



SEXUAL CRIME

Sexual Crime Victims and Survivors

Edited by
Belinda Winder
Kerensa Hocken
Rebecca Lievesley
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Sexual Crime

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Sexual Crime is an edited book series devised by a team at SOCAMRU led by Professor Belinda Winder in the Psychology Division at Nottingham Trent University.

It offers original contributions to specific avenues of research within the field of sexual crime with each volume drawing together a review of the literature from across disciplines, including cutting edge research and practice, original material from services and offenders themselves as well as future directions for research and practice.

These volumes will be highly relevant to clinical and forensic psychologists and therapists, offender managers and supervisors, social workers and those working in the field of rehabilitation. They will be a great source of insight for academics, researchers and students in these disciplines as well as criminologists and policy makers.

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Lee Major 'I am a serving prisoner at HMP Grendon. I was sentenced for 14 years with an EDS extended sentence on licence of 8 years. This was given to me in HMP Preston in 2016. I was later moved to HMP Wakefield in 2017 where I started to really look at my own offending. I engaged with DBT (Dialectical Behaviour Therapy that helped me

understand my mental health. After being diagnosed with PTSD and Borderline Personality Disorder I understood I really needed to get the help to address my offending. I applied to HMP Grendon in 2017 and it would take another two years of waiting before I got to do my work in therapy. After four years in Grendon and massively understanding my offending, my trauma, my management of feelings and fantasies, I'm ready to move onto my next journey.'

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Lost, Gaslit, Belittled, Tormented: LGBT+ Experiences of Domestic and Sexual Abuse

Benjamin A. Hine, Isobel Hoppe, and Brenda Russell

Introduction

Intimate partner violence (IPV) and sexual violence (SV) are serious social problems that continue to plague society on a global scale. IPV and SV also continue despite the policies, funding, and outcries for recognition and social change designed to reduce or eliminate their existence. Historically, IPV and SV were considered crimes against women. However, in the recent United States (US) National Intimate Partner and Sexual Violence Survey (NISVS) CDC (Centre for Disease Control) report (2022), studies find the lifetime prevalence of contact sexual violence (e.g., rape, sexual coercion, unwanted sexual contact), physical violence, and stalking as similar for men (44.2%) and women (47.3%). Moreover, of those reporting contact sexual violence, physical

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violence, or stalking by an intimate partner, 87% of women and 60% of men claimed to have been impacted in some way via physical injury, deteriorating mental health, missed work, concern for their safety, and involvement with the criminal justice system. As you will see in this chapter, while rates of IPV and SV tend to vary based upon the literature, there is further agreement amongst scholars (Messinger, 2014; Romero et al., 2019; Walters et al., 2013) that the prevalence of IPV and SV within the lesbian, gay, bisexual, and transgender (LGBT+) community is equivalent or higher than IPV and SV in the cis-gender, heterosexual (or ‘cishet’) community. Paradoxically, there appears to be less recognition and social policy geared towards acknowledging and assisting sexual and gender minority victims. For example, while many countries have made significant progress in acknowledging the rights of LGBT+ individuals, their status continues to lag behind that of cis-gendered individuals, particularly with regard to IPV and SV. Moreover, there are noticeable differences in the way LGBT+ individuals are treated in health, social and legal services, policy, and protections for IPV and SV.

While research on this topic is beginning to increase, the general lack of acknowledgement of the LGBT+ community within IPV and SV research has led to methodological challenges in research. For example, studies on this community often lack consistent measures and access to larger populations. The difficulties associated with sampling techniques often lead researchers (including ourselves¹) to use umbrella terms like LGBT+ (DiStefano, 2009; Henry et al., 2021), which some argue are not truly inclusive of populations such as asexual, two-spirit, non-binary, gender fluid, and gender queer individuals. This makes it difficult to generalise findings to all sexual and gender minority populations. While some researchers and national organisations are beginning to rectify this problem, the number of studies on LGBT+ communities still pale in comparison with cis-gendered populations.

One possible explanation for the difficulties outlined above is that IPV within LGBT+ populations may be difficult to conceptualise, as societies continue to perpetuate a heterosexist ideology structured around

¹ While we use the term LGBT+ in this chapter so as to promote consistency with existing literature, we recognise that this is not a homogenous group and that there is a wide range of different identities and experiences involved.

binary gender, which preserves the belief that women are victims and men are offenders. Indeed, those who deviate from this ideological belief are often met with denial, denigration, and stigma (Herek, 1990). This chapter will seek to address some of the ways in which this stigma operates and leads to minimisation of abuse, and prejudiced attitudes such as homophobia, transphobia, discrimination, and laissez-faire approaches to the health, safety, and concern for LGBT+ individuals. Such biases and stigma towards the LGBT+ community often lead victims to mistrust the systems designed to protect them, resulting in a reluctance to report IPV and SV, leaving them at further risk of harm. This chapter examines the scope of the problem, examining the prevalence of LGBT+ identities, experiences of IPV and SV, the impact of minority stress, barriers to help-seeking, the physical and psychological impact of IPV and SV, and criminal justice response. Finally, we identify gaps in the research and provide ideas for policy and prevention.

