

Respect

Toolkit for
Work with
Male Victims
of Domestic
Abuse

2019 edition

Foreword

I'm delighted to introduce this third edition of Respect's Toolkit for Work with Male Victims of Domestic Abuse. Over the six years since we published the last edition, there has been more focus than ever on men who experience domestic abuse. We welcome the government's [Male Victims Position Statement](#) which sets out their commitment to ensure that men experiencing domestic abuse get access to the support and justice.

Respect has now been running the [Men's Advice Line](#) for 12 years. In that time the landscape has shifted considerably, and our work has evolved too. As part of the process of reviewing this toolkit, we have listened both to the men who contact our helpline and to the frontline practitioners who attend our training courses and events, to make sure that it best reflects their needs.

We have also developed the Respect Male Victims Standard, which provides the benchmark for best practice in the sector and should be read alongside this toolkit.

I hope that this Toolkit is a valuable resource for frontline practitioners and their organisations to help them to better support the men they work with and ensure safe, effective, accountable practice.

Jo Todd, Respect CEO
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- The frontline workers who have attended Respect's Training on Working with Male Victims of Domestic Abuse and have given us feedback about the Toolkit.
- Alex Skeel, who has given us kind permission to use his personal experience as a case study and training material, but above all for speaking out, giving hope to thousands of other male victims.

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1. Introduction

This is the third edition of the Respect Toolkit for Work with Male Victims of Domestic Abuse.

The purpose of this Toolkit is primarily to support frontline workers in their work with male victims (in heterosexual or same-sex relationships). This work may be delivered from organisations supporting male victims or in any other setting where men might present as domestic abuse victims looking for information, advice and support.

To do this as effectively as possible, the Toolkit includes information from research, policy and practice experience with a wide range of men presenting as male victims at specialist and non-specialist services and men who have not sought help from anyone. It includes guidance for how to work with any man presenting in this way, including male victims; those in unhappy but not abusive relationships and perpetrators presenting as victims.

The third edition of the Toolkit features:

- a few new case studies;
- an updated analysis of calls to the Men's Advice Line based on more than 31,000 callers between 2014–2019;
- a new section about coercive control;
- a new section about Gay, Bisexual and Trans* (GBT) Men's Experiences of Domestic Abuse;
- a section about the Respect Male Victims Standard, which provides the benchmark for best practice in the sector and should be read alongside this Toolkit.
- An example of how to complete the assessment forms using a real case study; we use the 'Identify–Assess–Respond' format as a step-by-step approach to help frontline workers support male victims more effectively.

2. Men and Domestic Abuse

2.1 What do men tell us about their experiences of domestic abuse?

The examples below are of experiences described by men calling the Men's Advice Line. This section describes things experienced by both heterosexual and gay or bisexual men. There are also some additional experiences which are specific to gay and bisexual men which are expanded on in chapter 3. Men will experience many forms of abuse that women experiencing domestic abuse will also report, however this chapter looks to explore the additional experiences male victims have, a lot of which are underpinned by the understanding of harmful expressions of masculinities.

These experiences are examples of what victims tell us – but do not in and of themselves define being a victim. Some of these may be experienced from a partner who was using self-defence or as an act of violent resistance. Others may come about for other reasons.

In chapter 4 we provide tools to help identify who is doing what to whom in a relationship.

Coercion, intimidation & threats

- Threatening him with violence, if he doesn't do what the perpetrator wants him to do or if he does things the perpetrator doesn't want him to do
- Threatening him that they will call the police or children's services and allege that the man is the perpetrator
- Threatening him with other legal proceedings
- Denying him access to medical care/medicine(s) etc
- Intimidating him by giving him a threatening look or gesture
- Destroying his personal items, family heirlooms, computer etc
- Telling him that nobody will believe him because he is a man
- Threatening him with knives and other objects as weapons
- Telling him if he tries to leave he will never see the children again
- Depriving him of sleep by making noise, playing loud music, demanding to have conversations when he is trying to sleep etc.

Emotional abuse

- Putting him down and humiliating him in front of others
- Calling him names
- Playing mind games on him, 'gaslighting him'
- Blaming him for the abuse
- Giving him the 'the silent treatment', ignoring him
- Telling him he is not the father of their child(ren)

Sexual abuse

- Coercing him or threatening him overtly into sex
- Coercing him into using objects or using objects on him during sex, against his wishes
- Coercing and pressurising him to perform sexual acts that he does not want; or to have unsafe sex
- Mocking his sexual behaviour in front of others
- Threatening consequences unless he participates in sex
- Coercing him to participate in sexual activities with others against his will

Physical abuse

- Hitting, punching, slapping, kicking him
- Using objects to hurt him, sometimes in the groin area
- Using knives or other sharp objects to attack him
- Pouring boiling water on him
- Attacking him when he's asleep

Using masculinity

- Forcing him into specific responsibilities and activities based on strict traditional gender roles without any negotiation and threatening consequences if he doesn't comply
- Telling him he is not a real man if he does not do certain things or in a certain way

Restricting his independence and freedom

- Controlling what he does, who he sees, what he reads, who he talks to
- Restricting or stopping his social life, friends, hobbies
- Accusing him of having affairs and demanding he doesn't speak to other men/women

Using children

- Sending him messages through the children
- Excluding him from activities with children
- Belittling him for attempts to look after the children

Minimising, denial and blame

- Telling him that the abuse didn't happen or wasn't that bad
- Ignoring his injuries or emotional/mental distress
- Telling him he was responsible for the abuse, that he deserved or caused it

Harmful expressions of masculinities

Respect acknowledges that a gendered analysis of abuse does not exclude men, but rather recognises that women and girls are disproportionately affected by these particular forms of violence because of their gender. It also recognises the damaging effects that traditional gender roles have on men and boys, that the expectations on how they should behave encourage dangerous behaviours and shames men and boys into hiding their emotions.

These behaviours and expectations are often referred to as "toxic masculinity". This is not to say that being a man or masculine is bad, or that liking traditionally masculine things like sports, cars, the opposite sex, etc. is bad or shameful. It also does not mean that women cannot act violently or abusively, more that their behaviour is not supported by a culture that encourages them to be so.

The term 'toxic masculinity' is interpreted by many as an accusation that all men behave in abusive and aggressive way. To avoid being misunderstood and to make clear that there are many expressions of masculinities, rather than a single and uniform expression, we prefer to use the term 'harmful masculinities' or 'harmful expressions of masculinities' in this context.

These expressions of masculinities often adhere to the typical gendered expectations that men are aggressive, violent, unemotional and dominate their relationships with women and children. It identifies "feminine" traits such as compassion, empathy and the ability to express your emotions as weakness. A man or boy displaying these traits may be laughed at or encouraged to

suppress their emotions, which may lead to higher rates of violence, risk-taking behaviour and suicide.

Men and boys are often led to believe that being depressed, feeling emotional pain, being bullied, feeling suicidal, experiencing eating disorders, being abused are "feminine" issues and that "real men" do not have them. This can leave men suppressing their pain, lacking the ability and security to talk about their emotions, and to lash out in what they perceive "acceptable" masculine ways, such as substance abuse and violence.

For instance, the biggest common denominator in acts of terrorism and mass killings is that almost all of the perpetrators are men. Women suffer mental illness at roughly the same rate as men, but almost none commit large-scale violence. Similarly, the levels of suicide for men are much greater than for women, because of social pressure on men not to seek help to deal with their emotional problems.

The weaponisation of masculinity and the impact on abuse

The weaponisation of masculinity is the culture that shames men for emotional displays or displaying any form of feminised "weakness" and sets the stage for men to act violently towards others.

As previously mentioned, men report experiencing many of the forms of abuse experienced by female victims of abuse, however an additional complexity is the weaponisation of masculinity in forms of abuse. By this we mean the use of somebody's masculinity and undermining of the societal perception of men. Perpetrators might use the expectation of gendered roles to abuse, this might take any of the following forms;

- If you were a real man you wouldn't put up with this
- If you were a real man you'd provide better for your family
- If you were a real man you would be able to satisfy me sexually

There are lots of variations of the weaponisation of masculinity which are reflected on below.

2.2 Coercive Control

Research by Michael P. Johnson and Evan Stark both suggest that coercion and control predominantly happens to female victims of abuse, however more and more male victims are now coming forward to discuss their experiences. The real-life case study of Alex Skeel (see Appendix), highlights this. It is now a criminal offence in England and Wales for someone to subject you to coercive control. The introduction of coercive control shifts the focus of domestic abuse away from physical violence to consider the emotional and psychological impact of domestic abuse.

What is coercive control?

On 29th December 2015 England and Wales introduced legislation making coercive and controlling behaviour a criminal offence. Scotland made coercive and controlling behaviour a criminal offence on 1st April 2019. Coercive control is when a person with whom you are personally connected, repeatedly behaves in a way which makes you feel controlled, dependent, isolated or scared. The following types of behaviour are common examples of coercive control:

- Monitoring daily activity, including calls, texts and whereabouts
- Monitoring chores or activities completed at home
- Repeatedly putting you down, calling you names or telling you that you are worthless
- Controlling finances and how money is spent
- Threats to harm you, pets or family
- Isolating you from seeing friends and family
- Stopping you from going to work
- Forcing you to work more
- Damaging or threatening to damage your property
- Threatening to share sexual images or videos of you

Somebody using these forms of abuse will be guilty of the offence of coercive control if;

1. They are personally connected to you, and
2. Their behaviour has had a serious effect on you, and
3. They knew or ought to have known that his behaviour would have a serious effect on you.

What does serious effect mean?

Their behaviour is considered to have a serious effect on you if:

- on at least two occasions you have feared that violence will be used against you, or
- you have felt serious alarm or distress and it has had a substantial effect on your usual day to day activities. The behaviour has had a substantial effect on you if it has caused you to change the way you live. For example, you may have changed the way you socialise, your physical or mental health may have deteriorated, you may have changed the way you do household chores or how you care for your children. If you have changed the way you live in order to keep you or your children safe from harm, it is possible that the behaviour you are experiencing is coercive control.

How will the court decide whether they knew or ought to have known that their behaviour would have a serious effect?

The court will decide based on whether a reasonable person who had all the information your abuser had would have known that the behaviour would have a serious effect on you.

What is personally connected?

Only someone who is personally connected to the victim can commit an offence of coercive control. A victim is personally connected to the abuser if they are in an intimate personal relationship with them, for example if they are the victim's partner, spouse or someone they have a romantic or sexual relationship with. This includes same-sex relationships. If they are no longer in an intimate relationship with the abuser, but still live together, then they are still personally connected to the victim and the offence of coercive control may apply. If the relationship has broken down and the parties have separated and are living separately the police might choose to follow the stalking legislation, Protection of Freedoms Act 2012.

A victim is also personally connected to the abuser if he or she is a family member who the victim lives with (in England and Wales, this does not apply for Scotland). A family member could be anyone the victim is related to or have a child with, or any person who the victim may have ever entered into or agreed to enter into

a marriage or civil partnership with. A family member can also be a person who the victim's spouse is related to and that they live with, for example, extended family or parents-in-law.

If the victim is deemed not personally connected to the abuser because they are for example a colleague, a neighbour, an acquaintance or someone they don't know the victim may still be able to seek protection from the abuse under the Protection from Harassment Act 1997. This is more commonly used where a victim might have only had a few dates with the perpetrator and the relationship is deemed not to have lasted long enough for the perpetrator to be classed as an associated person.

Violence and Abuse Perpetrated by Female Perpetrators against Male Victims

Although there are many forms of violence and abuse experienced by male victims that we also see experienced by female victims perpetrated by male perpetrators there are also other forms of abusive behaviours experienced by male victims perpetrated by female perpetrators. Below are lists of forms of abuse reported by male victims. When considering physical violence female perpetrators are more likely to use accessible weapons rather than physical strength alone, this might include boiling water, mobile phones, knives and household objects. In other categories of abuse, we see the weaponisation of toxic masculinity.

Coercion, intimidation & threats

- Threatening him with violence if he doesn't do what the perpetrator wants him to do or if he does things the perpetrator doesn't want him to do
- Threatening him by calling the police or Children's Services and allege that he is the primary perpetrator
- Threatening him with other legal proceedings
- Denying him access to medical care or medicine(s)
- Making gestures, actions or giving looks that cause him to feel fearful
- Threatening him that they will make false allegations to the Police or Children's Social Care
- Threatening him with legal proceedings
- Denying him access to medical care or medicines
- Making him feel fearful through looks, actions or gestures

- Damaging property
- Telling him nobody will believe him because he is a man
- Threatening him with objects or weapons
- Threatening to not allow child contact if he leaves
- Denying him sleep or attacking him when he sleeps

Emotional abuse

- Putting him down and made to feel bad about himself
- Calling him names
- Playing mind-games with him
- Humiliating him
- Making him feel guilty and to blame for abuse
- Giving him 'the silent treatment', or ignoring him
- Telling him he is crazy, mad
- Telling him that he is not the father of their child(ren)

Sexual abuse

- Coercing him in to having sex or perform sexual acts or threatening overtly into sex
- Coercing him into using objects
- Coercing him or pressuring into sexual acts that he does not want
- Coercing him or pressuring him into having unsafe sex
- Ridiculing his sexual performance or behaviour
- Putting his sexual performance down in front of others
- Being forced to participate in sex out of fear of being 'punished' for refusing
- Being made to participate in sexual activities with others against his will

Physical abuse

- Hitting, punching, slapping or kicking him
- Scratching or biting him
- Hitting him to the genitals
- Hitting with objects
- Attacking him with knives or weapons

Using gender

- Forcing or coercing him into specific responsibilities and activities based on strict traditional gender roles without any negotiation and under fear of consequences of not complying

- Telling him he is not a real man if he does not do certain things or in a certain way

Using isolation

- Controlling him about what he does, who he sees, what he reads, who he talks to
- Restricting his social life, friends or hobbies
- Constantly accusing him of having affairs leading to him ending up afraid to go out or talk to anyone out of fear of the consequences

Using children

- Receiving messages through the children
- Excluding him from activities with children
- Belittling him for attempts to look after the children

Minimising, denial and blame

- Telling him that the abuse didn't happen or wasn't that bad
- Telling him that his injuries aren't serious or that they won't be taken seriously
- Telling him he is responsible for abuse, that he deserved or caused it

2.3 Male victims and diversity

Gender: gender is a significant risk factor for domestic violence in various ways. The most obvious is that most researchers (though not all) have concluded from the available evidence that the majority of victims are female and the majority of perpetrators male. However, this also means that men in relationships with men are at increased risk. It also means that because male victims are in a minority, they are often invisible or overlooked by agencies or friends and family when they are victimised, or their experiences are trivialised.

Disability: disability is a risk factor for domestic violence. Disabled people can be in some cases very vulnerable to abuse, unable to seek help independently and highly dependent on their carer, who, if they are also their abuser, will have additional power and ability

to control them. On the other hand, someone who is being abused by a disabled person may find it difficult to be believed.

Age: young people in general are in the highest risk age group for domestic violence. There is also some emerging evidence that older men may be at increased risk. In some cases, this will be because of increased vulnerability and exacerbated by dependency on carers. In others there is the suggestion that men who have used abuse against a partner in the past are in turn abused by their victim if he becomes more vulnerable and she feels stronger than him. There is limited research on older men experiencing domestic abuse, and the Crime Survey England and Wales does not take into consideration those over the age of 59 so the data set is limited.

Ethnicity: Men from specific cultural or linguistic groups may be abused in specific ways or face specific obstacles to seeking help. Different cultural groups have different ways of describing gender-based expectations, which will mean different justifications for abuse.

So-called 'honour'–based violence: Some men are abused by family members other than their intimate partner, such as in-laws or others who are forcing them to marry someone against their will or for reasons of family so-called 'honour'. These are often Asian men, but they may also be from other ethnic or religious groups, including the Romany, Gypsy and Traveller communities. Men from these communities who identify as Gay, Bisexual or Trans* are more likely to experience this form of abuse.

Immigration status: Men with uncertain immigration status or whose right to remain in the UK depends on remaining married can face difficulties in seeking help. They may have had passports removed or been told that no-one will help them. They may be additionally isolated due to lack of friends, family and language skills.

Sexuality: some aspects of these experiences are the same regardless of gender and sexuality of victim or perpetrator. However, some are specific. Domestic violence affecting men who have sex with men, trans-gendered people, gay and bisexual men

will have specific aspects and can often be overlooked by many agencies. Further information is available in chapter 3.

2.4 Categories of clients who may approach services for male victims

It is not uncommon for specialist services, helplines, refuges and outreach projects offering help to male victims of domestic violence to be approached by people who aren't the category of client the service is funded to help, primary victims. However, this isn't just a simple matter of spotting them and referring them elsewhere.

There are many male victims of domestic abuse and they deserve and have a right to our help and protection. It is vital, in the interests of these men, that we ensure that we are prioritising our time to helping them.

However, you will find that perpetrators of domestic violence perceive themselves to be the victims. This is a very common strategy (unconscious or conscious) for perpetrators to use and one which they may use very effectively if we don't have ways of identifying who is doing what to whom and with what consequences. Commonly perpetrators whose partners have used some form of self-defence or violent resistance will identify themselves as primary victims in that moment. Perpetrators who have experienced some form of retaliation from their partner might give significant detail about this one incident of violence that their partner has used but very little information on other dynamics within the relationship.

