving higher rates of minor violence. It is worth noting that the court-ordered women were more likely to report having used more severe violence and had higher rates of initiating violence.

Despite the amount of gender overlap... it is inappropriate to characterise these women and men as "mutually violent". Men and women differed in important ways that suggest women in both groups experienced greater emotional impact than did court-ordered men, who engaged in behaviours that controlled the dynamics of the violence (Hamberger & Guse, 2002: 1322)

Hamberger and Potente (1994) concluded that men and women's use of violence was different as women used violence in self-defence, retaliation or as a precursor to imminent violence directed against them. Two-thirds of the women in their study reported previous victimisation as their main motivation, while men reported control and punishment of their victims as the primary motivation. Thus, Belknap and Melton (2005) conclude during an overview of research into intimate partner abuse that this phenomenon is gendered, that perpetrators are more commonly men and that the victims are more commonly women. In particular, they emphasise the importance of not simply examining types of abuse but also the consequences.

Risk Factors

As with the debate around prevalence, there is limited literature on the specific nature of risk facing heterosexual men. Evidently, men do report experiencing a range of behaviours that include physical assault. This has led to the oft asserted fact that 1 in 6 men will experience domestic abuse (Mirrlees-Black, 1999) and a range of associated behaviours. However, rarely is there a consideration of the particular detail of these behaviours or risk factors associated with them, although Gadd *et al* (2002) did identify some specific indicators. Rather, as outlined above, the focus is normally comparative and considers the prevalence and/or the differing context and consequence of such behaviours (Dobash and Dobash, 2004).

Engagement

The terminologies used to describe either the 'victim' or 'perpetrator' of domestic abuse in heterosexual relationships are problematic. They are used both to assign a role to participants in a single domestic incident, while also indicating a status in which the broader history of violence or abuse in the relationship is understood. As Osthoff (2002: 1531) notes, the term 'victim' is increasingly being applied to any man who has ever been hit by his partner. This presents two challenges.

Firstly, assuming that a male 'victim' has experienced domestic abuse, it is important to consider whether this label is acceptable to that individual. The women's movement has tended to use the term 'survivor' to describe women who have experienced domestic abuse precisely because the label 'victim' is often seen as unhelpful. How men feel about such terminology remains unclear.

Secondly, by labelling a particular man a 'victim' might presupposes any number of interventions (and importantly, potential consequences for his female partner who by default is considered the 'perpetrator'). As the data collected during the evaluation period illustrates, over half the heterosexual men referred to the Dyn Project had a history of using violence or abusive behaviour.

Quite how we overcome these two challenges remains unanswered. As explained later in this report, it was not feasible to contact the heterosexual men who accessed services from the Dyn Project during the evaluation period for follow-up interviews. Consequently, it is not possible to report any findings from these men in relation to the term 'victim' or 'survivor'. It is important to note that in terms of practice, the literature developed by the Dyn Project did not use this terminology, using instead the term 'men who experience domestic abuse.' This use of language was reflected in the generic literature developed by the Dyn Project (see Appendix E).

Identifying the Injured Party and the Alleged Perpetrator

It is important to engage with the issue of dual arrests and counter-allegations of abuse. The Dyn Project is a criminal justice agency and thus the majority of referrals originated as a consequence of police reporting. The debate around men and women's experience of domestic abuse has particularly focused on the issue of dual arrest (see Miller & Meloy, 2006). The issue of dual arrest illustrates the potential difficulty of identifying the parties involved in domestic abuse. A major issue behind dual arrest is the tension between different conceptualisations of domestic abuse. Researchers and practitioners generally consider both power and control within the context of relationships, be that marked by violence or other forms of coercive behaviour. In contrast, the criminal justice system is normally responding to an incident, frequently a physical act of aggression in which the dichotomy of 'victim' and 'perpetrator' is prevalent (Hirschel & Buzawa, 2002: 1457). This is relevant in light of the proceeding discussion that is the context and consequence of the use of abusive (particularly violent) behaviours by men and women.

The issue of dual arrest is being addressed in the UK in terms of counter-allegations. Official police *Guidance on Investigating Domestic Violence* (ACPO, 2004: 27) clearly outlined the dilemma facing police officers arriving at a scene where both parties claim to be a victim. Indeed, the guidance considers the issue of dual arrest and avoidance of these steps without making attempts to identify a 'primary aggressor'. With this objective in mind – and anticipating the following discussion on screening – officers are directed to investigate and make a record of:

- Comparative severity of any injuries inflicted by the parties;
- Whether either party has made threats to another party, child or another family or household member;
- Whether either party has a prior history of violence;
- Whether either party has made previous counter-allegations; and
- Whether either party acted defensively to protect himself or herself or a third person from injury.

Screening Relationships

Given the issues that arise when working with men who experience domestic abuse, particularly heterosexual men, it is essential that a screening process is developed. Common to the literature on dual arrest is the insistence that the relationship between the prospective victim and offender must be identified. This may reveal important contextual information like a history of abuse from one party. The value of intelligence is evident when one considers the potential that both parties may have engaged in violent behaviour. More problematically, the mis-reporting of abuse can itself be a form of domestic abuse and the 'victim' may be making a false report (Watkins, 2005: 48). Thus, it is important that agencies are able to identify men with a prior history of perpetrating domestic abuse. As explored above, perpetrators of domestic abuse use the language of victimisation in order to minimise or excuse their actions (Hearn: 1998) and other studies have suggested that at least half of the partners of the men who had experienced some form of force or threat were probably victims of domestic abuse themselves (Gadd et al: 2002). Much of the literature addressing this as a concern in terms of dual arrest relates to the

heterosexual community but this is a significant issue in terms of gay men. Island and Letellier (1991: 86) recognised that someone experiencing domestic abuse may have also used violence, but that specific abusive action does not necessarily mean that person is exerting power and control over his partner in the way typically considered to be 'abusive'.

Resolving counter-allegations is essential in order to identify who (for want of a better term) is the primary victim (as opposed to the primary aggressor). Specifically, based on the likelihood that a significant number of (largely heterosexual) male referrals will be men with a history of domestic abuse, it is important to screen male referrals to avoid:

- Colluding with a perpetrator of domestic abuse;
- Providing services to someone who does not need them;
- Equipping a perpetrator *who presents as a victim* with information that may be used against his partner; and
- Failing to accurately assess risk to a partner and any children.

With regard to these points, one emerging area is information-sharing with the Cardiff Women's Safety Unit to assess risk to a couple based on information from both partners. Men who are currently abusive (and are therefore not able to access services) have had contact with the Dyn Project. These contacts are making it possible to maintain lines of communication with men who previously would not access any services until the criminal justice system became involved. One key benefit of the Dyn Project has been access to information that has subsequently allowed the Cardiff Women's Safety Unit to re-assess risk to a partner (usually because of an apparent escalation).

Equally, Osthoff (2002: 1524) identifies some of the information required to determine who is experiencing domestic abuse, in the context of the relationship rather than on the basis of an individual incident. Evaluating the dynamics in the relationship is essential, particularly with regard to power. Hence:

- Who uses violence, why and why?
- What kind of violence do they use?
- What happens when they use violence?
- Is it what they intended or hoped for?
- What kinds of coercive controlling tactics are employed? And to what end?
- Are these tactics effective?
- Does race or ethnicity play a part? (to this latter we would add sexual orientation or gender identity in the case of LGBT relationships)

Building on these conceptions, screening tools have been developed to analyze the dynamics of a relationship in order to identify elements of power and control. In practice, this has often been developed in relation to LGBT communities as it is not possible to use gender as a proximate filter. The *Intimate Partner Abuse Screening Tool* (GLBTDVC, 2003) was developed by the Gay, Lesbian, Bisexual and Transgender Domestic Violence Coalition in Massachusetts and identifies six major concepts to assist in the analysis of a relationship.⁷ Unifying these concepts is the idea of power and control and how this is apparent (and being exercised as part of a systematic pattern of behaviour) within the relationship:

- **Context, Intent and Effect**

Rather than isolating specific acts, practitioners should consider the *context* in which an incident occurred (e.g., an act of self-defence or aggression); the *intent* (seeking to induce fear or trying to protect oneself) and the *effect* (establishing a pattern of coercive behaviour or changing one's behaviour because of the possible consequences). Injury and the consequence of particular acts are particularly relevant (for example, reddening to the face as a result of a slap may be

⁷ The Dyn Project would like to credit the Gay, Lesbian, Bisexual and Transgender (GLBT) Domestic Violence Coalition in Massachusetts for developing and subsequently sharing the 'Intimate Partner Abuse Screening Tool for GLBT Relationships'. The Guidance accompanying the Tool states that it is designed specifically for GLBT relationships and is not intended for use within the heterosexual community. However, as adapted by the Dyn Project, it became apparent that while risk factors may differ for heterosexual and GBT men, the process of screening was similar. Both the GLBT Domestic Violence Coalition and the Dyn Project strongly recommend that any organisations or individuals making use of screening tools receive appropriate training.

evidence of domestic abuse, in this case physical violence. However, it is quite different if this occurred while the individual was choking their partner who struck them in self-defence).

- **Agency**

Having agency means being able to make decisions for oneself. In the context of an abusive relationship, an individual is less likely to be able to make decisions for themselves and more likely to have particular regard to their partner. This includes influences on future decisions as a result of their partner's reaction to choices they made in past. The pattern of decision making is also relevant. Issues that may suggest an abusive relationship include one person always making the final decision (or a 'consensus' that usually favours one person); decision making that reflect particularly rigid roles in the relationship; and the consequences of making decisions contrary to a partner's expectations (for someone experiencing domestic abuse these are likely to be directly or indirectly negative).

- **Empathy**

Someone experiencing domestic abuse will often empathise with their partner; particularly their feelings and the factors in their lives which they may use to excuse particular behaviours. For example, potential stressors like employment, health drug or alcohol use and childhood experiences. In contrast, a perpetrator is less likely to be empathetic and may either minimise their partner's experiences or feelings, or discuss them as a means to locate individual blame.

- **Assertion of Will**

These may be instances where one partner has voiced a desire to do something and the other has disapproved. Despite this disapproval the first partner has proceed with their desired course of action. In particular, their assertion of will usually overrides the feelings, perspective (or indeed rights) of a partner.

- **Entitlement**

Linked to a lack of empathy, a sense of entitlement allows someone to assert their will over others (in particular, their partner). This may include particular attitudes towards roles within a relationship or family. It may also mean that someone overrides their partner's way of life (for example, they may move into their partner's flat on the understanding that it is non-smoking. They may latter begin to smoke in the flat regardless of this agreement or their partner's protests). For service providers, this may also be evident when an individual presents with an *absolute sense of their own victimisation*. This may include demanding services or pressing for particular outcomes (for example, immediate eviction of their partner or custody of their children).

- **Fear**

If someone is in fear of their partner this is a good indication of an abusive relationship. Fear may be expressed verbally or could be evident in terms of behaviour. For example, as the reason why someone acts in a certain way (to placate a partner) or in terms of behaviours or activities that they no longer undertake because of their partner's reaction. This may also include behaviours that are designed to protect themselves but which their partner could present as abusive (for example, locking them out because they are worried about what will happen when their partner returns home).

The Dyn Project used these concepts to develop screening tools (see Chapter 4) to identify these issues in the South Wales context⁸. However, it is important to note that individual examples of particular behaviours may, on examination, be counter-intuitive. Thus, something that seems to illustrate the behaviour of someone exercising power and control may actually be the behaviour of someone experiencing domestic abuse. It is in understanding the *trends* established by working with men over time that allow a certain degree of confidence when ascertaining 'victim' and 'perpetrator' status in relationships. The ability to make this determination is greatly enhanced if additional sources of

⁸ To ensure an appropriate skills base, the Project Coordinator was trained to facilitate, and subsequently delivered, the Integrated Domestic Abuse Programme (IDAP) through the Probation Service for court mandated domestic abuse perpetrators.

information (beyond the individual) are available that can add depth and breadth to the screening process.

Working with Men: The Cardiff Model

The Dyn Project developed within a multi-agency framework (Robinson, 2003) that focuses on risk assessment, increasing safety and reducing risk to women, men and their children, and holding those who use violence and abuse accountable. Given what has been discussed in terms of GBT and heterosexual men, as well as screening, the following concepts informed the design of the Dyn Project for men experiencing domestic abuse:

- While men experience domestic abuse, it remains a gendered phenomenon. That is, a greater number of women than men will experience domestic abuse and with a greater severity.
- Substantial proportions of men presenting as experiencing domestic abuse are, or have been, using violence or abuse against a current or former intimate partner.
- The issue of GBT domestic abuse is often overlooked and any attempt to address this issue must recognise the aspects unique to GBT men.

Guiding Principles

Consequently, the Dyn Project's approach is based on five guiding principles which are essential to effective work with men experiencing domestic abuse:

- **It is essential to develop appropriate services** for GBT and heterosexual men which are effective in reducing risk and increasing safety. For GBT men, this requires developing specific referral routes, capacity and risk assessment tools in consultation with local communities. For heterosexual men, the development of these services must be underpinned by an understanding that men and women's experience of domestic abuse is asymmetric (that is, the majority of those experiencing domestic abuse are women).
- **Services must have a clear definition of domestic abuse**, which focuses on a systematic *'misuse of power and the exercise of control by one adult person over another adult within the context of a close personal relationship. Abuse can be physical, emotional, psychological, sexual or financial.'*⁹ Furthermore, an understanding of the unique aspects of domestic abuse as they affect the GBT communities must also be incorporated into this definition during practice.
- **A clear screening protocol is essential** in order to identify, and respond appropriately, to counter-allegations. This is intended to ensure that interventions are designed (in partnership with other agencies) to reduce risk and increase safety for men, their former or current partners and any children, as well as holding perpetrators accountable.
- **Any service must have the capacity to risk assess** referrals in order to identify those who are most at risk of experiencing abuse in the future. This will ensure that services are commensurate to need and that resources (within the criminal justice system and domestic abuse sector) can be targeted appropriately to reduce risk and increase safety for men, their former or current partners and any children. This should include a specific capacity to address the unique needs of those who experience GBT domestic abuse.
- **Work with men who have experienced domestic abuse must take place within a multi-agency setting.** This setting must include an Information Sharing Protocol between key agencies to facilitate the screening of counter-allegations so that risk can be reduced and safety increased for men, their former or current partners and any children.

⁹ This is the definition of domestic abuse used by the Dyn Project.

In conclusion, it can be seen that there are many challenges in providing a service to men experiencing domestic abuse which includes both GBT and heterosexual men. As the literature review has demonstrated, there are very different issues facing these groups of men and this is further compounded by the issue of screening for the injured party and alleged perpetrator. Counter-allegations of abuse may make the classification of referrals even more difficult, and this issue is addressed in more detail in Chapter 3. The next chapter provides an account of the methodology used in this research.

2. Methodology

This evaluation was designed using *participatory evaluation* (see Riger et al., 2002), which recognizes the expertise of people *inside* the service being evaluated (in this case, the Dyn Project) rather than just importing research tools and protocols from the outside. For this project, initial meetings between the authors resulted in a shared outlook on what was important to include in the evaluation and how to best go about getting the required information. It was recognized that the evaluation needed to be meaningful and intuitive, and that much of the monitoring should be embedded into daily practices (rather than 'lost' as soon as the evaluation ends). The evaluation methodology includes multiple forms of data. The details of the method used are described in the sections that follow.

Research Objectives

1. To document the types of services provided by the Dyn Project to men experiencing domestic abuse, including an overview of the workload associated with running such a project for a 12-month period.
2. To understand the process of screening referrals from men experiencing domestic abuse to determine types such as:
 - a. Gay men experiencing domestic abuse as victims;
 - b. Gay men experiencing domestic abuse as victims, but with counter-allegations of perpetration;
 - c. Heterosexual men experiencing domestic abuse as victims;
 - d. Heterosexual men experiencing domestic abuse as victims, but with counter-allegations of perpetration; and,
 - e. Heterosexual men that are perpetrating domestic abuse but are alleging to be victims.
3. To identify the different levels of risk, fear, safety and relationship issues among the various types, and to assess the type of intervention from the Dyn Project that is most helpful to each.
4. To assess the impact of the Dyn Project on the subsequent quality-of-life and safety of men who have experienced domestic abuse as victims.
5. To determine what feedback men have about the Dyn Project, how it has helped them and ways in which it could be improved.
6. To identify the links in working practice between Dyn and WSU, including the benefits and challenges of incorporating services for men with services for women experiencing domestic abuse.

Data Collection

The different types of data collected for this evaluation are briefly noted in the sections below. All research instruments are contained in Chapter 10 (Appendices).

Case files

Data collection began in July 2005 for a 12-month period, to provide data on one year of referrals going through the Dyn Project (n=171 men). The case files contain information on the men's background characteristics, the reporting incident, level of risk and risk factors present, and the amount and type of services offered and accepted by Dyn clients.

Case studies

To supplement the quantitative data from the case files, and to provide a richer, narrative account of the experiences of the men referred to the Dyn Project, 10 case exemplars were written. These represent the types of experiences that can be considered 'typical' to the different categories of Dyn clients.

Client Interviews

Follow-up interviews were conducted with a small group of gay men who had accessed the services provided by the Dyn Project. These were conducted to ascertain their perceptions of the Dyn Project and to assess their levels of safety and quality-of-life subsequent to their contact with the Dyn Project.

Key Informant Interviews

Qualitative data was collected via interviews from the representatives of key agencies involved with the Dyn Project and Cardiff's multi-agency response to domestic abuse. These interviews provided rich data with which to understand how the Dyn Project liaised and coordinated with other agencies (including those from the criminal justice, statutory, and voluntary sectors).

Participant observation

James Rowlands is the Dyn Project Coordinator and therefore the daily operations and strategic challenges he faced were able to be incorporated into the research in a more robust way due to his 'insider' status in the service being evaluated. Particularly, the information about the complexity of the screening process of Dyn referrals was greatly enhanced by his position as a participant observer.

Ethical issues

Domestic abuse between gay men is influenced by the experience of homophobia. By researching domestic abuse in this community, there is the potential to foster a pathological image of gay men. Martin and Knox (2000:51) warn against focusing on explanations that may unintentionally blame gay men for their own oppression. Therefore, we developed the analysis within the context of broader social and institutional factors. Additionally, there is a pressure on researchers who originate within and work in the LGB communities. For example, in the wake of HIV/AIDS:

...It is fair to say that many... were reluctant to open another Pandora's box of stigmatized and stigmatizing investigations into their own community (Gorman, 2003: 82).

Yet, such is the significance of domestic abuse as a social problem that this must be done; not least because marginalised sub-groups within the population are often in dire need of intervention and appropriate services (Meezan & Martin, 2003: 13). Thus, research must balance an understanding of the effects of homo/bi/transphobia with a commitment to raising issues of concern.

Likewise, research into heterosexual men and domestic abuse is a sensitive issue and one in great need of empirical research evidence. Currently there is a desire to provide better services to men yet little is known about the most appropriate service provision for this group.

In conclusion, there is limited research into both gay and heterosexual men's experiences of domestic abuse, and therefore a risk that findings may be distorted. Thus, we would like to remind readers that this research is making an important – but only a single – contribution to our knowledge of this subject. Further replications in other jurisdictions, with other types of men's projects, are very much needed.

