

RESEARCH BRIEFING

“We are INVISIBLE!”

Same-Sex Male Relationship Intimate Partner Violence

Author: Dr Steven Maxwell, University of Glasgow

This brief is based on the study: Maxwell, S., Stenhouse, R., & O'Brien, R. (2022) Men who have been subject to IPV in same-sex relationship: Report. Glasgow: Glasgow Caledonian University.

February 2023

SUMMARY

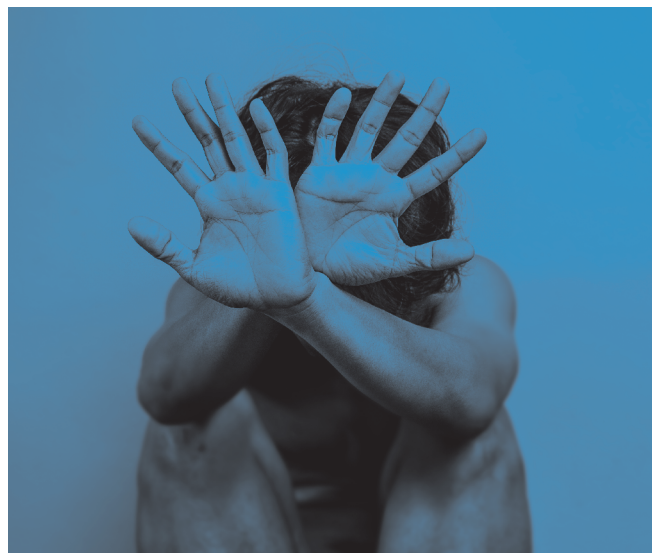
Lesbian, gay, bisexual, trans, queer and other sexual and gender minority (LGBTQ+) people are equally likely to experience intimate partner violence (IPV) as cis women in heterosexual relationships. Wider evidence estimates that 1 in 3 LGBTQ+ have ever experienced IPV. However, different sexual and gender identities within the LGBTQ+ community have varied IPV prevalence levels. We conducted a narrative qualitative study with Scottish gay and bisexual men (GBM) who had experienced IPV. We found that the health impact of IPV is long term and interfaces with mental ill health including PTSD, depression, and suicidality. GBM have diverse cultural factors which will impact their IPV experience including how it impacts their wellbeing, identification as victims and barriers to accessing support. Statutory services are structurally framed around heterosexual norms which means GBM may feel they cannot access help. Professionals don't necessarily see GBM as victims meaning GBM may be discriminated when seeking support. There is no current Scottish LGBTQ+ IPV policy with specific outcomes and measures, which puts the community at exacerbated levels of harm. In concert, our evidence underpins an opportunity for Scotland to lead the way with inclusive IPV policy for GBM and wider LGBTQ+ groups to be equally safe.

INTRODUCTION

LGBTQ+ people (30%-45% ever experienced IPV) are equally likely to experience IPV as cis women in heterosexual relationships (Rollè et al, 2018; Miltz et al, 2019). However, different sexual/gender identities within the LGBTQ+ community have varied IPV prevalence levels and sociocultural factors which affect their experiences. GBM are disproportionately affected by issues related to IPV, including mental ill health, substance use and sexual health risks (Duncan et al, 2018; Miltz et al, 2019). Disappointingly, 75%-90% LGBTQ+ abuse crimes in the UK are unreported (Galop, 2022). GBM experience unique risk factors and multiple barriers in accessing services for inclusive support (Rollè et al, 2018) including potential judgement and dismissal by services. However, there is limited UK research exploring GBM's and wider LGBTQ+ community's IPV experiences and an absence of inclusive policy that renders their voices invisible. As LGBTQ+ are a diverse, but at high-risk of IPV it would be beneficial to develop Scotland's policy to be culturally inclusive.

METHODS

Despite a lack of UK evidence, recent NHS funded research explored Scottish GBM's experiences of IPV. This study used narrative designed in-depth interviews with ten GBM who self-identified that they had previously experienced same-sex IPV. The study was conducted at and had ethics approval from Glasgow Caledonian University.



KEY RESULTS

GBM have socio-cultural factors which impacts their IPV experience, including gender roles influencing victim identification. GBM may commonly experience socio-cultural barriers towards disclosing and accessing help, which is impaired by non-equitable policy.

- IPV consisted of multiple types of abuse, but most commonly coercive control and psychological abuse.

