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Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services

Barriers faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking, Harassment and Sexual Violence Services

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Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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Table of contents

Glossary of acronyms 3
Definitions of forms of abuse....4
Definitions of sexual orientations and gender identities 4

1 Introduction and methodology....6
2 Evidence review....11
3 Individual and interpersonal barriers to accessing services 18
4 Structural and cultural barriers in service provision 27
5 Promising practices and opportunities for development....39
6 Recommendations....48

References....52
Appendix A. Full evidence review 57
Appendix B. Achieved sample 75
Appendix C. Interview topic guide and online questions 78

Glossary of acronyms

BME	Black and Minority Ethnic
CPS	Crown Prosecution Service
DA	Domestic abuse
DASH RIC	CAADA (Coordinated Action Against Domestic Abuse)'s Domestic Abuse, Stalking and Harassment Risk Assessment Checklist
DASH/SV	Domestic abuse, stalking and harassment and sexual violence
D/SV	Domestic and sexual violence
GRC	Gender Recognition Certificate
HBV	'Honour'-based violence
IDVA	Independent Domestic Violence Advisor
IPV	Intimate partner violence
ISVA	Independent Sexual Violence Advisor
LGBT	Lesbian, gay, bisexual and transgender
MARAC	Multi-Agency Risk Assessment Conference
QUILTBAG	Queer and questioning, undecided, intersex, lesbian, trans, bisexual, allied and asexual, gay and genderqueer
REA	Rapid Evidence Assessment
SARC	Sexual Assault Referral Centre
SRE	Sex and relationships education
SV	Sexual violence

Definitions of forms of abuse

Domestic abuse 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, and emotional (Home Office, 2013).

Stalking and **Harassment** are defined in the Protection from Harassment Act 1997, including amendments made through the Protection of Freedoms Act 2012. Stalking involves an individual being fixated and/or obsessed with another, as exhibited by a pattern of persistent and repeated contact with, or attempts to contact, a particular victim. Harassment is any form of persistent conduct which causes another person alarm or distress (Home Office, 2012).

Sexual violence is as any sexual act which is perpetrated without freely given consent (Basile & Saltzman, 2009), including acts which are offences under the Sexual Offences Act 2003.

A **hate crime** is a criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's actual or perceived disability, race, religion and belief, sexual orientation or gender identity (ACPO & CPS, 2007). A **hate incident** is motivated by the same hostility or prejudice, but is not a criminal offence.

Definitions of sexual orientations and gender identities

Research participants highlighted the limitations of the acronym **LGBT**, noting that it may exclude people who identify in other ways, and may be used without truly including bisexual and transgender people. However, there was no broad agreement amongst participants on alternative acronyms. Therefore, we use LGBT as an acronym that is widely understood, but we use it in the broadest sense, encompassing the range of ways our research participants identified themselves.

Bisexuality refers to people who are attracted to more than one gender. This includes people who see themselves as attracted to both men and women, people who are mostly attracted to one gender but recognise that this isn't exclusive, people who see their attraction as being to individuals regardless of gender, and people who dispute the idea that there are only two genders. Some people reject the term "bisexual", as it suggests there are two genders, using terms such as **pansexual**, **omnisexual**, and **queer** (Barker et al, 2012).

Trans is used in this report as an umbrella term to refer to a diverse range of people who find their gender identity does not fully correspond with the sex assigned to them at birth (Roch et al, 2010). This includes people who have transitioned or are transitioning, and live full time either as men or women. It also includes people who do not live as either male or female, but in a **non-binary gender**. These people may identify as both male and female, or neither male nor female, or move between genders. Amongst our participants, this included people who identified themselves as **genderqueer** and **androgynous**. Other terms non-binary people commonly use include androgyne, polygender, and third-gender (Scottish Trans[1]).

We use **cis** (an abbreviation of **cisgender**) to refer to people who don't identify as trans. The prefix *cis* ('on the side of') has been used over the past two decades as an alternative to terms such as 'non-trans', which can be perceived as presenting trans people as abnormal. Cis people experience "a match between the gender they were assigned at birth, their bodies, and their personal identity" (Schilt & Westbrook, 2009).

Intersex people are born with sexual or reproductive characteristics which do not clearly fit with traditional definitions of male or female. An intersex person may or may not identify with a binary gender. In this report, intersex people are not referred to as either trans or cis.

[1] http://www.scottishtrans.org/guidance/transgender-umbrella/androgyne-people/

1 Introduction and methodology

1.1 In 2012, the Welsh Government began consultation on *legislation to end violence against women, domestic abuse and sexual violence..* Stakeholders, in early White Paper consultations, suggested that lesbian, gay, bisexual and transgender (LGBT) people may experience specific barriers when seeking support (Faraz Bhula, 2012).

1.2 Alongside the development of Wales' men's domestic abuse service[2], some research has been conducted around gay and bisexual men's experiences of domestic abuse. However, LGBT people remain under-represented in referrals to the All Wales Domestic Abuse & Sexual Violence Helpline and Multi-Agency Risk Assessment Conferences (MARACs) across Wales, despite evidence suggesting that they experience domestic and sexual abuse at similar rates to heterosexual, cis women (Donovan et al, 2006; Henderson, 2003). Service provision in Wales and elsewhere in the UK has remained focused on the needs of heterosexual, cis women and knowledge of any differences in LGBT people's support needs is limited.

1.3 Seeking to further develop policy-making and legislation in this area, the Welsh Government (2013) committed to identifying barriers faced by LGBT people in accessing domestic abuse, stalking and harassment, and sexual violence services. NatCen Social Research was commissioned in January 2014 to conduct this research.

Aims and methods

Research aims and scope

1.4 This study focused on domestic abuse, stalking and harassment, and sexual violence (DASH/SV) experienced by LGBT people in Wales. Consideration of LGBT people's experiences of stalking and harassment focused on instances where this intersected with domestic abuse or sexual violence, rather than stalking and harassment as part of hate crime.

1.5 The research aimed to:

[2] The Safer Wales Dyn Project

- Identify the barriers to accessing domestic abuse, stalking, harassment and sexual violence support services LGBT people may experience;
- Identify examples of effective practice in mitigating these barriers;
- Propose recommendations related to the future development of services supporting those LGBT people experiencing domestic abuse, stalking and harassment, and/or sexual violence.

Methods

1.6 We used a three-stage research design, including a Rapid Evidence Assessment, qualitative interviews and written submissions. A qualitative approach enables in-depth exploration of social phenomenon and is ideally suited to exploring sensitive and complex issues.

