



# IMPROVING ACCESS TO DOMESTIC ABUSE SERVICES ACROSS AVON AND SOMERSET

This report explores the experiences of Lesbian, Gay, Bisexual and Trans victims of domestic abuse and their thoughts and ideas of how we can improve their access to specialist services.

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## Domestic abuse is an inexcusable form of cruelty and no one deserves to suffer in silence.

Before I was elected, victims told me they felt that if they came to the police they wouldn't be believed, taken seriously or understood. I have since made tackling domestic and sexual abuse a priority for the police and together we are committed to hearing the voice of victims so that it informs what we do and how we do it. Part of my role is listening to and speaking up for the 'quiet voices' and this report helps share the views of victims loud and clear.

Working with the police and other partners I am committed to supporting all victims to come forward and seek support. As such I was delighted to support this project from my 2014/15 Community Safety Grant to Safer Bristol. It is an invaluable study which shines a light on the views, needs and support required for LGBT+ victims and survivors of abuse.

I am also committed to challenging myths which affect how victims and their friends, colleagues, professionals, the press and others may think about domestic and sexual abuse. This research in particular deals with a number of such barriers that LGBT+ victims and survivors face, head on. It's clear that a lot of work has gone into the report and I welcome the recommendations made. Going forward it is important that these findings make a tangible difference in supporting LGBT+ survivors and victims.

I hope this report will not only support commissioners, providers and the wider community but also show victims and survivors that help is out there - you are not alone.

*Sue Mountstevens*

Sue Mountstevens  
Avon and Somerset Police and Crime Commissioner



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## Foreword

I am delighted to have the opportunity to write this foreword. The importance of ensuring domestic abuse services are open and accessible to all victims regardless of their gender identity or sexual orientation cannot be overstated.



We know that domestic abuse in the lesbian, gay, bisexual and transgender community is a serious issue. About 25% of LGBT+ people suffer violent or threatening relationships with partners or ex-partners which is about the same rate as in domestic abuse against heterosexual women. However this is not reflected in the take up of specialist services or in reported incidents to the police and it is crucial that we understand why this is and put remedies in place to address it.

We know that domestic abuse specialists can unintentionally make it harder for LGBT+ victims to seek their help; they can have processes and use language that assumes all victims are cisgender and heterosexual.

At the same time we know there hasn't been much information about domestic abuse services in LGBT+ communities. Victims are often afraid of revealing their gender identity, sexual orientation or the nature of their relationship and may be concerned about giving LGBT+ relationships a 'bad name'.

Against this backdrop, Next Link and the Diversity Trust collaborated to create a pilot programme to improve access to domestic abuse services by LGBT+ victims. We were successful in obtaining funding from the Police and Crime Commission to take it forward.

In the last 12 months we have worked very closely together and learnt a great deal from each other. This report highlights our work and shows that we have common goals and that by listening and learning from each other we can improve understanding, remove obstacles and ensure domestic abuse services are welcoming to all.

It has been a privilege to be part of this process and I would like to thank everyone who participated in it and Sue Mounstevens PCC for her support.

A handwritten signature in blue ink, appearing to read 'Carol Metters'.

Carol Metters MBE  
Chief Executive  
Next Link Domestic Abuse Services

## Executive Summary

In July 2014, grant funding from Avon and Somerset Police and Crime Commissioner Community Safety Grant, issued to Safer Bristol Partnership, was awarded to Next Link and the Diversity Trust, to improve access to Domestic Abuse Services in the West of England region for Lesbian, Gay, Bisexual and Trans (LGBT+) communities.

The programme was steered by an advisory group made up of a wide range of representatives from both the LGBT+ community and DVA providers. It focused on the barriers to Domestic Abuse Services experienced by LGBT+ communities across Avon and Somerset (including Bath and North East Somerset, Bristol, North Somerset, Somerset and South Gloucestershire). Next Link and the Diversity Trust have been working closely together to improve access to services and the programme included:

- A review of service providers' policies and services;
- DVA staff awareness training and DVA awareness training for the LGBT+ community;
- Research through focus groups;
- Design of a campaign to increase reporting and referrals.

The full report includes a summary of the work programme and includes a review of the published literature on LGBT+ and DVA, a summary of the focus groups with service users' and others' feedback, evaluation of the training programme, a case study with Next Link Domestic Abuse Services on the impact of the training, and a number of recommendations to local commissioners and service providers.

### Focus groups

We ran a series of focus groups for different genders across the Avon and Somerset area. Participants included current and past users of DVA services and others from an LGBT+ background with experience of DVA.

Focus group participants were asked to talk about their experience of DVA, how they had accessed help, the support they had received and what they felt should be in place to help others in the future.

### Training programme

We offered a programme of one-day LGBT+ training courses to workers in DVA specialist support agencies<sup>1</sup> and one DVA awareness course to LGBT+ groups, across Bristol, South Gloucestershire, Bath & North-East Somerset, Somerset and North Somerset, between November 2014 and April 2015. We added value to the programme with a bespoke training day for Police LGBT+ Liaison Officers from across the force area. We delivered training to 172 professionals in total.

The training programme was evaluated and developed as it progressed.

Feedback from the awareness training for DVA staff was overwhelmingly positive. It offered participants the opportunity to explore ways in which to help victims access services by improving the promotion of their services and their response to victims once in their service.

### Campaign materials

We developed a range of publicity materials including posters, stickers and cards for organisations to use. These are all in a downloadable format.

### Policies and procedures

We reviewed agency policies and have produced a policy and procedure checklist for organisations to use.

<sup>1</sup> In fact, many non-specialist DVA workers attended – see below.

## Recommendations

The report makes a number of recommendations based on the programme findings, to local commissioners and domestic abuse service providers including:

- the commissioning of an IDVA / ISVA with a specialist remit to support LGBT+ survivors and victims of domestic violence and sexual violence and abuse.
- to continue the programme of training across Avon and Somerset to ensure<sup>2</sup> new staff working in specialist DVA support agencies and other agencies are aware of how to identify, support and protect LGBT+ survivors of DVA.
- to encourage organisations to nominate an LGBT+ champion to provide organisational leadership on LGBT+ issues.
- to increase the monitoring of both gender identity and sexual orientation within all services.
- to develop further resources for use in campaigns that ensure LGBT+ victims' voices continue to be heard through a wide range of media.
- to encourage organisations to use promotional materials which include images of LGBT+ people and same-sex relationships and to promote these images in safe house accommodation.
- to encourage the promotion of advertising in LGBT+ scene venues such as bars, clubs, saunas and in sexual health clinics.
- to use existing local radio, such as Ujima Radio and ShoutOut Radio, to get messages out to people in the LGBT+ communities.
- to encourage the use of social media and digital resources to reach LGBT+ communities.
- to develop an online digital resource for LGBT+ people experiencing domestic violence and abuse to access support.
- to develop LGBT+ safe spaces where self defence classes are available.
- to commission further research in relation to all LGBT+ victims of domestic violence and abuse in particular the experiences of Trans women and men, non-binary, and gay and bisexual men.

<sup>2</sup> As this project is funded by the Police & Crime Commissioner for Avon and Somerset, we use this designation for the area of Bristol, South Gloucestershire, Bath & North-East Somerset, Somerset and North Somerset covered by the police Avon & Somerset force area.

## Feedback from Focus Groups

We ran a series of focus groups during 2014 and 2015. The focus groups were designed to be inclusive by providing a women-identified group, a men-identified group, and mixed gender groups. We ran focus groups in Bristol, North Somerset and Somerset with service users and others from an LGBT+ background with experience of DVA.

Participants were asked about their experience of domestic abuse, finding help and accessing services, their ideas of how to promote services to the LGBT+ community and whether there should be LGBT+ specific services.

### Experiences of Domestic Abuse

Participants in the women's focus group talked about their abusive relationships with both women and men.

One participant described her experiences of violent and abusive relationships both as an adult and as a child and the support she gained from local services.

*"When you are in that zone it can be very hard to get out of it. My partner was female. I was abused as a child by a male. Both were terrible experiences. Services have been very helpful. It has taken me 3 years to get back to the person I was 10 years ago. The programme was very good but I wish I had gone earlier."*

One participant in the women's group spoke about her abusive relationships with a male partner.

*"My partner was male. Got people on his side. Got support for his problems. Blamed me for his problems. The whole world closed in. Don't feel over it even though it was a long time ago. I'm surviving now. It's so long ago that I wonder how relevant it is to get help now."*

Participants also described how different types of abuse can have different impacts.

*"The emotional abuse is much worse than the physical."*

*"It felt like a relief when it became physical as I felt people would believe me more. Before that they had said things like "well everyone can be a bit negative" but when it was physical they took me seriously."*

*"I remember there was about a 12 month period when it was at its worst when he was going through a complete breakdown and his eyes would literally become black if you looked at him because he just wouldn't be there. I would never know who I was coming home to. It was like always coming home to a monster, treading on egg shells you know."*

The experience of abuse wasn't only in adult relationships but also from parents as this participant describes.

