Experiences of domestic violence and abuse in gay & bisexual men attending a UK sexual health service

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Objectives of Presentation

- To explore the extent and nature of domestic violence/abuse (DVA) in gay & bisexual men attending a sexual health service
- To understand men’s preferences for discussing abuse in relationships with health practitioners
PROVIDE - UK

- Programme of Research On Violence In Diverse domestic Environments

- 5 year programme funded by National Institute for Health Research Programme under its Programme Grants for Applied Research Programme

- First large scale UK programme of research on health sector responses to domestic violence led by University of Bristol (Professor Gene Feder)

www.provide.ac.uk
The Clinical Setting

- Hospital based sexual health service in South East London
- Patients can self-refer
- Clinic offers a mix of walk-in times and bookable appointments
- Offers free confidential services including screening for STIs, HIV testing, counselling and information
- Run by a team of doctors, nurses and health advisors
- Waiting time can be 1-3 hours and patients may need to see a range of practitioners
Study 1: PROVIDE
Male Waiting Room Survey

- *Relationship and Health Survey* (Sept 2010 to May 2011)
  - male patients
  - aged 18+
  - english speaking
  - attending either one of 2 generic clinics or 1 specialist LGBT sexual health clinic
  - randomisation of weeks to different clinics

- Consent form asked for permission to access the patient’s medical record

- Patient invited to participate in a future qualitative interview upon returning the survey to researchers
Study 2: HERMES (HEalth professionals Responding to MEn for Safety)

- Implementation of pilot educational intervention for practitioners at the After Five (LGBT) sexual health clinic

- Pre and post training audit of medical records to determine changes in identification of DVA, documentation and referral to GALOP (specialist LGBT organisation which offers support for DVA and sexual abuse)

- In-depth interviews with health practitioners post training

- PROVIDE Intervention Measure (PIM) for health professionals pre and post training

- Data will inform cost effectiveness model of the intervention
Clinic Survey (n=1,133 men)

- 532 gay/bisexual men
- Mean age 34.5 yrs (range 18 to 75)
- 434 (80.8%) White ethnic group
- 246 (46.8%) had a current partner
- 461 (87.2%) in paid employment

% based on N=1,127 men who reported their sexuality
# Findings 1: Experience of behaviours from a partner (n=522 gay/bisexual men)

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>As an adult, have you ever felt frightened of the behaviour of a partner</td>
<td>130</td>
<td>24.90</td>
</tr>
<tr>
<td>Have you ever needed to ask your partner’s permission to work, go shopping, visit relatives, or visit friends?</td>
<td>44</td>
<td>5.43</td>
</tr>
<tr>
<td>As an adult, have you ever been hit, slapped, kicked or otherwise physically hurt by a partner?</td>
<td>101</td>
<td>19.35</td>
</tr>
<tr>
<td>As an adult, has a partner ever forced you to have sex or made you engage in any sexual activity when you did not want to?</td>
<td>46*</td>
<td>8.86</td>
</tr>
<tr>
<td>Any of the above behaviours</td>
<td>178</td>
<td>34.10</td>
</tr>
</tbody>
</table>

* “Forced to have sex” based on n=473 responses
Findings 2: Experiences of behaviours from a partner

Number of behaviours experienced (n=178)
- 88 (49.4%) 1 behaviour
- 90 (50.6%) >1 behaviour

Type of partners who behaved in this way (N=167)
- 5 (2.99%) Current female partner
- 11 (5.59%) Former female partner
- 32 (19.16%) Current male partner
- 125 (78.85%) Former male partner
Findings 3: Duration of behaviours

- 50/169 (25.6%) had experienced the behaviour in the last 12 months

<table>
<thead>
<tr>
<th>Duration of behaviour from a partner</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only once</td>
<td>90</td>
<td>54.55</td>
</tr>
<tr>
<td>More often – for up to 6 months</td>
<td>35</td>
<td>21.21</td>
</tr>
<tr>
<td>More often – for up to a year</td>
<td>10</td>
<td>6.06</td>
</tr>
<tr>
<td>More often – for over a year</td>
<td>30</td>
<td>18.18</td>
</tr>
<tr>
<td>Total</td>
<td>165</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Findings 4: Impact of behaviours