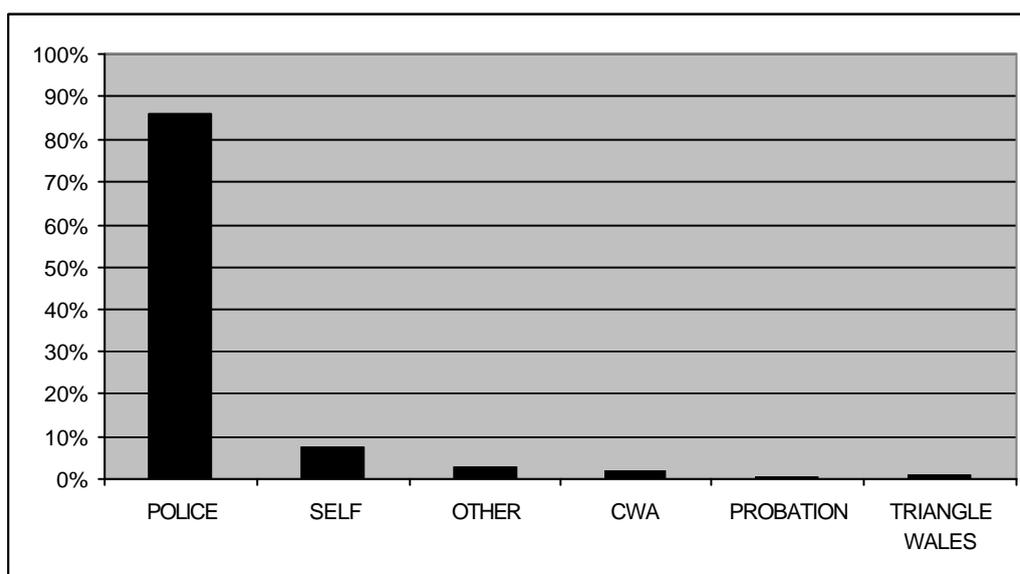
3. Men Referred to the Dyn Project

This chapter provides information about the referral routes into the Dyn Project and the mechanisms by which referrals are classified into four categories of men experiencing domestic abuse (encompassing both gay and heterosexual men as well as the difficult issue of identifying the 'legitimate victim' within heterosexual relationships). Understanding the screening process in these cases is vital, and to that end several in-depth qualitative exemplars of each of the four categories are provided. Challenges to work with men experiencing domestic abuse include masculinity and the issue of counter-allegations of abuse. Each of these issues is explored before the chapter concludes by providing a summary table of the characteristics of legitimate victims versus perpetrators who are presenting as victims.

The Referral Process

As the Figure 1 demonstrates, most of the referrals to the Dyn Project come from the police. Interestingly, the next most frequent source of referrals was 'self-referrals' which were made in 13 cases. Perhaps contrary to expectation, only 4 of these came from gay men (although, it is worth noting that initial findings by Donovan *et al* (2006) suggest that gay men are far more likely to seek support from informal sources of support).

Figure 1: Source of Referrals to the Dyn Project



Classification of Referrals

The Dyn Project has developed a classification system to prioritise incoming referrals, and to address the issue of counter-allegations and screening. 'Screening' is a term used to describe the process whereby new clients are assessed for their status as either 'victim' or 'assailant' or 'co-offending partner'. Referrals also are screened to ensure that the history of the couple (e.g., prior domestic incidents or social services involvement) is known and can inform the process of classification. This also may include identifying whether a referral is a repeat victim or whether either the alleged perpetrator or victim has a history of using violence or abuse against either their current or former partners. Screening is not commonplace within services for women because, according to recent British Crime Survey statistics, women constitute the overwhelming majority of those abused (among people subject to four or more incidents of domestic abuse, 89% were women) (Walby & Allen, 2004).

However, when working with heterosexual men we cannot rely on the likelihood that they will be a victim. It has been established that perpetrators of domestic abuse use the language of victimisation in order to minimise or excuse their actions. A key Scottish study concluded that at least half of the partners of the men who had experienced some form of force or threat were probably victims of domestic abuse (Gadd et al, 2002).

When working with gay, bisexual and transgender (GBT) men we need to screen because we cannot rely on a risk assessment that uses gender as a proximate filter. Equally, as discussed in Chapter 1, the dynamics of the relationship may not make it possible to easily identify the role of each partner or there may be a history of counter allegations. If this challenge is not acknowledged in practice, it may affect the delivery of an appropriate advocacy service. For example, practitioners may otherwise unconsciously rely on explanations that are gender and sexuality specific. In the case of GBT men, practitioners may erroneously assume that a relationship will 'mimic' a heterosexual one and may therefore identify a 'more masculine' partner as being the likely aggressor.

In terms of service, it is important that male referrals are classified systematically in order to avoid:

- Colluding with a perpetrator of domestic abuse.
- Providing services to someone who does not need them.
- Equipping a perpetrator *who presents as a victim* with information that may be used against their partner.
- Failing to accurately assess risk to a partner and any children.

Upon receipt of a new referral, the parties (on the FSU9 these are the victim and perpetrator) are screened by checking their details against the records held by the Dyn Project and the WSU. The Dyn Project and the WSU share a database which considerably eases the process of information exchange¹⁰. As the database only became operational in August 2005, screening may require both electronic and paper checks to identify previous incidents or client contact if it preceded this date. Both parties also are subject to a check with the Domestic Abuse Unit (DAU) within the South Wales Police to determine if they are previously known or whether this is a new file. In cases where children are involved, this may also include contacting Social Services to establish whether there are any current or historical concerns relating to domestic abuse by either party. This screening process is recorded using a 'referral cover sheet' (see Appendix F).

The Dyn Project uses four categories to describe the men who have experienced domestic abuse from an intimate partner (for a flow chart of this process see Appendix G):

- **MV1** - Men in same-sex relationships¹¹.
- **MV2** - Heterosexual men with no known history of abusive or violent incidents as either a victim or a perpetrator.

¹⁰ If the parties are or become known to both the Dyn Project and the WSU this is marked as a 'counter-allegation'. While these files are held on the same database they are not merged. Thus, each party will have a 'subject of abuse' entry in which their engagement with the Dyn Project or the WSU is recorded respectively. Both also will have an 'alleged perpetrator file'. This means that any worker involved is aware of the counter-allegations and can access further information while ensuring that information can be compartmentalised.

¹¹ While the Dyn Project categories distinguish between heterosexual men with no known abusive or violent behaviour (MV2) and a range of abusive or violence behaviours (MV3 and MV4), such a distinction is not deployed in relation to gay men although it evidently exists in practice. The reason for this absence is twofold. Firstly, it is a matter of sample size (i.e. there were fewer gay men referred to the Dyn Project than heterosexual men). Secondly, while men in same-sex relationships present a challenge in terms of screening, counter-allegations were only observed in a small number of gay men referred to the Dyn Project during the evaluation period. In most cases, it was normally possible to identify a legitimate victim and perpetrator. From the literature, this determination would appear common, for example, McHenry *et al* (2006: 236) observed that of a group of gay men assessed for perpetration, in most cases '...there was one perpetrator who instigated the majority of the violence; in most cases, this person perpetrated all the physical violence.'

- **MV3** - Heterosexual men with a known history of abusive or violent incidents (i.e., they have been identified as the (alleged) perpetrator of domestic abuse towards a former or current intimate partner); however, they have no record of any High or Very High Risk incidents within the last four months, and any current incidents are medium risk or 'for information only'.
- **MV4** - Heterosexual men with a known history of abusive or violent incidents (i.e., they have been identified as the (alleged) perpetrator of domestic abuse towards a former or current intimate partner). Currently they are known or alleged to be perpetrating domestic abuse *or* have an evidenced history of doing so (e.g., a partner referred to a MARAC,¹² repeat incidents, etc).

As the following case examples show, the boundaries between these categories are sometimes blurred (especially between MV3 and MV4). Background characteristics of these case study examples can be found in Appendix H.

Case Examples – MV1

Gay men experiencing domestic abuse

Case Example 1: Llewellyn¹³ was referred to the Dyn Project by South Wales Police. There was an extensive history of abuse and he would be the subject of six FSU9s during the evaluation period, all assessed as high risk and usually involving either criminal damage or assault. He was assessed as MV1. Llewellyn had a history of mental health problems and was supported by a community mental health team. He used a variety of recreational drugs in addition to his prescribed medication. During his assessment it became apparent that he often used these drugs to manage his experience of physical abuse. Llewellyn's involvement with the Dyn Project was periodic and usually took place after he had been assaulted by his partner or was in crisis. Appointments with Llewellyn were normally cancelled, although he engaged via the phone. During this period he remained involved with his partner although their residential and relationship status varied frequently. Llewellyn was referred to a Domestic Violence MARAC on two occasions. His partner was also referred to a Dangerous Offenders MARAC.

Llewellyn had been frequently assaulted and was also subjected to sophisticated physiological abuse. For example, his partner was aware of the nature of his mental health problems and would deliberately manipulate the physical environment to exacerbate these.

After contact with the Dyn Project, Llewellyn requested target hardening on his property, as well as safety planning (including arrangements for an occurrence marker via the DAU). He declined any other police involvement such as Cocoon Watch (although he latter did agree to this after a further incident) or Police Watch. At this time he and his partner were largely separated. He was in receipt of a number of calls which he believed were from his partner. Llewellyn was advised regarding his options in terms of harassment and civil remedies, and arrangements were made for police officers to take a statement. However, Llewellyn declined to take further action. He asked for information on changing his phone numbers which was supplied.

Over a period of months there were further incidents, although a number of these were not reported to the Police. The Dyn Project helped secure repairs to the property on one occasion after his partner smashed a window, and also provided further referrals to HomeSafe.¹⁴ However, attempts to secure the property were negated repeatedly as Llewellyn reconciled with his partner and invited him back into the property. The Project Coordinator supported Llewellyn in drawing up safety plans to reflect the changing situation.

¹² Initiated in Cardiff in 2003, MARACs are multi-agency meetings where practitioners from different agencies come together to create safety plans for very high risk victims of domestic abuse (see Robinson, 2004; Robinson & Tregidga, 2005). They have since become part of the Home Office's *National Domestic Violence Strategy* (launched in March, 2006).

¹³ This is a pseudonym, as are all of the names used in this section.

¹⁴ HomeSafe provides free home security, target-hardening and crime prevention advice to victims of burglary, hate crime and domestic violence. The organisation employs specialist lock fitters who have been trained in domestic abuse. See <http://www.cardiffcommunitysafety.co.uk/docs/HomeSafe%20Leaflet%20E.pdf>

During Llewellyn's involvement with the Dyn Project, the Project Coordinator was involved with a large number of agencies working with him around his mental health, housing and substance misuse. Llewellyn also reported experiencing homophobic; he was referred to the Minorities Support Unit and these issues were also incorporated into his safety plan.

On one occasion Llewellyn provided a statement regarding criminal damage, leading the Project Coordinator to liaise with the Crown Prosecution Service (CPS) and the Court. However, Llewellyn ultimately withdrew this statement. Given the case, the CPS declined to issue a witness summons. Llewellyn's partner was ultimately prosecuted for an assault and received substantial custodial sentence. Given the severity of the offence he was remanded prior to the trial. During this time Llewellyn described himself as 'being set free' and arrangements were made to re-house him at his request. One property was rejected as being inappropriate to his needs and he was offered a first floor flat in an area that he felt was safe. An occurrence marker was placed on the property and arrangements made for target hardening (although Llewellyn did not keep the appointment). He also accepted and then declined the installation of a community alarm. Before taking up residence Llewellyn chose to return to his home town. While his direct involvement with the Dyn Project ceased, the case was due to be monitored with the Probation Service upon the approach of partner's release date.

Case Example 2: Daniel contacted the Dyn Project by phone and he subsequently attended a meeting with the Project Coordinator. He and his partner had recently come to Cardiff where both had approached the local homeless persons unit. On making this application Daniel did not feel able to disclose his experience of domestic abuse. He and his partner were housed respectively in (single) temporary accommodation at a local hostel. While Daniel did not experience any direct homophobic harassment in the hostel, he did feel unable to discuss his situation because of the atmosphere (which he would later describe as 'oppressive'). At around the same time as Daniel contacted the Dyn Project, his support worker also spoke to the Project Coordinator as she feared that things were 'coming to a head'. She sought information on perpetrator's programs for his partner (as there are none specifically designed for gay men, he could only be referred to Respect) and support for Daniel.

Upon screening he was assessed as MV1. This involved contact with both the DAU and another Police Force to establish details of the relationship history. During contact with the Project Coordinator, both by phone and in person, Daniel disclosed a history of physical, emotional, psychological and financial abuse. Although he was looking for alternative accommodation, he was still residing at the same hostel as his partner, who had assaulted him in this time (this was not reported). Daniel was in fear of his partner, reporting that he had said "I will fuck with you" if you leave. He had left his partner once before, although he was subsequently traced and felt he had no choice but to reconcile. While Daniel was struggling with his feelings for his partner, he was adamant that he wanted to leave him. However, he felt that the hostel was not taking the abuse seriously and he felt trapped as he had no alternative accommodation. Using the Lesbian and Gay Power and Control Wheel Daniel was able to recognise the links between the various types of abusive behaviour he had experience. He also discussed safety planning, and he and the Project Coordinator began to plan an exit strategy for leaving his partner.

The DAU was approached to source any information about domestic incidents while Daniel and his partner had been resident in a major English city. This produced details of two incidents, one of which was an assault. Based on the information Daniel provided the Project Coordinator collated evidence concerning his experience of domestic abuse, and the current issues around risk.

The Project Coordinator and his support worker supported Daniel in making a second application to the homeless persons unit. He was offered temporary accommodation in a bed and breakfast and had been permanently re-housed within seventeen days of approaching the Dyn Project. An occurrence mark was requested on the property as well as target hardening via HomeSafe.

Daniel subsequently experienced harassment from his former partner, who had approached him outside his workplace and written to him via a third party. Despite an initially good response to a complaint of harassment, Daniel became increasingly frustrated after Police Officers failed to attend to take a statement arising from the incident. The Project Coordinator liaised with the DAU

and the seconded police officer to expedite the case. After this intervention, his former partner was initially given a warning and then subsequently arrested. However, Daniel was reluctant to pursue criminal options. He did wish to consider civil options and an appointment were arranged with a local solicitor, although he chose not to pursue this any further. Daniel later moved into a private rented property.

Gay men experiencing domestic abuse in the context of counter-allegations

Case Example 3: Paul and his partner had both been the subject of 10 FSU9s over a two year period. One of these was assessed as being high risk, while seven were assessed as medium risk and two as standard risk. However, the frequency of incidents was sufficient to consider the case to be Very High Risk. Alcohol was normally identified as a factor by police officers attending incidents. Although both had been identified by the police, or had reported, as the injured party it was apparent from an analysis of the files that Paul was more frequently so. Paul and his partner had been referred to a MARAC in 2004. However, as this occurred prior to the Dyn Project's development, there were no specific services to which they might be referred. Given this dearth Paul and his partner were referred to gay men's sexual health charity on the basis that it worked with gay men rather than due to any specific domestic abuse expertise. At this time neither party had been identified as a primary aggressor and after a further incident, the Dyn Project (in consultation with the DAU) wrote to both parties offering them access to services. There was no response from either Paul or his partner to this contact.

Subsequently, Paul and his partner were referred to a second MARAC. A decision was made to contact Paul as the 'primary victim' with a view to offering him support after an analysis of the history of incidents between the parties. An occurrence marker was placed on the property. A summary prepared for a MARAC noted that of nine incidents reported prior to the meeting, Paul had been assaulted in five of these. A further incident, in which both Paul and his partner were injured, occurred after Paul had been hit across the back. In addition, Paul had indicated to an officer during the incident that he wanted to leave the relationship. The DAU arranged for a police officer to visit Paul and secure a contact number.

The Project Coordinator was able to make contact with Paul. Paul consistently focused on his partner's needs, particularly on his health and his family. When discussing the incidents, it was clear that Paul was frequently being assaulted. However, he was minimising his experiences (often suggesting he was partly responsible because he had retaliated in the past). He also excused his partner's behaviour, suggesting that it was a response to stress. Paul also disclosed that he had previously been in an abusive relationship in which he had been 'beaten black and blue'. Despite a willingness to talk with the Project Coordinator, Paul remained reluctant to engage further. He did agree to have information sent, including a safety pack but declined any further services.

Since then there have been two further incidents. On both occasions the Project Coordinator was able to speak to Paul. He continued to decline any further support and minimise his experiences. On the second occasion, he identified a concern with homophobic harassment from his neighbours. The Project Coordinator was able to make a referral to the Minorities Support Unit and a gay and lesbian housing organisation. The case remains under review.

Case Example 4: David and his partner were well known to the police and since 1999 there had been 12 FSU9s. Respectively, two were assessed as high risk while a further three were deemed medium risk. The remaining FSU9s could not be risk assessed due to a lack of information. However, the frequency of referrals meant the case was considered to be Very High Risk. The referral FSU9 to the Dyn Project identified neither as the injured party, noting that they were '*extremely drunk and became involved in a verbal argument and subsequently a brief fight. Both sustained minor reddening. They both stressed they did not want any police involvement and they wanted to go to bed and resolve the argument in the morning when sober in an amicable way.*' The Project Coordinator collated the police history with the assistance of the DAU. Four incidents identified neither party as a victim. A further seven incidents either explicitly identified David as the victim, or contained information which suggested that he was not the primary aggressor. Overall, it was noted that David's partner had used weapons and committed an assault on two occasions. He had damaged property, or David had reported a fear that he would damage property, on three occasions. Finally, on two occasions David's partner implied that he had mental health problems.

On one of these incidents, the police officer also noted that he believed that David had mental health problems. However, this observation was unsubstantiated and occurred in a context in which David had reported an incident and was observed to be confused and distressed. Therefore, during the assessment there was a pattern of behaviour emerging that suggested that David was the primary victim.

Contact was made with David. He reported physical abuse (which was normally preceded by heavy drinking by his partner), as well as psychological abuse (e.g. hiding possessions) and a feeling of isolation. He identified concerns around being isolated by his sexuality due to homophobia in the area. An occurrence marker was placed on the property and safety planning discussed. David indicated he would like to meet with the Project Coordinator and stated he would call back to arrange a time. He did not make contact. However, a short time later the Project Coordinator received three voice mail messages left overnight. Two of these preceded, and one followed, an assault by his partner. Police attendance at the scene was confirmed with the DAU and contact made with David. He had refused medical attention when the police attended. He was focused on his partner, hoping that he would shortly be released from custody. Given the severity of his injuries, the Project Coordinator focused on identifying why he was reluctant to access health services. It became apparent that he would not attend A&E. Instead, it was suggested that he could go to his GP. David then indicated that he was fearful that he would face homophobia having previously felt uncomfortable around his GP. The Project Coordinator suggested securing an alternative GP and was able to arrange this.

David refused to make a statement and his partner was released. Shortly after this he took an overdose. David remained focused on his partner's health and continued to minimise his own (ongoing) experience of abuse. While he remained in phone contact with the Project Coordinator he would not meet directly. Further safety issues were discussed. There was no further contact after his partner was released from hospital, and due to safety concerns a Welfare Check was arranged via the DAU. This confirmed that David was well. However, he declined further contact.