*"My father beat me as a child. My father gave away my stuff after my mother died. I wanted to decide what to do with them - I had comics 30-40 years old. They cost a lot of money. Nobody cared. How can you put a value on things, which are of sentimental value? This is all abusive."*

One participant explored the role of victim and perpetrator in his relationship.

*"I couldn't have said 'Oh I was a victim of' or 'I was a survivor of'. And also the biggest thing for me was the unpicking of actually who was the perpetrator and who was the victim in that situation because I didn't know. But I'm really clear now. He controlled all the finances. I was isolated from friends and family quite a bit."*

The group discussed sex in the context of gay men's relationships and whilst acknowledging stereotypes talked about the often sexualised culture of gay identities and the impact this has on understanding of gay men's relationships. Sex was also discussed as a behavior trait by which a perpetrator used to control.

*"I think maybe in the male gay world that sometimes, especially now for young people, sex is seen as a relationship. Sex is sex and a relationship is part of that and maybe in the gay world we often equate sex with relationships ..."*

Isolation was identified as a feature in abusive relationships and one group member talked about how, in his experience, the isolation he experienced in his relationship, added to the isolation from formal support, linked into his own low expectations about what would be available.

*"It's compounding the isolation in a sense because if you're in a relationship where isolation's a big aspect of that and you don't have the knowledge about where to get help, and because of the community that you're in I think you have such low expectations."*

One of the focus group members talked about how they not only managed the relationship but also how they were trying to help fix their partner.

*"You want to make them better and happier because you love them. I suppose when you finish it you realise then you can't do any more."*

#### Beginning to look for help

One participant made a point about knowledge, having the language to describe the situation they were in, having the words to articulate it and seeing the differences between what healthy and unhealthy relationships look like and the importance of that in gay relationships.

*"The more knowledge you have about how relationships are and what could happen, you then know that that shouldn't happen. I suppose sometimes we don't want to talk about it or explain it quite in detail. "*

One group member spoke about how stressful it had been for him to manage the abuse, so that other people didn't find out about it. Hiding the abuse from colleagues at work and having to manage it all took a great deal of time and energy.

*"I didn't want it to affect my work or his work, so it was a constant, very, very stressful situation trying to keep the whole thing contained."*

#### Seeking help from services

One participant spoke about the impact the abuse had had on her and the experiences she went through as a result.

*"I knew where to go for help. I ended up in hospital and was referred to a refuge. I was in hospital as I had tried to commit suicide. The IDVA spoke to me."*

One participant spoke about her feelings about accessing services because she had a male partner.

*"Quite happy to have come to a DV service as I had a male partner. Not sure if I would have felt like that if my partner had been female."*

One participant described how although he knew about the existence of domestic abuse services, he couldn't recognise he was in an abusive relationship at the time and therefore didn't seek formal help beyond family and friends.

*"It wasn't as if I didn't know that domestic abuse services existed. It just probably didn't feel like it was for me. I don't know why. I don't think I could articulate it..."*

#### Seeking help from the police

Participants in all groups talked about their experiences of reporting to the police.

*"I rang the police on a couple of occasions when it got particularly bad. I was actually trapped in the house locked in a room and they just said 'well he's not in the room at the moment is he?'"*

*"I had a difficult experience with my ex partner. I phoned a service and they suggested I phoned the police. I did this but it took three days for the police to take a statement."*

One participant gave her ideas on the use of police in LGBT+ spaces.

*"Police women and LGBT police women should be in the clubs – not in uniform. They should watch people and see what they are doing. People might give women drugs. I had to help a woman in this situation. She found me on the internet two days later."*

#### Seeking help from friends and family

The men in the group talked about how they got support from friends and how this support had helped them to come to terms with the fact that the relationship was abusive. All participants spoke about how vital friends were in their support.

*"Friends are important because I can reflect with them that it wasn't me, it was him."*

One participant spoke about his experience of a family member telling him about the signs of domestic abuse having seen a programme on TV describing different types of control.

*"It was about domestic abuse and listing financial control, isolation from friends, weight gain, violence and they said this thing to me on the phone and it was like a wake up call."*

One group member talked about the process a survivor or victim goes through in becoming aware of what happens in abusive relationships and questioned where gay men go to get help.

*"One is that you recognise what is going on in the first place and that it isn't right. The second is: where do you go to get help? Basically you go and ask friends and maybe family if that's ok. That's been my experience."*

One participant spoke of his experience of gaining help through informal networks.

*"I think the men's group I mentioned earlier was really deep help. It wasn't pre-planned. It just happened to be that I was going through it at the same time. But also all the informal relationships at work and family and friends as well helped me."*

### Promoting services

The use of images of lesbian and gay relationships was discussed and how not showing same-sex relationships in adverts can make LGBT+ people feel invisible.

*"We do know that there is homophobia in the world. All adverts have men and women. They don't have lesbians or gays."*

One group member talked about seeing information from a domestic abuse agency and it resonating with him.

*"I remember seeing like a flyer on a noticeboard about the differences between a healthy and an unhealthy relationship and it was gendered. It was a list of different things around 'this is like a healthy man', 'this is like an unhealthy man', 'an unhealthy relationship'."*

One participant spoke about the importance of being mindful of language and how we communicate messages; the written word may not always be accessible for everyone. He shared a story from when he volunteered on a helpline for men who had experienced historic sexual abuse.

*"I remember one of the calls we had was about this guy who had been abused when he was younger. He couldn't read or write very well he said and just talking about it was really good for him. He phoned back about six months later saying that he'd been to the police so it had helped. It was good that we just accepted what he said verbatim because he could only verbalise what was going on."*

One participant gave an important message about how to communicate with all victims and survivors of domestic violence and abuse.

*"I wasn't sure what was bad enough - rather than if it was same-sex. 'Call us if you are worried' is a good message to give people."*

### Homophobia and biphobia

Homophobia and biphobia were very real everyday experiences for the women in the group.

*"People think that I'm not normal. Someone said I should go to the doctor because I'm gay."*

Another described the pressures they experienced in their living situations and in their relationship as well as their experiences of homophobia.

*"I think that people are afraid of me. If someone ignores me it's because I'm gay. Everyone knows I'm a lesbian. I ask people I live with to do certain things and they behave in certain ways I think because I am gay."*

Another spoke about her experience of biphobia from a previous male partner and the strategies she used to cope in the relationship.

*"I've been afraid to open up to being bisexual. This meeting is very helpful to me. My ex partner went berserk. He was judgmental, his attitude to LGBT people made me keep it hidden."*

### Providing a service

Each group discussed what services they felt should be in place for LGBT+ victims. Should there be specialist LGBT+ services or a generic service? What about services for victims living in rural areas and should there always be women-only provision?

Some in the group wanted to see specialist services developed whilst others wanted generic services to be competent in working with LGBT+ victims and survivors.

*"I think that there should be a worker who is gay and trained to support LGBT women."*

*"I don't think there should be a specific service."*

*"If the person who works with you is helpful then it will work."*

*"I think that person needs to understand LGBT."*

*"I don't think they need to be gay. They need to be helpful."*

*"I'd settle for someone who is helpful rather than someone who is a specialist."*

Participants talked about the differences in living in urban and rural areas.

*"I was brought up in a rural area. I felt being gay was very frowned upon. They live back in the past and it's very hard to be gay in the countryside."*

The provision of women-only services was seen as vitally important as well as services offered with an LGBT+ focus.

*"If the abuser is male it's much easier to go to an all woman place. I'm wary around men. We need women-only spaces."*

*"I would feel more comfortable with women. It depends on personal experience."*

*"Very committed to a women-only service. Tried to get funding for woman-only LGBT worker. Went to the LGBT Health conference. There were men there identifying as gay who said they would prefer to speak to a woman. However sometimes men thought they needed a man to talk to."*

*"I think a woman's worker could work with both."*

*"Trans men would find it easier to talk to a woman."*

One participant spoke of his perception of the gendered approach to services for survivors and victims of domestic abuse. He talked about how this perception impacts on how he views the services, the services don't represent him and are therefore not accessible.

*"It feels as if domestic abuse services historically are for women and children. That's what it feels like and that is a perception. My perception is that it isn't for me."*

*"For me, that was about a men's space. I wouldn't have necessarily needed a gay men's space because I got my support in men's groups and found real strength in that and actually me being gay has been extremely celebrated within that. I'm not saying that's going to be the case for every situation but I would have imagined that if there had been a men's domestic abuse service, then I think I might have been aware that that's what I needed, and I would have accessed it."*

One participant spoke about the gaps in specialist and targeted support beyond the national Broken Rainbow helpline for LGBT victims of domestic abuse.

*"It's great that there might be a helpline phone number. I think there are gaps like there are in other places where there are a plethora of services that are targeted, you know there's trans-specific support, there's lesbian and bisexual women's support."*

#### And finally...

Participants reflected on the value they gained from taking part in the group and how important they felt it was to tell their story so that it could potentially help others in the future.

*"It feels like it was a contribution to the future that may or may not have some impact on other people. I feel a sense of almost empowerment. I'm not quite sure what it is but almost like it's to have your story heard and told and then perhaps recorded is...it's almost therapeutic. It's something else; it's about other people more than about yourself ...I feel like I have gained something from it..."*

One participant spoke about how he had come to be able to forgive his ex-partner for the abuse.