There are longer assessment tools in Section 5. Practitioners have asked us why it is important to identify who is doing what to whom. Some have been concerned that this means they shouldn't believe what a client is telling them. In fact, we find that what the client tells us usually helps us to identify which category of client they are in – they might present as a victim but listening to what they say about their experiences helps us to work out that they are in fact a perpetrator.

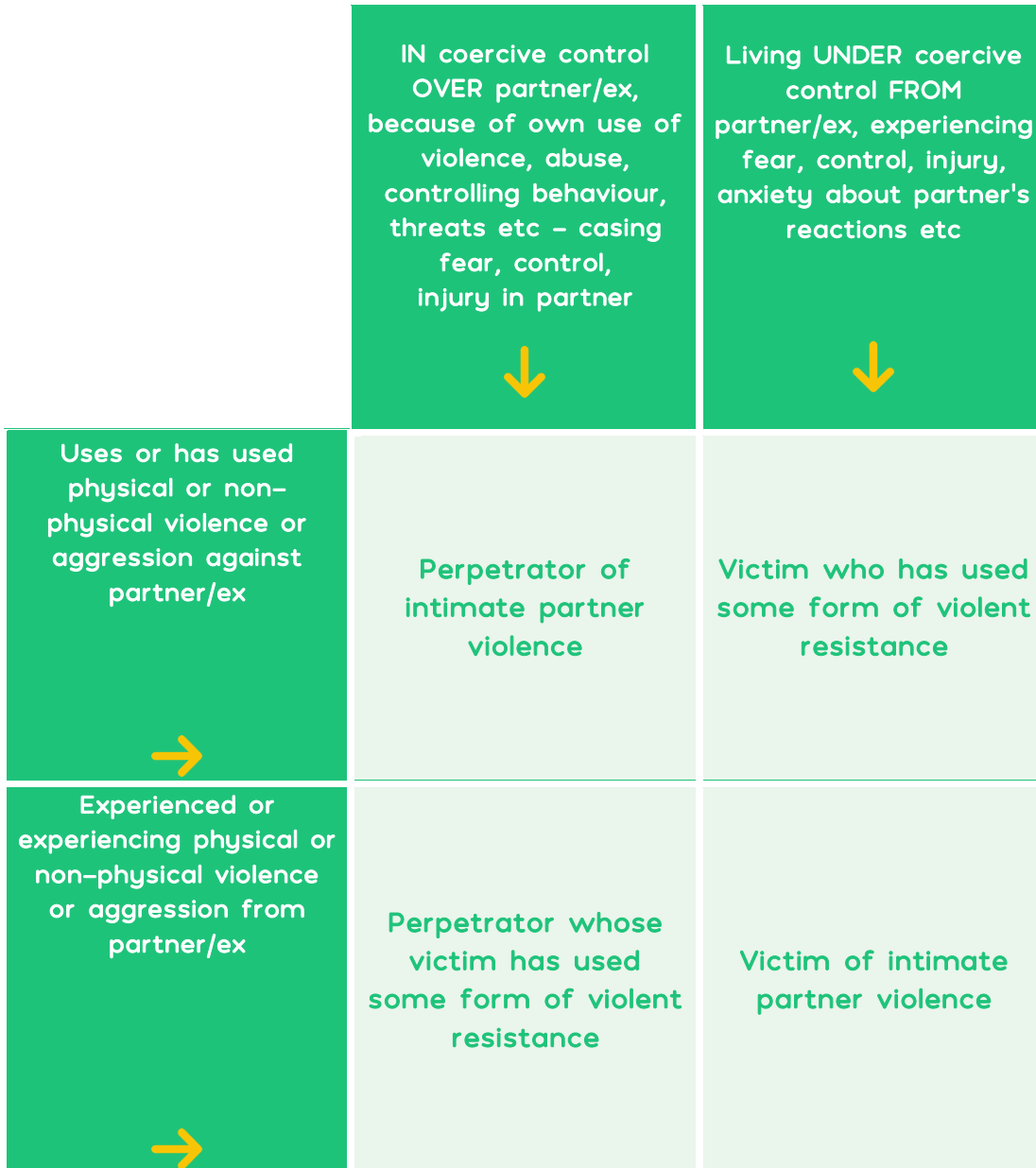
This is something we do to make sure we are doing everything we can to protect victims, male and female, and not unwittingly helping perpetrators, male or female. It's also something we do because many people aren't sure if they are victims or not and some aren't – they are unhappy in their relationship perhaps but not being abused or abusing. We also assess because we have to make the most of our finite resources and prioritise those in need of our specialist services over those who may actually need something else. Historically we have assumed that perpetrators accessed victim services in order to find out what support their partner might be accessing, however, all the resources used are available on the internet. More commonly, perpetrators present as victims because they feel wronged, and entitled by the actions of their partner. In summary, we don't assess clients because we don't believe them, we assess them because we want to meet their needs appropriately, because we want to increase safety and decrease risk.

There are no definitive categories into which everyone can fit – there will always be some exceptions. The experience of the Men's Advice Line, the Respect Phonenumber for perpetrators and other services working with perpetrators, guided by rigorous, relevant research on prevalence and frequency of domestic violence, indicates that the following categories of clients are the most common:

1. Victim/survivor of domestic abuse
2. Perpetrator of domestic abuse
3. Victim who has used violent resistance against the perpetrator
4. Perpetrator whose victim has used violent resistance
5. Mutual violence
6. Unhappy relationship with no abuse or violence
7. Victim/survivor of domestic abuse whose partner has also been a victim in a previous relationship

Respect matrix of use and experience of Intimate Partner Violence ©Respect

We have used our experience on the helplines, our work with perpetrators and male victims on the ground and current research lessons to develop a way of structuring our identification process. The diagram below helps to illustrate this.



Notes on the Respect matrix:

- Someone who is USING violence/abuse and as a result of this is in coercive control OVER their partner is a perpetrator.
- Someone who is EXPERIENCING violence/abuse and as a result is living in coercive control UNDER their partner is a victim.
- However, if someone is USING violence and abuse or has used it, they could also be a victim, but a victim who has used violent resistance. Violent resistance may be self-defence, or it could be an action out of frustration or desperation in response to abuse – it is usually dangerous for the victim to do this and could result in them ending up being arrested or even charged. However, for domestic violence practitioners it is important to be aware of the difference – the victim is the one living under coercive control (with specific indicators listed in sections below) and the perpetrator is not controlled by the victim's use of any violence. This is not to defend or justify their use of violence – it may be criminal, and it is usually risky – but to understand it so that you can work more effectively with this category of client.
- Similarly, if someone is EXPERIENCING violence or abusive behaviour from their partner but they are the one who is able to exert coercive control OVER their partner, through their own use of violence and controlling behaviour, they then are a perpetrator whose victim has used violent resistance. Again, this is not to excuse or justify the victim's use of violence but to help you to work effectively and appropriately with the client.

How can clients be wrongly identified?

Clients are sometimes referred to domestic violence services as 'both victims and perpetrators' when they are actually a perpetrator and a victim who has used violent resistance. Some clients refer themselves as victims but don't seem to be experiencing abuse or coercive control, just unhappy. Some are not clear at all. Based on our experience with male victims and with perpetrators we have identified four key ways that someone may have been wrongly identified or self-identified by the time they present at a male victims' service.

1. Someone in a relationship which is unhappy but not abusive

We are often contacted by people who appear to be very unhappy but not in an abusive relationship. About one in ten of the callers to the Men's Advice Line who initially present as victims of domestic violence appear to be, from what they say, not in an abusive relationship at all. Instead they appear to be angry or upset or sad about a relationship, or at relationship breakdown and wanting to find someone to blame. When asked about the relationship and any violence or abuse, they either identify no abuse or identify behaviours which may be unreasonable or frustrating but are not abusive. When asked about fear or control, they appear not to be experiencing any of either. We also have calls and emails which appear to have a similar sense of entitlement to their partners' services as perpetrators do – however, instead of responding with violence or abuse when their needs aren't met, some of them respond with feelings of being abused by the lack of services. For example, some men have complained about their partners' choice of food, cooking, or clothes and identified this as being victimised.

2. Someone in a relationship where both are using or have used violence

When referred to or presenting at a service, men and women are sometimes described or describe themselves as both being violent. Professionals and the clients may well infer from this that they are both equally violent or with equal consequences for risk. This often takes place when one or both clients are also experiencing compounding problems such as substance misuse or mental ill health and is also often identified where it is a same-sex couple. The situation is often complex. Victims may well be using legal reasonable force but nevertheless present a higher risk of injuring their abusive partner than vice versa. Perpetrators may be escalating their own use of violence, which could be leading to an increased risk that the victim will retaliate. When a client is presenting or being described in referral as being in a mutually violent relationship, this indicates the need for more detailed assessment, using if possible a range of sources of information from the client, their partner or other agency working with their partner, other agencies and professional judgement if the worker is skilled and experienced at specialist work responding to intimate partner violence. In its most simplistic form, perpetrators use

abusive behaviours to get their needs met, if both parties are using equally abusive behaviour it is unlikely that either party are getting their needs met. We are, therefore, more likely to see a very short lived, very volatile relationship where parties separate very quickly as neither are getting their needs met.

3. Perpetrator who is actually a victim

Sometimes, if the victim has used violence in resistance, self-defence, retaliation or to defend children or others they may be wrongly identified – or wrongly present – as a perpetrator. This mis-identification can be further exacerbated if the person concerned does not want to identify themselves as a victim. Victims are more likely to take ownership and acknowledge any abusive behaviours they have displayed.

4. Victim who is actually a perpetrator

Sometimes, if the person using intimate partner violence has experienced force used by their victim as self-defence, defence of children, resistance or retaliation they may be wrongly identified – or wrongly present – as a victim. In these cases, they may have used this incident or incidents to distract attention away from their own abusive behaviour, or other agencies may have identified them as 'both as bad as each other'.

In this section there are descriptions of each category together with an example of a relationship which is likely to be in that category, described as they are likely to present or be referred to a service for male victims. Each case study is accompanied by suggestions about the vulnerabilities and risk, questions to ask and suggestions for responses.

1. Victim/survivor

Someone who is or has recently been experiencing violence, abuse, fear, force, threats and coercive control from an intimate partner or ex-partner. They may need legal or practical protection, emotional help and support, advocacy and other forms of help.

Example: Daf and Megan

Daf is 73 years old and has been married to his wife Megan (aged 60) for 27 years. Last night she attacked him with a glass and he ended up in hospital. He says Megan has always had a fierce temper and that this has been getting worse for the past few years. Until recently the abuse was mostly verbal but there have been several incidents recently where he has been punched and kicked. Now he is worried that this will be the start of an increase in violence. He doesn't want the police involved as he doesn't want to get her in trouble or to end the relationship. He wants some advice.

2. Perpetrator

Someone who is or has recently been using violence, abuse, fear, force, threats and coercive control to an intimate partner or ex-partner. They are likely to be suitable for domestic violence intervention programmes for perpetrators. They are likely to have committed criminal acts and may need criminal or civil legal sanctions to enforce changes in behaviour. However, when presenting to a service for male victims, they are likely to use some language of victimisation, rather than being explicit about

being a perpetrator wanting help to change. The example below is a common one.

Example: Terry

Terry describes himself as 'unfairly arrested' by the police when he pushed his girlfriend away from him during an argument. He says that she is verbally abusive to him and that she is always winding him up to see how far she can push him. He says that he has only pushed her away 'once or twice' and that he doesn't understand why the police have arrested him. He wants to know how he can get legal help as he feels he is the victim in the situation.

3. Victim who has used violent resistance

A victim, as defined above in (1), who has used or is using violence. This includes violence used for defending themselves or their children or property, or as a way of preventing a likely attack on them or their children. This is likely to be legal 'reasonable and proportionate force'. It also includes violence used as a means of resistance against, or expressing frustration with, the patterns of coercive control and fear being used against them. When presenting to a service for male victims they may have been identified as a perpetrator, or they may be more concerned about their own use of violence than their partner's, or they may be clear that they are the victim but want help not to use violence. Even if the force they are using appears to be reasonable, it is not safe and is likely to increase the risk to both adults and to any children. They may need legal and other help and also consideration of how their own use of violence may be or become illegal or unsafe. They will also need safety planning which incorporates an understanding of their own use of violence and strategies for reducing this.

Example: Aftab and Judy

Aftab says he left hospital this morning after being stabbed in the chest by his partner; he says he was lucky it wasn't too deep but could have been a lot of worse. Aftab has been in a relationship with Judy for 9 years and they've had their ups and downs with disagreements like all couples. Aftab says that over the years the arguments gradually escalated, and she's hit and slapped him. He's been walking on eggshells in case he said or did the wrong thing and often Judy would get angry with him if he didn't do something she expected him to. Today, for the first time, Aftab retaliated by slapping Judy and pushing her away after she hit and slapped him. He is embarrassed to admit this as he hates men who hit women, but he felt that the mental and physical abuse had gone for too long for him; that's when Judy grabbed a knife and stabbed him. It wasn't the first time she grabbed a knife but the first time she used it so now Aftab is afraid for himself and his son. Aftab says that Judy has a lot of past stress from her childhood and maybe that's why she behaves like that. Aftab and Judy have a 3-year-old boy who Judy expects Aftab to look after full-time and he's happy to do that as he loves him to bits. Aftab doesn't know where to turn or what his options are.

4. Perpetrator whose victim has used some violence

A perpetrator, as defined above in (2), who has experienced some violence from his victim but is presenting to a service initially at least as a victim. This is commonly someone whose victim has used or is using force to defend themselves or their children or as a means of defence from, prevention of, resistance against or frustration with the patterns of coercive control and fear the perpetrator (presenting as a victim) is using against them. When presenting to a service for male victims, this category of client tends to emphasise the violence used against them and use language of victimisation but nevertheless will talk about violence

they have used or give other information which helps to identify what is going on.

Example: Olufeme and Ayo

Olufeme describes being 'wrongly arrested' by the police. He has a long list of complaints about the police. He says that he has been banned from his home town by the terms of a legal order. When asked by the worker how this order came about (as this is quite difficult to get) Olufeme says that he did hit his girlfriend Ayo but that she was 'disrespecting him' and that he also has marks from Ayo's abusive behaviour (his words) – he has scratches – but adds that he was able to 'deal with her'. When asked what this means, Olufeme says 'She deserves what she gets, she's argumentative and she knows what I am like – the police should have seen this, but they are all against men and believed her, just because she was crying and, on the floor, when they came'.

Eventually he explains that Ayo was on the floor because Olufeme had been repeatedly kicking her. She had tried to push him off her, which he described as him being abused.

5. Mutual violence

Relationships which appear to be mutually violent, with control either exercised in both directions at different times or violent abusive behaviour without any apparent control of one or other party. Most research indicates that mutual violence is very rare, some even suggests that there is never an equal use of violence and abuse. As previously mentioned, where both parties are using equal levels of power and control, and nobody is fearful neither party is getting their needs met, so the relationship is likely to be volatile but short lived.

Example: Dave and Julie

Dave and Julie have been together for 5 years, married for 3 and they have a four-year old daughter. Dave tells us that Julie has an alcohol problem which is also present in many of her family of origin. He says that she has hit him and bit him, including in front of other people. However, he also tells you that he has hit her, causing bruises. He says he has been arrested several times and had to spend a night in the police cells on one occasion when he assaulted her in the street. He was cautioned but not charged. He resents the fact he has been in trouble with the police and blames her. He says that Julie is not a fit mother and wants to separate from her and have custody of their daughter as he thinks she will not be safe living with Julie, plus his extended family have always been very involved in her care. He says they both want to separate but they are still living in the same house as they can't sell it. There is violence from each of them regularly. He doesn't say if this has happened in front of their daughter.

6. Unhappy relationship but not abusive

Men who are in relationships which are unhappy, experiencing and/or using unkind behaviour which, whilst unpleasant, is not causing fear or control. This often happens at the time of relationship breakdown – however, abuse and violence can also occur or increase at relationship breakdown, so it is important to assess whether or not this is really an abusive relationship. Sometimes men present to male victims' services when there is no

abuse – sometimes because they aren't sure who to turn to for help, sometimes because they aren't sure if they are living with domestic abuse or not and sometimes just because they want someone to listen to them.

Example: Aaron and Jamila

Aaron has a list of complaints about his partner, Jamila. He is not fearful of her; doesn't think she is fearful of him and says neither have used violence. They do regularly call each other names. He describes her not wanting to be in the same room as him. They are both critical of each other and unhappy.

7. Victim/survivor of domestic abuse whose partner has also been a victim in a previous relationship

Some men describe being abused by a perpetrator who has in the past been a victim. This is obviously not acceptable or safe and the men deserve protection, support and help just like any other victim. They are often very concerned about their partner and the impact of past abuse on her or him – if your service is working with both parties you may need to consider carefully how to challenge abusive behaviour in the perpetrator constructively, acknowledge the impact of past abuse but not let this become a justification for abusive behaviour.

Example: Liam and Sarah

Liam is engaged to be married to Sarah, his partner of 7 years, Sarah has three children, the oldest, 10 is from a previous partner, she also has a 3 and 2-year-old with Liam and expecting another child. Sarah is an alcoholic and is extremely violent whilst under the influence. Sarah is controlling and verbally abusive whilst sober, but Liam feels he can deal with this. Recently the violence has escalated, and Children's Services have become involved. Liam is aware the Sarah has been the victim of domestic abuse in previous relationships and believes this is why she is now using violence against him.