1.7 Relevant literature was identified through four **Rapid Evidence Assessment** (REA) questions, addressing the general barriers people face to accessing support services for DASH/SV, specific barriers encountered by LGBT people, any additional barriers for Black and Minority Ethnic (BME) people, and examples of best practice that mitigate these barriers. Forty-six articles were reviewed and findings from the evidence review informed the next stages of the research. A detailed methodology is available in Appendix A.

1.8 Individual **qualitative interviews** were conducted with 18 professionals. Participants were selected to represent a range and diversity of sectors and experiences, including voluntary and statutory services and community organisations across the domestic and sexual violence (D/SV) and LGBT sectors. Interviews took a responsive approach (following up lines of inquiry) and were tailored to individual roles. They focused on services for LGBT people experiencing abuse in Wales, barriers they might face in accessing these services, examples of effective practice to mitigate these barriers and recommendations for future development. The achieved sample is provided in Appendix B and the interview topic guide is available in Appendix C.

1.9 **Online written submissions** were accepted from 34 LGBT people living in Wales through a custom-designed, anonymous, secure online

portal. Invitations to take part were sent by email or post to a range of service providers and stakeholders in Wales, and promoted on social media. Participants, who identified as lesbian, gay, bisexual and/or trans and were over 16 years old, were asked demographic and open-ended questions. Both those who had, and those who had not, experienced these forms of abuse, were invited to participate. Open-ended questions explored participant's experiences of abuse, their experiences and views on barriers that may exist when trying to access services, how these barriers might be overcome, and ideas for future development of services. The achieved sample is provided in Appendix B and online questions are available in Appendix C.

1.10 Analysis of qualitative interviews and online submissions was conducted using the *Framework* method, supported by the NVivo10 software package. This approach facilitates analysis by case and theme within an overall matrix. The approach ensures robust and systematic analysis that is grounded in the views and accounts of participants.

Ethical considerations

1.11 The study was approved by NatCen's Research Ethics Committee, which includes external professional experts and senior NatCen staff. A number of ethical considerations were taken into account for this study, including the sensitivity of questions asked of online participants and the implications of anonymity for safeguarding. Each page of the online portal included phone numbers and links to domestic and sexual abuse support, participants were able to skip sensitive questions and a single button to exit immediately to the BBC News website was provided. Online responses were reviewed regularly for disclosures of imminent, significant harm to an identifiable person, which would have been reported to the relevant authorities. All participants were given information before taking part about this limit to confidentiality.

Generalisability and limitations

1.12 We took a flexible approach to recruitment, monitoring the sample as the research progressed to ensure that we incorporated the views of a diverse range of people. Where we noted that some groups weren't represented, we focused on encouraging them to participate, for example by promoting the study through organisations that work with older LGBT people. A diverse range of characteristics were represented across the sampling criteria, with the exception of ethnic diversity: all online respondents were White. While specific barriers relating to ethnicity were covered in the qualitative interviews with professionals, professionals also reported very low numbers of BME LGBT service users. The fact that no BME LGBT people responded in an anonymous online environment perhaps highlights the particular challenges this group of people are likely to face in accessing services. Further research designed specifically to sensitively engage this group may reveal additional barriers that have not been uncovered in this study.

Theoretical framework, definitions and structure

Definitions and terminology

1.13 Definitions of DASH/SV used in this study are listed in the glossary at the front of this report, along with terminologies used in relation to sexual orientation and gender identity.

1.14 LGBT refers to lesbian, gay, bisexual and trans people, as well as participants in the study who identified with other non-heterosexual sexual orientations and non-binary genders. The term 'cis' refers to people do not identify as transgender.

1.15 We use the term "people who have experienced" abuse, rather than "victim" or "survivor." This reflects a lack of evidence from people who have experienced abuse as to which term is more acceptable, and a particular lack of consensus amongst the views of LGBT people (Donovan & Hester, 2010; Rowlands, 2006).

Theoretical framework and report structure

1.16 Our analysis draws on a theoretical framework for help-seeking for intimate partner violence (IPV) proposed by Liang & colleagues (2005). They argued that help-seeking is influenced by individual, interpersonal and socio-cultural factors. Individual factors relate to a victim's perception of themselves and the abuse, for example experiencing self-blame. Interpersonal factors relate to their immediate relationships, and particularly tactics used by the perpetrator to prevent help-seeking. Socio-cultural barriers relate to a broad range of factors around the structural and cultural barriers in society and service provision, such as BME people feeling that mainstream DA services are not culturally sensitive.

1.17 In the next chapter, findings from the Rapid Evidence Assessment are presented. Chapter 3 focuses on individual and interpersonal barriers LGBT people experience in accessing appropriate services, focused on their individual circumstance and experiences and their relationships with others. Chapter 4 focuses on structural and cultural barriers in service provision (socio-cultural barriers). Chapter 5 outlines areas of existing promising practice and opportunities for further development of services. Chapter 6 sets out recommendations for the Welsh Government to improve LGBT people's access to appropriate DASH/SV services.

2 Evidence review

2.1 Domestic and sexual violence services have primarily been designed with heterosexual, cis women in mind, responding to a strong body of evidence which demonstrates that these forms of abuse are most often experienced by women and perpetrated by men. However, while there are universal barriers to accessing services for domestic abuse, sexual violence, stalking and harassment, our review of the existing evidence demonstrates that LGBT people face specific barriers which are sometimes different to those experienced by heterosexual, cis women. Over the past decade, researchers have increasingly focused on addressing this evidence gap.

2.2 This chapter presents the key evidence in this area relevant to the findings of our primary research in Wales. The full evidence review is available in Appendix A.

Individual and interpersonal barriers

2.3 The existing evidence suggests that LGBT people may face a range of barriers related to their perception of self and the abuse (individual barriers) and the actions of people they have relationships with (interpersonal barriers).

2.4 Commonly, people experiencing domestic abuse don't seek help because they simply do not recognise their experience as abuse (WNC, 2009; Todahl et al, 2009). There may be an additional barrier here for LGBT people who are unaware that domestic abuse can occur in same-sex relationships, and therefore do not acknowledge their experience as abuse (Rowlands, 2006; Donovan, 2011; Richards et al, 2003). Further, Hardesty (2011) found that lesbians reported not knowing that they were "covered" by domestic abuse laws and were entitled to call the police when it occurred.

2.5 Where LGB people feel unsure of, or ashamed about, their sexuality, abusers may use the individual's negative sense of self to exercise control (Hardesty, 2011; Robinson & Rowlands, 2006; Duke & Davidson, 2009). Abusers may use tactics based on sexual orientation or gender history, such as "outing" someone as lesbian, gay, bisexual or trans to

control them (Hester et al, 2012; Ard & Makadon, 2011; Duke & Davidson, 2009). The abuser may seek to isolate the victim (Constable et al, 2011), which may then contribute to fears of being alone (Donovan, 2011), fear of being shunned by their community (Hardesty, 2011) or losing their most secure connection to the LGBT community (Duke & Davidson, 2009), and increase a feeling of commitment to the abusive partner and inability to leave the relationship (Bornstein et al, 2006).