*"I'm able to forgive him. I think I'm able to do that because I have a sense of what he must have gone through prior and during; there was a long list of health issues and all sorts of different things that he'd been through. It's not an excuse, I'm not excusing his behaviour but it's given me that 'I can forgive him because of it.'"*

One participant spoke of the value he felt when he found out about the project and the support he had received. Reflecting on how important it was for him to take part in the research.

*"I suppose for me when I got the email with it being funded by the [Police & Crime Commissioner]; it's really good to hear that they've funded it because it's about showing that they see this as being important.... this is really important to me. It's about making sure that the momentum carries on."*

## Training Programme

Part of the aim of this project was to provide reciprocal awareness-raising training; LGBT+ training to staff in specialist domestic abuse agencies and domestic abuse training to the LGBT+ community.

We offered a total of ten one-day courses, nine to workers in DVA specialist support agencies<sup>3</sup> and one to LGBT+ groups, across Bristol, South Gloucestershire, Bath & North-East Somerset, Somerset and North Somerset, between November 2014 and April 2015. We added value to the programme with a bespoke training day for Police LGBT+ Liaison Officers from across the force area.

The courses aimed at DVA agencies were programmed twice each in Bristol and Somerset and once each in South Gloucestershire, North Somerset and Bath & North-East Somerset. We delivered training to 172 professionals in total.

The training was designed and delivered specifically for this project by three LGBT+ trainers, two of whom were DVA specialists and one who was an LGBT+ / equalities specialist.

The trainers would like to express their thanks to the participants, some of whom were new to supporting LGBT+ victims and survivors of DVA and who nonetheless were willing to open up and express themselves freely in regard to the subjects. Much of the material was challenging and some of it, especially in relation to gender socialisation and gender roles and how they impact on DVA against LGBT+ people, has been little explored. As in all training where the people involved are highly committed to their work, the learning was two-way and the trainers were delighted at the care taken by trainees in giving comprehensive feedback and quality and quantity of comments made by trainees.

The evaluation of the training programme was carried out by asking each training participant to anonymously complete a 2-page evaluation form. Participants were asked to measure the success of the training against each of the training objectives, together with their assessments for the training activities, materials and trainers themselves and text comments on what they had liked or not liked. In addition, the trainers themselves perused and regularly met to discuss course feedback, what they themselves had felt achieved understanding and what they as trainers assessed had resulted in the most active participation.

#### Aim of the Training Programme:

The training programme's aim was to improve support for LGBT+ survivors of domestic violence and abuse (DVA) by:

- Increasing the understanding of DVA and local resources and services with LGBT+ groups, organisations and individuals, so that they know where to refer survivors for support (including self-referral); and
- Increasing the competence of local DVA support services to offer appropriate support and understand the specific risks faced by LGBT+ survivors of DVA.

By improving the cultural competence of local LGBT+ and DVA support agencies, we hope that public awareness and confidence to report and seek support will improve.

<sup>3</sup> In fact, many non-specialist DVA workers attended – see below.

### Learning Objectives for the Different Groups of Practitioners

Learning objectives and course design were set, based on:

- Consultation with the project's core group;
- Our long-term experience of multi-agency and single-agency training in DVA awareness across England, mainly in the South-West;
- Lessons indicated by our literature review, and;
- Research findings and interactive sessions at conferences about DVA for LGBT+ people over a number of years.

The learning objectives for the course for specialist DVA agency workers were predicated on the project design to give existing specialist DVA agencies, by definition knowledgeable in the dynamics of the more frequent male DVA against women survivors, any additional skills needed to appropriately support LGBT+ survivors of DVA.

The first course was piloted with Next Link staff in Bristol in November 2014, followed by a course for members of Survive, a specialist DVA agency based in South Gloucestershire. The changes we made to subsequent courses focussed particularly on the request to give more information about the nature of LGBT+ relationships themselves. So in addition to the descriptions of the sorts of relationships in which LGBT+ people are found, non-abusive as well as abusive, we brought in exercises based on a short training video created by the North East Domestic Abuse Project<sup>4</sup>. Trainees reported finding this helpful in understanding the nature of same-sex abusive relationships. We also extended our discussions of intersectionality, to help trainees understand the different layers of discrimination and negative impacts that results from overlapping inequality, known as intersectionality.

The other significant change we found necessary to make came as a result of finding that although the subsequent courses were advertised specifically for specialist DVA support workers; they attracted significant proportions of trainees who were not in fact DVA specialists. There were other professionals, such as social workers, probation officers, substance misuse support workers and police, who had in general a minimal level of DVA awareness training; they came into contact with survivors and perpetrators of DVA and had signed up for our training to extend their knowledge of DVA. We were very happy to see them but they were not the people this project was aimed at – we therefore tailored our training to ensure that we included some basic DVA awareness in our courses.

The training objectives for "Supporting LGBT+ Survivors of DVA" for specialist (and non-specialist) workers; and for "Understanding DVA: LGBT+ issues" for LGBT+ agencies (and police LGBT+ liaison officers) after these changes were:

- To describe the meaning and scope of DVA, the role of gender socialisation in this & the compounding effects of homophobic, biphobic and transphobic discrimination;
- The impact of DVA on women and on men;
- What prevents victims/survivors leaving abusive relationships;
- Some of the ways children are impacted by DVA, and;
- Some risk factors & the importance of working within good practice guidelines to support disclosure.

The overall message of the training was that that the power and control model of male DVA against women holds for DVA against LGBT+ people, with gender roles / gender socialisation commonly defining the abusive acts chosen by perpetrators and the sense of entitlement that they have.

There is a far smaller body of research into DVA against LGBT+ people than that against women by men; but this research, together with an exploration of the intention and impact of DVA against LGBT+ people, shows society's disapproval of LGBT+ people, and discrimination against them, is used by DVA perpetrators to justify their abusive behaviour; this is compounded by other fields of discrimination.

The guidelines recommended for good practice seek to compensate for those different methods of discrimination and to correct any sense that LGBT+ survivors of DVA might have of lesser entitlement to support and protection, than women experiencing DVA from men.

### Self-Assessment and Feedback from Trainees

We received 100% evaluation forms from all courses<sup>5</sup> with the exception of one of the Somerset courses where only five people attended, none of them DVA specialists, who found it difficult to engage with the course. This otherwise extremely high level of return, mostly with comments on what they felt about the training day, encouraged us to feel that overall the training was much appreciated.

The evaluation scoring system asked participants to rate on a scale of 1 to 5. Most trainees scored the training highly on each of the learning objectives.

As the training proceeded and changes were made in response to feedback, the numbers of participants who scored 3 or higher increased.

The most frequent criticism was along the lines of "wanted more specific LGBT+ issues", also "not very LGBT+ centric", and "not LGBT+ specific enough". There were also some comments that implied frustration that there is little difference between DVA in different sex relationships and DVA in same-sex relationships, other than the impact of discrimination against LGBT+ people –

*"It was not what I thought I was coming to. I thought I would learn specifically around the differences for the communities. Actually what I learnt was there is no difference, it's about attitude, equality and diversity".*

Bringing in the NEDAP training video and exercises, together with an explanation of intersectionality<sup>6</sup>, resulted in reducing this sort of comment to very rare.

<sup>2</sup> Free download – see resources handout in Training Materials for internet address of NEDAP training films.

<sup>1</sup> Taking into account 2 courses where 2 – 3 people left early and so did not complete evaluation forms.

<sup>6</sup> Overlapping and compounding discrimination where someone's identity straddles more than one group subjected to inequality.



Almost all participants felt the training met with their expectations and most feedback forms contained very positive comments – a selection are reprinted here:

*"Really excellent training. Very broad range of activities which made it really engaging. Really reflective as well."*

*"Very useful and informative."*

*"I really enjoyed the day and found it helpful."*

The trainers were glad to see many comments appreciating their skill, knowledge, interactivity of training methods and their ability to open up debate; and the interaction between the three trainers. This was exemplified in the following comment:

*"Trainers were very engaging and clearly knowledgeable – obvious that you knew the research behind the slides, rather than reading other people's work."*

#### Feedback from Trainers

It was exciting to deliver a new training course in an area that many find difficult and challenging. It was unsurprising, therefore, to note two main issues already alluded to above:

1. A considerable number of trainees struggled with their difficulty in understanding LGBT+ relationships. The trainers concluded that this was reflective of a view in society that rather than simply being members of society like any other but with a different gender identity and / or sexual orientation, LGBT+ people are something "other" and different.
2. A significant proportion of trainees (other than those organised by Next Link and Survive) were not actually DVA specialists, despite signing up for training that was explicitly aimed at DVA specialists. Although this was not about the LGBT+ nature of the course, it was possibly indicative of the increased acceptance and visibility of LGBT+ people in society, which makes more professionals, wish to understand the particular issues faced by the LGBT+ communities.

As a group of trainers with different backgrounds we learnt from each course and from each other. We felt enriched by this process and hope to be able to continue to work together in this important area of work.