Prevalence of LGBT+ Identities

In the United Kingdom (UK), it is estimated that 3.1% of the population aged 16 and over currently identify as either lesbian, gay, or bisexual. This is compared to 2.7% in 2019 and 1.6% in 2014 (Office for National Statistics, 2022). Public Health England has estimated that the LGBT+ population could be at least double this figure (Public Health England, 2017). It is believed that men (2.1%) are almost twice as likely to identify as gay than women (1.1%), while women (1.4%) are more likely than men (0.8%) to identify as bisexual (Office for National Statistics, 2021a). Information on transgender identities collected in the 2021 consensus for England and Wales suggests that 0.1% of the population (approximately 48,000 people) identify as trans men while another 0.1% identify as trans women. A further 0.06% of the population currently identifies as non-binary. In comparison, 0.24% indicated that their gender identity differed from the sex they were registered to at birth but did not provide further information (Office for National Statistics, 2021b).

In the US, the Gallup Poll reports that as of 2022, an estimated 7.1% of the population identifies as either lesbian, gay, bisexual, or transgender, compared to 5.6% in 2020 and 3.6% in 2012 (Jones, 2022). This increase is likely due to a change in the 2020's polling question, which expanded on its previous definition to include queer, same-gender-loving, and pansexual individuals. The jump in figures is also attributed to increased rates of youth (aged 13–17) acknowledging their sexual identity. For example, the US Youth Risk Behaviour Survey (YRBS) (Conron, 2020) found that 9.5% of youth identified as a sexual minority. Of those responding to the US Gallup Poll and YRBS, the majority of sexual minorities indicated they were bisexual (57% and 10.1%, respectively) followed by gay (21% and 8.3%, respectively) and lesbian (14% and 9.2%, respectively). The Gallup Poll (2022) revealed that 10% answered that they were transgender, and 4% answered that they were 'something else' (Jones, 2022; Kann et al., 2016).

While Australia's most recent 2021 census did not collect information on sexual orientation, the Australian Bureau of Statistics (2020) suggests that since 2021 nearly 4% of the population identified as lesbian, gay, or bisexual. Unfortunately, information on transgender identities was not collected. Likewise, 4.4% of New Zealand's population is believed to identify as LGBT+ (Stats NZ, 2021). Also laying claim to some of the highest LGBT+ populations are India, Brazil, and Belgium (Ipsos, 2021).

Prevalence of Intimate Partner Violence (IPV) in LGBT+ Relationships

As described in 2021 by the World Health Organisation (WHO), intimate partner violence (IPV) refers to a 'behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours'. While sexual violence (SV) is considered 'any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the

physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object, attempted rape, unwanted sexual touching, and other non-contact forms' (World Health Organization, 2021). As their definitions suggest, however, both IPV and SV often overlap and interact with one another, given that SV is a form of IPV. As such, IPV and SV are terms often used interchangeably in research.

Despite representing a small portion of the population, the LGBT+ community faces an enhanced risk of experiencing IPV (Decker et al., 2018; Harland et al., 2021). In 2020, the UK Office for National Statistics revealed that between the ages of 16 and 74, 8.4% of gay or lesbian individuals and 15.2% of bisexual individuals experience IPV, compared to 5.2% of heterosexual individuals (Office for National Statistics, 2019). Moreover, the UK-based anti-abuse charity, Galop, has estimated that figures could be as high as one in four gay men and lesbian women and more than one in three bisexual men and women (Calton et al., 2016; Magić & Kelley, 2019). Importantly, these figures are not isolated to the UK. US-based studies find that 63% of gay men (Walters et al., 2013) and 35–57% of transgender individuals (Hillman, 2022; James et al., 2016) are at risk of IPV, while the National Intimate Partner and Sexual Violence Survey from 2012 revealed that bisexual women appear to be the most at risk from IPV (Brown & Herman, 2015; Walters et al., 2013). Whitton and colleagues similarly found that bisexual individuals are 75% more likely to face IPV. Exploring types of abuse, Whitton followed 248 LGBT+ youth and found that 45.2% were physically abused, while 16.9% were sexually abused by a partner. It was also found that female LGBT+ members tend to face higher rates of physical victimisation than male LGBT+ members and that transgender individuals are 2.46 times more likely to face physical abuse and 3.42 times more likely to face sexual abuse (Whitton et al., 2019).

