

# Mapping Services for Male Adult & Child Victim-Survivors of Domestic & Sexual Abuse in Northern Ireland

Final Report

August 2025

## Acknowledgements

The team would like to sincerely thank all those who participated in the review. We are grateful to the support services for their time and the valuable feedback they provided on services available to male adult and child victims in Northern Ireland.

We would also like to thank staff in the Commissioner Designate for Victims of Crime Office who volunteered their time and expertise. Particularly, we would like to thank Louise Kennedy and David Cairns for their support in conducting this work.

We thank Dr. Jennifer Hanratty, at Centre for Effective Services for providing review and comments on a draft of the report.

### **This report should be cited as follows:**

Scott, J., Slane, D., Bray, A., and Walsh, C. (2025). *Mapping services for male adult and child victim-survivors of domestic and sexual abuse in Northern Ireland*. Commissioner for Victims of Crime Office.

Jessica Scott, Dearbhaile Slane, Andrew Bray and Dr. Colm Walsh.  
August 2025

# Contents

<b>Acknowledgements .....</b>	<b>2</b>
<b>Foreword .....</b>	<b>6</b>
<b>Executive summary .....</b>	<b>7</b>
Literature review .....	7
Desk-based review of existing services .....	9
Survey findings .....	9
Interview findings .....	10
Discussion .....	13
Key recommendations .....	14
 <b>Chapter 1: Introduction .....</b>	 <b>15</b>
<b>Literature review .....</b>	<b>16</b>
Context of male experiences of domestic and sexual abuse .....	16
Prevalence of male domestic and sexual abuse in Northern Ireland .....	17
Male experiences of domestic and sexual abuse .....	18
Barriers to disclosing experiences of abuse .....	19
Trends in men accessing support for abuse .....	19
Gaps in service provision for male victim-survivors of abuse in Northern Ireland .....	20
Implications of existing research for the mapping exercise .....	21
 <b>Chapter 2: Background, methodology and approach .....</b>	 <b>22</b>
<b>Background .....</b>	<b>22</b>
<b>Methodology and approach .....</b>	<b>22</b>
Desk-based review of existing services .....	24
Survey design and deployment .....	25
Interview design .....	26
 <b>Chapter 3: Desk-based review of existing services .....</b>	 <b>27</b>
Dedicated support for male victim-survivors of domestic abuse .....	27
Non-gender specific domestic abuse services .....	27
Support for LGBTQ+ victim-survivors of abuse .....	27
Support for children and young people who are victim-survivors of abuse .....	28
Support for older victim-survivors of abuse .....	28
Support for ethnic minorities .....	28
Specialist support for male victims of sexual abuse .....	28
Generic services and supports .....	28
Summary and implications for the mapping exercise .....	30

<b>Chapter 4: Survey findings .....</b>	<b>31</b>
Profile of respondents .....	31
What supports are provided to male victim-survivors of DSA? .....	31
Where are services and supports located? .....	32
Financial sustainability .....	32
Capacity to provide support .....	32
Summary and implications for the mapping exercise .....	33
 <b>Chapter 5: Interview findings .....</b>	 <b>34</b>
<b>Accessing services and supports .....</b>	<b>34</b>
Summary of findings .....	34
Referral pathways .....	35
The service user journey .....	36
Duration of support .....	37
<b>Needs and issues experienced by male victim-survivors of abuse .....</b>	<b>38</b>
Summary of findings .....	38
The needs of male victim-survivors .....	39
Intersectionality .....	42
Barriers for male victim-survivors accessing support .....	44
Motivations for accessing support .....	47
<b>Benefits and outcomes of accessing support services .....</b>	<b>48</b>
Summary of findings .....	48
<b>Barriers and enablers for service providers in delivering support .....</b>	<b>51</b>
Summary of findings .....	51
Organisational capacity to meet the needs of service users .....	51
Barriers for service delivery .....	52
Enablers of service delivery .....	54
<b>Reflections on the current landscape of provision .....</b>	<b>55</b>
Summary of findings .....	55
Strengths of current provision .....	56
Weaknesses of current provision .....	57
<b>How can service provision for male victim-survivors be improved? .....</b>	<b>60</b>
Summary of findings .....	61
Challenging gender norms .....	61
Calls for Government strategy .....	62
Increased funding .....	62
Tailored supports .....	63
Developing an evidence base for Northern Ireland .....	63
Experts by experience .....	64
Awareness raising .....	64
Early intervention and prevention .....	64
Perpetrator accountability .....	65
Partnership working .....	65

<b>Chapter 6: Discussion and key findings</b> .....	<b>67</b>
The landscape of current provision .....	67
<b>Key barrier to access: lack of awareness of available supports</b> .....	<b>67</b>
Difficulty accessing information about supports .....	68
Contention within the DSA support space .....	68
Evidence base .....	68
Invisibility of male victim-survivors .....	68
Intersectionality includes men .....	68
<b>Limitations</b> .....	<b>68</b>
<b>Recommendations</b> .....	<b>71</b>
<b>References</b> .....	<b>72</b>
 <b>Appendix 1: Desk-based review of services – supplementary information</b> .....	 <b>74</b>
<b>Appendix 2: Copy of survey questions</b> .....	<b>84</b>
<b>Appendix 3: Interview schedule for service providers</b> .....	<b>89</b>

# Foreword

Domestic and sexual abuse are persistent and insidious plagues in our society, affecting individuals across all ages, ethnicities and backgrounds.

The provision of appropriate, properly funded and specialised support services is regularly identified as crucial to victim recovery.

While much attention has been rightly paid to female victims and more work is needed to address their needs, we must also ensure that no group of victims is left behind. All victims of domestic abuse and sexual crimes deserve services that provide the support they need, when they need it. This includes male victims, whose experiences and needs have often been overlooked.

This review maps the availability of support services for male victims of domestic and sexual abuse across Northern Ireland. Feedback from our previously commissioned research into the **Male Experiences of Intimate Partner Violence: The ME/IPV Study** highlighted a stark lack of appropriate support compelling us to take a closer look at male service provision. The impact of such abuse on men and boys is profound, compounded by feelings of isolation, shame and helplessness. Male victims face unique challenges, from societal stigma and reluctance to come forward, to the scarcity of services tailored to their needs.

I extend my sincere gratitude to all those who participated in this review – I understand that responding to such research is yet another task to fit into an already pressured workload and appreciate that such efforts are driven by a desire to improve the support available to those you work with.

I also thank the researchers for their dedication and commitment to ensure that the report is as meaningful as possible and their willingness to extend the timeframe to facilitate additional responses.

It is important to acknowledge the limitations of this review. Time and resources necessitated a limited approach, which meant that we were unable to secure the necessary ethical approvals both the research bodies and the Health Trusts require in order to engage with health professionals working in this area.



We were also unable to engage directly with men and boys to understand what type of services they would wish to be available.

Despite this, I strongly believe the findings will be useful for policy makers in this area. These findings are bleak, but not surprising. This report echoes feedback from both male victims and support organisations over many decades.

The scarcity of dedicated services and the collapse of existing services due to lack of sustainable funding are longstanding issues. This issue goes beyond justice. It is a crucial matter of social policy and a pressing public health issue, with significant implications for the well-being and recovery of male victims.

Addressing the scarcity of services requires a cross-departmental response from the Executive, but there must also be immediate action to better promote the services that are currently available. Improved visibility and clear signposting of existing support, such as helplines and community-based services, can help to break down barriers and connect men and boys to the services they need.

I commend the commitment of those agencies working to support male victims, but it is evident that more must be done. The Executive must step up to address the needs of this group of victims, ensuring that male victims are seen, heard, and supported in a manner that is both effective and sustainable.

This report is a call to action – to improve the range, accessibility and visibility of services, so that no victim is left without the support they deserve.

A handwritten signature in black ink, appearing to read 'G Hanna', written over a horizontal line.

**Geraldine Hanna**

Commissioner Designate for Victims of Crime Northern Ireland

## Executive summary

This report presents the findings of an exercise mapping the landscape of services available to male victims of domestic and sexual abuse in Northern Ireland. The primary goal was to gain a clearer understanding of the current support infrastructure, identify service gaps, and provide actionable recommendations to enhance provision for male victim-survivors. Domestic and sexual abuse are significant policy concerns and while the needs of female victim-survivors have become more clearly articulated, the needs of male victim-survivors, and the effectiveness of services that support them, are under-evaluated.

This report was commissioned by the Victims of Crime Commissioner Designate in response to earlier research that highlighted the challenges male victim-survivors of domestic and sexual abuse face in accessing appropriate services.

There are a number of limitations to the mapping exercise which are important to note when considering the findings presented in this report. These relate to:

- the tight timeframe within which the mapping exercise was undertaken
- the quality and comprehensiveness of quantitative data provided
- low uptake of the survey
- limited participation and representation of services across survey and interviews, particularly the statutory health services and organisations delivering supports at local levels and/or providing support to marginalised groups.

These issues had a direct effect on the robustness of the report findings, which cannot be considered a comprehensive picture of service provision for male victim-survivors of abuse in Northern Ireland. While the mapping exercise generated important findings, the limitations in participation and representativeness, served to reduce the overall scope of the mapping exercise and impacted the range of the service map, the accuracy of the gap analysis, and the depth of the sustainability assessment.

## Literature review

To provide context for the mapping exercise, the review team undertook a brief literature review exploring the key issues affecting victim-survivors of abuse in Northern Ireland. Key themes explored included the prevalence of domestic and sexual abuse among men and boys, male victim-survivor experiences of domestic and sexual abuse and its impact, barriers and enablers to disclosing and accessing support and existing service provision in Northern Ireland. Below is a summary of the key points to emerge from the literature review which informed the design of data collection tools and the team's approach to engagement with service providers.

- Domestic and sexual abuse are prevalent issues in Northern Ireland, albeit the true extent of its prevalence is difficult to measure due to underreporting.
- Domestic and sexual abuse are gendered issues meaning they affect both men and women, albeit women are disproportionately impacted.
- It is estimated that 1 in 7 men have experienced domestic abuse in their lifetime.
- There is a lack of statistical information regarding prevalence of male sexual abuse in NI.
- Men experience many forms of abuse, including:
  - Coercive control, including being belittled and blamed for things that were not their fault
  - Using the environment to instil fear i.e. throwing objects or slamming doors
  - Physical violence including broken bones, scarring, bruising and poisoning
  - Sexual degradation and sexual abuse, which includes sexual contact/activities without consent, rape, reproductive coercion and threatening with the publication of intimate or sexually explicit material.
- Both domestic abuse and sexual abuse can have long term and detrimental impacts on male victim-survivors' mental and physical health.
- Male victim-survivors experience barriers to seeking help. These include:
  - Not recognising that what they are experiencing constitutes as abuse
  - Blaming themselves for their abuse
  - Stigma, shame and feeling emasculated
  - Not thinking anyone could do anything to help or support
  - Not knowing where to go for support
  - Lack of available services and supports
  - Fear of not being believed
  - Concern about the impact on children of seeking help/leaving the relationship or family home.
- There are some notable trends in how men access support:
  - Men tend to share their experiences with friends or family
  - If men seek formal support, they seek out counselling, therapy or specialist domestic abuse services. This includes helpline support
  - Men report negative experiences when receiving support, such as being dismissed or accused of abuse
  - Men also have concerns around inappropriate handling of confidentiality and a lack of choice regarding the gender of support provider
- There are many gaps in service provision in Northern Ireland. Research found that:
  - There is a lack of awareness around availability of supports
  - There are inconsistencies in the way in which victim-survivors are responded to/ referred onwards



- There is a lack of advocacy services and accompaniment services i.e. court accompaniment
- There is a lack of research relevant to the Northern Irish context around:
  - Victim-survivors with disabilities
  - Racial and Ethnic diversity
  - LGBTQ+ Victim-survivors
  - Refugees and asylum seekers
  - Early intervention and education.

## Desk-based review of existing services

To develop a picture of existing services and supports in Northern Ireland for male victim-survivors, the team undertook a desk-based review to synthesise information available online relating to services available. The findings from this exercise were used to inform the review team's approach to participant recruitment. In addition, it provided some additional insights, including:

- Echoing findings from the literature, our desk-based review reveals only a small number of services and support that are specifically designed to provide specialist support to victim-survivors and even fewer that provide targeted supports to men and boys.
- Consistent with gaps identified in existing literature for Northern Ireland, there are no male refuges or specialist accommodation services for men who are victims of DSA.
- Helplines and remote support are typical, with face-to-face provision often an option in only certain areas and typically towns and cities that are more densely populated.

While a small number of organisations provided information online about support pathways and what to expect when accessing support, most provide scant information, rendering this exercise time consuming and likely only representing a partial picture of service provision.

## Survey findings

The survey findings outline a high-level overview of respondent organisational profiles, the supports provided to male victim-survivors of DSA, an overview of financial information and perceptions of capacity to deliver support to male victim-survivors in Northern Ireland.

Data provided by respondents to the survey was limited and, in some cases, incomplete. In addition, the limited sample size reduced the validity and reliability of findings from the quantitative survey. This meant the data was inconclusive and prevented the team drawing any conclusions from the survey data about the financial sustainability of the DSA support sector.

Despite these significant limitations, the survey did provide an overview of service provision, highlighting key trends, potential gaps, and areas that warranted further exploration. To explore these findings in greater depth, qualitative interviews were carried out with service providers. The survey results informed the design of the interview questions, allowing the review to move beyond surface-level data and gain a deeper understanding.

## Interview findings

A range of key themes emerged from analysis of the interview data. They are organised under eight overarching themes which relate to i) accessing services and support ii) needs and issues experienced by male victim-survivors of abuse iii) barriers for male victims in accessing services and supports iv) motivations for accessing supports v) benefits and outcomes for male victim-survivors in accessing support vi) barriers and enablers for service providers in delivering supports vii) strengths and weaknesses of current provision and viii) participants' recommendations for service improvement.

### Accessing services and support

Men access services in a variety of ways. This includes self-referral or referral by a “concerned other” such as a professional, family member or friend. Organisational websites are important sources of information, advice and support for male victim-survivors, particularly when access to support is needed out-of-hours.

The typical adult service user journey varies but often involves initial contact to explore suitability of the service and share details of support offered, followed by a more in-depth assessment of need and provision of needs-led support. This is similar for boys, with a key difference being the level of parental involvement, which tends to be higher for younger children. There was variation regarding the length of time a case remains open for ongoing support and policies regarding re-referrals, with organisations striving to provide a continuum of support, particularly if a service user is engaged with the criminal justice system.

### Needs and issues experienced by male victim-survivors of abuse

Services described supporting men and boys affected by a range of sexual traumas including childhood sexual abuse (CSA), familial sexual abuse, institutional abuse, domestic abuse and coercive control. Male victim-survivors of abuse need a non-judgemental supportive ear and validation; support to understand what constitutes abuse; emotional support in managing a complex range of emotions, including loss of masculinity and for some, issues relating to sexual identity, homelessness, debt and finances, immigration, information about their rights, and support to navigate the legal system. There are gaps in this mapping exercise relating to the specific needs of male children, and minoritised groups, however a strong theme to emerge was that male victim-survivors of all ages benefit from a safe space to speak about their experiences.

### Barriers for male victim-survivors accessing support

The review identified a range of barriers for male victim-survivors in disclosing and accessing support for their abuse. These included societal perceptions and gender biases which render male victim-survivors “invisible”; shame, stigma and perceived loss of ‘masculinity’; concerns relating to anonymity; and preferences for certain genders of persons providing support. Structural barriers including poverty and access to transportation, as well as a lack of tailored services and supports that reflect the needs of male victim-survivors including those with intersectional identities such as LGBTQ+, ethnic minorities and older men.

### Motivations for accessing support

While few organisations discussed the enablers for male victim-survivors in accessing support, those that did offered some helpful insights which aligned to findings in the wider literature. Men are prompted to seek support for a range of reasons, including life events, periods of emotional crisis, encouragement from a current partner and/or a desire for support to manage the impact of the trauma on day-to-day life.

### **Benefits and outcomes of accessing support services**

Participating organisations identified a range of benefits and positive outcomes reported for men accessing support. These include provision of information and awareness of available supports; access to a safe, supportive space to speak about their experience and their emotions and belief, and validation and affirmation of their experiences. Access to peer support was also identified as a key mechanism through which men experience reduced loneliness and isolation. While organisations were more limited in the degree to which they could speak about the benefits and outcomes for male children, those that did described the importance of young people having access to a safe space and a trusted adult outside the family home.

### **Barriers and enablers for service providers in delivering support**

Most service providers felt they did not have capacity to meet the needs of male victim-survivors and felt that with more funding and resources they could do more. Even where some services did report having the capacity to meet service demand, they noted that ‘demand’ did not necessarily reflect ‘need’ owing to the significant barriers for men coming forward to access support.

Short term, insecure and insufficient funding was identified as a central challenge to which all other barriers to service delivery were connected. Lack of funding limited what services could provide and for some organisations in the community and voluntary sector this resulted in a reliance on volunteers and pressure to fundraise.

### **Strengths and weaknesses of current provision**

Organisations struggled to identify strengths of current provision for male victim-survivors, with the exception of the provision of 24-hour support via the Domestic and Sexual Abuse Helpline and notably, the knowledge, passion and resilience of grassroots community and voluntary sector organisations providing support to male victim-survivors.

A range of weaknesses and gaps were identified. These included limited specialist support services for male victim-survivors including lack of local face to face supports and accommodation/refuges; limited awareness of supports available to male victim-survivors; lack of sustainable funding impacting capacity to deliver services and, in some cases, resulting in service closure at a great loss to the sector e.g. Men’s Action Network (MAN). Lack of organisation within the men’s service sector and challenging dynamics between services for men and women which limit opportunities for partnership were also identified as significant challenges for service providers.

### Participants' recommendations for service improvement

Participants identified a range of service and sector improvements to enhance provision for male victim-survivors of abuse in Northern Ireland. These included:

- Aspirational shift in the way that society views gender, sex, power, violence and harm and the need for education and local champions to support change.
- Perceived need for improvements in strategy development and ring-fenced funding to support implementation, including calls for a men's health policy and a safer aging policy for older people of all genders.
- Centre the voices of those with lived experience in service development.
- Undertake some form of engagement with men and boys to learn about their needs, barriers they face and ideal service delivery.
- Additional funding and resource that is sustainable and reliable.
- Expand provision e.g. early intervention services, refuges/ shelters.
- Contextually relevant research and development of evidence base to inform future planning and improved service provision.
- Awareness raising initiatives for victim-survivors and professionals regarding the availability of supports.
- Prevention, early intervention and recidivism supports for perpetrators of abuse, including female perpetrators.
- Promote interconnectivity and integration of services, creating wraparound service.
- Foster positive relationship between men and women's service sectors.

## Discussion

Consistent with recent research, the review found evidence of significant gaps in service provision for male victim-survivors in Northern Ireland (Spikol et al, 2024). Despite the evidence that men represent a substantial proportion of victim-survivors in known cases of domestic and sexual abuse, there are limited services and supports available. Where dedicated services and supports are available to male victims in Northern Ireland, these are grassroots organisations run wholly or in part supported by volunteers and with precarious funding arrangements.

The **lack of adequate and sustainable funding** was a frequently cited barrier for services and supports in ensuring they could provide an effective, quality and needs-led service for male victim-survivors.

The review highlights a significant **gap in the availability of accessible information about support services**. A lack of awareness among male victim-survivors of available supports and how these can be accessed was consistently mentioned by service providers as a significant barrier for male victim-survivors in Northern Ireland. This echoes findings from Spikol et al. (2024), reinforcing the need for public education on the prevalence of male experiences of domestic and sexual abuse and the need to raise awareness about existing services and supports, as well as how these can be accessed.

Findings from this review suggest that there are some **challenging dynamics and contention** within the domestic and sexual abuse support sector, particularly between men and women's services. There was a sense from participants that this was in part fuelled by concerns over funding, which has been noted to contribute more generally to siloed working and competition within the community and voluntary sector (NICVA, 2024).

On the whole, there is a need **for improvements in data collection in Northern Ireland**. There is limited data available for the prevalence rates of male experiences of both domestic abuse and sexual abuse in Northern Ireland. Research and statistics related to the Northern Irish context could be used to perform ongoing needs analysis and inform the design and delivery of services for male victim-survivors of all forms of abuse in NI.

Consistent with the literature, a strong theme to emerge from this review was the **delegitimisation of men as victim-survivors of abuse**. Echoing findings from research, this review found evidence of the significant barriers that men experience in disclosing and accessing help and support for their experience of abuse. Notions of traditional masculinity and the fact that experience of domestic and/or sexual trauma 'violate' this identity was particularly emphasised in the literature and by participants. This narrative and associated societal perceptions need to be challenged to create an enabling context for men and boys to seek help and support (Spikol et al., 2024).

The findings of this mapping exercise suggest that the system is struggling to manage and support the complexity of need for victim-survivors of abuse more generally and that this has resulted in **male victim-survivors being "overlooked"** when it comes to provision of services and supports.

