

LGBT+ Domestic Abuse Needs Assessment for Central Bedfordshire Council

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Over the course of this project we engaged with over 120 Central Bedfordshire residents who identified as LGBT+, some of whom had experienced or were experiencing abuse from partners or family members. We would like to extend our sincere thanks to them for sharing their experiences.

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About Galop

Galop is the UK's only specialist LGBT+ anti-violence and abuse charity. Our mission is to make life safe, just and fair for LGBT+ people. We provide advice, support and advocacy to people who have experienced domestic abuse, sexual violence and hate crime. We lead on the provision of specialist ISVA, IDVA and hate crime services for LGBT+ survivors; we run the National LGBT+ Domestic Abuse Helpline and the LGBT+ Hate Crime Helpline; and we offer specialist support to LGBT+ children and young people at risk of serious harm. Galop works to represent the voices, experiences and needs of LGBT+ survivors at national and local levels. An understanding of anti-LGBT+ prejudice and the intersectional lived experience of all LGBT+ people and communities underpins our work. Further information at www.galop.org.uk.

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Executive summary

This report aims to improve understanding of: the experiences of domestic abuse in the LGBT+¹ population of Central Bedfordshire; whether Central Bedfordshire domestic abuse services meet the needs of local LGBT+ people; and what changes are needed to empower LGBT+ survivors and encourage help seeking.

The authors draw on the existing body of UK research into LGBT+ domestic abuse, along with primary research with both LGBT+ community members, and practitioners working in statutory and voluntary services in Central Bedfordshire in order to answer these questions.

Key findings from existing UK research

- The prevalence of domestic abuse for LGBT+ people is at least as high as for cisgender heterosexual women. Bisexual women and trans people are at particularly high risk of experiencing abuse from a partner. There is little research into the prevalence of abuse from family members.
- While there are many similarities in the nature of abuse that all victims/survivors experience, LGBT+ people additionally face identity abuse, in which their gender identity or sexual orientation is used against them. Examples of this abuse include outing or threatening to out someone without their permission and restricting access to transition-related healthcare or medication.
- LGBT+ domestic abuse is under-reported. Multiple barriers to accessing support exist on the individual or interpersonal level, which relate to survivors' knowledge and perception of abuse and the support system. This includes the impact of the public story of domestic abuse, which focuses on cis-heterosexual couples, and results in LGBT+ people believing that what is happening to them does not count as domestic abuse.
- Structural and cultural barriers relate to the way existing services have been designed with the needs of cis-heterosexual women in mind, and the lack of visibility of LGBT+ needs. This results in a poor understanding and awareness of the unique dynamics of abuse for LGBT+ people within professional services. LGBT+ people are wary of services which are not explicitly LGBT+ inclusive due to a fear of discrimination and/or a belief their experiences will not be understood.
- Prevention and early interventions are key to reducing future domestic abuse and preventing the escalation of harm. There is a significant lack of LGBT+ acknowledgement and inclusion in the domestic abuse programmes and campaigns that are delivered in the UK.

¹ See Appendix B for a glossary of terms.

Key findings from Central Bedfordshire research

- Experiences of domestic abuse are high among all LGBT+ people in Central Bedfordshire. Our survey finds that almost two thirds report abusive behaviour from family members and over three fifths from partners or ex-partners.
- Experiences of abuse encompass a wide range of behaviours, including so-called 'honour'-based abuse and stalking. This mirrors the experiences of cis-heterosexual women, with the addition of LGBT+ specific identity abuse.

Around two thirds
report abusive
behaviours from
family members



Three fifths of
respondents report a
pattern of abuse from
partners or ex
partners.



- Certain sub-groups within the LGBT+ community appear to be more likely to experience domestic abuse than the already high rates across the board in our sample. These include trans people, non-binary people, bisexual and pansexual people.
- Young LGBT+ people and LGBT+ people from BAME backgrounds appear to be more likely than other LGBT+ people to experience domestic abuse from family members.
- One third of LGBT+ people who have experienced abuse from a partner or ex-partner, and approximately one sixth of those experiencing abuse from a family member have told no-one about these experiences.

33%

LGBT+ people experiencing
abuse from a partner or ex-
partner told no-one about
their experience

15%

LGBT+ people experiencing
abuse from a family member
told no-one about their
experience

- LGBT+ victims/survivors are much more likely to rely on informal networks such as friends and family for support, than they are to speak to professionals. Very few respondents had been in contact with specialist domestic abuse services or police.
- LGBT+ lives in Central Bedfordshire are invisible, there is no LGBT+ domestic abuse service provision for adults and limited social provision for young people.

I would like to see a celebration of LGBTQ in Central Bedfordshire as there is nothing and it feels like we don't exist and are not part of the community

Youth group participant

- Professionals across a wide range of services do not ask about or record gender identity or sexual orientation, meaning they do not know who in their service identifies in this way. Consequently, services cannot respond to any particular risks or needs that LGBT+ people may be facing.
- LGBT+ people tell us they do not feel safe to be their genuine selves and do not feel able to approach specialist domestic abuse services for support.

[I] would not know who to talk to, there is no support for someone like me, no-one who would understand and I'd worry I'd make things worse

Gay man, age 65+

Because there is still a lot of people who think being LGBTQ is wrong, I am always anxious about who I can trust and who won't judge me

Youth group participant

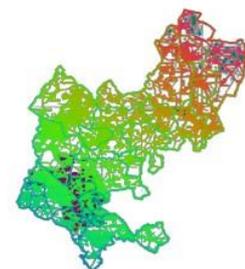
- Whilst most practitioners said that they provide a service to anybody regardless of their sexual orientation and/or gender identity, few identified any materials which made it clear that their service was open to LGBT+ people, or sub-groups under the LGBT+ umbrella, where applicable.



"I wouldn't say that any of our services make it clear that they would be LGBTQ friendly in any way, and there was some resistance I think - it comes from a well-intentioned place, but they don't seem to think that they would need to let people know that they were being inclusive"

Local practitioner

- Engagement in this project from professionals working in local support services was low. Despite this, it is clear there are a small number of professionals in the area who are going above and beyond trying to get LGBT+ issues seen and responded to, with little strategic support.
- The majority of practitioners had not attended training about LGBT+ domestic abuse, and there is a lack of confidence among professionals that LGBT+ victims/survivors receive parity of support from their services, compared to cis-heterosexual people.
- Ultimately, our findings describe a cycle of invisibility for LGBT+ victims/survivors in Central Bedfordshire, with a small number of professionals going above and beyond to try to improve the help available, and make the area more accepting and supportive of its LGBT+ residents. In order for these efforts to be successful, LGBT+ people in general and LGBT+ domestic abuse in particular require inclusion at a strategic level across sectors, with professionals supported to network and partner on initiatives to share their expertise and effort.
- The next section of the report outlines recommendations for Central Bedfordshire Council and voluntary sector organisations operating in the area. These recommendations highlight the key strategic and operational changes which would address the invisibility of LGBT+ lives and improve access to support for LGBT+ victims of domestic abuse in Central Bedfordshire.



Recommendations

There are two sets of recommendations stemming from the findings of this report:

1. Those aimed at Central Bedfordshire Council – these are the recommendations at policy level, which promote systemic structural, strategic, social and cultural change.
2. Those aimed at local statutory and voluntary services – to promote culturally competent support at the operational level, impacting service provision and delivery.

Central Bedfordshire Council

To boost trust and confidence of LGBT+ communities and empower them as local residents to engage with services and seek help and support, we recommend Central Bedfordshire Council develop the following measures:

1. Local strategies
 - i. Ensure that LGBT+ people's needs, and the needs of residents with other minority protected characteristics, are clearly visible in local policy frameworks. This should include, but is not limited to the Equality and Diversity Strategy, Domestic Abuse and Violence against Women and Girls Strategies, Health and Wellbeing Strategy, Housing Strategy, Community Safety Partnership Strategy and the Children and Young People's Plan.
 - ii. Best practice guidance should be followed when developing and refreshing policies, to ensure they: name the problems they aim to address; are comprehensive and practical; clearly define the actions that will be taken; assign responsibility for each action to individuals or teams; respond to the needs of each section of the target community; have clear mechanisms for being implemented and are outcome orientated to ensure progress can be measured.
2. Prevention and early intervention
 - i. Enforce a zero tolerance approach to any abuse or hostility towards LGBT+ people in public or private places, by service providers, family members, intimate partners, neighbours or strangers. This should include verbal and symbolic public/political statements from local leaders, speaking out against LGBT+ based violence and abuse and encouraging victims/survivors to seek help and support.
3. Awareness raising
 - i. Ensure economic and political support and improved visibility for local LGBT+ organisations and initiatives, including community events such as IDAHOT day, LGBT History Month, Pride month.
 - ii. Develop and deliver an ongoing outreach campaign and specifically target local LGBT+ communities in prevention and early intervention initiatives. This should

include raising awareness about domestic abuse, challenging misconceptions and increasing opportunities to discuss healthy relationships.

- iii. Engage with existing community groups such as local LGBT+ youth groups and the youth parliament to build a sense of trust between residents and services, and ensure community co-production as part of the development of activities and events which champion LGBT+ identities and relationships.

4. Data and monitoring

- i. Commission and deliver Local Authority-led outreach and consultation on 'living in Central Bedfordshire' for people with a range of protected characteristics with sub-meetings on health, domestic abuse, safety, housing and any other relevant areas.
- ii. Maintain ongoing consultation with national LGBT+ experts and advocates (e.g. Galop) to ensure voices of victims/ survivors of domestic abuse and other forms of hostility based on sexual orientation and/or gender identity are represented at the levels of policy and service delivery.

5. Access to services

- i. Review existing online directories and ensure information about the support Central Bedfordshire residents can access for domestic abuse is well publicised, easy to use and clearly states who these services are open to.
- ii. Commit to adopting and implementing the recommendations published by Galop in their guidance for commissioners: *Commissioning for inclusion: Delivering services for LGBT+ survivors of domestic abuse* [1].
- iii. Develop measures to ensure provision of effective, sustainable and accessible support for all LGBT+ survivors, but particularly those at high risk. For example, ensuring IDVAs receive LGBT+ domestic abuse specialist training and emergency accommodation providers are trained to identify additional risks LGBT+ victims/survivors may face.

Statutory and voluntary services

We recommend statutory and voluntary service providers recognise that LGBT+ people face additional barriers in access to effective help and support and increase the accessibility for LGBT+ survivors in the following ways:

1. Access specialist LGBT+ domestic abuse training
 - i. Build knowledge and capacity to assess risk and meet the needs of diverse LGBT+ victims/survivors. Tailored training packages should be delivered by specialist LGBT+ domestic abuse services or experts (e.g. Galop).
2. Monitor and report on sexual orientations and/or gender identity

- i. Review monitoring standards and include questions about sexuality and gender identity. This should be a reporting requirement. Training on how and when to ask these questions and how to challenge assumptions around sex and gender should be included in tailored training packages.

3. Increase visibility and representation of LGBT+ issues and service users in services

Services should state clearly that they are inclusive of LGBT+ people, create welcoming spaces and clearly advertise support to LGBT+ survivors, e.g.:

- i. Include clear and diverse examples of lesbian, gay, bisexual and trans people's experiences in advertising materials (e.g. posters, leaflets, web sites etc.), case studies and notice boards.
- ii. Where appropriate, utilise gender neutral² or gender responsive language to ensure you are not communicating gendered assumptions of who experiences abuse and who behaves abusively.
- iii. Explore opportunities to gain recognition for inclusion practices, such as the Stonewall Diversity Champions Scheme³, or the Say It Kite Mark Scheme⁴ both of which provide excellent resources to support organisations on this journey.

4. Establish strong partnership response and referral pathways

Establish partnerships with the national LGBT+ Domestic Abuse Helpline (run by Galop) and local LGBT+ organisations:

- i. Be able to signpost and make informed referrals.
- ii. Services should consider mutual support and other opportunities such as reciprocal training and awareness raising.
- iii. Set up and coordinate a network for practitioners who are confident and knowledgeable about LGBT+ domestic abuse. The network can increase opportunities for joint working, shadowing, improved partnership working and, professional peer support.

² Whilst we recognise that women are disproportionately impacted by gender based violence and it may often be appropriate to refer to the survivor as she/her and the perpetrator as he/him, there may be services that are accessed by victims/survivors that don't mirror that experience.

³ *Service Delivery Toolkit: Step 4: Communicating an inclusive service*. Stonewall, London: <https://www.stonewall.org.uk/resources/service-delivery-toolkit-step-4-communicating-inclusive-service> [accessed 24 April 2021].

⁴ *SAYIT LGBT+ Inclusion Kite Mark Scheme*. SAYIT, Sheffield: <https://sayit.org.uk/callitout/kite-mark/> [accessed 24 April 2021].

Introduction

Addressing domestic, sexual and gender-based violence is a strategic priority for Central Bedfordshire Council. Part of the Council's aspirations and aims are for Central Bedfordshire to be a great place to live and work – for everyone – ensuring that everyone feels like they belong, and leaving no-one behind.

In 2019, Central Bedfordshire Council commissioned a domestic abuse needs assessment for the LGBT+ population, involving two primary work streams.

1. Systematic review of existing UK research to establish:
 - a. The epidemiology of domestic abuse among the UK LGBT+ population, and how this compares to those in heterosexual relationships; and
 - b. What is known about what works for prevention and early intervention.
2. Quantitative and qualitative primary research to address:
 - a. The experience of domestic abuse in the LGBT+ population in Central Bedfordshire;
 - b. Whether Central Bedfordshire domestic abuse services meet the needs of LGBT+ people; and
 - c. What change is needed to empower LGBT+ survivors and encourage help seeking.

Using evidence-based approaches, this report presents the views and experiences of LGBT+ residents and service providers living and operating within Central Bedfordshire relating to the support available for survivors of domestic abuse. It assesses current service provision and the barriers to access, along with the gaps where needs are not being met. The previous section of the report outlines our key recommendations for improving service provision to ensure that LGBT+ individuals are able to recognise when they are experiencing domestic abuse, and can access support to improve their safety and wellbeing.

This project was carried out between April 2020 and March 2021. It is important to highlight that for much of this project England was subject to restrictions due to the three COVID-19 lockdowns. These restrictions impacted the timeline of the project, and how planned research data collection was completed, since all recruitment and research activities were conducted online. During the pandemic, many professional sectors, but particularly the domestic abuse sector, have faced increased demand. Furthermore, during this period, service providers were required to adapt their response at short notice, and were required to respond quickly to secure necessary additional funds. It is possible that these circumstances played a role in the difficulties we faced with professional engagement and recruitment of LGBT+ participants.