2.6 Related to this, Roch & colleagues (2010) suggest that trans people may also have unresolved guilt and self-hatred about being transgender, making it difficult to accept that they are deserving of support.

2.7 As well as experiencing abuse from intimate partners, the Crown Prosecution Service's (CPS) guidance on forced marriage and other forms of "honour"-based violence suggests that LGBT people may face these forms of abuse from relatives or others in their community as a result of how their sexual orientation or gender identity is perceived. The CPS notes that this may include use of forced marriage to "cure" LGBT people, or the use of "corrective" rape. The Forced Marriage Unit's (2013) information leaflet on LGBT people and forced marriage details case studies of gay and lesbian people being coerced or tricked by relatives into travelling to South Asian and Middle Eastern countries and forced into marriage. In these case studies, people describe not only forced marriage, but experiencing physical violence, imprisonment and threats to kill from family members.

2.8 There is very little evidence specifically related to LGBT people's experience of stalking and harassment. Rowlands (2006) noted that in a non-representative sample of gay men who had experienced domestic abuse in Wales, a quarter had experienced stalking from their abusive partner.

2.9 There is also limited discussion of sexual violence against LGBT people in the literature. Todahl & colleagues (2009) argue that LGBT people who experience sexual violence are faced with lack of awareness on two fronts: a general lack of awareness about LGBT communities within mainstream society and limited discussion about sexual violence within

LGBT communities. Allen (cited in Rumney, 2009) also found that gay men were reluctant to view their experience of non-consensual sex as "rape". Hester & colleagues (2012) found that within trans communities, sexual violence was particularly "hidden" and unlikely to be discussed.

Structural and cultural barriers in service provision

2.10 However, the existing research highlights that alongside individual and interpersonal barriers, there are important structural and cultural issues in the way domestic and sexual violence (D/SV) services are designed and delivered that may discourage LGBT people from accessing them.

2.11 Research suggests that LGBT people's fears of experiencing homo/bi/trans-phobia from service providers can be grounded in their past experiences of societal discrimination (Chan, 2005) and psychological and physical trauma, including family rejection, hate speech, hate crimes and bullying (Ard & Makadon, 2011). These experiences inform a belief that prejudice "pervades" service provision (Richards et al, 2003) and concerns about having to "out" yourself in order to seek help (Robinson & Rowlands, 2006; Ard & Makadon, 2011). For example, LGBT people are particularly wary of contact with the police.

2.12 Service providers themselves acknowledge a lack of outreach to LGBT victims (Ciarlante & Fountain, 2010). Available information about domestic abuse often refers exclusively to heterosexual relationships (Bornstein et al, 2006; Donovan & Hester, 2011) and there is a general lack of information about domestic abuse in same-sex relationships (Bornstein et al, 2006). Gay men in Rowlands' (2006) study in Wales reported feeling that they didn't have time to put in the "research" required to find out what services exist for them. Roch & colleagues (2010) found that trans people believed there were no DA services willing and able to assist them.

2.13 Further, LGBT people risk experiencing harassment based on their sexual orientation or gender identity in the process of attempting to physically access services. Trans women who participated in the Women's National Commission's (2009) research reported fear of going

out in public in their local area, for example because of a recent attack on another trans woman or due to harassment they received from school children. Trans women felt that there was a lack of enforcement against people who verbally abuse trans women (WNC, 2009).

2.14 A range of negative stereotypes, predominantly related to LGBT people's sexual behaviour, have been identified across a number of studies. LGBT people have reported that concern about experiencing negative stereotypes has discouraged them from reporting their experiences of sexual violence (Todahl et al, 2009; Rumney, 2009). For example, stereotypes include the idea that rape would be less traumatic for gay men than heterosexual men or women (Rumney, 2009); that trans people are sexually predatory (Todahl et al, 2009) and that they deliberately "deceived" the perpetrator about their supposed "real" gender (Gooch, 2012). Lesbian and bisexual women reported to Hester & colleagues (2012) that when they had been raped by a woman, service providers found it "difficult to envisage" a female perpetrator.

2.15 Finally, Gooch (2012) notes that trans people may be excluded from services because of their gender history, for example being excluded from a women-only service because they were assigned male at birth. Todahl & colleagues (2009) argue that doctors and nurses are perceived as having a lack of respect for trans people, resulting in trans people experiencing further shame when reporting sexual violence.

Intersecting barriers

2.16 LGBT people from **ethnic minorities** face barriers to accessing services both due to the intersection of experiences of racism and homophobia in institutions, and sometimes due to homophobia within their own communities. Miles-Johnson (2013) notes that members of minority communities are more reticent to report crime generally due to community experiences of victimisation from the police, and Chan (2005) concurs that gay people from ethnic minority backgrounds have additional reasons to mistrust the police, due to experiences of racism, and culturally or linguistically inappropriate provision.

2.17 Donovan & Hester (2008) suggest that **young LGBT people** (under 25) are particularly vulnerable to domestic abuse for a number of reasons: they may view their first relationship as affirming their identity; they don't have any models for what a positive same-sex relationship should be like; their relationship is embedded within their LGBT friendship networks, and they lack resources to seek help.

2.18 In analysis of their national dataset of domestic abuse victims accessing IDVA services which are part of the Insights programme, CAADA (2013) found that the small number of LGBT people accessing these services experienced higher levels of **substance use and mental health problems** than heterosexual victims of domestic abuse. CAADA suggest that one explanation for this could be that the barriers LGBT people face in accessing services may mean that they seek help later, and their needs have then become more "complex."

Effective practice in mitigating barriers

2.19 The following section presents effective practices identified in the existing literature, but these may not be directly transferable to the Welsh context. In Chapter 5, we reflect on some of the practices suggested here, within the context of research with providers and LGBT people in Wales. Our own recommendations for improving access to services in Wales are set out in Chapter 6.

Awareness-raising

2.20 Donovan (2011) suggests conducting awareness-raising within LGBT communities about domestic abuse. This could include national and local public awareness education and outreach campaigns (Ciarlante & Fountain, 2010), or advertising campaigns that use pictures of same-sex couples and gender neutral vocabulary (Duke & Davidson, 2009). McClennan (2005) argues that wider availability of information would reduce the stigma of a someone in a same-sex relationship seeking help.