## Impact of the training on a DVA service – Next Link Domestic Abuse Services

### Changing the Culture – From Training to Inclusion

The LGBT+ / DVA training was invaluable for individual staff and the organisation as a whole. It offered a safe space for participants to understand the extra dimension of prejudice and hardship that LGBT+ people face when seeking help as victims or survivors of domestic abuse. The training gave participants the opportunity to explore their own responses and the organisation's processes that combined could unintentionally make it more difficult for LGBT+ survivors to access services. The training instigated an organisational dialogue about the relationship between domestic abuse and gender identity and sexual orientation and what was needed to ensure we actively reached out to communities that are often disenfranchised.

Prior to the training we established a baseline of LGBT+ understanding of staff by using a range of focus groups. The groups showed that although some staff were highly aware of LGBT+ issues and confident they could engage well, this was not consistent across the whole staff team. Staff were keen to have the training and to think about how it would inform their practice. At one of the focus groups staff also identified LGBT+ Champions for each service area.

There was a good take up of the training with 24 staff from across the services participating.

Following the training we held focus groups to look at how the training applies in practice including removing any blocks or barriers that may inadvertently prevent LGBT+ people seeking our help. We then looked at what needed to change in terms of our policies and processes in order to ensure we offer an inclusive service.

### Key Learning Points

For the training to have a sustainable impact it needs to be seen as more than a one off exercise. The training is the first step in a process of understanding and change that the organisation needs to sign up to at all levels to ensure the learning is embedded into the organisation.

It is important to understand that this work is not only about ensuring accessibility but also about appreciating the rich value that the LGBT+ contribution brings to all aspects of services and the organisation as a whole.

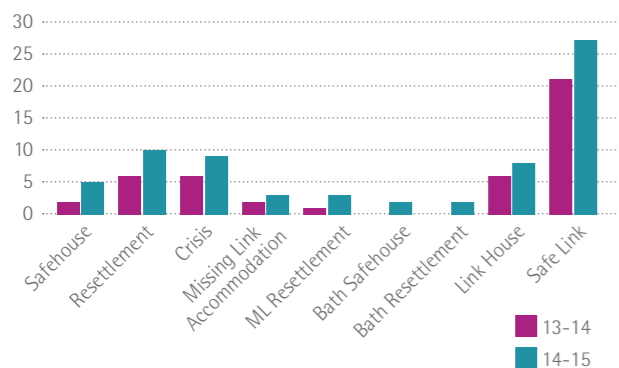
For an organisation to reach out it is important that it has an understanding of the discrimination and stigma that LGBT+ people face every day and staff feel confident to challenge it when they witness it.

Removing the barriers that prevent LGBT+ people accessing a service is an excellent beginning, but we also need to be confident that their experience in the service is one in which they can achieve the best outcomes.

Small changes can have a large impact, introducing cultural references and positive images into the safe houses was identified by LGBT+ service users as making them feel welcome and not invisible.

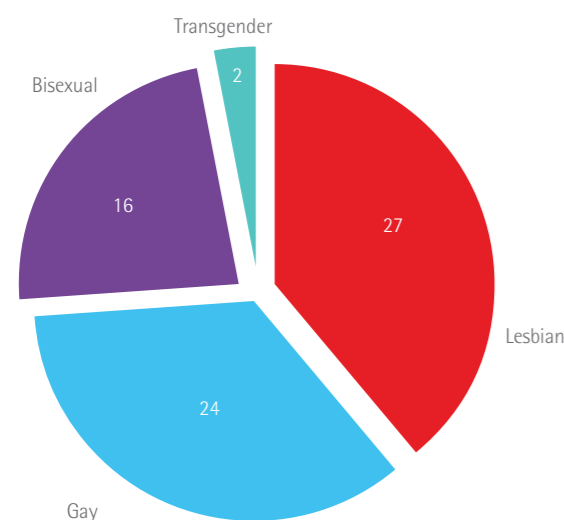
As staff became more confident to ask about gender identity and sexual orientation, they developed a common language while being mindful of not outing service users. By promoting our services in LGBT+ communities it strengthened links with LGBT+ organisations, including holding reciprocal surgeries and training.

Baseline take up of services by LGBT+ service users (13-14) and post training take up (14-15)



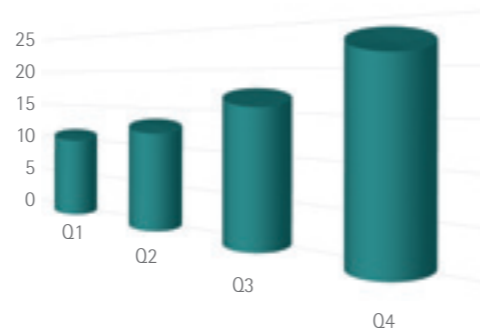
We were pleased to see that the uptake of our services increased from 2014-15 from 2013-14. We believe that by promoting our services and raising awareness of staff in every service has already had a significant effect.

LGBT+ service user profile (14-15)



The service user profile above shows that our services are attracting those who identify across the spectrum of LGBT+

Increase in take up of services by LGBT+ service users by quarter (14-15)



The take up of services shows a steady increase in the first quarter building up to 100% increase in the final quarter. This reflects both the growth in staff competency and the cultural shift in the organisation.

Our data and experience shows that the training is hugely beneficial on all levels and we would encourage all organisations to include it as a core training element.

## Guidance to services Policy Checklist

This section aims to help organisations to check that both their daily activities and their long-term strategies are equipped to recognise, identify and respond to LGBT+ people involved in domestic violence and abuse.

This checklist is not comprehensive for all domestic violence and abuse, as we do not wish to reinvent the wheel of the good practice that has been established by local and national organisations working in the field. It addresses the specific barriers that can prevent LGBT+ people from being supported around domestic violence and abuse and should be taken in conjunction with other good practice recommendations by, for example, Women's Aid, Respect, Refuge and Broken Rainbow.

The good practice described below applies to frontline practitioners and senior managers working with those who are known to be or who might be survivors/victims of domestic violence and abuse and/or abusers in LGBT+ relationships, as well as others affected such as their children, friends and family members and the wider community.

Services need to acknowledge that LGBT+ domestic violence and abuse in many ways is the same as domestic violence and abuse in different sex relationships. However, societal and individual discrimination and prejudice faced by LGBT+ people compound the impact and risks of domestic violence and abuse. There are interactions between LGBT+ domestic violence and abuse and hate crime, including violence from within the family and/or community. This checklist, therefore, focusses on counteracting that discrimination and prejudice as it relates to domestic violence and abuse.

### Gender-Specific Services and Domestic Violence and Abuse

DVA is one of the commoner forms of gender violence, in terms of numbers of victims of coercive control and degree of impact. In a DVA relationship, one person holds power within the relationship in order to control the other. The large majority of survivors/victims of DVA are women who are abused by men, reflecting a societal view of women's role – allowing them secondary rights to men, holding them responsible for supporting men to be in a superior position in society and responsible for family wellbeing as a whole. LGBT+ people who experience DVA, as well as men who are abused by women, are also victims of gender violence, in that the excuse for their abuse is that they do not fulfil society's gender norms and roles.

We hold that women-only support services for women who experience DVA from men are a crucial element in opposing DVA, in order to correct the power imbalance between women and men. We are dedicated to encouraging and ensuring that there are services to support LGBT+ survivors of DVA across the UK.

Women-only services should be accessible to and welcome lesbian, bisexual and trans women and gay men and trans men should feel welcomed and supported by other specialist support services. This policy and procedures checklist intends to reflect this core value.

We acknowledge also that a number of people reject the binary gender labels of men and women. Gender violence can be facilitated by rigid binary gender definitions. Our training project was at pains to be inclusive of all self-definitions. However this policy and procedures checklist refers to men and women in order to simplify its use by DVA and linked services. We welcome comments and suggestions from readers of this report to help develop inclusivity towards people whose self-definition falls outside the binary model.

<sup>7</sup> We have been guided in drawing up this checklist by a number of factors: our own experience as practitioners working for the prevention of DVA in general and for LGBT+ equality; our findings from the training programme in this project; listening to what LGBT+ survivors of DVA have told us in this project's focus groups; and the extremely useful research by NatCen Social Research, Barriers faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking, Harassment and Sexual Violence Services (Welsh Government Social Research, June 2014).

<sup>8</sup> A very good and clear explanation of this in Welsh Government 2014 op.cit, pages 18-19

## Policy and Procedures Checklist

### Service accessibility

Services should be clearly advertised as open to LGBT+ people, through the use of explicit wording, using images of same-sex couples and families, and the widely understood rainbow logo.

Organisations should advertise their services, with promotional material (as above) and personal attendance/outreach at public events or in LGBT+-oriented places such as cafes, pubs and clubs and at LGBT+ organisations' meetings.

Organisations that are not LGBT+-specific should develop active partnership working with LGBT+ organisations, to exchange knowledge and understanding.

Language, both verbal and written, and the working and public environment of service delivery should be inclusive.

#### Single gender services:

As stated above, single-sex services should continue to be funded, ensuring that those of a different sex who seek support are acknowledged, valued and supportively referred on to services that can give them good quality support for DVA.