Literature review

Domestic abuse is a complex global phenomenon spanning all majority and minority racial and faith groups, ages and social classes. According to the Crime Survey for England and Wales (CSEW) for the 12-month period ending March 2020, around 2.3 million adults aged 16 to 74 years experienced domestic abuse (1.6 million women and 757,000 men) [2]⁵. While our knowledge base about domestic abuse as experienced by LGBT+ people is relatively limited, there is broadly a consensus that the prevalence of domestic abuse among lesbian, gay and bisexual people is at least as high as for heterosexual women, and according to the Office for National Statistics (ONS), is higher for bisexual women [3]. There is also general agreement that trans people are disproportionately impacted by domestic abuse [4].

Family violence and abuse targeting LGBT+ family members is an under-recognised and under-researched aspect of domestic abuse, yet researchers and practitioners broadly agree it is a pernicious problem. Despite high rates, domestic abuse is vastly under-reported and LGBT+ survivors are disproportionately under-represented in voluntary and statutory services, including criminal justice services. Low visibility is often a result of a range of systemic and personal barriers, which prevent LGBT+ survivors from either being recognised or recognising abuse, and/or getting the help and support they need.

This literature review seeks to examine what we know about the scope and nature of domestic abuse as experienced by LGBT+ people in the UK. We also discuss barriers in access to services and highlight some of the policy and practical opportunities to inspire and motivate LGBT+ inclusive and welcoming responses.

Prevalence of domestic abuse

The most recent CSEW [2] found that overall, 27% of women and 13% of men had experienced at least one form of domestic abuse⁶ since the age of 16. While this broadly suggests that one in four women and one in eight men will suffer domestic abuse, the prevalence of domestic abuse among LGBT+ people is difficult to quantify.

Estimates suggest that somewhere between 0.35% and 1% of the adult population of the UK identifies as trans and between 2.5% to 5.9% of the adult population of England identifies as lesbian, gay, bisexual or 'other' [5]. Due to the well documented reluctance of LGBT+ people to self-identify in official surveys⁷, 2.5% is likely an underestimate. However, taking this as the

⁵ Currently the Crime Survey England and Wales does not collect data on respondents who are transgender, nor does it collect data on the gender of the perpetrator.

⁶ Any domestic abuse includes: domestic abuse perpetrated by partner or family non-physical abuse, threats, force, sexual assault or stalking.

⁷ Office for National Statistics. *Sex and gender identity question development for Census 2021*. Office for National Statistics, London:

<https://www.ons.gov.uk/census/censustransformationprogramme/questiondevelopment/sexandgenderidentityquestiondevelopmentforcensus2021> [accessed 24 April 2021].

lower limit for the LGBT+ population, this suggests at least 6,850 people in Central Bedfordshire fall under the LGBT+ umbrella⁸.

While official statistics on the number of LGBT+ people who have been affected by DA are limited, evidence suggest domestic abuse is a significant problem for LGBT+ communities. ONS data from the year ending March 2015 [6] suggests that more than one in four (27%) gay men and lesbian women and more than one in three (37%) bisexual people have reported at least one form of DA since the age of 16. ONS figures do not include information on those identifying as trans and non-binary. Furthermore, a 2018 analysis of CSEW data for years ending March 2015 to 2017 found that bisexual women are nearly twice as likely to have experienced partner abuse than heterosexual women (10.9% compared with 6.0%) [3].

Among empirical studies, prevalence findings have varied considerably. In a recent community survey from Stonewall [7], 11% of the LGBT+ respondents report having experienced at least one form of domestic abuse from a partner in the previous 12 months, almost twice the rate for the population as a whole for that year (6% as recorded by the CSEW [8]). For bisexual women this increases to 13%, and for trans or non-binary people to 19%. In the largest national community survey of LGBT+ people, conducted by the Government Equalities Office [9], almost one third (29%) of all LGBT+ respondents disclosed an incident in the 12 months preceding the survey, involving someone they lived with and because they identified as LGBT+.

Earlier community studies also confirm high rates of domestic abuse in LGBT+ communities. Donovan et al [10] report 38% of the LGBT+ respondents in their study had experienced domestic abuse at some point in their lives. Stonewall [11], found that 49% of all gay and bisexual men experienced at least one incident of DA from a family member or partner since the age of 16 and 25% of lesbian and bi women [12] reported at least one form of abuse from a partner since the age of 16. In their more recent community study, Donovan and Barnes [13] found that bisexuals (71%) were more likely to report at least one form of DA than lesbians (61%), gay male (65%), queer (63%) or 'other' (64%) respondents.

Community studies also suggest rates of domestic abuse are higher for those identifying as transgender. For example, Stonewall [7] found that 28% of all trans respondents disclosed intimate partner violence in the year prior to the study and Browne et al [14] found trans people were almost twice as likely as their cisgender peers to disclose at least one experience of DA in their lifetime (overall LGBT+ 30%, trans people 64%). A small scope study conducted in Scotland found that as much as 80% of transgender communities may be at risk of domestic violence either from family members or intimate partners [15]. In their recent study, Donovan and Barnes [16] found that victimisation rates for trans respondents (64%) were higher across all forms of DA (physical, sexual, emotional and financial) compared with cisgender women (55%) and cisgender men (53%).

⁸ Based on an estimated total population size for Central Bedfordshire of 274,000, taken from: https://www.centralbedfordshire.gov.uk/info/27/about_your_council/248/equality_and_diversity/3 [accessed 24 April 2021].

Due to research limitations (see Appendix A), findings based on community samples should be interpreted with caution. However, the random samples in the CSEW reinforce the general findings that domestic abuse is a significant problem for LGBT+ communities; with prevalence for lesbian women and gay men at least as high as for heterosexual women and higher for bisexual women. Furthermore, community studies suggest that trans people experience the highest rates of domestic abuse.

Nature and dynamics of abuse

There are many parallels between LGBT+ people's experiences of domestic abuse and that of their cis-heterosexual peers. This includes the impact on the survivor and the range of violent behaviours which include physical, sexual, emotional and financial abuse, as well as the risk of forced marriage and 'honour'-based violence [17]–[19].

There is some evidence to suggest LGBT+ survivors may be at higher risk of certain types of abuse. For example, ONS [3] suggests bisexual women are twice as likely as heterosexual women to have experienced non-physical abuse (7% compared with 4%) and almost five times as likely to have experienced sexual assault by a partner or ex-partner (1.9% compared with 0.4%). In comparison, the SafeLives national dataset [20] suggests LGBT+ survivors are at higher risk across all types of abuse⁹ compared to non-LGBT+ survivors. With the exception of harassment and stalking, these differences were found to be statistically significant and the data suggests that these experiences result from the increased length of time LGBT+ survivors take to seek help from domestic abuse agencies.

When seeking help, LGBT+ survivors are most likely to disclose ongoing experiences of emotional and verbal abuse, i.e. name-calling and insults, lying, belittling, manipulation, threats of suicide and behaviours that constitute identity abuse, such as undermining gender identity or sexuality and threatening to out a partner [18], [19], [21]. In the case of trans survivors, this may include deliberately misgendering, withholding medication or preventing treatment needed to express the victim's gender identity (e.g. hormones, surgery etc.) [22]–[24].

To understand individual experiences and responses to abuse, we also need to recognise that LGBT+ people are not a homogenous group. Those who identify as LGBT+ will have widely different identities and experiences of abuse. For example, Galop's data [25] from their domestic abuse service suggest gay men are most likely to disclose physical abuse and report highest levels of/risk of 'honour'-based violence, while lesbian and bisexual women reported the highest levels of/risk of forced marriage and disclosed the highest levels of financial and verbal and emotional abuse. In their research, Donovan and Barnes [16] found that trans people reported the highest rates of each kind of abuse, and that men (39%) were almost as likely to report sexual violence as trans people (41%). Galop [25] found trans survivors were

⁹ Recorded abuse types with percentages: physical abuse (64% LGBT+ vs 57% non-LGBT+), sexual abuse (28% LGBT+ vs 21% non-LGBT+), harassment and stalking (68% LGBT+ vs 66% non-LGBT+), jealous and controlling behaviour (83% LGBT+ vs 80% non-LGBT+); taken from data presented on page 10 of Ref [20].

far more likely to disclose abuse from family members and disclosed higher levels of verbal and emotional, sexual and financial abuse compared to their cisgender LGB peers. Galop also documented disparities between trans men and trans women. While both groups were most at risk from intimate partner violence, trans women disclosed disproportionately higher levels of physical, sexual and financial abuse compared to trans men, who disclosed higher levels of harassment/stalking and verbal and emotional abuse.

The differences in experiences of abuse between gay, lesbian and bisexual sub-groups may to some extent reflect wider processes of gendering and gender norms. It may also be that various forms of physical and sexual violence experienced by male survivors are more likely to get reported. Gender norms and in particular, gender stereotypes manifested in transphobia, may also be the main factors influencing the difference in experiences of abuse between trans and cisgender LGBT+ survivors.

While data are limited, evidence also points to varied experiences across LGBT+ age groups. Evidence suggests that LGBT+ young people might be at a higher risk of domestic abuse, from both intimate partners and family members. Donovan and Barnes [16] found LGBT+ young people, and those in their first relationship regardless of age, are particularly vulnerable to exploitation from older or more experienced partners because of the 'experiential power' that person holds¹⁰. Galop's analysis [25] found LGBT+ young people (aged 24 and under) are at a disproportionate risk from immediate family members compared to other LGBT+ age groups. This is probably because this age group is more structurally dependent on their partners either for their home and/or for financial support.

The extent to which children and young people are financially and materially dependent on their families of origin is implicated in providing the context in which family abuse can take place. Parents can exert power in an attempt to regulate, control and/or punish any signs of non-conformity with acceptable norms of gender identity and/or sexuality in their children. However, there is no substantial research in this area in the UK.

Donovan and Hester [26], [27] suggest that the arrangement of heterosexual relationships, which often involve a male as key decision-maker and female as key carer, are what creates the imbalance of power necessary for abuse to occur. Same-sex relationships can be seen to mirror this basic dynamic where two people take different but complementary roles. Donovan and Hester argue that in any abusive intimate relationship, the relationship serves the abusive partner, who makes all the key decisions, while the survivor must take responsibility for the abuse, the relationship, the abusive partner, their household if they share one, and their children if they have them. This dynamic provides opportunities for coercive control, physical, sexual, emotional, financial violence and abuse.

Their work, and that of Donovan and Barnes [16] also shows how LGBT+ people face additional vulnerabilities to abuse, and additional barriers to seeking help. Perpetrators are able to draw on homophobia, biphobia and transphobia in identity abuse, when they warn

¹⁰ Donovan and Barnes (Reference [16]) explain experiential power as the power that results from having been out for longer than a partner and/or having had more (or any) experience of intimate relationship(s) with an LGBT+ partner than them.

survivors away from seeking help with threats that they will not be believed, or that they will be seen as perpetrators, or that they will be discriminated against or treated disrespectfully. The ways that society marginalises those who do not fit in with mainstream cis-heteronormativity provides additional and unique opportunities for abusers to manipulate and control LGBT+ survivors.

Finally, emergent research also suggests that to fully understand and appropriately respond to LGBT+ survivor's experiences, a more survivor-centred and culturally specific approach is needed. Donovan and Barnes [16] advocate the need for an intersectional approach which recognises that the perception, recognition and perpetration of domestic abuse, as well as help seeking, is significantly informed by the survivors' experiences of discrimination and abuse, not only due to sexual or gender identity stigma but also other intersecting oppressions such as race, class, age, disability and citizenship status.

LGBT+ inclusive practice models should therefore consider person-centred and trauma informed approaches that allow practitioners to understand that individuals need a response which is equally accessible, useful and effective for all, whilst taking into account their specific experiences of domestic abuse and different socio-demographic characteristics in a holistic way.

Barriers in access to services

Despite high rates, LGBT+ domestic abuse is widely underreported. For example, SafeLives' national dataset for independent domestic violence advisors (IDVA) [28] and refuge services [29], reports that 2-3% of people accessing support identify as LGB which, as discussed earlier, is near the low end of current estimates of LGB people in the population. This number drops to 1% within helpline services [30]. With regard to Multi-Agency Risk Assessment Conference (MARAC) data, for the 12-month period ending March 2020, only 1.3% of cases nationally (England and Wales), and 1.5% of cases at the Bedfordshire MARAC, were noted to involve LGBT+ survivors [31]. Over a quarter of MARACs (26%) recorded no LGBT+ survivors at all discussed during this period [20]. Above-mentioned datasets do not report on trans survivors separately.

Community studies further confirm LGBT+ survivors are unlikely to seek help for domestic abuse. Two UK-wide studies found that almost 80% of LGB survivors did not report incidents to the police [11], [12] and in a London-based study, 68% of respondents did not try to find advice, support or protection from organisations or services [32].

Researching distinct barriers in access to services faced by LGBT+ people, Harvey et al. [33] identify two main sets of barriers preventing or delaying LGBT+ people's experience of help seeking. Barriers exist on an individual or interpersonal level, which relate to survivors' knowledge and perception of abuse and the support system, while structural and cultural barriers relate to the way existing services have been designed with the needs of heterosexual cisgender women in mind. Donovan and Hester [26] talk about there being a gap of trust

between LGBT+ communities and the police because historically the police have perceived LGBT+ people as potential criminals rather than potential victims of crime.

The most cited personal consideration in accessing support is a distrust of services due to perceived or actual experiences of homophobia and transphobia [7], [18]. Evidence suggests LGBT+ survivors might be unsure of, or reluctant to disclose their relationships and identity with non-LGBT+ organisations, believe that non-LGBT services are 'not for them' and fear and/or anticipate being misunderstood or discriminated against by services. This fear is often rooted in significant experiences of discrimination due to sexuality or gender identity, which may include family rejection, hate crimes and previous experiences of discrimination [34], [35]. The influence of the public story of domestic abuse runs underneath these findings.

Donovan and Hester [27], [36] also describe how within the domestic abuse field, the success of feminist activists and scholars in transforming domestic abuse from a private issue ('a domestic') to being a serious social problem, has had an unintended consequence in the creation of the public story of domestic abuse. This public story of domestic abuse assumes that the problem is cis-heterosexual men using their size and strength to be physically violent toward the small 'weak' cis-heterosexual woman. While numerically it is cis-heterosexual women who are most often victimised by domestic abuse, most of the public narrative still paints a picture where only women can be survivors and only men can be perpetrators. This inadvertently suggests that intimate partner violence between women or between men is an equal fight and not as serious or as risky as when a man is violent towards a woman [37]. Donovan and Barnes argue that this public story results in LGBT+ people believing that what is happening to them does not count as DA and/or that theirs is a less serious and less harmful experience than anything heterosexual women might experience. This means that they rarely seek help from mainstream DA agencies and rarely report incidents to the police [26], [27].