During this time the Project Coordinator was in contact with David and his partner's housing association which was providing tenancy support. This included providing information on safety planning and the specific issues around domestic abuse among gay men. Despite declining further contact David was referred to a MARAC given the concerns around the repeated incidents. The MARAC provided an opportunity to share information from all the agencies involved (which included the Dyn Project, the Housing Association and a local drug and alcohol service). Consequently, Tenancy Support was able to construct an appropriate safety plan to incorporate into their existing activities as they were the only agency with active involvement with David.

Case Examples – MV2

Heterosexual men experiencing domestic abuse

Case Example 5: Ewan contacted the Dyn Project. He had been passed the contact details by a medical professional during an unconnected appointment. Upon contact, he disclosed an incident when he had been kicked to the head by his former partner and reported frequently being hit or being intimidated with violence. His partner had once pointed towards some knives in the house, observing 'I could take a knife to you'. He was most concerned about verbal and emotional abuse. He felt isolated, noting that his family are not 'allowed' to visit the property and that his contact with friends had declined in response to his partner's behaviour. His communications were also intercepted. His partner had also destroyed some a range of household and personal items. Ewan was very concerned about his partner's well being and consistently returned to this issue. He was however thinking of ending the relationship but was concerned about his partner's potential reaction. Ewan was the subject of two FSU9s, one of which was assessed as medium risk after a public altercation. Screening revealed no history of domestic abuse towards his partner from Ewan, and he was assessed as MV2.

An occurrence marker was arranged via the DAU and arrangements made for Ewan to attend an appointment with the Project Coordinator. Transport was arranged in light of his mobility difficulties and a time was chosen when his partner was due to be out.

During the appointment, the Project Coordinator was able to build up a more detailed understanding of Ewan's experience of abuse. One particularly significant factor in the abuse was his partner's use of a chronic illness as a tool, particularly as a means to ridicule him. Ewan felt that the situation was becoming worse although he did not want to leave the relationship. Emotional support was provided by the Project Coordinator. A safety plan was drawn up that considered issues like Ewan's exit strategy from the house, safety within it and his options in a crisis or if he felt unsafe (for example, calling the police or making arrangements to have somewhere to stay and having ID and clothes to hand). The Project Coordinator also contacted the local police station on one occasion when Ewan had particular concerns about his partner's potential behaviour. This ensured that the police were aware of the potential for an incident during that shift. Finally, Ewan and the Project Coordinator discussed a range of options in terms of accommodation and the criminal and civil law.

The case was also referred to both a MARAC and a POVA meeting given concerns around the domestic abuse and Ewan's vulnerability. Both these referrals were undertaken with Ewan's consent. While the MARAC was unable to provide any alternative strategies, it did reveal additional information from other agencies about the partner's history that was incorporated into Ewan's safety plan. The POVA was unable to make any further progress because Ewan declined involvement after he was contacted following the referral. Ewan decided to remain in the relationship. However, he had accessed the Dyn Project over a period of several weeks and constructed a dynamic safety plan.

Case Example 6: Ben was referred to the Dyn Project upon receipt of an FSU9 and was considered to a High Risk. The Police had attended at the family home. A neighbour had reported that Ben's spouse had been brandishing a knife and shouting at him. Upon screening, it was established that there was no record of any prior referrals for either Ben or his spouse at the Dyn Project, the WSU or the DAU. He was assessed as MV2. The Project Coordinator was able to speak to Ben on the second attempted call. Although he was willing to talk through the incident he stated categorically that he was 'never in danger' and 'would have been able to get to safety if he had been concerned'. He reported that the Police had been called once before during the last five years (although there was not record of this as a domestic incident). He did not however give any further details or information about his past experiences. Instead, Ben explained his spouse's behaviour as a result of 'stress' arising from employment and family issues, along with her alcohol use. Ben declined any information and further involvement. He did agree to take a contact number for the Dyn Project and to having an occurrence marker placed on the property. The case was closed pending future client contact.

Case Examples – MV3

Heterosexual men experiencing domestic abuse in the context of counter-allegations

Case Example 7: Mike rang the Dyn Project. He had left the family home that weekend after an altercation. He reported that his spouse had a substance use problem. Mike raised specific concerns about his spouse's parenting, stating that she was often unable to care for the children as she was intoxicated. More generally, Mike said that she often threatened to report him to the police if he tried to talk about issues of concern. Mike also stated that his partner frequently throws things about the house and has attacked him in the past using household implements. Upon questioning he indicated that he had successfully 'disarmed' his partner in the past. This included 'restraining' her. A phone referral questionnaire was completed and established that Mike was safe. The discussion moved on to the relationship and Mike disclosed that he and his spouse disagree on the future; was reported to want a divorce while he did not. There were apparently regular arguments. One discussing Mike's behaviour, he indicated that he did 'ignore her a lot' attributing this to the problems in the relationship. During this and subsequent contact Mike would remain focused on his partner's behaviour and was reluctant to discuss his own or consider its relevance. Mike said that during arguments his partner would 'take advantage' of a minor disability to make it more difficult for him. He stated that his spouse had threatened to kill him and threatened to commit suicide. These threats occurred during arguments and he divulged that they arose 'If I don't leave or I don't stop'. Mike explained that this meant during an argument when he felt his spouse would simply try and ignore a problem rather than deal with it. When questioned about his

own behaviour, he admitted to using violence in the past. The Project Coordinator passed on details of legal services (this was a major issue Mike had identified) and arranged to call back.

The Project Coordinator checked files with the WSU, DAU and Social Services during screening. In addition, given the disclosures made by Mike around his concerns about for his children, a referral was made to Social Services. There was no trace of either Mike or his partner in relation to domestic abuse. Due to concerns about Mike's disclosure around his use of violence, he was classified as MV3. The Project Coordinator contacted Mike and arranged for an occurrence marker to be placed on the property. He was staying with a friend and wanted to continue to do so. Mike was advised to arrange a police escort should he return to the property to collect any belongings. He declined an offer to arrange this. A meeting date was agreed were the issues outlined above were discussed in more detail, along with safety planning and information on relevant civil and criminal options. A second occurrence marker was placed on a property he had begun to rent. Information was also provided on counselling services at Mike's request. The Project Coordinator also supplied information on Respect.

An FSU9 was received shortly after. It did not detail any specific incident and was a report by Mike alleging domestic abuse. However, he declined to provide specific details and no further action was taken. Given the concerns around his own behaviour a referral was made for his spouse to the WSU.

Mike subsequently made an application for custody of the children. He sought support from the Dyn Project. Given the concerns about his behaviour, it was made clear that the remit of the Dyn Project extended only to safety planning around domestic abuse and that this was an issue for the Court. A request was subsequently received from CAFCASS for information after Mike indicated that he had been in contact with the Dyn Project. A purely factual account of involvement with Mike was provided which noted his disclosure of domestic abuse and activity in relation to this. The concerns about his own self-reported behaviour were also stated.

Case Example 8: Rhys was referred to the Dyn Project after an assault by his partner when he had been struck repeatedly with a heavy object. He sustained lacerations to his face, required stitches to his head and broken fingers. He had been assessed as Very High Risk victim. Upon screening it became apparent that Rhys and his former partner had both the subject of prior FSU9s (he had previously been assessed as medium risk prior to the Dyn Project). His partner had been referred to the WSU and had made allegations of assault and rape (both were later withdrawn). Rhys was assessed as MV3. Both were reported to have alcohol use problems.

Rhys was reported to be homeless. He and his partner had been evicted for anti-social behaviour. A local social services team working with vulnerable adults in the City Centre was contacted in an attempt to locate him and provide information on the Dyn Project.

Contact was subsequently made through a social worker at the local hospital after Rhys was admitted for medical treatment. There were particular concerns around his vulnerability as a result of his alcohol use and the absence of any accommodation since his eviction. The Project Coordinator arranged an assessment. Rhys reported that he was no longer in contact with his partner and disclosed experiencing a range of physical and emotional abuse. Emotional support was provided. It was noted that there were concerns around his own behaviour towards his partner, although Rhys consistently denied that he had been abusive. The Project Coordinator liaised with a colleague at the WSU who was working with Rhys' partner. This was essential to given concerns about the injuries Rhys had sustained in the most recent incident and in light of the information relating to alleged abuse experienced by his partner (who was a client of *Roundabout*, a specialist domestic abuse and substance use project at the WSU). In particular, this liaison ensured that neither (both of whom were homeless) were placed in accommodation in the same area. Concerns around domestic abuse were incorporated into his safe release plan and a housing support letter was provided. Rhys was subsequently housed in a local hostel with access to specialist services around his alcohol use. Once re-housed he and the Project Coordinator had a further meeting to discuss his safety and how to manage this (Rhys was especially concerned that he and his former partner would encounter each other as they shared a similar network of friends). Information was also provided regarding Respect.

Case Examples – MV4

Heterosexual men who are perpetrating domestic abuse but are alleging to be experiencing domestic abuse

Case Example 9: Anthony contacted the Dyn Project by telephone and identified himself as experiencing domestic abuse, stating that his spouse had assaulted him. He described a number of arguments and difficulties in the relationship, focusing on one incident that revolved around the sudden death of a relative. A phone referral questionnaire was completed which established that Anthony was safe at the moment, that the alleged perpetrator was no longer at the property and that there were children involved. During the discussion, it became evidence that the incidents Anthony was describing involved him hitting his spouse to 'calm her down' because she had become 'hysterical'. It was after initiating this physical contact that he became injured. Anthony made a clear distinction between this use of violence (which he attributed to his spouse's behaviour) and his normal conduct, describing himself as a 'peaceful man'. Anthony made little direct reference to his spouse, beyond saying that she had mental health problems and alleging that she had assaulted the children. Throughout the exchange Anthony could not offer much detail as to specific incidents in which he felt he had been abused. He also disclosed that he believed that his former spouse had gone into refuge. He had been in contact with the Police, and reported that they had advised him that his spouse had left making allegations of 'mental abuse'. Anthony reiterated upon this disclosure that he had serious concerns about his children and wanted to check that they were safe.

Given Anthony's presentation and the information that he had disclosed, he was assessed as being MV4. This assessment was provisional at the point of contact as the Project Coordinator did not have access to any case files for either Anthony or his spouse. Anthony was referred to Respect, and advised to speak to the Police if he had specific safety concerns or to a solicitor with regard to contact issues with his children and the status of the relationship.

The Project Coordinator contacted the DAU and was able to confirm that Anthony's spouse was the victim of an FSU9 two weeks earlier, and that this had been assessed as Very High Risk. The DAU were also able to confirm that she had entered an undisclosed refuge. Via a liaison at Cardiff Women's AID, the Project Coordinator was able to inform staff working with Anthony's spouse that he was making attempts to trace her via the Criminal Justice System.

Case Example 10: Ramesh contacted the Dyn Project by phone and left a message. The call was returned and the Project Coordinator spoke to Ramesh. It became apparent that his partner was in the property. Ramesh stated that he was the victim of domestic abuse, that he had been assaulted in the past and that he wanted emergency accommodation. He then implied that someone else was in the property in addition to him and his partner, who was 'keeping an eye' because they had been having relationship difficulties. From comments Ramesh made, it appeared that he had used violence towards his partner in the past. He also stated that he wanted his partner to be deported and Ramesh made number observations about her immigration status. Ramesh made a number of suggestions about his partner's role as a woman and asserted that she was a 'shaming wife'. Given Ramesh's comments there was some evidence to suggest that he was presenting as a victim when in fact he was perpetrating domestic abuse. At this point the Project Coordinator thought that there was the sound of crying in the background. While the Project Coordinator continued the conversation with Ramesh, the seconded Police Officer placed a request for an urgent police response. Ramesh was not informed that this was occurring until the Police were known to be at the scene. The Project Coordinator provided details on temporary accommodation that could be access that evening should Ramesh wish to do so. An assessment was arranged.

Workers at the WSU were informed of the crisis call and confirmed that Ramesh's partner was a client. They attempted to contact her and informed local agencies with whom she was involved (including her Midwife and a local BME domestic abuse organisation).

Ramesh attended for an assessment. During the assessment he assertively claimed victim status and showed no empathy for his partner. Using a number of assessment tools, Ramesh reported experiencing the entire spectrum of abuse. He focuses particularly on sexual abuse. Following this, the Project Coordinator attempts to illicit further information on the nature of this abuse. It was reported to revolve around sexual advances made by his partner. There was no evidence of coercion, with Ramesh stating that he could decline sex if he wanted. Indeed, his main concern appeared to be that he sometimes lacked the 'will power' to do this. He then focused on his partner's reluctance to have sex with him during her pregnancy. When asked how he felt about this, he stated that it was ok for someone to decline sex but not if this lasted. Ramesh was unable to provide any information on any alleged incidents, and focused his attention on his partner's 'shameful behaviour'. When this behaviour was discussed, he described an incident in which there was an argument. This culminated in Ramesh striking his partner twice. He did not appear to believe that there was an alternative course of action that he could have taken, emphasising that he wanted to 'teach her a lesson'. During the remainder of the assessment Ramesh disclosed further violence, and repeatedly made statements that minimised his behaviour (noting for example that his partner had a nose bleed during a struggle because she had a 'sensitive nose'). When the Project Coordinator discusses prior police involvement, Ramesh indicated that they had attended frequently and that he had been arrested once for GBH. He insisted that this did not mean anything and that the issue was his partner and his inappropriate behaviour.

Ramesh was assessed as MV4, particularly given the disclosures about his use of violence behaviour, his lack of empathy towards his partner, the absence of any chronology around the alleged incidents he had experienced, and the use of blaming. Ramesh was referred to Respect and provided details for Community Legal Services Direct. The Project Coordinator referred the case to the CWSU, who undertook to support his partner alongside a local BME domestic abuse organisation.

Challenges with Classification

Masculinity

Providing support to men has to be viewed in the context of the men's ideas about masculinity. Lloyd (2001) provides some ideas for improving interview techniques with men:

- o Clarity of purpose;
- o Outreach work (standard routes are ineffective, more traditional work in male settings may work, e.g. local hostels, pubs, sports);
- o Men often prefer contact to be made in an informal, but direct way, especially where agencies were perceived as *not* social work driven;
- o Approaching men with a positive outlook;
- o Acknowledgement that accessing men takes time;
- o Being clear why men would want to get involved with an agency;
- o Be aware of language, for example words like 'victim' are unlikely to be effective;

Counter-Allegations

The screening process is not an absolute. Someone who is a perpetrator is potentially skilled at manipulating any exchange. Distinctions between acts of abuse and self-defence can be confusing and determining the perpetrator and victim can appear difficult. It is important to remember that either party can present their experiences as 'mutual battering.' For someone using violence or abuse, this may be a way to minimise or excuse their behaviour. For someone experiencing domestic abuse, this may reflect a concern for their partner or a focus on their perceived role rather than their experience of victimisation. However, for advocates with an understanding of power and control, this term is clearly inappropriate. It is important to remember to never rule out the possibility of bi-directional violence and abuse, or that an individual victim will have used negative behaviour and actions in the past. It is

imperative to link information obtained from an assessment with other types of information (e.g., records of past incidents provided by the police).

Table 1 provides some broad outlines of the difference between a perpetrator who presents as a victim and a legitimate victim. However, these sentiments will not all necessarily be present during an assessment. Equally, many could be apparent in either the victim or the perpetrator. The issue is how these broad ideas can reveal the (abusive) dynamics of the relationship.

Table 1: Identifying 'Legitimate' Victims

Actual Victim/Survivor	Perpetrator Presenting as a Victim
Minimises severity of incidents, although is likely to provide details and chronology	Minimises events, and is vague and unable to provide details
Takes responsibility, or excuses the actions of perpetrator	Blames their partner for the incident
Empathy for partner, including difficulty circumstances or childhood experiences	Focus on their experiences, little or no empathy for their partner
Feels remorse for fighting back or defending themselves	Feels aggrieved
Can identify a very specific reason why they called, often abusive	Less likely to identify a specific incident, instead focuses on general grievances
Ashamed of victimisation	Assertively claims victim status
Fearful	Does not appear to be in any immediate risk, nor fearful
Confused	Overly confident
Has tried unsuccessfully to leave or repair relationship	Claims not to be able to understand why previous relationships ended
Feels a sense of obligation to abusive partner	May emphasise their role as a provider, or 'saviour'
Focus on own responsibilities	Stereotyped view of roles in relationships

Descriptive Statistics for 171 Men

Table 2 provides an overview of the demographic characteristics of the 171 men referred to the Dyn Project during the period 1st August 2005 to 31st July 2006 (a 12-month period). The 'typical' Dyn client is a white British male, who is less than 40 years old, and heterosexual. Where employment status is known, equal proportions are in full-time work as are unemployed.

Less than one-quarter of Dyn referrals are for gay victims of domestic abuse. Therefore the overwhelming bulk of the cases coming to the Dyn Project are for heterosexual men. For these men, the distinction between 'victim' and 'perpetrator' is often blurred.

Repeat referrals constituted 15% of the sample. Some types of men were more likely to be referred more than once to the Dyn Project. Specifically, repeat referrals tended to be gay men (MV1 in 11 cases, or 27% of gay male referrals) or heterosexual men with counter-allegations (MV3 in 12 cases).

Table 2: Demographic Characteristics of Dyn Referrals

<u>Client Characteristics</u>	<u>Value</u>	<u>N</u>	<u>Percent</u>
Sex	Male	171	100.0
	Female	0	0.0
Age at time of Dyn referral	Younger than 20	8	4.7
	21 - 30	50	29.2
	31 - 40	46	26.9
	41 - 50	35	20.5
	51 or older	14	8.2
	Unknown	18	10.5
Race/ethnicity	White European	135	78.5
	BME	6	3.5
	Mixed	6	3.5
	Unknown	24	14.0
Employment status	Full time	57	33.3
	Full time carer	1	0.6
	Part time	2	1.2
	Self employed	1	0.6
	Retired	4	2.3
	Student/training scheme	3	1.7
	Incapacity Benefit	1	0.6
	Unemployed	58	33.7
	Unknown	44	25.6
Dyn Status	MV1 - gay male victim	41	23.8
	MV2 - heterosexual male victim	51	29.8
	MV3 - victim and perp	57	33.1
	MV4 perp	22	12.8
Referral Type	New	145	84.8
	Repeat	26	15.2

N=171 cases

Thus far, very few referrals have been received from members of the black and minority ethnic (BME) communities. Approximately 79% of referrals to the Dyn Project are from a White British client; with 8% from the Black and Minority Ethnic Communities (information was unavailable on a further 14% of referrals). Engaging with the BME communities with regard to GBT domestic abuse, and abuse within heterosexual relationships, is likely to be difficult and present considerable challenges. The Dyn Project is hoping to develop a plan for improving engagement with these communities as capacity increases over time.

In conclusion, this chapter described the referral routes into the Dyn Project and the screening process for classifying referrals into four categories (MV1, MV2, MV3 and MV4). Case examples of each of these four types were offered to illustrate the challenges each pose to the screening process. Descriptive statistics then were provided on one-year's worth of Dyn clients (n=171 men). In the next chapter, we explore how the Dyn Project works with these men and what types of services are offered and accepted.