## Key recommendations

Noting the limitations, our engagement with service providers across the domestic and sexual abuse service sectors suggests there are opportunities to improve service provision for male victims who have experienced abuse.

### 1. Service improvements

- Further exploration of gaps in provision e.g. expansion of refuges/shelters.
- Invest in prevention, early intervention and recidivism supports for perpetrators of male abuse.
- Strengthening of services and supports should go alongside awareness raising around prevalence and service availability to ensure system capacity to respond to an increase in referrals.

### 2. Lived experience

- Centre the voices of those with lived experience in service development.
- Undertake some form of engagement with men and boys to learn about their needs, barriers they face and ideal service delivery.
- Undertake further research with services and service users around the provision of generalist (gender-neutral) and tailored support (for men, LGBTQ+ and other minoritised communities).

### 3. More and sustainable funding

- Develop funding arrangement which ensures sustainable and reliable funding.
- Enhance the flexibility of current service delivery model. This should ensure that sufficient time is afforded to the victim-survivor to build trust with support and extending provision of support where necessary.

### 4. Awareness raising

- Raise awareness of the gender-inclusive Domestic and Sexual Abuse Strategy.
- Develop educational tools and initiatives to dispel social myths around domestic and sexual abuse and male victim-survivors.
- Undertake awareness raising initiatives for victim-survivors regarding the availability of supports.
- Undertake awareness raising initiatives for professionals regarding the availability of supports for male victim-survivors.

### 5. Develop a contextually relevant evidence base for Northern Ireland

- Improved statistics on prevalence of abuse, disaggregated by age, gender, ethnicity, sexual orientation.
- Data on access to interventions and effectiveness of interventions.

### 6. Partnership working for the sector

- Promote interconnectivity and integration of services and explore the potential for creating a wrap-around service or support hub model.
- Implement approaches to foster positive relationship within the wider domestic and sexual abuse sector.



# Chapter 1: Introduction

This is the final report of the service mapping exercise delivered in partnership by the Centre for Effective Services (CES) and Queen's University Belfast (QUB) on behalf of the Commissioner Designate for Victims of Crime (CVOCNI). The primary goal was to gain a clearer understanding of the current support infrastructure, identify service gaps, and provide actionable recommendations to enhance provision for male victim-survivors of abuse. Domestic and sexual abuse are significant policy concerns and while the needs of female victim-survivors have become more clearly articulated, the needs of male victim-survivors, and the effectiveness of services that support them, is under-evaluated.

The project began in late January 2025 and was completed in August 2025.

The report outlines the background to the mapping project including existing literature relating to male victim-survivors of abuse in Northern Ireland, the aims and objectives of the mapping exercise, describes the methodology and approach and presents an overview of key findings, learning and recommendations.

## A note on gender

The report often uses the term male victim-survivors of domestic and sexual abuse. In this context, male is used to refer to an individual's gender identity rather than biological sex. Most services that participated in this mapping exercise discussed gender with reference to a gender binary including 'men' and women' or 'male' and 'female' victim-survivors and our findings suggest that societal norms, which often categorise individuals into male and female have served to shape the nature of the support services provided to victim-survivors of abuse in Northern Ireland. Only a small number of providers that participated in the mapping exercise referred to gender-diverse and transgender people, who were noted to be at greater risk of exclusion from services. The gendered nature of the language used in this report is reflective of the wider context surrounding domestic and sexual abuse, which are inherently gendered issues.

While women and girls are disproportionately affected by domestic and sexual abuse, which are predominantly perpetrated by men, it is important to acknowledge that men and boys can also be victims of domestic and sexual abuse. Recent figures suggest that male victim-survivors represent approximately a third of known victim-survivors of domestic abuse and 24% of known victim-survivors of sexual crime are male (PSNI, 2025; Department of Justice & Department of Health, 2024).

Male experiences of abuse are not limited to adult experiences of intimate partner violence (IPV) in heteronormative relationships, but can be experienced by any individual, regardless of gender, age, disability, race, religion/belief and sexual orientation. Perpetrators can be individuals of any gender, and they could be a family member or carer, including parent-child, child-parent and sibling-sibling abuse. IPV as a form of domestic abuse can occur within heterosexual and LGBTQ+ relationships and includes abuse by former as well as current partners. IPV can take place within intimate relationships between young people who may not be living together. Sexual abuse can occur inside or outside the family home and the perpetrators may be known to the victim-survivor or complete strangers.

### A note on language

The terms domestic abuse and sexual abuse will predominately be used throughout this report, unless we are directly referring to literature or the perspective of participants that describe abuse using other terms, in order to report the findings as accurately as possible. We recognise that domestic abuse and sexual abuse are complex issues which can manifest in different ways and use the term ‘abuse’ to reflect the broad range of harms that an individual can experience, including physical, psychological, emotional, economic and financial, and sexual harm.

We recognise the potential sensitivities around labels and language used to refer to an individual who has experienced domestic and/or sexual abuse. Reflecting these complexities and recognising that each individual will choose to identify differently based on their own personal experiences and journey, the report uses the term victim-survivor throughout, unless referring directly to research or quoting participants.

## Literature review

This section presents a brief overview of the context and existing evidence and research relating to male experiences of domestic abuse and sexual abuse in Northern Ireland.

### Context of male experiences of domestic and sexual abuse

Domestic violence is a gendered issue because it disproportionately affects women and girls (Watson & Parsons, 2005). Men and boys often go unrecognised or are disregarded as victims of domestic abuse largely because of gender stereotypes (Corbally, Hine & Kestell, 2023). The notion prevails that to be male means to be strong and dominant and that any deviation from this is weak and passive, simply ‘unmanly’. Being a victim of domestic violence as a man is often experienced as a loss of masculinity (Moore, 2021).

In a study carried out by Spikol, McGlinchey and Armour (2024, p.12) exploring male experiences of Intimate Partner Violence (IPV) it was deemed that:

*“Male experiences of IPV in NI are a significant public health issue which warrants immediate attention.”*

Domestic abuse is defined under the Domestic and Sexual Abuse Strategy 2024-2031 as:

*Threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member.*

The Strategy defines sexual abuse as:



*Any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability).*

Recent progress in tackling the issues of domestic and sexual abuse is evidenced by the gender inclusive Domestic Abuse and Civil Proceedings Act (2021) and Northern Ireland's 7-year Domestic and Sexual Abuse Strategy (Department of Health & Department of Justice, 2024). Since the Domestic Abuse and Civil Proceedings Act came into force in February 2022, there have been over 2,300 convictions (Irish Legal News, 2025).

## Prevalence of male domestic and sexual abuse in Northern Ireland

There is widespread acceptance of the challenges in estimating prevalence of domestic abuse and sexual abuse due to lack of consistency in definitions, as well as high levels of underreporting among victim-survivors. Whilst acknowledging the limitations, in this section, we provide an overview of statistics from a range of sources to present a general picture of prevalence.

### Domestic abuse

Domestic abuse (DA) is a pervasive issue which detrimentally affects people of all demographics in Northern Ireland (Department of Justice and Department of Health, 2024). According to the Police Service of Northern Ireland (PSNI), there were 29,751 domestic abuse incidents recorded in 2024/25 (PSNI, 2025). There were 18,393 domestic abuse crimes recorded in 2024/25, representing a third of all reported domestic abuse crimes (32.5%) (Ibid). It is important to note that these figures relate only to crimes reported to police and as such do not reflect the true prevalence owing to previously cited challenges with high levels of underreporting among victim-survivors.

Some estimates include that 1 in 7 men will experience domestic abuse in their lifetime (Men's Development Network, 2024). The Mankind Initiative estimates that 13.8% of men in the UK have experienced some form of domestic violence during their adult life (The Mankind Initiative, 2021, cited in Spikol, McGlinchey, Armour, 2024).

Gay men (6%) and bisexual men (7.3%) are more likely to experience domestic violence compared to heterosexual men (3.5%) (Brooks, 2023).

SafeLives (2015) report that young people experience the highest rates of domestic abuse of any age group. A study by Barter et al. (2009, p.9) found that 18% of boys aged between 13-17 years of age reported experiencing physical violence from an intimate partner.

### Sexual abuse

Prevalence rates for male experiences of sexual abuse are unclear owing to limitations in data availability, inconsistencies in how sexual abuse is defined and the under reporting of abuse (Pilkington et al. 2025, p.1). Prevalence data for male lifetime experiences of sexual abuse in Northern Ireland is not available. The Office for National Statistics, however, estimate that 1 in 18 men in England and Wales have been raped or sexually assaulted as an adult (ONS, 2023 cited by Rape Crisis England and Wales, 2025).

Figures published in the Domestic and Sexual Abuse Strategy for Northern Ireland for the 12 months to the end of March 2024, however, provide a breakdown of police recorded sexual crime by gender. There was a total of 4,090 sexual offences recorded by police and of those, 75% of victims were female and 24% were male. Fifty-six percent of victims were under the age of 18 (Department of Justice & Department of Health, 2024).

As of 31 March 2025, there were: 229 children who were on the child protection register with sexual abuse as one or the sole category of concern; 1,137 children registered with physical abuse as one or sole category of concern; and 168 children registered with emotional abuse as one or the sole category of concern in the same period (NISRA, 2025).

## Male experiences of domestic and sexual abuse

Research conducted by SafeLives (2019) in the UK found that men and boys experienced various forms of domestic abuse. These included being put down or belittled (82%), being blamed for something that was not their fault (81%), using the environment to instil fear, for example by throwing objects or slamming doors (68%), or being threatened with 'revenge porn' (7%). Fifty four percent of respondents reported physical abuse. This included severe bruising and cuts (37%), scarring (15%), broken bones (10%) and poisoning (9%).

Anxiety, loss of confidence, loneliness and isolation, embarrassment and shame were reported as the top 5 impacts. 64% of respondents shared that as a result of their experience of domestic abuse, they felt suicidal. 33% of respondents had self-harmed (SafeLives, 2019). Similarly, a study conducted by Spikol et al., (2024) in Northern Ireland found that psychological aggression (78%), coercive control (68.5%) and physical assault (49.8%) were the most common experiences of intimate partner violence.

The COVID-19 pandemic was found to have exacerbated the male experience of domestic violence due to additional financial issues, housing issues/insecurity and being 'locked down' with the person causing harm (Westmarland et al., 2020).

Recent research exploring male experiences of IPV in Northern Ireland found that male experiences of sexual abuse included non-consensual sexual contact/activity and reproductive coercion (Spikol et al., 2024). A systematic review undertaken by Pilkington et al. (2025, p.1) on the barriers and facilitators for sexual trauma disclosure notes that men and boys can experience a range of sexual traumas across the lifespan including 'rape, attempted rape, unwanted sexual touching, or forcing a person to perform sexual acts via force, threat, or manipulation.' The review found evidence indicating that exposure to sexual trauma can have a long term and detrimental impact on male victim-survivors' mental and physical health and contribute to a range of negative relational and occupational outcomes. Sexual trauma has also been found to increase risk of suicidal ideation, attempts and death (ibid).

## Barriers to disclosing experiences of abuse

Male victims of domestic violence are known to experience a range of barriers to disclosure. Research carried out by Spikol et al. (2024) in Northern Ireland found that 51.2% did not disclose their experience of abuse to anyone. In a similar study, 34% of participants did not disclose their abusive situation and seek help (Taylor et al., 2022).

Male victims of domestic violence face a number of barriers in seeking out support (Moore, 2021). Barriers to seeking help and support can include fear of not being believed or concerns being dismissed as well as stigma, shame, feeling emasculated, or consideration of the impact on their children of seeking help/leaving the relationship or family home (Taylor et al., 2022; Spikol et al., 2024). Some may also not recognise that what they are experiencing constitutes abuse (Spikol et al., 2024). In a similar study, SafeLives (2019) in the UK found that the most common reasons for male victims not disclosing their abuse included:

- Shame or embarrassment (80%)
- They didn't think anyone could do anything to help or support (69%)
- They did not know where to go for support (57%)
- No support was available (57%)
- Self-blame (18%)

In a systematic review exploring the barriers to and facilitators of disclosure of sexual trauma in men and boys, Pilkington et al. (2025) found that men and boys exposed to sexual trauma also face a range of barriers to disclosure and help seeking, with research indicating low rates of, and long delays for disclosure, despite disclosure being key to supporting recovery. The review found that recognising and labelling sexual trauma events can be a long and complicated process. Men and boys experience difficulty recognising and/or accepting their victimhood, which can be compounded by legal definitions which do not acknowledge they could experience rape and widespread beliefs that men are exclusively perpetrators and women exclusively victim-survivors or that men “constantly desire heterosexual sexual advances” (ibid, p.12).

## Trends in men accessing support for abuse

Research has shown that male victims of abuse prefer to disclose their abuse to informal sources such as friends, family, or online spaces/communities (Hine et al., 2022).

In research undertaken by SafeLives (2019), of the male victim-survivors seeking support from a specialist domestic violence service, 17% received support from a helpline, 12% sought support from an outreach service and 4% from an independent domestic violence advocate (IDVA) (SafeLives, 2019). A significant number of individuals did not disclose their experiences. The primary reasons for this included feelings of shame or embarrassment, feeling as though their experience of abuse was their fault, believing that no one could help, not knowing where to seek help, and the absence of available support. For those that did report, a substantial proportion (22%) reported not being believed by the organisation or service they disclosed to (ibid).

Male victims report a number of negative experiences when seeking formal support (Corbally, Hine, &

Kestell, 2023). Formal support includes helplines, health clinics and police. A UK study found that many male victims (30%) felt dismissed, accused or ridiculed by professionals or service providers upon disclosing their abuse (Taylor et al., 2022). Male victims also report inappropriate handling of confidentiality and a lack of choice regarding the gender of the service provider, with many male victims having a preference for a female professional (Huntley et al., 2019). Disclosing the abuse often exacerbated feelings of self-doubt, shame, isolation and anxiety (Taylor et al., 2022).

For men and boys exposed to sexual trauma, research highlights a range of motivations for or circumstances under which male victims might disclose and seek support. For some, particularly those who have experienced child sexual abuse, disclosure is used as a means of processing their experience and making sense of the impact of this trauma on their adult relationships (Pilkington et al, 2025). Others may seek justice by reporting to police and in an effort to ensure that other boys or men are not subjected to the same sexual trauma (ibid). For another group of men, the research found that disclosure can be done unintentionally often in what culminates in a ‘crisis point’ wherein victim-survivors experience significant psychological distress that necessitates immediate support (ibid).

## Gaps in service provision for male victim-survivors of abuse in Northern Ireland

A recent report exploring male experiences of IPV in Northern Ireland highlights significant gaps in service provision for male victim-survivors, particularly for those living in rural areas as well as a dearth of services that could tailor supports to meet the unique needs of male victim-survivors (Spikol et al., 2024).

There is limited research specifically exploring the landscape of service provision for male victims of domestic and/or sexual abuse in Northern Ireland and where research on service provision has been undertaken, it is significantly outdated. Research carried out by Sweet (2010) 15 years ago highlighted a number of gaps for male victims in Northern Ireland. These included:

- There is a lack of awareness of what supports are available to male victims
- Agencies are not adequately trained to identify and support male victims
- There are inconsistencies in responses and referral practices i.e. some male victims were signposted to the police service and/or General Practitioners, while others were not
- There is a lack of advocacy and support services which provide male victims with practical information and advice, for example around initiating legal proceedings and navigating the legal system
- There is a lack of accompaniment services, for example in civil court, and to the housing executive and social services meetings.

To further understand male victim-survivors’ experiences of abuse in Northern Ireland, the Victims of Crime Commissioner Designate commissioned Queen’s University Belfast to undertake research on the impact of intimate partner violence (IPV) on men and boys in Northern Ireland (Spikol et al., 2024). Engagement with male victims of domestic and sexual abuse highlighted the fragmented nature of current service provision and the need to address the diverse needs of distinct groups such as young people, LGBTQIA+ individuals, disabled people, and those from minority ethnic backgrounds. Spikol et al. (2024)’s research revealed a significant lack of services for male victims and recommended that charities and support organisations expand their remit to include additional types of support.

Further research recently undertaken by Nexus NI and Victim Support NI (2025) identified additional

gaps in research relating to the Northern Irish context. These relate to:

- Victim-survivors with disabilities
- Racial and Ethnic diversity
- LGBTQ+ Victim-survivors
- Refugees and asylum seekers
- Early intervention and education.

### **Implications of existing research for the mapping exercise**

This brief review of existing evidence on male victim-survivors' experiences of domestic and sexual abuse highlights significant gaps in the research, specifically contextually relevant research relating to existing service provision in Northern Ireland. The most comprehensive review of services was undertaken 15 years ago (Sweet, 2010). With Spikol et al. (2024)'s research highlighting gaps in services for male victim-survivors of IPV, this mapping exercise presents an opportunity to further explore these issues and provide an update on the extent, sustainability and gaps in service provision for male victim-survivors of domestic and sexual abuse across Northern Ireland.

## Chapter 2: Background, methodology and approach

### Background

Following a report by the Department of Justice and Department of Health, the Domestic and Sexual Abuse Strategy 2024-30 for Northern Ireland was published which highlighted the need for providing effective, tailored support to male victims and survivors of abuse. The strategy acknowledged that societal norms and expectations may prevent some men from seeking help due to embarrassment, fear of not being believed, or concerns about losing contact with their children. It also highlighted the need for increased general and male-victim-centred services. It was noted in the report, that male victim-survivors of domestic and sexual abuse have expressed frustration at their inability to access the services they need, particularly specialist services<sup>1</sup>.

While recognising that females are disproportionately impacted by domestic and sexual abuse, the Commissioner Designate for Victims of Crime is aware that a growing proportion of victims who report abuse are male and commissioned this mapping report into the extent of services for male victims of domestic and sexual abuse across Northern Ireland. The mapping exercise was initiated to provide a comprehensive evidence base of existing services, their sustainability, and gaps in provision.

### Methodology and approach

This section outlines the methodology and approach undertaken for the service mapping exercise. It provides an overview of the methods used and describes the fieldwork activities undertaken.

The key aims of this mapping exercise were to:

- Better understand the current landscape of service provision for male victim-survivors of domestic and/or sexual abuse by conducting a comprehensive mapping of services available to men and boys across statutory, voluntary, community, faith-based and philanthropic organisations.
- Assess and identify any gaps in current service provision by geography, type of service available and service user.
- Provide evidence-based recommendations to ensure the adequate provision of services to meet the needs of male adult and child victim-survivors of DSA in Northern Ireland.

The scope of the project was designed to enable the participation of all organisations delivering services to male victim-survivors of domestic or sexual abuse, including services for both adults and children. It involved the collection and analysis of both quantitative and qualitative data. Sequential mixed methods design was used so that interviews could unpack the findings from the survey responses. Methods included i) a desk-based review of existing literature and online information relating to services available, ii) a survey of service providers and iii) follow up interviews with service providers to further explore themes related to service accessibility, sustainability and gaps for male victim-survivors of abuse in Northern Ireland.

<sup>1</sup> The Domestic and Sexual Abuse Strategy is explicitly inclusive, applying to all victims regardless of gender. It acknowledges men and boys are victims, providing data on male domestic and sexual abuse victims and domestic homicides. Specific barriers for men are identified, highlighting the need for support and male-victim-centred services.



It was intended that these methods combined would enable the review team to produce an overarching report which would include:

- Produce a visual 'map' of existing services for male victim-survivors of abuse in Northern Ireland.
- Identify gaps in service provision in areas such as the type of service, client group served, location, and demand.
- Identify the enablers and barriers to service access.
- Assess the sustainability of organisations delivering support to male victim-survivors of abuse and thus present an overall picture of sustainability of the domestic and sexual abuse service sector.

However, the team encountered a number of challenges related to participant recruitment in undertaking this mapping exercise which had implications for the timeline and quality of the final output. The timeline for commissioning of this work also meant that it was not feasible to obtain ethical approval for NHS participation, therefore no statutory health services were able to participate in the review. In consultation with the Commissioner Designate for Victims of Crime office (CVOCO), the scope was adjusted to reflect the realities of data availability, organisational engagement and project timescale. These changes included the exclusion of statutory health services from data collection and undertaking one survey instead of two with service providers. The changes limited the review team's capacity to provide a comprehensive mapping of the support infrastructure for men and boys.

In total, there were eleven survey respondents, and thirteen interviews conducted with a total of 14 participants. The interview respondents were largely drawn from those that answered the survey. The comprehensiveness of the mapping exercise and the extent to which the review team could provide a robust analysis of the sustainability, gaps and accessibility of services is limited by the small sample size and the quality of the data.

Table 1 below presents the key research questions for the review and the proposed methods to be used to address each question.