The public story of DA does not only have an impact on LGBT+ survivors' ability to recognise themselves as such, it also impacts on the ability of services and practitioners to recognise how DA affects LGBT+ communities. In practice this means that most services are set up for and organised around the needs and experiences of cis-heterosexual women. Barriers on a structural level most often include low visibility and representation of LGBT+ issues within services (e.g. lack of monitoring of sexual orientation and gender identity), across internal policies and/or external publications (e.g. websites, annual reports, promotional material etc.) or within physical organisational space. Finally, cultural barriers include the poor understanding and awareness of professionals around the unique forms of coercive control targeted at sexual orientation or gender identity, services appearing heterosexist, assumptions that all their clients are heterosexual and cisgender or relying on misconceptions around the dynamics of domestic abuse as it impacts on LGBT+ communities [35], [36], [38].

[LGBT+ inclusive responses: prevention and early intervention](#)

Interventions aimed at preventing DA can be split into two categories: primary prevention, defined in the current UK Government Ending Violence Against Woman and Girls (VAWG) strategy (2016–2020) as being interventions or campaigns typically aimed at children and

young people in order to “educate, inform and challenge [them] about healthy relationships, abuse and consent” [39]; and secondary prevention, aimed at women and children who have experienced abuse, and those who perpetrate abuse, to raise awareness and prevent the further escalation of harm [40]. This could also be classed as a form of early intervention.

Prevention is a topic covered by most local authority Domestic Abuse strategies in England and Wales. However, many are vague about the activities they will deliver and who the audience for these will be. A search of ten such strategies yielded only one reference to LGBT+ specific interventions. The Birmingham Domestic Abuse Prevention Strategy 2018-2023 [41] specifies they will “undertake targeted community engagement with groups currently underrepresented in services such as BME communities, LGBT communities, disabled and/or older women” as part of their aim to “prevent domestic abuse by challenging the attitudes & behaviours that foster it”. Generic prevention programmes often focus on gender inequality as a driver of violence and abuse, while LGBT+ inclusion would require additional acknowledgement of structural inequality caused by cis-heteronormativity in UK society as explored in the ‘nature and dynamics of abuse’ section above.

Sex and relationships education (SRE) in schools is one opportunity to deliver primary prevention messages to young people. However, many schools do not currently have an LGBT+ inclusive SRE curriculum. Donovan and Hester [42] found that this added to the vulnerability of people in their first LGBT+ relationships due to not knowing what to expect in a same-sex relationship; accepting the abusive behaviour as ‘normal’ or to be expected in same-sex relationships; not recognising that their experience was domestic violence; and not talking to anybody about their experiences. While introducing LGBT+ relationships into SRE requires teachers to be supported to deliver inclusive materials confidently [43], it may represent the best opportunity to reach young people in significant numbers and ensure that LGBT+ young people are not left behind. Stonewall have developed a range of resources to support schools to deliver an inclusive curriculum effectively¹¹.

In 2014 the National Institute for Health and Care Excellence (NICE) [44] published a systematic review of UK domestic abuse interventions, separating out those which aimed to identify, prevent, reduce and respond to abuse. There was no mention in the prevention intervention section about LGBT+ inclusive programme materials or content. Of the 14 interventions discussed in relation to prevention, only 2 were from the UK, and they were both based in Scotland and reported limited efficacy. The review also highlighted that measuring the efficacy of prevention interventions is problematic, as few studies are longitudinal and they focus on change in attitudes rather than behaviours.

In addition, Stanley et al. [45] combined a systematic literature review with professional and community consultation to consider a wide range of prevention interventions with children and young people across the UK. One of their key findings related to the lack of focus on factors which add to the marginalisation of children and young people such as “race/ethnicity,

¹¹ Stonewall. *LGBT-inclusive education: everything you need to know*. Stonewall, London, 2019: <https://www.stonewall.org.uk/lgbt-inclusive-education-everything-you-need-know> [accessed 24 April 2021].

class, sexuality or disability”. Less than one fifth (19%, n=98) of interventions they analysed covered domestic abuse in LGBT+ relationships leading to the conclusion that this group are “insufficiently acknowledged in programmes and campaigns.” However, it was also noted that inclusion of information related to LGBT relationships in programme materials does not guarantee this topic will be covered. The evidence presented above shows there is little in the way of a robust prevention model which is inclusive of LGBT+ identities based in the UK. The lack of evidence found on LGBT+ abuse prevention highlights that this is an area that requires further research and evaluation.

Project methodology

The research questions this project set out to answer were:

- What are the experiences of abusive behaviours from intimate partners and family members among the LGBT+ population of Central Bedfordshire?
- Are the domestic abuse services in Central Bedfordshire accessible and fit for purpose for the local LGBT+ population?
- What support do professionals in the area need in order to provide effective support to LGBT+ individuals experiencing abuse?
- What should be done to raise awareness about support available to the LGBT+ population of Central Bedfordshire?

The activities undertaken to gather data to answer these questions were:

- A desk-based review of the existing evidence.
- An online survey for LGBT+ residents.
- An online survey for professionals working with LGBT+ people and/or those who experience domestic abuse in the area
- Semi-structured interviews and a focus group with professionals working in the area who have experience of supporting LGBT+ people or survivors of domestic abuse
- Semi-structured interviews with LGBT+ residents, together with input from LGBT+ members of a youth group and the LGBTQ+ society at a sixth form college in the locality.

All the activities and materials used as part of this project were granted ethical approval by Durham University.

The first activity completed was an anonymous online survey for LGBT+ individuals aged 16+ who were living, or accessing services (of any kind), in Central Bedfordshire. Care was taken to promote this survey as one looking at ‘LGBT+ relationships’, so that those who did not define their experiences as domestic abuse would not be put off from responding. The survey was open for 3 months between June and September 2020.

A convenience sampling strategy was used, as available data regarding the size of the UK or regional LGBT+ populations are not considered robust enough to allow for representative sampling. This results in a sample which must be viewed in the context of the specific respondents to the survey, and caution should be taken about generalising more broadly about the experiences of the wider LGBT+ population based on the findings presented here.

In total 179 responses were received, of which 120 were included in the final sample. Responses which were removed included individuals who: did not identify as LGBT+; did not live in Central Bedfordshire; did not progress past the first page of the survey which contained only demographic questions; did not meet the age criteria of 16 years and above.

In addition to this, over 20 responses were removed as they were identified as 'trolling' responses. These were completed by individuals who entered mocking and false information, often making reference to common trans- or homophobic tropes such as identifying their gender as 'attack helicopter', or stating they were being harassed by the researchers as the promoted posts were prominent in their social media feeds. Several of these responses were logged from the same IP address and were therefore easily removed from the final sample.

Due to the COVID-19 restrictions that were in place during the recruitment period, publicity was done online via social media and email networking. Sponsored social media posts were used to ensure that those who did not follow local services would see details of the survey. These posts received a much higher number of racist, homophobic and transphobic comments than Galop research projects have experienced before, which may be linked to findings discussed later on regarding the lack of acceptance faced by LGBT+ people in the area.

Once the survey closed, 10 participants who had left their contact details and consent to be sent information about the next stage of the project were contacted and invited to take part in semi-structured interviews to talk in more depth about their experiences of seeking help after domestic abuse. Two individuals consented and took part in interviews. Qualitative data from the LGBT+ community was supplemented by input from a local youth group, and the LGBTQ+ society at Central Bedfordshire College.

The online survey for professionals working in Central Bedfordshire was open for 7 weeks between September and October 2020. During that time, 37 individuals began the survey, and 35 completed responses were included in the final sample. Respondents to the survey came from a range of sectors, including DA, police, adult and children's social care, health and housing.

Publicity was largely handled by the project steering group members who work in Central Bedfordshire, sharing details of the survey by email with their professional networks. Engagement with this survey remained low, despite an extended recruitment period and repeated attempts to spread the word throughout organisations working in the area.

Qualitative activities with professionals comprised 8 one-to-one interviews and a focus group attended by 9 practitioners working in the area. Two interviewees also attended the focus group, giving a total of 15 individual participants. Despite various attempts we were unable

to engage successfully with certain organisations who play a key role in the response to domestic abuse, including police, housing and social care professionals, for these activities. Quotes from interviews and the focus group are included in the report anonymously as reporting job role or sector could identify individuals, given their specificity and the size of organisation/sector they represent.

Once data collection was complete, quantitative data from both surveys was cleaned, coded and then analysed using IBM SPSS v22. This data was reviewed and key patterns were identified. The interviews and focus group, which had been recorded, were transcribed and analysed thematically to identify the most common points raised by participants.

Research involving the Central Bedfordshire LGBT+ community

As noted above, the overall sample size for the survey of LGBT+ residents in Central Bedfordshire was 120 respondents. Not all respondents answered all the questions, either because they chose not to or because of the survey design, which took some previous answers into account when routing participants through the pages. Where percentages for findings are shown, the n value indicates the number of respondents from which the percentage is calculated. Figures are rounded up or down to the nearest whole number.

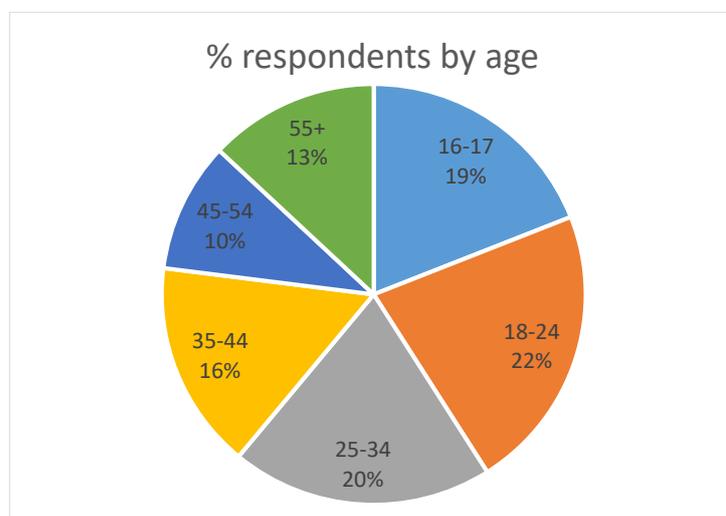
This section will explore the key findings from the LGBT+ community survey in the following order: Demographics of survey respondents; domestic abuse from family members (prevalence, impacts and help-seeking); and domestic abuse from an intimate partner (prevalence, impacts and help-seeking).

LGBT+ survey sample demographics

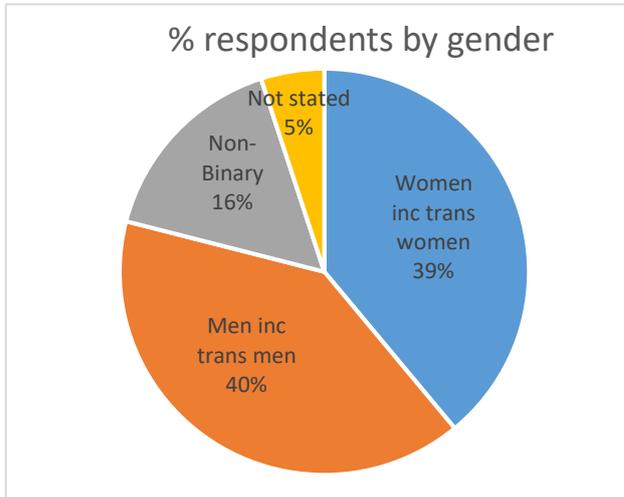
This section summarises the demographic make-up of the survey sample, n=120.

Graph 1: Age of survey respondents

- Age – As shown in Graph 1 19% were aged 16-17, 22% aged 18-24, 20% aged 25-34, 16% aged 35-44, 10% aged 45-54 and 13% aged 55+. Due to small numbers, respondents aged 35 or over were combined into one group for analytical purposes.



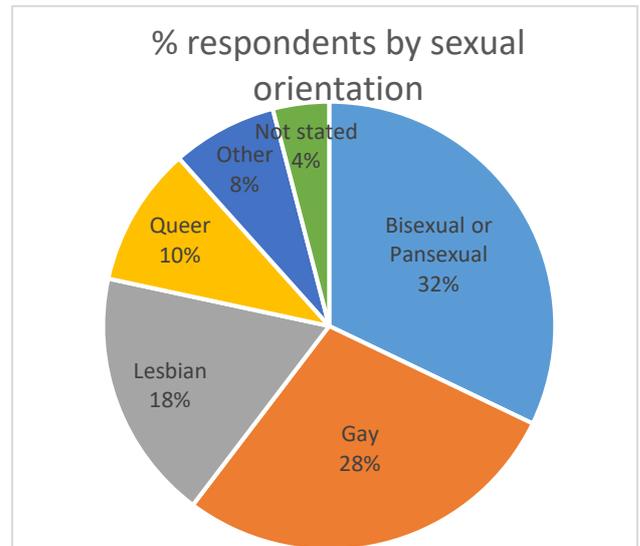
Graph 2: Gender of survey respondents



- Gender – As shown in Graph 2 40% were men (of whom 15% trans men), 39% women (of whom 17% trans women) and 16% non-binary (grouping of agender, genderqueer and non-binary).
- Trans identity – 73% were cisgender and 27% trans (grouping of trans, partially trans or with a trans history).

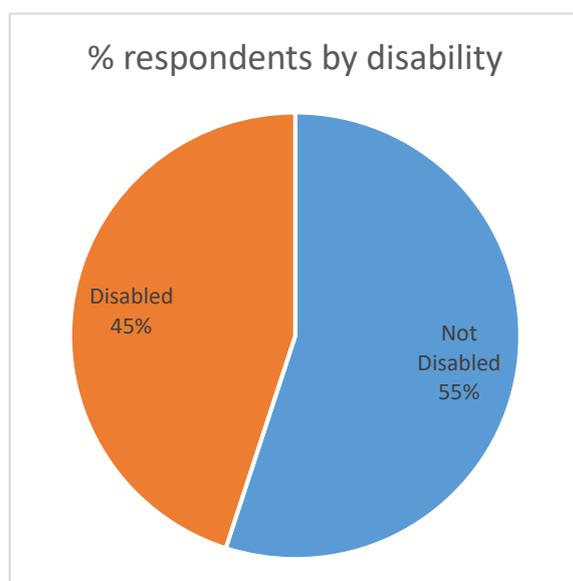
Graph 3: Sexual orientation of respondents

- Sexual orientation – As shown in Graph 3 32% were bisexual or pansexual, 28% gay, 18% lesbian, 10% queer, 5% asexual and 3% heterosexual. Due to small numbers, asexual and heterosexual responses were combined into an 'other' category for analytical purposes.