% Impact of Behaviours Experienced From a Partner (N=107)

- Made me anxious/depressed: 70%
- Affected work or studies: 30%
- Made me drink more alcohol/take more drugs: 20%
- Affected relationship with my children: 10%
- Other effects: 10%

- Damaged my physical health: 20%
Findings 5: Perceptions of domestic violence/abuse

- 66/517 (12.8%) men felt that they had “ever been in a relationship that could be described as domestically violent or abusive”

<table>
<thead>
<tr>
<th>Lifetime experience of any behaviour from a partner</th>
<th>Ever been in a domestically abusive or violent relationship</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>62</td>
<td>110</td>
</tr>
<tr>
<td></td>
<td>36.05</td>
<td>63.95</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>336</td>
</tr>
<tr>
<td></td>
<td>1.18</td>
<td>98.82</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>446</td>
</tr>
<tr>
<td></td>
<td>12.89</td>
<td>87.11</td>
</tr>
</tbody>
</table>

Pearson chi²(1) = 123.6811 Pr = 0.000
Fisher’s Exact = 0.000
Findings 6: Perceptions of domestic violence/abuse

Definitions of domestic violence and abuse (from qualitative interviews with men)

“For me violence means physical. Abuse, you see if you say domestic violence, I think of an episode, it’s something happening with physical violence. If you say abuse I think that encompasses both the violence and more of it or over a longer period of time”

“I would say that domestic violence would be something that would...it's like wife beating someone who's hitting as abuse....remember that man who locked his wife and his daughter in the cellar for fifteen years and raped her pretty much every day, I mean, what do you classify that as? It's off the scale, isn't it? So that's both violence and abuse just keeping someone locked up in a room, that's not violence, it's just abuse, I'd say.”
## Findings 7: Experience of behaviours towards partner

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>As an adult, have you ever behaved in a way that made a partner feel frightened</td>
<td>54/516</td>
<td>10.47</td>
</tr>
<tr>
<td>Has a partner ever needed to ask your partner’s permission to work, go shopping, visit relatives, or visit friends?</td>
<td>11/516</td>
<td>2.13</td>
</tr>
<tr>
<td>As an adult, have you ever hit, slapped, kicked or otherwise physically hurt a partner?</td>
<td>56/513</td>
<td>10.92</td>
</tr>
<tr>
<td>As an adult, have you ever forced a partner to have sex or made them engage in any sexual activity when they did not want to?</td>
<td>7/512</td>
<td>1.37</td>
</tr>
<tr>
<td>Any of the above behaviours</td>
<td>84/516</td>
<td>16.28</td>
</tr>
</tbody>
</table>
Findings 8: Overlap between victimisation & perpetration

Grey area may be problematic for health practitioners in terms of identification of DVA and referral

- 57.8% Only behaviours from a partner
- 29.6% Both from and to a partner
- 12.6% Only behaviours towards a partner

Based on N=515
Findings 9: Should health practitioners ask whether a partner has hurt or frightened you?

21/523 (4%) said that a health professional had ever asked them about whether a partner had hurt or frightened them.

Men felt that sexual health practitioners are better placed to discuss relationship abuse compared to GPs.

Audit of medical records found no documentation of domestic violence.
Experience of abusive behaviours from a partner is high in this sample of gay/bisexual men attending a sexual health service.

Many had experienced this for over a year and it had significant impacts on their health and day to day life.

Some men do not define their experiences as “domestic abuse” or “domestic violence” (e.g. denial, minimisation, rationalising).

Sexual health practitioners are not detecting DVA in male patients according to an audit of medical records.

The overlap between victimisation and perpetration represents a grey area in terms of DVA interventions in health settings.
Team

Research Team
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Thank you

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