Table 1: Methods used to address the review question	
Research question(s)	Methods
<p>What is the current landscape of service provision for adult and child victim-survivors of domestic and sexual abuse in Northern Ireland?</p> <p><i>To include mapping existing provision of support services by geography, client support needs (i.e. domestic and/or sexual abuse, LGBTQIA+, mental health support) and type of service available (refuge, legal support, advocacy, mental health support).</i></p>	<ul style="list-style-type: none"> <li>• <b>Desk-based review of organisational websites</b></li> <li>• <b>Literature review</b></li> <li>• <b>Survey</b></li> <li>• <b>Interviews</b></li> </ul>
<p>What is the overall picture of sustainability of service provision?</p> <p><i>Based on analysis of annual income levels, demand for service (e.g. waiting lists), type of funder (e.g. statutory, foundation etc.) and duration of funding agreement.</i></p>	<ul style="list-style-type: none"> <li>• <b>Survey</b></li> <li>• <b>Interviews</b></li> </ul>
<p>What are the barriers and enablers in providing support to male victim-survivors of DSA?</p> <p><i>Including identifying how accessible services are to victim-survivors and barriers to accessing services (e.g. waiting times, specific services for LGBTQIA+, adult, child victims etc.).</i></p>	<ul style="list-style-type: none"> <li>• <b>Existing literature</b></li> <li>• <b>Survey</b></li> <li>• <b>Interviews</b></li> </ul>
<p>What are the gaps in current provision?</p>	<ul style="list-style-type: none"> <li>• <b>Interviews</b></li> </ul>
<p>What suggestions can be made for future service provision and strategic direction of DSA support services for men and boys in Northern Ireland?</p>	<ul style="list-style-type: none"> <li>• <b>Interviews</b></li> </ul>

## Desk-based review of existing services

Mapping existing services and supports was undertaken using a range of methods including initial scoping discussions with staff at CVOCO, a desk-based review of information available online, and a brief review of secondary data, including academic literature and grey literature such as annual reports and strategies. The findings from the desk-based review are presented in the literature review section in Chapter 1 and the overview of service information gleaned from online sources summarised in Chapter 3 and further supplemented in Appendix 1.



## Survey design and deployment

A survey was developed to address the specific requirements set by CVOCO. The survey was designed by CES in consultation with CVOCO in an iterative process. The survey was designed to ensure clarity and relevance, with attention to the sequencing and phrasing of questions to minimise ambiguity and respondent burden. The final agreed survey comprised 24 questions and contained both multiple-choice and open-ended formats. The structure was intended to facilitate the collection of quantifiable data while also allowing respondents to provide qualitative input where appropriate. The survey was designed to gather data relating to:

- **Organisation profile** including organisation type, sector, interventions provided (e.g. advocacy, 1:1 support, outreach, counselling etc) service area/setting (e.g. criminal courts, health setting).
- **Accessibility of supports** including service delivery model (e.g. victim's home, service building, community spaces or remote), service accessibility by age and gender, availability of specialist support for specific types of abuse and availability of specialist support for minoritised groups.
- **Organisational reach** including service location(s), approximate number of victim survivors supported in previous year (2024) proportion of victim-survivors that were men and boys, average waiting times for access to service, and access to interpreters.
- **Funding arrangements** across the DSA support sector including funding sources, duration of funding agreements, approximate cumulative amount of income received in the year 2024 and perception of whether the funding available is enough to meet the demand for services for male victim-survivors.

The survey was hosted online using Survey Monkey. Participants were asked to provide informed consent prior to completing the survey. The survey also included an option for respondents to express interest in participating in follow-up qualitative sessions.

Identification of potential respondents was conducted through a web-based search and drawing on the knowledge of the Commissioner Designate. All organisations/individuals were first contacted by email, either by CES or by CVOCO to disseminate information about the mapping exercise via an information leaflet and short video explainer. The survey was sent to 27 organisations identified as delivering or possibly delivering services to male victim-survivors of domestic and/or sexual abuse with an initial deadline for responses of two weeks. Despite significant efforts by CVOCO and CES to promote the survey and a decision to extend the survey deadline by a further three weeks to help boost engagement, response rates remained very low (n=11).

## Analysis

Quantitative analysis of the survey was undertaken using SPSS v27 and Excel. Frequency and descriptive analysis reflect the number of responses on a given item (e.g., whether or not the respondent works in the context of the criminal justice system) or the average on an item (e.g., how many male victims are supported each year). Due to the small sample size for the survey, the review team was unable to robustly undertake any associational analyses (chi-square and independent t tests) to understand the links between variables of interest. The observations illustrated during the quantitative analysis phase were used to inform the structure and content of the interviews in the subsequent phase.

## Interview design

Qualitative data was collected through interviews with service providers to further explore supports provided and identify the enablers and barriers to service delivery. The team undertook 13 interviews with 14 participants, representing a total of 10 organisations. A semi-structured interview schedule (Appendix 3) was designed to explore a range of issues including:

- **Organisational profile** including types of support provided to male victim-survivors, methods of delivery, service location(s).
- **The service user journey** including how services are accessed, eligibility and the needs and issues experienced by male victim-survivors including specific needs of minoritised and marginalised groups.
- **The benefits and outcomes** for male victim-survivors in accessing support.
- **Organisational capacity** to deliver support to male victim-survivors, including exploration of the barriers and enablers to service delivery.
- **Reflections on existing service provision** including strengths, weaknesses and gaps and recommendations for service improvement.

## Analysis

All interviews and focus groups were audio recorded, and Microsoft AI transcription software was used to assist with transcription. The team employed a deductive approach to coding and theming the data collected from interviews whereby a structured analysis framework was developed in advance of interviews, informed by the questions in the interview schedule and the overall objectives for the mapping exercise. After each interview, the interviewer would complete the analysis framework with detailed notes and include illustrative quotes from the interviewee.

The synthesis and write up of the findings from the qualitative data was initially written by one author and followed by an exercise where all three team members involved in data collection came together to discuss the analysis and agree the findings. Subsequent to this data validation exercise, themes and sub-themes were further refined and incorporated into the written analysis by a second author.

## Chapter 3: Desk-based review of existing services

This section sets out our findings from a desk-based review of existing service provision for adult and child male victim-survivors of domestic and/or sexual abuse (DSA) in Northern Ireland. It provides a high-level overview of key services and supports across the statutory and community and voluntary sectors.

The services and supports included here were identified in consultation with CVOCO and a number of online searches and were further informed by data emerging from our engagement with service providers (i.e. where services mentioned other providers in interviews).

The service information outlined below and in supplementary tables in Appendix 1 was sourced via a desk-based review of information available online<sup>2</sup> and for some services, direct telephone enquiries to clarify information. Where possible, the information presented is further supplemented by information gleaned from our engagement with service providers as part of our qualitative data collection for the review.

### Dedicated support for male victim-survivors of domestic abuse

There are only two dedicated organisations providing support to male victims of domestic violence in Northern Ireland, the Men's Advisory Project (MAP NI) and Men's Alliance. Both organisations are community and voluntary sector organisations, with Men's Alliance being founded and delivered by men who are themselves victim-survivors of domestic abuse. Additionally, men in Northern Ireland can access support via the UK-wide Men's Advice Line. Men's Action Network (MAN), a Derry/Londonderry-based mental health charity which had been providing support to men in the North-West area for nearly 30 years had to suspend its services due to a lack of funding in September 2024. The support provided by MAN included projects specifically supporting male victims of domestic, sexual abuse, violence and coercive control (Men's Action Network, 2023).

### Non-gender specific domestic abuse services

The desk-based review and our engagement with service providers identified a range of generic domestic abuse services that can be availed of by victim-survivors irrespective of their gender. This includes services provided by each of the five Health and Social Care Trusts (HSCTs), the National Domestic and Sexual Abuse Helpline delivered by Nexus and a local domestic abuse support service based in Carrickfergus.

### Support for LGBTQ+ victim-survivors of abuse

A range of services provided by the Rainbow Project and Cara Friend could be accessed by LGBTQ+ victims-survivors of abuse. Supports include counselling, advocacy support, youth services and peer-led initiatives. None of the supports identified were specifically designed to support victim-survivors. Speaking with the Rainbow Project, we are aware of a former service for LGBTQ+ victim-survivors that was delivered in partnership with Cara Friend that closed due to lack of funding to sustain the service. LGBTQ+ service providers in NI recognise this lack of specialist support is a significant gap for the community, and there are a number of organisations working together with the aim of securing additional funding to develop and deliver a similar service.

<sup>2</sup> Information presented in this section is reliant upon service websites being up to date to accurately reflect services and supports currently provided. Searches performed between 14/05/25 – 22/05/25.

### Support for children and young people who are victim-survivors of abuse

Services for male victim-survivors under the age of 18 are primarily delivered through local health and social care trusts (including family intervention social work teams, specialist therapeutic interventions and sexual health services) and large community and voluntary sector organisations such as Women's Aid, NSPCC and Barnardo's. Supports provided in the C&V sector range from 1:1 supports, preventative education workshops and court accompaniment through to therapeutic and specialist supports services for child victim-survivors of sexual abuse, including child sexual exploitation and human trafficking. Very few services are 'open access' with most requiring a referral from a healthcare or social work professional.

### Support for older victim-survivors of abuse

Our desk-based review and engagement with service providers identified only one organisation – Hourglass – that provides support specifically to older male victim-survivors of abuse (aged 60+). Hourglass is a UK-wide charity which advocates on behalf of and provides support to older victim-survivors of abuse. The limited services and supports for older people is consistent with findings from a recent report published in 2024 by the Commissioner for Older People for Northern Ireland which identified significant gaps in service for older victim-survivors, including limited understanding of their needs and less representation in services on offer in Northern Ireland (Commissioner for Older People for Northern Ireland, 2024).

### Support for ethnic minorities

The review identified two National UK-wide charities working to support black and minority ethnic communities in Northern Ireland. This included Migrant Help UK, which provides specialist support and accommodation regionally across Northern Ireland to adult victim-survivors and their families of modern slavery and human trafficking. The review also identified two helplines – one delivered by Migrant Help for asylum seekers and the Modern Slavery and Exploitation Helpline delivered by the UK charity Unseen.

### Specialist support for male victims of sexual abuse

The desk-based review identified a small number of specialist supports for male victims of sexual abuse including medical care and emotional support from the Regional Sexual Assault Referral Centre (SARC), therapeutic and counselling supports provided by Nexus and for adult victim-survivors of Historical Institutional Abuse, a range of health and wellbeing supports delivered by Wave Trauma Centre.

### Generic services and supports

Our desk-based review and data collection also uncovered a range of generic services and supports which male victim-survivors may access. These can be divided into the following categories: i) Crisis intervention, ii) Social support, iii) Parenting and family support and iv) Justice.

### **Crisis intervention**

A number of the organisational websites that were screened as part of the review included sections on their website signposting male victim-survivors to external supports. In addition to the regional Domestic and Sexual Abuse Helpline, Emergency Services, Lifeline and the Samaritans were frequently cited sources of support that male victim-survivors could access in times of crisis.

### **Social support**

The Men's Shed Network was identified as a potential source of social support for adult male victim-survivors of abuse. Stakeholders who engaged in interviews described Men's Sheds as a mechanism of peer support that tended to be accessed by older men of retirement age. Activities differ depending on location however most offer woodwork, gardening and community work. There are approximately 110 Men's Sheds known to be operating throughout Northern Ireland<sup>3</sup>. Engagement over the phone with a small number of Men's Sheds (n=4) as part of this initial scoping exercise indicated that sheds are managed independently by volunteers and funding arrangements tend to vary significantly from one shed to another depending on a range of income generation activities and capacity to apply for, manage and oversee funding opportunities such as grants.

### **Parenting and family support**

The desk-based review identified some relevant family services and supports which although not specifically designed to support male victim-survivors of abuse, in dealing with family relationships, these services are likely to come into contact with and provide support to both adult and child victim-survivors of abuse. Services identified in this category include Parenting Focus, Relate and Family Mediation. While these services are not specialist services for victim-survivors of abuse, in building a relationship with and providing support to men and boys, they may be a 'safe space' to disclose abuse and an important mechanism through which victim-survivors access emotional support, validation and signposting/onward referral to specialist supports.

### **Justice**

Two specialist services providing support in the justice sector were identified in the service mapping: Victim Support NI and ASSIST NI. Victim Support NI provides emotional and practical support to victim-survivors whether or not it has been reported as a crime and regardless of how long ago the crime has taken place. For ASSIST NI however, their remit involves providing advice, guidance and support to assist victim-survivors to navigate the complexities of the criminal justice system and as such, to be eligible for support, those accessing the service are required to have reported their experience of abuse and be engaged with the criminal justice system. ASSIST NI staff are working towards accredited qualifications to specialise in providing advocacy support to victim-survivors of domestic violence, sexual violence and stalking.

<sup>3</sup> Groundwork. (n.d.). Men's Sheds FAQ. Retrieved May 27, 2025, from <https://www.groundwork.org.uk/mens-sheds/faq/>

## Summary and implications for the mapping exercise

As noted in Chapter 2, the findings from the desk-based review were used to inform the review team's approach to participant recruitment. In addition, it provided some additional insights. These included:

- Echoing findings from the literature, our desk-based review reveals only a small number of services and support that are specifically designed to provide specialist support to victim-survivors and even fewer that provide target support to men and boys.
- Consistent with gaps identified in existing literature for Northern Ireland, there are no male refuges or specialist accommodation services for men who are victim-survivors of DSA.
- Helplines and remote support are typical, with face-to-face provision often an option in only certain areas and typically towns and cities that are more densely populated.

While a small number of organisations provide information online about support pathways and what to expect when accessing support, most provide scant information, rendering this exercise time consuming and likely only representing a partial picture of service provision.

## Chapter 4: Survey findings

This section presents an overview of key findings to emerge from the analysis of the survey data. It outlines a high-level overview of respondent organisational profiles, the supports provided to male victim-survivors of DSA, as well as an overview of financial information and perceptions of capacity to deliver support to male victim-survivors in Northern Ireland.

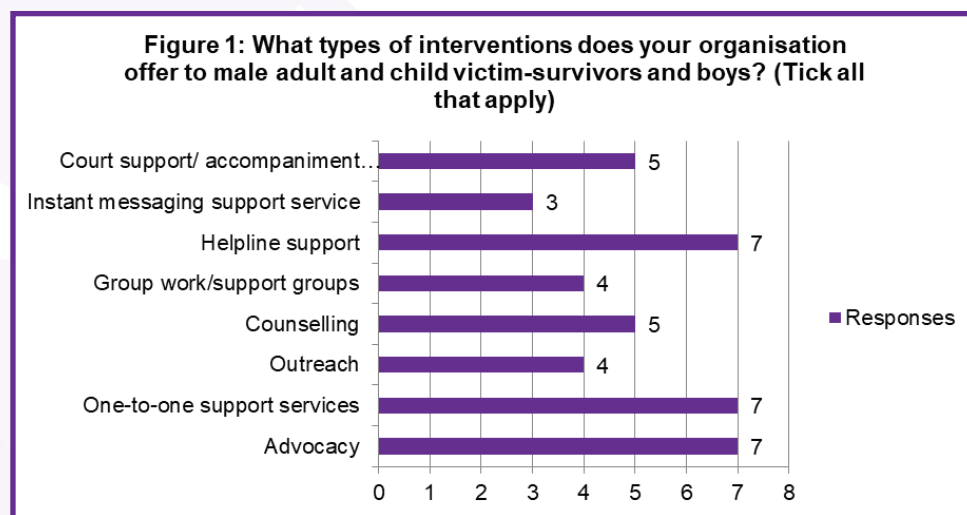
### Profile of respondents

In total, 11 organisations out of a total of 27 who were invited responded to the survey, indicating a 40.7% response rate.

Of these, 9 respondents indicated that they worked within the community and voluntary sector, with many organisations also situating themselves in the criminal justice sector (n=6) and/or the health and social care (n=7) and housing (n=1) sectors. It is likely that the organisations were constitutionally located in the community and voluntary sector and their work involved considerable engagement across sectors.

### What supports are provided to male victim-survivors of DSA?

Almost all of the respondents (n=10) indicated that their organisations work with men over the age of 18. The majority of these organisations also work with mixed gender groups (n=8). Four organisations indicated that they did not provide support to male children under the age of 18.



A range of supports were outlined, with many organisations indicating that they provided support across a number of these (see fig. 1). The most common types of supports indicated include helpline support, one to one support and advocacy services (n=7). These appeared to be common across settings, including in criminal justice, social care and educational settings.



## Where are services and supports located?

A majority of respondents indicated that they provided regional coverage via a network of physical premises and satellite offices and/or in partnership with other local community organisations. The remaining covered large geographical areas/served densely populated areas (e.g., Belfast, Ballymena and Derry/Londonderry) but did not offer support throughout Northern Ireland. In general, the areas where cover was cited tended to be in the larger towns and cities. Note that these findings are limited by the responses received, in particular small local organisations may have been under-represented.

Respondents were asked to identify the range of environments within which support is provided to victim-survivors accessing their service. These clustered into three broad groups. Most common was the community. This included a range of settings outside of the family home, and environments where service users could access support. The majority of organisations (n=10) also indicated that they provided online or telephone support. Services were not asked to differentiate between the environments within which support is provided to women/girls and men/boys.

## Financial sustainability

Funding appeared to come from a range of sources. These included government departments and statutory agencies (n=7) charitable grants (n=4); tenders (n=1); donors (n=1), and from self-generated activities (n=3).

When asked about how many years of secure funding remain for supporting male victims of domestic abuse, responses ranged from one to three years, with the average being 18 months. This reflects the financial insecurity of the community and voluntary sector which made up a substantial proportion of respondents (9 out of 11). Working with more victims did not appear to provide a buffer or ensure longer-term funding. Even those providing a greater level of service were equally likely to report short-term funding arrangements.

## Capacity to provide support

When asked if they felt available funding was sufficient to meet the demand for service for men, 4 respondents answered 'yes' and 5 answered 'no'. Despite implied concerns around funding and the sustainability of resources required to undertake delivery of services, most organisations (n=8) reported that at this moment they were able to offer services to victim-survivors of abuse with no waiting time. One organisation indicated an approximate wait time of 2 weeks to one month and another between one and three months. No respondents indicated a wait time of over three months to access their service.

We explored the extent to which translation services were embedded into organisations in order to understand and respond to the needs of individuals for whom English is not their first language. Only one organisation indicated that they were in a position to offer translation services internally. That said, just over two-thirds (n=8) indicated that they could access such services via external partnerships.



## Summary and implications for the mapping exercise

While there are findings that provide some insights in the impact of funding constraints on the DSA support sector elsewhere in the report, data provided by respondents to the survey was limited and, in some cases, incomplete. In addition, the limited survey sample size reduced the validity and reliability of the quantitative data. This meant the data was inconclusive and prevented any definitive assertions about the financial sustainability of the DSA support sector.

Despite these significant limitations, the survey did provide an overview of service provision, highlighting key trends, potential gaps, and areas that warranted further exploration. To explore these findings in greater depth, qualitative interviews were carried out with service providers. The survey results informed the design of the interview questions, allowing the mapping exercise to move beyond surface-level data and gain a deeper understanding.

## Chapter 5: Interview findings

The team undertook 13 interviews with 14 participants, representing a total of 10 organisations. This section provides an overview of key themes that emerged from analysis of the interview data. The findings are organised under eight overarching themes relating to i) accessing services and support ii) needs and issues experienced by male victim-survivors of abuse iii) barriers for male victim-survivors in accessing support iv) motivations for accessing support v) benefits and outcomes of accessing support services vi) barriers and enablers for service providers in delivering support vii) strengths and weaknesses of current provision and viii) participants' recommendations for service improvement.

Each theme begins with a brief overview of the sub-themes that emerged during analysis and a summary of key findings before providing a more detailed analysis with supporting quotes.

### Accessing services and support

There were a number of themes identified in the data that related to how male victim-survivors access services and supports. This section outlines the key issues and themes which relate to service user access and are presented under the following sub themes: i) Referral pathways, ii) The service user journey and iii) Duration of support.

#### Summary of findings

- Service users present to services, at any stage in their life and healing journey, with various interconnected needs.
- The majority of organisations provide general support to all abuse victim-survivors, while a few focus exclusively on male victim-survivors. Some organisations offer more general social supports and others provide specialist support, for example to older men.
- Men access services in a variety of ways. This includes self-referral or referral by a “concerned other” such as a professional, family or friends.
- Organisational websites are important sources of information, advice and support for male victim-survivors, particularly when access to support is needed out-of-hours.
- The typical service user journey varies but for adults it tends to involve initial contact to explore suitability of the service and share details of support offered, followed by a more in-depth assessment of need and provision of needs-led support. This is similar for boys, with a key difference being the level of parental involvement, which tends to be higher for younger children.
- There is variation regarding the length of time a case remains open for ongoing support and policies regarding re-referrals, with organisations striving to provide a continuum of support, particularly if a service user is engaged with the criminal justice system.