3. Gay, Bisexual and Trans* (GBT) Men's Experiences and Domestic Abuse

3.1 Understanding additional issues when supporting GBT* clients

There's no one proper acronym for the lesbian, gay, bi, and transgender community. Whether it's LGBT*, LGBTQ or LGBTQIA, it's all referring to the same people: the four listed above, plus two-spirited, queer, intersex, asexual, and many more.

The asterisk belongs to Trans*. There are many groups who can be referred to as Trans*: transgender, transsexual, transvestite, genderqueer, drag queens and kings, non-binary, genderfluid, genderless, agender, non-gendered, third gender, two-spirit, bigender, trans men, and trans women.

There are currently no official ONS statistics reported about experiences of lesbian, gay, bisexual and trans people with domestic abuse that would establish a UK-wide picture. However, research would suggest between 25% to 40% of LGB people report at least one incident of domestic abuse from a partner, a family member or someone close to them in their lifetimes. Trans individuals may be at even a higher risk; research suggests between 28% to 80% of trans people had at least one experience of domestic abuse from a partner or a family member.

Despite high levels of domestic abuse taking place within the LGBT* communities it remains acutely underreported and LGBT* survivors are disproportionately underrepresented in specialist domestic abuse services. For instance, less than 2% of all domestic abuse survivors accessing IDVA services in England and Wales, identify as LGB and T 78% of gay and bisexual men and 80% of gay and bisexual women who have experienced domestic violence have never reported incidents to the police.

While there are universal barriers to accessing specialist services, LGBT+ people can face additional challenges which are different to those experienced by heterosexual, cisgender women and men. Personal barriers most often relate to LGBT+ people's perception of self and the abuse and their perception of the support system. In

contrast, systemic barriers relate to the way services are designed and delivered that may result in them being less accessible and inclusive for LGBT people.

3.2 Additional challenges and barriers

Perception of Self: Internalised Homophobia

Internalised homophobia and oppression is something that may be experienced by gay, lesbian and bisexual people, as well as heterosexuals, who have learned and been taught that heterosexuality is the norm and 'correct way to be'. Hearing and seeing negative depictions of LGBT* people can lead some to internalise these negative messages. From young ages boys often have those around them reinforce that both women and gay men are lesser in society to heterosexual cisgender men. Boys who cry might be told 'stop crying like a girl' or 'stop acting like a faggot.' Some LGBT* people suffer from mental distress as a result and from an early age this begins to build a notion of heteronormative patriarchy.

Internalised homophobia manifests itself in varying ways that can be linked to mental health. Examples include:

- Denial of your sexual orientation to yourself and others
- Attempts to alter or change your sexual your orientation through aversion therapy
- Feelings of low self-worth and self esteem
- Experiencing obsessive thinking and/or compulsive behaviours
- Negative body image
- Contempt for the more open or obvious members of the LGBT community
- Contempt for those at earlier stages of the coming out process
- Distancing from the LGBT* community by engaging in homophobic behaviours – ridicule, harassment, verbal or physical attacks on other people perceived to be LGB and/or T*
- Projection of prejudice onto another minority group
- Attempts to pass as heterosexual, sometimes marrying someone of the opposite sex to fit in with social norms
- Shame or depression; defensiveness; anger or bitterness
- Continual self-monitoring of one's behaviours and mannerisms

- Unsafe sexual practices and other destructive risk-taking behaviours—including risk for HIV and other STIs
- Separating sex and love, or fear of intimacy
- Substance misuse, including alcohol and drugs
- Thoughts of self-harm, suicide or attempting suicide

Internalised Homophobia and Domestic Abuse

Internalised homophobia can create many barriers forGBT* men when accessing support for domestic abuse. The internal struggle in acknowledging that you are not only gay, bisexual and/or Trans but also experiencing abuse can feel overwhelming. A belief that you are a minority within a minority might leave you feeling that you are not worthy of help or support. Your own discord with your sexual orientation might be projected in to a fear that others might perceive your sexual orientation in the same way. Internalised homophobia may then be exacerbated by a perpetrator using this fear and vulnerability against the victim. A perpetrator might tell the victim that if they were to tell people they were experiencing abuse those people wouldn't care, or that it might bring shame on the victim. A perpetrator might also suggest that by disclosing domestic abuse the victim will bring shame on the wider LGBT* communities. It might be manipulated as going against the ongoing fight for equal rights– in the last few decades the UK has seen homosexuality decriminalised, homosexuality removed from the DSM, LGBT* people able to foster and adopt children, Civil Partnership and same-sex marriage.

Key learning point

A perpetrator might use internalised homophobia to enforce external views of homophobia, for example suggesting that friends or family members might tell the victim that they deserve this for being in a same-sex relationship or this is what they should expect from two men having a relationship together.

Perceived or Real Experiences of Homophobia

Homophobia encompasses a range of negative attitudes and feelings toward people who are identified or perceived as being lesbian, gay, bisexual or transgender. It has been defined as a contempt, prejudice, aversion, hatred or antipathy. One in five LGBT people have experienced a hate crime or incident because of their

sexual orientation and/or gender identity in the last 12 months (Bachann et al; 2017). This is a significant barrier in reporting incidents of abuse to professionals. LGBT* victims might fear disclosing to institutions that are perceived as hyper-masculine or patriarchal such as the Police. By disclosing that they are a victim of abuse they may also have to come out as LGBT*.

Heteronormativity

Heteronormativity refers to the social norm, or assumption, that the overwhelming majority of sexual relationships in society are heterosexual, and therefore that heterosexuality is the dominant sexual model of social, cultural, political, and economic organisation. Heteronormativity sees a binary relationship between one man and one woman as the standard, and everything else is othered, or of less significance. An example of heteronormativity is the process of coming out as LGBT*, as a heterosexual person it is assumed you are heterosexual until you say otherwise.

Many frontline workers mistakenly assume somebody's sexual orientation or gender identity and mis-gender or sexual profile. In reference to domestic abuse it might be assumed by the public that a man assaulted by his male partner in public was assaulted by a male stranger, a friend or a family member rather than assuming it is their partner. For a victim who is experiencing internalised homophobia and struggling with coming out it may be challenging for them to correct this. This is often modelled by generic domestic abuse services, where it is assumed that those from the LGBT* communities will find services accessible without promoting that they work with LGBT* victims, or without producing literature or stating in their current literature that their service is accessible to all.

Understanding additional risks and complexities for LGBT* clients

Although gay, bisexual and trans* men will experience many of the forms of abuse experienced by cisgender heterosexual men, there are additional forms of abuse that are solely or more commonly used against those who identify as LGBT*.

Outing

Outing is the act of disclosing an LGBT* person's sexual orientation or gender identity without that person's consent. Outing gives rise

to issues of privacy, choice, hypocrisy, and harm. A threat of outing as a form of abuse for GBT* men buys in to the power and control dynamic that the perpetrator holds. A perpetrator might threaten to disclose somebody's sexual orientation or gender identity to friends or family that might disown them, or to their employer, community or faith groups. This tactic is used to further isolate the victim. Although the Equality Act 2010 makes it unlawful to discriminate against employees, job seekers and trainees because of their sexual orientation there might still be a real or perceived fear of indirect discrimination or victimisation from their employer.

Substance Misuse

Gay and bisexual men surveyed by the CSEW were more likely to have used drugs in the last year than heterosexual men. One-third (33%) of the gay and bisexual men had used drugs in the last year, which was approximately three times higher than the proportion of heterosexual men who had done so (11.1%). Higher levels of use were reported by gay and bisexual men than heterosexual men for the majority of drugs surveyed by the CSEW (with the greatest differences detected for powder cocaine, ecstasy, amphetamines, methamphetamine, cannabis, tranquillisers, ketamine and amyl nitrite). Reported use of all stimulants was proximately five times higher among gay and bisexual men than among heterosexual men, with methamphetamine use around 15 times higher. The CSEW and other targeted surveys also report evidence that the use of some specific substances is concentrated among gay and bisexual men, in particular GHB/GBL and methamphetamine.

According to the CSEW, drug use was similarly higher among lesbians and bisexual women (approximately four times higher) than among heterosexual women (22.9% and 5.1% respectively). However, this difference is to a great extent explained by the much higher reported levels of cannabis use in the last year (17.5% compared with 3.8%).

Key learning point

When considering domestic abuse, substance misuse is an additional vulnerability. The perpetrator might control, provide or withhold substances as a form of abuse. The perpetrator might also introduce the victim to substances to create dependency.

Mental Health

Figures from Stonewall's LGBT* in Britain: Health in Britain (2018) report highlights key statistics on LGBT* experiences of mental health. More than two in five GBT men (46%) said they've experienced depression in the last year. Rates of depression are also higher among LGBT* people who've experienced a hate crime based on their sexual orientation and/or gender identity (69%). LGBT* people aged 18–24 (68%), and Black, Asian and minority ethnic LGBT people (62%) are also more likely to experience depression in the last year, highlighting intersectionality as a significant risk factor.

54% of GBT* men have experienced anxiety in the last year and half of LGBT* people aged 18–24 (52 per cent) have thought about taking their own life in the last year in comparison to 1 in 20 of society having these thoughts.

We know that for many LGBT* people experiencing mental health problems there will be additional barriers; this may range from disclosing, being believed and to accessing services. This client group is often identified as a 'hidden' group, whose voices are rarely heard.

Victims and survivors with mental health problems are not a homogenous group. Some people will have enjoyed good mental health until experiencing domestic abuse. For others, abuse in adulthood follows childhood experiences of domestic abuse, compounding the mental health impacts.

Understanding a person's mental health history and whether they have experienced repeated traumas is important for assessment, support and selecting interventions. Mental health services need to be equipped and confident in talking about domestic and sexual abuse with their service users.

Key learning point

Having a mental health problem can create vulnerability which abusers might seek to exploit. Abusers may attempt to misdirect professionals that the victim/survivor's presentation is symptomatic of their mental health condition, rather than indicators of abuse and try to discredit the voice of the victim.

HIV and sexual Health

Although HIV is manageable through medication, there is still a huge amount of stigma around the virus. The presence of HIV/AIDS in an abusive relationship may lead to specific forms of abuse, including; a perpetrator threatening to tell others that the victim has HIV/AIDS; an HIV+ abuser suggesting that they will stop medication, sicken or die if the partner ends the relationship; preventing the HIV+ partner from accessing medication or attending medical appointments; taking advantage of an HIV+ partner's poor health status, assuming sole power over a partner's economic affairs, create the partner's utter dependency on the abuser; An HIV+ perpetrator might infect or threaten to infect a partner.

Key learning point

A perpetrator of domestic abuse might encourage a victim to participate in unwanted sexual acts or have unprotected sex against their will, both increasing a risk of sexually transmitted diseases. For some, this will not be identified as rape or sexual assault and can be enforced through experiential power suggesting that this is the norm in same-sex relationships.

Experiential Power and first same-sex relationship

Power and the misuse of power is key to understanding the dynamics of domestic abuse. In LGBT+ relationships, the perpetrator's misuse of power can sometimes be in the form of 'experiential power'. Experiential power comes when one person feels able to dictate the dynamics of the relationship on the basis that the other person has less experience with which to confidently challenge the rules they have set. Donovan et al. (2014) explain that LGBT* relationships have more nuanced experiential forms of power which can go against the more recognisable social markers of power (e.g. age, money and gender). A partner may be more experienced in terms of same-sex, bisexual and/or trans relationship experiences; they may already be 'out'; or they may have connections to LGBT* peer groups. This gives rise to a level of social or cultural 'capital' which the less experienced partner is excluded from. Research by Chan (2005) also suggests the abuser may use the 'close-knit' dynamic of the LGBT* community and the

lack of support for LGBT* people outside the community to further pressure the victim into compliance.

The use of experiential power puts LGBT* people in their first LGBT* relationship, regardless of their age at that time, at greatest risk of abuse. Donovan et al. (2006), comparing same sex domestic abuse to heterosexual domestic abuse, found that being in a first same sex relationship was a particular risk factor.

Isolation

A 2010 report by LGBT Youth Scotland (Challenging Homophobia Together) noted that homophobic bullying creates additional physical and mental health risks for those who identify as LGBT*, including increased rates of substance abuse, lack of adequate sexual health knowledge, physical violence, and isolation. This isolation reaches all areas of life, from the possibility of homelessness when coming out to family members, to a higher rate of mental health issues due to homophobia, and the inability to freely express oneself. Social relationships are built on trust earned through perceived commonality and experiences. Therefore, when LGBT* young people and children of LGBT* families cannot divulge their identities and home life to peers, their relationships suffer, leading to further social isolation.

The LGBT* community is a transient community, with many LGBT* people moving away from areas they have grown up in wanting to access a scene, moving to cities where there is a larger LGBT* population and more venues and groups to socialise in. This automatically increases isolation from an original support network. This increased isolation can make it easier for a perpetrator to build the victim's dependence on them increasing the power and control that the victim holds.

Key learning point

Isolation may also impact where the victim and perpetrator share the same group of friends, often where the perpetrator has experiential power and the victim has a lesser friendship group or is not established in the community. A victim may feel that they will lose any support or friendships by leaving the abusive relationship.

Use of Children

More commonly a GBT* person may experience abuse from a historic partner of the opposite sex where they have had children together. The perpetrator might threaten to out the victim to the children, or make allegations that the victim is an unfit parent because of their sexual orientation or gender identity.

Trans* Experiences of Abuse

There are a whole host of additional forms of abuse that a trans* person might experience as part of the abuse. Again, outing somebody's gender identity may be used to abuse the victim. A perpetrator might also refuse to use the correct pronoun or name that the victim has chosen to use. A perpetrator might also withhold anything that the victim is using to transition, this might include a range of items from clothing through to medication. A perpetrator might also destroy these items as an ongoing form of abuse. A further form of abuse might be forcing a victim to have unwanted surgeries, often where the perpetrator might be paying for surgeries that the victim has chosen to have. A perpetrator might also physically assault surgically altered parts of the body.

4. Identifying who is doing what to whom and with what effect

4.1 Value and purpose in identifying who is doing what to whom

Assessing the domestic abuse experiences and help-seeking needs of men presenting as victims will give practitioners a good understanding of the level or risk, so they can carry out safety planning. It will also help them understand the context and history of the abusive relationship, so they can make informed decisions about the needs of the service user. Finally, frontline workers will be able to identify perpetrators presenting as victims or service users in an unhappy relationship, but not in a domestic abuse context, and support or signpost them appropriately.

The effectiveness and safety of domestic abuse interventions will be improved, as practitioners will:

- avoid the unintended consequences of mistakenly identifying someone as a perpetrator or victim
- identify more clearly the legal use of 'reasonable force' and also to use this understanding in safety planning and risk monitoring
- work more empathetically and effectively with genuine victims who have used legal violence or other forms of violent resistance; working with them to identify the risks of continuing to use violence and the possible benefits of other forms of safety; helping them to develop a safer plan
- be clear with perpetrators about the illegality and impact of their own use of violence on their partners and ex-partners
- have opportunities to discuss with perpetrators how their use of violence differs from that of their partner, particularly when their partner's use of violence is legal
- ensure their risk assessment, monitoring and management processes and procedures are well informed
- develop safety planning with adults experiencing, and in some cases using violence or abuse
- make informed decisions about suitability of specific responses and services, such as advocacy for victims, referral/signposting onto perpetrator programmes etc

A note about assessments

Organisations supporting female and male victims of domestic abuse must ensure that their assessment processes are consistent and cohesive. Respect does not recommend the use of a separate assessment process for male and female victims, as there is a risk that one client group might inadvertently be discriminated against, by having to overcome added barriers to receive a service. For example, the organisation should decide that both female and male service users are proactively asked about their use of violence and abuse when assessed, or that neither male or female service users are asked.

Key learning point

A well-informed assessment of the different uses and impacts of domestic abuse will help practitioners protect male victims and their children from further harm.

4.2 The dangers of incorrectly identifying someone

If male victims are incorrectly identified as the perpetrator or as part of a mutually violent couple, there are consequences which will put them and others at increased risk. Similarly, if men are incorrectly identified as the victim when they are in fact the perpetrator, this will mean that their partner/ex is identified incorrectly as the perpetrator or as part of a 'mutually violent couple'.