Services should monitor and assess their effectiveness in making single-sex services available to trans people. They should form partnerships with trans organisations to help them to improve accessibility and to offer access and deal with prejudice, based on equal rights.

#### The gold standard - LGBT+-specific DVA services:

LGBT-specific support services will be staffed and managed by LGBT+ people.

### Confidentiality

As with all service users, the limitations of complete client confidentiality need to be explained at the outset.

Practitioners should ask service users whether sharing information about their experiences of DVA to another organisation might increase other forms of abuse due to their being 'outed'.

### Knowledge, skills and attitudes of practitioners

All staff should be trained in understanding the prevalence, dynamics and impact of DVA against LGBT+ people.

Staff should not assume that service users are heterosexual; nor should they assume that they can recognise LGBT+ people by how they look, dress or talk.

Staff should be carefully and supportively trained to recognise and identify both survivors/victims of DVA and abusers, so that they do not presume same-sex DVA is 'mutual' violence, nor do they deny or minimise abuse, nor do they presume that the service user with more outwardly 'male' characteristics is inevitably the abuser.

Staff training and support should include having confidence in their own sexual orientation and/or gender identity – if they are not LGB or T, they should not 'apologise' for it to LGBT+ service users.

Diversity in the staff group should be encouraged in recruitment and ongoing support against discrimination and prejudice.

### Service user monitoring

Experience shows that some organisations' staff have found personal difficulty in asking service users to define their gender and/or sexual orientation. Staff must be trained and required to ask personal questions of service users empathetically and sensitively. Service delivery should be monitored to ensure that this is done, so that LGBT+-specific risk can be identified and responded.

Service use by LGBT+ people should be regularly monitored and evaluated. If levels are inappropriately low or high, service quality audits should be carried out to establish that these levels are accurately recorded and counter-action can be taken to ensure equality of access.

### Commitment to LGBT+ friendly service delivery

Organisations should have a clear and unequivocal statement of commitment in all key policies and visible to all service users, staff and organisational partners.

Services will benefit from having a high-level manager named as a 'champion' for LGBT+-friendly service delivery and service users and who will report regularly on take-up of services. This is not a requirement, but a recommendation to help organisations to maintain their commitment

## Monitoring Guidance

It is important for all organisation to collect data on gender identity and / or sexual orientation to identify whether their services are engaging effectively with LGBT+ communities. Many services still find this a challenge and do not collect, or do not have enough data, on LGBT+ communities.

LGB and Trans people have told services, and employers, that they want gender identity and sexual orientation to be monitored and expect to be asked to give this information. We found over 80% (n=200) of people, in another research study we carried out felt confident about being asked about their gender identity and / or sexual orientation for anonymous and confidential equality monitoring. (Sorted Out, 2009)

Monitoring sexual orientation and gender identity can:

- Raise the profile of LGB and Trans communities;
- Stop LGB and Trans people from feeling "invisible";
- Support LGB and Trans employees to feel an employer is less prejudiced;
- Send a clear message that steps are being taken to meet needs and to protect LGB and Trans people from being discriminated against, harassed and / or victimised.

### Example of Monitoring Sexual Orientation

Which of the following options best describes your sexual orientation?

- Bisexual
- Gay
- Heterosexual
- Lesbian
- Other
- Prefer not to say

Avoid the use of "homosexual" in equality monitoring forms. As well as being perceived as pathologising (regarded or treated as psychologically abnormal) the term "homosexual" when monitoring sexual orientation doesn't count Lesbians and / or Bisexual women and men.

### Monitoring Gender Identity

A Model Example of Monitoring Gender Identity

Do you identify:

- As a man?
- As a woman?
- In some other way?
- Prefer not to say

Does your gender identity match completely the sex you were registered at birth?

- Yes
- No
- Prefer not to say

You can use the examples above together as best practice in monitoring gender identity.

NB. Many Trans people, including people living either post-operatively or post hormone therapy, do not necessarily identify as Trans or Transgender, so they may not answer a question which asks directly if they are Transgender.

Sources: Diversity Trust, GIREs and the National LGBT Partnership.

## Barriers to seeking help

Barriers LGBT+ communities experience when help-seeking are important for commissioners and service providers to understand if progress is to be made in increasing engagement with LGBT+ communities. The decisions commissioners and service providers make in planning and shaping services in the future need to be based on this understanding.

- There is a lack of awareness that domestic abuse can occur in same-sex relationships.
- Service providers acknowledge a lack of LGBT+ outreach.
- LGBT+ people face difficulty in coming to terms with domestic abuse.
- LGBT+ people may be deterred from accessing services based on broader experience of discrimination or because they fear that other services will assume their gender identity and / or sexual orientation.
- Domestic abuse services tend to follow a gender specific, 'women-only' or 'men-only', model that can be problematic for some Trans, Intersex and gender neutral people.
- Refuge providers are legally bound to accept people in their recognised gender but in practice it can be more difficult to find emergency shelter accommodation for Trans people.
- LGBT+ young people can face rejection and abuse from their families.

Adapted from <http://www.natcen.ac.uk/our-research/research/lgbt-peoples-access-to-welsh-domestic-and-sexual-violence-services/>

## Examples of DVA which may be experienced in same sex relationships

Course participants, during the training, wanted to understand the differences between different sex and same-sex partner abuse. The training highlighted many of the parallel experiences Cisgender Heterosexual victims and survivors will have with LGBT+ experiences of DVA. The LGBT Domestic Abuse Forum produced these points to pilot an assessment tool for when working with LGBT+ clients on what the differences may include.

- Threats to 'out' to family, children, co-workers, education, community, religious community or services.
- First same-sex relationship, an increased risk of abuse.
- Being coerced into drug use/poly drug use, for example chemsex amongst gay and bisexual men.
- Prevention from transitioning or not relating to Trans persons chosen gender identity.
- Threats of deportation to a country where the survivor/victim is at risk due to their gender identity and/or sexual orientation.
- Crimes of honour, FGM or arranged marriage because of cultural or religious beliefs relating to gender identity and/or sexual orientation.
- Threats to out someone on the grounds of their HIV, Hepatitis C or Herpes (or other STI) status.
- Being denied access to HIV/STI treatment therapies such as PEP (post exposure prophylactic). Being denied access to HIV prevention therapies such as PrEP (pre-exposure prophylactics).
- Being put at risk of infection from HIV and/or STI's.
- The abuse is the survivor/victims fault as they are in a same-sex relationship.
- Being abused by a partner, ex partner or family member who is cisgender and/or heterosexual and is using homophobia, biphobia and/or transphobia to control.
- Experiencing corrective rape, conversion therapies or exorcism to "cure" gender identity and/or sexual orientation.
- Being isolated from support services because the survivor/victim is told agencies won't accept an LGB or Trans person.
- Fear of accessing support services because the survivor/victim believes they won't be taken seriously or believed or they will receive direct or indirect prejudice because of their gender identity and/or sexual orientation.

Adapted from an original assessment and referral form by the LGBT Domestic Abuse Forum.

## Campaign materials

We developed a range of publicity materials including posters, stickers and cards for organisations to use. These are all in a downloadable format from [www.nextlinkhousing.co.uk](http://www.nextlinkhousing.co.uk) and [www.diversitytrust.org.uk](http://www.diversitytrust.org.uk)

**Domestic abuse and same sex relationships**

**Are you in a relationship with someone who:**

- Isolates you from your friends and family
- Isolates you from the LGBT community
- Threatens to "out" you to friends family and work colleagues
- Prevents you from practicing safer sex
- Makes you do things you don't want to do like drink too much or take drugs
- Is excessively jealous and controlling
- Pressurises you to have sex
- Threatens to kill themselves if you leave
- Physically harms you or makes you feel afraid
- Criticises you for not being a "real lesbian, gay, bi, trans person"

**If you answered yes to any of the above you could be in an abusive relationship.**

**What can I do?**  
If you are in an abusive relationship it is important that you think about your safety whether you decide to remain in the relationship or not.

**Contact your local domestic violence service**  
**NEXT LINK DOMESTIC ABUSE SERVICES**  
Tel: 0117 925 0680  
Email: [enquiries@nextlinkhousing.co.uk](mailto:enquiries@nextlinkhousing.co.uk)  
Website: [www.nextlinkhousing.co.uk](http://www.nextlinkhousing.co.uk)  
Twitter: @NextLinkHousing

**we can help you, we can talk to you about your situation in confidence, we can help you to be safe.**

The Diversity Trust | NEXT LINK | changing the face of domestic abuse support services

Poster

**Domestic abuse and same sex relationships**

**Want to talk to someone?**

Contact your local domestic violence service  
**NEXT LINK DOMESTIC ABUSE SERVICES**  
Tel: 0117 925 0680  
Email: [enquiries@nextlinkhousing.co.uk](mailto:enquiries@nextlinkhousing.co.uk)  
Website: [www.nextlinkhousing.co.uk](http://www.nextlinkhousing.co.uk)  
Twitter: @NextLinkHousing

Sticker

Leaflet

**Domestic abuse and same sex relationships**

Domestic violence occurs in 1 in 4 same sex relationships.