## Referral pathways

All services that participated in interviews are free to access. Victim-survivors can access support in a variety of ways including via self-referral (often online or via telephone/helpline). Referrals are also received via “concerned others” which can include family, friends and professionals including healthcare professionals, the Police Service of Northern Ireland (PSNI) and the Multi-Agency Risk Assessment Conference (MARAC) process. A few organisations described triaging their referrals in relation to the level of need. Some organisations reflected that in situations where the referrer is a professional, family member or friend, they often ask the referrer to encourage the victim-survivor to make the initial contact with the support service.

*“[We] encourage the men themselves to make the call. Obviously if we can empower them to take that first step, then the support following that is a lot easier.” (Service 2)*

*“The majority of referrals come directly from the Police Service of Northern Ireland (PSNI) daily, based on agreed criteria for acute and exceptional need victims of domestic or sexually motivated offences.” (Service 5)*

The online space was identified by many participants as a key mechanism through which men can access support. Organisational websites were often described as a source of support in themselves in providing information, advice and signposting to male victim-survivors. For example, organisations described carefully designing their website to respond to service user needs, including frequently asked questions (FAQs), legal fact sheets and signposting to further supports.

*“Specifically [the website] [is] set up in a way that tries to respond to people’s questions outside of the helpline hours.” (Service 3)*

Most organisations have a self-referral form on the website. One participant felt that having an online referral form makes it that bit easier for victim-survivors to reach out for support as they have the time, space, and privacy to reach out and disclose their abuse.

*“I know for myself, I’m probably more likely to refer myself in and have somebody call me rather than have the courage to pick up the phone and have that initial chat.” (Service 7)*

For one organisation providing support to older male victim-survivors of abuse, they reflected that in addition to the information on their website, they try to raise awareness of the support they provide via other age-related organisations and groups, having a presence at community or regional pop-up events and through the use of newspaper ads.

Organisations tended to have slightly differing eligibility criteria because of their target service user i.e. parents or older people or age range. Of the ten participating organisations, six were adult only services, four provided support to both adults and children and one provided support to boys who are victim-survivors of domestic abuse if they had a parent currently or previously linked in with the service for support. Most participating organisations provided support to people of all genders, however three were services providing targeted support to men.

## The service user journey

The organisations who participated in interviews described providing support to a wide range of men and boys. For example, some services provide support to men aged 60 and above, while others provide support to all men above the age of 18, as detailed in the previous chapter. Only a few participants (n=3) provide support to boys under the age of 18 with one service providing support to boys from the age of 8 upwards.

The typical journey of a service user appeared to differ depending on their age. For adults, the journey described by participants typically involved initial contact to explore needs, issues and support required to help the service assess whether they are best placed to provide support. Where a provider does not feel the referral is appropriate for their service, participants described signposting to alternative more appropriate supports. In cases where the victim-survivor is actively suicidal or currently affected by substance misuse for example, one participant reported that it was not appropriate to engage them in trauma counselling:

*“Somebody that’s actively suicidal, with a very recent attempt on their life, we would sensitively explain to them that if you’re actively suicidal or actively self-harming, that it wouldn’t be advisable for us to go into trauma counselling with you because...if you’re starting to move into talking about what happened, you’re going to be heightened. It would have really adverse consequences, because the person will not be in a good place and potentially hurt themselves. So that would be a big factor. Also, what we would look at is substance misuse...we may ask that you work with an addiction charity or services to get that in a more manageable place...”*

**(Service 7)**

If after assessment, the referral is accepted, providers described further follow up to discuss with the service user the supports that can be offered and explore what outcomes they would like to achieve.

*“We try give them options. We have male and female counsellors. So maybe if a man prefers to be with female counsellor, because perhaps the abuser was a man. They might feel more comfortable and vice versa. So, we take that into consideration as well, and very much ensuring that their journey is as trauma-informed as possible.”* **(Service 7)**

*“...we’d make initial contact with the client and discuss the options and what that support would look like... We’d be looking at what are the specific kind of outcomes that we can support the client to achieve. So, whether that’s supporting them [with] injunctions, or supporting them through their criminal justice process...looking at what are their housing options, all of those kind of things...”* **(Service 1)**

Of the few participating organisations that provided support to children and young people, they described a similar approach of exploring needs, issues and goals for the support, with the key difference being that children did not self-refer to support and were often initially engaged through referrals from professionals or a parent. In addition, parental involvement was a key theme to emerge from these discussions, with service providers reflecting on the importance of sensitively managing confidentiality of the child’s sessions in order to build trust with the child or young person.

*... in the first appointment, we would explain to [the parent/guardian] around confidentiality... We want to build a relationship with the child or young person that they feel safe to talk about whatever it is they need to speak about...” (Service 7)*

Noting our small sample, the level of parental involvement appeared to be related to the child’s age, with one provider describing teenagers’ capacity to access support with a greater degree of independence, which they reflected was key to ensuring the support was centred on the needs of the young person.

*“Sometimes, you would have parents that would be struggling, and they would say, can you work on this...or I’m really struggling with this and that, but I find that that always gets in the way... [Parents] become focused on what they need from it, rather than what the teenager’s needs, and then that kind of clouds the experience.” (Service 9)*

## Duration of support

There was variation across the sample regarding how long cases remained open for. Some described a flexible timeline, informed by the needs of the service user, while others described a set number of sessions. Most organisations had the capacity to extend support, or alternatively offer some form of aftercare support, provide an onward referral or signpost to additional suitable service.

Some organisations will support victim-survivors through ongoing criminal processes. In these cases, organisations seek to avoid disruption to the provision of support so that an individual receives a continuum of support while navigating the criminal justice system.

*“So, at some point it’s appropriate that that person is passed appropriately and safely in a trauma informed way to a new service, or into their own survivorship. However, that shouldn’t be taking place in my professional opinion, at any point within that complex criminal justice process...the advocates role is to be the golden thread that remains.” (Service 5)*

There was some variation in how services managed re-referrals. Some organisations allow for service users to self-refer as needed, and some described offering flexible and informal sources of supports, such as online peer support groups which people could “drop in and out” as and when required.

Some organisations however, due to funding constraints, could only offer a limited number of sessions and were unable to extend support or accept re-referrals to the service, unless there had been another incident of abuse.

*“They are not allowed to refer [again] unless there has been another incident within a year and that’s stipulated by the funders.” (Service 7)*

## Needs and issues experienced by male victim-survivors of abuse

Participants identified a range of needs and issues experienced by male victim-survivors of abuse. This section provides an overview and presents findings under the following sub-themes: i) the needs of male victim-survivors, ii) intersectionality iii) barriers for male victim-survivors in accessing support and iv) motivations for seeking support.

### Summary of findings

#### The needs and issues

- Services described supporting men and boys affected by a range of sexual traumas including childhood sexual abuse (CSA), familial sexual abuse, institutional abuse, domestic abuse and coercive control.
- Male victim-survivors of abuse need:
  - A non-judgement supportive ear and validation
  - Support to understand what constitutes abuse
  - Emotional support in managing a complex range of emotions, including issues related to a sense of lost masculinity and for some, sexual identity
  - Support around concerns such as homelessness, debt and finances, and immigration
  - Information about their rights and support navigating the legal system
- There is a gap in this review relating to the specific needs of boys under 18, however a strong theme to emerge was that male victim-survivors of all ages benefit from a safe space to speak about their experiences.

#### Intersectionality

- There is a gap in this review relating to the specific needs and barriers faced by marginalised communities, particularly LGBTQ+ and ethnic minorities.
- LGBTQ+ individuals need culturally competent support and access to spaces that are inclusive of their identities, particularly those who may not feel welcome in heteronormative and cisgendered services and spaces.
- Asylum seekers and refugees may need support to manage complex trauma. Immigration status can be used as a means of control. Migrants and people from non-western cultures may experience additional complexity owing to feelings of shame, loss of honour and isolation from family.
- Older men experience additional vulnerabilities that place them at higher risk of abuse, such as decreased mobility and mental capacity. Older LGBTQ+ men can be distrustful of services and professionals such as police or medical professionals.

#### Barriers for male victim-survivors accessing support

- Societal perceptions and gender biases which render male victim-survivors “invisible”.
- Shame, stigma and perceived loss of ‘masculinity’.
- Concerns relating to anonymity and preferences for certain genders of persons providing support.
- Structural barriers: this includes poverty and lack of transportation.
- Lack of services that offer tailored supports to men.

#### Motivations for seeking support

Men are prompted to seek support for a range of reasons, including life events, periods of emotional crisis, encouragement from a current partner and/or a desire for support to manage the impact of the trauma on day-to-day life.



## The needs of male victim-survivors

Participants noted that male victim-survivors of abuse presenting to services have various, complex and interconnected support needs. Reflecting on the complex needs and experiences of victim-survivors, one service provider noted:

*“There’s a lot of complexity behind male [experiences of] violence that is creating additional barriers...the timeliness of the justice process, the complexities of the justice process, inadequate engagement with just being let down repeatedly previously...They will face all the same complexities, like mental health, or drug addiction, or alcohol addiction, or instability in stable housing; all of the things that any victim would face...” (Service 8)*

For one organisation providing specialist support to victim-survivors of sexual abuse, they observed that men are more likely to access trauma support later in life. This organisation reflected that a majority of the men accessing their service have suffered childhood sexual abuse (CSA) or institutional abuse. They may have been encouraged to seek support from a supportive person in their lives, or a recent life event may have encouraged them to reach out i.e. the death of the abuser.

*“...There would be a high proportion...of male victims where childhood sexual abuse would be their primary reason for referral... more so than adult abuse. Either the perpetrator has died, or maybe the perpetrator has been exposed by other victims. Maybe there’s been a breakdown in their own marriage or there’s been some kind of life event, their own health, maybe their children growing up... So, there’ll be a trigger for male victims to come forward.” (Service 7)*

*“We don’t notice that men often are asking for ongoing counselling or therapeutic support. That seems to come a bit later, or it might be for those groups of people that have actually endured quite long history of domestic abuse, and it’s really had an impact on their mental health...” (Service 3)*

Alternatively, they may have been experiencing an abusive relationship, including coercive control within their adult life for a sustained period of time. They seek support around the lasting impact of the abuse they have endured. For example, as a result of the abuse, they may have developed an unhealthy relationship with alcohol as a coping mechanism or wish to improve family relationships.

*“Usually, they’ve gone on and had families, or they have gone on and they can’t cope. So, it’s usually around coping mechanisms or their behaviours...So, for instance...it would be around the relationship they have with their families, isolation and...unhealthy coping mechanisms like alcohol or, drugs.” (Service 7)*

Men need a supportive and non-judgemental ear to hear their story and validate their experience. Many organisations reported that men don’t always recognise themselves as having experienced abuse. Some men may have experienced abuse in their formative years which may make them more vulnerable to abusive relationships as adults.

*“Men come with a whole variety of different issues, but often then it would have transpired that they would have mentioned their relationships in some bits in summit, and I suppose we could identify that it’s often been abusive or that they’ve been a victim of domestic violence or sexual abuse. What often happened, because of the historic abuses, is that they were very vulnerable and went on to have been abused in adult life, or within their married life, sometimes being victims of coercive control as well.” (Service 6)*

There was a sense from participants that men are often seeking confirmation or affirmation that what they have experienced is in fact abusive.

*“...Primarily what a lot of these guys need whenever they come to us is just somebody to listen to and believe them. Yes, they do need advice, because huge majority of the guys...have absolutely zero experience of legal or being in court, having to go to police...being involved with social services and social workers...so it’s about help and support and belief.” (Service 4)*

One participant commented on the importance of men being able to trust the service.

*“A relationship is built on the pace of trust...for some men it may take 6 months. For other men, it may take 6 weeks. It depends on who you’re talking with.” (Service 2)*

Men need support in managing the complex wave of feelings they experience in the aftermath of abuse. This includes support around poor mental health, low confidence, anger, concerns around housing and homelessness, debt and finances, grieving the loss of the relationship, loneliness and isolation, and coming to terms with the fact they were in an abusive relationship. One organisation identified that the first two years post-separation is a very emotional, vulnerable period.

*“They lack psychological support, because they’re living single, maybe isolation, loneliness, and then a fear of talking about it, because other people simply judge them.” (Service 2)*

*“He will be going through the whole period of grieving for the loss of his relationship and his life. Then he’s dealing with a whole number of emotions, from anger, right through to depression.” (Service 2)*

*“Some of the common areas that people will talk about is housing and homelessness. People are concerned about debt and financial worries, access to children, immigration, mental health. They’re the dominant areas of need.” (Service 3)*

Participants reflected that men need support to access information about their rights. This includes pursuing legal action and navigating court and legal processes in relation to access to their children. If they are not yet ready to leave the relationship or situation, men need support and information to explore their options. This includes what happens if they choose to separate from their partner, for example how they might access housing and maintain contact with children.



*“...What people often want to know is where do I go to get help and support? What are my rights? How do I come out of the situation that I’m in so I can move forward...” (Service 3)*

*“The full remit... everything from housing, legal advice, social worker advice, financial, like they might literally have been put out on the street with the clothes that they have on.” (Service 4)*

A key theme to emerge from the data is the need for men to have access to support around their sense of worth and perceived ‘loss’ of masculinity. Participants reflected that male victim-survivors of abuse can struggle with their self-worth as a ‘man’ who has experienced domestic or sexual abuse.

*“So, I suppose it would be a lot of navigating around how they see themselves, how they see themselves in the world, their role as a man, potentially their role in the family home or the relationship that they’re in. Their sexuality would be a big one as well. Then dealing with massively around anger and emotions and their behaviours as well and how they process that.” (Service 7)*

For male victim-survivors of sexual abuse perpetrated by another male, one provider acknowledged that for some, this can represent a further loss of masculinity.

*“The impact on their mental health and sense of worth and I suppose hugely around their sense of masculinity, especially if the perpetrator was male as well. There’s a huge, huge aspect around sexual abuse by another man...you have that additional dynamic when it’s a male victim...Their whole sense of masculinity and strength is a big aspect for male victims.” (Service 7)*

As noted earlier, our small sample and limited representation from services providing support to children mean we have limited data regarding the specific needs of male child victim-survivors of abuse. One participant however expressed the view that there was little difference between male and female child victim-survivors of domestic abuse and that all require a safe space to share their experiences.

*“I don’t see a big difference in what [boys] need and what the girls need...there’s nothing that really stands out...[it’s] [about] a safe space to be able to open up.” (Service 9)*

However, they went on to further describe that some male teenagers may carry an anxiety around entering into romantic relationships and perpetrating the same abusive behaviour that they experienced in the home.

*“Some of [the teenage boys] maybe struggle with trying to understand it and some of them would maybe worry that they’re going to turn out the same and for that reason, they take a step back and they’re a bit more worried about getting into relationships and stuff, because they just think because their daddy is like that, that that means that they’re going to be like that.” (Service 9)*

## Intersectionality

There is a distinct gap in this mapping exercise that relates to the views of organisations that provide specialist support for victim-survivors of domestic and sexual abuse from LGBTQ+ and minority ethnic communities. Only one service provider that participated in the review provided specialist support to the LGBTQ+ community.

Despite the lack of representation, many participants shared their perception of the additional needs and challenges for minority groups. These minority groups included LGBTQ+ individuals, ethnic minorities, asylum seekers and older men. Organisations acknowledged the unique needs and stark barriers that these groups face due to their intersecting identities.

*“I think there’s so many different groups of people that we could speak about and all of their needs, but...if straight men, in heterosexual relationships, that are able-bodied, not subject to immigration control, are struggling to get the help and support they need, I mean all the other groups are really, really struggling to get what they need.” (Service 3)*

## LGBTQ+ community

One organisation reported to have LGBTQ+ champions and an advocate specialising in supporting ethnic minorities within their service to meet the needs of and be cognisant of the barriers for minoritised communities. Another highlighted the need for more staff education and awareness around LGBTQ+ issues, particularly those impacting transgender people. They reflected that frontline practitioners need to be better equipped with the skills and knowledge to support LGBTQ+ victim-survivors and to actively encourage people from marginalised communities to access their service.

*“Even on our website, we have the flag on it. We try, though I think we have an onus, a responsibility, and more work to try and encourage people from marginalised groups to come forward and use our service.” (Service 7)*

Similarly, an LGBTQ+ organisation reflected that LGBTQ+ identity and how it intersects with an individual’s experience of abuse needs to be understood for services to be able to provide “holistic support” (Service 10). They further emphasised that it is not enough for services to be welcoming and inclusive of all, but important that staff providing support are culturally competent to support people from the LGBTQ+ community.

LGBTQ+ people seeking support for sexual or domestic abuse can face additional challenges. The sexual abuse they experienced, may lead them to question their own sexuality. They may not have come to terms with their sexual or gender identity or feel comfortable for this to be widely known. LGBTQ+ people may also fear not being believed. The perpetrator of the abuse may threaten to ‘out’ their sexual or gender identity, which prevents the victim-survivor from seeking support.

*“...there are additional barriers in so far as people might not have come out... They may be querying it because of the abuse. Maybe they think or are worried that they are whatever sexuality...” (Service 7)*

An LGBTQ+ organisation reflected that the LGBTQ+ community in Northern Ireland can experience difficulties trusting police and that many within the community have reported being “retraumatised” when reporting abuse due to experiencing a dismissive approach and not being perceived by police as a victim (Service 10).

### **Ethnic minorities**

Some providers reflected on the unique needs and experiences of asylum seekers and refugees. One organisation for example, reflected that asylum seekers with “unsettled status” may experience additional challenges accessing support (Service 5).

Coming from countries and places where there is war and conflict, these victim-survivors were described as presenting with complex trauma often resulting from multiple incidents of sexual violence.

*“Asylum seekers that’ll come forward for support, it’s multiple incidents of rape and sexual assault, more so than people maybe that have resided their whole life in Northern Ireland. There’s definitely a higher level of violence and incidents...” (Service 7)*

Shame and concern for honour were identified as considerable cultural barriers for certain ethnic groups in disclosing their experience of abuse.

*“Shame and honour dynamics for certain minority ethnic communities - but we don’t really have the data for an understanding around minority ethnic needs.” (Service 1)*

Additionally, one service reflected that migrants may have their immigration status used against them as a means of control and experience heightened vulnerability due to social/ familial isolation. This can be exacerbated if they are also a member of the LGBTQ+ community and from a country where this isn’t acceptable or legal.

*“Lots of ethnic minorities, men who were migrants, started to speak about how their immigration status was being weaponised, passports were being removed. People were forced into work that they weren’t particularly happy to fulfil, and all of their income was being taken from them. This overall threat of deportation was consistent... Some of those migrant men that we spoke to were men in same sex relationships, who may have come from a different country to join their partners and therefore are completely reliant on the abusive partner and maybe coming from countries where gay relationships are not accepted. Therefore, there is no possibility of returning or having support from family and friends overseas. So, the level of isolation and multiple barriers around their own personal identity and sexuality, and maybe not being out, or living in a country where you wouldn’t speak to authorities and the police for support; all of those start to come into play and compound the experiences for that individual.” (Service 3)*

## Older men

| *“Age in general and ideas of vulnerability can be an additional need.” (Service 1)*

Older men were described as having increased risk factors which makes them more vulnerable to experiencing domestic abuse. Aging can bring about additional vulnerabilities including reduced mental capacity, and decreased mobility, which may mean that the person requires high levels of care. Oftentimes the perpetrator of the abuse can be the person with care-giving responsibilities.

Older men from the LGBTQ+ community may have memories of criminalisation of homosexuality. This can contribute to distrust of police and health services and discourage them from seeking support from other services.

| *“...a lack of trust of the police or health services...there’s a fear still for some older men who are gay or bisexual or trans around that.” (Service 1)*

## Barriers for male victim-survivors accessing support

A key theme to emerge from our data is that men and boys face multiple barriers to disclosure and seeking help for the abuse they have experienced.

All participants discussed gender norms and the impact of masculine ideals as being a significant barrier to men and boys getting the support they need. Many noted that male experiences of domestic and sexual abuse are not visible and the pervasive notion that domestic and sexual abuse does not happen to men discourages them from coming forward and disclosing their abuse.

| *“There is a huge lack of understanding around their place in this and sort of a delegitimization... across the Four Nations of men as being legitimate victims...There’s a preconceived notion that victim-survivors are generally white women, aged probably between 18 and 35, and then other victim-survivor groups or communities are excluded, made invisible and marginalised.” (Service 1)*

| *“I think that’s the first barrier in a general sense... that public perception of male victims as being victims of domestic violence. It’s still not widely talked about in Northern Ireland. It’s still very, very much a taboo issue.” (Service 8)*

Furthermore, many participants acknowledged that men often have a hard time recognising their experience as in fact abusive and do not recognise themselves as a victim. They described men experiencing fear they will not be believed or discredited and anticipating that their account will be delegitimised, and that they may in turn be viewed as the aggressor or the perpetrator of abuse.

| *“A lot of men still believe that it’s females that are victims.” (Service 2)*

*“Male victims of sexual violence may experience bias at every stage of the justice process, with their experiences potentially being minimised.” (Service 5)*

Additionally, one participant reflected that victim-survivors of sexual abuse may not seek support because they lack understanding around what constitutes abuse. For example, emerging forms of abuse such as image-based sexual assault (IBSA). They may have also internalised shame and believe that they are somehow to blame for the abuse they experienced.