In either case, incorrect identification is likely to have the following possible consequences:

Consequences for a victim incorrectly identified as a perpetrator

- Not taken seriously as the victim by the Police thereafter
- Losing care of children
- Becoming even more isolated
- Feeling there is no alternative but to use violence and/or weapons to protect self and/or children, increasing risk to everyone
- Increased use of alcohol, prescription drugs and other substances used as a coping strategy, which presents

additional risks to self and to children, and also makes it harder for agencies to respond appropriately

- Psychological impact of not being believed – which may mean shutting down emotionally, minimising to self and others the nature and effects of the violence and thereby making it harder for agencies to respond
- Being referred to a perpetrator programme, which would be a waste of resources, inappropriate or unsafe and may increase depression or anger in the victim and increase control by the real perpetrator
- Increased risk of suicide, of abuse from perpetrator and of harm to children, as a result of the above

Consequences for a perpetrator incorrectly identified as a victim

- The perpetrator may be referred to victims' services, which is inappropriate, unsafe and a waste of resources
- The perpetrator/abuser may feel that they can do what they like to the victim without a fear of consequences and this in turn may result in an increase in severity and frequency of physical or other attacks
- The perpetrator will not have access to services which can help them change

Consequences for the children

- Child contact or residence decisions may be unsafe or inappropriate for meeting children's needs and welfare
- Children may be confused about what is happening and why;
- They may mistrust authorities if they see the decisions as wrong or unsafe
- They may be put in situations of risk and danger

4.3 Brief assessment process – gathering evidence during a short meeting or telephone call

Even in a short session on phone or in person, it is both possible and important to find out as much as possible about who is doing what to whom, with what consequences and in what context; whilst being empathetic with the service user. Practitioners supporting male victims have found the following questions useful:

- Can you tell me about the last time something violent or frightening happened?
- Can you tell me about the worst time there has been?
- Can you tell me what you usually do when this happens?
- Do you ever feel afraid to make certain decisions or do certain things because of what you think your partner/abuser might do?
- Have you ever been injured by your partner/family member – tell me more about that?
- Has your partner/family member ever been injured during an incident? Can you tell me more?
- Are you frightened of your partner/abuser? Are you frightened of what they might do to the children?
- What are you frightened of in relation to your situation?
- Do you think your partner is frightened of you? Have they ever said that they are frightened of you?
- What do you want to happen now?

To analyse the implications of what you have been told:

- Use the checklist below
- Carefully consider which of the statements has evidence to support it and which has evidence to suggest it is not the case in this client's life
- Consider the categories of clients presenting as male victims
- Now think about the information, safety planning and support the man might need according to the levels of risk he is living with or causing, using the checklist below.

If you have longer, or are working with a man over several meetings or phone calls, you may find it helpful to refer to the formal assessment process included in this toolkit in Chapter 5– Assessing. This process will take a few hours and should usually be carried out over more than one session.

4.4 Checklist tool to use to help identify who is doing what to whom and with what consequences

Record a tick in the 'evidence' column for all those statements for which you have some evidence and indicate in the final column if there is a lack of evidence or evidence to the contrary.

Evidence type	Evidence	Lack of evidence
1. Client has experienced incidents of violent or abusive behaviour from partner or other		
2. Client has been injured or needed medical attention as result of partner's behaviour		
3. Client is in fear of violence to self or child		
4. There is a pattern of coercive control – e.g. client feels controlled and can't make decisions		
5. Client is fearful of violence at separation or separation violence has already taken place		
6. Client is NOT using violence or threats		
7. Authentic descriptions of incidents, injuries, fear, control etc.		
8. Client has made some use of violence as self-defence during attack or to prevent attack from partner/ex		
9. Client has made some use of violence to protect children from partner/ex		
10. Client has made some use of violence in retaliation to violence from partner/other		
11. No injuries to client or child		
12. Client is NOT afraid of partner/other		

13. No pattern of coercive control in either direction		
14. Client's descriptions of violence from partner/ex are inauthentic		
15. Client has used violence against partner/ex and NOT as self-defence or resistance		
16. Client's partner/other been injured/needed medical treatment as result of client		
17. Client's child has sustained injuries as result of something client did		
18. Client's partner/ex has NOT used violence or only in self defence		
19. Client's partner/ex is afraid of client		
20. Pattern of coercive control in which client is controlling partner		
21. Client has threatened partner/other person or child		
22. Client has used coercion/threats/violence to gain sexual access to partner/child		
23. No clear evidence or unclear patterns of evidence, such as evidence mixed throughout this list		

4.5 Analysis and coming to conclusions

This tool is intended to record information systematically to guide a professional's judgement, not to produce exact answers in every case. Professionals who are skilled and experienced in working with responses to intimate partner violence will be able to use their experience, clinical judgement and sense of authenticity, as well as the number of ticks in each row or section to come to a conclusion. Those without specialist skills will need to rely more on the ticks and on collecting verifiable evidence.

Victim of domestic violence

If there is evidence to support the statements in rows 1 – 7 and no evidence to support those in rows 14 – 22, this is likely to indicate that the client is the victim of domestic violence. If there are any in rows 14 – 22, check that they are not actually violent resistance or self-defence (which should be recorded in rows 8 – 10). Clarifying questions about the incidents will help to provide more information, as will other information from other sources.

Perpetrator of domestic violence

If there is evidence to support the statements in rows 14 – 22 and no evidence to support those in rows 1 – 7, this is likely to indicate that the client is the perpetrator of domestic violence.

Victim who is also using or has used violent resistance

If there is evidence that some of the statements in rows 1 – 7 are true but also some evidence that the statements in rows 8, 9 or 10 are true and evidence that the statements in rows 11 – 22 are NOT TRUE this is likely to indicate a victim who is also using or has used violent resistance.

Perpetrator whose victim has used or is using violent resistance

If there is evidence that some statements in rows 14 – 22 are true, some evidence that statements 1 and 2 are true and evidence that the statements in rows 3 – 7 are NOT TRUE it is likely that the client is a perpetrator whose victim has used or is using violent resistance.

Unhappy relationship or not clear

If there is evidence that rows 11 – 13 are true, it is possible that there is no domestic violence in this relationship but that the client is unhappy in the relationship and has identified some behaviour as abusive. If there is evidence that rows 1 – 10 are true it is possible that the client is a victim of domestic violence. However, if there is little evidence in rows 1 – 10, particularly if there is evidence that rows 1 and 2 are NOT true, this is likely not to be a victim of domestic violence. If there are also ticks in rows 14 – 22 it is likely that the client is a perpetrator. More information will be needed to be clearer about this.

Unclear evidence – no conclusion yet

In some cases, there will be insufficient evidence to form even a tentative conclusion. In these situations, it is important not to reach a hasty or false conclusion and to record instead that there is no conclusion and carry out further assessment if possible.

Risk

Professionals should complete a DASH risk identification form for each client, using the information gathered above and if necessary supplementing this with additional questions. This should be reviewed and amended regularly, particularly at key risk points such as separation.

5. Assessment toolkit

Longer assessment tools and forms for work with men presenting as victims of domestic violence

The assessment tools and forms that follow are designed for agencies offering a face-to-face service to male victims of domestic violence, ideally in a multi-agency setting. Respect does not recommend the use of separate assessment processes for male and female service users to organisations supporting both client groups. Before using this assessment tool with male service users, the organisation should consider what assessment is carried out with female service users, and ensure that neither client group is disadvantaged by processes that may be disproportionately onerous.

There are four parts:

- Part One: Confidentiality Agreement
- Part Two: Introducing the assessment process
- Part Three: Gathering information about the history of abuse in the relationship and any interventions
- Part Four: Client self-completion questionnaire

Your organisation/project/service can adapt the forms if needed. We think it is unlikely you will be able to complete all four parts in one session. It's best to plan to offer at least two sessions to your client and this will help with staffing resources.

Part One: Confidentiality Agreement

In order to help and support you I will need to ask you some very direct questions about subjects that you might find distressing – is that okay? I also want to tell you that we ask all our clients the same questions, so this isn't aimed at you. We need to get a good picture of what is happening in your relationship, so we can determine how best to support you and your family with safety at the centre of all we do.

Agreeing limits to confidentiality:

With that in mind we should agree the limits of your confidentiality with the service.

Everything you say is confidential with two exceptions:

1. We will share information with other services in order to gain a broader understanding of your case and of the systems responses already underway and in order to advocate with other professionals for the safety and wellbeing of you and your family.
2. We might share information with other services if we have good reason to believe that this will help decrease the risk to others, including your children.



If we do not think that sharing information will decrease the risk – first to any children involved and secondly to the adults – then we will not do so.

I understand that to ensure the safety of all parties concerned, enquiries have to be conducted by
-----project/organisation.

I hereby consent to such enquiries being made.

Signed..... Date.....

Part Two: Introducing the assessment process

Do not disclose these categories 	Healthy Relationship	Unhealthy Relationship	Abusive Relationship
Disclose these sections below 			
Sharing Feelings	You feel safe and strong enough to tell your partner how you really feel	You feel awkward telling your partner how you really feel	You are afraid to tell your partner how you feel because you fear getting put down, ridiculed or threatened
Communicating	You respect and listen to each other even when you have differing opinions on a subject.	Your partner ignores you and does not respect your opinions when there is a difference of opinion	Your partner treats you with disrespect and ignores or makes fun of your ideas and feelings.
Disagreements	You can have disagreements and still talk respectfully to each other. You resolve your disagreements.	Your disagreements turn into fights	You are afraid to disagree because you don't want to unleash your partner's anger and violence. The disagreement is an excuse for abuse.

<p>Intimacy and sex</p>	<p>Both of you can be honest about physical affection and sex. Neither of you feels pressured to do anything you do not want to do.</p>	<p>Your disagreements turn into fights</p>	<p>You are afraid to disagree because you don't want to unleash your partner's anger and violence. The disagreement is an excuse for abuse.</p>
<p>Trust</p>	<p>You trust each other. You are comfortable with your partner spending time with another man/woman.</p>	<p>Your partner feels jealous every time you talk to another woman. You feel jealous every time your partner talks to another woman or man.</p>	<p>Your partner accuses you of flirting or having an affair, and orders you not to talk to another woman.</p>
<p>Time Alone</p>	<p>You can each spend time alone and consider this a healthy part of your relationship.</p>	<p>You think that there may be something wrong if you want to do things without your partner. Your partner tries to keep you to him/herself.</p>	<p>Your partner does not allow you to spend time doing things on your own, they see this as a challenge or threat to your relationship.</p>

Violence	You and your partner take care not to speak harsh words or make mean comments. There is no physical violence in your relationship.	There have been a few incidents of emotional abuse or controlling behaviour in your relationship. There is no pattern of abuse or violence.	There is a pattern of increasing ongoing abuse in your relationship; emotional, physical, sexual and/or intimidation.
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Part Three: Gathering information about the history of abuse in the relationship and any interventions

This form should be completed from information from the client and where relevant, from other agencies. If you obtain information from other agencies, this should be clearly indicated on the form (e.g. police record, social service assessment).

Date		Number of years in this relationship	
Name		Partner's Name	
Address		Address	
Age		Living arrangements	
Ethnicity		Ethnicity	

Contact Number		Partner's Contact Number	
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Children	Male/ Female	Age	Is parental contact an issue of conflict?	Is there a Contact Order in place?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Have either you or your partner applied for:	
Divorce	
Residence	
Child Contact?	
If YES, please give details	

Have Social Services ever been involved with your family? If so, please give details?	
Have any of the children ever been placed on the Child Protection Register? If so, please give details	

Legal Orders	Yes	No	Applies to		Date Issued/Details
			Self	Partner	
Non-Molestation	Yes	No	Self	Partner	

Injunction	Yes	No	Self	Partner	
Bail or conviction for domestic violence-related offence	Yes	No	Self	Partner	
Any police involvement	Yes	No	Self	Partner	Most recent date:

Do either of you or your partner have a history of early trauma – e.g. being in care or suffering physical or sexual abuse in your childhood or teens? IF SO, PLEASE GIVE DETAILS

Did either you or your partner grow up at home with domestic violence? If so who, you or your partner and who was the perpetrator in the family? IF SO, PLEASE GIVE DETAILS

Have you ever <ul style="list-style-type: none"> • been to counselling or therapy? • experienced any mental health problems? • received treatment? 	Yes	No	When?
	Yes	No	When?
Has your partner <ul style="list-style-type: none"> • experienced any mental health problems? 	Yes	No	When?

<ul style="list-style-type: none"> received any treatment? 	Yes	No	When?
Have you ever <ul style="list-style-type: none"> had an evaluation for alcohol or drug dependency? Did you complete treatment? 	Yes	No	Where?
	Yes	No	Where?
Has your partner <ul style="list-style-type: none"> ever had an evaluation for alcohol or drug dependency? 	Yes	No	Where?
Did your partner complete treatment?	Yes	No	

History of violence/abuse

Can you tell me about the latest incident?

When was the first violent incident that you can remember in this relationship?

Are the incidents of violence/abuse getting more frequent or more severe?

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What is the worst incident that happened?

--

Are you scared/in fear about what your partner may do to you?

--

How do you think you will react?

--

Are you scared/in fear of your partner?

--

Is your partner scared/afraid of you?

--

Have your children ever seen or heard your violence to your partner?

--

Have your children ever seen or heard your partner's violence to you?

--

Have you or your partner ever physically harmed your children?

--

What is the worst that has happened to your children?

--

Have any of the children ever intervened to stop the violence?

--

Do you feel like it is always your fault?

--

Do you feel like it is always your partner's fault?

--

Are you planning on separating from your partner or have you recently separated?

--

Do either you or your partner have access to weapons, such as guns? Please tell me who has access and if they/you have ever used a weapon against the other or the children:

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Are you afraid of anything in particular at the moment – has there been a specific threat?

Is there anything else you think I should know, particularly anything about your safety or anyone else's safety?

Part Four: Client Self-Completion Questionnaire

Our primary focus is safety. In order to ensure we provide appropriate intervention and support strategies to both you and your partner we need to go through them. It may be that you feel some of these questions do not apply to you. If there is anything that you are unsure about or don't understand, please feel free to ask. Please answer giving as much detail as possible.

1. Injuries you have sustained from your partner

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times your partner has done any of the following to you.

Violence assessment index	Never	Only once	2 to 4 times	5 or more
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				times
Restrained me from moving or leaving the room				
Choked me or held their hand over my mouth				
Slapped me on the face, body, legs or arms				
Pushed or shoved me				
Used an object or weapon 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, legs or arms				
Threatened me with an object or weapon				
Kicked me in the face				
Threatened to kill me				
Twisted my arm(s)				
Dragged or pulled me by my hair				
Other violent behaviours				

2. Controlling behaviour your partner has used against you

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times your partner has done any of the following to you.

Controlling behaviours index (Client)	Never	Only once	2 to 4 times	5 or more
---------------------------------------	-------	-----------	--------------	-----------

				times
Threatened me				
Shouted at me				
Sworn at me				
Called me names				
Questioned me about my activities				
Had a certain look/mood				
Tried to provoke an argument				
Criticised me				
Criticised my friends/family				
Put me down in front of others				
Made me feel sexually inadequate				
Pointed at me (threateningly)				
Made to hit me without doing so				
Restricted my social life				
Used kids in an argument against you				
Other controlling behaviours				

3. Violence you have used against your partner

Thinking of all the incidents that may have happened over the past twelve months, please complete the following indicating how many times you have done each of the following to your current or former partner.

Violence assessment index (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, legs or arms				
Pushed or shoved them				
Used an object or weapon to hurt them				
Thrown 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, legs or arms				
Threatened them with an object or weapon				
Kicked them in the face				
Threatened to kill them				
Twisted their arm(s)				
Dragged or pulled them by their hair				
Other violent behaviours				

4. Controlling behaviour you have used against your partner

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many

times you have done each of the following to your current or former partner.

Controlling behaviours index (Client)	Never	Only once	2 to 4 times	5 or more times
Threatened them				
Shouted at them				
Sworn at them				
Called them names				
Questioned them about their activities				
Had a certain look/mood				
Tried to provoke an argument				
Criticised them				
Criticised their friends/family				
Put them down in front of others				
Made them feel sexually inadequate				
Pointed at them (threateningly)				
Made to hit them without doing so				
Restricted their social life				
Used kids in an argument against them				
Other controlling behaviours				

Thank you for completing these. When you have finished please hand them to the project worker. If there is anything you are

unsure of, please feel free to ask. The more details we have the greater the chance of ensuring your safety and that of your partner and children.

6. Responding

Suggested responses to clients following assessment

Guidance: when you have gathered information from the man about what happened and about the patterns in the relationship, either by using the formal assessment process outlined in this section of the toolkit or by more informal methods if you have less time, you will have a clearer idea of whether they are a victim, perpetrator or some other category of client. Use the Respect matrix and identification process in Chapter 4 to help to identify which category they are in. Now use the table below to help plan your response.