Worryingly, recent reports suggest that rates of SV amongst sexual minorities could be even higher than IPV, with research implying that both lesbian and bisexual women face a heightened risk of SV compared to heterosexual victims (Canan et al., 2021; Martin et al., 2011; Rothman & Silverman, 2007). A study by the UK charity Safe-Lives revealed that bisexual women are nearly twice as likely to have experienced SV compared to heterosexual women (Stokes, 2021a), while

a study from the US found that lesbians were staggeringly six times more likely to experience SV than heterosexual females (Tornello et al., 2014). Research involving gay and bisexual men has also found a similarly high risk of SV compared to heterosexual men (Balsam et al., 2005). Menning and Holtzman's (2014) study exploring unwanted sex, attempted sex, and oral sex, amongst sexual minorities in the US, found that bisexual men are nearly six times more likely to experience unwanted oral sex and five times more likely to experience unwanted intercourse than heterosexual men. The UK charity Survivors UK similarly found that nearly half of gay and bisexual men have experienced sexual violence (Thompson & Beresford, 2021).

Interestingly, Stermac's et al. (2004) study revealed that men, regardless of sexuality, experience higher rates of forced anal or oral sex and are more likely to have multiple attackers than females. In a large study assessing the experiences of IPV and SV, Truman and colleagues (2022) examined data from the National Crime Victimization Survey (NCVS) from 2017 to 2020. The authors explored the rates of violent victimisation (including threatened, attempted, and completed rape or sexual assault, robbery, aggravated and simple assault) as a function of sexual orientation and sexual identity in individuals aged 16 and older. Their results showed that victimisation amongst lesbian and gay individuals was more than two times higher than that of cis-gender individuals. Victimization rates for transgender individuals were 2.5 times higher than cis-gender individuals, and domestic violence was eight times higher than cis-gender individuals and two times higher than lesbian and gay individuals.

Likewise, Australia and South Africa have revealed similar figures for IPV and SV amongst LGBT+ communities (Bourne et al., 2022; Eaton et al., 2013; Leonard et al., 2012). Nevertheless, many countries have been slow to update policies and legislations that seek to protect LGBT+ individuals from IPV and SV. For example, up until 2012, the US federal definition of rape was 'carnal knowledge of women forcibly against her will'; henceforth, many acts of sexual violence (including oral or anal acts) were not recognised amongst LGBT+ communities (Federal Bureau of Investigation, 2014). As such, only men were considered perpetrators and women victims.

Outside of the West, studies on the prevalence of IPV and SV amongst LGBT+ communities are scarce, given that same-sex relationships and transgender identities still incur prejudice in many countries. In fact, 69 nations currently regard same-sex sexual behaviour as criminal, with punishments ranging from fines to life imprisonment and even death in six nations (Human Rights Watch, 2021). From the few studies that exist outside of the West, however, rates of IPV and SV are agreed to be higher in LGBT+ individuals than in heterosexual individuals in countries such as Hong Kong (Mak et al., 2010) and China (Lo, 2022; Yu et al., 2013). Despite this, many East-Asian countries remain reluctant to acknowledge the prevalence of IPV and SV in LGBT+ relationships, including China, which decided to pass its first law on anti-domestic violence in 2015 but failed to recognise and include the LGBT+ population (Wei et al., 2021).

Although data is harder to come by for transgender individuals, SafeLives suggests that 80% of trans men and women will experience IPV or SV in their lifetime (Stokes, 2021b). Likewise, Peitzmeir's meta-analysis of 85 quantitative studies from across the world found that trans people are 2.2 more likely to suffer physical IPV and 2.5 times more likely to experience SV than cis-gender people (Peitzmeier et al., 2020). Broken down, it is understood that 57% of trans individuals will experience psychological IPV, 43–46% will experience physical IPV, and up to 47% will experience SV and sexual IPV (Nemoto et al., 2011; Pitts et al., 2006; Roch et al., 2010; Turell, 2000).