These barriers appeared to contribute to a sense of isolation for male victim-survivors.

*“A lot of men still think they’re on their own with this stuff and it doesn’t happen to anybody else...There are still the huge barriers of will they be believed? Who can they go to talk to?” (Service 6)*

Some participants discussed that male victim-survivors often experience a deep shame and a personal sense of loss of masculinity. The fear of being viewed as ‘less of a man’ means that often they minimise their abuse and/or do not disclose their experience of abuse.

*“The identity of man is a really, really strong concept that we still need to do a lot of work around. So, a lot of men still find it hard to believe that they can experience violence and abuse, from a female partner in particular.” (Service 3)*

*“Men have the attitude that this doesn’t happen to other men. Why is it happening to me? This can’t be right. This can’t be domestic abuse. So, they’re not even accepting of the fact that they are being abused themselves.” (Service 4)*

One service identified concerns over anonymity as a barrier for men accessing support, particularly when considering involvement in groupwork.

*“I think Northern Ireland is a pretty small place, like you don’t have to go too far, or someone’s related to somebody, who knows somebody...Certainly when we ran groups in the past, anonymity and knowing who’s in the group is a big factor for people.” (Service 7)*

One participant described observing a shift in societal attitudes where younger men may find it easier to be open about their emotions because of an increasing focus on speaking up and accessing support for mental health.

*“Older men or men from certain generations that we deal with just don’t have sort of the capacity to talk or feel that they can be vulnerable about these things or that they should be, like that this was not even an option.... That again, sort of links back to ideas of shame and stigma... the stiff upper lip.” (Service 1)*

Additionally, older men who are victim-survivors can experience higher levels of social isolation and loneliness due to a loss of community spaces and the increasing use of digital and online spaces.

*“Isolation and loneliness as well, from especially older male victims...maybe your only community support is a church that you go to and that you don’t feel that you can then talk to them, but your family may have died, or passed away, or moved away to other parts...There’s a digital divide with internet access.... just general community third spaces that may not exist anymore...pubs closing, banks being moved away from the High Street...places where older people, older men could go and just have a chat and just feel that they’re not so isolated.”*

**(Service 1)**

Structural barriers, such as poverty and lack of transportation in rural areas were also identified as barriers to service access.

*“I think there’s an issue with the ruralness of Northern Ireland as well, and the fact many older people, especially male victims may struggle [with accessing services].”* **(Service 1)**

*“Obviously poverty is a huge risk factor, but also a limit to getting help and help seeking... parts of Northern Ireland are sort of some of the most deprived areas in the UK.”* **(Service 1)**

The lack of recognition around male victim-survivors of abuse was noted by many participants as contributing to the limited gender-sensitive service provision for male victims in Northern Ireland. Many noted that male victims may not see themselves reflected in services which are predominantly targeted or advertised towards women.

*“Men are not being seen...because of that, that means that support services then aren’t making provisions for men.”* **(Service 1)**

*“Lack of service provision and visibility of service provision. Some men have spoken about when they have come across services that will work with them, but the brand identity is heavily dominated by representation of women.”* **(Service 3)**

The lack of immediate response to men reaching out for support can be an additional barrier. Because of the complexities around men identifying their experience as abusive and seeking support, organisations describe that there is a ‘short window’ in which to engage men, before they are no longer open to receiving support and disengage.

*“I think if someone’s had the courage to pick up the phone or send an e-mail to ask for support and you missed that window of opportunity, that [openness to engage] closes very quickly for somebody. So, I think that responsiveness to male victims isn’t there.”* **(Service 7)**



Even when a man reaches out for support, they can experience barriers to accessing a service. Namely the time, space, and pace of trust-building that is required for a person to open up about their abusive experience. Organisations reported that men require time to engage in supports like counselling and speaking about emotions.

*“...There’s a lack of awareness of how long it takes.... There’s a lot more barriers for men. So, I think there needs to be appreciation of a slower build up to...encourage engagement.”*

**(Service 7)**

The gender of the person providing support can be a barrier for victim-survivors. For example, a person may stipulate that they have a gender preference for a counsellor or a translator. If a service is unable to accommodate this need, it may be distressing and create additional barriers to accessing support.

*“Quite often you’ll find that people will put down a preference that they only want a male or female counsellor...With our translation service...we have had a male translator turn up and the client was not happy. It just creates a barrier. We don’t want to create anymore distress. It’s hard enough, I think, to come to counselling.”* **(Service 7)**

## Motivations for accessing support

Very few organisations discussed the motivators or enablers for male victim-survivors in accessing support, however of the services that did, they offered some helpful insights which aligned to the findings in the wider literature. These included encouragement from a partner or concerned ‘other’ and reaching a point of crisis.

One service that provides support to victim-survivors of sexual abuse, for example, reflected that often men accessing the service have been prompted to seek support by a non-offending partner.

*“A lot of the time, men that come forward have been encouraged by a partner to do so, because the partner has been affected by how they are in day-to-day life. So, a lot of the time it’s ‘he’s told me to be here’ or ‘she told me to be here’.... So they’ll come to counselling, not always for themselves, but for the sake of their relationship...”* **(Service 7)**

Another service also described the role of ‘concerned others’ reflecting that approximately 50% of calls to their advice line come from professionals, family and friends that are concerned about a third party. In situations where the helpline feel they could provide direct support, they will often ask the concerned other to encourage the victim-survivor to reach out to the service directly.



There was a sense that men, due to the barriers they face in recognising and disclosing their abuse to access support, may wait until they reach a point of ‘crisis’ before asking for help, with one participant reflecting:

*“I’m a great believer that when a man has got to the point of reaching out for help, he needs it now. He doesn’t need it at the end of a waiting list, and that’s where we address... We will give those guys that immediate help and support that they need... we regularly get messages from guys from counsellors, from new wives or girlfriends saying... you saved this guy’s life because he didn’t know where to go, he was suicidal.” (Service 4)*

## Benefits and outcomes of accessing support services

Participating organisations identified a range of benefits and outcomes for male victim-survivors in accessing support.

### Summary of findings

- There are numerous benefits and positive outcomes reported for men accessing support. These include:
  - Provision of information and awareness of available supports
  - Access to a safe, supportive space to speak about their experience and their emotions
  - Belief, validation and affirmation
  - Reduction in shame
  - Increase in self-worth and confidence
  - Empowerment and renewed sense of control
  - Improvements in overall emotional well-being
  - Access to peer support and reduction in loneliness or isolation.
- Organisations were limited in the degree to which they could speak about the benefits and outcomes for male children. Those that did, identified the following outcomes and benefits:
  - Outlet to speak and access to trusted adult
  - Access to safe space
  - Assurance and validation
  - Emotional regulation.

Participants reported a range of benefits and outcomes for adult male victim-survivors having availed of supports. Reflecting our sample, there was less discussion about the benefits and outcomes for child victim-survivors.

Our findings suggest that a key benefit for victim-survivors in accessing support, particularly from helplines, is that they can access information about supports that are available to them and can be signposted to more specialist support if necessary.

*“One of the most powerful things that we do on the helpline is help people to understand this is what the law says, or this is what your rights might be, and these are the services where you can get free legal advice and information... Most men still think there are no provisions for male victims, so by letting them know that there are local provisions in their area, or if there isn’t a domestic abuse service, trying to think a bit more creatively about which of the grassroots organisations might be available and how they can work with them.” (Service 3)*

A primary outcome of support identified by participants is that men have access to a safe and supportive space in which they are encouraged to speak about their experience and share their emotions. They are equipped with the language to express emotions that they may struggle to verbalise.

*“Only when you create the spaces do you hear the stories... Our focus is always on creating the safe space to hear men’s lives and to try and let them explore an emotional language that allowed them to be able to speak from that.” (Service 6)*

A key finding to emerge was the importance of men being believed, particularly given the barriers men experience in coming to terms with their abuse and accepting that they have been abused. Participants reflected that support that was non-judgemental and affirming of their experiences would, over time, contribute to positive outcomes for male victim-survivors.

*“Initially there’s that kind of validation of emotions where you’re validating somebody’s feelings and emotions and saying it’s perfectly OK to feel that way. So, validation, which will therefore over time increase self-worth, self-belief, confidence...” (Service 7)*

*“By the time the guys get to the end of that first initial call, they’re feeling a lot better than they were at the start of it, because they know then there’s help and support and belief for them.” (Service 4)*

For men and boys exposed to sexual trauma, one organisation described a reduction in their sense of shame around having been abused and an increased sense of empowerment and control.

*“Reducing shame....Shame I think would be extremely high and prevalent in sexual abuse...it’s extremely massive for male victims because it’s back to that masculinity piece, their gender identity, their sexual orientation...So you’re really looking at the shame that they’re carrying and...that sense of responsibility that they somehow caused it, they allowed it...” (Service 7)*

Accessing peer support for male victim-survivors was reported to reduce feelings of isolation and loneliness. Through various forms of group work, men can make connections with other men who share similar experiences, growing their social support network.

*“Men and those identifying really making some really good bonds and meeting up with each other afterwards, or after group and swapping phone numbers.... So, they were able to build connections from that.” (Service 7)*

*“These guys know they’re all local guys that they’re talking to. They have local experiences of the services... they talk the same language basically and...they really want to, they’ll find somebody to go for a cup of coffee with them, you know, no problem with that.” (Service 4)*

One participant reflected on examples where, through accessing peer support, male victim-survivors had been supported to access secure housing, maintain employment and have improved family relationships.

*“We’ve seen numerous guys...that have gone through that journey and have come out the other end. Now their mental health has improved. Their housing situation has improved. Their job prospects have improved. They’re back in touch with their children and they have fantastic relationships with their kids.” (Service 4)*

For male child victim-survivors of domestic abuse, one participant reflected the importance of young people being reassured that the abuse is not their fault and that their feelings are valid. They further highlighted the benefits of having access to support from a trusted adult outside the home.

*“Someone to talk to that’s outside their house, because a lot of the young people don’t... They could be really close to their mum, but they don’t want to worry her or add to what she’s dealing with herself.” (Service 9)*

Some participants identified the importance of boys being supported to regulate their emotions and learn healthy mechanisms to cope with their trauma.

*“... men will usually shut down, and a lot of their coping will be external. So, you find that a lot of males will externally display their emotions... we do see that in young people. So, you will see young boys and males lashing out, being quite aggressive, wrecking things, big outbursts of emotions.... So, it’s also just navigating that and looking at appropriateness of behaviour. Definitely I think it’s helping to try and rewire the brain with regards to the trauma and safely explore it in a nice contained safe environment.” (Service 7)*

*“It’s just helping them regulate what’s going on and helping them create space in their heads, so they can focus at school, so that they can actually just have fun with their friends, that they’re not consumed with all the stuff that’s going on... So, it’s just creating space for them to be able to deal with everyday life, exams, friendships. It’s helping them regulate all those feelings.” (Service 9)*

## Barriers and enablers for service providers in delivering support

There were also a number of barriers and enablers to emerge from the findings that relate to barriers and enablers for service providers in delivering support to male victims of domestic and sexual abuse. These are presented below under the following sub-themes; i) organisational capacity to meet the needs of service users, ii) barriers for service delivery and iii) enablers for service delivery.

### Summary of findings

#### Organisational capacity to meet the needs of male victim-survivors

- While some services felt they had the capacity to meet service demand, they noted that ‘demand’ did not necessarily reflect ‘need’ owing to the significant barriers for men coming forward to access support
- Most felt they did not have capacity to meet the needs of male victim-survivors and felt that with more funding and resources they could do more.

#### Barriers for service delivery

- Short term, insecure and insufficient funding was identified as a central challenge to which all other challenges are connected. Lack of funding limited what services could provide and for some organisations in the community and voluntary sector this resulted in a reliance on volunteers and pressure to fundraise.
- Lack of specialist services, including follow-on support
- Specific challenges for services supporting those engaged in the criminal justice system include strict criteria for accessing support, providing appropriate, tailored support and the lengthy and complex nature of the criminal justice system.

#### Enablers for service delivery

- Access to an appropriate/ suitable room or venue.
- Knowledgeable, experienced, and committed staff.
- Training and continuous upskilling.
- Flexible support delivery model that adapts to the lives/ preferences of service users i.e. text messaging supports or counselling in the evenings.
- Connecting with other DSA support services in the sector.

### Organisational capacity to meet the needs of service users

The question of whether services had the capacity to meet the needs of service users is a complex one. On one hand, some organisations felt that they could manage their current caseload and were adequately supporting the victim-survivors that presented to their service for support, signposting, advocacy and counselling.

“To give that “initial help, support and belief – yes.” (Service 4)

One provider reflected that while they are not “stretched” to provide a service to male victim survivors, they related the lack of demand not to an absence of need, but wider issues related to a lack of awareness and acceptance of male victimhood.

*“... from a kind of numbers point of view, only about 30% of our cases of our domestic based cases would be a male victim and that’s you know from Northern Ireland cases....the numbers are not kind of huge, but I think that’s partly because there’s issues around awareness of domestic abuse generally, particularly that there can be male victims of domestic abuse... within the domestic abuse world. It is still predominantly seen as female victims, so...the provision and the awareness are both lacking.” (Service 1)*

In addition, many organisations cited challenges around funding restrictions to adequately support victim-survivors in the immediate and longer term and in a more meaningful way. For example, some organisations offer a limited number of support sessions dictated by their funder, despite advocating as a service for more flexibility because of concerns that it does not adequately meet the need.

*“What people are asking for is to be able to get through to an advisor quicker and having shorter waiting times.” (Service 3)*

*“We’re not doing enough...We can’t do enough...There is a difficulty in understanding the true scope of the issue.” (Service 1)*

*“We know we have made a difference in one sense, but nowhere near where it could be...” (Service 6)*

## Barriers for service delivery

The primary challenge that participants identified in delivering their service was limited funding. The lack of funding was often described as central to and/or interconnected with the various other challenges services encounter. In fact, one of the organisations that participated in interviews had to completely close their service due to having no ongoing funding and one LGBTQ+ organisation had to close their specialist domestic violence advocacy service because it was not refunded.

Men’s services were widely reported by participants to be severely underfunded. They receive limited funding, which is often short-term in nature, limiting staff capacity to deliver supports.

*“We did have a small pot of funding recently. It came in from a philanthropy organisation and they donated money, so we were able to extend the [sic] support, but it again it was very short term. [An additional programme] is a year-on-year application for funding.” (Service 7)*

*“Essentially, we can’t run on air. We’re in the voluntary sector, but we can’t deliver the types of services that we deliver purely on a voluntary basis. There has to be actual funding behind it and proper funding.” (Service 1)*

This also limits the organisation's capacity to pay staff, with some organisations relying on volunteers in whole or in part to deliver support.

One men's organisation described significant difficulties in income generation through, for example, fundraising initiatives. Organisations believe this to be because of pervasive social biases which discounts men as legitimate victims of abuse. This is a central overarching barrier.

*"...But to raise money for men, you have an uphill struggle because people just don't care... literally no mention of men as victims." (Service 4)*

Two of the organisations who participated did not receive any statutory funding to deliver support in Northern Ireland and even where services were in part or wholly funded by statutory funding, they acknowledged funding was inadequate to offer a wide range of supports to meet the needs of service users or they experience stipulations from the funder that limit service delivery.

*"I think we've been squeezed and we're so restricted...We're trying to fit the needs of the client into a box that is getting smaller and smaller. So, we would love to be able to offer more flexibility with sessions based on need. We would love to be able to offer different types of therapies based on need. We would love to be able to offer a range of group support, or even out in the community. We'd love to be able to do longer term stuff... So, it's not that we're not fit for purpose, it's just we're working under extreme restrictions because of funding." (Service 7)*

This service further reflected that they did not want to impose a cost to access their services, because this would add an additional barrier for victim-survivors and goes against their ethos as a charity.

The organisations identified the lack of specialist services or supports and complexity of need as a further barrier. Resources, namely funding, are required to provide tailored support to specific groups. However, organisations are often navigating wider policy dynamics and funding allocations that only enables them to provide generalist support.

*"Policymakers want more bang for their buck, and they think that if they can streamline services, they can maybe make [services and supports] more cost effective, but all that does is it creates generalist services that might catch the middle, the mainstream, the middle ground, but they're not actually going to be able to benefit [specific] victim-survivors." (Service 1)*

Services supporting victim-survivors that are currently engaged in the criminal justice system face a number of specific barriers. These include strict criteria for accessing support and providing appropriate, tailored support and the lengthy and overall complex nature of the criminal justice system.

*"...all of the challenges of engaging with the criminal justice system. It's too lengthy. It's grossly complex to engage with..." (Service 5)*



## Enablers of service delivery

While much of the discussion with organisations and services centred on the barriers to service delivery, services named a small number of enablers that support them in their work.

Access to a suitable room or venue was acknowledged by some participants to support service delivery. They described the importance of having an accessible and discreet venue that affords service users privacy and a sense of safety.

*“Whenever you get a really nice setting, that can actually really enable the support. That can really make it a really good session, and they relax more, and the session just becomes so much more.” (Service 9)*

*“Clients would in their feedback to us would say that it gives them some level of anonymity because there is still that stigma attached to going to counselling...I know our hubs that we have, or rooms that we use, are very discreet.” (Service 7)*

Services credit their knowledgeable, experienced, and committed staff as supporting service delivery. The staff understand the importance of building trust and allowing time for this process. They promote this through supportive, consistent, and for some services, face-to-face engagement.

*“We have a great team of staff who are very, very passionate about what they do.” (Service 7)*

*“Staff are very committed.” (Service 8)*

*“They bring with them a wealth of knowledge and expertise.” (Service 3)*

A few participants also acknowledged the importance of staff being continuously engaged in training and upskilling, to ensure they are equipped to support various needs.

*“The team have access to in house training so we can continue to develop those skills...” (Service 3)*

*“They will receive a lot of training. We’ll have core training and that will be very much gender neutral.” (Service 7)*

Some services emphasised their capacity to tailor services as being supportive of service delivery. For example, some organisations provide support via text message, which they have found men respond to positively. The delivery is flexible around the lives of service users. For example, virtual delivery suits many service users because of the demands of their lives i.e. their family and their job.

*“Counsellors will work out of certain venues and also online support. Face to face, Zoom, Teams or telephone call...we can facilitate.” (Service 7)*



*“With virtual delivery, it fits. Whether it’s the kids are at school, or the kids have gone to bed, evening appointments, things like that. So, I think it fits. You don’t have to worry about parking, getting there, particularly in the economic climate we live in...” (Service 2)*

A few organisations cited that their interconnectivity with the DSA sector and other relevant organisations support their service delivery.

*“We’re keeping up to date with any sort of movement and changes policy wise and legislation wise and so forth...We’re also connected in with the wider sector...We’re learning from all of those...” (Service 3)*

## Reflections on the current landscape of provision

Participants were asked to reflect on the current strengths, weaknesses and gaps of current provision for male victim-survivors of abuse in Northern Ireland and to make recommendations for improvements they would like to see. The findings that relate to service improvements are presented in this section under the following sub-themes: i) Strengths of current provision and ii) Weaknesses of current provision.

### Summary of findings

#### Strengths of current provision

- The provision of 24-hour support via the Domestic and Sexual Abuse Helpline
- The knowledge, passion and resilience of grassroots community and voluntary sector organisations providing support to male victim-survivors.

#### Weaknesses of current provision

- Gender bias against male victimhood-survivorship resulting in limited specialist support services for male victim-survivors
- Limited awareness of supports available to male victim/survivors, for victim-survivors themselves and service providers i.e. police and medical professionals
- Lack of sustainable funding impacting capacity to deliver services and for some, necessitating reliance on volunteers. This has also meant organisations have had to cease services i.e. Men’s Action Network, at a great loss to sector
- Perceived disparity of funding between men and women’s services
- Limited service provision, specifically a lack of local, face-to-face support, community supports and advocacy
- Gaps in service around early intervention and crisis de-escalation
- Lack of appropriate and specialist accommodation/refuge for men and LGBTQ+ individuals who have experienced abuse.
- Lack of organisation within the men’s service sector and challenging dynamics between women’s and men’s services which limit opportunities for partnership.

## Strengths of current provision

Participants generally found it challenging to identify strengths within service provision for male victim-survivors of abuse, with only a few examples provided across the interviews.

For one participant, an existing strength was the 24-hour provision for all victim-survivors of domestic abuse through the Domestic and Sexual Abuse Helpline.

*“I think it’s really great that the 24-hour provision that you have for Northern Ireland, you know supports both men and women.” (Service 3)*

Participants reflected that there are a small number of grassroots organisations that are incredibly knowledgeable, passionate and committed to supporting male victim-survivors. They have continued to deliver support under significant strain and while navigating substantial challenges.