- Intersex status – 2.5% have an intersex body or a variation of sex characteristics. Due to the small proportion, answers to the survey questions are not presented by intersex status.

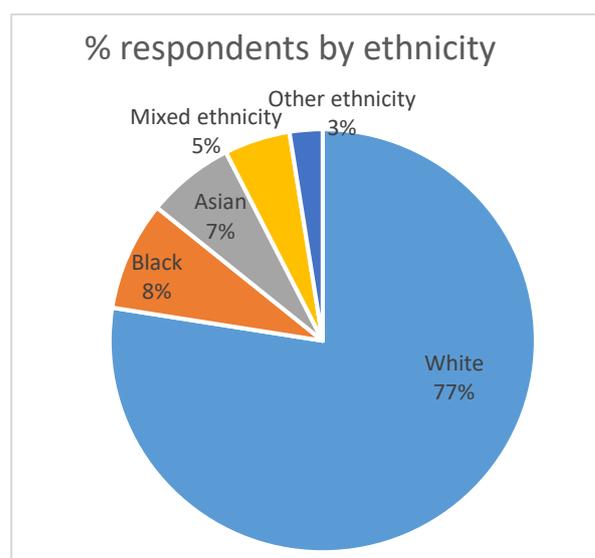
Graph 4: Disability of survey respondents



- Disability – As shown in Graph 4, 45% were disabled and 55% not disabled. Of those with a disability, 48% had mental health conditions, 46% neurodiversity conditions, 26% chronic health conditions, 17% physical or mobility conditions, 9% learning disabilities and 9% sensory impairments.

Graph 5: Ethnicity of survey respondents

- Ethnicity – As shown in Graph 5, 77% were White, (including White British, European and Traveller backgrounds), 8% Black or Black British, 7% Asian or Asian British, 5% mixed ethnicity and 3% other ethnicities (including Jewish and Arab/Middle Eastern backgrounds). Due to small numbers, appropriate ethnicity data were combined to form a Black, Asian and Minority Ethnic (BAME) category for analytical purposes.



Care has been taken not to erase any key trends when grouping responses for analysis.

This sample represents a diverse range of respondents, with the exception of age. The high proportion of younger respondents may be a consequence of online recruitment. Minoritised groups, such as disabled and BAME respondents comprise a higher proportion of our sample than in local population estimates¹².

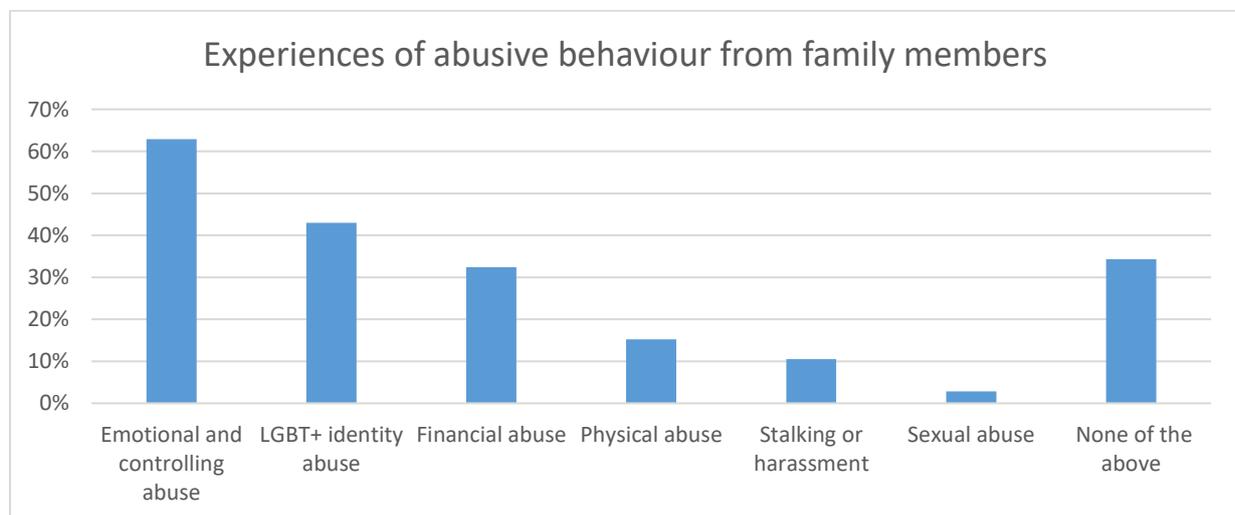
¹² Central Bedfordshire Council. *Equality and Diversity*: https://www.centralbedfordshire.gov.uk/info/27/about_your_council/248/equality_and_diversity/3 [accessed 24 April 2021].

Abusive behaviours from family members

Survey respondents were presented with twenty options of abusive behaviours they may have experienced in their lifetime from an adult family member. Almost two thirds (65%, n=105) of those who answered this question report they have experienced at least one form of abuse, and just over two fifths (41%) have experienced four or more. These figures indicate that abuse by family members is commonly experienced by LGBT+ individuals.

The most common behaviours reported are those categorised as emotional and controlling behaviours, experienced by 63% (n=105) of respondents, as shown in Graph 6 below. This represents 94% of those who report any abusive behaviours from a family member.

Graph 6: Experiences of abuse from a family member (n=105)



The second most common experiences are of LGBT+ identity abuse, specifically linked to a person's sexual orientation and/or gender identity. These include having an LGBT+ identity disregarded or used against them, being outed or threatened with outing, being kicked or forced out of the family home due to identity, or being pressured/forced into a heterosexual relationship. Almost half (48%, n=105) of our respondents have experienced one or more of these abuse types, though they were most common for trans respondents (69%, n=29) and particularly non-binary respondents (75%, n=16).

As Table 1 below shows, non-binary respondents report the highest rates of all types of abuse from family members, followed by women, with men reporting the lowest rates. Trans respondents report higher rates of all forms of abuse except for sexual abuse. Bisexual and pansexual respondents are more likely to have experienced emotional and controlling abuse (74%, n=19) and LGBT+ identity abuse (56%) than the overall sample. Young people aged 16-17 are more likely to have experienced abuse from a family member than those in any other age category (76%, n=21).

Respondents from Black, Asian and Minority Ethnic (BAME) backgrounds are far more likely to have experienced abusive behaviour from family members than white respondents based

on the percentages reporting they have experienced none of the abusive behaviours listed (19%, n=26 of BAME respondents, compared to 39%, n=79 of white respondents). This reflects previous findings from Galop’s (2018) casework service [25].

Disabled respondents were more likely to report all forms of abuse, except for stalking and harassment, than those who are not disabled.

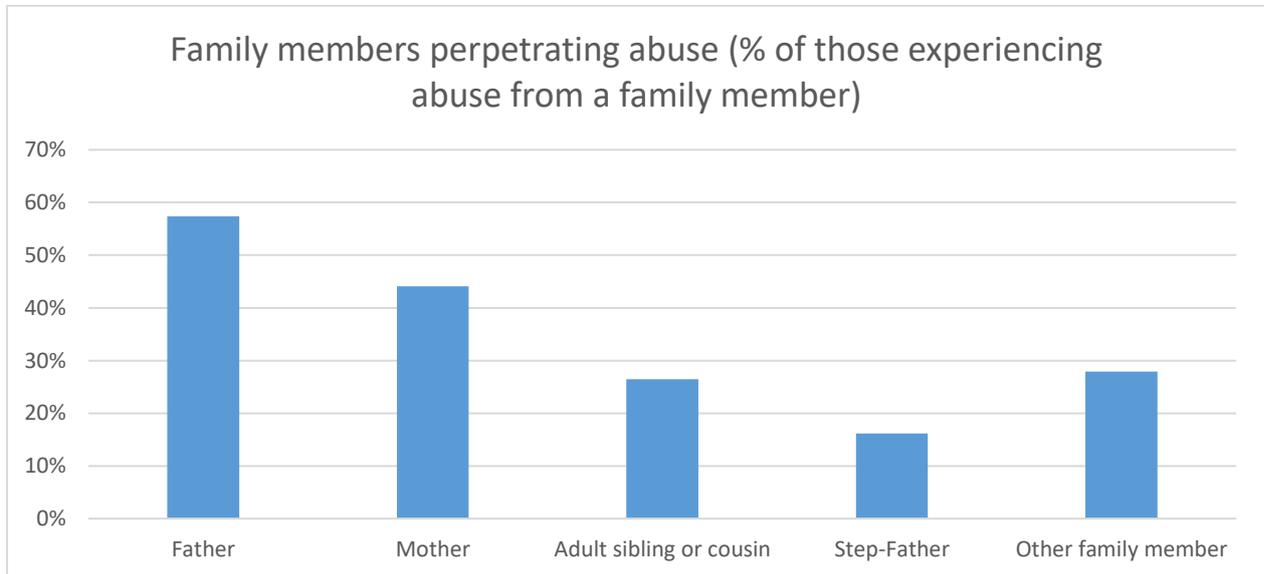
Table 1. Categories of abuse from family members (n= 105)

	Number of respondents	Family – Emotional and controlling abuse	Family – Financial abuse	Family – Physical abuse	Family – LGBT+ identity abuse	Family – Stalking or harassment	Family – Sexual abuse	Family – None of the above
Overall	105	63%	32%	15%	48%	11%	3%	34%
Age								
16-17	21	76%	38%	10%	48%	5%	-	24%
18-24	25	60%	32%	28%	52%	8%	-	36%
25-34	20	55%	20%	23%	45%	10%	-	14%
35+	39	62%	36%	18%	41%	15%	8%	28%
Gender								
Women inc. trans women	41	66%	32%	12%	46%	12%	2%	32%
Men inc. trans men	42	52%	32%	10%	38%	7%	2%	45%
Non-Binary	16	82%	33%	38%	75%	22%	6%	13%
Trans Identity								
Cisgender	71	58%	30%	7%	39%	9%	4%	39%
Trans	29	79%	41%	35%	69%	17%	-	17%
Orientation								
Gay	28	43%	18%	-	35%	7%	4%	54%
Lesbian	18	67%	44%	17%	50%	6%	11%	28%
Bisexual or Pansexual	36	75%	42%	19%	56%	7%	-	36%
Queer	11	64%	9%	9%	45%	-	-	11%
Ethnicity								
White	79	58%	28%	15%	45%	11%	3%	39%
BAME	26	77%	46%	15%	54%	8%	4%	19%
Disabled								
No	55	51%	20%	7.3%	44%	11%	2%	46%
Yes	50	76%	46%	24%	52%	10%	4%	22%

Of those who had experienced abuse from a family member, 57% (n=68) report this had been perpetrated by their father and 44% (n=68) have experienced abuse from their mother. Just over three quarters (76%, n=68) of total respondents to this question identify at least one parent as a perpetrator of abuse, for non-binary respondents this figure is 100% (n=13). Graph 7 below shows the full breakdown of family members who have perpetrated abuse.

Almost two thirds (64%, n=68) of those who answered this question report multiple family members acting abusively towards them.

Graph 7: Family members perpetrating abuse (n=68)



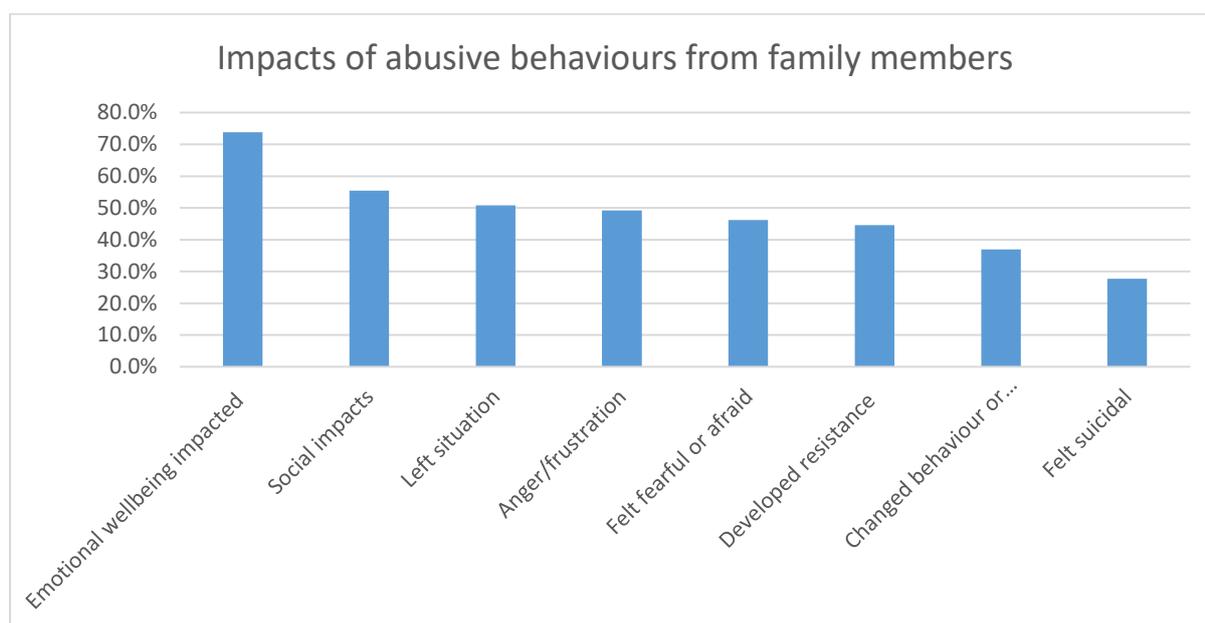
BAME respondents are the most likely to state they had experienced abuse from family members linked to honour or shame, 20% (n=20) compared to 15% for white respondents (n=47).

A small number of respondents elaborated on these 'honour'-related experiences in an open-ended question. Most responses describe being prevented from openly expressing their gender or sexual orientation at home or in the presence of family members. Examples given include restrictions being placed on their clothing and behaviour, not being allowed to bring partners to the family home or events, and in 2 cases being coerced or forced into a heterosexual marriage. Responses to this question also include disregarding respondents' identities, for example "always telling me I just need to meet a nice boy and I'll see I'm straight" (bi/pansexual BAME woman, age 16-17).