2.21 As well as ensuring materials do not assume heterosexuality (Constable, 2011) and are inclusive of trans people (Roch et al, 2010), Roch and colleagues recommend that agencies explicitly advertise that they will

work with trans people (or trans women, for women-only organisations). Gooch (2012) suggests putting up posters that affirm trans people as well as LGB people in services, and giving consideration to toilets within the service as a potential site of abuse for trans people from other service users, who may mis-gender them.

Improving mainstream services

2.22 Similarly, the literature suggests awareness-raising activities targeted at DA services, police and MARACs about domestic abuse in LGBT relationships (Donovan, 2010 & 2011). Roch & colleagues (2010) suggest that staff should receive training on the unique experiences and specific needs of trans people experiencing domestic abuse.

2.23 Duke & Davidson's (2009) findings support the benefits of an "LGB Affirmative Programming Model", including training for professionals who provide services to survivors, effective advertising, cross-collaboration between community agencies, and LGB affirmative resources and referrals (Duke & Davidson, 2009).

Specialist services and programmes

2.24 As well as the need for more inclusive mainstream provision, some researchers suggest providing specialist LGBT DASH/SV services. Bornstein & colleagues (2006) found that LGBT people experiencing domestic abuse who accessed specialist LGBT domestic abuse programmes would not have sought support from a mainstream programme.

Routine enquiry and risk assessment

2.25 Ard & Makadon (2011) suggest that professionals should sensitively enquire about sexual orientation and gender identity before screening for domestic abuse, and argue that where routine enquiry isn't already used, a lower threshold for domestic abuse enquiry may be warranted for trans people as they appear to experience higher rates of violence than other members of the LGBT community.

Sex and relationships education (SRE)

2.26 Donovan & Hester (2008) argue that SRE is often promoted as a tool for preventing domestic abuse and sexual violence, but that SRE most often

focuses exclusively on heterosexual sex and relationships. This lack of representation of same-sex relationships was also raised by participants in the Women's National Commission's (2009) consultation to inform a national Violence Against Women strategy.

Conclusion

2.27 The existing evidence provides a broad understanding of the barriers LGBT people might experience when accessing appropriate services for abuse. However, specific gaps remain:

- Existing research focuses predominantly on domestic abuse within intimate relationships, with little evidence on other forms of domestic abuse such as familial abuse;
- There is limited understanding on barriers LGBT people face when trying to access services for stalking and harassment, and sexual violence;
- Existing research often fails to disaggregate findings between the specific experiences of lesbians and gay women, gay men, bisexual men, bisexual women, trans men, trans women and other trans-spectrum identified people.

2.28 The following chapters present findings from our qualitative research in Wales, which drew on the existing evidence to explore further both the specific Welsh context and gaps in the available evidence.

3 Individual and interpersonal barriers to accessing services

3.1 Liang & colleagues (2005) argue that while models of help-seeking have tended to focus on the "individual help-seeker's internal, cognitive processes", it is also true that the helper a victim chooses will "influence how she defines the problem and whether she chooses to seek help again."

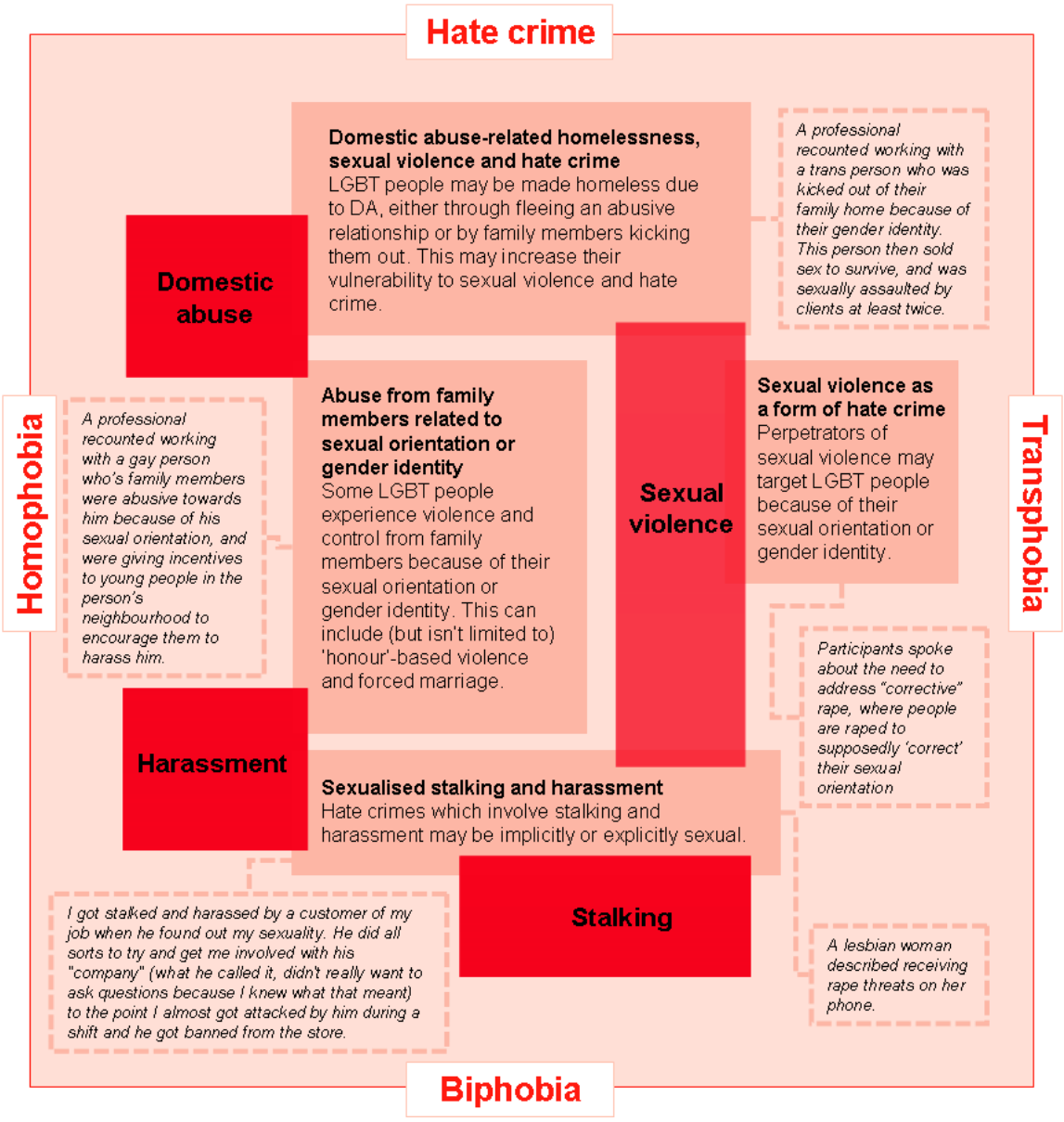
3.2 In our study, domestic and sexual violence service providers particularly emphasised the importance of individual and interpersonal barriers for LGBT people in accessing appropriate support. These professionals' responses focused on factors related to LGBT people's individual perceptions and beliefs (for example, not believing abuse can happen in same-sex relationships) or interpersonal relationships (for example, fear of being outed by the perpetrator). In contrast, LGBT people who responded online placed particular emphasis on barriers created by the structures and culture of services.