“To be a man and even admit that you were in an IPV relationship, I mean, it knocks confidence, it knocks your self-esteem, and self-worth... The hatred for yourself. The hatred for allowing it... There’s a huge stigma around men coming out as domestic abuse victims, because we’re men, we should be able to deal with it and fight back.” Identified as: Gay man. Source: GBM narrative study.

- IPV interfaced with short and long-term mental illness which manifested in varied forms including anxiety, depression, PTSD, and suicidality.
- Victims tolerated abusive relationships due to a fear of being lonely, influenced by their perception that it was more challenging for GBM to find long-term partners than heterosexuals.

“The first time that he raped me, I mean, I just, I sat in the shower all night, just with the water running over me... That part I remember very vividly... The first rape happened a few months in... It never stopped from that point then.” Identified as: Gay man. Source: GBM narrative study.

- The lack of available rape narrative within GBM discourse made it difficult for victims to interpret non-consensual acts that were perpetrated as rape.

- Service providers may not recognise or dismiss GBM as victims since they perceived IPV through norms of hetero gender roles in which men are generally viewed as perpetrators.

“It’s on and off, on and off, it’s nice to know that they (sexual health services) do ask and it’s nice to see that obviously they do ask about it and see whether if you are okay. Are you in danger? Do you need help or support? But it’s so irregular. It’s not part of the process.” Identified as: Gay man. Source: GBM narrative study.

- LGBTQ+ allied services can provide a safe space for victims to discuss their experiences and LGBTQ+ identified therapists provided a peer related, person-centred insight approach.

“The police did not treat or regard it as serious. I think it was a complete lack of training. They didn’t know how to treat it because it was man-on-man. The police just do not take it seriously... There’s just a complete lack of empathy or understanding from the police about same-sex relationships.” Identified as: Bisexual man. Source: GBM narrative study.



RECOMMENDATIONS

1. To commission new data that examines the experiences of IPV among the wider LGBTQ+ community in Scotland and their service provision needs.
2. To commission an Expert Advisory Group (EAG) to examine the extent of LGBTQ+ people's IPV experiences in Scotland and advise on priority recommendations for national policy development.
3. Drawing on the research and EAG recommendations, develop national policy to be inclusive of wider LGBTQ+ IPV with targeted outcomes.

In addition to 1-3, our research suggests that the following actions would increase community awareness and enhance service provision. While our work included GBM only, these issues are likely to be transferable to the wider LGBT+ community, though 1-3 are needed to help elucidate this.

4. Development of tailored GBM IPV support resources which provide accessible digital and offline safe spaces to access help and person-centred information.
5. Develop GBM community awareness interventions on IPV which use narrative stories to highlight key risk indicators, the wider health impact, role modelling for diverse healthier relationships and sources of support.
6. Inclusion of same-sex male IPV content that supports disclosure within adult safeguarding education that is mandatory for health/social practitioners and law enforcement.
7. Development of GBM inclusive IPV training that supports disclosure and person-centred pathways that provide LGBTQ+ services.
8. Pilot peer-led intervention models that enable culturally inclusive disclosure and therapeutic support to GBM victims off IPV.

REFERENCES

1. Duncan, D. T., Goedel, W. C., Stults, C. B., Brady, W. J., Brooks, F. A., Blakely, J. S., & Hagen, D. (2018) A study of IPV, substance abuse, and sexual risk behaviours among a GBMSM sample of geosocial-networking smartphone application users. *American Journal of Men's Health*, 12(2), 292–301.
2. Galop (2022) *LGBT+ People & sexual violence report*. London: Galop.
3. Maxwell, S., Stenhouse, R., & O'Brien, R. (2022) *Men who have been subject to IPV in same-sex relationship: Report*. Glasgow: Glasgow Caledonian University.
4. Miltz, A. R., Lampe, F. C., Bacchus, L. J., McCormack, S., Dunn, D., White, E., & Gafos, M. (2019) IPV, depression, and sexual behaviour among GBMSM in the PROUD trial. *BMC Public Health*, 19(1), 431.
5. Rollè, L., Giardina, G., Caldarera, A. M., Gerino, E., Brustia, P. (2018) When IPV meets same sex couples: Review of same sex intimate partner violence. *Frontiers in Psychology*. 21(9),1506.
6. Strongylou, D. & Frankis, J. (2020) *Social media, men who have sex with men, Sexual and Holistic Health Study*. Glasgow: Glasgow Caledonian University. www.smmash2020.org.

FUNDING

The study was conducted at Glasgow Caledonian University and funded by NHS Greater Glasgow & Clyde and NHS Lothian.

CONTACT

Dr Steven Maxwell, University of Glasgow:
steven.maxwell@glasgow.ac.uk