*“They are largely people from the sector, so they’re bringing with them a wealth of knowledge and expertise...” (Service 3)*

*“There are a small number of organisations doing their best in NI to support male victims: The ones that are here are doing their best, and are doing as much as they can...” (Service 4)*

The third sector was recognised as having a keen insight and valuable knowledge into the needs of men. They have been invaluable in the provision of support. They have subject matter knowledge and expertise that is grounded in practice and ‘what works’.

*“The value of a lot of third sector, you know, providers, you know, community sector providers that can do brilliant work on the ground because they grew the expertise.” (Service 6)*

One service provider believes there has been a shift towards recognition of male victim-survivors of abuse, and as such, recognition of gaps in support services for men, albeit this has been slow:

*“I’ve worked in the sector, and I’ve worked in the field of domestic and sexual abuse for [many] years. I’ve definitely seen a massive shift...I think there’s a massive recognition now that there is a lack of quality services for males...They very much want to be very inclusive.” (Service 7)*

## Weaknesses of current provision

*“I’m not going to give you any strengths...because there are no strengths whenever it comes to support for men.” (Service 2)*

Services identified numerous weaknesses of current provision.

Enduring gender bias regarding male ‘victimhood’ or ‘survivorship’ was widely reported to be a fundamental weakness of the current support provided to male victim-survivors of abuse. As outlined in previous sections, in the context of domestic and sexual abuse, men are marginalised, not believed and their experiences of abuse diminished or trivialised.

*“It’s almost like, well how could a woman abuse you... How could that happen? You’re not a real man. It’s very different narrative around that, which can be a real barrier then to even accessing that support.” (Service 9)*

The lack of dedicated services for men and boys that provide specialist services for victim-survivors of specific forms of abuse (i.e. elder abuse, institutional abuse) was also identified as a significant weakness to current service provision.

One participant expressed the view that men experience an “intersectional vulnerability” where their identity as a male and a victim-survivor of domestic and/or sexual abuse creates multiple experiences of discrimination, disadvantage and exclusion. Consequently, adequate supports do not exist or are limited.

*“The overarching intersectional barrier that male victims face. They will face the same complexities... mental health, or drug addiction, or alcohol addiction, or instability in stable housing as any victim would face, but that they also face the additional intersectional vulnerability, in my view, because there’s less services provided.” (Service 5)*

Some participants also raised the disparity of funding between services for men and services for women as a significant weakness in current provision for abuse victim-survivors.

*“If you bring up a comparison between services for men and services for women... services for men pale into insignificance... they’re virtually non-existent.” (Service 4)*

The sustainability of funding, and consequently viable service provision is a central weakness. Services are underfunded. Many funding arrangements are on a yearly basis or in the form of grants which does not promote future planning. This impacts on the capacity of the service to deliver supports that promote lasting positive outcomes for victim-survivors.

*“There’s no sustainability, there’s no thread running through everything... It’s always done on the hoof. It’s always about finding money here and there.” (Service 1)*

*“It’s always very short-term funding.” (Service 7)*

The lack of sustainable funding arrangements has also meant that many organisations have had to cease their services, including Men’s Action Network. This represents not only a major service gap but was described by another organisation as a significant loss of an experienced and long-established organisation in the men’s sector.

*“In my mind we lost a leader in this sector [when Men’s Action Network ceased their services]...” (Service 4)*

One participant reflected that current service provision is limited in what supports it provides to male victim-survivors, highlighting a lack of local, face-to-face, or community-based supports and advocacy services.

*“The majority of support is probably delivered through the national helpline as opposed to maybe localised provision... [or] as opposed to ongoing advocacy support...So it’s very limited.” (Service 3)*

Additionally, services often rely on volunteers to deliver services.

*“It was only in the latter years that I got paid to work with [the organisation]. I always did it because it was a passion....I think a lot of it is dependent on people who have a passion, who are willing to do it regardless of funding, because the funding won’t be there.” (Service 6)*

One participant further reflected that support also tends to reflect gender stereotypes that exist, for the notion that ‘men don’t like to talk about their feelings’ correlates with the lack of therapy options for men, for example.

*“There’s an assumption that because you’re a man, you want to play football or go to the gym or do ‘man’ things...People are stereotyped to a box that women like this and men like this, whereas in actual fact, that’s actually not true and it’s not really taking into account what the service user would actually want their support to look like.” (Service 7)*

A further critique is that the provision of supports is often women-centred, or delivered within the female-context, which may contribute to men feeling excluded and unsupported.

*“I think also the branding...information is heavily dominated for women, so again what does that say to men in Northern Ireland who are suffering domestic abuse.” (Service 3)*

Organisations noted the gap in services around early intervention and crisis de-escalation services.

| *“Crisis de-escalation service, which is a gap again, that I believe is there.” (Service 7)*

| *“For the early intervention side, there is so much I would love to do.” (Service 7)*

The dearth of follow-on services was also identified as a gap in current service provision. Challenges here include, the non-existence of follow-up supports, organisations’ ability to provide or accept onward referral, or the dearth of expertise and specialist support services.

| *“At times, some of the agencies that we are referring to, there are capacity issues within those agencies, so they may not take a direct referral.” (Service 8)*

| *“The big problem is that there is there isn’t really anywhere else for them to go that specialises in the area.” (Service 7)*

All participants were clear that male victim-survivors of abuse in Northern Ireland are unlikely to be aware of the existing (albeit limited) supports available to them and how they might access them.

| *“I think the provision is really scarce in Northern Ireland. I would imagine that men in Northern Ireland probably wouldn’t know where to go to get help and support and therefore may be left without any support at all.” (Service 3)*

Additionally, professionals may not be aware of the supports for male victim-survivors of abuse and therefore cannot signpost appropriately. Often professionals in various fields, such as policing, may hold biases towards men in the context of abuse. They may not respond with the seriousness and urgency required because the victim-survivor is male.

| *“If you put that into a male context, we will receive very few referrals because...the police have not perceived it to be that high risk, because there’s still this outdated sense that with male victims, it can’t be that serious; It’s a male victim.” (Service 8)*

There is a lack of specialist accommodation/refuges for male victim-survivors of domestic abuse. Participants reflected this leaves men with the choice of remaining in the abusive environment or facing homelessness, which often involves accessing a generic hostel/emergency accommodation which participants reflected is unsuitable in supporting their needs as a victim-survivor of abuse.

| *“Whenever men do come to us and they’ve been to the Housing Executive, they’ve been turned down for housing, because they’re seen as a single man, even if they have children, because the children are in the care of the mother. We have nowhere to send them...the only place they can go to is a...homeless shelter, which isn’t an appropriate place for a man that is potentially suffering massively with his mental health.” (Service 4)*

*“Where does the male go if they are a victim of abuse. There are no male shelters. There’s nothing. There’s nowhere for them to go.” (Service 8)*

Similarly, another provider highlighted the lack of gender neutral or LGBTQ+ refuges in Northern Ireland as a significant gap. They reflected that LGBTQ+ men mostly engage in spaces with other LGBTQ+ men and may not feel comfortable or safe to be housed with straight men. Furthermore, they reflected that the gendered nature of services can result in non-binary people having to misgender themselves one way or another to access support and may be denied access to both ‘male’ and ‘female’ spaces.

Some participants expressed concern that the current system, already stretched in meeting the needs of women and girls affected by domestic and sexual abuse, often fails to adequately recognise or respond to male victim-survivors. One service provider highlighted how this imbalance can result in men being overlooked or misjudged:

*“There’s more of a focus put on female victims versus males, when in actual fact, there is quite a proportion of men who are affected by it... The system is struggling to deal with how many women are being affected by domestic and sexual abuse that males are somewhat overlooked or are seen as the aggressor most of the time.” (Service 7)*

This perceived neglect of male victim-survivors was seen not only as a gap in service provision but also as a source of tension within the wider domestic abuse sector. Some participants expressed concern that advocating for male-focused services could be viewed as competing with, rather than complementing, services for women. As one interviewee put it:

*“My suspicion has been that there’s a finite pot, and if we make the case for funding... then the women’s sector will lose out because there isn’t additional funding.” (Service 6)*

A few participants reflected on the lack of organisation within the men’s service sector to lobby for meaningful change and improved service provision.

*“The men’s sector is not organised, never has been. As I say, we represented really ourselves. No one was paid to do it. We done it just because we had a passion for it and wanted to try to make the case.” (Service 6)*

## How can service provision for male victim-survivors be improved?

Organisations shared a number of suggestions to improve the provision of support to male victim-survivors of abuse in Northern Ireland. The recommendations outlined in this section are categories under the following headings: i) challenging gender norms ii) calls for government strategy iii) increased funding iv) tailored supports v) developing an evidence base for Northern Ireland vi) experts by experience vii) awareness raising viii) early intervention and prevention ix) perpetrator accountability and X) partnership working.



## Summary of findings

- Aspirational shift in the way that society views gender, sex, power, violence and harm and the need for education and local champions to support change.
- Perceived need for improvements in strategy development and ring-fenced funding to support implementation, including calls for a men's health policy and a safer aging policy for older people of all genders.
- Centre the voices of those with lived experience in service development.
- Undertake some form of engagement with men and boys to learn about their needs, barriers they face and ideal service delivery.
- Additional funding and resource that is sustainable and reliable.
- Expand provision e.g. early intervention services, refuges/ shelter.
- Contextually relevant research and development of an evidence base to inform future planning and improved service provision.
- Awareness raising initiatives for victim-survivors and professionals regarding the availability of supports.
- Prevention, early intervention and recidivism supports for perpetrators of abuse, including female perpetrators.
- Promote interconnectivity and integration of services.
- Foster positive relationship between men and women's services.

## Challenging gender norms

First and foremost, organisations referenced the need for an aspirational shift in the way that society views gender, sex, power, violence and harm in order for men to be acknowledged as victim-survivors of domestic and sexual abuse and enabled to access suitable support. Education and supportive champions were identified as catalysts in this process.

*“When we’re talking about male victims...even from a provision point of view, there’s work to do in terms of getting hearts and minds, but also societally, there’s still massive issues around it.”*

**(Service 1)**

*“That is going to take a long time. That’s a process. It’s going to take education. It’s going to take local champions in different areas...that will support the work that we’re doing.”*

**(Service 2)**

*“This is all with gender norms...You’re supposed to be strong, and you’re supposed to be in charge, and you’re supposed to be dominant. You being abused? You’re just not enough of a man, which is incredibly damaging. We talk about how young men in Northern Ireland and it’s one of the highest rates of suicide. That is not by chance. That’s because of harmful masculinity, and you see it show up in so many insidious and very harmful ways.”* **(Service 9)**



## Calls for Government strategy

Strategy development was identified as a key element in improving service provision. There was a perceived need among some organisations for new government strategies and ringfenced funding to support their implementation. This included calls for a safer aging strategy and a men's health policy.

*“The problem we have and why we wanted a men's health policy is we were repeatedly, and still repeatedly told, when you go to the Department heads, there's no policy to require us to do this. Until that changes, until we have something we can actually hold Departments to account for, it won't change.” (Service 6)*

Some participants felt it important that a commitment to ring fenced funding is made at a government level and that this would act as a mechanism for services to secure adequate funding and hold government to account.

*“It goes back to, from my perspective, the strategy that we want in place in Northern Ireland, which talks about getting ring fenced funding for specialist service.... It's chicken and the egg, really, we need the strategy to get the funding in place.” (Service 1)*

*“Whether it's a men's health policy or not, but there certainly has to be a policy the government is tasked to address what you're currently doing to research it, define the extent, define the response, what that response should look like...but unless there's a willingness from government to do that and more importantly fund it... because for every day every hour, there's still men getting abused.” (Service 7)*

## Increased funding

All participants called for additional and long-term sustainable funding and resources to support service delivery and ensure the needs of male victim-survivors are being met. There is a recognition that this sector is already grappling with limited funding, therefore organisations must be innovative with the funding they are allocated.

*“The reality is from a funding perspective, that it'll always be much more limited than what you're able to address. So, they'll have to be innovative and how they look to do that....that may be looking at other ways, not just the 1:1, but from a group perspective or even from a self-help perspective.” (Service 6)*

One provider noted the need for adequate resources and flexibility to allow time for the victim-survivor to open up and build trust with the service and person supporting them.

*“I think it needs time and there needs to be investment enough to sustain that length of time, because it is slower and it will take longer, because there's more barriers to breakdown.” (Service 7)*

## Tailored supports

In terms of accessibility and tailored service provision, there appears to be a balance to strike between providing gender-neutral services, accessible to anyone who has experienced abuse, and services that are tailored to the specific needs of men, including men with intersectional identities such as LGBTQ+, ethnic minorities and older people.

*“In an ideal world, it would be nice if we had a centre where no matter who the person was, man, woman or child, they could have access to it...but there’s no sense of that yet happening. It’s still divided down those [gender] lines.” (Service 6)*

*“I would like to see very specific services that are targeted at male victims and that recognise that male piece in the same way we have services targeted towards females.” (Service 8)*

Furthermore, the provision of refuges/shelters for male victim-survivors of abuse, including a gender neutral or LGBTQ+ inclusive refuge were highlighted as important gaps to be addressed.

*“To our knowledge, there are no refuges or safe houses in Northern Ireland. The male victims... I would say that there needs to perhaps be a review of what is currently available.” (Service 3)*

## Developing an evidence base for Northern Ireland

Research and the development of an evidence base that is contextually relevant to Northern Ireland was suggested by some organisations.

*“We talk about statistics around male abuse, and it is usually England/Wales based. It’s usually very, very vague. I don’t think there’s enough research done into male victims of abuse...robust, in-depth research done.” (Service 7)*

One participant expressed that there needs to be more research undertaken to understand the complexities around masculinity and victimhood.

*“I think there would need to be a whole research piece around what masculinity is, and then within the terms of abuse.” (Service 7)*

Another reflected the need for improved use of data to inform approaches to service improvement for male victim-survivors.

*“I think there needs to be a broader lens...We’re capturing all of this data. I just don’t think the right people know what they’re doing with it in order to impact real change and that’s always going to be our downfall.” (Service 8)*

## Experts by experience

Another theme to emerge from the data was that understanding the needs of men and boys is key to effective service development. A number of organisations reflected that the voice of those with lived experience must be central to decisions regarding service provision. Organisations suggest a form of engagement with male victim-survivors around their needs, the barriers they face and ideal service design and delivery.

*“You need to start with the voice of the lived experience, ideally before you start... You need to get talking to some kind of focus groups...and say what service do you think would benefit you? Also on the flip side, you would want to speak to those who’ve been through services and ask what was good about them, what wasn’t good. So, I think a huge mapping piece, but with the involvement of those with lived experience...Otherwise you’re just devising support services based on what you think or based on very, very weak statistics and evidence...” (Service 7)*

*“What their presenting needs are and what sort of service they’re seeking, and for that to be captured in commissioning and roll out for the future.” (Service 3)*

## Awareness raising

Research participants asserted that there needs to be more awareness raising, for example through targeted information campaigns, for male victim-survivors around services and supports that are available to them. It is important to communicate to men that they will be believed.

*“Something needs to be found to address the issues that men are facing and help them, through free marketing campaigns, just to know there is somebody there that will help them [and] believe them.” (Service 4)*

Furthermore, participants reflected that more has to be done to ensure that services and professionals respond appropriately to disclosures of abuse from men. They need to be aware of services and supports in order to provide an onward referral/signpost. This includes medical professionals and those within the police force.

*“Everybody knows where to send women. Nobody knows where to send the man to unless you’re actually in the sector.” (Service 4)*

## Early intervention and prevention

There were a number of suggestions that centred on expanding current provision to include, for example, early intervention and prevention support.

*“Early intervention, that opportunity to spot the lines of vulnerability, spot the red flags, and deviate people away from those potential cycles of abuse, particularly men, particularly young men, particularly boys and children.” (Service 8)*

*“There’s a saying in the men’s sector that the only time that they fund work with men is...either we are killing ourselves or dying, or we are causing trouble so anti-social behaviour.”*

**(Service 6)**

## Perpetrator accountability

While the purpose of this report relates to service provision for male victim-survivors, the theme of perpetrator accountability came through in some of the interviews. Participants expressed the view that perpetrators must be held accountable. There is an identified gap in prevention and early intervention supports, as well as recidivism supports for perpetrators of abuse.

*“There needs to be that level of accountability for women for the abuse that they carry out... until there is that acceptance...that beyond the violence... that’s the coercive control and that psychological attack that any of us can do...”* **(Service 6)<sup>4</sup>**

*“It can’t just be a victim focused perspective in order to understand abuse against men... There needs to be a focus on prevention, recidivism and intervening in perpetrator abusive behaviour...that is a support service that is also missing in NI...”* **(Service 1)**

## Partnership working

Organisations had some suggestions around the connectivity of services, integration of services and the creation of a wraparound service. There is recognition that there are services that are delivering valuable supports. These supports however can vary depending on location. One participant, for example, reflected that they are keen to explore the potential for developing a ‘hub’ for men’s services and supports with a view to avoiding duplication, promoting interconnectivity, and sharing and learning about ‘what works’.

*“The development of hubs... that support men’s groups...It’s not about the duplication of services, but it’s about services that are working together. So that we can tailor services... Wouldn’t it be great to have some sort of centre where you have got a place where men can also come and where there is a wraparound service for them that will provide a bit of everything.”* **(Service 2)**

<sup>4</sup> It is important to note that while this quote mentions women as perpetrators, the introductory chapter of this report highlights that abuse of men and boys can occur in various contexts. Perpetrators of abuse against male victim-survivors can be either men or women

Similarly, another participant called for more opportunities for local services to work more closely together in partnership and create referral pathways to respond to the needs of male victim-survivors.

*“...we could look at whether or not there are partnership opportunities with any of the existing services. Although we wouldn’t be able to cover localised provision....I wonder if there’s a way of working collaboratively to meet the needs of those men through national helpline provision or setting up some referral pathways for specific projects, so using the existing services we have, but working a bit closer together. We’re all standalone organisations. We don’t really have an awful lot of contact with each other, but I wonder if there’s some way of pooling those resources and thinking how we can all collectively respond to the needs of male victims.”*

**(Service 3)**

Fostering positive relationships with the women’s sector was also identified as a positive initiative that could contribute to sector-wide benefits. This was felt to be a positive step in addressing abuse in its totality and supporting all victim-survivors of abuse.

*“There are huge things we should be working together on, but we’re not. We’re in opposite corners fighting with each other.”* **(Service 6)**

*“I understand how badly men have hurt women and I understand how badly [women] need services, but what do we do for men in the same situation? It shouldn’t be either or and it shouldn’t be this or that. It should be that abuse is abuse, no matter what it, and there should be a response to that.”* **(Service 6)**

## Chapter 6: Discussion and key findings

This section presents a discussion of the key themes emerging from this mapping exercise, discusses its limitations and makes some recommendations arising from the analysis of the findings and evidence from the wider literature. The conclusions drawn here are derived from the majority views, recurring themes or notable points that emerged during the analysis and triangulation of data from the literature and qualitative interviews.

### The landscape of current provision

Consistent with recent research, our review found evidence of significant gaps in service provision for male victim-survivors in Northern Ireland (Spikol et al, 2024). These gaps included limited dedicated service provision and the absence of a refuge for male victim-survivors, including those in the LGBTQ+ community with intersecting identities. It is worth noting that fifteen years on from its publication, many of the service gaps for male victims highlighted in MAP NI's 'Towards Gender Equality' report (Sweet, 2010) were echoed in our findings. These enduring gaps include a lack of awareness of what supports are available to male victim-survivors, inconsistencies in responses and referral practices and a lack of advocacy and support services.

Despite the evidence that men represent a substantial proportion of victim-survivors in known cases of domestic and sexual abuse, there are limited services and supports available. Where dedicated services and supports are available to male victim-survivors in Northern Ireland, these are grassroots organisations run wholly or in part supported by volunteers and with precarious funding arrangements. This is evidenced by men's sector services describing the 'uphill struggle' to raise money to fund support for men, as well as the closure of the Men's Action Network (MAN) service which was described by a number of participants as a critical service providing support to male victim-survivors in the North West for decades.

The lack of adequate and sustainable funding was a frequently cited barrier for services and supports in ensuring they could provide an effective, quality and needs-led service for male victim-survivors. For smaller grassroots organisations, there may be additional resourcing required such as staffing or capacity building to ensure they are supported to effectively run projects and oversee and manage budget allocation.

### Key barrier to access: lack of awareness of available supports

A lack of awareness among male victim-survivors of available supports and how these can be accessed was consistently mentioned by service providers as a significant barrier to help seeking for male victim-survivors in Northern Ireland. This is further supported by recent research undertaken by Spikol et al. (2024) into male experiences of IPV in Northern Ireland.