3.3 This chapter outlines ways in which LGBT people's experiences of domestic abuse, stalking and harassment and sexual violence (DASH/SV) can differ from heterosexual, cis people's experiences, and explores the individual and interpersonal barriers that may prevent LGBT people from accessing appropriate services. In Chapter 4, we go on to focus on the structural and cultural barriers within service provision, or "socio-cultural" barriers (Liang et al, 2005).

LGBT people's specific experiences of DASH/SV

3.4 LGBT people's experience of DASH/SV can obviously be very similar to that of heterosexual cis people, but can also be distinctive and relate specifically to their sexual orientation or gender identity. Figure 1, on the next page, demonstrates ways in which experiences of DASH/SV amongst participants related specifically to their sexual orientation or gender identity. Importantly, both LGBT people and professionals highlighted ways in which people's experiences DASH/SV overlapped with, or was compounded by, abuse, harassment, violence and threats outside of their intimate relationships.

Figure 1. Intersections of hate incidents with domestic abuse, stalking and harassment and sexual violence



Domestic abuse from family members related to sexual orientation and gender identity

3.5 Online and professional participants reported LGBT people being particularly likely to experience domestic abuse from family members, related to family members struggling to accept the individual's sexual orientation or gender identity. It was noted that this may also affect trans people who

> The family have threatened to hire an assassin if she does [come out], the doctor has told her that she's despicable and that it's a dreadful sin to be saying this.
>
> *LGBT community organisation*

are in an intimate relationship when they come out, and domestic abuse may be related to their partner not accepting their gender identity. A trans community organisation suggested this could be particularly challenging for trans men when they decide to transition, for example if they are in a relationship with a heterosexual cis male partner, their partner may feel that their own identity as a straight man is being challenged.

3.6 Professionals also suggested familial domestic abuse when coming out could be a particular risk for LGBT people from some religious or minority ethnic communities, as well as LGBT people with learning disabilities whose families may be unprepared to accept that they "understand" their sexual orientation or gender identity. A service provider described how lesbian and bisexual women may be forced into marriage because their family members believed that by marrying and having a family they would "get over it". Gay and bisexual men were also thought to be at risk of forced marriage, although a professional suggested that family members are more likely to tolerate men having extra-marital, same-sex relationships if the façade of heterosexual marriage is preserved, whereas if women behaved in this way they risk experiencing further abuse from family members.

> Generally [in some minority ethnic communities] you're supposed to accept who you are and that's how you were born and that's it. So if you did anything otherwise, that's not acceptable to the so-called norm.
>
> *DA service provider*

3.7 It was felt that minority ethnic trans people would face pressure not to transition, because they're expected to "accept…how you were born," and may similarly be at risk of abuse of family members if they came out.

3.8 Domestic abuse may then be exacerbated by ex-partners or family members informing neighbours about the individual's sexual orientation or gender identity, resulting in them experiencing hate crime or hate incidents from neighbours as well.

> I received hate mail. My cat was killed and then I received a sympathy card from the person who killed the cat. I have been called names. My sister threatened to glass me at my mother's wake.
>
> *36-45 year old gay cis man*

Sexual violence as a form of hate crime

3.9 In addition to participants reporting rape, sexual assault and childhood sexual abuse, there was also evidence of LGBT people experiencing sexual abuse and threats as a form of hate crime, specifically because of their sexual orientation or gender identity. One lesbian couple reported threats of rape by phone. A professional suggested that "control" of women was particularly strong in some BME communities because they were seen as the bearers and the stewards of ensuring "honour" in the family. Where women did not conform to the heterosexual, cis model, assault and rape were seen as a way of reasserting male control.

Sexualised stalking and harassment

3.10 Online participants described a range of examples of stalking and harassment which would more likely be defined as hate crime, rather than being related to domestic abuse. However, they also described experiences where stalking and harassment based on their sexual orientation overlapped with sexual violence.

> Police tapped the phone and found rape threats but did nothing apart from go around to the boy's house and talk to his parents.
> *46-55 year old lesbian cis woman*

Domestic abuse resulting in homelessness and vulnerability to sexual violence and hate crime

3.11 Professionals described the risk that domestic abuse, and particularly familial abuse, can result in LGBT people becoming homeless. Young people were perceived to be particularly at risk of this, and homelessness can leave LGBT people particularly vulnerable to hate crime, hate incidents and sexual violence. As described in Figure 1, one professional described working with a young trans person who was made homeless and then experienced sexual violence when selling sex to survive.

> I was in an abusive relationship for five years… The person still tries to harass me and bullying my friends and family via the Internet. I am too scared to visit my family in the area from where I escaped the abuse, so rely on my family visiting me.
> *36-45 year old gay cis man*

Individual barriers to accessing services

3.12 Online and professional participants highlighted four areas where LGBT people's individual knowledge, perceptions and beliefs may prevent them from accessing appropriate support:

- Knowledge of abuse in LGBT people's relationships;
- Knowledge and connectedness to LGBT-friendly services;
- Confidence in their sexual orientation or gender identity; and
- Self-blame in relation to their experience of abuse.

Knowledge of abuse in LGBT people's relationship

3.13 Professional participants suggested that LGBT people may view the LGBT community as "shiny happy people", and that same-sex relationships were often viewed by LGBT people as stereotypically more equal, more open to the discussion of problems and potentially more caring. It was suggested that this perception prevented people from identifying their experiences of DA.

3.14 Participants also suggested that this lack of identification of their own experiences of abuse may be related to the way DASH/SV are discussed as issues that primarily affect heterosexual, cis people. One professional participant described how (despite being aware of domestic abuse), she only identified her own experiences of domestic abuse for the first time when reading an LGBT-specific research report.

Knowledge and connectedness to LGBT-friendly services or community

3.15 Both LGBT people who did, and did not, have direct experience of DASH/SV said they would have "no idea" where to begin looking for LGBT-friendly support if they needed it. They did not want to approach mainstream services that they thought would not be LGBT-friendly. Others said they would act "independently" and try to resolve the issues themselves if they could not find a service that they believed was LGBT-friendly.