Category of client	Possible responses
<p>Victim May have injuries, likely to be fearful and feel controlled</p>	<ul style="list-style-type: none"> • Discuss level of risk & concern with man & outline options • Discuss safety planning such as emergency numbers on mobile phone, panic button, alarm etc • Legal options & specialist Solicitors • Expert Risk Assessors, if child contact case • Report writing if & when necessary • Onward referral to specialist agencies if needed e.g. alcohol, drugs, mental health • Specialist referral for children • Referral to Parenting/Family Support/Sure Start • Explore alternative housing options • If refuge is appropriate explain the implications of this • Advocacy including attending court

	<ul style="list-style-type: none"> • High Risk case referred to MARAC • On-going emotional support/counselling which should deal with abuse, internalised resentment & anger
<p>Perpetrator (presenting as victim)</p> <ul style="list-style-type: none"> • History of violence and abuse towards partner • Sense of entitlement • Partner (and children) facing significant amounts of violence 	<ul style="list-style-type: none"> • Make clear that the violence is unacceptable and illegal and that he is putting himself, his partner and children in danger • Be clear that he has a choice to change his behaviour • If appropriate and possible, talk through with him alternatives to being violent / abusive, but stressing that one conversation is not enough, and he is likely to need more help • Motivate him to get help • Signpost to perpetrator programme and/or Respect Phonenumber 0808 802 4040 • Contact/Referral to Safeguarding Children team
<p>Perpetrator (presenting as victim) whose victim has used violence in self-defence or resistance</p> <ul style="list-style-type: none"> • Used violence against partner which results in 	<p>As above, PLUS</p> <ul style="list-style-type: none"> • Be clear that self-defence is legal and that if he puts his partner or children in danger, the law will protect her if she needs to use force to defend self/children • Be clear that the violence is likely to get worse and cause

<p>partner feeling controlled, fearful, injured</p> <ul style="list-style-type: none"> • Sense of entitlement • Client is not afraid, does not feel controlled 	<p>danger to himself, partner, children</p> <ul style="list-style-type: none"> • Recognise that the perpetrator may be very resistant to hearing that they are a perpetrator • Encourage them to think about how their partner feels
<p>High Risk Perpetrator</p> <ul style="list-style-type: none"> • Identified as high risk of continuing and escalating violence, using recognised risk assessment tool • Partner (and children) facing significant amounts of violence and danger and/or extreme coercive control 	<p>As above PLUS</p> <ul style="list-style-type: none"> • MARAC referral • Consider reporting direct to police and if relevant probation officer
<p>Unhappy relationship but no abuse at this point No evidence of physical or sexual violence, no evidence of verbal abuse causing fear or control, though arguments may be unpleasant.</p>	<ul style="list-style-type: none"> • Be aware that this may be the preliminary stages of a relationship prior to abuse and alert to the possibility that you may have missed significant information or implications, such as controlling behaviour – make sure you check both whether he feels afraid of his partner being violent or abusive, or whether he thinks his partner is afraid of him • Explain the purpose of this service is for men who are experiencing abuse and that

	<p>you cannot support him but can put him in touch with someone else who can, if that's appropriate (bear in mind it may not always be appropriate)</p> <ul style="list-style-type: none">• Signpost to counselling/couple therapy• Signpost to financial advice services• Encourage him to find a solicitor, if separation indicated
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Legal Rights

We have provided clear information about legal rights for victims on our website. Please see www.mensadviceline.org.uk for more information.

Case studies in more detail

In this chapter we explore the case studies described above in more detail, showing how you could work through the process of identifying what is going on, assessing client needs in more detail and responding. We have added some more case studies to provide more detail, particularly for the first section on male victims, as they are likely to be the majority of men presenting at your service.

Main category of client – VICTIMS of domestic abuse

We have given several examples of male victims as this is the majority of the work you will be doing.

Daf

Daf is 73 years old and has been married to his wife Megan (aged 60) for 27 years. Last night she attacked him with a glass and he ended up in hospital. He says Megan has always had a fierce temper and that this has been getting worse for the past few years. Until recently the abuse was mostly verbal but there have been several incidents recently where he has been punched and kicked. Now he is worried that this will be the start of an increase in violence. He doesn't want the police involved as he doesn't want to get her in trouble or to end the relationship. He wants some advice.

Identify	Assess	Respond
Vulnerabilities/ risks	Questions to ask	Suggestions
Daf's age may mean he is less able to protect himself.	What does Daf think Megan might do?	Reassure Daf that there are people who can help and that he is right to ask for help.
Megan has increased her use of violence and the severity.	Does he think she is likely to hurt him again?	Encourage Daf to understand the full range of services the police can provide and that they are the only agency with the power to remove Megan if he is at risk. Explain to him that this doesn't have to mean the end of the relationship.
She has used a weapon in the most recent incident.	Is Megan showing any signs of wanting to change her behaviour?	

<p>Daf does not want to end the relationship and is unwilling to call the police.</p>	<p>Does she realise she is behaving violently and illegally?</p> <p>Does Daf feel to blame for Megan's violence? Is Megan stronger than Daf?</p> <p>How is he protecting himself?</p> <p>Has he ever felt he needed to use violence to protect himself?</p> <p>Does he feel controlled by or fearful of Megan?</p>	<p>Help him to explore his choices for the future, such as temporary separation, taking some action to show Megan that she can't use violence, considering a permanent separation, living separately but continuing to have a relationship.</p> <p>Tell Daf about the Elders' Team in the local authority who can assess his needs and help.</p>
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Roberto

Roberto was with Justin for three years. Justin was an alcoholic and they both used drugs together. The couple lived in Justin's housing association flat. Roberto loved Justin but was also scared, because he was aggressive. Justin pushed everyone away from him and he used violent behaviour and threats to keep Roberto away from everyone. Roberto is Italian and doesn't have any family in this country. When Justin wanted to detox, Roberto supported him and Justin was so grateful that he asked Roberto to marry him. However, Roberto found out he was seeing someone else and the relationship broke down. However, Justin then proceeded to threaten Roberto, saying he would kill him if he ever started another relationship. Roberto called the police but thinks that they didn't believe him. He feels completely devastated, scared of the future and has been having suicidal thoughts. He is sleeping on a friend's sofa at the moment, but this is only temporary. He needs some support and help.

Identify	Assess	Respond
Vulnerabilities/ risks	Questions to ask	Suggestions
<p>Roberto's lack of family in this country and the fact his friends have all been pushed away by Justin leave him isolated.</p> <p>His suicidal feelings make him a risk to himself.</p> <p>His past experiences with the police make</p>	<p>Was Justin physically violent to Roberto?</p> <p>Did he ever injure him? Does he feel scared of Justin now?</p> <p>When was Justin last in contact with Roberto?</p> <p>How was that contact? Has Roberto re-</p>	<p>Reassure Roberto he has done the right thing to make contact and that he doesn't deserve to live in fear, that Justin does not have the right to do this and there are things which can be done to help keep Roberto safe.</p> <p>Let him know that as a citizen of the European Union he</p>

<p>him unlikely to seek further help from them.</p> <p>Justin's threats to kill him may be real and, coupled with past behaviour towards Roberto's friends, indicate extreme possessiveness.</p> <p>Past use of drugs may also re- occur on either side</p>	<p>established contact with any of his friends since he and Justin split up?</p> <p>Is Roberto in contact with his family?</p> <p>Is he out to his family?</p> <p>Has he attempted to claim benefits?</p> <p>Has he attempted suicide in the past?</p> <p>Where does Justin live in relation to Roberto – is it far, does he know where Roberto is living? Is Roberto still in contact with Justin?</p> <p>Has Roberto ever had any medical treatment for his injuries?</p>	<p>is entitled to some benefits.</p> <p>Ask if Roberto can contact friends or family as this might help his isolation.</p> <p>Refer Roberto to a specialist support group for gay men if one is available locally.</p> <p>Tell him about what the police can do – ideally you should have a trusted contact in the local police who you know is likely to be understanding of GBT men</p> <p>Suggest he writes down past incidents, particularly if he has had medical treatment.</p> <p>Discuss a safety plan for how to deal with future threats and how to keep away from Justin.</p> <p>Explain housing rights and options.</p>
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		Make sure he knows about the Samaritans if he is suicidal or might become so.
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Peter

Peter was being abused by his ex-partner Katie for two years. He talks about self-harm and attempted suicide which appears to be as a result of the combination of the abuse and his mild learning disability. He felt he couldn't hit back because she is a woman. When Katie and their two sons moved out of his house six months ago, he was relieved, but she continued to harass and threaten him. He wants to move out of the area as they live close by, with Katie's new boyfriend who Peter thinks is violent. He wants to sort out regular contact with the children and he is worried that Katie's new boyfriend might be scaring them. He has some support from family, but they don't know about the abuse. He says he wants housing advice.

Identify	Assess	Respond
Vulnerabilities/ risks	Questions to ask	Suggestions
<p>Peter has attempted suicide and self-harmed in the past;</p> <p>There is an additional risk from the new boyfriend including possible risk to children;</p> <p>Peter has a mild learning disability</p>	<p>Was Katie physically violent to Peter?</p> <p>Did he ever injure him? Does he feel scared of Katie now?</p> <p>When was Katie last in contact with Peter?</p> <p>How was that contact? Has Peter re-established</p>	<p>Have Peter or the children ever been injured by Katie?</p> <p>Has Peter ever reported the violence to the police?</p> <p>Does Peter currently feel afraid of Katie?</p> <p>Is Peter still feeling suicidal?</p> <p>What is it that makes Peter think the new boyfriend is violent?</p>

	<p>contact with any of his friends since he and Katie split up?</p> <p>Is Peter in contact with his family?</p> <p>Is he out to his family?</p> <p>Has he attempted to claim benefits?</p> <p>Has he attempted suicide in the past?</p> <p>Where does Katie live in relation to Peter – is it far, does he know where Peter is living? Is Peter still in contact with Katie?</p> <p>Has Peter ever had any medical treatment for his injuries?</p>	<p>Has Katie's new boyfriend used or threatened violence against Peter or the children?</p> <p>Are there particular areas where Peter will feel especially safe living, or places where Katie's family or friends might live or she might go, where he will feel unsafe?</p> <p>Has Peter tried applying for housing already?</p> <p>Does Peter want the children to live with him?</p>
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Aamir

Aamir was with his partner James for 3 years, they married 6 months after meeting. Aamir had fled Egypt to England at 16 after his father, mother and sister had all attempted to kill him after he came out as gay. Aamir was referred in to services after his husband stood up on a flight back from Turkey outing him as a gay Muslim man and invited passengers on the plane to assault him. Aamir left James on arrival back in to the UK, with James being arrested on landing. James was released on bail and continued to stalk Aamir breaching the Non-Molestation Order 107 times. Aamir was in his final year of his PhD and James informed the University that Aamir had let him in to a part of the University not open to the public, resulting in Aamir being suspended from his PhD for three months, the investigation found that he hadn't been given access. Aamir also reported 3 incidents of rape and sexual assault.

Identify	Assess	Respond
Vulnerabilities/ risks	Questions to ask	Suggestions
<p>Aamir has experienced so-called 'honour' based violence</p> <p>James has behaved abusively in public</p> <p>James has shown disregard for the Civil Order</p> <p>James' controlling behaviour has escalated at separation</p>	<p>Does Aamir think his family pose any current risk? When was the last time he had contact with them?</p> <p>Is Aamir scared of James? What is it that he is scared of? Has James previously used violence?</p> <p>James has continued to stalk</p>	<p>Reassure Aamir he has done the right thing by making contact and that he doesn't deserve to live in fear and there are things that can be done to help Aamir stay as safe as possible</p> <p>Ask if Aamir can make contact with friends that might reduce his isolation</p>

<p>Aamir may be in the UK on a student Visa or spousal Visa</p>	<p>and harass Aamir, is this an ongoing fear?</p> <p>James' behaviour is escalating, how does Aamir feel at the moment? Has Aamir felt low or depressed or had any suicidal thoughts?</p> <p>Are you in the UK on any Visa? If you were to separate from your partner would this impact your right to be in the UK?</p>	<p>Refer Aamir to a specialist support service for gay men</p> <p>Discuss options around support from an ISVA</p> <p>Discuss a safety plan for how to deal with future threats</p> <p>Refer to Citizens Advice Bureau or a local Law Centre if there are issues of immigration</p> <p>Refer to national helplines such as Karma Nirvana for any additional support around so-called 'honour' based abuse</p> <p>Discuss options of informing the University of risk as well as neighbours and friends</p>
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Victim who has used violent resistance

Aftab

Aftab says he left hospital this morning after being stabbed in the chest by his partner; he says he was lucky it wasn't too deep but could have been a lot of worse. Aftab says that over the years arguments gradually escalated and she's hit and slapped him several times. He's been walking on eggshells in case he said or did the wrong thing and often Judy would get angry with him if he didn't do something she expected him to. Today, for the first time, Aftab retaliated by slapping Judy several times after she hit and slapped him. He says that he is ashamed, he was taught that it was wrong to hit women but says he did intend to hurt and stop her from hurting him. He is worried that he might do it again. It wasn't the first time she grabbed a knife but the first time she used it so now Aftab is afraid for himself and his son as well as afraid of what he might do to her. Aftab says that Judy has a lot of past stress from her childhood and maybe that's why she behaves like that. Aftab and Judy have a 3-year-old boy who Aftab looks after full time. Aftab doesn't know where to turn or what his options are.

Identify	Assess	Respond
Vulnerabilities/ risks	Questions to ask	Suggestions
Escalating violence, severe injuries, use of knives Credible evidence of fear Child exposed to an escalating violent situation	Is Aftab afraid, controlled, injured? Does he feel that Judy is ever afraid of him? Does Aftab want the relationship to continue?	Use the identification form in 4.3 and the assessment forms in chapter 5. Explain to Aftab what will happen if he presses charges against Judy and

<p>Aftab underestimating the severity of the situation and making excuses for Judy</p>	<p>How does Aftab feel about his situation? What would he like to happen?</p>	<p>what the law can do for him</p>
<p>Aftab made the choice to respond with violence and this put him at more risk as Judy responded with stabbing him</p>	<p>Has Aftab involved the police about the recent incident? If not, would he?</p>	<p>Find a legal advice centre or helpline for Aftab, particularly in relation to his son and getting residence</p>
<p>Aftab is anxious, possibly depressed</p>	<p>Does Aftab have somewhere else to stay?</p>	<p>Explore strategies with Aftab about staying out of harm's way – develop a safety plan with him</p>
<p>They still live together</p>	<p>Where is the child? Is he safe</p>	<p>Talk to Aftab about referring him to a MARAC</p>
<p>Need to check more what is going on – is Aftab as violent as Judy?</p>		<p>Explore the need for refuge space or a B&B</p>

Perpetrator (presenting as a victim)

Terry

Terry says that he has been unfairly arrested by the police when he pushed his girlfriend Nicky away from him during an argument. He says that she is verbally abusive to him and that she is always winding him up to see how far she can push him. He says that he has only pushed her away 'once or twice' and that he doesn't understand why the police have arrested him. When asked if Nicky has used violence against him he laughs and says no, she's just verbally a wind-up, but it's not his fault he has to lash out. He wants to know how he can get legal help as he feels he is the victim in the situation

Identify	Assess	Respond
Vulnerabilities/ risks	Questions to ask	Suggestions
<p>Terry sees himself as a victim, but he may be the perpetrator. This would place his partner at increased risk, if other agencies start to believe him.</p> <p>Terry's frustration with the situation may increase this risk.</p>	<p>Has there been any violence in the past?</p> <p>What happened in those incidents where he pushed Nicky away?</p> <p>Was she injured? Was he?</p> <p>Has she tried to leave him?</p> <p>Who called the police?</p>	<p>Use the information gained from the answers to the questions above to gain a clearer idea of what is going on – use the identification form in chapter 4.</p> <p>Explain that if he wants legal help he is entitled to have a solicitor and if he can't afford to pay the solicitor, he can apply for Legal Aid.</p>

	Have the police charged him? Did the police also arrest Nicky?	Ask him to consider if Nicky is in fact the one being hurt and that no matter how annoying he finds her, he isn't allowed legally to hurt her, including pushing her away.
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Learning point:

Perpetrators often use the language of 'victim' as they feel hard done by and aggrieved. Domestic violence services have always assessed the needs and circumstances of clients in order to provide the most appropriate service. This means listening to what they say, gathering relevant information and making a proper assessment of the situation, using professional expertise and assessment tools, with men and with women.

Perpetrator (presenting as victim) whose victim has used violent resistance

Olufeme

Olufeme describes being 'wrongly arrested' by the police. He has a long list of complaints about the police. He says that he has been banned from his home town by the terms of a legal order. When asked by the worker how this order came about (as this is quite difficult to get), Olufeme says that he did hit his girlfriend Ayo but that she was 'disrespecting him' and that he also has marks from Ayo's 'abusive behaviour' (his words) but adds that he was able to 'deal with her'. When asked what this means, Olufeme says 'She deserves what she gets, she's argumentative and she knows what I am like – the police should have seen this, but they are all against men and believed her, just because she was crying and, on the floor, when they came'.

When asked for more information about how he has been marked he shows the worker scratches on his arms and says he has bruises on his thighs. Eventually he explains that when the police arrived Ayo was on the floor because Olufeme had been repeatedly kicking her. She had tried to push him off her, once kicking for his genital area, hence the bruises to his thighs. He describes this as him being abused.

Identify	Assess	Respond
Vulnerabilities/ risks	Questions to ask	Suggestions
<p>Olufeme is not accepting responsibility for the impact of his violence</p> <p>Ayo's use of violence is likely to increase risk to herself and to Olufeme if she</p>	<p>Is Olufeme fearful of Ayo? Does he feel controlled by her? Has he ever had to have medical treatment?</p> <p>Does Olufeme think that Ayo is fearful of him? Does he think that she feels controlled by him?</p>	<p>Make it clear that if an order has been made to Olufeme, it is his responsibility to comply with it, no matter how unfair he thinks it is. He is entitled to seek legal advice and find out if he has the right to return to court. But</p>

<p>increases the level of violence</p> <p>If Ayo continues to use violence she may be identified as the perpetrator and not get appropriate help or safety planning</p> <p>However, the terms of the order are very strong – if such an order has been granted (and it is important to check) then the courts and police must have had good evidence of the level of risk from Olufeme to Ayo.</p>	<p>Does he usually get his own way in the end?</p> <p>Who finishes arguments? How?</p> <p>Has Ayo ever had to have medical treatment?</p> <p>What are the exact terms of the legal order?</p>	<p>if he does not comply with the order he will have committed a criminal offence and could be taken to court again.</p> <p>Use the questions to identify more what is going on and to explore the situation with Olufeme – this may help him to see the situation differently (or it may not). The identification process form in 4.3 will be helpful here.</p> <p>Find out what Olufeme wants from you – it may be that there is nothing you can provided him with.</p>
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(Possible) mutual violence

Whilst we have given this case study under this heading, we must stress that until you have done more assessment about who is doing what to whom and with what consequences you cannot be sure whether or not this is mutual violence, or one of the other categories of client described above. The focus must be on finding out more, prioritising safety for the child and both adults whilst keeping an open mind about what is going on.