Impacts of family abuse

The most commonly reported impacts for those experiencing abuse from family members are related to mental health and emotional wellbeing: depression, anxiety and low self-esteem (74%, n=65). Social impacts such as feeling isolated and impacts on studying or employment (55%) follow, as seen in Graph 8 below. These impacts are likely to be long-term without support to process and overcome experiences of abuse. However, as the data below shows, few respondents appear to have accessed mental health support.

Graph 8: Impacts of abusive behaviours from family members (n=65)



Trans respondents are even more likely to report impacts on mental health and emotional wellbeing (91%, n=23), compared to 65% for cis respondents (n=40), as were disabled respondents (78%, n=36 compared to 69%, n=29 without disabilities). Trans respondents are almost twice as likely to report feeling suicidal as a result of their experiences (39%, n=23) compared to cis respondents (20%, n=40). Other studies have shown that trans people in the UK experience high rates of suicidal thoughts [15], and experiences of abuse from family members may be a key contributor to this.

Conversely 45% (n=65) of respondents experiencing abuse from family members report ways that they have shown resourcefulness such as standing up to their family members or developing stronger links with LGBT+ communities. More than half (51%, n=65) report they have moved out of the family home or left the area. Those aged 16-17 were considerably less likely (15%, n=13) than other age groups to have left, which is to be expected considering the barriers to doing so at a young age. Numerous free text responses highlight how experiencing abuse from family members makes them “want to leave home as soon as I can” (bi/pansexual, gender questioning, age 16-17). BAME respondents were more likely (57%, n=21) than white respondents (46%, n=44) to say they have moved out.

Over one third (37%, n=65) of respondents say they have changed their behaviour or the way they present to avoid conflict with their families. Queer (71%, n=7) and non-binary (54%, n=13) respondents are the most likely to say they have used this as a coping mechanism.

Help-seeking following family abuse

Those who reported abuse from family members were asked who they have spoken to about these experiences. Whilst most have told somebody, about one in six (15%, n=66) have not spoken to anyone about these experiences. This is notably higher for those from BAME

backgrounds (24%, n=21). As shown in Graph 9 below, it is most common for respondents to have reached out to informal support networks like friends (62%, n=66) and digital or online communities (30%, n=66).

Graph 9: Who disclosed to regarding abuse from a family member (n=66)



Around a third (36%, n=66) of respondents have spoken to a professional about their experiences. The most often identified source of support approached are counsellors/therapists. Despite trans respondents reporting more mental health impacts, cis respondents are most likely to have spoken to a counsellor or therapist (22%, n=41 compared to 13%, n=23) while trans respondents are most likely to have disclosed their experiences to an LGBT+ organisation (22%, n=23 compared to 10%, n=41 for cis respondents).

Very few respondents (6%, n=66) have contacted a DA helpline in relation to these experiences and none have sought help from a Central Bedfordshire DA service. Slightly less than 5% of respondents have spoken to the police about abuse from family members, all of whom are cis women.

Less than half (45%, n=56) of those who have talked about their experiences have done so within 2 years of the onset of the abuse. Those aged 18-24 (47%, n=12 compared to 23%, n=56 overall) were the most likely to have talked to someone within 6 months. The older respondents are, the less likely they are to have spoken up within 2 years (33%, n=21 of over 35 year olds have sought help within 2 years, compared to 58%, n=12 of 16-17 year olds, and 60%, n=15 of 18-24 year olds). Trans respondents are also more likely to disclose their experiences more than 2 years later (53%, n=19 compared to 37%, n=35 for cis respondents). These figures highlight that even respondents who have spoken about their experiences have faced barriers to doing so, which result in them not disclosing for a long time.

Response to disclosure following family abuse

As Table 2 indicates, if LGBT+ people feel able to seek help about their experiences they are likely to get a supportive response. The majority of respondents who have talked about their experiences indicate they have been listened to (87%, n=59) and/or received emotional support (68%).

Less than one in ten respondents (9%, n=59) say they were offered no support when they disclosed. One fifth (20%, n=59) say they received help to leave the abusive situation and one eighth (13%, n=59) had help to improve their safety. Only 16% of respondents said they had been put in contact with another support service. This mirrors findings in previous reports [4], [20] that LGBT+ survivors are less likely to receive specialist support.

Table 2: Responses to LGBT+ respondents help-seeking (n=59)

	Number of respondents	They listened to you	Emotional support	Counselling/therapy	Help to improve your safety	Help to leave the family home	Put you in contact with another support service	They did not offer any support
Overall	59	87%	68%	23%	13%	20%	16%	9%
Age								
16-17	14	78%	47%	-	-	-	8%	14%
18-24	15	93%	93%	46%	36%	45%	20%	7%
25-34	8	88%	75%	38%	-	-	-	-
35+	22	86%	46%	23%	14%	28%	23%	9%
Gender								
Women inc. trans women	24	88%	61%	30%	9%	13%	22%	9%
Men inc. trans men	19	83%	67%	22%	-	6%	11%	17%
Non-Binary	12	100%	73%	-	36%	46%	9%	-
Ethnicity								
White	43	86%	67%	30%	12%	17%	12%	5%
BAME	16	88%	56%	6%	13%	25%	25%	19%

Respondents were asked to rate their satisfaction with the response received from ‘Very Unsatisfied’ to ‘Very Satisfied’. For analysis purposes these scores are translated into a scale from 1-5 with higher scores representing higher satisfaction. The highest satisfaction is reported in relation to the response from friends (an overall average of 4/5) and the lowest satisfaction is from those who have spoken to the police (3/5). Counsellors/therapists receive the highest satisfaction scores of all professionals (4/5).

Free text comments explain that most respondents are not satisfied with the response they received when there is a lack of action following their disclosure: “they didn’t give practical advice or much support” (asexual non-binary respondent, age 16-17); “they listened but didn’t do anything, didn’t help me to understand my experiences or tell me it wasn’t my fault” (asexual woman, age 55-64). Some feel that services do not recognise the abuse they have

experienced; “did not understand my situation and how difficult it was. Intersecting identities not understood” (BAME gay man, age 45-54). One respondent states “the police are an actual disgrace when it comes to issues regarding abusive parents. They don’t take it seriously at all” (bi/pansexual woman, age 35-44).

The intimate relationships of LGBT+ respondents

Prior to questions about abuse from a partner, respondents answered some more general questions about their experiences of LGBT+ relationships. BAME respondents are most likely to say they have never been in a relationship where at least one partner identified as LGBT+ (19%, n=26) compared to white respondents (15%, n=88). As a result of this, the responses relating to intimate partner abuse are less diverse than the previous section, as these questions were only shown to those who indicated they had been in at least one LGBT+ relationship.

For clarity we instructed respondents to answer the remaining questions in relation to one specific partner. The majority (57%, n=89) focused on an ex-partner, and 43% (n=89) focused on a current partner. Just over half of respondents focused on relationships with men (54%, n=93), with 37% (n=93) answering in relation to women and 10% (n=93) to non-binary partners. No men, nor respondents over the age of 35 stated that they were answering in relation to trans or non-binary partners.

When asked how disagreements in the relationship are resolved, the most common answers (47%, n=92) indicate an egalitarian response, such as talking issues through and seeking compromise and 43% (n=92) of respondents said that they and their partner have an equal say in matters. Just over a third of respondents (35%, n=92) indicate that their partner is dominant, for example shouting until they got their own way, and 39% (n=92) say their partner has the final say in the relationship. Only 3% (n=92) of respondents state that they are the dominant partner during disagreements, and 8% (n=92) say they have the final say in the relationship. When asked who would ideally have the final say in the relationship, 72% (n=93) say both equally, 7.5% (n=93) say their partner, and 15% (n=93) want to have the final say themselves.

Abuse from partners or ex-partners

Experiences of abuse from a partner are more common for this sample than the prevalence figures discussed in the literature review above. It should be noted that due to the nature of this survey, and the non-random sample of respondents, these figures should not be used to generalise about prevalence of partner abuse in the area. Almost three quarters (74%, n=93) of those who have been in an LGBT+ relationship disclose at least one experience of intimate partner abuse, with 53% having experienced four or more abusive behaviours. Certain groups are less likely to report any experiences of abusive behaviours, including 16-17 year olds (58%, n=12), men (67%, n=39) and those without disabilities (65%, n=48).

Graph 10 below shows the proportion of respondents who had experienced each type of abuse on at least a monthly basis from a partner or ex-partner.

Graph 10: Experiences of abusive behaviours from a partner or ex-partner on at least a monthly basis (n=93)



Respondents were asked how frequently they experienced these behaviours during the relationship. Experiences that occurred at least monthly have been classified as indicating a pattern of abuse. Accordingly, 62% (n=93) of respondents had experienced abusive behaviours on at least a monthly basis. For ease we will refer to these 58 respondents as those experiencing abuse and this group will be the focus of the following discussion.

As Table 3 below shows, emotional and controlling abuse is the most common, experienced by almost all of those experiencing a pattern of abuse (97%, n=58), increasing to 100% within some groups, such as under 35s, trans respondents, those from BAME backgrounds and those identifying with a polysexual orientation (bisexual, pansexual and queer).

More than three quarters (77%, n=58) of respondents reported stalking or harassment from a partner, this increased to 100% for those answering in relation to a past relationship, reflecting that this type of behaviour is particularly common following the breakdown of a relationship.

Initial figures show surprisingly high rates of sexual abuse within this sample. Having private aspects of their sexual behaviour being made public, including what is often referred to as ‘revenge porn’, is the most common of these behaviours, accounting for 55% (n=27) of those disclosing sexual abuse. Table 3 shows the figures with and without this experience included, for those respondents with at least monthly experiences of abuse. Overall, more than a quarter (26%, n=58) of respondents have experienced other forms of sexual abuse, including forced sexual activity, sexual assault or rape.

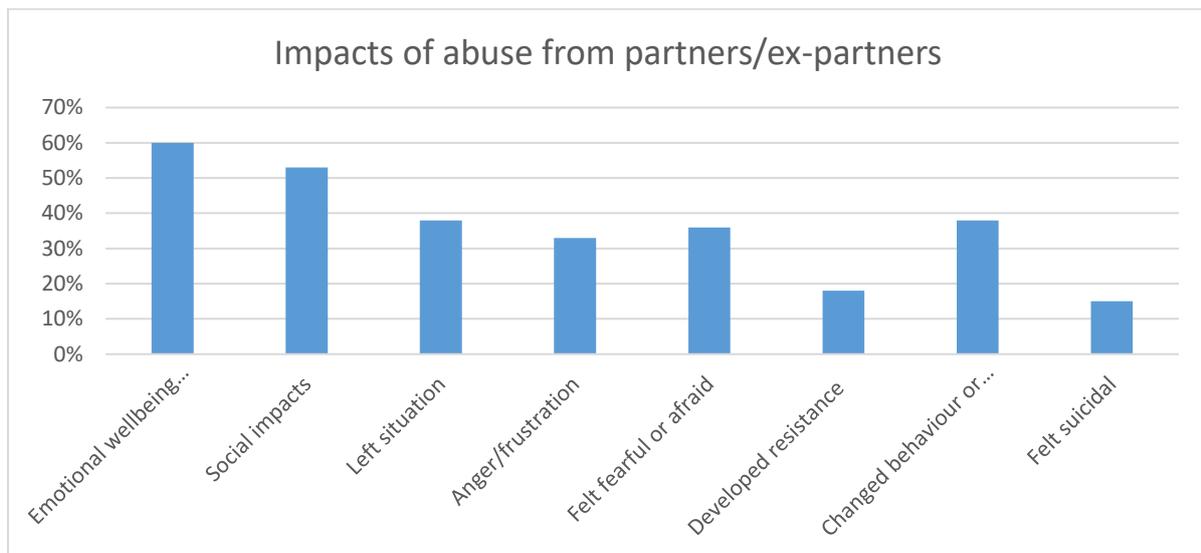
Table 3: Types of abuse experienced from a partner/ex-partner (n=58)

	Number of respondents	Emotional and controlling abuse	Stalking or harassment	Financial abuse	Physical abuse	LGBT specific abuse	Sexual abuse	Sexual abuse (excluding private aspects of a sexual nature made public)
Total	58	97%	77%	72%	28%	19%	47%	26%
Age								
16-17	6	100%	83%	50%	17%	33%	50%	33%
18-24	12	100%	83%	58%	33%	25%	67%	33%
25-34	13	100%	69%	54%	15%	23%	23%	8%
35+	27	93%	78%	93%	33%	11%	48%	30%
Gender								
Women inc. trans women	21	95%	71%	76%	33%	14%	43%	38%
Men inc. trans men	22	95%	77%	68%	23%	18%	32%	5%
Non-Binary	11	100%	82%	82%	18%	27%	73%	36%
Trans Identity								
Cisgender	37	95%	73%	70%	22%	14%	32%	19%
Trans	18	100%	83%	83%	39%	33%	72%	44%
Orientation								
Gay	17	94%	71%	12%	18%	6%	18%	-
Lesbian	9	89%	67%	78%	33%	-	33%	11%
Bisexual or Pansexual	18	100%	94%	78%	28%	33%	78%	50%
Queer	7	100%	57%	43%	29%	57%	14%	14%
Ethnicity								
BAME	45	100%	92%	92%	38%	46%	85%	46%
White	13	96%	73%	67%	24%	11%	36%	20%

Impacts of intimate partner abuse

Patterns of impacts are very similar to the impacts of abuse from family members, as shown in Graph 11 below. Long-term emotional impacts are most common (60%, n=50) followed by social impacts (53%), particularly becoming isolated from family and friends. Disabled respondents are five times more likely to report social impacts than non-disabled (48%, n=23 compared to 9%, n=32).

Graph 11: Impacts of abusive behaviours from partners/ex-partners (n=50)



Over one third (38%, n=55) of respondents say they have changed their behaviour or the way they present to avoid conflict in their relationship. The overall proportion of respondents who report feeling suicidal as a result of abuse is lower for partner abuse than family abuse (14%, n=50 compared to 28%, n=65), but once again there is a substantial difference between trans (35%, n=17) and cis (6%, n=35) respondents.

One third (38%, n=55) of respondents indicate they had left their relationship as a result of their experiences, compared to 50% who had moved away in relation to family abuse. Trans respondents are less likely to have left the relationship (24%, n=17 compared to 41%, n=35 for cis respondents), while BAME respondents are more likely to leave (54%, n=13 compared to 33%, n=42 for white respondents). Trans respondents are also more likely to report feeling fearful or afraid as a result of their partner's behaviour (58% compared to 28%).