Bra card

**Domestic abuse and same sex relationships**

Contact your local domestic violence service  
**NEXT LINK DOMESTIC ABUSE SERVICES**  
Tel: 0117 925 0680  
Email: [enquiries@nextlinkhousing.co.uk](mailto:enquiries@nextlinkhousing.co.uk)  
Website: [www.nextlinkhousing.co.uk](http://www.nextlinkhousing.co.uk)  
Twitter: @NextLinkHousing

## Recommendations to Commissioners and Specialist Providers

We make the following recommendations, based on the project findings, to local commissioners and domestic abuse service providers.

### LGBT+ IDVA / ISVA

- We would like to see the development of a role of an IDVA / ISVA with a specialist remit to support LGBT+ survivors and victims of domestic violence and sexual violence and abuse.

### LGBT+ and DVA Training

We would like to continue this programme of training across Avon and Somerset<sup>10</sup>. As services are newly commissioned and sometimes bring in new service providers, we are aware that many people working in specialist DVA support agencies and other agencies may be unaware of how to identify, support and protect LGBT+ survivors of DVA.

- All professionals in areas that touch on community safety and/or crime prevention should be trained in LGBT+ awareness.
- All professionals in areas that touch on community safety and/or crime prevention should be trained in DVA awareness.
- DVA awareness in relation to LGBT+ survivors should be an additional short-day training session delivered to those who can satisfy that they are already knowledgeable in understanding the dynamics of DVA in the general population.
- Where point 3 above does not apply, the whole course of Supporting LGBT+ survivors of DVA should be extended into a 2nd day and should bring in experts in screening techniques and risk assessment.

### LGBT+ Champions

Nomination of an LGBT+ Champion in organisations provides a spokesperson, and a sounding board, as well as leadership on LGBT+ issues across an organisation.

- To encourage organisations to nominate LGBT+ Champions to provide organisational leadership on LGBT+ issues.

### Monitoring Gender Identity and Sexual Orientation

Work needs to be done to increase monitoring of both gender identity and sexual orientation. See guidance on best practice in monitoring gender identity and sexual orientation.

### Campaigns

We heard from participants through our focus groups the value they got from online tools such as video clips and from the use of images of LGBT+ people.

- Ensure advertising and marketing includes images of LGBT+ people and same-sex relationships.
- Ensure resources are available in LGBT+ scene venues such as bars, clubs, saunas and sexual health clinics.
- Produce a range of posters, stickers, cards and leaflets advertising DVA services for LGBT+ victims and promote within a range of venues including health and community centres.
- Use existing local radio, such as ShoutOut Radio, to get messages out to people in the LGBT+ communities.
- Develop further resources through talking head interviews to enable people to access other people's experiences and share their learning through video.

### LGBT+ Images and References

Introducing cultural references and positive images into safe houses was identified by LGBT+ service users as making them feel welcome and not invisible.

- Organisations to include LGBT+ images in all public spaces, as well as social media sites.

### Digital Resource

LGBT+ people use the internet and social media for information and support. The use of digital resources is important in reaching LGBT+ communities.

- Develop an online digital resource as a legacy for the LGBT+ programme.
- Develop an online resource for LGBT+ people experiencing domestic violence and abuse to access support.

### Self Defence

Participants in the focus groups we spoke to told us of the importance of self-defence.

- LGBT+ safe spaces where self-defence classes are available.

### Further Research

Further research needs to be carried out in relation to all LGBT+ and experiences of domestic violence and abuse in particular more work on the experiences of Trans women and men and of gay and bisexual men.

<sup>10</sup> As this project is funded by the Police & Crime Commissioner for Avon and Somerset, we use this designation for the area of Bristol, South Gloucestershire, Bath & North-East Somerset, Somerset and North Somerset covered by the police Avon & Somerset force area.

## Contact Details

### THE DIVERSITY TRUST

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BA6 0BN

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Email: [info@diversitytrust.org.uk](mailto:info@diversitytrust.org.uk)

Website: [www.diversitytrust.org.uk](http://www.diversitytrust.org.uk)

Twitter: [@DiversityTrust](https://twitter.com/DiversityTrust)

### NEXT LINK DOMESTIC ABUSE SERVICES

5 Queen Square  
Bristol  
BS1 4JQ

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Website: <http://www.nextlinkhousing.co.uk>

Twitter: [@NextLinkHousing](https://twitter.com/NextLinkHousing)

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## Project Core Group

### Overview

Next Link, working in partnership with the Diversity Trust, were grant-funded to deliver a pilot programme for Avon and Somerset LGB and Trans communities on increasing access to domestic violence services.

The pilot programme ran for a 12-month period and began on 1 June 2014. The pilot programme was funded by the Safer Bristol Partnership through a grant-fund from the Police and Crime Commissioner.

### Aims of the programme

- Identify a core group of LGB and Trans people with whom to work.
- Identify how LGB and Trans service providers and community organisations can encourage and refer appropriately to Domestic Violence and Abuse Services (DVA) to lead to improved referrals.
- Identify how a DVA organisation can become more accessible and relevant to LGB and Trans communities to lead to improved referrals including identifying training / skills required.
- Produce best practice policies, procedures, practices and marketing activities.
- Design a campaign including artwork, evidence base, objectives and evaluation methods.
- Final report including how training materials and models of DVA need to change to be more relevant and meaningful to LGB and Trans peoples' varied experiences.

### Project Core Group

To achieve these programme aims we set up a project advisory group to steer the work.

The objective of the project advisory group was to provide an opportunity for an open dialogue between a range of stakeholders working in the DVA and / or LGB and Trans sectors, or related sectors including the police service.

### Activities of the Core Group

Members of the project advisory group were invited to provide input and feedback to the design and delivery of the pilot programme and to meet the programme aims and these included:

- Suggesting how agencies can improve the ways in which they are engaging with LGB and Trans communities.
- Suggesting how agencies can increase the referral to DVA services for LGB and Trans service providers.
- Advising upon training strategies in order to ensure that staff within agencies are equipped with the skills and knowledge required to work effectively with LGB and Trans communities.
- Appraising policies, practices and procedures within agencies and how these may impact upon local LGB and Trans people.
- Input into the design and development of small and mass media campaigns.

### Membership

Invited members of the project advisory group included the following representatives from organisations:

- Avon and Somerset Constabulary
- Bristol City Council
- Bristol Youth Links
- Diversity Trust
- Freedom Youth
- LGBT Bristol / Bristol Hate Crime Services
- Avon Trans People
- Next Link and Missing Link
- Safer Bristol Partnership
- Survive
- Trinity Centre
- University of Bristol

### Agenda and format of meetings

An agenda was developed and group members were invited to nominate topics that are of particular interest to them.

### Duration and frequency of meetings

Project advisory group meetings were held quarterly and lasted for two hours.

### Accessibility

Any access requirements in order to attend these meetings, or requests for information in large print, or an alternative format/language was encouraged.

## About the Authors

### Pommy Harmar

Pommy has an extensive knowledge of women and children's issues and for the past 20 years has worked in the field of women's mental health, domestic abuse and sexual violence. Currently she is a Senior Manager for Next Link's Domestic Abuse services. She was instrumental in establishing Next Link in 1999 and since then has played a key role in developing it into a thriving organisation that offers a range of accommodation and community-based support services.

### Emily Moreton

Emily has worked in the field of gender violence for seven years, including training, support for professionals, group work for survivors, and supporting volunteers on a rape crisis helpline. She now works as a data analyst in social care, and is working on a PhD in social work, looking at service provision for female victims of same-sex domestic violence.

### Lesley Welch

Lesley has worked for the prevention of domestic violence and abuse over many years – supporting survivors, both adults and children, to training, strategy and policy development. Her understanding of the causes of domestic violence and abuse and approach to prevention comes from a feminist perspective and she is committed to human rights and equalities in all areas. She now supports families after domestic homicide.

### Berkeley Wilde

Berkeley has been working in the field of LGBT+ equality and human rights since the early 1990's. He has published many research reports on LGBT+ inequalities and he has previously worked on a programme with male perpetrators of domestic violence and abuse. Berkeley has lived experience of same-sex domestic violence and abuse. He is the Chair of LGBT Bristol, Founder and Director of the Diversity Trust and a Stonewall Education Role Model.

Twitter @BerkeleyWilde

### Diversity Trust

Diversity Trust is a non-profit organisation working throughout the West of England delivering education, research and training with a focus on equality, diversity and inclusion. The Trust is a partner organisation in the regions hate crime services, including Bristol Hate Crime Services.

Twitter @DiversityTrust

### Next Link Domestic Abuse Services

Next Link comes under the umbrella of Missing Link and provides specialised support to victims of domestic abuse in Bristol, Bath & North East Somerset and South Gloucestershire. SAFE Link provides support to victims of rape and sexual assault across the Avon and Somerset police force area.