Jack

Jack and Selma have been married for three years. Jack reports to you that the abuse began soon after they were married. Jack also tells you that things got especially bad after the birth of their first child, just over a year ago which coincided with Selma finding out that Jack had been having an affair. Jack tells you that the relationship has broken down, and that both him and his wife are using abusive behaviours. Jack tells you that his wife doesn't allow him to go out and socialise anymore, and when he comes home late from work she won't let him sleep in the bed.

When he is sleeping she continually wakes him up and has previously dripped boiling water on him whilst he was asleep. Jack tells you that he can't cope with her and often screams in her face and has slapped her on several occasions. He tells you that he has also hit her several times. Police have received reports from both parties, and Children's Social Care have referred both parties into victim services.

Identify	Assess	Respond
Vulnerabilities/ risks	Questions to ask	Suggestions
<p>We don't know who is the primary victim and primary perpetrator- we must establish who is doing what to whom?</p> <p>Jack is using physical violence</p> <p>Selma is using boiling water as a weapon</p> <p>Use of violence is escalating on both sides</p> <p>There is a small child in the property</p>	<p>Is Jack afraid of Selma?</p> <p>Does Jack think Selma is afraid of him?</p> <p>Have there been any significant injuries caused by each party's use of violence?</p> <p>Has there ever been any violence in front of the child?</p> <p>Can Jack describe the relationship before Selma found out about the affair</p>	<p>Your key task as a professional is to assess and find out as much as possible about who is doing what to whom and with what consequences</p> <p>An assessment will need to be completed to explore power and control dynamic and if either party feels fearful</p> <p>Both parties will need interim safety planning advice whilst a full assessment is completed</p>

Unhappy relationship – no abuse

Graham

Graham divorced his wife on grounds of unreasonable behaviour. He said she was keeping secrets about her finances and although he gave her the chance to change her ways she didn't do so. They still live together in the same property with their 6-year-old boy. Graham tells you the divorce made him ill, he was signed off work and eventually lost his job. He now lives off benefits and pays most of the bills despite the fact that his ex-wife has a job. He complains that not only does she refuse to pay her share of the bills, but she also spends a lot of money every month buying cigarettes. Graham says he wants her out of the house, which they're trying to sell before they go their separate ways and has even thought about changing the locks so she can't get back in and he can live there with his son. Graham is looking for advice about this and he also wants to know how he can get residence of his son.

Identify	Assess	Respond
Vulnerabilities/ risks	Questions to ask	Suggestions
Graham is fed up with the situation and may make bad decisions, such as locking his ex-wife out of the house	Has there been any violence or abuse? Are there any arguments witnessed by the boy?	Graham needs to access legal advice about pursuing residence of the boy and the financial situation
Graham seems to be aggrieved and this is affecting his health and well-being	How does Graham think his son has been affected by all this?	Graham might benefit from talking to a counsellor or his GP – he needs to take care of his health and well-being
There is indication that Graham is	Does Graham's ex-wife contribute to the house and to	

<p>using controlling behaviours (expecting his ex-wife to change the way she managed her finances, disapproving of her smoking now, considering locking her out of the house) and is expressing ownership of the house and his son – this should be explored further.</p>	<p>their son's upbringing in other ways? Does Graham think he could cope if he had residence of his son?</p> <p>What does his son want? Has he spoken to anyone else about this? e.g. school teachers, other family members, friends etc</p>	<p>Explore strategies with Graham so his bad relations with his ex-wife are not played out through their child</p> <p>You need to be clear with Graham about the limits of your service– if you are specifically funded to work with male victims you may not be able to offer him much time. However, his situation could still be risky so keep an open mind and do make sure he knows about safety options even if you don't think he is a victim – you may be wrong.</p>
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7. Research

7.1 Information from UK national research about the incidence, scale and effects of domestic violence on men

England and Wales

The main source of information about violence from a partner or ex-partner to men and women in England and Wales is the Home Office Crime Survey. Since 1998 there have been specific sections on violence from partners and ex-partners. The data from the Crime Survey England and Wales continues to highlight trends and consistencies when looking at experiences of violence and abuse.

Scotland

Data about partner abuse in Scotland is provided in the Scottish Crime and Justice Survey.

Northern Ireland

Data is provided in the Northern Ireland Crime Survey (NCIS) from 2015/16.

Some data is presented in the reports excluding sexual assault – we have only included the figures which include sexual assault, but this may mean you see figures which are different from ones you have seen before as some organisations use the figures excluding sexual assault in their information. The Crime Survey England and Wales also uses the term 'domestic abuse', which includes abuse from other adult family members as well as partners. The use of different definitions can often mislead policy makers and practitioners about the levels of partner abuse – data using both definitions is included here to demonstrate this. The Scottish Survey data is specifically about partner abuse. We have included some of the data for 'domestic abuse' and some for the more specific 'partner abuse'.

For 2017–2018:

England and Wales

According to the Crime Survey for England and Wales (CSEW) year ending March 2018:

- An estimated 7.9% of women (1.3 million) and 4.2% of men (695,000) aged 16 to 59 years experienced domestic abuse in the previous year;
- an estimated 4.8 million women and 2.2 million men aged 16 to 59 years had experienced domestic abuse since the age of 16 years;
- non-sexual partner abuse was the most common type of domestic abuse experienced in the last year for both women (5.6%) and men (2.4%);
- domestic stalking was experienced by 1.8% of women and 0.7% of men in the previous year;
- women were around four times as likely as men to have experienced sexual assault by a partner in the last year (0.4% compared with 0.1%) and nine times as likely to have experienced it since the age of 16 years (6.3% compared with 0.7%);
- female victims of partner abuse were more likely than men to report experiencing non-physical abuse (emotional, financial) (72.6% for women and 57.0% for men) and sexual assault by rape or penetration including attempts (3.8% and 0.5% respectively);
- in contrast, male victims reported a higher level of force (45.7%) than women (28.0%). There was no significant difference between female and male victims in the prevalence of experiences of threats, indecent exposure or unwanted sexual touching, or stalking;
- women were around four times as likely as men to have experienced sexual assault by a partner in the last year (0.4% compared with 0.1%) and nine times as likely to have experienced it since the age of 16 years (6.3% compared with 0.7%);
- domestic stalking was experienced by 1.8% of women and 0.7% of men in the last year.
- men aged 55 to 59 years were less likely to be a victim of domestic abuse in the last year compared with all other age groups except those aged 25 to 34 years;
- divorced women (18.1%) were more likely to be victims of domestic abuse in the last year than those who were married, civil partnered, cohabiting or single;

- men who were married or civil partnered (2.2%) were less likely to be victims of domestic abuse in the last year than men who were divorced, separated or single;
- those with a long-term illness or disability were more likely to be victims of domestic abuse in the last year than those without; this was true for both men (9.8% compared with 3.5%) and women (16.8% compared with 6.3%). This difference was true for each of the different types of domestic abuse excluding sexual assault;
- both men and women within a single parent household were more likely to be victims of domestic abuse in the last 12 months than those living in a household with no children and those living in a household with other adults and children; this was true for both men and women;
- men in the lowest household income bracket were more likely to be victims of domestic abuse in the last year than those in the other household income groups excluding the "£10,000 to less than £20,000" income bracket.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018>

Scotland

Levels of domestic abuse recorded by the police in Scotland have remained relatively stable since 2011-12, with around 58,000 to 60,000 incidents a year. The police recorded 59,541 incidents of domestic abuse in 2017-18, an increase of 1% compared to the previous year.

- In 2017-18, 44% of incidents of domestic abuse recorded by the police in Scotland included the recording of at least one crime or offence;
- the crime or offence that was most frequently recorded as part of a domestic abuse incident in 2017-18 was Common assault (accounting for 37% of all crimes and offences recorded). This was followed by Breach of the peace etc. which accounted for 31% of crimes and offences;
- where gender information was recorded, around four out of every five incidents of domestic abuse in 2017-18 had a female victim and a male accused. This proportion has remained very stable since 2011-12;

- in 2017–18, 16% of domestic abuse incidents involved a male victim and a female accused (where gender was recorded). Again, this proportion has remained stable since 2011–12 (ranging from 16% to 18%).

<https://www.gov.scot/publications/scottish-crime-justice-survey-2017-18-main-findings/>

Northern Ireland

- Findings from NICS 2015/16 estimate that 12.1% of people aged 16–64 have experienced at least one form of domestic violence, by a partner, since age 16, with women (15.1%) displaying a higher prevalence rate than men (8.4%).
- NICS 2015/16 results also estimate that around one-in-twenty-five adults (4.3%) experienced at least one form of partner violence and abuse within the last three years, a similar proportion to that observed in both NICS 2013/14 (5.2%) and 2014/15 (5.0%).
- At 5.9% in NICS 2015/16, women were over twice as likely as men (2.5%) to have been victims of domestic violence, by a partner, in the last three years, a gender difference that is reflected across each of the three separate offence groups examined: non-physical abuse (4.4% v 2.4%); threats (2.0% v 0.2%); and force (2.5% v 0.9%).
- When identified victims were asked to consider their 'worst' single incident of partner violence and abuse, NICS 2015/16 findings show that around three-quarters of all worst cases of partner abuse (75.8% in NICS 2015/16) were carried out within the setting of a current relationship at the time, with the perpetrator most likely to have been a current boyfriend / male partner (32.3%) or husband (24.2%).

<https://www.justice-ni.gov.uk/publications/r-s-bulletin-172017-experience-domestic-violence-findings-201112-201516-northern-ireland-crime>

Intimate partner homicide

There were large differences in the victim–suspect relationship between men and women.

- A third of women were killed by their partner or ex-partner (33%, 63 homicides) in the year ending March 2018. This is the

fewest number of women aged 16 years and over killed by a partner or ex-partner in the last 40 years, although this may change as police investigations continue and the Homicide Index is updated.

- In contrast, only 1% of male victims aged 16 years or over were killed by their partner or ex-partner (seven homicides).
- Men were most likely to be killed by a stranger, with over one in three (35%, 166 victims) killed by a stranger in the year ending March 2018. This was an increase of 51% compared with the previous year (110 victims). Women were less likely to be killed by a stranger (17%, 33 victims).
- Among homicide victims, one in four men (25%, 115 men) were killed by friends or social acquaintances, compared with around one in fourteen women (7%, 13 women).
- In 26% of female homicides recorded in the year ending March 2018, no suspect had been identified for the offence at the time of analysis (50 victims). The percentage of male victims with no suspect identified was similar, at 27% (125 victims).

7.2 Information from other research on gender and domestic violence

The UK Crime Surveys are currently the only national data sets we have for measuring the extent and scale of domestic and intimate partner violence. However, other less large-scale research helps us to understand more about the detail. This section explores the detail of the differences between men's and women's experiences and use of abuse, in order to inform how services develop appropriately to meet those different needs.

Men and women tend to use and/or experience violence and describe it in different ways (Hester, 2009). This has implications for services helping male victims, some of which are further explored in the section below on analysis of the calls to the Men's Advice Line for male victims.

When women use violence in intimate relationships it is often, though not always, in self-defence or defence of a child or as a form of resistance (Kimmel, 2002; Dasgupta, 2001; DeKeseredy and Schwarz, various; Healey et al, 1998). However, it is also clear that

some women systematically and intentionally perpetrate domestic violence against their male partners (Hester, 2009).

Some researchers strongly assert that men and women abuse in equal numbers (Dixon and Graham–Kevan, 2012; Dutton, 2007; Archer, 2000). Others identify different categories of domestic violence such as so-called 'situational couple violence' and 'intimate partner violence', and that the latter is strongly gendered whilst the former is not so clearly gendered (Johnson, 2005). Dutton also argues that mental health and childhood trauma are stronger predictors of perpetration of domestic violence than gender (Dutton, 2007).

However, national studies such as the England and Wales Crime Survey and the Scottish Crime Survey show differences in experiences of homicide, sexual assault, post-separation abuse and rates of ongoing violence between men and women (see above). This strongly suggests that whilst gender does not explain everything, it still affects the amount and the nature of the services provided for men and for women.

The connections between gender and domestic abuse also include the gender of the perpetrator, often assumed to be female if the victim is male. The 'Day to Count' national snapshot of reported domestic violence on one day found that disproportionate numbers of men reporting domestic violence had been abused by a male partner or ex-partner (Stanko, 2002).

Given that the majority of perpetrators are male and that perpetrators are often prone to manipulation or minimisation of the violence they have used, practitioners are rightly concerned that they may be approached by men who present as victims but are in fact perpetrators. Evidence from current male victims' services confirms that this happens. A significant number of men calling the Men's Advice Line who initially identify as victims change their own identification by the end of the call or provide information about the violence in their relationships which strongly suggests that they are either not a victim or in fact are the perpetrator (see elsewhere in this toolkit). This signifies a more complex situation than that initially presented. Clearly practitioners want to be able to prioritise their time helping genuine male victims. They are also

concerned that they don't make situations more dangerous for the partners of men who present as victims but are actually perpetrators.

Given the emphasis in the last few decades on protection for women, it is important for male victims to know that they too can ask for and receive help and protection. Men calling the Men's Advice Line are often concerned that if they call the police they won't be taken seriously or that their female partner is less likely to be arrested than they are. Indeed, some state that they have had that experience. However, research on police arrests and use of violence by men and women in the North East of England showed the opposite: women who use violence are more likely than men who use violence to be arrested by the police (Hester, 2009). Practitioners can reassure male victims that they can ask the police for help and should be given protection when they do.

The Hester research in the North East further shows that women are also likely to be arrested when they use violence as a means of defence or resistance and that when women do use violence, they are also more likely than men to use a weapon, such as a household implement, if they are physically violent. Again, this will include women using violence as self-defence as well as violence as a perpetrator: however, in both cases, this will increase the risk of harm to their partner and to themselves. Safety planning with both victim and perpetrator are important for the protection of both adults and of their children. This is part of why the Men's Advice Line continues to give safety planning advice to all callers involved in violent relationships, whether they are clearly victim or not.

Male victimisation also includes abuse in same-sex relationships which can include behaviour specific to this client group. Male victims of domestic violence from a male partner often experience specific forms of abuse such as threats to reveal sexuality to family or colleagues (Sookias, 2008). Anecdotal evidence from calls on the Men's Advice Line shows that gay men often experience higher levels of physical and sexual violence than heterosexual men. Monitoring data from the Men's Advice Line demonstrates higher levels of sexual violence against gay men from a male perpetrator than against heterosexual men from a female perpetrator (see the

relevant section in the Toolkit with analysis of sexual abuse experiences reported by men to the Men's Advice Line). Furthermore, detailed specific research on this topic would help to inform risk assessment and management with male victims.

Gender of course does not explain everything and nor is it the only risk factor for domestic abuse. Acknowledging the connections between gender and partner abuse does not mean ignoring other factors, such as mental health or stress (Debonnaire and Todd, 2012). Work with individual victims to support and protect them will usually focus on safety planning, legal and practical help more than on understanding the impact of gender. However, long-term work with victims and perpetrators is likely to include exploration of how gender roles affect expectations of behaviour in relationships, partly because men and women bring up these topics themselves (Debonnaire and Todd, 2012).

Conclusions

Men and women can both be victims of domestic violence and abuse. There are differences in the scale, incidence and effects of domestic violence related to whether the victim is a man or a woman. Women are more likely than men to experience domestic violence in general, to experience sexual assault and threats in particular, to experience domestic violence in the long term and to be injured or killed by their partner or ex-partner. However, there are male victims who are abused by either a male or a female partner. They need and are entitled to protection under the law, with practical and emotional help when needed. This is why Respect runs the Men's Advice Line and it is probably why your organisation is also helping male victims. However, the differences as well as the similarities are important for us to consider if we are going to help men effectively.

In some couples, both parties are using violence. However, it is often the case that one is using violence to defend themselves or the children, or as a means of resistance. In any case, there are risks for both adults and for children witnessing the violence. The appropriate responses will be more effective if the practitioners understand who is doing what to whom and with what consequences. For example, responding to a victim who has used violence in self-defence will not be the same as responding to

someone who is the perpetrator. It is therefore very important, when both parties are using violence, to assess clearly who is the perpetrator and who is the victim using violent resistance, self-defence or some other form of violence, in the interests of all adults and children involved.

There is still debate and sometimes controversy about how gender and intimate partner violence and domestic violence are linked. We have tried to represent a summary of this and have provided a short list of further reading in Chapter 8 which includes research from different viewpoints. Our experience on the Men's Advice Line and our reading of the current research is that gender and domestic/ intimate partner violence are linked and that it is important to consider how gender affects experiences of abuse. However, we must stress that gender is not the only factor nor is it the only determinant of risk.

In all cases, for male and female victims, listening to what they say and exploring with them what they need is critical. We can then provide really effective help for all victims.