4. Services Received by Dyn Clients

This chapter describes the work undertaken by the Dyn Project on behalf of the men referred to the project. How men are contacted and offered services is described, before proceeding to an analysis of the average workload for each case and how this varies across the four Dyn categories. A description of the work undertaken with Dyn clients has been organized around the three main areas: (1) advocacy and support, (2) policing and criminal justice, and (3) HomeSafe and housing. The data about each of these areas are analyses in relation to the four categories of Dyn clients. The findings from this chapter make it clear that substantial differences between gay and heterosexual men exist in both service provision and uptake of services.

Work with Dyn Clients

The process by which referrals are received and classified has been outlined in the preceding chapter. Once a referral has been classified, the following actions will be undertaken:

Contact will be made by telephone where contact details are available. Should these not be available, the referring agency will be informed that contact cannot be made. If the client does not share an address with the alleged perpetrator a first contact letter will be sent along with a leaflet outlining the services offered by The Dyn Project. This will either be the generic or the LGBT leaflet depending on whether the client is in a same-sex or heterosexual relationship. Consequently, the case will be closed pending client contact.

Service Provision

Once contact has been made, clients are offered the opportunity to meet the Project Coordinator or maintain contact via the telephone. The services that are offered will be specific to their identified needs but will frequently include:

- A safety pack and/or safety planning advice;
- Advocacy and support;
- Advice on criminal and civil options (including access to the solicitor rota service offered by the CWSU);
- An occurrence marker on their property, and other police services (e.g. Police Watch or Cocoon Watch);
- Target hardening (via HomeSafe);
- Housing Advice (for example, a housing support letter, referral to a housing organisation such as Triangle Wales or Shelter or support at the Homeless Persons Unit);
- Referral or liaison with other services as appropriate; and
- Referral to an organisation that works with men who use violent or abusive behaviour.

If a client agrees to meet the Project Coordinator they will be offered a face-to-face appointment.

If there are particular concerns about a client; for example, they have been assessed as MV3 or MV4 (or remain unclassified due to a lack of information), the meeting will be an opportunity to undertake a more thorough assessment of their need (and risk to others).

Client Assessment

Risk assessment is undertaken by a seconded Police Officer based at the Cardiff Women's Safety Unit before a referral is passed to The Dyn Project. Once referred, cases involving GBT men will also be considered on the basis of the unique aspects of domestic abuse affecting these communities, particularly with regard to the potential escalation of risk that this may cause (see the GBT risk assessment in Appendix J). During the period under evaluation, risk was assessed on the basis of responses to a series of questions contained in the FSU9 (and normally completed by the Police Officer attending an incident). Thus, the greater the number of ticks the higher the risk is assumed to be: Very High (7 or more ticks),

High Risk (4-6 ticks), and Medium (up to 4 ticks).¹⁵ However, practitioners are strongly encouraged to use their own judgment, intuition, and knowledge about the case when assessing risk.

For the assessment of clients, the Dyn Project makes use of two specific tools:

- During the course of the evaluation, the Dyn project introduced a 'Chronology of Significant Events' (see Appendix I) for use in cases where there is ongoing involvement, where a face-to-face meeting was likely to be arranged or where the case particularly complex. This is designed to ensure that any FSU9s or other significant information (for example a MARAC or Child Protection Conference) can be easily reviewed in chronological order.
- Based on the concepts outlined in Chapter 1, the Dyn project developed a 'Client Assessment Form' (see Appendix J) for use during face-to-face assessments. This was an important tool for gathering additional information on the dynamics of the relationships and making a more informed assessment of risk (to both the client and their former or current partners and any children). This tool codified the concepts discussed in chapter one in relation to screening for use during an assessment. In addition, the Dobash Inventories are used to illicit information on both the client's experience and use of violent and abusive behaviour (also included in Appendix J).

The 'Client Assessment Form' was developed by drawing on tools used by the Cardiff Women's Safety Unit, the NSPCC Domestic Violence Prevention Service in Cardiff and material from the United States¹⁶. These tools are under review as the Dyn Project develops in order to deliver effective screening for perpetrators, and the assessment of risk to men who have experienced domestic abuse.

During the assessment it is possible to both provide emotional support to the individual, while potentially addressing some common myths about domestic abuse and probing for more information. However, screening is not absolute (in some cases it is simply not possible to make a determination); nor is it a process of interrogation. The concepts considered in Chapter 1 that underlie screening are elicited from the client's narrative of their behaviour and perception of individual incidents, their former or current relationship and their former or current partner. The assessment itself may be used to begin to challenge an abusive man to consider his own behaviour (and thus his capacity for change). However, someone who is perpetrating domestic abuse is potentially skilled at manipulating any exchange. This is why it is important to link any interviews with an information sharing protocol (including records of past incidents provided by the police). Given this information is 'known' to the Dyn Project from a statutory agency it can be introduced into any assessment.

Information gleaned from other agencies (or from an advocate working with a partner) is vital to making a decision about the case (including a classification and the provision of services). Yet, the use of this information in the assessment must be used within strict limits. While such information may provide an excellent insight into the dynamics of the relationship (or undisclosed behaviour) it must be compartmentalised. This is to ensure that the man's partner cannot be identified as the source of this information; otherwise, this may result in an escalation of risk and/or reveal the nature of any involvement with other domestic abuse services.

Monitoring and Casefiles

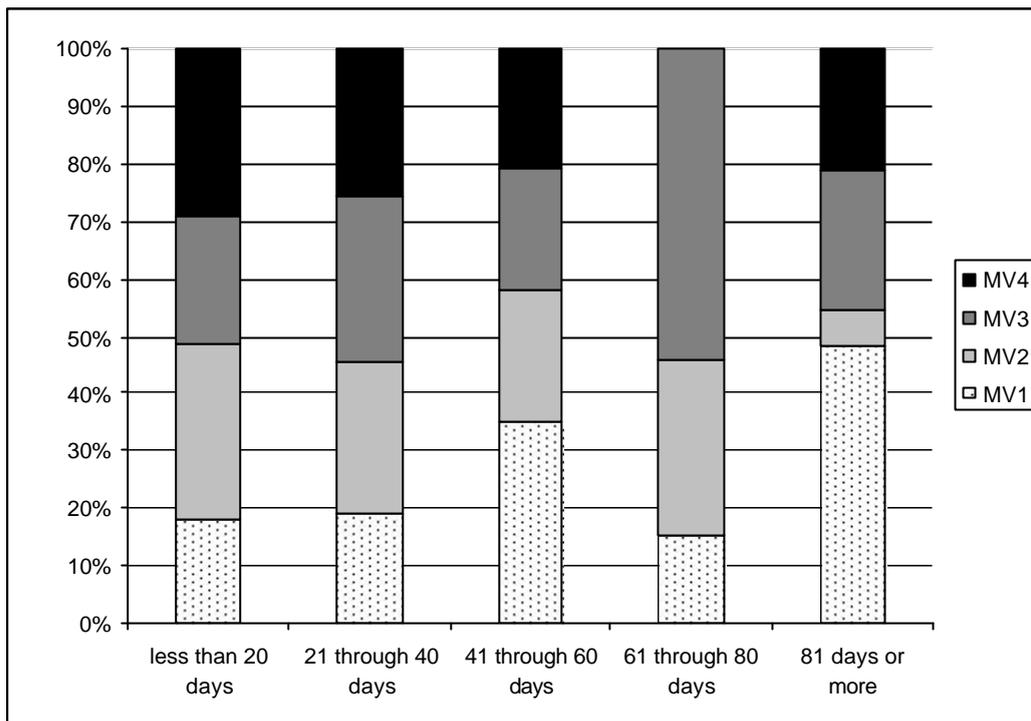
Notes are added to a client's case when there is contact attempted, or support offered or received. Several examples of case notes taken from Dyn files are provided below:

VictimsNotes			
Date	Project Worker	Notes	Incident
13-Jul-2006 18:55	JR	As this is a counter-allegation, passed to WSU. No action. Male is assessed as MV4 given initiated assault, and ! ! ! ! ! ! is a VHR victim who has previously been marac'd.	0

¹⁵ This scoring system is in the process of revision since the FSU9 was expanded from 15 to 20 questions (see Appendix C for the latest version of the FSU9).

¹⁶ In addition to acknowledging the contribution of the GLBT Domestic Violence Coalition, the Dyn Project would like to acknowledge the assistance of Mark Rivett, formerly of the NSPCC Domestic Violence Prevention Service, in the development and review of the Client Assessment Form.

Figure 2: Variations in Length of Support across Dyn Clients



Services Offered and Received

Description of the work undertaken with Dyn clients has been organized around the three main areas: (1) advocacy and support, (2) policing and criminal justice, and (3) HomeSafe and housing. Each of these is described in the sections that follow in terms of the overall levels of uptake by the 171 men, as well as analyses that identify variations in the types of services offered and accepted by the four types of Dyn clients.

Advocacy and Support

During the 12-month study period, 25 face-to-face appointments were offered, and 18 of these were accepted by Dyn clients. The overwhelming majority of these were MV1 clients (gay men); specifically, 15 of the offers and 13 of the acceptances were by MV1 clients (see Figure 3, next page). This is a trend echoed throughout the findings reported in this section, as the majority of services offered to and received by Dyn clients are for gay rather than heterosexual men.

For example, information packs were offered to 51 clients, 43 of whom accepted. As can be seen in Figure 4 (next page), the majority of these were for gay clients.

Figure 3: Face-to-Face Appointments

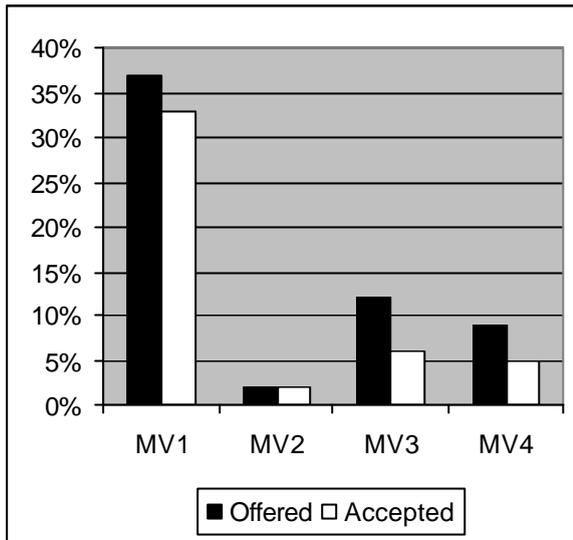
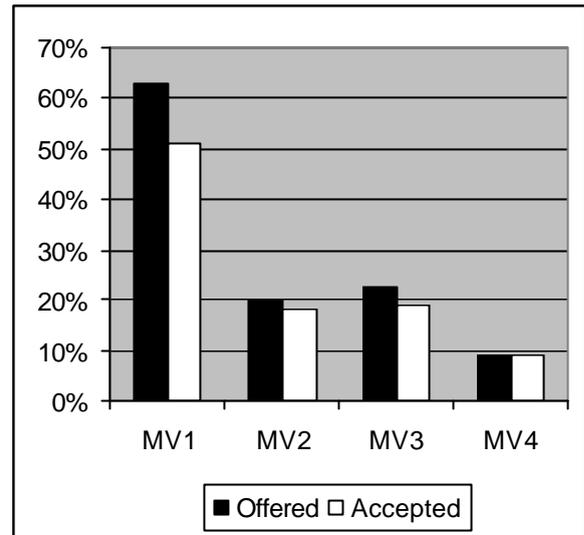


Figure 4: Information Packs



Initial contact letters were sent to 55 of the 171 victims (32%). These are letters containing information leaflets that are sent either to men referred to the Dyn Project for whom no telephone number is available or who consent to receiving information but decline any further services. The letter is only sent if the man and his former or current partner do not reside at the same address, or if a 'care of' address is available. As Figure 5 shows, these letters were most often used with heterosexual male victims (MV2s).

Figure 5: Initial Contact Letters

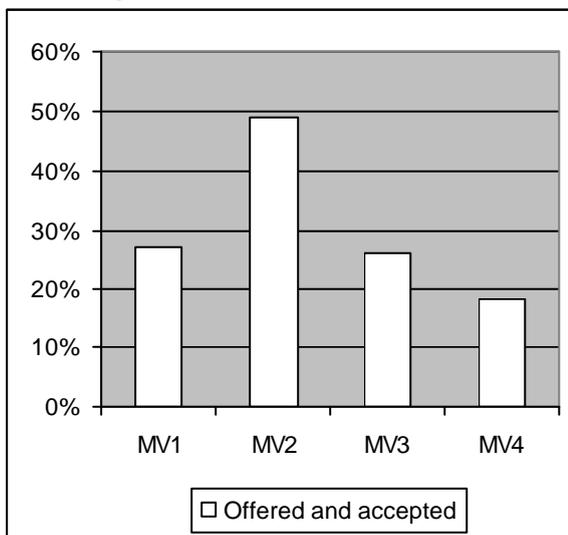
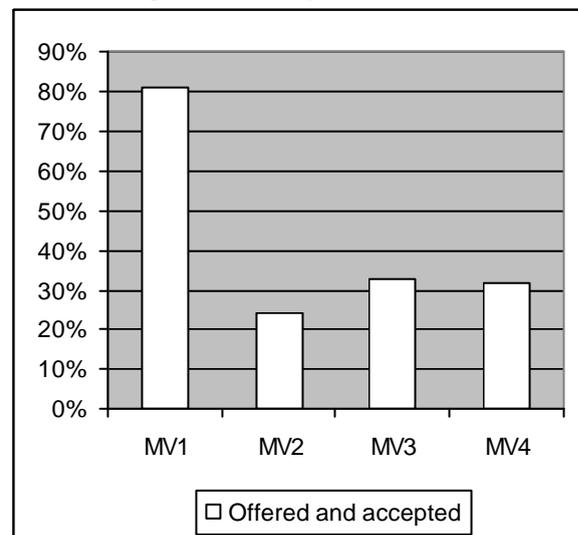


Figure 6: Telephone Contact



Telephone contact refers to men whom the Project Coordinator successfully contacted by phone after referral, applicable to 71 of the 171 referrals (42%). As Figure 6 indicates, this type of contact was significantly more likely to be offered and accepted by the majority of gay male victims (81%), compared to less than one-third of each of the three types of heterosexual male clients (whom, in many cases, did not disclose telephone contact details to police officers attending an incident).

In conclusion, the findings from this section illustrate the different kinds of support wanted by gay versus heterosexual male clients. Gay male clients want more long-term support, more face-to-face appointments, more information packs, and more telephone contact. Conversely, heterosexual clients (MV2s) were the least likely to have their cases open for more than 80 days and were generally satisfied to only receive an initial contact letter and leaflet. For those clients where the perpetrator/victim

distinction was blurred (MV3s and MV4s), cases were open somewhat longer than for the MV2s and they accepted slightly more appointments and information packs. However a clear difference has emerged in terms of the types of support offered to and accepted by Dyn clients in terms of their sexual orientation. Gay male victims appear to be the most similar to female victims of domestic abuse in terms of their desire for support and advocacy, whereas heterosexual male victims are clearly less likely to engage with the services offered by the Dyn Project.

Policing and Criminal Justice

Forty police occurrence markers were offered during the 12 month period, and 33 clients accepted. As evidenced by Figure 7, the provision and acceptance of occurrence markers also varied significantly by the type of client, as most were offered to (and accepted by) MV1s; however, a substantial proportion of occurrence markers also involved MV3s.

Relatively rare are legal referrals (that is, referrals to a specific source of legal advice including a rota of family solicitors operated by the WSU) which were offered to 8 clients, 3 of whom accepted. The numbers are very small, but equal proportions of MV1 and MV4 accepted these referrals (see Figure 8).

Figure 7: Occurrence Markers

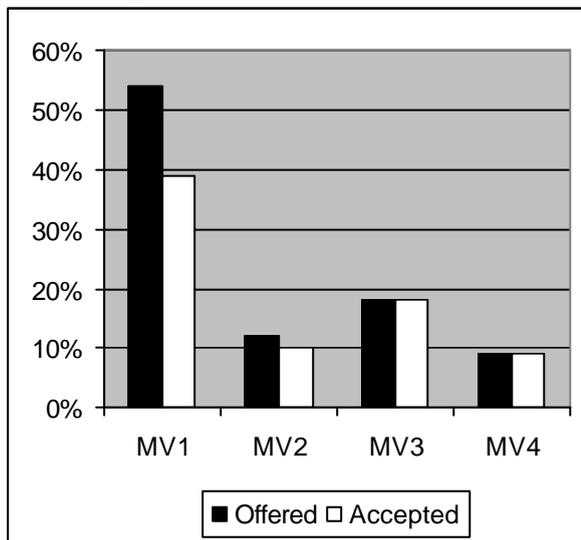
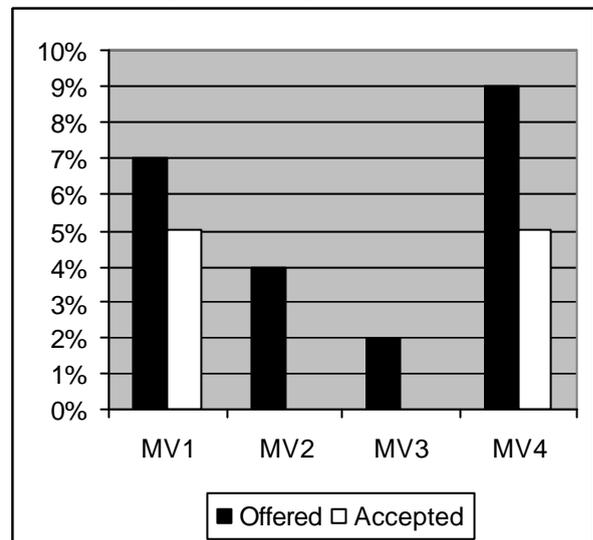


Figure 8: Legal Referrals



HomeSafe and Housing

As stated previously, HomeSafe is an organisation that provides target-hardening and crime prevention advice to victims of crime, and they have specialist lock fitters who are trained in domestic abuse. Over the 12-month period, 25 Dyn clients were offered a referral to HomeSafe, and 10 of these accepted. As shown in Figure 9 (next page), most of these referrals were offered to (and accepted by) MV1s (16 of the offers and 7 of the acceptances).

Housing referrals were offered to 16 clients, 12 of whom accepted. Again, most of these were MV1s (see Figure 10, next page).