> I needed help but didn't know how to access any or if there was any available to me.
>
> *56-65 year old lesbian cis woman*

3.16 Both LGBT and D/SV service providers thought that lack of knowledge and access to services was worse for LGBT people who were not 'out'

(open about the sexual orientation or gender identity to others) or able to connect with an informal LGBT community. One sexual violence service provider noted that a recent increase in the willingness of trans people to come to them seemed to have arisen because of "word of mouth" that the service treated trans people well. Providers felt that this inability to tap into such informal information is exacerbated for young people new to LGBT communities and people who may be isolated from it in rural areas.

Confidence in their sexual orientation or gender identity

3.17 Professionals suggested that LGBT people who are happy with their identities feel less anxious about seeking help. However, where they aren't "out and happy", one of the biggest fears about accessing services was said by providers to be that they would have to disclose their sexual orientation or gender identity to do so. Added to this was the fear that the information may "leak out" into the wider community with the possibility of negative repercussions, with people living in rural communities where "everyone knew everyone" facing particular barriers in this regard.

> Sometimes people have their own personal journey and they have a problem themselves accepting that they are lesbian or gay and sometimes that can be their own barriers; they don't know how to deal with that.
>
> *Housing service provider*

3.18 Related to this, it was suggested that people who are in the process of gender transition may experience negative feelings around particular body parts, and for this reason may be reluctant to engage with services where they are physically exposed, such as forensic sexual assault services. A sexual violence provider noted that this is already an invasive process for anyone, but that it could feel even "more invasive" for trans people, who face their body being examined in a sex they're "already trying to move away from."

3.19 Providers who didn't routinely monitor service users' sexual orientation or gender suggested that in difficult circumstances they felt the choice over disclosure was best "led" by their clients and that it probably wasn't appropriate to deal with issues such as "coming out" at a point of crisis.

Providers explained that they wouldn't "delve into people's lives" too deeply, and felt it would be too complicated to try to address issues of abuse and coming to terms with one's identity at the same time.

3.20 Online participants, in contrast, provided an alternative view that sexual orientation or gender identity, or the fact they were in a same-sex or non gender-binary relationship, may be important information both for addressing their case and their needs as an individual. This is discussed further in the next chapter.

> I don't think they feel able to deal with those additional issues of coming out. Because if you come from a family or community where culture, honour and shame is a big thing, accessing a refuge or support from a so-called 'outsider' is a big thing. So they've already crossed one very big bridge.
>
> *DA service provider*

Self-blame in relation to their experiences of abuse

3.21 Online participants described how self-blame in relation to their experiences of abuse prevented them accessing support. However, their descriptions highlighted ways in which this self-blame arose from receiving non-affirming or unresponsive services. For example, one gay man described the way in which not knowing there were services that could support him led him (in his view) to "fight back" against his abusive partner.

> After a year I started to fight back and lived with the guilt of that. Sadly I took this into my next relationship and I became an abuser while playing the victim… Most abuse organisations focus on women and I was unaware of any support for gay men.
>
> *36-45 year old gay cis man*

Interpersonal barriers to accessing services

3.22 Layered on top of LGBT people's individual knowledge, perceptions and beliefs are interpersonal factors that act to prevent help-seeking. Professional and online participants identified two key areas where LGBT people experienced specific interpersonal barriers to accessing support:

- Experiencing controlling tactics from the perpetrator which are focused on the individual's sexual orientation or gender identity

- Concern that accessing services may lead to other forms of abuse, such as hate incidents or abuse from other people in their community.

Control from perpetrators

3.23 Professionals suggested that domestic abuse perpetrators may play on people's fears of being outed, and their lack of confidence in their sexual orientation or gender identity (described above), to discourage them from seeking support. One professional provided a range of examples of how perpetrators may control trans people, such as withholding money for hormonal treatment or clothing to prevent them living in the gender they are transitioning into. This may create a very real barrier that would prevent trans people from accessing gender-binary (women-only or men-only) services.

Concern about increasing other forms of abuse

3.24 Concern about exacerbating the abuse by reporting it is common amongst heterosexual cis women who experience domestic abuse. However, both online and professional participants described how LGBT people also fear violence and abuse from people other than the perpetrator when they report.

3.25 There were particular fears about uniformed police officers coming to LGBT people's homes, due to possible repercussions in the local community if others realised their sexual orientation or gender identity.

3.26 A service provider described how in their experience of supporting gay men, "the community takes the perpetrator's side" and the person who experienced the abuse feels "ganged up on." Another provider suggested that if BME LGBT people disclose abuse in a same-sex relationship, they put themselves at risk of then experiencing 'honour'-based violence or forced marriage.

Conclusion

3.27 Responses from professional and online participants demonstrates ways in which LGBT people experience individual and interpersonal barriers in

specific ways which are related to their sexual orientation or gender identity.

3.28 However, while creating difficulty in accessing services, these barriers do not fully explain the under-representation of LGBT people amongst domestic and sexual violence service users. In the next chapter, we go beyond individual and interpersonal barriers to explore structural and cultural barriers in the way domestic and sexual violence services are currently provided in Wales.

4 Structural and cultural barriers in service provision

4.1 Lesbian, gay, bisexual, trans, androgynous, pansexual, genderqueer and intersex people who participated in the study highlighted individual and interpersonal factors that act as barriers to help-seeking for domestic abuse, stalking, harassment and sexual violence (DASH/SV), outlined in the previous chapter. However, they also provided rich accounts of the ways that attitudes and practices by service providers, and in wider society, can make them feel excluded and prevent them accessing appropriate support.

4.2 These structural and cultural barriers were also reflected in professional interviews. Managers and practitioners in both LGBT organisations and domestic and sexual violence (D/SV) services reflected on structural barriers in the way services are designed and delivered that result in them being less accessible and inclusive for LGBT people.

4.3 Four structural and cultural barriers to accessing appropriate support were identified by study participants, and are discussed in detail in this chapter:

- Assumed heterosexuality in service provision;
- Gender-binary (women-only or men-only) service provision;
- Inadequate level of staff diversity, knowledge and skills; and
- Minimisation of LGBT people's experiences of abuse.

Assumed heterosexuality in service provision

4.4 In online submissions, participants noted that they experience assumed heterosexuality across a range of services they access in their daily lives, such as GPs offering women in a same-sex relationship inappropriate contraceptive advice. If an individual is experiencing DASH/SV, this not only puts them off seeking help from their GP, but impacts on their perception of the likelihood that D/SV service providers will be inclusive.

4.5 Both online and professional participants noted that available information about DASH/SV tends to focus on women in heterosexual relationships. An online participant noted that this makes it "hard to start talking", while

another felt that if they called a helpline and the person assumed they were heterosexual it would be "just a waste of time."