Bibliography – is contained in chapter 9.

7.3 Analysis of monitoring of calls to the Men's Advice Line between 2014 – 2019

Introduction

The provision of specialist work with male victims of domestic violence is continuing to grow in the UK. One of the key sources of information about the experiences of male victims, the ways in which men describe and make sense of their experiences, the needs they have and the process by which workers identify these needs is the Men's Advice Line. This service, run by Respect, provides a telephone advice and support service for male victims of domestic violence. It also provides training, advice and support for projects and professionals working with male victims across the UK and beyond.

In order to provide a rigorous basis for the approaches outlined in the toolkit for work with male victims, the helpline staff and the Respect Research Manager developed an online database to record

details of calls in real-time, during the call. We did this by carrying out a preliminary monitoring exercise for three months in 2009, the results of which were published in the first edition of the Male Victims' Toolkit. From this preliminary monitoring we developed an online database for recording details of calls in real time. This allows Helpline workers to identify commonly asked questions and responses and to develop a system for recording them which worked with the flow of most calls, allowing helpline workers to click on responses as they applied, during the call or immediately afterwards.

The results of this monitoring provide a helpful picture of who approaches services for male victims, the types of problems they present with and the ways professionals can start to help clients, even in a fairly short initial intervention. Whilst many projects will go on to work with male victims beyond the first initial phone call or meeting, the information gathered in this first session is usually extremely helpful for guiding the professional beyond this session.

The monitoring analysis presented in this edition of the Toolkit is based on over 31,000 calls taken during 2014 and 2019.

Aims of the monitoring

1. To record how callers identify themselves at the start of the call to the Men's Advice Line (as victims, professionals, friends and family, perpetrators, etc)
2. To identify the specific forms of help, advice, referral etc requested and provided
3. To analyse the gender, age, ethnicity of callers
4. To identify any shift in callers' own analysis of their situation as a result of the call
5. To identify what conclusions helpline workers came to about the caller and how they came to that conclusion
6. To identify the extent to which callers and workers agreed about the nature of their situation, by the end of the call
7. To explore some of the possible explanations for changes in identification and the differences between caller and worker identification of the situation by the end of the call

Note: Some of the recording fields changed during this time, for example age brackets.

FINDINGS FROM MONITORING OF CALLS TO THE MEN'S ADVICE LINE 2014–2019

Men identifying as victims of domestic violence

The following table shows how the callers to the Men's Advice Line presented initially, by gender.

MEN'S ADVICE LINE CALLS 2014–2019	
Initial presentation	Total
–	1,932
Victim of dv	17,823
Family/friend of perpetrator	110
Family/friend of victim	3,018
Mutual violence	167
NA–Call back	1,133
Not abuse related	957
Perpetrator	588
Professional	3,441
Student re dv	73
OTHER	3,065
Grand Total	31,341

KEY FINDING: 60% of the callers to the Men's Advice Line are from men initially identifying as victims of domestic violence, 10% from professionals working with them and the remainder are people in a range of related situations, crisis and need.

DEMOGRAPHIC MONITORING

Sexuality of male victims calling the Men's Advice Line

The majority of men identifying as victims are heterosexual (14992). 85 in this time period identified as gay, 58 as bisexual, out of a total of 15,153 male victims who gave information about sexuality.

Sexual Identity	Number of callers
–	2,018
Heterosexual	14,992

Gay Male	85
Bisexual	58
Gay/Lesbian	470
Lesbian/ Gay Woman	2
Prefer not to say	27
Prefer to self-describe	12
Not asked	229
Grand Total	17,823

This means that of the men who gave information about sexuality, 98.9% of them identified as heterosexual and the rest as gay or bisexual.

Age of male victims calling the Men's Advice Line

Helpline Advisors asked about age of male victims in all but 2,926 of the 17,823 calls from male victims to the Men's Advice Line in this five-year period. A very few (13) were under 18. Helpline Advisors will support young callers at risk of violence to call a more suitable service, such as ChildLine or the local authority social services. A very low number are over 60. As shown in the table below, male victims calling the Men's Advice Line are mostly in their 30s, 40s and 50s.

Age	Number of Callers	Age	Number of Callers
-		-	2,926
under 18	12	16-17	1
18 - 21	167	18-24	105
22 - 30	1,965	25-34	552
31 - 40	4,305	35-44	804
41 - 50	3,587	45-54	593
51 - 60	1,688	55-64	209
61 - 70	565	65+	89
over 70	12	Prefer not to say	255
Grand Total			17,823

Ethnicity

Helpline Advisors attempt to record ethnicity for all callers who identify themselves as a victim, perpetrator or in an unhappy relationship. They use a pre-set list of the categories used by the UK Census (Main categories and sub-categories). In a few cases the dynamics of the call mean that they are unable to ask. The results are shown below.

KEY FINDING: Nearly 50% of the callers identified themselves as white, over 35% are from an ethnic minority and the rest are not known.

Ethnicity	No of callers	% of male victims
-	2,799	15.7
White English / Welsh / Scottish / Northern Irish / British	8479	47.6
White Gypsy or Irish Traveller	50	0.3
White - Any other background	815	4.6
Asian or Asian British - Indian	871	4.9
Asian or Asian British - Pakistani	748	4.2
Asian or Asian British - Bangladeshi	302	1.7
Asian or Asian British - Chinese	50	0.3
Asian or Asian British - Other Asian Background	454	2.5
Black / African / Caribbean / Black British - African	1,054	5.9
Black / African / Caribbean / Black British - Caribbean	563	3.1
Black / African / Caribbean / Black British - Other	57	0.3
Mixed - White and Black Caribbean	140	0.8
Mixed - White and Black African	58	0.3

Mixed – White and Asian	75	0.4
Mixed – Any Other Mixed Background	169	0.9
Other ethnic group – Arab	324	1.8
Prefer not to say	57	0.3
White Eastern European	308	1.7
Total	17823	

In almost all the calls reporting physical violence the men described being hit, kicked or punched.

Helpline Advisors recorded men as victims if they appear to have experienced fear, control, injury, physical assault and identifiable emotional or sexual abuse.

However, in about half of the calls from men identifying as victims they had experienced no physical or sexual assault and did not describe being in fear or feeling controlled. There were no obvious risk factors and questioning the caller sometimes resulted in the caller describing incidents in which their partner was injured by them.

Many of these many described what they identified as emotional abuse, but did not appear to be part of the constellation of abusive behaviours used in the Helpline's model of work and understanding of domestic violence. Neither did these men appear to be afraid of or feel controlled by their partner. Sometimes they describe arguments and unhappiness in the relationship which, whilst not pleasant, do not appear to be abusive, controlling or violent, or part of an overall pattern of coercive control.

Example:

Mark emailed the Men's Advice Line saying: 'I think that I am being verbally and emotionally abused by my partner'. He then provided a lengthy description of incidents which he identified as abusive. These included partner criticising him for not getting a job, not wanting to be in the same room as him, wanting to spend more time with her friends than with him, arguments about his lack of employment. He describes being 'moaned at'

and criticises for the ways he does things. His partner tells him she doesn't love him. From the lengthy and very detailed description Mark gives, it does appear that the relationship is unhappy and not working well. It does not appear that the things his partner says are stopping Mark from doing anything he wants to do or making him do things his partner does want him to do – in fact, his description includes many incidents in which he doesn't do what she wants, and she criticises him for this. There are no allegations of any violence, he does not appear in any way fearful and he does not seem to be controlled.

This may be unpleasant or difficult to live with, but the evidence from Mark's lengthy statement does not show that this relationship is abusive.

Whilst it is important to listen to what clients say respectfully and in a believing manner, this does not mean that they are always correct in identifying a relationship as abusive.

Domestic violence practitioners have specialist knowledge, training and experience. They can believe and show they believe that the person they are trying to help has their own perceptions of the situation and respectfully carry out an assessment and come to a professional, evidence-based conclusion about the situation and the person's needs.

Requests and suggestions for further help for callers

Helpline Advisors responded to requests for information and offered specific information which they thought might be relevant for the caller. In a few cases, information requested could not be provided because it was not available. Staff always try to provide information that callers ask for. The totals below do not add up to 17,823 as many callers are provided with information about more than one service.

Legal advice, accessing the Criminal Justice System and accessing a local male domestic abuse service were the most commonly requested forms of help. However, it is worth noticing that more of these men, who initially identified as victims, wanted information about perpetrator programmes by the end of the call than wanted

information about men's refuges. This could be for all sorts of reasons, including that there are so few men's refuges that the travelling distance this therefore requires puts many men off. However, it could also be that men just very rarely want this type of specialist support. It could also be that male victims do not perceive themselves to be at great risk. Further research would help us to understand these apparent differences between the needs of male and female victims.

However, even at this early stage with tentative evidence it is worth noticing that we serve male victims better and more effectively if we do not assume that their needs will be identical to female victims.

Type of signposting given	Number	% male victims (17,823)
Legal	4316	24.2
Police	2836	15.9
Local Male DV service/IDVA	2232	12.5
Counselling	2106	11.8
GP	638	9.51
Housing	1136	6.4
Social Services	502	2.8
Parenting support	444	2.5
Victim Support	381	2.1
Immigration	243	1.4
DVPP/RPL	233	1.3
Refuge	221	1.2
Stalking Services	153	0.9
LGBT	126	0.7
Debt	90	0.5
Drug and alcohol	20	0.1
ISVA	6	<0.01

Helpline Advisors identified and provided further advice beyond that requested, when the evidence demonstrated that this could be useful for the caller.

Part of the work of the staff responding to male victims is to be able to identify services and help they might benefit from but

which they have not requested. Victims of domestic violence often do not know what is available. It is clearly important that the staff responding to them have good knowledge of the range of available forms of help and protection.

It is important to note that Helpline Advisors, mindful that they could not be sure of the full situation, provide information to men about protection and safety from domestic violence to callers even when they suspect that they may also be using violence. However, this is provided in the course of a call in which they also ask callers questions to help them to consider their situation in new ways, which in some cases, as identified above, results in the caller themselves recognising they too or they alone are using abuse and violence.

Conclusions

All callers and clients deserve and should receive a respectful, professional and competent response. In a project funded to support male victims, it is important to have skills and knowledge to support a range of service users. The majority of the men asking for help will be male victims, but there some who don't fall under this category and will nevertheless make contact, needing some kind of support and information. They need not be turned away as clients 'beyond the remit' of the service. This includes helping men in unhappy but non-abusive relationships to have information about legal help, for example. It also includes helping men who are perpetrators to recognise their own behaviour, motivate them to want to change this and consider the help available for them to change.

Key learning points:

Interventions start with the first call or conversation – even by asking questions to find out more, the situation is starting to shift in some ways. The response the man gets on the first call is critical for motivating him to feel that there is hope and help available.

The majority of men approaching the Men's Advice Line identify as male victims and are still identifying as male victims by the end of the call and are provided with appropriate help for how to seek protection and legal support for domestic violence.

Legal, housing and counselling services are the most commonly provided types of referral. Very few men want refuge space, a few more want information about perpetrator programmes.

A significant minority of men who initially identify as victims change their own opinion of their situation by the end of the conversation, through the use of carefully chosen questions and reflection by the helpline staff, which provide men with the opportunity to reflect on their relationship and their own understanding of abuse as it applies to their relationship.

There are specific questions which staff can ask about which will provide them with a great deal of information from the man about his situation. Other agencies working with men over a longer time or receiving information from a referring or other agency could explore the evidence in more detail.

During the course of a relatively short conversation, men provide a great deal of information in response to the questions put to them, which help staff to make an initial assessment of who is doing what to whom and with what consequences. This helps to guide their response. This will include providing information about legal and other rights and support services. It will also help to inform them about when it is appropriate to ask a man to consider some of the effects of his behaviour on his partner or to challenge him more directly.

Helpline staff provide information about protection and legalities when requested even if by a man whose descriptions do not appear to be of an abusive relationship and they proactively provide this information in many cases when not explicitly asked. This is important as the information is publicly available elsewhere and workers cannot be sure that their own analysis of the situation is correct. Victims may not always be obvious and need correct information.

Staff responding to male victims need to be familiar with the range of legal rights and support services available and be able to describe these and to use a range of sources of information to help them keep this information up to date.

If staff have a longer time to talk with the man and to work with him over more than one session, they will be able to use longer and more detailed assessment processes and provide more specifically relevant information or support. The longer assessment tools are useful for this process.

KEY FINDING: From our helpline data from nearly 17,823 male victims it seems that men do not have the same needs as female victims. It would not be helpful for male victims simply to replicate the services or ways of helping female victims – projects working with male victims need to continue to monitor male victims' needs and ways of presenting for help, in order to help them best and to make best use of our resources.

8. Respect Male Victims Standard

8.1 What is the Respect Male Victims Standard?

This first edition of the Respect Male Victims Standard is an exciting first step to set standards for services who work with male victims. We have referred to existing standards including:

- [Women's Aid National Quality Standards](#)
- [Welsh Women's Aid National Quality Service Standards \(NQSS\)](#)
- [Imkaan Safe Minimum Practice Standards](#)
- [SafeLives Leading Lights accreditation](#)
- [VAWG sector shared core standards](#)
- [Respect Standard for work with perpetrators](#)

Providing a service to male victims of domestic violence and abuse brings with it a considerable responsibility; to ensure that this work is safe and effective and that it does not inadvertently contribute to the harm already experienced.

The Respect Male Victims Standard ensures that organisations meet this responsibility and place the experience of victims and their safety, well-being and freedom at the centre of all work.

The Respect Male Victims Standard sets out what is required in terms of the model of work, management and operation of these services. It includes a set of 10 principles which underpin all work with male victims, and standards across 4 areas of service provision:

1. Governance and management
2. Intervention delivery
3. Diversity and access
4. Multiagency work

To achieve accreditation, organisations must demonstrate that they meet all these standards.

Where interventions with victims of domestic violence and abuse are delivered in a professional and competent manner they have

the potential to increase the safety and wellbeing of those affected. However, poorly run services can raise the risk and add to survivor vulnerability. Therefore, no organisation should provide male victims services without full regard of these nationally agreed principles and standards, and without sufficient resources to ensure compliance.

8.2 Principles

1. **Do no harm.** Organisations take all reasonable steps to ensure that their services do not create additional risks for survivors of domestic violence and abuse.
2. **Gender matters.** Organisations work in a way that is gender-informed. They recognise that:
 - a. While domestic violence and abuse is mainly perpetrated by men against women, it can also be perpetrated by women against men, in same-sex relationships and against trans men
 - b. Men's experience of domestic violence and abuse will be affected by stereotypes and assumptions about masculinity. This can affect how men perceive their own victimisation, place pressures and expectations on them or unfairly influence how services respond
 - c. Gay, bi and trans men's experiences of domestic violence and abuse may also be affected by other forms of oppression and discrimination i.e. homophobia, biphobia, transphobia
 - d. Some perpetrators present as victims and need a response which addresses this
3. **Safety first.** The primary aim of work with male victims is to increase their safety and wellbeing, and that of any children or other vulnerable adults.
4. **Needs-led approach.** Organisations offer interventions that meet the needs of male victims, considering the risks they experience and the needs they have. Organisations may have to be creative to meet these needs in a climate where service provision for men is less well developed.

5. **Fulfilling lives.** Organisations are committed to supporting all service users to have healthy, respectful relationships and to lead fulfilling lives.
6. **The system counts.** Domestic violence and abuse cannot be addressed by one agency alone and work with male victims should never take place in isolation. Organisations are committed to working with partners to improve responses as part of their local multiagency arrangements.
7. **Services for all.** Organisations recognise and respect the diversity of their local community and take steps to respond to everyone according to their needs.
8. **Respectful communities.** Organisations recognise that the environment their service users live in has an impact on their lives and support the development of safe and respectful communities.
9. **Competent staff.** Organisations deliver a safe, effective service by developing the skills, well-being and knowledge of their staff through training, supervision and case work support.
10. **Measurably effective services.** Organisations employ clear and proportionate measurement tools, which demonstrate both the individual benefits and the impact of the service offered.

8.3 The 23 Standards

The Respect Male Victims Standard is organised in 4 sections which include a total of 23 standards. All must be met for accreditation to be awarded.

Governance and management

The organisation has in place the necessary policies, procedures, structures, systems and resources to provide a secure and clear framework within which effective management, employment and service provision can take place.

- 1.1 The organisation has in place the necessary policies and procedures for effective service provision
- 1.2 The organisation has sufficient resources to meet its objectives
- 1.3 The organisation has a documented management structure with clear lines of accountability and defined responsibilities for all staff. The governing body of the organisation has ultimate responsibility for the service.
- 1.4 The organisation takes the necessary steps to recruit and induct staff appropriately, provide training opportunities for them to develop the skills and experience to fulfil their role, and offers support to maintain their well-being.
- 1.5 The organisation collects and analyses data, including (but not limited to) the numbers of people who use the service, their protected characteristics, and the service's impact, and uses this data in planning future services.
- 1.6 The service has a robust case management and supervision process in place, ensuring effective recording practice and appropriate staff support from intake to closure.
- 1.7 The service ensures that all aspects of casework and case file recording meet their legal and best practice duties to the service user.