Figure 9: HomeSafe Referrals

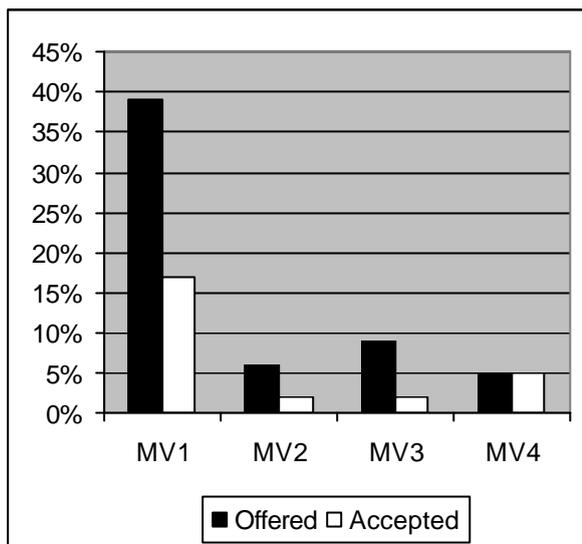
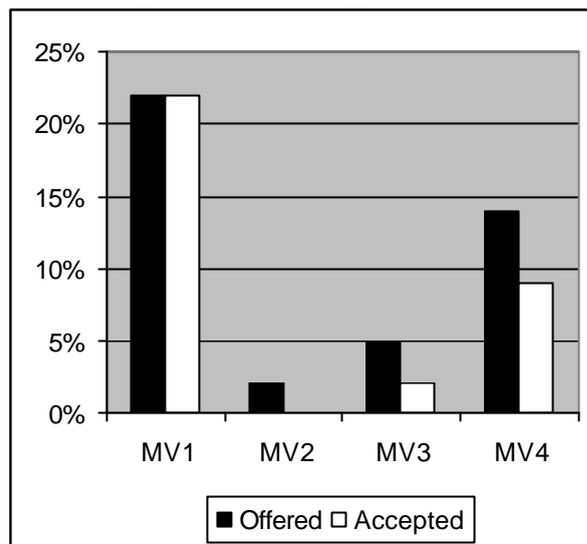


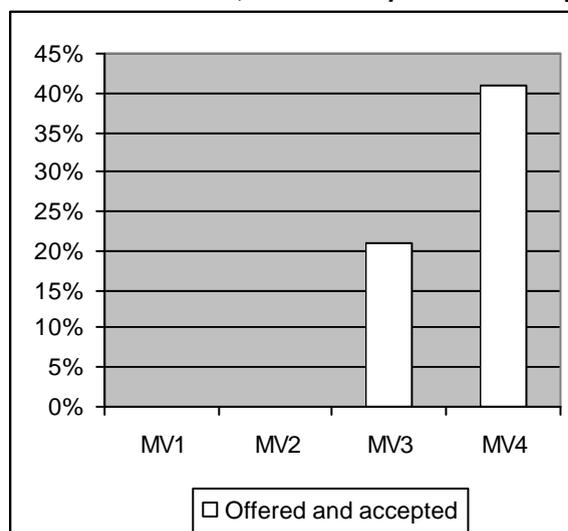
Figure 10: Housing Referrals



While women are able to access refuge services, there are no housing options specifically for gay and bisexual men who experience domestic abuse in Wales. Consequently, the Dyn Project and Triangle Wales (an All-Wales housing advice and support service, managed by Trothwy Cyf www.trianglewales.co.uk) intend to establish a pilot housing project for gay and bisexual men who experience domestic abuse in Wales from an intimate former or current partner. Both agencies have an All-Wales remit, and can each be accessed via free phone helplines, so that Seibiant (Welsh for 'respite') would be a national resource. At the pilot stage, the project would provide five bed spaces to men escaping domestic abuse in Cardiff and access to a further three bed spaces in North Wales. The helpline services offered by Triangle Wales and the Dyn Project (the Dyn Wales / Dyn Cymru Helpline) would also provide advocacy and support services to men in relation to their housing needs and experience of domestic abuse.

Another important service provided by the Dyn Project is the 'surveillance function' of men classified as MV3 and MV4. The Project Coordinator is able to liaise with WSU advocates about these cases and therefore more complete information is known about couples experiencing bi-directional violence. In some cases, the information obtained by the Dyn Project has meant that new referrals to the WSU were made for women that were previously unknown. In 21 of the 171 referrals (16%) the female partner of a Dyn client was the subject of a new referral to the WSU. Not surprisingly, new WSU referrals were made only in cases where the man was classified as MV3 or MV4 (see Figure 11).

Figure 11: WSU Referrals (for female partners of Dyn Clients)



In conclusion, this chapter has demonstrated that a service for men experiencing domestic abuse is very different from that provided to women. Gay male victims appear to be the most similar to female victims of domestic abuse in terms of their desire for support and advocacy, whereas heterosexual male victims are clearly less likely to engage with the services offered by the Dyn Project. Since three-quarters of the referrals to the Dyn Project are for heterosexual men, this means that the majority of the work associated with the Dyn project is about classifying referrals rather than direct service provision to clients. In the case of heterosexual men, a considerable amount of time is also spent liaising with the WSU when a client is identified as being involved in counter-allegations (and thereby assessed as MV3 or MV4). Indeed, as demonstrated above, this may involve an initial referral to the WSU (which initiates contact) where the female partner involved in counter-allegations is not known to the WSU, or has previously been (but is not currently) accessing services. However, a range of services are both provided to and accepted by all types of Dyn clients, and this is a key function of having a dedicated service for men.

5. Risk and Safety Issues of Dyn Clients

In this chapter, the data on the risk factors prevalent in the lives of men experiencing domestic abuse are analyzed. The process classifying ‘risk’ is not an exact science, but some insights into what it means to be a standard, medium, high or very high risk client are provided by the data. The differences between men and women experiencing domestic abuse that were introduced in Chapter 1 are evident here, as the patterns and prevalence of the risk factors are noticeably different. Furthermore, differences exist in terms of the level and type of risk amongst the four Dyn categories.

Prevalence of Risk

Figure 12 shows the percentage of Dyn clients that reported experiencing risk factors contained on the FSU9. The graph indicates that a substantial proportion (35%) reported none of the risk factors, and a nearly half (49%) had a total risk score of 4 or less. Relatively few had total risk scores above 7 (the score generally indicative of a Very High Risk classification during the evaluation period).

Figure 13 shows the percentage of Dyn clients that received various risk classifications on the FSU9 police complaint form. Most Dyn clients are assessed at the lower end of the spectrum, at either medium or standard risk (61%).

Figure 12: Total Risk Scores of Dyn Clients

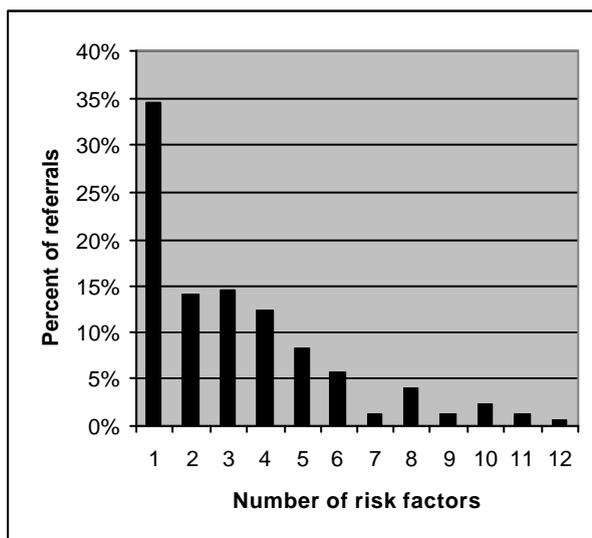
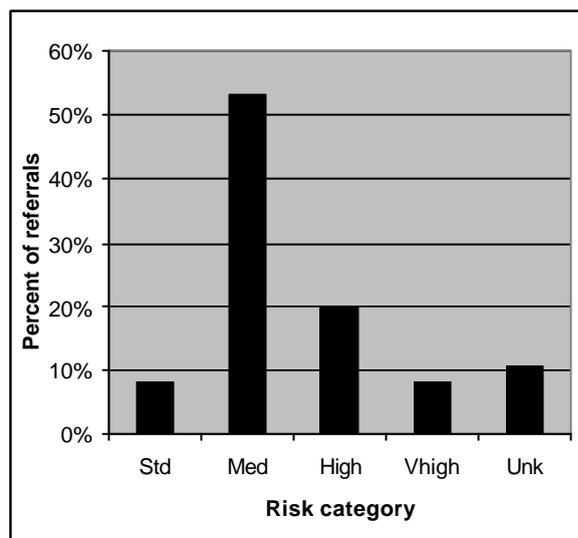


Figure 13: Risk Classification of Dyn Clients



The prevalence of the different risk factors amongst the 171 Dyn clients studied here is displayed in Table 3. The most common risk factors present were relationship separation (38%) and injuries (34%). The perpetrator having a criminal record and the perpetrator having alcohol problems were both present in 22% of cases.

One of the more well-known risk factors for severe harm or homicide is when the relationship is being dissolved. For example, Wilson and Daly’s (1992) research found that women are at greatest risk of homicide after they separate from a violent partner. This risk factor is the most prevalent for the male victims referred to Dyn. However it is not known whether this risk factor predicts future harm/violence in the same way for male and female victims of domestic abuse.

Overall, the findings from the risk assessments conducted with male victims of domestic abuse show markedly different results from the risk factors present for female victims of domestic abuse. For example, research conducted in the US documents the importance of psychological abuse. In their

review of the literature, Bennett et al. (2000) noted that psychological abuse has been correlated with more long-term, severe physical abuse. They identified two main components of psychological abuse: dominance/isolation (e.g., demands for subservience, isolation from resources) and emotional/verbal abuse (e.g., degrading the victim, attacking her verbally). However psychological risk factors do not seem to feature as prominently in Dyn clients.

Another difference appears to be victims' reports of extreme jealousy/control exhibited by their partners. In the UK, research conducted with very high-risk victims in Cardiff showed that this was one of the most frequently reported risk factors, present in 62% of cases. Further analysis revealed that 'perpetrator is jealous or controlling' was a particularly important risk factor for these women, as its presence significantly increased the likelihood that 11 of the 14 other risk factors would occur (Robinson, 2004). Recent research in Glasgow echoes these findings. Among a sample of victims (not constrained to just those at very high-risk), the most frequently occurring risk factors was that the (ex) partner behaves in a very jealous or controlling way (77% of cases) (Robinson, 2006). Thus, the importance of jealousy/control (the foundation of the Duluth Model) cannot be said to apply to male victims of domestic abuse in the same way that it does so powerfully for female victims of domestic abuse, as only 10.5% of the Dyn sample of male victims reported that their partners were jealous or controlling.

Table 3: Prevalence of Risk Factors in Dyn Cases

Risk Factor	Description	Frequency	Percent
RAQ8	relationship separation	66	38.4
RAQ2	injuries	59	34.3
RAQ1	criminal record	38	22.1
RAQ5a	perp has alcohol problems	38	22.1
RAQ3	use of weapons	27	15.7
RAQ5b	perp has drug problems	18	10.5
RAQ7	perp is jealous/controlling	18	10.5
RAQ12	escalation	16	9.3
RAQ13b	suicide attempt/threat - by perp	15	8.7
RAQ4	financial problems	14	8.1
RAQ2a	injuries cause concern	12	7.0
RAQ5c	perp has mental health problems	12	7.0
RAQ1a	criminal record is DA related	11	6.4
RAQ9	child contact issues	10	5.8
RAQ16	victim afraid of further injury/violence	8	4.7
RAQ3a	use of weapons cause concern	7	4.1
RAQ10a	kill victim	6	3.5
RAQ7a	jealousy/control causes concern	4	2.3
RAQ13a	suicide attempt/threat - by victim	3	1.7
RAQ10e	threats to kill cause concern	2	1.2
RAQ15	victim very frightened	2	1.2
RAQ20	victim isolated	2	1.2
RAQ19	victim suspects stalking	1	0.6
RAQ11	strangle/choke	1	0.6
RAQ17	victim afraid perp will kill her	0	0.0
RAQ18	victim afraid perp will harm children	0	0.0
RAQ14	sexual abuse	0	0.0
RAQ10b	kill children	0	0.0
RAQ10c	kill other intimate partner	0	0.0
RAQ10d	kill others	0	0.0

N=171 cases

Variations in Risk across Types of Dyn Clients

The four types of Dyn clients differ not only in their risk classification (medium, high, very high risk, etc.) but also in terms of the individual risk factors that impact upon their lives. Perhaps contrary to expectation, heterosexual Dyn clients appear to be at a greater risk for further abuse and violence compared to their gay counterparts. For example, in Table 4 below, it can be seen that MV3 and MV4 clients are more likely to be classified at high or very high risk. Specifically, 44% of MV3 and 39% of MV4 are classified in this way, compared to only 31% of MV1. The MV2 group had the lowest percentage classified as high to very high risk (14%). Therefore it is those cases where the distinctions between victimisation and offending behaviour are blurred that appear to be at highest risk. The more easily identified 'legitimate' victims (either gay or heterosexual) appear to be at lower overall risk. However, of these 'legitimate' victims, the proportion of gay male victims (MV1) assessed as high or very high risk was twice that of their heterosexual counterparts (MV2), accounting for almost 1 in 3 gay male referrals. Similarly, 27% of gay victims (MV1) were repeat referrals to the Dyn Project compared to only 4% of heterosexual victims (MV2).

Table 4: Risk Classification by Dyn Status

FSU9 Risk Classification	Dyn Status				
	<u>MV1</u>	<u>MV2</u>	<u>MV3</u>	<u>MV4</u>	<u>AVG</u>
Standard	15.6%	8.2%	7.4%	5.6%	9.2%
Medium Risk	53.1%	77.6%	48.1%	55.6%	59.5%
High Risk	28.1%	10.2%	29.6%	22.2%	22.2%
Very High Risk	3.1%	4.1%	14.8%	16.7%	9.2%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%

N=171 cases

Chi-sq=16.74, df=9, p=.053.

Furthermore, differences are found in the types of risk factors across gay and heterosexual clients. As Table 5 shows, injuries (RAQ2 and RAQ2a) and weapons (RAQ3) were more likely to be an issue for heterosexual rather than gay victims. Relationship separation (RAQ8), conflict over child contact (RAQ9) and even the victim being very fearful (RAQ16) were also more likely for heterosexual rather than gay victims.

Table 5: Risk Factors by Dyn Status

Risk Factor	Dyn Status				
	<u>MV1</u>	<u>MV2</u>	<u>MV3</u>	<u>MV4</u>	<u>AVG</u>
RAQ2*	14.6%	35.3%	52.6%	22.7%	34.5%
RAQ2a**	2.4%	3.9%	14.0%	4.5%	7.0%
RAQ3*	2.4%	21.6%	22.8%	9.1%	15.8%
RAQ8**	26.8%	51.0%	40.4%	27.3%	38.6%
RAQ9**	0.0%	7.8%	10.5%	0.0%	5.8%
RAQ16**	0.0%	2.0%	12.3%	0.0%	4.7%

N=171 cases

*Chi-square test significant p<.10; **Chi-square test significant p<.05

Very High-Risk Victims

Of the 171 men included in our sample, 28 (16%) were also referred to a MARAC (Multi-Agency Risk Assessment Conference). As stated previously, these are multi-agency meetings where practitioners from different agencies come together to create safety plans for very high risk victims of domestic abuse (see Robinson, 2004; Robinson & Tregidga, 2005). Typically the cases referred to these meetings are for women; however, with the introduction of the Dyn Project the number of male referrals has increased (although the overall numbers are still small in comparison to female referrals – approximately 2 males per month in comparison to more than 40 females per month).

Significantly different proportions of the Dyn categories had their cases referred to a MARAC. The greatest percentage was for the MV4s (36%) and the MV3s (19%). It is important to note that in these cases the female partner usually would have been referred to a MARAC as well. Nevertheless, again we see that when the perpetrator/victim distinction is difficult to make, the risk appears to be greater. Conversely, those victims that are easier to classify had lower rates of referral to MARACS (15% for MV1s and 6% for MV2s).

In conclusion, this chapter provided the results from the analysis of the risk data. It was revealed that 6 in 10 Dyn clients are assessed at the lower end of the spectrum, at either medium or standard risk. The most common risk factors present were relationship separation (38%) and injuries (34%). Perhaps contrary to expectation, heterosexual Dyn clients appear to be at a greater risk for further abuse and violence compared to their gay counterparts. The more easily identified 'legitimate' victims (either gay or heterosexual) appear to be at lower overall risk. These findings are discussed further in Chapter 8.

6. Perceptions of Dyn Clients

In this chapter of the report we provide some evidence – from the client's point of view – about the services provided by the Dyn Project. Due to safety issues, it was deemed appropriate to only include the MV1 clients (gay men) in this part of the data collection exercise. A follow-up telephone interview was therefore attempted for this sample of men. The semi-structured interview format is contained in Appendix K.

Of the 41 gay male clients referred to the Dyn Project in the 12-month study period, responses to this element of the study were as follows:

22 men were excluded because:

- There was no current contact number;
- Counter-allegations or safety concerns made contact inappropriate;
- Their case was currently open; or
- They had not been in receipt of any services from the Dyn Project.

Of the remaining 19 eligible men:

- 2 declined to participate;
- 2 arranged to participate but could not subsequently be contacted;
- 11 men could not be contacted (they were either unavailable or their contact number was no longer working)

Therefore in total there were 4 men that participated in this aspect of the research. Three of the men defined their sexual orientation as gay and one defined himself as bisexual. Other characteristics of the respondents are outlined below:

- **Respondent 1:** A middle-aged man (49 years old) of unknown race or employment status. Had 2 previous domestic abuse complaints and his case was open for fewer than 20 days.
- **Respondent 2:** A white British male, aged 30, in full-time employment who had 1 previous domestic abuse complaint and his case was open between 21 and 40 days.
- **Respondent 3:** A white British male, aged 29, in full-time employment who had 1 previous domestic abuse complaint and his case was open for fewer than 20 days.
- **Respondent 4:** A white British male, aged 34, unknown employment status, with 6 previous domestic abuse complaints and his case was open for 81 days or longer.¹⁷

This chapter is divided into three sections: clients' perceptions of the Dyn Project; their perceptions about changes to their levels of safety; and recommendations for how the Dyn Project could be improved.

Perceptions of the Dyn Project

When asked to rate the effectiveness of the Dyn Project on a scale from 1 to 10, with 10 being the most effective at helping them plan and obtain a safe outcome, the ratings included a 6, 8, 8.5 and 9. All four respondents deemed the Dyn Project to be 'very helpful'. In terms of their satisfaction, two respondents said they were 'very satisfied' and two reported being 'satisfied'.

Their specific responses included:

Respondent 1:

It helped me focus on the things that were important and to realise that life isn't necessarily bad all the time. It gave me the opportunity to take some value in myself.

¹⁷ This same respondent was known as Llewellyn in Chapter 3.

Respondent 2:

Just by providing information for me that I wasn't really aware of. What really hit home for me that I had been in an abusive relationship was a little wheel [the Lesbian and Gay Power and Control Wheel] that showed what different people can use to control people. It helped me realise what was actually happening... I'm a bit more switched on now.

Basically it was good that you were quite persistent, you followed up the calls. You rang back and made sure everything was ok, it felt like concern.

I knew what would happen if I called [the police]. That was reassuring [referring to an occurrence marker]

Respondent 3:

Helped me move on, although it [the abuse] was a long time ago now and I'm back in the North East.

Respondent 4:

They helped me feel safe. They had a lot of contact with my care team and housing and did loads there. The support you gave me, you were always there and got back to me. You updated me and helped me feel safe by arranging a taxi to court and meeting me.