Twitter @NextLinkHousing

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## Review of the published literature on LGBT+ and DVA

There is limited research on the topic of LGBT+ (Lesbian, Gay, Bisexual and Trans) domestic violence, particularly around abuse between men, and against Trans people. Even less has been done around LGBT+ identities and the intersection with other aspects of people's identities in a domestic violence and abuse (DVA) context. There follows a brief summary of four key areas of LGBT+ DVA:

- Prevalence of abuse in LGBT+ communities;
- Help-seeking by LGBT+ survivors;
- Service provision for LGBT+ people;
- Intersectionality and LGBT+ identities.

### Prevalence

Prevalence of DVA in LGBT+ relationships is difficult to quantify: statistics quoted for mainstream DVA often fail to clarify whether these refer only to male abusers of female victims, and estimates of the number of LGBT+ people in the UK population are only estimates. Even in prevalence studies focusing on the LGBT+ community, figures will vary depending on where the study was conducted (a Pride event versus a medical centre), and on whether the focus is on primarily openly ("out") LGBT+ people.

Donovan et al (2006) found that 40% of women and 35% of men had experienced DVA from a same-sex partner at some point in their lives – somewhat higher than the level reported in general population surveys. This study involved 800 participants across the UK, 60% of whom were women. Although this was one of the largest scale studies in the UK, the sample was diverse but not representative.

Turell and Cornell-Swanson (2005) report that 89% of their participants had experienced DVA from a same sex partner, based on urban Texas, USA; of this 89%, 59% were female and 40% male, with 1% identifying as transgender. This study was roughly the same size as Donovan et al, with a 25% response on 3000 surveys initially distributed. However they also concentrated on only one area of the United States, which strongly limits the diversity of participants. Additionally, because the survey specifically sought LGBT+ people who had experienced domestic violence and abuse, in order to look at differences within the group, the prevalence of DVA within the group was much higher.

Balsam and Szymanski's 2005 study looked only at Lesbian and Bisexual women, and was much smaller than other studies mentioned, with only 272 participants in America. Participants in this study were initially recruited at LGBT+ Pride events, though not exclusively – the researchers argued that domestic abuse and being in the closet were linked, however, so the use of Pride events, primarily attended by people who are out of the closet, as a source of participants is interesting.

The Sigma Research surveys in 2003 (Henderson) recruited 1911 women at Pride events and 1391 men through the Gay Men's Sex Survey. They found the 22% of the women and 29% of the men had ever experienced an incident of DVA from a same-sex partner, which is roughly the same as for surveys looking at women in the general population (25%). However, the differing recruitment methods used for men and women may have affected the levels of reporting of DVA from participants. As Balsam and Szymanski suggest higher levels of DVA in female relationships correlate to the abusive partner not being out about her sexuality, it seems likely that the prevalence of DVA amongst women at an LGBT Pride event would be lower than in a more varied sample of Lesbian and Bisexual women.

Renzetti's 1992 research into experiences of Lesbian battering similarly used community sources (LGBT+ newspapers and organisations, women's organisations etc.) to recruit the 100 women who completed the survey. As she notes in her own commentary, this may have led to participants being more connected to the community, or open with their sexuality, which limits the generalisability of the research. Renzetti also notes that her participants were not particularly diverse in terms of race, class or age, and though she did not ask about disability, we can assume that this too was not especially well represented. As her study drew exclusively on women who identified as victims of abuse from a Lesbian partner, conclusions cannot be drawn about prevalence. Renzetti's study shows clearly that abuse was not an isolated incident for these women: 92% of participants experienced more than two incidents of abuse, and 71% reported that the abuse grew worse over time.

One thing that is clear from all of these studies is that DVA is not an issue reserved solely for women in relationships with men, and that, though the rate may be difficult to define exactly, it is likely similar to the rate within different sex relationships. This seems to indicate a clear need for some form of support for this group of victims and survivors.

### Help-Seeking

Challenges for LGBT+ people seeking support around DVA often reflect the challenges of seeking help for other problems that may require being open about gender identity and / or sexual orientation: medical help or treatment, for example, or placing a child in a school.

One difficulty is around being one of only a small number of LGBT+ people accessing the service. Or even, in a group setting, the only one, and having to deal with perceptions of the person around their gender identity and / or sexual orientation at the same time as dealing with issues of an abusive relationship (Diebert et al, 2011). This can lead those needing help to avoid seeking support; 15% of respondents to a Stonewall UK survey indicated that they did not seek help because "I didn't want to tell heterosexual or cisgender people about my family or relationships" (Stonewall, 2013).

Another challenge is around the normality of heterosexuality, leading to people being assumed heterosexual and cisgender unless otherwise specified. Ingraham (1996) argues that this reinforces the difficulties women face in seeking help after abuse by another woman, influencing both the understanding of DVA held by service providers and the way that they provide the service (for example, by assuming the abuser is a man and therefore not asking, or by struggling or even refusing to accommodate Lesbians in refuges due to the perceived difficulty in identifying which is the abusive partner). This can also lead to a perception that services are only for cisgender heterosexual women, and therefore limited take-up of these services by LGBT+ people without explicit evidence of LGBT+ awareness and friendliness (Turell and Herrmann, 2008; Rose, 2003). Presumed heterosexuality can also impact on the abusive relationship itself, prompting higher dependence on a partner to survive in a homophobic society, as well

as enhancing a fear of being ostracised from the LGBT+ community on disclosure of abuse (Vaughan 2000, Ristock 2011).

The overwhelming presentation of DVA as an issue of women abused by men also seems to have an impact on where LGBT+ victims and survivors go for support, possibly due to different ways of contextualising their abuse. Evidence of help-seeking suggests that people abused by same-sex partners may see their abuse less as abuse, and more as something they are to blame for, or even caused by some aspect of their own personality. Ristock (2002) for example, found that women in same-sex abusive relationships were more likely to seek-help from private counsellors of GPs (compared to friends and family and the police for heterosexual women), which was also reinforced by Donovan and Hester's 2011 research finding that LGB survivors were less likely to seek help from the police than heterosexual women.

### Service Provision

There is an obvious overlap between help-seeking behaviours and service provision; an American study into older LGBT+ people seeking services around their aging found that assumptions of heterosexuality by service providers and a lack of context in which people could come out led to fear of accessing generalist services (Hughes, 2007).

Service provision, like help-seeking, can be impacted by perceptions of how DVA works: the law in America defines the abuser as the 'male partner', literally excluding any other gender or relationship model from being legally abused (Aulivola 2004). This can impact on services for women abused by women, with the police arresting the more butch woman on the assumption that she is closest to the male partner and therefore by definition the abuser, though this actually has little impact on who perpetuates abuse in same-sex relationships. This may lead to a perception of lower levels of risk for LGBT+ relationships, or an assumption of heterosexuality that is not always correct; only 1% of people referred to Multi-Agency Risk Assessment Conferences (MARAC), for example, are identified as LGBT+ (CAADA, Donovan 2010).

This lack of understanding around what LGBT+ DVA and life experiences are like can also lead to a lack of understanding about what LGBT+ communities need, and an over-estimation of the level of service provision. One study, for example, found that 96% of DVA services asked welcomed Lesbian clients, but few had any specific examples of how they did this, and most lacked specific training around the needs of the client group (Renzetti, 1996).

Research into successful interventions to improve service provision to LGBT+ victims suggests: increased awareness and training, including specialist LGBT+ workers; awareness raising with agencies around working with LGBT+ people; effective techniques for identifying and resolving counter-allegations; increased trust in professionals supporting disclosure of gender identity and sexual orientation; and amendments to relevant policies (Rose, 2003, Rogers et al 2002, CAADA, date unknown, Donovan 2010).

### Intersectionality

Fitting LGBT+ DVA within the gendered nature of DVA is a complex task, one which is often best done by understanding power, violence and control as belonging to men in a patriarchal society, and therefore seeing those using power as playing out a male role in that aspect (though they may play out a feminine role in all other aspects of their life); and by having an awareness of the intersection of many identities for LGBT+ victims and survivors, leading to a complex identity for this group.

Studies have found no connection between abuse and overall masculine identities in same-sex relationships (Smith, 2011, Weeks, 2007), but instead that abuse in these relationships happens for the same reason as in heterosexual relationships: to gain and maintain power and control. LGBT+ people in abusive relationships do this through the use of violence and, in some cases, embracing a position of higher "status" or "power" such as age or a higher income (Smith 2011, Renzetti 1992). Abuse may also be linked to "status imbalance" (feeling that one's status does not match what it should be; a highly trained doctor working as a cleaner, for example, or a person close to retirement living in a shared house instead of owning their own), with the abuse being a way to regain the sense of power lacking in other

aspects of the person's life, sometimes linked to the survivor taking on more of the typically female tasks in a household (Kelly and Warshafsky in Renzetti 1992).

One theory takes this further, creating a kind of abuse triangle, of which all three elements must be present for abuse to occur: learning to abuse, having the opportunity to abuse, and choosing to abuse (Zemsky 1990). This might be further conceptualised as learning about power, being in a position of power, and choosing to use that power to control.

Whatever theory used to explain same-sex DVA, an awareness of intersectionality is key to ensuring that it does not get swept into cisgender - heterosexual DVA as being exactly the same, that the very different groups within the LGBT+ acronym do not get merged into one (usually cisgender gay men), and that other aspects of identity, such as ethnicity or disability, do not get lost.