Intervention Delivery

The organisation supports service users to articulate their needs, access their rights and entitlements and take charge of decision-making processes about their own lives. The organisation supports service users both in crisis situations and in their process of recovery, to achieve long-term stability, independence and freedom from abuse and control. The organisation offers prompt targeted responses within a safe environment, maximising service-user engagement and reducing risk.

- 2.1 A risk assessment is carried out with service users on entry to the service.
- 2.2 Service users' needs are assessed on entry to the service, including their physical and mental health needs; legal and

immigration advice needs; and social and economic welfare.

- 2.3 The organisation protects the safety of victims through rigorous security measures.
- 2.4 The organisation supports service users to keep themselves and their children safe.
- 2.5 Service users are supported to report to the police and participate in the criminal justice system, if they choose to.
- 2.6 Support is provided to fathers to develop their parenting resources and maintain and strengthen their relationships with their children.
- 2.7 Service users are supported to address the emotional impacts of abuse and facilitate their recovery process
- 2.8 Service users are enabled to disclose sexual violence, sexual exploitation and childhood sexual abuse and are offered specialist support with these issues.
- 2.9 The organisation has effective processes for dealing with perpetrators who present as victims, including processes for identifying them and referring them to appropriate support that takes full account of local resources and safety.

Diversity and Access

Organisations recognise and respect the diverse needs of their community, take steps to respond to this diversity, and work to ensure that a non-discriminatory service is available and accessible to all who need it.

- 3.1 The organisation has a robust equalities framework or strategy to improve the accessibility and effectiveness of its services and to ensure its compliance with the terms of the Equality Act 2010.
- 3.2 Resources and expertise are allocated to enable the delivery of actions so that service users can engage with the service. For example, interpreting, translations and adaptations to cater for disability.
- 3.3 Service users have sufficient time to make informed decisions and no action is taken on their behalf without their prior knowledge, unless there is an overriding need to safeguard a child or vulnerable adult.

Multiagency Work

Organisations recognise that domestic violence and abuse cannot be addressed by one agency alone and they are committed to working with partners to improve responses. The organisation will be outward facing in ethos. It will engage with, and support, other agencies and community organisations in their shared goal of ending domestic violence and abuse.

- 4.1 The organisation is an active participant in the relevant multiagency structures that contribute to developing a community response to domestic violence and abuse and VAWG.
- 4.2 The service works with other agencies to promote, support and improve their response to male victims of domestic abuse.

9. Bibliography and further reading

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Appendix

Alex Skeel, Real Life Case Study – assessment process example

Alex and Jordan met on 3rd June 2012. Both Alex and Jordan had been to a college performance to see a friend. The couple struck up a conversation, and they soon began dating. Friends of Alex were happy to see him with a girlfriend and described Jordan as cool and friendly and claimed that everyone loved her. Family members quickly found her quite tricky and thought that Jordan didn't quite gel with them.

Jordan began using controlling behaviour early on in the relationship with comments such as 'I don't like the colour grey; I don't think you should wear the colour grey.' Or 'I don't like your hair like that, you should have your hair like this.' Alex didn't think anything of it but changed some of these things to impress her more. Family members identified that Jordan's control was growing. In the early stages of the relationship Alex's family arranged to take Jordan to the West End to celebrate her 18th birthday. That evening Alex had gone to the toilet and come out to find that Jordan was missing, he quickly messaged his family at midnight to say that she had disappeared. Jordan had gone back to the hotel, and when Alex found her she was laughing to herself sat in reception.

In August 2013 Alex celebrated his 18th Birthday. Jordan refused to go as a family friend of Alex's was going to be there who Jordan was jealous of. Half way through the party Jordan targeted the 15-year-old girl and screamed abuse at her. Others became aware that Jordan was becoming jealous of not having Alex all to herself. Alex's friends told him to leave her at this point.

A few weeks after the party Alex and Jordan argued and she snapped his sim card, at this point Alex felt that the relationship wasn't working and ended it. A few weeks later Jordan contacted Alex to tell him she was pregnant. Alex was happy to support Jordan and the baby but knew that he couldn't continue a relationship with her.

In August 2014 Jordan made contact with the family to introduce the baby, TJ. Alex's family encouraged Alex to give Jordan a

chance as it was deemed in the best interest of the child. From the birth of the baby things progressed really quickly and Jordan moved in with Alex's family for additional support, at this time there was no relationship between Jordan and Alex. Alex's family described Jordan as changed and perfect. In January 2015 the couple reunited, Alex described this time in their relationship as the best it ever was.

Slowly family began to identify problems in Jordan's behaviour once again. Alex and Jordan were out driving and saw the girl Jordan had attacked at the party, she shouted abuse out the window at her. When she was challenged on this by Alex's family, she packed all of hers and TJ's things and told Alex he had to choose his family or TJ and her. Alex left with Jordan, at the age of 19.

Jordan began accusing Alex of cheating on her and would repeatedly ask if he had relationships with other women. She then changed Alex's phone and phone number, then took away his PlayStation so he could not communicate with friends through online games. Messages sent to Alex would be responded to by Jordan.

At a later date Jordan told Alex that his grandad had passed away. Alex and his grandad were exceptionally close, and Jordan had told Alex that he could seek comfort from her family. Alex was really upset that he hadn't been able to say goodbye and was consoled by Jordan's mum. A few hours later Jordan told Alex that he wasn't dead and that she had made it up.

The first month after leaving Alex's family home went really well and the abuse seemed to have stopped. At this point the couple decided to try for another baby, with Jordan falling pregnant straight away. During the pregnancy things got worse and worse. Jordan forced Alex to leave his job stating that it wasn't good enough. Jordan then started university and told Alex that he had to go to university with her every day as she didn't trust him not to go back to see his family. To ensure Alex was unable to do this Jordan would take Alex's money off of him so that he couldn't afford to travel.

In December 2016 Jordan accused Alex of cheating whilst at Winter Wonderland and refused to go in to the park with him unless Alex went in to the chemist and bought some one-a-day sleeping tablets and took one. Alex did, then Jordan demanded he took the whole packet. Alex did as he was told. Alex doesn't remember anything about how they left there.

Alex stated that since moving to their new property in September 2016 Jordan would assault him almost every day. If there was a day that she didn't attack him the assaults the following day would be even worse. An incident occurred because Alex had looked out of the car window whilst Jordan was driving, she grabbed a hairbrush from the car door and hit him across the face with it, almost fully knocking out one of Alex's teeth. Jordan would often assault Alex to the head whilst he was asleep, drawing blood.

The violence continued to escalate, and Jordan began to use knives and hammers to attack Alex. She denied him food, and often refused him sleeping in the bed, the deprivation of food and sleep caused Alex to struggle to function.

In a further incident Jordan poured boiling water on Alex's back whilst they were staying in a hotel. Jordan told Alex to make up a fake story to relay to Jordan's family claiming that the shower in the hotel was faulty. Jordan then bought a £5 lie detector and told Alex to strap his hand in it and asked him questions about relationships with other women. Jordan questioned him whilst holding boiling water over him.

When Jordan gave birth to their second child in May 2017 the abuse subsided for three days. However, the abuse quickly resumed, and Jordan would stay awake at night with a kettle of boiling water poised over Alex, if it went cold, she would go and boil it again. Jordan then opened the lid of the kettle and threw the boiling water on to Alex. A couple of days after this Jordan chased Alex with a bread knife. Jordan tried to stab Alex in the head, but he raised his hand to block it causing deep lacerations to his hand. The couple then tied a football sock around it to stop the bleeding. A neighbour called the Police, relaying what they could hear from the premises. When Police arrived Jordan answered the door, stating that Alex had hurt himself. The couple corroborated a story

that Alex had self-harmed. Whilst in hospital, ahead of surgery, Jordan persuaded Alex to leave and return home. Hospital staff pleaded with Alex to stay, the consultant grabbed Alex's face and asked, 'are you sure you are safe to go home?' Alex now recognises that this was an opportunity for him to disclose, but he was scared as to what Jordan was going to do.

A few days later, the Officer that had dealt with Alex previously saw a call out to the same address and put himself on the job to attend. When Police attended the Officer spoke with Alex alone. He was asked if there had been an assault and continued to question Alex, even though Alex continued to deny any abuse. Jordan then brought the baby in to the room that the officer was using to speak with Alex to change her, but the Officer noticed the baby was clean and dry. The Officer asked Alex to go to the hospital with him to have his dressing changed. Once out of the property the Officer informed Alex that he was going to turn his body worn camera off and wanted Alex to tell him everything that has been going on. The Officer said that 'you need help, she needs help and your children need help,' to which Alex disclosed. Jordan was then arrested.

In June 2017, Jordan Worth was arrested on suspicion of assault. When the Police found Alex, he was told that he was ten days away from death. On 28th September 2017 Jordan was charged with 17 counts, including Grievous Bodily Harm and Controlling or Coercive Behaviour.

On 13 April 2018 Jordan was given two seven-year sentences for wounding with intent and GBH to be served concurrently. She was also handed a consecutive sentence of six months for controlling or coercive behaviour, becoming the first female in the UK to be convicted of this charge.

Brief assessment process completion example – based on Alex's story

Evidence type	Evidence	Lack of evidence
1. Client has experienced incidents of violent or abusive behaviour from partner or other	X	
2. Client has been injured or needed medical attention as result of partner's behaviour	X	
3. Client is in fear of violence to self or child	X	
4. There is a pattern of coercive control – e.g. client feels controlled and can't make decisions	X	
5. Client is fearful of violence at separation or separation violence has already taken place	X	
6. Client is NOT using violence or threats	X	
7. Authentic descriptions of incidents, injuries, fear, control etc.	X	
8. Client has made some use of violence as self-defence during attack or to prevent attack from partner/ex	X	
9. Client has made some use of violence to protect children from partner/ex		X
10. Client has made some use of violence in retaliation to violence from partner/other		X
11. No injuries to client or child		X
12. Client is NOT afraid of partner/other		X

13. No pattern of coercive control in either direction		X
14. Client's descriptions of violence from partner/ex are inauthentic		X
15. Client has used violence against partner/ex and NOT as self defence or resistance		X
16. Client's partner/other been injured/needed medical treatment as result of client		X
17. Client's child has sustained injuries as result of something client did		X
18. Client's partner/ex has NOT used violence or only in self defence		X
19. Client's partner/ex is afraid of client		X
20. Pattern of coercive control in which client is controlling partner		X
21. Client has threatened partner/other person or child		X
22. Client has used coercion/threats/violence to gain sexual access to partner/child		X
23. No clear evidence or unclear patterns of evidence, such as evidence mixed throughout this list		X

Assessment toolkit completion example based on Alex's story

Legal Orders	Yes	No	Applies to	Date Issued/Details
Non-molestation order		X		
Injunction		X		

Bail or Conviction for domestic violence-related offence		X		
Any police involvement	X		Partner	Most recent date:

Do either of you or your partner have a history of early trauma – e.g. being in care or suffering physical or sexual abuse in your childhood or teens? IF SO, PLEASE GIVE DETAILS

AS has reported not experiencing trauma in childhood and believes JW had no experience of trauma.

Did either you or your partner grow up at home with domestic violence? If so who, you or your partner and who was the perpetrator in the family? IF SO, PLEASE GIVE DETAILS

AS has reported not growing up a home where domestic abuse took place and believes JW had no experience of abuse in childhood.

	Yes	No	Where?
Have you ever <ul style="list-style-type: none"> • been to counselling or therapy? • experienced any mental health problems? • received treatment? 			
Have you ever <ul style="list-style-type: none"> • had an evaluation for alcohol or drug dependency? • Did you complete treatment? 			

<ul style="list-style-type: none"> • Has your partner experienced any mental health problems? • received any treatment? 			
<p>Has your partner</p> <ul style="list-style-type: none"> • ever had an evaluation for alcohol or drug dependency? 			
<p>Have you ever</p> <ul style="list-style-type: none"> • had an evaluation for alcohol or drug dependency? • Did you complete treatment? 			
<p>Has your partner</p> <ul style="list-style-type: none"> • ever had an evaluation for alcohol or drug dependency? 			
<p>Did your partner complete treatment?</p>			

History of violence/abuse

Can you tell me about the latest incident?

In the most recent incident JW cut AS to the hand after chasing him with a bread knife. JS tried to stab AS in the head, but he raised his hand to block it causing deep lacerations to his hand. The couple then tied a football sock around it to stop the bleeding. AS went to the hospital to receive treatment but was persuaded by JW to return home after being triaged without having his injuries dealt with.

When was the first violent incident that you can remember in this relationship?

The first physical incident took place 4 years in to the relationship, around a year ago where AS fell asleep with a glass beer bottle in his hand, JW took the bottle out of his hand and woke him up by smacking him on the head with it. smacked him on the head within it. AS identified coercive control taking place for several years before the first incident of physical violence.

Are the incidents of violence/abuse getting more frequent or more severe?

Incidents are getting more frequent, JW physically assaults AS on a daily basis, if there are days where she doesn't use physical violence she will use more extreme physical violence the following day.

What is the worst incident that happened?

AS reports the worst incidents took place when JW would scald him with boiling water. AS stated JW would stay awake at night with a kettle of boiling water poised over him, if it went cold, she would go and boil it again. At some point in the night JW opened the lid of the kettle and threw the boiling water on to AS. JW also scalded AS with boiling water whilst they stayed in a hotel.

Are you scared/in fear about what your partner may do to you?

Yes, AS stated JW is unpredictable in her behaviour and the escalation in level of violence used makes him fearful as to when and what the next attack on him might be.

How do you think you will react?

When AS has been attacked he has shouted at her to stop, previously he has cried and shut himself a room, sitting against the door so that she cannot get in.

Are you scared/in fear of your partner?

Yes. As above, AS finds the level of violence and unpredictability scary.

Is your partner scared/afraid of you?

No, AS does not believe JW is scared of him

Have your children ever seen or heard your violence to your partner?

N/A

Have your children ever seen or heard your partner's violence to you?

AS is aware that his children were in the property at the time of many of the incidents, and acknowledges that it is highly likely that his children will have heard incidents.

Have you or your partner ever physically harmed your children?

No children were physically harmed or injured.

What is the worst that has happened to your children?

AS is aware that being in the home may have had an impact on the children's emotional wellbeing, children have not been physically harmed.

Have any of the children ever intervened to stop the violence?

No, children did not intervene when incidents were taking place.

Do you feel like it is always your fault?

AS stated that he genuinely believed it was always his fault as this was instilled and reinforced by JW.

Do you feel like it is always your partner's fault?

AS stated that he never believed it was JW's fault.

Are you planning on separating from your partner or have you recently separated?

No, AS stated he had resigned to the fact that he was going to die and that's how the relationship/abuse would come to an end.

Do either you or your partner have access to weapons, such as guns? Please tell me who has access and if they/you have ever used a weapon against the other or the children:

JW doesn't have access to specific weapons, but regularly uses household objects such as boiling water and knives.

Are you afraid of anything in particular at the moment – has there been a specific threat?

AS was asked if JW had made any threats to kill him and he stated that JW never said that she would kill him, but she did say several times that she wanted him to die. During an incident where AS was hit over the head with a plug, causing significant injury AS asked JW for help, JW's response was 'I want you to die.'

Is there anything else you think I should know, particularly anything about your safety or anyone else's safety?

AS had no further concerns to highlight at this point. AS was asked additional questions around risk to others, including his family and to his children and he does not believe JW would cause harm to any of these people.

Part Four: Client Self-Completion Questionnaire

Our primary focus is safety. In order to ensure we provide appropriate intervention and support strategies to both you and your partner we need to go through them. It may be that you feel some of these questions do not apply to you. If there is anything that you are unsure about or don't understand, please feel free to ask. Please answer giving as much detail as possible.

1. Injuries you have sustained from your partner

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times your partner has done any of the following to you.

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

Twisted my arm(s)				X
Dragged or pulled me by my hair				X
Other violent behaviours				X

2. Controlling behaviour your partner has used against you

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times your partner has done any of the following to you.

Controlling behaviours index (Client)	Never	Only once	2 to 4 times	5 or more times
Threatened me				X
Shouted at me				X
Sworn at me				X
Called me names				X
Questioned me about my activities				X
Had a certain look/mood				X
Tried to provoke an argument				X
Criticised me				X
Criticised my friends/family				X
Put me down in front of others				X
Made me feel sexually inadequate				X
Pointed at me (threateningly)				X
Made to hit me without doing so				X
Restricted my social life				X
Used kids in an argument against you				X

Other controlling behaviours

3. Violence you have used against your partner

Thinking of all the incidents that may have happened over the past twelve months, please complete the following indicating how many times you have done each of the following to your current or former partner.

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

Other violent behaviours	X			
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4. Controlling behaviour you have used against your partner

Thinking about all the incidents that have occurred over the last twelve months, please complete the following indicating how many times you have done each of the following to your current or former partner.

Controlling behaviours index (Client)	Never	Only once	2 to 4 times	5 or more times
Threatened them	X			
Shouted at them				X
Sworn at them				X
Called them names	X			
Questioned them about their activities	X			
Had a certain look/mood	X			
Tried to provoke an argument	X			
Criticised them	X			
Criticised their friends/family	X			
Put them down in front of others	X			
Made them feel sexually inadequate	X			
Pointed at them (threateningly)	X			
Made to hit them without doing so	X			
Restricted their social life	X			
Used kids in an argument against them	X			
Other controlling behaviours	X			

Respect

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