Qualitative responses highlight how emotional abuse and coercive control make it difficult for people to leave relationships even after they become abusive. For example, as the following respondents explain: "made to feel like no-one else would put up with me so there was no point in leaving" (non-binary respondent, age 35-44) and "tried to break up with them several times but they said they would kill themselves" (genderqueer respondent, age 18-24). A number of respondents also cited their partner's mental health issues as reasons they felt unable to leave.

Help-seeking following intimate partner abuse

A third (33%, n=55) of those in the monthly abuse group who answered this question had not spoken to anyone about their experiences, twice the proportion who had told no-one about their experiences of family abuse. Those who have not spoken up are more likely to be answering about a current (44%, n=16) than a past relationship (27%, n=37).

Of those who have disclosed, informal contacts are again the most common people that respondents have spoken to about their experiences. Just over two fifths (44%, n=55) told

friends, family or their online contacts about their abuse, with friends being the most common (38%); and 49% had spoken to at least one professional.

Counsellors or therapists are again the professional respondents most likely to have been spoken to (15%, n=55). This is a more common source of support for non-binary (30%, n=10) and lesbian respondents (33%, n=9). Just 4% (n=55) of this group have reported their experiences to the police and the same proportion have sought support from a local domestic abuse service. It is notable that as with family abuse, these contacts are limited to cis women and in addition all of those contacting a domestic abuse service had done so in relation to male partners.

Open-ended answers confirm a lack of trust in services being able to recognise and appropriately respond to domestic abuse as it relates to LGBT+ people, which acts as a barrier for LGBT+ people to reach out and disclose abuse. For example, one respondent states: “[I] would not know who to talk to, there is no support for someone like me, no-one who would understand and I’d worry I’d make thing worse” (Survey respondent; gay man, age 65+).

When domestic abuse is understood and communicated as primarily a problem of heterosexual women this can also influence a person’s perception on who ‘counts’ as a victim/survivor worthy of professional support. Responses such as “I would feel like I’d be taking somebody else’s place” (trans woman, age 35-44), and not feeling that services were for people with experiences like theirs (i.e. emotional rather than physical abuse) demonstrate LGBT+ survivors do not perceive existing professional support as being there for them or will minimise/downplay their own risks and experiences. This is despite the individual describing serious impacts of the abuse they have suffered.

The majority of those who had spoken up about their experiences did so within 2 years (63%, n=37) of the abuse beginning, although there is distinct variation within some sub-groups; 92% (n=13) of bisexual and pansexual respondents talked about their experiences in this time frame, compared to only 25% (n=9) of lesbians. Regardless of respondent identity, those in relationships with men (67%, n=21) are more likely to disclose the abuse within 2 years than those in relationships with women (50%, n=12). This may suggest the gendered perception of abuse, where it is easier to disclose abuse if perpetrated by a man than if perpetrated by a woman. That is, perhaps survivors feel more encouraged to speak when they have an expectation that they will be understood and/or their experiences recognised. More research is needed to confirm the extent to which this is true.

Response to disclosure following intimate partner abuse

In comparison to the 90% of respondents who feel they have been listened to about the family abuse they experienced, only just over half (55%, n=55) of respondents feel that they have been listened to when speaking about their experiences of abuse from a partner or ex-partner. Overall 44% (n=55) said they received emotional support, though again this is much lower for trans respondents (24%, n=17). Only 22% (n=55) say they have received help to

leave the relationship or a shared home, and 11% (n=55) had help to improve their safety. Just under one in ten (9%, n=55) say they did not receive any support at all.

Although the numbers of respondents who have reached out to a domestic abuse helpline or local domestic abuse service are small (4%, n=55), and are limited to a narrow demographic, these services receive the highest satisfaction scores with 5/5. Friends and family are also felt to have provided a satisfactory response at 4/5. Healthcare services (2/5) and police (3/5) received the lowest average satisfaction scores, again the numbers who had spoken to these professionals were very small and this limits the generalisability of these findings.

Open-ended responses suggest that professionals are unlikely to refer to specialist support: “told GP after relationship over, they didn’t say anything or tell me where to access support or anything like that” (bi/pansexual woman, age 35-44) and “no support offered...feel I wasn’t heard when trying to ask for help because I am not a young woman with young children” (trans woman, age 65+).

Other respondents explain they feel they are not taken seriously when trying to disclose abuse: “spoke to my supervisor at work and she laughed it off, said my partner was tiny and nothing to be afraid of” (lesbian woman, age 55-64); and “wasn’t taken seriously, no help given” (gay man, age 55-64). One respondent explains how a dismissive first response can discourage further disclosure: “even my friends didn’t take me seriously, I didn’t think there was any point telling anyone else” (queer woman, age 25-34).

Narratives of having poor experiences with help providers such as the police or a domestic abuse service can spread within communities, creating and reinforcing the gap of trust [26] between them and help providers. Among respondents, multiple concerns are raised about accessing services based on hearing about other people’s experiences. This is particularly apparent in relation to the police: “I don’t think they would take me seriously, and actually the experiences of trans women friends of mine when they have reported hate crimes is honestly appalling” (trans woman, age 35-44) and “I probably wouldn’t feel like the police would take me that seriously, talking about a women partner...I think in terms of things in a relationship, I’d be worried if [the police] didn’t ‘do something’ then it would just make things worse” (bi woman, age 35-44).

Research involving Central Bedfordshire professional support services and practitioners

Thirty-five complete responses to the practitioners' survey were collected. Domestic abuse (20%, n=35) and police (23%, n=35) were the sectors with the most respondents.

The majority of respondents (60%, n=35) describe themselves as front line practitioners, while just over one in ten (11%, n=35) are at senior management level. Many of those initially contacted regarding the survey were more senior members of staff, their low representation in respondents suggests LGBT+ DA was not something managers felt informed about enough to contribute to themselves. This indicates that LGBT+ needs are not a focus of discussions at a strategic level within these organisations, a point reflected by one respondent who said:

“I think our organisation has the best intentions, but don't fully recognise that we are underprepared to support anyone other than cis-het women. I would like to see LGBT+ added to the agenda for all strategy/policy reviews going forward, along with all other protected characteristics, to ensure EDI [Equality, Diversity and Inclusion] is at the forefront of our working”

(DA practitioner)

Service eligibility criteria

Although many services stated they are generic and would work with people of any gender, non-binary people are the least likely to be catered for by services. Only two thirds (67%, n=30) of respondents believe their service can be accessed by non-binary people. Respondents working in the domestic abuse sector are least likely to report that their service provides support to trans women, just 57% (n=7) say trans women can access their services, compared to 87% (n=30) of all responses. All domestic abuse practitioners say they work with cis women. This response suggests that trans women do not have access to the same range of services as cis women.

It is possible however that respondents to this question may have faced some confusion around the words being used in this particular question, which had influenced the response. For example, 6 respondents from police, children's social care and housing stated that their service does not work with cis men and/or women. A lack of knowledge around terminology is also highlighted by one participant in the focus group who said of a training event they had attended; “it was so shocking that there were all these [professionals] who didn't know what all these words stand for, and they wanted to learn but there was a real training need there”.

Monitoring of LGBT+ service users

It was striking how few respondents reported that their service routinely asks service users about their gender or sexual orientation. Out of the whole sample, only one respondent working in a DA service and one social care respondent say they believe this to be the case in their service, while 43% (n=35) of respondents report that their services does not ask service users about either aspect of their identity.

We find there is a lack of cultural competence around this issue in the majority of services represented in the survey. LGBT+ respondents disclose they are not being asked by professionals about their gender identity or sexual orientation, and that as a result their LGBT+ identity is not recognised or responded to. The most common explanations for not conducting routine monitoring is that professionals feel it is not relevant to the care or support being provided and/or that they do not feel confident enough to ask the questions.

This suggests that professionals not only don't recognise how stigma around sexual orientation and gender identity can inform a person's perception and response to abuse, but also how these identities can be used as tools to abuse, by both family members and intimate partners. By not monitoring for sexual orientation and gender identity, practitioners do not get a full picture of their clients and might underestimate or minimise the risks they are facing. Findings from Domestic Homicide Reviews have highlighted how assumptions made about LGBT+ relationships have led to missed opportunities to identify victims who had accessed a range of services which had failed to recognise that domestic abuse impacts on LGBT+ communities can possibly also re-victimise a survivor who may have struggled with this on their own [46]–[48].

Some respondents explain that they feel there are more pressing issues than gender and sexual orientation to address with service users upon first meeting them, and that this is something they might revisit later in the process. In the interviews, some professionals say that they feel uncomfortable asking these questions, or have received complaints that the questions are too personal.

“It's one of the assessment questions, though I don't think, personally, it's like any form that you fill in, in reality I don't think I do. When I complete an assessment if there are questions they don't want to answer they can say 'sorry I don't want to answer'... so I give them that option, because it's irrelevant really, your sexuality, you want to be seen as an individual person and the support you need to get”

(Interview 2)

Training could be given to support staff to develop the confidence and skills to ask these questions sensitively, see Appendix D for resources which can be used to help practitioners understand why knowing this information is important.

Unsurprisingly, few services (17%, n=35) could report how many LGBT+ individuals their service had contact with in the previous year. Respondents from the DA sector (42%, n=7) and education and youth services (50%, n=4) were most likely to be able to provide this data.

LGBT+ inclusive resources and provision

While our findings from LGBT+ community members highlighted a lack of confidence that services are accessible to them unless services explicitly say so, fewer than one third of respondents (31%, n=35) reported that their organisation has any resources or publicity materials stating that their services are open to LGBT+ people. The sectors most aware of these materials are police (63%, n=8) and education and youth services (50%, n=4). No

respondents from health, housing and adult/children's social care sectors stated their services has any LGBT+ inclusive materials.

The most common resource available was an intranet for staff/students which was mentioned by police and education/youth services respondents. Police also mentioned a staff LGBT+ network and a LGBT+ liaison service. Despite this, the low number of respondents to our LGBT+ community survey who reported any involvement with police, suggests the associated LGBT+ liaison service is not well known or utilised.

Only 2 of the 7 respondents from DA services report any LGBT+ inclusive resources, both stating that they have LGBT+ inclusive leaflets and one reporting that they are also involved in outreach events and training related to LGBT+ issues. Staff from the local mental health trust were aware of a support group for LGBT+ service users, however this is not open access so it is subject to the same eligibility criteria and waiting lists as the rest of the mental health provision. One LGBT+ specific youth group is available in Central Bedfordshire, and this was also highlighted in the response to this question.

Training on working with LGBT+ people

Over half (60%, n=32) of professionals say they have received no training relating to working with LGBT+ people. This includes all of the 5 respondents from the housing sector. Overall, very few (16%, n=32) professionals have received specialist training on LGBT+ DA. All of those who have accessed this training are from DA services. Over one quarter (28%, n=32) have attended more general training on working with LGBT+ people.

Respondents were asked to rate their confidence that LGBT+ people would receive an equivalent level of support from their service as cis-heterosexual people (see Graph 12 below). Overall the average score out of five in relation to LGBT+ people was 4, where a score of 3 represents a response of 'neutral', 4 represents 'quite confident' and 5 represents 'very confident'.

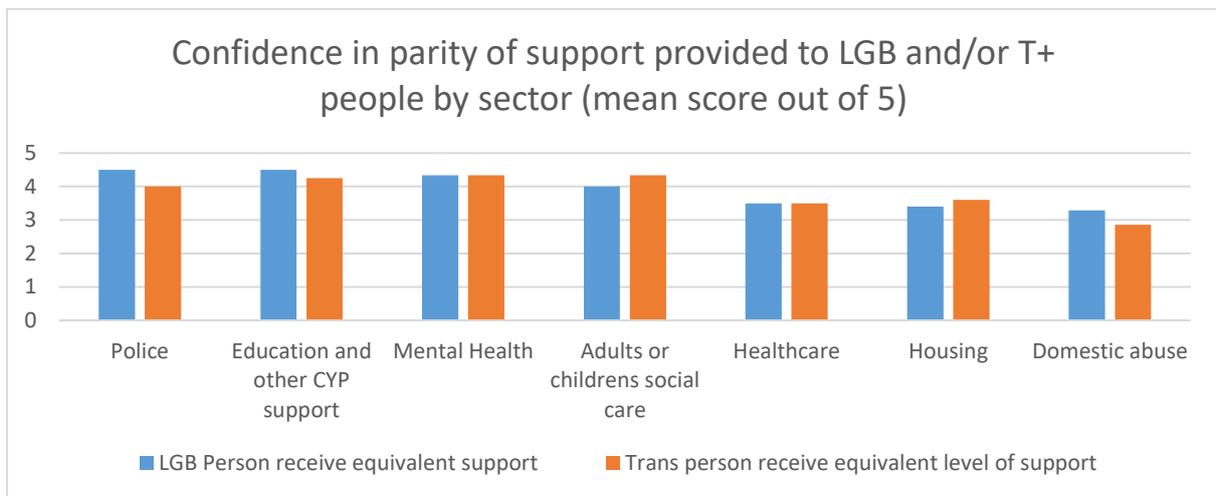
Police and education/youth services have the highest levels of confidence, both averaging 5/5 for LGB people, and 4/5 for trans people (to the nearest whole number). DA sector respondents report the least confidence that LGBT+ people would get the same level of support from their service as a heterosexual cis client (3/5 for both).

One respondent recognised this was an area their service could improve on:

"I think this is an area we could use training in, and also some resources about what support is available so we can make these available to relevant patients"

(Healthcare practitioner)

Graph 12: Confidence by professionals in the parity of support offered to LGBT+ people by their sector compared to cis-heterosexual people (n=32)



Furthermore, there appears to be a lack of knowledge relating to the specific knowledge or skills that might be required when supporting or risk assessing LGBT+ victims/survivors. As one respondent indicated:

“If there are specific things to bear in mind, then having these on the risk assessment to be answered when relevant would be helpful”

(Healthcare manager)

A number of free-text comments were left stating respondents are keen to access training in relation to support for LGBT+ people.

Additional themes from qualitative interviews

In addition to the main objectives of this study, the thematic analysis of interviews with professionals and LGBT+ respondents also unveiled three additional key themes that underpin the results of this study in particular relation to help-seeking and responses from help-providers:

1. The invisibility of LGB and/or T+ lives in Central Bedfordshire;
2. A lack of understanding and acceptance of LGBT+ people from local civic and political leaders, and from practitioners; and
3. The impacts on LGBT+ people of their invisibility and non-acceptance.

A fourth theme highlights pockets of commitment to change from individual practitioners working to improve things.

This section of the report explores each theme and the sub-themes underneath them.