When asked whether the Dyn Project was not able to help them in any way, only 2 of the 4 respondents offered any suggestions:

Respondent 1:

I would have found counselling services useful and more follow up service. It should be ongoing for example like the gay men's group that I accessed.

Respondent 4:

You couldn't stop me feeling sorry for my ex boyfriend and wanting him back. You can't change people's feelings.

In conclusion, although this was a very small sample of clients, the undeniable impression is that contact with the Dyn Project was very much valued and enabled them to access services and obtain advice that would not have been possible otherwise.

Perceptions of Changes in Safety

Several questions gathered information from the clients about whether being in contact with the Dyn Project had made a noticeable difference to their subsequent safety and quality of life. Clients' perceptions about their contact with the Dyn Project are as follows:

Decreased the violence	3	Decreased the threat of violence	3
Had no effect on the violence	0	Had no effect on the threat of violence	0
Increased the violence	1	Increased the threat of violence	1

It is apparent that one client did not perceive a favourable outcome as a result of the Dyn Project. Respondent 3 identified that the violence, or threat of violence, had increased in response to these questions. He explained that:

It increased for a while, he didn't like the fact that I was talking to other people. It angered him. Although I didn't talk to the Project about this. I'm a long way from it now.

This is an important reminder that, regardless of the quality of the intervention, for some victims the violence does not necessarily stop despite the best efforts of those involved. This is true for both male and female victims.

When asked to think about their risk of future abuse, two of the four men responded that it was lower or unlikely. However Respondent 1 explained that since moving out of the area and ending his engagement with the Dyn Project there have recently been more problems. Safety planning was provided and a new appointment was arranged. Respondent 4 explained that his partner is coming to the end of a custodial sentence and he is still in contact and not unsure about the status of the relationship. He is receiving safety planning advice and the Dyn Project is liaising with partner agencies. He stated:

I would like to think it would all work out and he would never hit me again, we could sort it out. I am worried about him coming round and I feel responsible.

Thus, as for countless other victims of domestic abuse, engaging with services is no guarantee that every victim can benefit from the experience – or feeling – of safety.

Recommendations by Dyn Clients

Three of the four respondents made suggestions for ways in which the Dyn Project could be improved. Two said that more counselling services would be helpful, and one of these respondents also noted that more assistance with securing property could be offered. The other respondent asked for a different interviewing area and 'somewhere to feel comfortable'. This is an important comment given that the Dyn Project was located in the Cardiff Women's Safety Unit during its first year of operation. Since November 2006, it has been located in the Safer Cardiff offices. This move has since proven to be more convenient for arranging face-to-face appointments with clients.

When asked if they had any further suggestions or comments to make, the four men made the following comments:

Respondent 1:

I thought it was an incredibly good service. It could have gone on for longer but that comes down to funding if it is to be an ongoing thing.

Respondent 2:

It was great to have a nice, impartial service which is non-judgemental and offers support. It [domestic abuse] can be a nasty circle. Sometimes you need someone to sit down and help you see. It was a seven year relationship which was very violent. You guys helped me get out of it.

Respondent 3:

You [The Dyn Project] were a really good source of support.

Respondent 4:

You [The Dyn Project] were very helpful, it was like having someone to talk to.

In conclusion, the follow-up interviews with several gay Dyn clients showed that the service was extremely important to them and had provided vital information and support in their time of need. All four respondents felt that the Dyn Project was 'very helpful' and they were all 'satisfied' or 'very satisfied' with the service they had received. However, the interviews also showed that, regardless of the quality of the intervention, for some victims the violence does not necessarily stop despite the best efforts of those involved. Finally, the recommendations suggested by the clients interviewed included a separate interviewing area (apart from the WSU) and more long-term counselling services. The separate interviewing area has already been addressed by the move of the Dyn Project to the Safer Cardiff offices. The more extensive counselling service desired by some clients is an issue dependent on funding considerations.

7. Dyn in the Multi-Agency Context

This chapter provides the findings from the interviews conducted with key informants working in other agencies that have had contact with the Dyn Project. The respondents included 4 respondents working in the following voluntary sector agencies:

- Women's Safety Unit
- Broken Rainbow
- Terrence Higgins Trust¹⁸

In addition, 3 respondents from criminal justice agencies were interviewed:

- Police (MARAC Chairing Officer)
- Crown Prosecution Service
- CPS Witness Care

The interview questions asked of these informants are contained in Appendix L.

Interviews with the key informants revealed several strengths of incorporating a service for men experiencing domestic abuse into a multi-agency approach towards domestic abuse, including:

- Increasing the information-sharing and good practice between advocates supporting male and female victims (particularly with respect to heterosexual perpetrators attempting to present to services as victims);
- Providing a more holistic picture of the amount of men needing services and the types of support they require;
- Challenging misconceptions and increasing attention about male victims of domestic abuse;
- Improving other agencies' awareness and responses to male victims; and
- Providing a specialist service for GBT victims that greatly enhanced the provision afforded to this community.

These themes will be discussed in more detail in the following sections.

Information-Sharing

One of the main benefits that emerged from the key informant interviews was the improved information-sharing that was now possible as a result of the Dyn Project. Practitioners from many agencies were able to give examples of 'working together on specific cases', where as a result of the information shared between agencies, better outcomes were possible for the client. Furthermore, working on cases together meant that:

Practitioners from other agencies know [the client] is a true victim because of the Dyn information. Therefore [the Dyn Project] has removed professional suspicion and anxiety about male victims. People are more comfortable now, and there is a more professional approach.

In respect to very high-risk cases, there was a sense that perhaps information-sharing could still be improved. Specifically, in regards to the MARAC referrals potentially the risk assessment and classification procedures (which had been developed and implemented for female victims) were not translating perfectly to male victims. Or, that perhaps there was richer information about risk to male victims that was not available to the MARACs. This issue warrants further monitoring.

Information-sharing about specific cases extended beyond the WSU. For example, the Dyn Project was able to liaise with the CPS Witness Care Unit about specific cases which produced better outcomes:

In some cases it's been flagged that the relationship is back on so there might be a withdrawal. In one case where two men had a long abusive

¹⁸ This is an HIV and AIDS charity (see <http://www.tht.org.uk/>).

history, the complainant had mental health issues. After speaking to the Dyn Project I became aware of these issues – such as the complainant's high fear and [learned] how to approach him sensitively and was therefore able to offer him special measures.

Providing support and advocacy for men in a woman-centred agency, such as the Women's Safety Unit, has many challenges. One challenge that emerged over the evaluation period was the actual physical location of the Dyn Project. On the one hand, there were many positive features of having the two services co-located in the same offices. For example, respondents noted that:

There is a significant pool of expertise located in one place. We benefited from having a one-stop-shop for all types of victims. He [Dyn Coordinator] can check whether perpetrators are trying to access services pretending to be victims and therefore provide service to the right people.

This allowed us to transform information into intelligence. Parallel projects in the same space gave us a much more holistic picture, a much better intelligence base, but the downside is that you can't have men coming to the WSU. They always had to meet [Dyn Coordinator] off-site.

Particularly with respect to providing surveillance of men perpetrating domestic abuse that are trying to present as victims, co-location was an asset. As noted in Chapter 1, since November 2006 the Dyn Project has been moved outside of the WSU and instead resides in the Safer Cardiff offices. However this was viewed as a positive development:

We were able to look at perpetrators presenting as victims in cases with counter-allegations. We were able to get much more comprehensive information. It was an enriching positive thing to have the Dyn project integrated with the WSU. However as it evolved it had to be separate as victims (both men and women) need to have their own space.

The WSU is geared towards women and kids. A man going to that environment would feel uncomfortable. It's got to be tailored in a different way. They are victims but don't necessarily feel that way. [The Dyn Project] needs to be separate and have its own identity, not [be] a latch-on to the WSU.

Increasing Awareness

The addition of the Dyn Project into Cardiff's well-established multi-agency partnership approach to domestic abuse¹⁹ was by all accounts very welcome as it helped to raise awareness of the issues facing male victims of domestic abuse. Many respondents felt that the stigma and shame facing a male victim of domestic abuse (whether gay or heterosexual) would be greater than that of female victims of domestic abuse. Therefore the Dyn Project was viewed as a vehicle for challenging misconceptions about domestic abuse and raising awareness. Some of the comments indicated how this could be achieved for individual men and society at large:

One of the greatest challenges in providing services to men is giving victims the confidence to make a complaint in the first place, even if they are a man, because of the stigma and men thinking "I can't be attacked. I'm a man. I can defend myself."

¹⁹ See Robinson A. L., & Pickles J. (2003). Gweithio Gyva Ein Gilydd: Y Profiad Cymreig (Working Together: The Welsh Experience). Cover article for *Safe: The Domestic Abuse Quarterly, a national journal for practitioners*. Issue 7, pages 4-6.

The big thing for males is an awareness that it's actually happened. Any victim (male or female) doesn't want to talk about it... but with blokes they think completely differently. They need to know there is something out there for them. They need to know they have rights as well.

DV is now taken seriously for men. They now have a support network and victims are given more credibility and rights from having a dedicated support agency. Previously they would have been isolated but not there's a huge difference.

[The Dyn Project] helps to change our cultural attitudes about DV and our understanding that victims can be male, and the overlap between victimisation and offending.

Other respondents noted the challenges of providing a service to 'men experiencing domestic abuse' when the men included those in both gay and heterosexual relationships. Generally there was a concern that gay male victims would suffer a compounding disadvantage from being gay. For example:

Men victims have a lot of extra difficulties in the sense that the actual service you may be offering might compound the problem, e.g., men DV victims suffer shame and a sense of this [DV] eroding their masculinity (for both gay and straight men) so you have to be careful that a service designed for women would be perceived as 'too fluffy'. They would think they were being treated like women. Shame and no tradition of services [for this problem] means they don't have the comfort of feeling like others share their experiences. Therefore it's far more difficult for them to come forward. Plus, for gays it can feel like you are doing your dirty washing in public... leading to pressures to 'put up and shut up'.

Some gay, bisexual and transgender men may experience homophobia and transphobia as part of the domestic abuse and the possibility of being 'outed' both by the perpetrator but also professionals involved in the case.

People's attitudes and preconceptions about gay relationships... people assume that two men can look after themselves, but it can be just as dominating as male-on-female abuse.

Safety and risk for male victims are the same priorities as for female victims. But long-term counselling implications may be different for gay men. Men also may need different risk assessment, slightly different questions (as with BME community) because any group concerned about prejudice is going to require additional questions and concern.

The shame issue is worse for straight men 'beaten up by girls'. Ironically, gay men have better coping skills with shame (because they are 'not quite men' anyways) therefore if you are trying to provide services to these two different groups together then it's often an unhappy marriage.

In short, respondents identified a range of difficult issues facing male victims. Regardless of whether gay men 'have it worse than straight men', these interviews raise the question of whether a service designed for men experiencing domestic abuse can adequately serve men across the sexuality spectrum. The data from these interviews can be seen as consistent with the findings presented in Chapter 4 on different service delivery and uptake between gay and heterosexual men accessing the Dyn Project.

Training and Policy Development

Importantly, the Dyn Project has been able to make contributions at a strategic level in the multi-agency arena. For example, training was delivered to CPS Witness Care Unit staff so that they have been better able to contact and discuss cases with victims who are gay. As one respondent noted:

Our service has increased due to getting the specialist knowledge from the Dyn Project as [the training] removed concerns about how to discuss things with gay male victims.

Another example of strategic developments with the CPS is in relation to policy development resulting from new legislation regarding the reporting of cases to the press which now can be banned if it will hinder the victim from giving evidence. This is very pertinent to gay victims who might be 'outed' if their involvement in a case is made public. A CPS respondent and the Dyn Coordinator worked together on a report that was tabled at a meeting of the Local Criminal Justice Board. In effect this report constitutes draft policy guidance about how prosecutors can make effective arguments when making early applications to the court to have the press banned. As the respondent explained:

Dyn's consultative advice enabled us to have a forceful argument about why the press should be banned [in some cases]. Although each case will have to be decided on its own merits, [the collaboration] made us think about how we must be guided by the interests of victims and witnesses in order to achieve justice. As a result we were able to raise awareness and create policy in this [new] area.

Specialist Advice and Service Provision

Many respondents applauded the addition of a new specialist service, recognizing that victims of domestic abuse may be united in some of their experiences, but in other ways represent very divergent and unique backgrounds. Therefore the advice and information available from the Dyn Project was very highly regarded. Some comments to this effect include:

Prior to Dyn there was nowhere... nowhere to refer them to apart from a London helpline. You would have to send them to a generic service – in this case DV support for women – and this doesn't work so they would be limited to the CJS and this wouldn't help them address any of their other issues (e.g., housing).

Without this specialist service many GBT men in Wales but especially in rural parts would not have any support.

... [Now] there is a specialist worker in Wales, who is knowledgeable about GBT DV, who can do face-to-face complex work such as safety planning when leaving a violent relationship, [encourage] GBT to report the abuse to the police (reporting crime to the police for some GBT people is difficult due to the historical relationship and perceived homophobia they might encounter) and have local based knowledge to access support.

Part of the difficulty with domestic violence is that if it's not your specialism it's hard to judge. For us, DV isn't a frequent issue for our clients and it is a complicated field of work so it's been good to have the Dyn Project. The main thing I wanted to learn is whether it would still be DV when people don't live together anymore. [The Dyn Coordinator] said "Yes!" So I was able to talk to him and get specialist advice from him. Without specialist knowledge the options [for clients] appear much starker.

*It's a really worthwhile service, another link in the network of support.
Everything together makes a difference, and Dyn is a vital part of this.*

In conclusion, the interviews conducted with key informants working in other agencies that have had contact with the Dyn Project demonstrate that the service is a much welcomed addition to Cardiff's multi-agency response to domestic abuse. The specific benefits included an increase in information-sharing and good practice between advocates supporting male and female victims (particularly with respect to heterosexual perpetrators attempting to present to services as victims) as well as empirical evidence about the amount of men needing such a service and the types of support they require. Furthermore, the service was able to help change the perceptions of, and the amount of attention paid to, male victims of domestic abuse. Furthermore, this translated in a better awareness on the part of other agencies dealing with these men and therefore their services were often delivered with more sensitivity and awareness than would have otherwise been the case. Finally, providing this dedicated service greatly enhanced the provision afforded to the GBT community in Wales.

8. Conclusions and Recommendations

Key Findings

This study has provided some much needed attention on the issues facing gay and heterosexual men experiencing domestic abuse, and the impact of a specially-designed service for men – the Dyn Project – on the men themselves, as well as the practitioner community dealing with domestic abuse in heterosexual and GBT communities in Cardiff and beyond. We believe that the research presented here boils down to three key findings:

1. Classifying Referrals. The majority of the ‘work’ associated with the Dyn Project has to do with the classification of referrals, as the bulk of referrals coming in are for heterosexual men where the primary objective has to be determining whether they are ‘legitimate victims’. This deviates sharply from the experience of providing a support and advocacy service for women, where practically no time is spent on screening and most of staff time is spent actually providing services to women. Perhaps this should not be surprising given the gendered nature of domestic abuse and the greater prevalence of women as victims. Regardless, one of the most important services provided by the Dyn Project to Cardiff’s multi-agency response to domestic abuse is a ‘surveillance function’ for heterosexual men in the community. As a result, better information is gathered about couples engaged in violent and abusive behaviours, and in some cases this allows for the identification of men who are perpetrating domestic abuse but attempting to present themselves as victims.

2. Risk Assessment. The highest risk was not associated with gay men (MV1) as predicted, but rather the heterosexual men where the boundaries between victim and perpetrator were blurred (MV3 and MV4). Furthermore when the prevalence of individual risk factors varied, this suggested that serious concerns such as injuries, weapons and the victim being very fearful were more likely to affect these men rather than the ‘legitimate victims’ (either gay or heterosexual). This finding may be interpreted in three ways: (1) that these men really are at higher risk because of retaliatory/self-defensive violence and the risk data are simply reflecting this reality, (2) that these men are really at lower risk but that more complete information is available about the risk facing both parties since heterosexual couples are more likely to be known to services such as the police and WSU, or (3) that these men are at high risk, but the risk of the ‘legitimate victims’ is not being measured accurately because the risk assessment tool was not designed specifically for them as a client group. At this point, we are inclined to support the second interpretation as the most likely, due to the frequent sharing of information between the Dyn Project and the Women’s Safety Unit leading to more complete data on these couples. However the need to adapt the risk assessment tool, particularly for gay men experiencing domestic abuse, is a key issue.

3. Service Provision. As expected, gay men were the most likely to accept offers of support and services from the Dyn Project. In this way, they were the most comparable group of Dyn clients to women experiencing domestic abuse. They engaged in the provision of advocacy and support, received information and advice, accepted referrals, and had their cases open the longest. It was perhaps surprising that the other group of ‘legitimate victims’, MV2s, were so unwilling to take up services. The data clearly showed that their cases were dealt with by simply letting them know that the Dyn Project was available to them. They rarely engaged beyond that point. This finding may be interpreted in two ways. First, that the data on services accurately reflect a situation whereby gay and heterosexual ‘legitimate victims’ want a different type of men’s project (i.e., gay men want an advocacy service whereas heterosexual men appear more inclined to either a helpline or a service offering information). The alternative explanation is that, for whatever reason, heterosexual men did not engage with the Dyn Project as it was initially envisioned and constructed. This is an issue worth monitoring in the future, especially since the Dyn Project has moved out of the WSU and into the Safer Cardiff offices. Theoretically at least, there is now the potential that more heterosexual men will engage with the project because it will be less likely to be perceived as an extension of a service for women.

Discussion

The findings in relation to MV3 and MV4 Dyn clients suggests support for making a distinction between 'common or situational couple violence' and other, more severe and pronounced types of violence and abusive behaviours that has been termed 'patriarchal or intimate terrorism' (Johnson, 1995, 2006). The Dyn Project was set up to provide assistance and support for 'men experiencing domestic abuse', yet one year's worth of referrals clearly demonstrates that the most frequent type of referral is a heterosexual man that is more than likely caught up in 'common couple violence' (such as Mike or Rhys; 57 of the 171 men were classified as MV3). In other words, he has experienced victimisation from his female (ex) partner, but there is also evidence that he himself has committed abusive acts towards her in the past. Therefore, the violence is at least bi-directional, and in a substantial proportion of cases there will be evidence that he is the primary aggressor (such as Anthony or Ramesh; recall that MV4s constituted 22 of the 171 men studied here). It is worth remembering that these categories are very similar and men may move between them, particularly towards MV4, as more complete information becomes available.

Less frequently is there an opportunity for the Dyn Project to provide support and advice to heterosexual men who are victims of domestic abuse (such as Ewan or Ben; 51 of the 171 were classified as MV2). In fact, when these types of referrals come in there is hardly any acceptance of the services made available to them. Heterosexual 'legitimate victims' very rarely accepted any services. For example, 1 accepted a face-to-face appointment, 9 took information packs, 12 accepted telephone calls, 1 accepted a HomeSafe referral and 5 had police occurrence markers put in place. In contrast, gay victims (such as Llewellyn or Daniel; 41 of the 171 men) accepted the services made available to them much more frequently. They were more likely to accept longer periods of support, more referrals to a variety of services, and face-to-face appointments. Consequently, it seems reasonable to conclude that gay men experiencing abuse are much more similar to female victims of domestic abuse than they are to heterosexual men (of any of the Dyn categories).