4.6 Service providers were clear that the available DA services in Wales are "open access" and can be accessed by LGBT people in the same way as cis, heterosexual people. However, providers also noted that because the majority of victims of domestic and sexual violence are cis heterosexual women, services are therefore promoted in a way that reflects this. SV services, on the other hand, are less likely to be open access and so need the referring agency, such as a GP, to know that the service is open to all.

> We would say we work with anybody. We would say that, but I think that message isn't registering with those communities, if you know what I mean?
>
> *DA service provider*

> Without that encouragement of seeing things on the walls, of seeing rainbows, of seeing things 'we are LGBT friendly', you get a lot of people who are reluctant to access service providers because they don't know if they're going to be dealt with, shall we say, with discrimination.
>
> *LGBT service provider*

4.7 LGBT service providers in particular argued that LGBT people's life experiences of assumed heterosexuality when accessing services in general means that they are unlikely to access D/SV services without specific reassurance that the service is LGBT-friendly. This is because they don't feel that D/SV services will be any more LGBT-friendly than other services they've accessed in the past.

4.8 Online participants confirmed this view, expressing a lack of trust that D/SV services had "moved on" in relation to LGBT inclusion. However, even where services do advertise that they are LGBT-friendly, this is not necessarily sufficient for LGBT people to actually trust that the service is inclusive for people in same-sex relationships.

> I am not convinced that services have moved on; they say all the right things, but what is needed is more than any visual marketing- with images of same-sex violence; staff providing such services must be adequately trained, managed, monitored, etc to ensure the service is same standard as to those who are heterosexual.
>
> *Genderqueer person who has experienced DA*

Gender-binary service provision

4.9 The specialist SV services in Wales are predominantly gender-neutral, meaning that they can be accessed by people of all genders. While Welsh Independent Domestic Violence Advisors (IDVAs) are theoretically able to work with all genders, providers felt that DA service provision in Wales remains predominantly gender-specific. They felt that this generally requires people seeking help for domestic abuse to identify themselves as male or female and then access a single-gender service.

4.10 The women's sector has set out a well-established case for women-only service provision for cis heterosexual women (Women's Resource Centre, 2007; Women's National Commission, 2010). However, participants in our study highlighted the difficulties gender-binary service provision presents for trans people and people who don't identify as female or male. They also noted the disparity in available provision for men compared with women, which has implications for gay, bisexual and trans men.

Service access for people of non-binary genders

4.11 Gender-binary service provision also presents difficulties for people experiencing domestic abuse who do not identify as either male or female, either because they identify as non-binary (for example, as genderqueer), or because they are in a process of transitioning but don't necessarily identify as either male or female at the time they need the service.

> [Transitioning is] a very fluid process, and it's about self-identification. Unfortunately refuges will do it on gender, and what gender you currently are.
>
> *DA service provider*

4.12 Generally, accessing specialist DA services in Wales requires an individual to identify as either male or female. However, service providers did suggest that if someone sought help who didn't identify as either male or female, they would be flexible and the priority would always be the

> If someone identifies and chooses to identify as a man, they access the Dyn Project. Or they identify as a woman, they identify with… Women's Aid.
>
> *DA service provider*

individual's safety. An example of this was provided by Safer Wales, who supported a non-binary service user by having two workers delivering support together, one from the Dyn Project and one from the Women's Safety Unit.

4.13 While in practice service providers may adapt flexibly to ensure people receive support regardless of their gender identification, online participants reported that their concern about being identified in a binary gender would discourage them, or has previously discouraged them, from accessing support.

> As my (then) [abusive] partner was 'feminine', I did not feel comfortable seeking advice/support from [domestic abuse] organisations which would view me in the 'male' or masculine role.
>
> *Genderqueer person who has experienced DA & SV*

Trans people's access to domestic abuse services

4.14 The Equality Act 2010 came into force on the 1st October 2010, prohibiting service providers from discriminating, harassing or victimising people on the basis of gender reassignment. The statutory Code of Practice for services came into force on the 6th April 2011, setting out clearly that gender reassignment is a personal, not a medical, process and that "transsexual people should not be routinely asked to produce their Gender Recognition Certificate" (GRC).

4.15 Concerns were raised in both professional interviews and online submissions that, contrary to the Equality Act, some women-only DA services in Wales may not always accept trans women.

4.16 Professionals who refer service users to emergency accommodation for DA reported that when they make a referral for a trans woman, they tell the refuge provider that she is trans because they are worried about putting a trans woman "in the position where she thinks she's going into refuge and then gets stuck into some political argument" about whether she is male or female. However, they noted that this practice has meant

> I guess what I'm saying is that [the refuge staff] probably don't name it, but that they don't reply to you or that they don't return your call or they just say, oh no that would be really difficult. Or, actually we're full. When the All Wales Domestic Abuse Helpline is saying they've got three spaces.
>
> *Service provider*

they have had greater difficulties finding refuge spaces for trans women than they do for cis women.

4.17 Participants did not suggest that trans women would experience discrimination from staff members in refuges, but rather that they may experience discrimination and harassment from other service users and that refuge staff would be unable to address this.

4.18 Participants suggested that some DA service providers have been "confused around the definition of a man and a woman", focusing on gender reassignment as a medical process – specifically, what genitals the individual had at the time of referral being used to define them as male or female – rather than understanding it as a personal process.

> Trans people and refuges is another concern… An individual has enough to deal when they are in a refuge without having to cope with potential trans/homophobia from the other people/families there.
>
> *18-25 year old lesbian cis woman*

Case example: a trans woman seeking refuge within the past year

A trans woman was living with her abusive partner, but didn't feel she could leave because she didn't have enough money to set up home by herself, and didn't want to disclose the domestic abuse to the local authority in order to get housing. The physical and sexual violence were getting "out of control" but she still didn't want to report it to the police. Initially she didn't want to go to refuge either, but eventually agreed to. Her support worker called "several refuges before I actually got a refuge to accept her." The support worker asked the refuges first if they had space, was told that they did, and then asked if they would accept a trans woman. "Some of them said, 'Oh I'll have to get back to you' and they didn't get back to me and then others said 'Well no, that would be a bit difficult for us.'"

4.19 Trans men were not felt to experience the same difficulties in accessing men's services as trans women may experience accessing women's services. However, there is also less service provision available for male victims generally (discussed further below). It was also suggested that some trans men may feel unsafe in male-only services, particularly if they have experienced abuse from a man, and that there may be situations in which it would be more appropriate for a trans man to access a women's service than a men's service.

Availability of services for male victims and female perpetrators

4.20 Participants noted that there is currently limited DA service provision either for male victims or for female perpetrators in Wales. This limited

provision has an impact on gay, bisexual and trans men seeking help in relation to victimisation, and for lesbian and bisexual women who want help in relation to their use of violence.