This mapping exercise and the challenges encountered in accessing data to present an accurate and comprehensive picture of the current landscape of provision reveals a complex picture of support for male victim-survivors that is piecemeal and a difficult puzzle to piece together. Given the significant challenges the review team has experienced in trying to access information about available services, it is no surprise that victim-survivors were noted to lack awareness about and/or experience challenges navigating service systems to access support.



## Difficulty accessing information about supports

As noted in the methodology section, the review team experienced significant difficulty trying to piece together the patchwork provision for male victim-survivors in Northern Ireland. Our desk-based review of available supports highlighted that many services, particularly health services in the statutory sector, have limited information online about support pathways. There were also quite a number of services and supports that did not appear in our initial searches and we only became aware of them through conversations and/or interviews with other providers.

This review therefore highlights a significant gap in the availability of accessible information about support services and echoing findings from Spikol et al (2024), the need for public education on the prevalence of male experiences of domestic and sexual abuse and awareness raising about existing services and supports available to men and how these can be accessed.

## Contention within the DSA support space

Findings from this review suggest that there are some challenging dynamics and contention within the domestic and sexual abuse support sector, particularly between men and women's services. A sense from participants is that this was in part fuelled by concerns over funding, which has been noted to contribute more generally to siloed working and competition within the community and voluntary sector.

It appeared these dynamics were influenced by gender stereotypes and what one participant referred to as the “delegitimization” of male victimhood/survivorship as well as Northern Ireland's funding arrangements. The lack of secure and long-term funding is widely recognised to be a significant challenge for the community and voluntary sector in Northern Ireland with NICVA calling for significant structural reforms and increased funding to reflect the sectors' critical role in health and social care provision (NICVA, 2024).

## Evidence base

On the whole, there is a need for improvements in data collection. There is limited data available for the prevalence rates of male experiences of both domestic abuse and sexual abuse in Northern Ireland. Whilst acknowledging the enduring challenges in accurately estimating prevalence of abuse for victim-survivors, efforts have been made in England and Wales to estimate prevalence beyond police recorded crimes. The absence of similar figures for Northern Ireland makes it challenging to understand the extent of the issue and to explore trends over time. Research and statistics related to the Northern Irish context could be used to perform ongoing needs analysis and inform the design and delivery of services for male victim-survivors of all forms of abuse in NI.

## Invisibility of male victim-survivors

Consistent with the literature, a strong theme to emerge from this review was the delegitimization of men as victim-survivors of abuse.

Echoing findings from research, this review found evidence of the significant barriers that men experience in disclosing and accessing help and support for their experience of abuse. Notions of traditional masculinity and the fact that experience of domestic and/or sexual trauma ‘violate’ this identity was particularly emphasised in the literature and by participants. This narrative and associated societal perceptions need to be challenged to create an enabling context for men and boys to seek help and support (Spikol et al., 2024).



Participants in our review noted that gender norms around masculinity and societal perceptions of victimhood/survivorship being exclusive to women impacted men's ability to acknowledge their experiences and seek support. Men's invisibility was also noted to have implications for the types of services and supports available to them in Northern Ireland.

Male victims face a range of complexities common to all victims (mental health, addiction, housing instability), but also an additional layer of vulnerability due to societal perceptions, gender biases, social constructions of masculinity, shame and stigma, as well as the lack of tailored support.

While the mapping exercise only involved participation of one LGBTQ+ organisation, they provided important insights which warrant further exploration and research to understand the specific needs and issues experienced by victim-survivors of abuse who also have an intersecting LGBTQ+ identity. They reflected that the gendered nature of services can contribute to trans and nonbinary people being excluded from provision and that LGBTQ+ men more generally may not feel safe and comfortable to access heteronormative spaces for men.

## Intersectionality includes men

There is a stark lack of representation from organisations that support marginalised groups in this review. Many of the organisations interviewed endeavour to support men and boys from marginalised communities; however, due to the lack of person-first engagement with specialist services, this review can only offer limited insights into the intersectional needs of service users who experience multiple layers of discrimination, social exclusion and disadvantage.

Generally, men are excluded from conversations around intersectionality because of the gender and social privilege the identity of a 'man' affords. However, this review highlights a important intersectionality for male victims in the context of their experience of abuse. In addition, men with other intersectional identities such as LGBTQ+, ethnic minorities and older aged men face additional barriers.

The findings of this review suggest that the system is struggling to manage and support the complexity of need for victim-survivors of abuse more generally and that this has resulted in male victim-survivors being "overlooked" when it comes to provision of services and supports. Some participants reflected that men, including those in the LGBTQ+ community experience negative service responses and can be discredited and not believed, simply on the basis of their gender. In the context of abuse, men therefore face discrimination and disadvantage in receipt of services because of their gender.

## Limitations

There are a number of limitations to the mapping exercise which are important to note when considering the findings presented in this report. These relate to the tight timeframe within which the mapping exercise was undertaken, low uptake of the survey and limited participation and representation of services, particularly those delivered at local levels and/or with marginalised groups.

As noted in earlier sections, despite significant efforts and prompting by both CVOCO and CES, responses to the initial survey remained far below what was expected. There were also significant limitations relating to the quality of the data provided with respondents providing incomplete data, particularly when

answering questions relating to finances and sustainability. Additionally, challenges in initiating the initial survey and the resulting delays required a revision of the proposed approach, leading to the decision to proceed with only one survey. This revised approach had a significant impact on the overall scope and depth of the exercise, particularly in relation to the mapping of services, the gap analysis, and the sustainability assessment of services for male victims of domestic and/or sexual abuse.

A key limitation was the restricted reach and representativeness of the data collected. The survey relied on voluntary participation and existing networks known to CVOCO, which likely resulted in an overrepresentation of more established or visible organisations. Smaller, informal, or under-resourced services were underrepresented. This had a direct effect on the robustness of the service mapping, which cannot be considered a comprehensive picture of service provision. As a result, the findings may not fully reflect the diversity or availability of services across the sector, limiting the report's ability to support strategic planning or policy development.

The revision also constrained the gap analysis. Identifying service gaps required a clear understanding of what services exist, where they are located, and who they provide services for. The absence of data from certain types of services or a wider geographical spread may result in an underestimation of unmet needs or regional disparities. Consequently, our analysis does not capture the full remit of structural inequalities or access barriers experienced by specific populations nor does it provide accurate geographical information of all services.

The sustainability analysis was also impacted. While the survey included questions on organisational capacity and funding, the lack of detailed qualitative data restricted the ability to explore sector-wide viability. Key issues such as funding insecurity, staff retention, and ability to pivot to accommodate changing policy could not be examined in depth. This severely limited the study's capacity to assess the resilience of the sector, or to identify systemic risks to service provision in the long or short term.

Furthermore, the surveys and interviews were restricted by the low number and diversity of participants who took part in them. In general, most survey respondents were also interviewed. While this allowed for deeper exploration of survey responses, it may have led to response bias, with participants potentially repeating or reinforcing earlier views. This overlap may have reduced the diversity of perspectives in the data, limiting the range of insights captured.

Finally, while it was always the intention for this mapping exercise to be undertaken with service providers and recognising that the tight timescales did not allow for any meaningful and ethical engagement with victim-survivors to be undertaken, it is important to note the absence of the voices of male victim-survivors themselves who are ideally placed to identify their needs and gaps in service.

In summary, while the mapping exercise generated important findings, the limitations in participation, representativeness, and changes to the methodology reduced the overall scope of the study. These constraints impacted the range of the service map, the accuracy of the gap analysis, and the depth of the sustainability assessment.

## Recommendations

Noting the limitations, our engagement with service providers across the domestic and sexual abuse service sector does suggest there are opportunities to improve service provision for male victim-survivors who have experienced abuse.

### 1. Service improvements

- Further exploration of gaps in provision e.g. expansion of refuges/shelters.
- Invest in prevention, early intervention and recidivism supports for perpetrators of male abuse.
- Strengthening of services and supports should go alongside awareness raising around prevalence and service availability to ensure system capacity to respond to an increase in referrals.

### 2. Lived experience

- Centre the voices of those with lived experience in service development.
- Undertake some form of engagement with men and boys to learn about their needs, barriers they face and ideal service delivery.
- Undertake further research with services and service users around the provision of generalist (gender-neutral) and tailored support (for men, LGBTQ+ and other minoritised communities).

### 3. More and sustainable funding

- Develop funding arrangement which ensures sustainable and reliable funding.
- Enhance the flexibility of current service delivery model. This should ensure that sufficient time is afforded to the victim-survivor to build trust with support and extending provision of support where necessary.

### 4. Awareness raising

- Raise awareness of the gender-inclusive Domestic and Sexual Abuse Strategy.
- Develop educational tools and initiatives to dispel social myths around domestic and sexual abuse and male victim-survivors.
- Undertake awareness raising initiatives for victim-survivors regarding the availability of supports.
- Undertake awareness raising initiatives for professionals regarding the availability of supports for male victim-survivors.

### 5. Develop a contextually relevant evidence base for Northern Ireland

- Improved statistics on prevalence of abuse, disaggregated by age, gender, ethnicity, sexual orientation.
- Data on access to interventions and effectiveness of interventions.

### 6. Partnership working for the sector

- Promote interconnectivity and integration of services and explore the potential for creating a wrap-around service or support hub model.
- Implement approaches to foster positive relationship within the wider domestic and sexual abuse sector.

## References

- Barter, C., Mccarry, M., Berridge, D., & Evans, K. (2009). *Partner Exploitation and Violence in Teenage Intimate Relationships*. [www.nspcc.org.uk/inform](http://www.nspcc.org.uk/inform)
- Brooks, M. (2023). *Male victims of domestic abuse and partner abuse: 70 key facts*. The ManKind Initiative. Retrieved from <https://mankind.org.uk/wp-content/uploads/2023/06/70-Key-Facts-on-Male-Victims-of-Domestic-Abuse-April-2023.pdf>
- Commissioner for Older People for Northern Ireland. (2024). *Growing concern: Older victims of domestic abuse in Northern Ireland*. Retrieved May 27, 2025, from <https://copni.org/assets/general/resources/Growing-Concern.-Older-victims-of-domestic-abuse-in-Northern-Ireland.pdf>
- Corbally, M., Hine, B. A., & Kestell, B. (2023). Characteristics of Men Who Seek Help From an Irish Domestic Abuse Helpline: The MENCALLHELP Study. *Partner Abuse*, 14(4), 501–524. <https://doi.org/10.1891/PA-2023-0017>
- Department of Justice & Department of Health. (2024). *Domestic and Sexual Abuse Strategy 2024-2031. Northern Ireland Executive*. Retrieved from <https://www.justice-ni.gov.uk/publications/domestic-and-sexual-abuse-strategy-2024-2031>
- Domestic Abuse and Civil Proceedings Act (Northern Ireland) (2021). *legislation.gov.uk*. Retrieved March 25, 2025, from <https://www.legislation.gov.uk/nia/2021/2/enacted>
- Hine, B., Bates, E. A., Graham-Kevan, N., & Mackay, J. (2022). Comparing Abuse Profiles, Contexts and Outcomes of Help-Seeking Heterosexual Male and Female Victims of Domestic Violence: Part II – Exit From Specialist Services. *Partner Abuse*, 13(2), 170–201. <https://doi.org/10.1891/PA-2021-0010>
- Huntley, A. L., Potter, L., Williamson, E., Malpass, A., Szilassy, E., & Feder, G. (2019). Help-seeking by male victims of domestic violence and abuse (DVA): A systematic review and qualitative evidence synthesis. In *BMJ Open*, 9(6). BMJ Publishing Group. <https://doi.org/10.1136/bmjopen-2018-021960>
- Irish Legal News. (2025, May 22). *Over 2,300 convictions under Northern Ireland domestic abuse law*. Retrieved from <https://www.irishlegal.com/articles/over-2300-convictions-under-northern-ireland-domestic-abuse-law>
- Long, N. (2025, January 7). *Over 2,300 convictions under Northern Ireland domestic abuse law*. *Irish Legal News*. Retrieved from <https://www.irishlegal.com/articles/over-2300-convictions-under-northern-ireland-domestic-abuse-law>
- Men's Advisory Network Northern Ireland. (2023). *Services*. Retrieved June 13, 2025, from <https://www.man-ni.org/services/>
- Men's Development Network. (2024). *Male Advice Line*. Retrieved March 24, 2025, from <https://mensnetwork.ie/mal/>
- Moore, T. (2021). Suggestions to improve outcomes for male victims of domestic abuse: a review of the literature. *SN Social Sciences*, 1(10). <https://doi.org/10.1007/s43545-021-00263-x>
- Nexus NI & Victim Support NI (2025). *Significant gaps in NI sexual abuse research*. Retrieved from <https://nexusni.org/significant-gaps-in-ni-sexual-abuse-research/>
- NSPCC. (2025). *Statistics briefing: Child sexual abuse*. Retrieved from <https://learning.nspcc.org.uk/media/snddiv5e/statistics-briefing-csa-child-sexual-abuse-2025.pdf>

- Pilkington, V., Bendall, S., Rice, S., Salter, M., Wilson, M. J., & Seidler, Z. (2025). Barriers and Facilitators for Sexual Trauma Disclosure in Boys and Men: A Systematic Review. *Trauma, Violence, & Abuse*, 0(0). <https://doi.org/10.1177/15248380251325210>
- Police Service of Northern Ireland. (2025). Domestic abuse tables: *Period ending 31st March 2025*. Retrieved from <https://www.psni.police.uk/about-us/our-publications-and-reports/domestic-abuse-statistics>
- Rape Crisis England & Wales. (2025). *Rape and sexual assault statistics sources*. Retrieved from [https://rcew.fra1.cdn.digitaloceanspaces.com/media/documents/Rape\\_and\\_sexual\\_assault\\_statistics\\_sources\\_April\\_2025.pdf](https://rcew.fra1.cdn.digitaloceanspaces.com/media/documents/Rape_and_sexual_assault_statistics_sources_April_2025.pdf)
- SafeLives. (2019). *Men and boys' experiences of domestic abuse*. Safe Lives. Retrieved from <https://safelives.org.uk/wp-content/uploads/Men-and-boys-experiences-of-domestic-abuse.pdf>
- SafeLives. (2015). *Safe Young Lives: Young People and domestic abuse*. Safe Lives. Retrieved from <https://safelives.org.uk/wp-content/uploads/Safe-Young-Lives-Young-people-and-domestic-abuse-Spotlight.pdf>
- Spikol, E., McGlinchey, E., & Armour, C. (2024). *Male Experiences of Intimate Partner Violence: The ME-IPV Study*. School of Psychology, Stress Trauma & Related Conditions (STARC) Research Centre, Queen's University Belfast.
- Sweet, D. (2010). *Towards gender equality: Exploratory evidence of the attitudes towards and the needs of male victims of domestic violence and abuse in Northern Ireland with recommendations for change*. Men's Advisory Project. Retrieved from <https://mapni.co.uk/wp-content/uploads/2022/10/researchreport-1.pdf>
- Taylor, J. C., Bates, E. A., Colosi, A., & Creer, A. J. (2022). Barriers to Men's Help Seeking for Intimate Partner Violence. *Journal of Interpersonal Violence*, 37(19–20), NP18417–NP18444. <https://doi.org/10.1177/08862605211035870>
- The Mankind Initiative. (2021). *Male victims of domestic abuse and partner abuse: 55 key facts*. Retrieved from <https://www.mankind.org.uk/wp-content/uploads/2021/04/55-Key-Facts-about-Male-Victimsof-Domestic-Abuse-and-Partner-Abuse-Final-Published-April-2021.pdf>
- Watson, Dorothy., & Parsons, Sara. (2005). *Domestic abuse of women and men in Ireland: report on the national study of domestic abuse*. Stationery Office.
- Westmarland, N., Burrell, S., Dhir, A., Hall, K., Hasan, E., & Henderson, K. (2020). "Living a life by permission" *The experiences of male victims of domestic abuse during Covid-19*. Respect. Retrieved from <https://mensadviceline.org.uk/wp-content/uploads/2022/03/LivingALifeByPermission1.pdf>

## Appendix 1: Desk-based review of services – supplementary information

### Dedicated support for male victim-survivors

Service	Location	Detail of service/ supports provided
Men's Advisory Project	Regional – offered throughout NI at various bases.	Provides counselling services for men experiencing domestic abuse. Offers information and referral services and delivers awareness-raising sessions on issues faced by male victims.
Men's Alliance	Regional – mostly remote but some face to face in NI	Online regional peer support groups (facebook) for all areas of UK and ROI. While primarily online, there are some opportunities for organised and informal in person activities e.g. fortnightly face to face meet ups to undertake community work, fortnightly zoom meetings and one off residential for the group.
Men's Advice Line	UK wide helpline, support delivered through telephone, webchat and email.	<p>The Men's Advice line offers specialist support service for male victims of domestic abuse - providing advice, support and signposting. Also provide support to family, friends, concerned others and frontline workers. Support provided to male victim-survivors seeks to validate their experiences, make them aware of what support is available and connect them into those services through signposting.</p> <p>The service also uses the data they have from the helplines to inform and advocate on behalf of victim-survivors.</p>



## Non-gender specific domestic abuse services

Service	Location	Detail of service/ supports provided
Health and Social Care Trusts – Adult Protection Gateway Team	Regional service for adults being abused, exploited or neglected	<p>Adult Protection Gateway services are available locally across each of the Health and Social Care Trusts. The BHSCT website states that this team assists individuals who are being abused, exploited, or neglected.</p> <p>Support can be accessed through self-referral and the service also provides advice and support to those who are concerned about someone experiencing abuse, exploitation, or neglect.</p> <p>However, the website does not provide details on the support pathway for individuals seeking advice or self-referring for support. It appears that the service is intended for adults at risk of harm, but it is unclear whether victim-survivors who are no longer experiencing abuse, exploitation, or neglect can contact or access support.</p>
Cithrah <sup>6</sup>	Local service - Carrickfergus	<p>Cithrah operates a Carrickfergus-based drop-in centre that offers assistance, counselling, information and training for both volunteers and those navigating abusive relationships. The organisation's primary goal is to offer victims of abuse a pathway to safety by providing the time and opportunities necessary to access the help and support essential for their well-being. Relevant services listed on their website include:</p> <ul style="list-style-type: none"> <li>• Support services including information and advice, court support, help and advice with HSCT services</li> <li>• Advice and Benefits service</li> <li>• Counselling</li> <li>• Group Work</li> <li>• Training and Awareness</li> </ul>
Domestic and Sexual Abuse Helpline	Regional helpline – remote support	A free telephone service available 24 hours a day, 365 days a year, offering support, advice and referral for all victims of domestic and sexual abuse in Northern Ireland.
Police Service of Northern Ireland (PSNI)		<ul style="list-style-type: none"> <li>• Facilitates inter-agency partnership working through its Multi Agency Support Hubs (MASH).</li> <li>• Domestic Violence and Abuse Disclosure Scheme (DVADS) – a formal mechanism which grants members of the public the 'Right to Ask' about their own or someone else's partner if there's a concern that they might be abusive.</li> </ul>

<sup>6</sup> NB: This service was not identified through desk-based searching but was discussed during interview with another service provider.