Given the dearth of research on service provision to those in the GBT population experiencing domestic abuse, these findings imply some important policy and practice considerations. Firstly, that it does not seem appropriate to offer the same type of intervention to all 'men experiencing domestic abuse'. Whilst there were clear benefits of running parallel services for men and women together, and this report has provided ample evidence of the advantages of implementing a 'project for men', now that the pilot period has concluded, we must ask ourselves: What is the best way to provide support to men, given that some are gay, some are heterosexual, and some are involved in what may be termed 'common couple violence' whereas others are involved in 'intimate terrorism' (either as victims or as perpetrators)? Can we provide one service that will be equally valued by all of these types of men?

The data presented in this report lead us to believe that this is unlikely. The evidence suggests not only that gay and heterosexual men want a different type of service, but that there is a lot of work that any service will have to do to accurately process and classify referrals for heterosexual men (because of the amount of work that must be done to feel confident they are in fact a 'legitimate victim'). Therefore our recommendation (see also the next section) is that separate services emerge for gay and heterosexual men. A gay men's project might be more fruitfully embedded with other projects involving support and safety for the GBT community, such as those on hate crime. It will also need to have the capacity to provide support over a longer period of time to its clients, and to deal with a greater proportion of repeat referrals. A heterosexual men's project will always need to be linked to a service for women, such as the Women's Safety Unit. Precisely because the boundary between victim and perpetrator is often blurred for these men, a close coordination between these services is vital. This does not necessarily mean, however, that they need to be located within the same office space. A shared database, protocols, and close liaison between staff would be sufficient to ensure that the 'surveillance function' provided by a men's project could be efficiently and consistently achieved. Recall that the Dyn Project was not only able to provide important information to the WSU about men attempting to present as victims, but it also made direct referrals to the WSU about women who were not currently known to the WSU. Therefore, if properly managed, a project for heterosexual men can provide an extra 'safety net' for women experiencing domestic abuse in any community, while at the same time providing services (however these are taken up or delivered) for heterosexual men who are 'legitimate victims'. This finding demonstrates the insight and appropriateness of the guiding principles of the Dyn Project (presented in

Chapter 1) and we recommend that these principles are adopted for any project attempting to provide service to 'men experiencing domestic abuse'.

As Johnson (1995) observed more than 10 years ago, there are important reasons to understand and accurately identify the phenomenon with which we are dealing. His article made the distinction between 'common couple violence' and 'patriarchal terrorism' as two forms of violence against women. He argued that this distinction is important for the implementation of public policy, the development of public educational programs, the design of appropriate intervention strategies, and the advancement of theories of interpersonal violence. The research on the Dyn Project presented in this report provides an opportunity to differentiate heterosexual 'men experiencing domestic abuse' into component parts that are perhaps more meaningful to understand:

- Men who do not perpetrate domestic abuse and who have been assaulted by their female partners, yet who do not designate themselves as 'victims' and who desire few services;
- Men involved in 'common couple violence' which require an informed and coordinated approach between men's and women's projects to produce an effective response; and,
- Men who might be engaged in 'patriarchal terrorism' against their female partners yet who are attempting to manipulate the system in their favour and thus surveillance of this group is vital.

We hope this empirically-based distinction is useful and can lead to further improvements, such as more specific interventions, more accurate public education and media campaigns, more effectively implemented public policy, and advances to theories about heterosexual men and domestic abuse.

This research also has provided important information about gay men experiencing domestic abuse and what they require from service providers. Our research demonstrated conclusively that the Dyn Project did successfully engage with this client group, that their uptake of services was considerable, and that they very highly valued the services they received. However, the findings from the risk assessment lead us to doubt that the risk assessment tool (FSU9) which was designed and implemented for female victims of domestic abuse, is a perfect fit for these men's experiences. While some research indicates risk factors amongst gay men that are similar to those of women, such as dependency, jealousy and substance use along with possessiveness and interdependence (McClennen, Summers & Daley, 2002), other research exposes important differences. For example, sexual assault is a major concern within gay abusive relationships, building upon previous research indicating a significant risk of either HIV or sexual transmitted infection (Greenwood et al, 2002; Heinz & Melendez, 2006). Donovan et al (2006) recently found that, compared to women, gay men were more likely to report having their spending controlled, to be physically threatened, to be forced into sexual activity, to have 'safe' words/boundaries disrespected, and to have requests for safer sex refused. Although the evidence clearly shows the importance of sexual abuse for gay victims, none of the Dyn clients in our sample had the FSU9 'sexual abuse' risk factor ticked. This highlights a crucial training need that must be met in order to effectively serve this client group.

In conclusion, the research reported here has yielded several findings which lead us to make several recommendations for policy and practice in the next section.

Recommendations

Recommendations arising from this research include:

- Maintaining existing provision so that all male victims have access to an appropriate service in Cardiff and further developing the capacity of the Dyn Wales / Dyn Cymru Helpline to ensure that male victims across Wales have access to support.
- Conducting an empirical investigation into whether the FSU9 risk assessment form should be adapted specifically for male victims, particularly to further explore heterosexual and gay male risk factors respectively.
- Conducting an empirical investigation into the respective risk profile of heterosexual men and their partners to inform service providers as to the nature of counter-allegations, particularly

as the heterosexual referrals most at risk (MV3 and MV4) were cases with blurred distinctions between victimisation and offending behaviour.

- Considering the development of a dedicated domestic abuse strategy for GBT men as their levels of risk and support uptake warrant different models of service provision, potentially as part of a broader engagement with the needs of LGBT people experiencing domestic abuse in Wales.
- Considering the development of a dedicated domestic abuse strategy for heterosexual men as their levels of risk and support uptake warrant different models of service provision, particularly exploring models of intervention that can respond to the needs of men where there are blurred distinctions between victimisation and offending behaviour.
- Developing a set of agreed standards for work with men who have experienced domestic abuse to ensure that interventions identify and reduce risk while holding perpetrators to account.

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10. Appendices

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Appendix A: LGBT Domestic Abuse Forum

Information Sheet

What is LGBT Domestic Abuse?

As in the heterosexual community, domestic abuse in LGBT (lesbian, gay, bisexual and transgender) communities is about the misuse of power and the exercise of control by one person over another within an intimate or family relationship. However, domestic abuse among LGBT communities is often overlooked. At worst, members of LGBT communities have received a hostile or ignorant response to their experience of domestic abuse. Equally, LGBT communities have been reluctant to address the issue of same-sex domestic abuse for fear of prompting, or exacerbating, homo/bi/transphobia. The reality is that domestic abuse can affect anyone, regardless of their sexual orientation, age, gender, race, religion or ability.

Around **one in four** members of the lesbian and gay communities will experience domestic abuse in their lifetime (a similar proportion to heterosexual women). Our knowledge of the transgender community is limited, although domestic abuse appears to be as significant an issue.

What is the LGBT Domestic Abuse Forum?

In December 2005 Broken Rainbow (www.broken-rainbow.org.uk) and the Dyn Project (www.dynproject.org) established a national Forum on LGBT domestic abuse. The Forum meets quarterly to provide an opportunity for those working on, or interested in, the LGBT domestic abuse sector to meet, network and exchange good practice. In particular, the Forum aims to:

- Develop closer links between participating individuals and organisations, in order to improve the options available to service users
- Contribute to the development of good practice relating to same-sex domestic abuse, for both specialist and generic services
- Raise the profile of the issue of LGBT domestic abuse and provide advice on policy developments at a local and national level as appropriate.

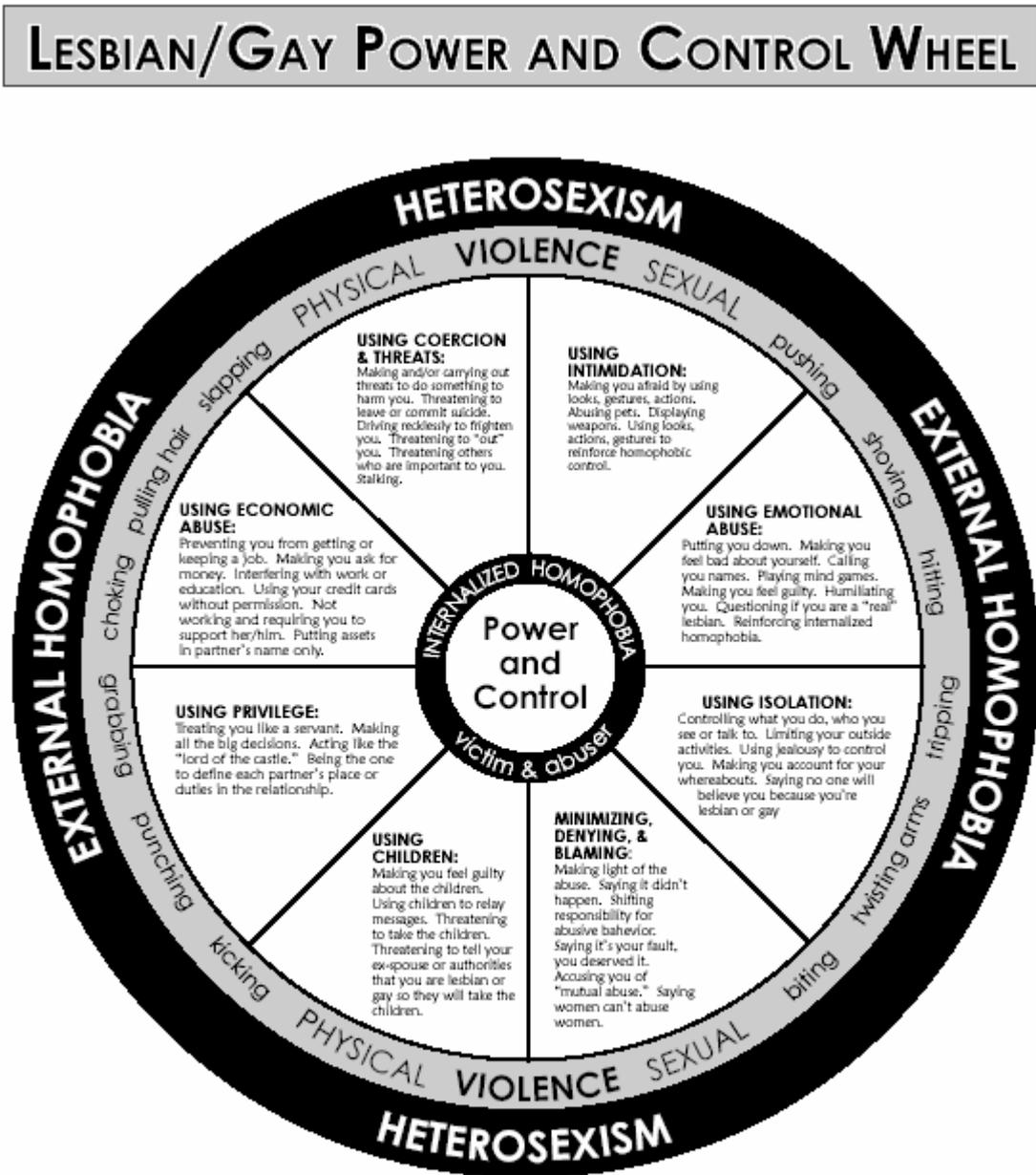
Who can be a member?

The Forum is open to anyone with an interest in, or who works around, LGBT domestic abuse. Members currently include representatives from both the statutory and voluntary organisations operating in a range of sectors. Membership is free and contact outside of meetings is through a mailing list.

Where can I get more information?

For more information contact the Co-Chairs *Kirsty Yeoman* at Broken Rainbow on kirsty@broken-rainbow.org.uk or *James Rowlands* at jrowlands@googlemail.com

Appendix B: Lesbian and Gay Power and Control Wheel



Developed by Roe & Jagodinsky;
 Inspired and adapted from:
 Domestic Abuse Intervention Project
 202 East Superior Street
 Duluth, MN 55802

Produced and distributed by:



NATIONAL CENTER
on Domestic and Sexual Violence
 training • consulting • advocacy
 7800 Shoal Creek, Rte 129-N • Austin, Texas 78757
 tel: 512.407.9080 • fax: 512.407.9088 • www.ndsv.org

Appendix C: South Wales Police FSU9 Risk Assessment Tool

This is the third page of the standard domestic violence complaint form used by the South Wales Police. It was revised in June 2005. This is the revised version which includes new questions 15-20.

8. Victim Initial Risk Indicator. *Officers attending incident must obtain this information to enable the Domestic Abuse Unit to identify the victim's level of risk, and whether to refer the victim to a MARAC.*

1. Does assailant have a criminal record for violence or drugs? If 'Yes' is record domestic abuse related?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has the current incident resulted in injuries? <i>(state in summary)</i> If 'Yes' do injuries cause significant concern?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has the incident involved the use of weapons? If 'Yes' does this cause significant concern?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Is the assailant experiencing/recently experiencing financial problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the assailant have/had any aggravating problems? If 'Yes' which of the following? (tick all that apply) Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/> Drugs <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Is the victim pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Has the assailant expressed/behaved in jealous or controlling ways? <i>(describe in summary)</i> If 'Yes' does this cause significant concern?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Has there been/going to be a relationship separation between victim and assailant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is there any conflict with the assailant over child contact? <i>(state in summary)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Has the assailant ever threatened to kill anybody? If 'Yes' which of the following? (tick all that apply) Victim <input type="checkbox"/> Children <input type="checkbox"/> Other Intimate Partner <input type="checkbox"/> Others <input type="checkbox"/> If 'Yes' does this cause significant concern?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Has the assailant ever attempted to strangle/choke/smother past or current partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Is the abuse becoming worse and/or happening more often?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Has victim or assailant ever threatened/attempted suicide? If 'Yes' which of the following? (tick all that apply) Victim <input type="checkbox"/> Assailant <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Has the assailant said or done things of a sexual nature that makes the victim feel bad or that physically hurts the victim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Is the victim very frightened? <i>(describe in summary)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Is the victim afraid of further injury or violence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Is the victim afraid the assailant will kill her?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Is the victim afraid the assailant will harm her children?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Does the victim suspect she is being stalked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Does the victim feel isolated from family or friends? <i>(give details, including if victim resides in isolated area)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Officer's Observations	
Do you feel this victim is at high risk of experiencing further domestic abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	

Faxed to Social Services (By CPU) Time & Date
Faxed to NHS Trust (By DAC) Time & Date

Appendix D: LGBT Domestic Abuse Leaflet

Both agencies have dedicated resources for LGBT people and you can speak to a worker in confidence.

Confidential advice and support for people in Cardiff is available from:

The Dyn Project (for men)
029 2022 6622/07974 203 925
lgbt@safer.cardiff.freeuk.com

The Women's Safety Unit (women)
029 2022 2022
lgbt@safer.cardiff.freeuk.com

This leaflet is also available in Welsh and other languages, large print and Braille by request.



P-2 design pd@rustic3@hotmail.com

Many lesbian, gay, bisexual or transgender (LGBT) people who experience domestic abuse from a current or former partner can find it difficult to get support.

It can be hard for people to acknowledge and discuss their experiences. This silence could be due to any number of reasons, including love for a partner, embarrassment or shame, fear of homophobia and concern for any children.

What is domestic abuse?

domestic abuse is the misuse of power and the exercise of control by one adult person over another adult, usually within the context of a personal relationship - usually this person is a partner or ex-partner. Abuse can be physical, emotional, psychological, sexual or financial.

Domestic abuse can be experienced by anyone - **including lesbian, gay, bisexual and transgender people** - and can occur regardless of race, age, class, colour, ability or religion. If you are experiencing domestic abuse remember that:

- You are not alone
- Domestic abuse is a crime
- Advice and support is available

Other useful contacts

Domestic Abuse Unit (South Wales Police)
029 2052 1212

Wales Domestic Abuse Helpline (for both women and men)
0808 8010 800

Broken Rainbow (for LGBT people experiencing domestic abuse)
020 8539 9507

Devon Male (for men experiencing domestic abuse)
01598 740109

Shelterline (housing advice line)
0808 800 4444 (open 8am-12pm)

Samaritans (24 hour confidential support)
08457 90 90 90

Survivors UK (for men who have been sexually abused or raped)
0845 122 1201

Triangle Wales Housing and Advice Helpline (support and information for young LGBT people who have housing needs)
08088 010 306

Transgender Wales
07967 426558

If you are a victim of a homophobic crime you can call
0800 587 8973

lgbt@safer.cardiff.freeuk.com

Is everything all right now?...

what about when you get home?

1 in 4 Lesbian, Gay, Bisexual & Transgender people experience domestic abuse

MYTHS & FACTS

Myth

Domestic abuse doesn't happen to lesbian, gay, bisexual and transgender people.

Fact

1 in 4 lesbian, gay, bisexual and transgender people will experience domestic abuse at some point in their lives.

Myth

Nobody will take me seriously because of my sexuality.

Fact

The Women's Safety Unit and the Dyn Project are aware of the dynamics of same-sex domestic abuse and treat it, and your safety, very seriously.

Myth

Abuse that occurs in same-sex relationships is 'mutual' abuse.

Fact

Nobody should have to live with violence or fear of abuse.

Myth

Abuse in relationships is just one of those things that happens.

Fact

Domestic violence is a crime.

What does domestic abuse feel like?

Each person's experience will be unique but if you are in an abusive relationship you may feel some or all of the following:

- Isolation
- Confused
- Depressed
- Always on edge
- Threatened
- Afraid of repercussions
- An abusive (ex) partner may threaten to 'out' you, or say that **abuse** is normal in LGBT relationships

What can the Dyn Project and Women's Safety Unit offer?

For people in Cardiff who have experienced domestic abuse, the Dyn Project and Women's Safety Unit can provide a range of services depending on your situation, including:

- Immediate safety measures.
- Access to an effective, direct and consistent range of support services.
- Joint work with other agencies so you may only need to approach one organisation.
- Information on criminal and civil options to increase your safety.
- Advice on the collection of evidence and prosecution if appropriate. A specialist police officer is based within the unit who can advise on this.
- A forum for LGBT people who have experienced domestic abuse to discuss this with others in a similar position.

Appendix E: Generic Domestic Abuse Leaflet

What men can do

Recognising that you are in an abusive relationship is an important first act. Things will not change for the better if you do nothing.

- ➔ Always keep a record of dates and times of incidents in a safe place
- ➔ Always report the violence or abuse to your doctor and the police – ensure that they record your injuries and all details of the assault
- ➔ Always seek medical attention for any injuries – do not cover up the true cause
- ➔ Always take legal advice
- ➔ Do tell your family and friends what is happening to you
- ➔ Do not be provoked into retaliating

What can the Dyn Project offer?

For men in Cardiff who have experienced domestic abuse, the Dyn Project can provide a range of services depending on your situation, including:

- ➔ Immediate safety measures (including HomeSafe, a free lock-fitting service)
- ➔ Access to an effective, direct and consistent range of support services
- ➔ Joint work with other agencies so you only need to approach one organisation
- ➔ Information on criminal and civil options to increase your safety
- ➔ Provide advice on the collection of evidence should prosecution be an option. A police officer is based within the unit who can advise on this
- ➔ A forum for men who have experienced domestic abuse to discuss this with other men in a similar position

Many men who experience domestic abuse from a current or former partner can find it difficult to get support. It can be hard for men to acknowledge and discuss their experiences. This silence could be due to any number of reasons, including love for a partner, embarrassment or shame and concern for any children.