Invisibility of LGBT+ lives in Central Bedfordshire

Interviewees were in agreement that there are no specific LGBT+ services in Central Bedfordshire, aside from one LGBT+ youth club in Leighton Buzzard. Central Bedfordshire is a large geographical area with large rural areas containing small villages and small towns. There are larger towns towards the south (Dunstable and Houghton Regis), the west (Leighton Buzzard) and north (Biggleswade). However, the geography of the area results in there being no large town to serve as a focal point. For those who rely on public transport (e.g. young LGB and/or T+ people) it is difficult to travel independently to any service with a single location.

Visible LGBT+ services send a wider message about the relationship between LGBT+ people and the wider community. The current lack of visibility has profound impacts for LGBT+ residents, as this young person explains:

“I would like to see a celebration of LGBTQ in Central Bedfordshire as there is nothing and it feels like we don’t exist and are not part of the community”

(Youth group participant)

Professionals spoke of an LGBT+ service in Luton, which had previously been funded by Public Health England. Prior to being decommissioned, the service had been accessed by a sizeable number of Central Bedfordshire residents since it was the closest LGBT+ provision available. This demonstrates that when LGBT+ services exist, and they have had time to establish themselves and build up a visible presence, they are well used by the community.

“We had in effect around 200 service users who were accessing the service in Luton but it kind of crosses over and there was nothing in Bedfordshire or Central Bedfordshire at all, so we actually used to take a lot of customers who were coming

from outside our remit area... [the project has] since been decommissioned and there's no specialist services as far as I'm aware in Central Bedfordshire"

(Interview 6)

There have been several attempts by practitioners in Central Bedfordshire to argue for the provision of specialist services and/or specialist practitioners within generic services for LGBT+ people, including for young LGBT+ people and LGBT+ people experiencing DA. Responses to these attempts reinforce a belief and assumptions that existing generic services should be enough to provide a service for anybody who needs it. The following practitioner describes their experience of trying to make a case for increasing specialist LGBT+ youth provision:

"I'll be honest, when we first tried to raise it a few years ago we were kind of closed down a little bit, in terms of 'well everyone should be able to attend the same provision' and we get that and of course they are attending the mainstream youth clubs but actually sometimes it's nice for them to have their own groups as well"

(Interview 3)

The same approach is taken in relation to specialist LGBT+ DA provision where it is believed that existing generic provision should be able to provide for any service user. Despite this, feedback from DA practitioners suggests that little is being done to respond to the particular needs of LGBT+ victims/survivors, and there is little to highlight that services are inclusive or welcoming to LGBT+ individuals. One professional explains:

"I wouldn't say that any of our services make it clear that they would be LGBTQ friendly in any way, and there was some resistance I think – it comes from a well-intentioned place, but they don't seem to think that they would need to let people know that they were being inclusive"

(Interview 4)

A practitioner providing frontline DA services also explains that they know their organisation is not doing very much for LGBT+ service users:

"My feeling was I didn't have masses to tell you about what we've been doing but I think sometimes people telling you that they're not doing all that much is also important information to have... it was more kind of letting you know where we're at because we're fairly typical in a lot of respects. I mean hopefully we might be slightly better than typical"

(Interview 5)

LGBT+ lives are not only invisible in the generic and specialist domestic abuse services but also in the political and civic life of Central Bedfordshire. Respondents talked about how they rarely hear any local politician talk about LGBT+ people, their needs or issues. Several respondents mentioned the LGBT+ flag and the fact that whilst one does exist, it has only been flown once when a member of the LGBT+ community was chair of the council. In the following excerpt both of these points are raised – how powerful the silence of civic leaders about LGBT+ lives and the symbolism of the LGBT+ flag:

“I don’t think I’ve ever seen any corporate communication around it, obviously through our comms on social media we will always celebrate Pride month... but I do see most of their [the council] stuff and I’ve never actually seen anything to come out that says ‘this month is’... until this survey... we’ve only ever had the LGBT flag fly once at the offices, you know they’ll fly them for everything else but we’ve only had it fly once and that was when the chair of the council was actually a member of the LGBT community themselves”

(Interview 3)

Lack of acceptance of LGBT+ lives in Central Bedfordshire

In some accounts of both practitioners and members of the LGBT+ community there is evidence that LGBT+ people in Central Bedfordshire are not accepted by civic and political leaders and/or in their everyday lives.

Very often it is the impacts of living in an unwelcoming environment that are the evidence of it. One DA practitioner after being asked whether they thought LGBT+ people in the area experienced harassment and/or felt it easy to be themselves responded:

“Well my experience with individuals, they are too afraid to say who they truly are, which I think in today’s society is quite sad, that they can’t say ‘this is who I am’ and it’s a shame that they can’t because the fear of people rejecting them, family members, friends, it is bad but I think everyone should love themselves for who they are and be happy”

(Interview 2)

A trans woman who took part in an interview points to the role of a local politician in creating a transphobic environment. There are no specific support services for trans people in Central Bedfordshire and this respondent was clear about why this might be the case:

“It’s very difficult that we have a very transphobic MP who delights in amplifying transphobic viewpoints and opinions which have, you know, I think that telegraphs itself into the local council and local services which means it feels to me like Central Bedfordshire is a very hostile environment for LGBT+ people and that’s really hard”

(Interview, Anna)

Another practitioner conveys how, in school, an unwelcoming environment is reinforced, not only by the inaction of teachers, but by their collusion with it:

“In terms of abuse and bullying, one of the things that we will be told by all young people we work with across the spectrum is ‘if we had a pound for every time they’d heard “that’s gay” come out of a student’s mouth and a teacher just chuckle and walk on past, they’d be millionaires by now”

(Interview 3)

An LGBT+ youth group member was in agreement that this environment had impacted on them negatively:

“I didn’t [feel able to be open about LGBT+ identity] in school because there was a lot of homophobic language and behaviour that went unchallenged and I don’t think the schools realise the impact this has on LGBT+ young people in terms of their mental health, and self-esteem. A more inclusive environment in schools and colleges is a must, and the challenging of inappropriate language”

(Youth group participant)

These experiences contribute to a lack of trust in professionals by LGBT+ individuals. A number of LGBT+ people gave feedback that if they needed help or support they would be most likely to approach a professional they already knew, and trusted to be accepting of their identity:

“Because there is still a lot of people who think being LGBTQ is wrong, I am always anxious about who I can trust and who won’t judge me”

(Youth group participant)

“I have felt nervous asking some people because of being judged, so I stick to asking people that I feel safe with”

(Youth group participant)

Impacts on LGBT+ people and communities

The impacts of the current circumstances are stark. Not feeling visible, not seeing themselves in local services or local civic life, not feeling welcome in schools and in their neighbourhoods, not feeling welcomed by some civic and political leaders, these all have consequences for local LGBT+ people’s lives. This study as well as previous research demonstrates that when LGBT+ people experience DA they are extremely unlikely to use local DA or mainstream services for help and support, and in their day to day lives they do not feel safe to come out. This is the gap of trust between themselves and service providers. They do not know whether they will be safe if they come forward to use services: whether they will be respected, whether they will receive an appropriate service response for their needs, whether their sexuality and/or gender identity will be problematised.

A bisexual woman interviewee describes what becomes an experience of isolation and wariness:

“I do think that this [Central Bedfordshire] isn’t a very aware place, there’s really no sense of queer community. I do know a few other people in the area who would identify as LGBT but not many and like, it sounds bad but you do try not to draw attention to it. I think my partner is quite self-conscious with her kid’s school. Last year it was hard trying to be involved with activities but also feeling like we’re going to stand out, or someone is going to complain. I don’t think anyone has said anything, but it is something I worry about and I’m not sure which side the school would take, but there’s not really a viable alternative because of the distance, so we’re a bit stuck and do have to be a bit careful sometimes”

(Interview, Lauren)

For those experiencing domestic abuse the impacts are profound. In both accounts from Anna and Lauren¹³, the impacts of the public story of domestic abuse are clear. Both explain that they did not think of using local domestic abuse services as they felt that others needed it more urgently because neither had experienced physical violence. They are also wary about using local services because they are not sure of the response they might receive because of their sexuality and/or gender identities.

Lauren explains what might have made a difference:

“Maybe something about sharing some stories and it having lots of different experiences represented like queer people and people who are experiencing more of the emotional side of things, feeling on edge all the time. The stuff where you might not realise it’s abuse because it’s not physical and it can creep up on you. And I guess it would be helpful to know that the people you were speaking to, like have they had special training, are they part of the community themselves? That kind of thing would make me more likely to give them a try”

(Interview, Lauren)

Pockets of commitment to change from practitioners in Central Bedfordshire

Throughout several of the interviews there is evidence that individual practitioners are working hard to try to improve service delivery for LGBT+ people in Central Bedfordshire. Practitioners shared numerous examples of this, including: the work done by young people on the NHS Rainbow Badge and the booklet for schools created in partnership with Young Healthwatch; the commissioning of specialist LGBT+ DA training sessions; taking young LGBT+ people to London Pride and facilitating a LGBT+ support group at a local college. From the individual practitioner addressing their training needs about working with trans service users, to the gay practitioner who is willing to provide his time voluntarily to support practitioners in their work with LGBT+ service users, as well as the provision of training on LGBT+ domestic abuse which receives excellent outcome evaluations from those who make time to attend.

One young person spoke about the difference it made to have an LGBT+ supportive space:

“Within the college, I always feel really supported. Tutors and staff have been really supportive. They have helped me to understand who I am, and I now feel confident. I have come out to my whole class, and am confident to dress how I want in college because of being accepted and supported. Outside of college, I would not know where to find support”

(College LGBTQ society member)

It is clear that there is work being done by committed practitioners who wish to create more inclusive services, even when this often feels like an uphill battle: “to say it’s been easy would be a lie” (Interview 3). These professionals highlighted that they often felt they were working in isolation, and missed the opportunity to learn from and support each other. One

¹³ These are pseudonyms.

professional described a LGBT+ committee made up of multiple organisations, which he had been a part of when working in another local authority area, stating: “we all used to come together every 6 or 8 weeks and it was around tolerance and I think something like that is what Central Bedfordshire needs” (Interview 1).

The time and energy contributed by the steering group for this project and the fact that the project has been funded is also evidence of the growing recognition that change needs to take place and the willingness to make that change happen.

Conclusions

The findings from the LGBT+ community survey and interviews show that LGBT+ people in Central Bedfordshire are at risk of a wide range of abusive behaviours from family members and intimate partners. Both forms of abuse are a serious problem and have a range of long lasting mental and social impacts on victims/survivors. LGBT+ people across the spectrum of the community experience domestic abuse, although our findings show that some sub-groups appear to have experienced abuse at higher rates, including people who are BAME, disabled and trans/non-binary. Young LGBT+ people appear to be at particularly high risk of abuse from family members, a situation that may be exacerbated by COVID-19 restrictions.

Despite this, LGBT+ victims/survivors do not feel able to approach specialist services for support. Help-seeking is mainly confined to informal sources of help and more privatised sources of professional help such as counselling/therapy. Barriers to accessing support include not relating to the public story of domestic abuse, not knowing where to go for support and not feeling that the services available would be accessible or appropriate for their needs.

Our findings show that when victims/survivors accessed local specialist DA services in relation to intimate partner abuse, they rated the support they received highly. Although a number of DA services are commissioned to work with people of any gender or sexual orientation, few provide specific information on their ability to meet the needs of LGB and/or T+ people. Furthermore, few make it clear in their literature who they work with. In combination, this does not foster a sense of trust among the community. It is important that these services work to improve awareness of who they work with, to encourage more people through the door who do not fit the cis-heterosexual victim stereotype, and to close the gap of trust. Further effort is also required to reach those who experience abuse from family members, who are even more invisible, and less likely to approach specialist services.

LGBT+ respondents report that non-specialist professionals do not always recognise and respond to their disclosures appropriately. This highlights a training need among professionals in relation to identifying and developing appropriate responses to meet the needs of those who are most vulnerable to abuse from both intimate partners and family members.

Practitioners do not routinely ask their service users about their gender and sexual orientation, resulting in services who do not know how many LGBT+ survivors they are working with, and potentially leaving service users feeling unsafe to open up about their experiences. The survey with LGBT+ respondents suggests that those most likely to use services are those who 'fit' the public story of DA: cis women experiencing DA from male partners. Many LGBT+ participants expressed concern about the response to disclosing their identity in different situations as a result of the general lack of representation for LGBT+ lives, and because of their lived experiences of homo-bi-trans-phobia. This highlights the importance of asking the right questions, in the right way, to signal to service users that it is safe to disclose this information.

While services do not see LGBT+ survivors approaching them for help, they are not identifying this as a priority area for training and development, leading to the situation where few professionals have accessed any training to help them identify and meet the specific needs of LGB and/or T+ individuals.

Ultimately, our findings describe a cycle of invisibility for LGBT+ victims/survivors in the area, with a small number of professionals going above and beyond to try to improve the help available, and make the area more accepting and supportive of its LGBT+ residents. In order for these efforts to be successful they will require inclusion at a strategic level across sectors, with professionals supported to network and partner on initiatives to share their expertise and effort.

Strategies to address these findings are outlined in the recommendations section at the beginning of this report.