## Support for LGBTQ+ victim-survivors of abuse

Service	Location	Detail of service/ supports provided
The Rainbow Project	Adults and young people over the age of 13. Face-to-face sessions offered at offices in Belfast and Foyle, remote via telephone or video sessions for people unable to travel.	<p><b>Co-counselling service</b> provides the only LGBTQIA+ Co-counselling service in NI wherein all counsellors delivering support are members of the LGBTQIA+ community, and work with an LGBTQIA+ affirmative approach.</p> <p>Counselling sessions are free to access, funded by the Public Health Agency. A total of 6 sessions offered initially but can be extended to up to 12 sessions if deemed appropriate following counsellor assessment.</p> <p>The website notes that current wait time for counselling services is 6+ months.</p> <p><b>Advocacy service</b> Provides information and advice to victim-survivors of IPV, familial abuse or sexual violence. Details of support outlined include:</p> <ul style="list-style-type: none"> <li>• Advice on range of options available and control over what happens next.</li> <li>• Support with disclosure and reporting of incidents.</li> <li>• Accompaniment in a supportive role with PSNI, NIHE etc.</li> <li>• Information about support and services available to victim-survivors and their families.</li> <li>• Speaking on behalf of victim-survivors with agencies and service providers.</li> <li>• Raising awareness of issues victim-survivors have faced/are facing to improve services in the future.</li> </ul>
Cara Friend	Peer-led youth groups operating in Belfast, Bangor, Ballymena, Newry, Omagh and Armagh.	<p>Relevant services outlined on their website include:</p> <ul style="list-style-type: none"> <li>• LGBTQIA+ youth groups for those aged 12-25 in several locations across Northern Ireland. Operate using a peer-led ethos, where young LGBTQIA+ young people are volunteer leaders.</li> <li>• Trans Specific Youth Services.</li> <li>• Advocacy, Campaigning, Policy and Volunteering.</li> <li>• Family Support.</li> <li>• LGBTQIA+ Mental Health &amp; Mindfulness Project.</li> <li>• LGBTQIA+ Community Development Services &amp; Events.</li> </ul> <p>Also offers 1:1 support for young LGBTQIA+ CYP with a youth worker. Description of support indicates support is around issues relating to gender and sexuality, however it is possible that CYP experiencing relationship abuse may access this support <b>One To One – Cara Friend</b></p>

## Support for children and young people who are victim-survivors of abuse

Service	Location	Detail of service/ supports provided
Health and Social Care Trusts	All HSCT areas	<p><b>The Family Intervention Service</b> work in partnership with children, their families and other agencies, undertake further assessments of a child's needs and implement a plan of intervention to meet those needs. Ongoing tailored support is also provided to those children identified as being in need of protection.</p>
	Western Health and Social Care Trust and South Eastern Health and Social Care Trust	<p><b>Moving On Therapeutic Service</b> is a specialist Assessment and Therapeutic Intervention Service for children and young people aged 10 – 17, males and females, who have engaged in Harmful Sexual Behaviours (HSB).</p> <p>Referrals accepted from Social Services and Youth Justice.</p>
Victim Support NI	Regional across NI	<p><b>Children's Sexual Offences Legal Advisors (CSOLAs)</b> are qualified lawyers who can provide legal advice, support and advocacy to children aged 17 and under who have been victims of a serious sexual offence and have or are considering reporting the crime to the police. This is a pilot scheme provided by Victim Support NI and was launched in 2025.</p>
	NHSCT <sup>7</sup>	<p><b>Phoenix Youth</b> is delivered by Victim Support NI and provides creative art therapy for up to one year to children and young people (aged 8-21) who have experienced complex trauma. The therapeutic support provided is tailored to individual need and aims to support children and young people and their families to manage the impact of traumatic experiences. Children can be referred to the service by parents/guardians, health professionals, school staff, social work, CAMHS or another organisation providing support.</p>

<sup>7</sup> NB: This service was not identified through desk-based searching, but was identified by report reviewers and details added in the final draft.

	BHSCT	<p><b>HYPE - Sexual Health Service for Young People</b> provides 1:1 education sessions (typically 4-6 sessions) tailored to meet the specific needs of service users. Led by Public Health Resource Assistants, sessions address young people's sexual health and well-being.</p> <p>Referrals for one-to-one support only accepted by healthcare or social work professionals within BHSCT.</p>
Women's Aid	Regional across NI	<p>1:1 sessions and group work with child victim-survivors of domestic abuse (all genders).</p> <p>1:1 sessions used to explore experience of domestic abuse, its impact, and education on healthy relationships. Male victim-survivors under the age of 18 can access this support if they have a parent is currently or has previously been engaged with Women's Aid for support.</p> <p><b>The Wise Up NI Project</b> (Belfast, Lisburn, Downpatrick and Newcastle) - delivering preventative education workshops with young people (typically 10-25-year-olds) in schools and community groups, as well as engaging them through social media to raise awareness about relationship abuse and the harmful impact of misogyny.</p>
NSPCC	<p>Regional across NI</p> <p>Belfast and Foyle – covering several HSCT areas</p>	<p>Young Witness Service offers comprehensive support to children and young people under 18 who need to attend court as prosecution witnesses.</p> <p><b>Letting the Future in Programme</b> support for children and young people, aged 4-17, to rebuild their lives after experiencing sexual abuse. Practitioners work with children in safe therapeutic spaces through play, writing, storytelling and art to help them express feelings. The service also includes direct work with parents/carers and siblings who may need help and support. The programme of weekly therapeutic sessions takes around 9 months to complete (approx. 36 sessions). Referrals accepted from both professionals and parents/carers.</p> <p>T/C 22/05 – confirmed no waiting list for Foyle service and while Belfast is busy, cases are reviewed only a monthly basis and there is currently no length wait time.</p>
Barnardo's	Regional across NI	<p><b>The Independent Guardian Service</b> in Northern Ireland provides support to separated children and young people, including those who are victims or potential victims of human trafficking. The service works with a range of agencies such as the PSNI, Trusts, Border Control, and Legal Services to ensure the best interests of the child are always prioritized.</p>

	SHSCT - Craigavon, Banbridge, Armagh, Dungannon, Newry and Mourne area.	<p><b>SEEN (Sexual Exploitation Ends Now)</b> provides a service to children and young people who are or are at risk of being sexually exploited or going missing from home or care. Works in partnership with families, carers and other professional to enhance safety and wellbeing. Access to the service via referral through Trust CSE leads only.</p> <p><b>NOVA Trauma Support Service</b> Funded by the Victims and Survivors Service and is a trauma support service available to families affected by the NI conflict. Service is available in specific areas in the SHSCT area and website noted referrals are accepted from Teachers, Social Workers, GP's, Health Visitors and other professionals or from community and voluntary groups.</p>
--	---	--

## Support for older victim-survivors of abuse

Service	Location	Detail of service/ supports provided
Hourglass	UK wide – regional coverage in NI, support primarily provided remotely	<p>UK wide organisation that focuses on preventing and intervening in the abuse of older people.</p> <p>Services include:</p> <ul style="list-style-type: none"> <li>• Research and advocating for policy change.</li> <li>• Provision 24/7 helpline support.</li> <li>• Community response programme - providing 1:1 advocacy support for older male victims assessed to be at “low to moderate risk.” This is primarily delivered remotely (telephone and/or online), with limited scope for face-to-face support.</li> <li>• Training and webinars for practitioners e.g. GPs.</li> <li>• Raising public awareness of the abuse of older people.</li> </ul>

## Support for ethnic minorities

Service	Location	Detail of service/ supports provided
Migrant help UK	UK wide service with regional service in NI	<p>Provider of specialist support and accommodation services for adult victims and their families across UK and in NI. Information and support around modern slavery/human trafficking is available online via their website. Migrant Help UK also provides a free asylum helpline with access 24/7.</p>
Modern Slavery and exploitation helpline	UK wide service	<p>In their Jan-March 2024 quarterly statistics report, there were only 6 calls relating to cases in NI and very little info on breakdown compared to other jurisdictions.</p>

## Specialist support for male victims of sexual abuse

Service	Location	Detail of service/ supports provided
Rowan Sexual Assault Referral Centre (SARC)	Regional across NI, located in Antrim Area Hospital	<p>The Rowan Centre in Northern Ireland, funded by DHSSPS and PSNI, offers support for victims of sexual violence. Services include forensic medical exams, emergency contraception, STI screening, emotional support, and referrals to other services. Support can be accessed via PSNI referral or self-referral through their phoneline.</p> <p>For men: acknowledges male victims and encourages them to contact for support, though specific details of the support pathway are limited. Provides signposting to other support services including the Nexus 24 Hour helpline, Lifeline, Samaritans and PSNI.</p> <p>For children and young people: Includes forensic medical exams, STI treatment, emergency contraception, emotional support, follow up support and signposting and onward referral to other services.</p>
Nexus	Regional across NI	Specialist support to both adult and child victims-survivors of sexual and domestic abuse from age 8 upwards. Supports are delivered via specialist counselling and therapeutic supports. Supports include individual counselling to people aged 8+, Eye Movement Desensitisation and Reprocessing (EMDR) Therapy to people aged 18+ and psycho-educational group support and personal development programmes as part of their aftercare service.
WAVE Trauma Centre (HIA) and Advice NI	Regional across NI	WAVE Trauma Centre (HIA) and Advice NI jointly deliver a range of services to support the health and wellbeing of victim-survivors of historical institutional abuse in NI. Services have been designed with HIA groups and others to ensure that they are client-led, readily accessible and responsive to the needs of survivors. Services noted to include a range of therapies, Building Resiliency After Trauma programme, 1:1 casework, welfare advice and support with redress applications.



## Generic services and supports

Our desk-based review and data collection also uncovered a range of generic services and supports which male victim-survivors may access for support. These can be divided into the following categories: i) Crisis intervention, ii) Social Support, iii) Parenting and family support and iv) Justice.

### Crisis intervention

Service	Location	Detail of service/ supports provided
Lifeline	Regional across NI. Remote – telephone support	Northern Ireland crisis response helpline service for people who are experiencing distress or despair.
Samaritans	Regional across NI. Remote support via telephone, online chat, email and letter.  Face to face support available by appointment at their Portadown branch.	Samaritans provides support across the UK and Ireland. It is a 'listening service' which provides 24/7 support and can be accessed by individuals experiencing emotional health difficulties including suicidal feelings. Also provides information and advice to 'concerned others' (e.g. family/ carers, friends) regarding third party concerns for someone else.
Emergency services	Regional across NI	PSNI and emergency health services noted as key contact point for male victim-survivors if in immediate danger and/or wishing to make a formal report to police about experiences of abuse.

### Social support

Service	Location	Detail of service/ supports provided
Men's Shed Network	Regional across NI –local grassroots community support groups	Community based project to support men to come together "to learn, share skills and make long-lasting friendship." Sheds are generally managed independently by volunteers, and the range of activities therefore differs depending on their location, however, most involve activities such as woodwork, gardening, and community work. More information <a href="#">here</a> .

## Parenting and family support

Service	Location	Detail of service/ supports provided
Parenting Focus	Regional support across NI for parents (delivered remotely) and face to face programmes (delivered in the North West).	<p>Regional support - work with fathers through education first e.g. delivering parenting programmes. Programmes offered include:</p> <p><b>Parenting apart Programme</b> (for fathers and mothers but delivered separately for both) - 6-week programme for parents going through separation.</p> <p><b>Keeping your cool</b> (again for mothers and fathers) - around parenting under duress - not an anger management programme it's about parental anger.</p> <p><b>Fathers and families programme</b> - looking at the role of fathers - fathers coming on that programme who are in reshaping - how to be more effective in your role as a dad. 3 key programmes.</p> <p><b>Weekly online Dads talk session</b> for fathers going through separation. Jointly led by staff member as well as some fathers who have been upskilled to lead it as well. Operates as a weekly drop-in session online. Provides emotional support to fathers and a safe platform to talk about themselves and how they're managing. Fathers on that that have been there 6/7 years - take on a role where they give support back to the men who are attending the programme.</p> <p><b>Men's mind matters:</b> working with a small group of men in the North-West to empower them to take control of their own lives - focused on wellbeing and coping with issues with lifestyle, work, looking after themselves.</p>
Relate/Family Mediation NI	Regional across NI	<p>Relevant services listed on Relate NI's website include a range of counselling for adults, children and teenagers, Family Mediation and 'Relate-Ed' which is an age appropriate, inclusive evidence-based Relationships and Sexuality Education programme for young people delivered to community groups, youth groups and schools across Northern Ireland through interactive workshops. Self-funded access at a cost of £60 per session. Some fully funded sessions are available, dependent upon personal circumstances e.g. BHSCT fund Talking Therapies for individuals living within the Trust area, referrals normally made by GP.</p>

## Justice

Service	Location	Detail of service/ supports provided
Victim Support NI	Regional across NI	<p>Victim Support NI is an independent charity that assists individuals impacted by crime. The charity provides a free and confidential service, which is available to victim-survivors whether the crime has been reported or not, and regardless of when it occurred.</p> <p>Victim Support NI offers emotional support delivered by specialist trained staff and volunteers, which involves listening and providing emotional and practical support to victim-survivors. While the initial support typically involves three sessions, it can be extended to six for high-need cases.</p> <p><b>Sexual Offences Legal Advisors (SOLAs)</b> provide free legal representation for individuals who have reported a serious sexual offence to the PSNI, and where an investigation is being undertaken. Victim-survivors considering reporting a sexual crime can also speak to a SOLA.</p>
ASSIST NI	Regional across NI	<p>An NI-wide advocacy service for victims of domestic and sexual abuse crimes.</p> <p>Funded by the Department of Justice.</p> <p>It provides guidance, support, information and advocacy to victims navigating the criminal justice system. Staff within Assist NI are working towards accredited qualifications in three main fields:</p> <ul style="list-style-type: none"> <li>• independent domestic violence advocate (IDVA), qualified, accredited,</li> <li>• independent sexual violence advocate (ISVA), and</li> <li>• independent stalking advocate (ISAAC).</li> </ul>

## Appendix 2: Copy of survey questions

### Organisational profile

**1. What is the name of your organisation?**

- a. Open text

**2. What type of organisation are you?**

- a. A domestic abuse/DSGBV community and voluntary sector organisation
- b. A co-located service. This refers to a service that is located within a wider organisation or service. For example, a DSGBV service co-located within a child protection/family support service
- c. Community-based service
- d. Public Sector organisation
- e. Other (Please specify)

**3. What sector are you in?**

- a. Health
- b. Justice
- c. Social care
- d. Education
- e. Mental health
- f. Housing
- g. Other (please specify)

**4. Who can access your service? (Tick all that apply)**

- a. Women over 18
- b. Men over 18
- c. Non-binary
- d. Girls
- e. Boys
- f. Non-binary young people

**5. Which statement describes your service provision according to sex and gender? (select one only)**

- a. All of our domestic abuse services are for women only
- b. All of our domestic abuse services are for men only
- c. We provide a mixture of domestic abuse services for men and women
- d. We provide domestic abuse service that are not gender or sex specific
- e. We provide a mix of domestic abuse service for men and women and non-gender or sex specific.
- f. Other (Please specify)

**6. Does your service provide specific support to (tick all that apply)**

- a. Ethnic minorities (e.g. Traveller and Roma Communities)
- b. People with Disabilities
- c. LGBTQIA+ people
- d. Other

**7. Is your service a 'By and For' Service? This is defined as "organisations that are run by and for people with protected characteristics who face the greatest levels of marginalisation and exclusion". Using the example of the LGBTQIA+ community, this means an organisation that is run by members the LGBTQIA+ community for LGBTQIA+ people?**

- a. Yes
- b. No

**8. Where is your service located? Tick all that apply**

- a. Within your organisation's building
- b. Police Station
- c. Criminal Courts
- d. Family courts
- e. Health based setting (hospitals, primary care centres)
- f. Community centres (e.g. village halls)
- g. Housing services
- h. Children's social care services/Family support services
- i. Online only
- j. Other (please specify)

**9. Where is your service delivered?**

- a. in victim-survivor's home
- b. at our service location
- c. in community or public spaces
- d. online or telephone support
- e. Other (please specify)

**10. What is your organisation's reach?**

- a. Regional
- b. National
- c. Local

**11. Please provide your postcode. This will only be used to identity your location at a ward level.**

- a. Open text

## Demand for service

### 12. How many victim-survivors did your organisation work with in 2024?

- a. 0-50
- b. 51-150
- c. 151-300
- d. 301-450
- e. 451-600
- f. 601-800
- g. 801-1000
- h. More than 1001

### 13. Of those contacts, how many were with men?

- a. Open text

### 14. Of those contacts, how many were with boys under the age of 18?

- a. Open text

### 15. Approximately, what is the average waiting time to access your service?

- a. No wait time/immediate access
- b. Up to 1 week
- c. Over 1 week and up to 2 weeks
- d. Over 2 weeks and up to 1 month
- e. Over 1 month and up to 3 months
- f. Over 3 months and up to 6 months
- g. More than 6 months



## Service delivered

### 16. What specialist support services does your organisation provide. Select all that apply

- a. Domestic abuse
- b. Sexual violence
- c. Trafficking
- d. Engaged in the sex trade
- e. None
- f. Other (please specify)

### 17. What types of interventions does your organisation offer to male adult and child victim-survivors and boys? (Tick all that apply)

- a. We do not provide services to men and boys
- b. Advocacy
- c. One-to-one support services
- d. Outreach
- e. Counselling
- f. Group work/support groups
- g. Helpline support
- h. Instant messaging support service
- i. Court support/ accompaniment service
- j. Accompaniment to health centres/sexual assault treatment units
- k. Accommodation support for adult male victim-survivors i.e. refuge services
- l. Accommodation support for child male victim-survivors - i.e. refuge services
- m. Other (please specify)

### 18. In relation to access to language interpreters (including sign-language), which statement reflects your organisation

- a. We do not have access to interpreter services
- b. We have staff in our organisation who are able to interpret some language
- c. We are able to access external interpreters for our services
- d. We are able to occasionally access external interpreting service but not in every case where needed.

## Funding

**19. How are your services funded? (Select all that apply)**

- a. Statutory
- b. Self-generated activities
- c. Grants/bursaries
- d. Donors/ philanthropic funds
- e. Other (Please specify)

**20. If you receive statutory funding, what is the duration of the funding agreement**

- a. One year
- b. Two years
- c. 3-5 years
- d. Ongoing/Rolling agreement
- e. Other (Please specify)

**21. Approximately, what was the total cumulative amount of income received in the year 2024. This includes statutory funding, self-generated income, grants, bursaries donors, philanthropic funds, and all other forms of income.**

- a. Open text

**22. Does the funding meet the demand for service for men?**

- a. Yes
- b. No

**23. I would be happy to take part in (tick all that apply)**

- a. Interview
- b. Focus Group
- c. Other (please specify)

## Appendix 3: Interview schedule for service providers

### Introductions

1. Please tell me about your role and what are your main responsibilities.

### Organisational profile

2. How does [your organisation] support the needs of male victims of domestic and/or sexual abuse?

#### **Prompts:**

- a. What type of services and support do you offer to male victims of DSA? i.e. advocacy, 1:1, helpline support?
- b. (If appropriate) what specialist support does your organization offer i.e. domestic abuse, sexual violence, trafficking, to people engaged in the sex trade /Does your organisation provide support around the following domestic abuse/ sexual violence/ trafficking, to people engaged in the sex trade.

3. Can you tell me a little bit about how you deliver your service i.e. in a community/public space/online?

4. Where is your service located? i.e. own building, criminal courts, health-based setting

#### **Prompt:**

- a. Are there any drawbacks or advantages to this? What are they?

5. How does someone access support?

#### **Prompts:**

- a. Are people typically referred to the service? Can they self-refer?
- b. Eligibility criteria for support?
- c. Is the service free or does it cost to access?

### Service demand

6. What is the 'typical journey' through your service for:

- a. Adult male victims of DSA (if appropriate)
  - i) How long does a case remain open for support?
- b. Child male victims of DSA (if appropriate)

#### **Prompts:**

- i) What age ranges does your service cover?
- ii) What level of parental/carers involvement is there for child male victim-survivors?

7. From your experience, what kinds of issues do male victim-survivors of DSA experience? What needs do they have?

8. Are there different/additional needs for minoritised groups e.g. ethnic minorities, LGBTQ+, health/disability etc

## Service delivery

9. What are the benefits/outcomes for male victim-survivors in accessing this support? Can you detail any examples?
10. Do you feel your service is able to meet the support needs of male victims of DSA? (move to Q10 or 11 as appropriate)
11. What are the challenges you encounter in delivering your service?

### Prompts:

- a. Funding and resources: is the funding you receive sufficient to deliver a quality service?
  - b. Complexity of need: Are there any emerging areas of need that your service at present struggles to provide support around?
  - c. Expertise/ experience of staff: how equipped are staff to understand the needs/issues and have the confidence to respond/manage/support men and boys who have
    - i) experienced sexual trauma
    - ii) domestic violence and abuse
12. What supports you in delivering your service/ what enables your delivery your service?

### Prompts:

- a. Funding and resources: is the funding you receive sufficient to deliver a quality service?
- b. Complexity of need: Are there any emerging areas of need that your service at present struggles to provide support around?
- c. Expertise/ experience of staff: how equipped are staff to understand the needs/issues and have the confidence to respond/manage/support men and boys who have
  - i) experienced sexual trauma
  - ii) domestic violence and abuse

## What needs further development/strengthening (Wider provision/supports)

13. Do you think that male victims of DSA are aware of the range of provision/support that is available to them and how to access it?

### Prompts:

- a. If so, how and what facilitates this?
  - b. If not, why not?
14. What are the barriers for male victim-survivors of DSA accessing help and support?
  15. Thinking more broadly about the way in which male victim-survivors of DSA are supported in Northern Ireland, what do you think:
    - a. Are the strengths of the current provision/support?
    - b. Are the weakness of the current provision/support?
    - c. Are there any gaps in services/supports available?
  16. What suggestions would you like to make about the provision of support for male victim/survivors of DSA in Northern Ireland?

**This report should be cited as follows:**

Scott, J., Slane, D., Bray, A., and Walsh, C. (2025). *Mapping services for male adult and child victim-survivors of domestic and sexual abuse in Northern Ireland*. Commissioner for Victims of Crime Office.

Jessica Scott, Dearbhaile Slane, Andrew Bray and Dr. Colm Walsh.  
August 2025

**Produced by Centre for Effective Services, 2025.**

**CES Dublin Office**

27 Fitzwilliam Street Upper,  
Dublin 2,  
D02 TP23

[www.effectiveservices.org](http://www.effectiveservices.org)

**CES Belfast Office**

9a James Street South,  
Belfast,  
BT2 8D



**QUEEN'S  
UNIVERSITY  
BELFAST**



**The Centre  
for Effective  
Services**