What is domestic abuse?

Domestic abuse is the misuse of power and the exercise of control by one adult person over another adult, usually within the context of a close personal relationship - usually this person is a partner or ex-partner. Abuse can be physical, emotional, psychological, sexual or financial.

Domestic abuse can be experienced by anyone including men regardless of race, age, class, colour, ability, religion or sexuality. If you are experiencing domestic abuse remember that:

You are not alone
Dych chi ddim ar eich pen eich hun
Domestic abuse is a crime
Mae cam-drin yn y cartref yn drosedd
Advice and support is available
Mae yna gyngor a chymorth ar gael

Other useful contacts

Cysylltiadau defnyddiol eraill

- ➔ Domestic Abuse Unit (South Wales Police) 029 2052 1212
- ➔ Domestic Abuse Helpline (Men) 0808 8010 800
- ➔ Broken Rainbow (for LGBT people experiencing domestic violence) 07812 644 914
- ➔ Shelterline (housing advice line) 0808 800 4444 (Open 8am to 12pm)
- ➔ Social Services (Intake and Assessment Team) 029 2023 9826
- ➔ Samaritans (24 hour confidential support) 08457 90 90 90
- ➔ Survivors UK (for men who have been sexually abused or raped) 0845 1221 201
- ➔ Victim Support (services to anyone affected by crime) 029 2046 4585



Confidential advice and support for men who have experienced domestic abuse
 Services for men in Cardiff

Cymorth a chyngor cyfrinachol ar gyfer dynion sydd wedi profi cam-drin yn y cartref
 Gwasanaethau ar gyfer dynion yng Nghaerdydd



Mobile/Symudol: 079742 03925
 Email/Ebost: dynproject@safer.cardiff.freeuk.com
 Phone / Ffôn: 029 2022 6622

What does domestic abuse feel like?

Each person's experience will be unique but if you are in an abusive relationship you may feel some or all of the following:

- ➔ Isolation - men who are being abused may think they will not be taken seriously or be unsure of whether they can be 'a victim' of domestic abuse
- ➔ Confusion - about why a person they love can treat them in this way
- ➔ Depressed or anxious
- ➔ Feel like they are always on edge and worried about how their (ex) partner will react
- ➔ Feel threatened by the behaviour of their (ex) partner
- ➔ Be afraid of repercussions if they leave - like becoming homeless or losing contact with their children

How men cope

Men who experience domestic abuse may try different techniques to cope, some of these may include:

- ➔ Adopting an 'I can handle it' attitude
- ➔ By keeping silent – perhaps because they are embarrassed
- ➔ Sleeping somewhere they feel safer, including the car, hostels or at a friend's
- ➔ By staying late at work to avoid going home
- ➔ Using drugs or alcohol
- ➔ Leaving home

Myths & FACTS

Myth
 Domestic abuse doesn't happen to men

FACT
 The majority of people who experience domestic abuse are women, but a significant number of men will experience domestic abuse

Myth
 Men should be able 'to handle it'

FACT
 Nobody should have to live with violence, fear or abuse

Myth
 Men who experience domestic abuse are 'weak' or 'effeminate'

FACT
 Domestic abuse is about power and control of one person over another. It need not relate to physical size. Abuse can take various forms including physical violence, but also emotional, psychological, sexual or financial abuse

Myth
 Men are less affected by domestic abuse and do not need help and support

FACT
 The experience of domestic abuse is unique for each individual. The Dyn Project can work with men, and assist them in addressing specific needs (e.g. housing)



Appendix G: Referral Flow Chart

MV1: Men in same-sex relationship

- Particular concerns to incorporate into an assessment of risk include potential barriers to seeking support, social isolation, homo/bi/transphobia and unique aspects of GBT domestic abuse.
- Risk assessment using FSU9 and GBT checklist
- Telephone contact or Standard First Contact Letter

MV2: Heterosexual men with no known history of abusive or violent incidents

- Established via screening at The Dyn Project, the CWSU and DAU.
- Telephone contact or Standard First Contact Letter

Heterosexual men with a known history of abusive or violent incidents. i.e. identified as the (alleged) perpetrator of domestic abuse towards a former or current intimate partner

- Based on screening at The Dyn Project, WSU, DAU and client contact
- Partner referred to CWSU
- Restricted services (e.g. safety planning, information, referral to other appropriate services, e.g. Respect)

MV3

- No record of any High or Very High Risk incidents within the last four months
- Current incidents medium risk or for information only
- Telephone contact or Standard First Contact Letter

MV4

- I.e. currently known or alleged to be perpetrating domestic abuse or history of doing so (e.g. partner referred to MARAC, repeat incidents, etc).

Appendix H: Case Study Examples

Gay men experiencing domestic abuse

Evaluation Ref	Pseudonym	Case Study No	Description
70	Llewellyn	1	White British, 34 years old, employment status unknown, with 6 DV complaints on file.
351	Daniel	2	White British, 36 years old, full-time employed, with 2 DV complaints on file.

Gay men experiencing domestic abuse in the context of counter-allegations

Evaluation Ref	Pseudonym	Case Study No	Description
134	Paul	3	White British, 47 years old, employment status unknown, with 10 DV complaints on file.
1292	David	4	White British, 45 years old, unemployed, with 9 DV complaints on file.

Heterosexual men experiencing domestic abuse

Evaluation Ref	Pseudonym	Case Study No	Description
1431	Ewan	5	White British, 79 years old, retired, with 2 DV complaints on file.
1288	Ben	6	White British, 51 years old, full-time employed, with 1 DV complaint on file.

Heterosexual men experiencing domestic abuse in the context of counter-allegations

Evaluation Ref	Pseudonym	Case Study No	Description
793	Mike	7	White British, 39 years old, full-time employed, with 1 DV complaint on file.
1757	Rhys	8	White British, 49 years old, employment status unknown, with 2 DV complaints on file.

Heterosexual men who are perpetrating domestic abuse but are alleging to be experiencing domestic abuse

Evaluation Ref	Pseudonym	Case Study No	Description
929	Anthony	9	White British, 30 years old, employment status unknown, with no DV complaints on file.
524	Ramesh	10	British Asian, 24 years old, employment status unknown and unknown number of DV complaints on file.

Appendix I: Chronology of Significant Events

	
Chronology of Significant Events	
Name of Client	
Alleged Perpetrator	
Period covered	
Date completed	
Information sources	
Date	Event

<p><i>How would you describe your relationship, and your partner?</i></p> <p><i>How would you describe 'the good times?'</i></p> <p><i>How are decisions made in the relationship?</i></p> <p><i>Would you say that that your relationship is equal? Why?</i></p>	<ul style="list-style-type: none"> ▪ For this and following questions, seeking to identify: <ul style="list-style-type: none"> ▪ the nature of power and control within the relationship ▪ Evidence of Minimisation, Denial and Blame ▪ Perception of partner ▪ Who does this benefit?
<p><i>How do disagreements get resolved, if they do?</i></p> <p><i>Do you think the only way you can get help is to blame your partner? Do you sometimes think you want to 'get your own back?'</i></p> <p><i>If you think that your partner is being abusive, what do you do and how do you react?</i></p>	<ul style="list-style-type: none"> ▪ On a scale of 1 to 10, who is responsible for resolving disagreements (partner or self?) ▪ What are the consequences of any disagreements? ▪ Does either party tend to be the one to 'give way?' ▪ Does he try to avoid violence (by leaving, by trying to calm the situation down?) ▪ How does he respond to the incident <ul style="list-style-type: none"> ▪ Is he fearful? ▪ Does he retaliate? ▪ Does he 'restrain' his partner, how? (consider nature of this 'restraint')

<p><i>How would you describe your role in the most recent incident?</i></p> <p><input type="checkbox"/> Self-defence <input type="checkbox"/> Aggressor <input type="checkbox"/> Equally involved <input type="checkbox"/> Other:</p> <p> > Describe most recent incident:</p> <p> > What was it about?</p> <p><i>How would you describe your role in the most violent/ worst incident?</i></p> <p><input type="checkbox"/> Self-defence <input type="checkbox"/> Aggressor <input type="checkbox"/> Equally involved <input type="checkbox"/> Other:</p> <p> > Describe most violent incident:</p> <p> > What was it about?</p>	<ul style="list-style-type: none"> ▪ Identifying how the man perceives his role in the most recent incident may illicit ideas around content, intent, effect etc, minimisation, denial or blame <u>or</u> other issues around presentation that are more frequently associated with a 'legitimate victim' ▪ Part of this picture requires encouraging the man to remember the 'worst thing' and the 'most recent thing.'
<p><i>Thinking of these incidents, who or what do you think is responsible?</i></p> <p><i>If you have used violence towards your partner, do you feel this is escalating?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Why?</i></p> <p><i>Have the police ever been involved with either you or your partner?</i></p>	<p>Reiterate the Project's confidentiality policy, and our work within the multi-agency context as to disclosures of any incidents</p> <ul style="list-style-type: none"> ▪ <u>If the man does not disclose incidents that are known to the worker, consider this a marker of risk</u>

Injury Assessment (partner) Has your partner ever sustained any injuries in a domestic incident? <input type="checkbox"/> Yes (<input type="checkbox"/> Current <input type="checkbox"/> Ever) <input type="checkbox"/> No					
<p><i>Describe these injuries (from the most recent incident), how did they come about?</i></p> <p><i>Describe these injuries (from the most serious incident), how did they come about?</i></p> <p><i>On a scale of 1 to 10, how much do you think the abuse is your problem and how much your partners? Responsibility Taking [introduce the wheels]</i></p>	<ul style="list-style-type: none"> ▪ Consider evidence of minimisation, denial and blame ▪ Severity of injuries ▪ Develop a picture of the frequency, type and severity of domestic abuse (focusing on that alleged to be perpetrated by the former or current partner): direct quotes are useful. ▪ Throughout, consider <ul style="list-style-type: none"> ▪ Context, Intent and Effect ▪ Agency ▪ Empathy ▪ Assertion of Will ▪ Entitlement ▪ Fear <p>A picture of the level of responsibility will already have emerged:</p> <ul style="list-style-type: none"> ▪ Does he take some responsibility? ▪ How does he explain his behaviour ▪ How does he react to the wheels? 				
<p><i>Has your partner ever left to access a refugee, or some other service?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>How did you feel when they left?</i></p> <p><i>How did you react?</i></p> <p><i>Why do you think they left?</i></p> <p><i>Violence in previous relationships:</i></p>	<ul style="list-style-type: none"> ▪ What is the perception of why a partner may leave? ▪ Potential risk indicators ▪ Minimisation, Denial and Blame 				
<p>To your knowledge, as a result of any injuries, has your partner:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Missed work (specify # days _____) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Lost job (specify # times _____) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Gone to A&E (specify # times _____) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Been hospitalised (specify # times _____) </td> </tr> </table>		<input type="checkbox"/> Missed work (specify # days _____)	<input type="checkbox"/> Lost job (specify # times _____)	<input type="checkbox"/> Gone to A&E (specify # times _____)	<input type="checkbox"/> Been hospitalised (specify # times _____)
<input type="checkbox"/> Missed work (specify # days _____)	<input type="checkbox"/> Lost job (specify # times _____)				
<input type="checkbox"/> Gone to A&E (specify # times _____)	<input type="checkbox"/> Been hospitalised (specify # times _____)				

Gay, Bisexual and Transgender (GBT) Abuse

Do you have contact with friends/family/other supports? How does your partner feel about that?

Would you describe yourself as 'out,' what does this mean to you? Would your partner describe themselves as 'out?'

How do you feel about the area in which you live? Are there any issues with your accommodation, the area in which you live, or your neighbours?

How does your partner talk about the abuse?

GBT abuse index

Thinking of all the incidents that may have happened in the last six months, please tell me how many times your partner has done any of the following to you?

	Never	Only Once	2 to 4 times	5 or more times
Undermined or belittled your sexuality				
Forced you to act straight				
Controlled level of 'outness,' prevented from being out				
Has threatened to 'out' you				
Has 'outed' you (specify to whom, and result:				
Placing blame for sexuality (you made me gay, etc)				
Blame for loss of family/friends in LGBT context				
Threat to disclose HIV & STI status (or threatened to make false allegations about status) / Denied or belittled HIV & STI status / Blamed for HIV & STI status				
Criticised your appearance				
Controlling behaviour around dress, appearance & weight				
Threatening to seek custody of children because of sexuality				
Abuser taking on abused role				
Forcing servile, subservient or submissive behaviour				
Preventing contact with other LGBT people				
Preventing contact with other people who are not LGBT				
Suggested that you 'deserve' the abuse because of sexuality				
Said that no-one would help you because of sexuality				
Said that abuse is a normal part of relationships between men				
Any other abuse not mentioned. Specify:				

Final Assessment Comment

The Dobash Inventories

Signed Confidentiality Form

After the assessment, consider the risk that:

- That the man faces from his partner
- The man poses to his partner
- Identify risk to children

The Inventories give a more objective assessment of the level of abuse from both parties (where appropriate)

- Is the pattern of abuse escalating for either the man or his partner?
- What are the risk indicators?
- What is the severity/frequency/type of abuse for either party?
- Are there inconsistencies that alert you within the man's narrative
- To what extent is his explanation focused on his partner, and to what purpose?
- Do you feel safe?

Dobash Inventories: Violence Assessment Index (Client)

Thinking of all the incidents that may have happened in the last six months, please tell me how many times your partner has done any of the following to you?

	Never	Only Once	2 to 4 times	5 or more times
Restrained me from moving or leaving the room				
Choked me or held their hand over my mouth				
Slapped me on the face, body, arms or legs				
Pushed, grabbed or shoved me				
Punched me on the body, arms or legs				
Used an object to hurt me				
Threw things at me or about the room				
Punched or kicked the walls or furniture				
Tried to strangle, burn or drown me				
Kicked me on the body, arms or legs				
Threatened me with an object or weapon				
Kicked me in the face				
Threatened to kill me				
Twisted my arm				
Dragged me or pulled me by the hair				

Other violent behaviours

Controlling Behaviours Index (Client)

In the last six months how often has your former or current partner one the following things to you which mean you must be careful?

	Never	Only Once	2 to 4 times	5 or more times
Threaten me				
Shout at me				
Swear at me				
Call me names				
Question me about my activities				
Have a certain mood/look				
Try to provoke an argument				
Criticise me				
Criticise my family/friends				
Put me down in front of others				
Make me feel sexually inadequate				
Point at me (threateningly)				
Make to hit me without doing so				
Restrict my social life				
Use kids in an argument against me				
Nag me				

Other controlling behaviours

Dobash Inventories: Violence Assessment Index (partner)

Thinking of all the incidents that may have happened in the last six months, please tell me how many times you have done each of the following to a former or current partner?

	Never	Only Once	2 to 4 times	5 or more times
Restrained them from moving or leaving the room				
Choked them or held your hand over their mouth				
Slapped them on the face, body, arms or legs				
Pushed, grabbed or shoved them				
Punched them on the body, arms or legs				
Used an object to hurt them				
Threw things at them or about the room				
Punched or kicked the walls or furniture				
Tried to strangle, burn or drown them				
Kicked them on the body, arms or legs				
Threatened them with an object or weapon				
Kicked them in the face				
Threatened to kill them				
Twisted their arm				
Dragged them or pulled them by the hair				

Other violent behaviours

Controlling Behaviours Index (partner)

In the last six months how often have you done the following things to your former or current partner meaning they must be careful?

	Never	Only Once	2 to 4 times	5 or more times
Threaten them				
Shout at them				
Swear at them				
Call them names				
Question them about their activities				
Have a certain mood/look				
Try to provoke an argument				
Criticise them				
Criticise their family/friends				
Put them down in front of others				
Make them feel sexually inadequate				
Point at them (threateningly)				
Make to hit them without doing so				
Restrict their social life				
Use kids in an argument against them				
Nag them				

Other controlling behaviours

Appendix K: Semi-Structured Interview for Dyn Clients

(1) How do you define your sexual orientation?

Gay Bisexual Heterosexual Other: _____

(2) Overall, how helpful do you find the services provided by the Dyn Project?

Very helpful Helpful Neutral / don't know
 Unhelpful Very unhelpful

(3) In what ways has the Dyn Project helped you?

(4) In what was has Dyn Project NOT been able to help you?

(5) How did you hear about the Dyn Project?

Posters Leaflets Word of mouth
 Other advertising (please specify: _____)
 Referred (please specify by whom: _____)

(6) How do you think the Dyn Project could improve their services to men?

(a) _____

(b) _____

(c) _____

(7) Do you use any other services (E.g. drug & alcohol, housing)? Please specify:

Sometimes it can become more dangerous when you are seeking help or looking to change your life.

(8) Do you think meeting with the Dyn Project has:

- Decreased the violence
- Had no effect on the violence
- Increased the violence

(9) Do you think meeting with the Dyn Project has:

- Decreased the threat of violence
- Had no effect on the threat of violence
- Increased the threat of violence

(10) When you think about your risk for further abuse, do you think this is:

- Very likely
- Unlikely
- Likely
- Very unlikely
- Not sure

(11) Having been referred to the Dyn Project, do you think your risk of further abuse is:

- The risk of further abuse is higher
- The risk of further abuse is the same
- The risk of further abuse is lower

(12) On a scale from 1 to 10, with 10 being the most effective at helping you plan and obtain a safe outcome for you (and your children), how effective is the Dyn Project?

1 2 3 4 5 6 7 8 9 10

(13) Overall, how satisfied are you with how the Dyn Project has handled your situation?

- Very satisfied
- Dissatisfied
- Satisfied
- Very dissatisfied
- Mixed

(14) Women who have experienced domestic abuse have chosen the term 'survivor' to describe themselves. What term (if any) would you prefer services to use to describe men who have experienced domestic abuse?

(15) When you think of the issues and concerns of gay and straight men experiencing domestic abuse, would you say these are similar or different? How?

(16) Any other comment or suggestions you would like to make?

Thank you for taking the time to complete this survey.

Appendix L: Key Informant Interview Questions

- What are the main benefits of the Dyn project?
- Describe the workload of the Dyn project.
- How is time spent?
- What are the key tasks that are performed:
 - Operationally
 - Strategically
- How has the Dyn project contributed to Cardiff's multi-agency response?
- Can you provide any specific examples of how working with the Dyn project helped an individual suffering from domestic violence in way that would not have been possible otherwise?
- What are main challenges of operating a service for men within a women's organisation?
 - Have these been overcome? If so, how? If not, why not?
- What are the benefits of co-locating services for men and women together?
- Do men experiencing domestic abuse need a different type of service from that provided to women? If so, what are the differences?
- Do gay men experiencing domestic abuse need a different type of service compared to straight men experiencing domestic abuse? If so, what are the differences?
- Are there any limitations to the service provided by the Dyn project? If so, what are these? How could they be overcome?
- What are future priorities for Dyn project?