It is also worth noting that rates of IPV and SV witnessed a rise during the Covid-19 pandemic, in which schools and workplaces closed due to Covid-19 restrictions, leaving many members of the LGBT+ community forced to remain at home, where they could face an increased risk of IPV and SV (Stults et al., 2022). A recent UK-based report revealed that one in five LGBT+ survivors of IPV did not feel safe in the home they were living in during the Covid-19 pandemic, with one in three saying that abuse had gotten worse (Dawsey-Hewitt, 2021). Despite a clear elevated risk within the LGBT+ population, only 3% of research explores these populations (Calton et al., 2016; Edwards et al., 2015; Messinger, 2020).

LGBT+ Experiences of IPV & SV

When exploring IPV and SV in heterosexual and LGBT+ individuals, several important areas of convergence and divergence are revealed. Calton et al. (2016) found that LGBT+ victims experience similar types of IPV to 'cishet' victims, such as the steady escalation of abuse over time and the prominence of power dynamics (Kulkin et al., 2007; McClennen, 2005). Likewise, bidirectional abuse is believed to be prevalent in both heterosexual and LGBT+ relationships. Langhinrichsen-Rohling's meta-analysis of studies up to 2012 found that bidirectional abuse is common amongst heterosexual relationships, and more so in relationships where the male is the lead perpetrator of IPV, suggesting that the traditional role of women as passive in IPV should be challenged (Langhinrichsen-Rohling, 2012). Likewise, Messinger's (2018) study revealed that bidirectional IPV is also common amongst LGBT+ relationships. However, it is worth noting that most literature on directionality explores physical IPV, not sexual or psychological abuse. Therefore, it is difficult to determine whether victims and perpetrators were motivated by self-defence or other reasons since many studies lack context (Messinger, 2020).

There are also some crucial differences between heterosexual and LGBT+ IPV, namely 'identity abuse', where abuse is targeted at one's sexual orientation or gender identity. This can include being 'outed' by a partner, limiting or controlling access to LGBT+ spaces or resources, producing reliance on the abusive partner due to a lack of social support or acceptance for the LGBT+ victim, and general identity-related abuse, such as 'dead-naming' (Ard & Makadon, 2011; Brown, 2011; Galop, 2019b; Halpern et al., 2004; Magić & Kelley, 2019; SafeLives, 2018; Stokes, 2021b). Outing is a by-product of our heterosexist beliefs about IPV wherein sexual minorities hide their identity or fear threats to disclosing their identity. This behaviour is used as a coercive tactic in adult and adolescent sexual minorities (Messinger, 2017). Interestingly, the threat of being 'outed' by a partner to family or friends is particularly prevalent in bisexual males and females. Freedner and colleagues revealed in their (2002) study that bisexual males are five times more likely than gay and lesbian individuals to be threatened by being outed,

while bisexual females are four times more likely. Moreover, if the victim has children, there is added threat that the perpetrator could out them to their children or even to authorities, creating an idea that their children might be taken away from them.

Furthermore, the gender and power dynamics witnessed in heterosexual abusive relationships may not necessarily apply to LGBT+ relationships. Traditionally, feminist theories on power dynamics within heterosexual relationships have focused on patriarchal binary roles, specifically male perpetrators who wish to exercise societal power over female victims. Typically, however, this cannot be applied to LGBT+ relationships as the line between victim and perpetrator can often be blurry. Brubaker (2020) suggests that power dynamics in LGBT+ relationships are rooted in a more complex socio-ecological model that considers all factors such as age, race, income, education, and relationship quality. For example, Graham and his team note how age is one variable that affects the likelihood of IPV, specifically that younger LGBT+ individuals are more likely to experience IPV (Edwards & Sylaska, 2013; Graham et al., 2019; Martin-Storey, 2015) compared to heterosexual youth.

Similarly, Ristock and Faulkner note another interesting difference between abuse in LGBT+ and heterosexual relationships, suggesting that first LGBT+ relationships pose a specifically high risk of IPV. The understanding is that some LGBT+ individuals may be more invested in their first relationship to confirm their sexual identity but lack the confidence and knowledge to know what to expect from a healthy relationship. In turn, this may make an individual more vulnerable and susceptible to IPV than those more secure in their sexual identity (Ristock, 2012).

Like IPV, the experiences of SV amongst LGBT+ victims differ from those of heterosexual victims. Traditionally considered a women's issue, evidence pointing to the prevalence of SV amongst gay male and bisexual relationships confirms that SV is an issue for individuals from all sexual minorities (Semprevivo, 2021). Exploring SV amongst LGBT+ individuals, Holtzman and Menning's (2015) study found interesting differences between sexual minorities in that coercion and pressure are two tools used more often against bisexual victims than lesbian or gay victims. Furthermore, lesbian and bisexual women were found to perceive their unwanted sexual experience as 'easier or more practical than resisting'.