References

- [1] M. Field and J. Rowlands, "Commissioning for Inclusion: Delivering services for LGBT+ survivors of domestic abuse." Galop, LGBT+ anti-violence charity, London, UK, 2020.
- [2] Office for National Statistics, "Domestic abuse in England and Wales overview: November 2020," 2020.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020>.
- [3] Office for National Statistics, "Women most at risk of experiencing partner abuse in England and Wales." 2018, [Online]. Available:
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/womenmostatriskofexperiencingpartnerabuseinenglandandwales/yearsendingmarch2015to2017>.
- [4] J. Magić and P. Kelley, "Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse." Galop, LGBT+ anti-violence charity, London, 2019.
- [5] S. Van Kampen, M. Fornasiero, and W. Lee, "Producing modelled estimates of the size of the lesbian, gay and bisexual (LGB) population of England." Public Health England, London, 2017.
- [6] Office for National Statistics, "Intimate Personal Violence and Partner Abuse." 2016, doi: 10.1177/1077801215608701.
- [7] C. L. Bachmann and B. Gooch, "LGBT in Britain: Home and Communities." Stonewall and YouGov, London, UK, 2018.
- [8] ONS, "Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2017," 2017.
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2017>.
- [9] Government Equalities Office, "National LGBT Survey: Research Report." Government Equalities Office, London, 2018.
- [10] C. Donovan, M. Hester, J. Holmes, and McCarry Melanie, "Comparing Domestic Abuse in Same Sex and Heterosexual Relationships," University of Sunderland; University of Bristol, Sunderland, Bristol, 2006.
- [11] A. Guasp, "Gay in Britain: Lesbian, Gay, Bisexual People's Experiences and Expectations of Discrimination," London, 2013.
- [12] J. Fish and R. Hunt, "Prescription for change: Lesbian and bisexual women's health check." Stonewall, London, 2008.
- [13] R. Barnes, C. Donovan, R. Barnes, and C. Donovan, "Domestic violence and abuse in lesbian, gay, bisexual and/or transgender (LGB and/or T) relationships," *Sexualities*, pp. 1–10, 2017.
- [14] K. Browne, "Count me in too - community summary: Domestic violence & abuse and

- LGBT lives.” University of Brighton, Spectrum, Brighton, UK, p. 2, 2009.
- [15] STA, “Transgender Experiences in Scotland, Research Summary,” Scottish Transgender Alliance, Edinburgh, 2008.
- [16] Donovan, Catherine and R. Barnes, *Queering the Narratives of Domestic violence and Abuse*. London, UK: Palgrave Macmillan, 2020.
- [17] R. Barnes and C. Donovan, “Domestic violence in lesbian, gay, bisexual and/or transgender relationships,” in *The Routledge Handbook of Gender and Violence*, N. Lombard, Ed. Abingdon: Routledge, 2018.
- [18] C. Donovan, R. Barnes, and C. Nixon, “The Coral Project: Exploring Abusive Behaviours in Lesbian, Gay, Bisexual and/or Transgender Relationships: Interim Report.” University of Sunderland and University of Leicester, 2014.
- [19] J. Magić, “United Kingdom (England),” in *Domestic and Dating Violence against LBT Women in the EU*, G. Viggiani, Ed. Brescia, Italy: University of Brescia, 2015, p. 158.
- [20] SafeLives, “Free to be Safe: LGBT People Experiencing Domestic Abuse.” SafeLives, Bristol, 2018.
- [21] R. Barnes, “Violence and abuse in women’s same sex relationships,” *Nottinghamshire Domestic Violence Forum Seminar*, no. January. University of Derby, 2010.
- [22] M. Rogers, “Trans people’s experiences of domestic violence and abuse: messages for practice: briefing note.” University of Salford, Manchester, 2015.
- [23] M. Rogers, “Transphobic ‘Honour’-Based Abuse: A Conceptual Tool,” *Sociology*, vol. 51, no. 2, pp. 225–240, 2017, doi: 10.1177/0038038515622907.
- [24] C. L. Bachmann and B. Gooch, “LGBT in Britain - Trans Report.” Stonewall, London, 2018.
- [25] J. Magić and P. Kelley, “LGBT+ people’s experiences of domestic abuse: a report on Galop’s domestic abuse advocacy service.” Galop, London, 2018, [Online]. Available: http://www.galop.org.uk/wp-content/uploads/Galop_domestic-abuse-03a-low-res-1.pdf.
- [26] C. Donovan and M. Hester, “Seeking help from the enemy: help-seeking strategies of those in same sex relationships who have experienced domestic abuse,” *Child Fam. Law Q.*, vol. 23, no. 1, pp. 26–40, 2011.
- [27] C. Donovan and M. Hester, “Domestic Violence and Sexuality: What’s Love Got to do With It?” Policy Press, Bristol, 2014.
- [28] SafeLives, “Insights Idva England and Wales dataset 2016-17: Adult independent domestic violence advisor (Idva) services.” SafeLives, Bristol, p. 29, 2017.
- [29] SafeLives, “Insights refuge England and Wales dataset 2014-17: Adult refuge services.” SafeLives, Bristol, 2014.
- [30] SafeLives, “Insights helpline England and Wales dataset 2014-17 Adult helpline services.” SafeLives, Bristol, 2014.

- [31] SafeLives, “Marac Data England and Wales.” <https://safelives.org.uk/file/marac-data-2019-2020-england-and-walesxls>.
- [32] Stonewall Housing, “ROAR: Because silence is deadly.” Stonewall Housing, London, p. 43, 2014.
- [33] S. Harvey, M. Mitchell, J. Keeble, C. McNaughton Nicholls, and N. Rahim, “Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services.” NatCen Social Research, Cardiff, 2014.
- [34] J. Magić and P. Kelley, “Barriers to accessing services for LGBT+ victims and survivors,” *Spotlight #6: LGBT+ people and domestic abuse*, 2018. http://www.safelives.org.uk/practice_blog/barriers-accessing-services-lgbt-victims-and-survivors (accessed Jul. 17, 2017).
- [35] Galop, “Barriers Faced by LGBT people in Accessing Non-LGBT Domestic Violence Support Services,” London, 2017. [Online]. Available: <http://www.galop.org.uk/wp-content/uploads/For-Service-Providers-Barriers.pdf>.
- [36] C. Donovan and M. Hester, “‘I Hate the Word ‘Victim’’: An Exploration of Recognition of Domestic Violence in Same Sex Relationships,” *Soc. Policy Soc.*, vol. 9, no. 02, pp. 279–289, Mar. 2010.
- [37] Galop, “Myths and stereotypes about violence and abuse in same-sex relationships,” Galop, London, 2018.
- [38] C. Donovan and R. Barnes, “Re-tangling the concept of coercive control: A view from the margins and a response to Walby and Towers (2018),” *Criminol. Crim. Justice*, 2019, doi: 10.1177/1748895819864622.
- [39] Home Office, “Ending Violence against Women and Girls: Strategy 2016 – 2020.” Home Office, 2016.
- [40] R. Brunner, “A Baseline Study of Domestic Abuse Prevention Activities in Seven Local Authorities in Scotland.” University of Strathclyde, 2010.
- [41] Birmingham City Council, “Domestic Abuse Prevention Strategy 2018-2023: Changing Attitudes Changing lives.” Birmingham City Council, Birmingham, 2018.
- [42] C. Donovan and M. Hester, “‘Because she was my first girlfriend, I didn’t know any different’: making the case for mainstreaming same-sex sex/relationship education,” *Sex Educ.*, vol. 8, no. 3, pp. 277–287, Aug. 2008.
- [43] Stonewall, “Teachers in England need more support on LGBT-inclusive education,” 2020. <https://www.stonewall.org.uk/about-us/news/teachers-england-need-more-support-lgbt-inclusive-education>.
- [44] NICE, “Domestic violence and abuse: how services can respond effectively.” National Institute for Health and Care Excellence, 2014, [Online]. Available: <http://www.nice.org.uk/advice/lgb20>.
- [45] N. Stanley, J. Ellis, N. Farrelly, S. Hollinghurst, S. Bailey, and S. Downe, “Preventing

- domestic abuse for children and young people (PEACH): a mixed knowledge scoping review," *Public Heal. Res.*, vol. 3, no. 7, pp. 1–230, 2015.
- [46] N. Sharp-Jeffs and L. Kelly, "Domestic Homicide Review (DHR): case analysis: report for Standing Together," no. June, p. 109, 2016, [Online]. Available: <http://www.standingtogether.org.uk/news/domestic-homicide-review-case-analysis-report>.
- [47] M. Bear, "London Domestic Homicide Review (DHR) Case Analysis and Review of Local Authorities DHR Process," no. October. STADV - Standing Together Against Domestic Violence, London, UK, pp. 1–138, 2019.
- [48] L. Croom, "Domestic Homicide Review relating to the death of Mr C." Brighton & Hove Community Safety Partnership, Standing Together, Brighton, 2014.

Appendices

Appendix A – Limitations

This study primarily draws on UK-based academic literature, and community studies and reports, published after 2006. While we note a growing research interest in domestic abuse as it impacts LGBT+ communities, it is important to acknowledge these studies:

- Have a greatly varying designs, sample sizes and data collection methods;
- Use varied definitions of violence, abuse and domestic abuse. These concepts are often applied inconsistently with reference to both abuse by family members and intimate partner violence; and
- Use varied definitions of sex, gender and sexuality. Some studies, including national monitors also fail to capture diversity in identity and experience within LGBT+ communities.

As such, figures presented in the literature review and other sections of this report are not directly comparable to each other.

We would also like to acknowledge that this study was conducted using a non-random sample of self-selected participants¹⁴. This was the case for both LGBT+ respondents, as well as professionals engaging with the study. While the findings provide important insights into experiences of both groups, they cannot be generalised to represent the views of all practitioners working with or supporting victims/survivors of domestic abuse in Central Bedfordshire or LGBT+ victims/survivors living or using services in Central Bedfordshire.

Looking into frameworks which enable LGBT+ survivors to report and disclose abuse, this study uncovered gaps on the level of local Equality and Diversity Strategy (EDS). It is our understanding that this strategy is used to mandate measures that enable all residents of Central Bedfordshire to progress and prosper by specifically recognising and addressing different and intersecting needs of those with protected characteristics.

While some of our recommendations reference the EDS and the need to increase visibility of LGBT+ people in Central Bedfordshire within this strategy, comprehensive strategy analysis was beyond the scope of this study. Further research needs to be performed looking into how the EDS raises visibility of different needs across all protected characteristics and how its measures are implemented, monitored and evaluated.

¹⁴ When random samples are used, each member of the population has the same chance of being invited to take part and thus the findings are generalisable to the general population. For example, the Crime Survey for England and Wales uses a random sample and the data is therefore reliable and generalisable.

Appendix B – Terms and definitions¹⁵

Asexual is an umbrella term used to describe a variation in levels of romantic and/or sexual attraction, including a lack of attraction.

Bi or Bisexual is an umbrella term used to describe an emotional, romantic and/or sexual orientation towards more than one gender.

Biphobia is the fear or dislike of someone who identifies as bi based on prejudice or negative attitudes, beliefs or views about bi people. Biphobic bullying may be targeted at people who are, or who are perceived to be, bi.

Cisgender or cis is someone whose gender identity is the same as the sex they were assigned at birth.

Gay refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality – some women define themselves as gay rather than lesbian.

Gender identity is a person's innate sense of their own gender whether male, female or something else, which may or may not correspond to the sex assigned at birth.

Homophobia is the fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

Intersex is a term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as male, female or non-binary.

Lesbian refers to a woman who has an emotional, romantic and/or sexual orientation towards women.

LGBT+ is the acronym for lesbian, gay, bi and trans people.

MARAC is the acronym used to refer to a multi-agency risk assessment conference, a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.

¹⁵ Sexual orientation and gender identity terms included in this report reflect the definitions provided by Stonewall (www.stonewall.org.uk/help-advice/glossary-terms) [accessed 24 April 2021], which have been accepted and used by Galop across its services and programs.

Non-binary is an umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

Pansexual is a term used to describe a person whose romantic and/or sexual attraction towards others is not limited by sex or gender.

Queer is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community (racism, ableism etc). Although some LGBT people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it.

Sexual orientation is a person's sexual attraction to other people, or lack thereof. Along with romantic orientation, this forms a person's orientation identity.

Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender variant, crossdresser, genderless, agender, nongender, third gender, two-spirit, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

Transphobia is the fear or dislike of someone based on the fact they are trans, including the denial of /refusal to accept their gender identity.

Appendix C – Definition of domestic violence and abuse¹⁶

The UK Government definition of domestic violence and abuse (as outlined in the Policy Papers associated with *Ending Violence against Women and Girls: Strategy 2016 to 2020*) is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological,
- Physical,
- Sexual,
- Financial,
- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

The current Government definition also includes so called ‘honour’- based violence, female genital mutilation (FGM) and forced marriage, and makes clear that victims are not confined to one gender or ethnic group.

A note: This is the current definition of domestic violence and abuse. A statutory definition of domestic abuse will be included in the final version of the Domestic Abuse Statutory Guidance following Royal Assent of the Domestic Abuse Bill.

¹⁶ HM Government. *Ending violence against Women and Girls: Strategy 2016 to 2020*. HM Government, London, 2016:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF [accessed 24 April 2021].

Appendix D – LGBT+ inclusive resources for commissioners and professionals

Galop reports:

- Commissioning for Inclusion: Delivering services for LGBT+ survivors of domestic abuse <https://www.galop.org.uk/commissioning-for-inclusion-delivering-services-for-lgbt-survivors-of-domestic-abuse/> [accessed 24 April 2021]
- Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse <http://www.galop.org.uk/recognise-respond-strengthening-advocacy-for-lgbt-survivors-of-domestic-abuse-2/> [accessed 24 April 2021]
- LGBT+ People’s Experiences of Domestic Abuse: a report on Galop’s domestic abuse advocacy service <http://www.galop.org.uk/lgbt-peoples-experiences-of-domestic-abuse/> [accessed 24 April 2021]

Galop factsheets:

- Domestic Violence and Abuse, and The Lesbian, Gay, Bisexual, and Transgender+ (LGBT+) Communities <http://www.galop.org.uk/factsheets/dv-a-lgbt/> [accessed 24 April 2021]
- Emergency Accommodation and Housing Support for Lesbian, Gay, Bisexual, and Transgender+ (LGBT+) Survivors of Domestic Abuse <http://www.galop.org.uk/factsheets/emergency-accom/> [accessed 24 April 2021]
- Barriers Faced by LGBT+ People in Accessing Non-LGBT+ Domestic Abuse Support Services <http://www.galop.org.uk/factsheets/barries-faced/> [accessed 24 April 2021]
- Myths and Stereotypes About Partner Abuse Among Lesbian, Gay, Bisexual, and Transgender (LGBT+) People <http://www.galop.org.uk/factsheets/myths/> [accessed 24 April 2021]
- Advice for friends/family of LGB and/or T+ people who might be an abusive/controlling partner <http://www.galop.org.uk/wp-content/uploads/National-Guidance-for-Friends-Family-of-LGBT-Users-of-Violence-Abuse-final.pdf> [accessed 24 April 2021]
- Advice for friends/family of LGB and/or T+ people who might be in abusive relationships <http://www.galop.org.uk/wp-content/uploads/National-Guidance-for-Friends-Family-of-LGBT-victims-final-1.pdf> [accessed 24 April 2021]

Other resources:

- Stonewall guide to LGBT-inclusive education: everything you need to know
<https://www.stonewall.org.uk/lgbt-inclusive-education-everything-you-need-know>
[accessed 24 April 2021]
- Stonewall Service Delivery Toolkit: Communicating an inclusive service
<https://www.stonewall.org.uk/resources/service-delivery-toolkit-step-4-communicating-inclusive-service> [accessed 24 April 2021]
- SAYiT LGBT+ Inclusion Kite Mark Scheme
<https://sayit.org.uk/callitout/kite-mark/> [accessed 24 April 2021]