### Ethnicity

Race and ethnicity can have a powerful impact on how LGBT+ people experience DVA and on how Black and Minority Ethnic (BME) LGBT+ people may be missed out in service provision and research. In particular, this can be an issue when services for LGBT+ people are promoted primarily or even exclusively in LGBT+ community spaces, ignoring that a sizeable portion of LGBT+ people, particularly BME LGBT+ people, may not identify under that umbrella, or may not feel safe in those spaces due to fears or experiences of racism (Waldron 1996). Additionally, BME LGBT+ people may identify more strongly with BME community and culture than the LGBT+ aspect of their identity; one American helpline had much greater success in recruiting Spanish speaking LGBT+ people through the Spanish-speaking community than through LGBT+ people of colour groups (Mendez 1996).

Intersectionality can also apply to people's support needs: a person may require support for more than one issue simultaneously, rather than being able to separate out one as the most important or pressing (Seeking Safety 2002, Staddon 2005). This is perhaps most clearly expressed by Hester et al's 2012 researching findings:

"The biggest concern of the LGB respondents was that services should deal with domestic violence or sexual violence and LGBT+ issues together."

Below is the image of Bob the Blue Stripecy Triangle reproduced with kind permission of its author Miriam Dobson.

You can find Miriam on Twitter @MiriamDobson



## Glossary of terms

Please note the definitions of some of these terms can vary, according to the context and source, and are used here only as a guide. It is also important to be aware that people may not choose to use a particular term to identify themselves, even if they fit within the definition (for example, a man who has sex with men may not identify as gay), and some people may identify with a particular term even if they do not entirely fit within the definition (for example, a woman in a relationship with a man, who identifies as a lesbian instead of bisexual).

Note on gender/sex: in this document, sex is used to refer to a person's physical sexual characteristics, and gender to refer to their identity.

**Asexual** a person whose identity is non-sexually oriented. They may have 'emotional orientations,' or romantic feelings, towards same-sex or different sex others, or not. This is a contemporary and emerging self-identification. Asexual is not the same as celibate; an asexual person does not generally feel sexual attraction, while a celibate person may feel sexual attraction but not act upon it.

**Biphobia** a common stereotype of bisexuality is that it is 'a phase' on the way to a 'mature' lesbian, gay or heterosexual identity. Some recent research has even attempted to prove the non-existence of bisexuality, particularly male bisexuality, although these studies have been criticised as methodologically and theoretically flawed. Bisexual women are frequently regarded as 'just being bi-curious' another way of denying that bisexuality is 'real'.

**Bisexual** a person who has an intimate (emotional/sexual) attraction toward more than one gender.

**Cisgendered/Cisperson** a person whose gender identity is the same as the sex they were assigned at birth.

**Cisgenderism** is a prejudice similar to racism and sexism. It denies, ignores, denigrates, or stigmatises non-cisgender, Transgender, forms of expression, behavior, relationship, or community.

**Coming out** refers to the experiences of some, but not all, LGB and Trans people as they explore/ disclose their gender identity and/or sexual orientation.

**Cultural Competence** evidence of engagement with equalities communities; knowledge and awareness (training); and evidence of satisfaction from equalities communities of services provided.

### Discrimination

**Direct discrimination:** Someone is treated less favourably due to their protected characteristics.

**Indirect discrimination:** The unintended consequence of a policy disadvantages a particular equalities community or someone with a protected characteristic.

**Discrimination by association:** Someone is discriminated against and/or treated less favourably because they associate with a person with a protected characteristic

**Discrimination by perception:** Someone is discriminated against because others think they have a protected characteristic.

**Different sex** (relationship) – used to refer to Heterosexual relationships, where partners are from different sexes

**DVA:** Domestic Violence and Abuse

**Equalities Communities** relates to the 'protected characteristics' defined in the Equality Act (2010).

**Gay** "Gay" most commonly refers to men who have an intimate (emotional/sexual) attraction to other men. However, some Lesbians identify as "Gay" or "Gay Woman" / "Gay Women".

**Gender Identity Clinic (GIC)** is a specialist NHS service providing assessment for Trans people who are seeking hormone treatment and / or surgical gender reassignment procedures. They are usually run by consultant psychiatrists who may or may not have other types of NHS staff working with them.

**Gender Queer** a person who does not identify as either male or female ("the gender binary"), or may identify as different genders at different times. Gender Queer people do not usually want to transition physically to a different sex from the one they were assigned at birth.

**Gender Reassignment Surgery (GRS)** medical treatment to enable Trans people to alter their bodies to match their gender identity is highly successful and has been available through the NHS for several decades. The medical process is known as 'Gender Reassignment Surgery' or 'GRS'.

**Gender Variant (see also Trans / Trans\*)** an umbrella term for those people whose gender identity differs from the sex they were assigned at birth, whether that be transsexual, genderqueer etc.

**Hate Crime** a crime committed on the basis of the actual or perceived age, disability, ethnicity, gender, gender identity, religion or belief, or sexual orientation of a person.

**Heterosexism** the belief that heterosexuality is the only "natural" and "normal" expression of sexual orientation and that it is inherently superior (and healthier) to other types of sexual orientation. This often gives rise to the idea that services tailored for heterosexuals will be suitable for everyone (see Cultural Competence).

**Heterosexual** an individual who has an emotional and/or sexual attraction to persons of a different sex. Heterosexuals are sometimes referred to as "Straight." Some people find this term offensive as it may imply the opposite of "Bent".

**Homophobia** the response of other members of society that results in Lesbian, Gay and Bisexual people experiencing discrimination, harassment, hatred and / or victimisation.

**Homosexual** this is the term which was mostly used by authorities (e.g. doctors, police, the media) to refer to an individual who has an intimate (sexual/emotional) attraction towards persons of the same sex. This term is often now rejected by LGB people as being too clinical and the terms "Lesbian" or "Gay" are preferred.

**IDVA** Independent Domestic Violence Advocate / Advisor

**ISVA** Independent Sexual Violence Advocate / Advisor

**Intersectionality** how individuals from one oppressed group may also be affected by discrimination for other characteristics, for example, a disabled lesbian may find her experience of DVA is not recognised because friends, family or support agencies may disapprove of or simply not recognise an intimate relationship with a disabled person, as well as expecting that as a woman she should follow her (cultural) gender role; or a black or minority ethnic (BME) trans woman may encounter racism as well as transphobia in her aim to live as she chooses.

**Intersex** is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Or a person may be born with genitals that seem to be in-between the usual male and female types.

**Lesbian** a woman who has an intimate (emotional/sexual) attraction to other women.

**LGBT/LGBTQ/LGBTQI** acronyms for Lesbian, Gay, Bisexual and Trans. Increasingly including 'Q' for "Questioning" and / or "Queer", "I" to include "Intersex", "A" to include "Asexual" and "P" to include "Pansexual".

**Pansexual** people are attracted to people regardless of their gender. Pansexual people can be attracted to anyone of any gender identity. The word pansexual comes from the Greek word 'pan-', meaning "all". Pansexual people are part of the LGB and Trans community.

**Queer** a 'reclaimed' word used by some people to self-identify as part of a movement that may include LGB and Trans, A (Asexual) and I (Intersex). Queer tends to be defined by what it is not– i.e. not having a prescribed view of gender identity and / or sexual orientation. Queer is also sometimes used to indicate a commitment to 'non-normative' gender and sexual fluidity (rather than to fixed categories of person).

**Questioning** usually refers to young people who may be experiencing Lesbian, Gay, Bisexual, and/ or Trans feelings but have not yet identified their gender identity and/or sexual orientation.

**Same-sex** (relationship) – used to refer to Lesbian and Gay relationships, where partners are from the same sex

**Trans** (Transgender) – an umbrella term for people whose gender identity and / or gender expression diverges in some way from the sex they were assigned at birth, including those who identify as transsexual people, those who identify as non-binary gender people, and cross-dressing people.

**Transition** can have two elements, social and medical. Some Trans people transition through both, but others may only go through a social transition. Medical transition includes hormones, surgery, GPs – anything medical. Social transition involves social aspects, such as coming out, changing documents, names, clothing etc. Not everyone will do all the things in each category such as not having surgery or not having all surgeries available etc.

**Transphobia** a reaction of fear, loathing, and discriminatory treatment of people whose identity or gender presentation (or perceived gender or gender identity) does not “match,” in the societally accepted way, the sex they were assigned at birth. The response of other members of society that results in Trans people experiencing discrimination, harassment, hatred and victimisation.

**Trans Man (FtM)** a person who was assigned female at birth but has a male gender identity and therefore proposes to transition, is transitioning or has transitioned to live as a man, often with the assistance of hormone treatment and perhaps various surgical procedures.

**Trans Woman (MtF)** a person who was assigned male at birth but has a female gender identity and therefore proposes to transition, is transitioning or has transitioned to live as a woman, often with the assistance of hormone treatment and perhaps various surgical procedures.

**Note. Pronouns of Choice**

If you are unsure how to identify a person in relation to their gender identity or sexual orientation, it is acceptable to ask which term they would prefer you to use to describe them.