4.21 Participants also noted that while some women in opposite-sex relationships may stay in the relationship and get support while their partner attends a perpetrator programme, this option is unlikely to be available to lesbian and bisexual women who are experiencing abuse from a female partner. The limited perpetrator programmes which are available generally provide services targeted only at men, or wouldn't run mixed gender groups.[3]

> If anything started to deteriorate(emotional/ psychological abuse), I might try and resolve the relationship, with the perpetrator receiving support. This would be difficult though… there are limited perpetrator programmes and some have gender exclusions.
>
> *18-25 year old lesbian cis woman*

Inadequate staff diversity, knowledge and skills

4.22 Participants highlighted a range of issues around the diversity, knowledge and skills of service providers.

4.23 Professionals and online participants highlighted a number of areas where they felt that both statutory and voluntary sector service providers' knowledge and skills may be lacking:

> While I do not advocate a separatist agenda, I do not believe that the majority of QUILTBAG people have confidence that the government agencies' front-line staff are sufficiently skilled and experienced to be able to respond appropriately and in a joined-up fashion to QUILTBAG concerns.
>
> *46-55 year old gay cis man who has experienced SV*

- Understanding of how abuse may be perpetrated in ways that are specific to LGBT people, including how domestic abuse and sexual violence may overlap with hate crime and hate incidents;
- Understanding of how LGBT people's lifetime experiences of discrimination around sexual orientation and gender identity may impact on their help-seeking;
- Knowledge of same-sex relationships and diversity in sexual orientations;

[3] The Respect Phone line for people who are worried about their abusive behaviour does cover Wales and accepts calls from people of all genders.

- Knowledge of gender reassignment, the process of transitioning, and non-binary gender identification; and
- Expertise within LGBT service providers to respond appropriately to domestic and sexual violence.

4.24 Participants also highlighted a perceived lack of diversity amongst staff, included suggestions that there should be more LGBT people providing D/SV services, and that LGBT service providers do not always reflect the ethnic diversity of Wales.

Understanding of LGBT people's specific experiences of abuse

4.25 As illustrated in Figure 1 in the previous chapter, LGBT people's experiences of domestic abuse and sexual violence can overlap with their experiences of hate crime or hate incidents in a number of ways. Further, perpetrators may use abusive tactics related to their sexual orientation or gender identity, such as threatening to "out" someone as lesbian, gay or bisexual, or using the wrong pronouns for a trans person.

4.26 Further, while the definition of DA includes abuse perpetrated by family members other than an intimate partner, the DA services currently available in Wales respond primarily to intimate partner violence (IPV). Online participants described a range of abusive behaviours from family members related to their sexual orientation or gender identity which could fall within the definition, but one DA provider explained how providing support for familial abuse would be an "exception" for "very high risk" cases.

4.27 Overall, participants felt that service providers tended not to appreciate how different forms of violence and abuse can overlap. Services for domestic and sexual abuse are often provided separately to services for hate crime, and LGBT people may lack confidence in service providers' ability to understand how these overlap and provide them with a "joined up" service.

4.28 Participants also described occasions where service providers made them feel as though their experience of abuse was caused by their sexual orientation or gender identity. For example, a gay man described

feeling as though mental health professionals thought that his experiences of D/SV were a result of him being gay.

> I saw 3 different psychotherapists… but all 3 were heterosexual and I had a strong sense they thought I was the problem just for being gay, I wasn't able to talk about my experiences because of that sense of 'bringing it on yourself'".
>
> *36-45 year old gay cis man who has experienced DA & SV*

4.29 Participants felt that it was important for professionals to understand LGBT-specific experiences, without assuming that any abuse they experienced was directly related to their sexual orientation or gender identity.

Understanding of the impact of discrimination on help-seeking

4.30 Currently the most widely available service response for DA is the support for high-risk victims through a combination of an IDVA and the MARAC, chaired by the police. While anyone experiencing DA may be reluctant to involve the police and other statutory agencies, LGBT people and gay men in particular may have experienced historical discrimination from the police and other statutory agencies and in these instances may be particularly unlikely to seek help from these services.

> So we're only talking about 14 years [since police started employing Equality Officers], but you've got all that in-built distrust of the police from prior to that. So a lot of over-35s traditionally don't [report]. Not because they have a hatred of the police or whatever - they've never done it, they see no point in it, because they don't believe, and they genuinely don't believe that anything will be done.
>
> *LGBT community organisation*

4.31 For sexual abuse, service provision includes forensic examination and medical services through Sexual Assault Referral Centres (SARCs), which are funded by the police and NHS and therefore imply similar barriers for LGBT people who feel they've had poor experiences with police and GPs in the past. Therapeutic services are also available, including counselling through the SARCs and through voluntary sector SV services. However, as well as describing negative views of the police, online

> I needed support to discuss my feelings and be believed after a psychologist… had told me I must have wanted the sex if my body physically reacted and 'got wet'. It took me years to get over the damage that psychologist did.
>
> *26-35 bisexual cis woman who has experienced DA & SV*

participants described a range of negative experiences of psychiatry, psychotherapy and counselling services. These negative experiences included participants feeling that staff pathologised their sexual orientation or gender identity, or showed a lack of understanding of their sexuality.

Knowledge of same-sex relationships and diversity in sexual orientations

4.32 As well as a lack of understanding of LGBT people's specific experiences of abuse, participants reported that professionals involved in responding to DASH/SV may not "understand" same-sex relationships more broadly, or understand diversity within sexual orientations. This included professionals feeling uncomfortable about asking people about their sexual orientation. One DA professional described being told in a previous job that she couldn't ask BME women about their sexual orientation because it was "too sensitive."

> You must ask [about sexual orientation] yeah? Because if you don't ask it, that woman could be at more risk or other vulnerabilities. You have to ask it.
>
> *DA service provider*

4.33 Participants suggested that police may not recognise DA among LGBT people whose relationship may not "fit into a linear idea of a particular police officer's idea of a relationship." While a range of professionals suggested a need to understand ways in which LGBT people's relationships may be different from heterosexual and/or cis people's relationships, it is possible that this also risks a situation where LGBT people's relationships are viewed as particularly problematic or likely to be abusive. For example, a professional shared a view that could be considered stereotypical, suggesting that gay and bisexual men are more likely to be in multiple relationships and experience "mutual abuse".

> It is hard to seek help anyway but it is made harder by barriers of not feeling welcomed by people who do not understand about same sex relationships… Sometimes you don't want specialist places you just want everyone to be up to speed on equality.
>
> *36-45 year old bisexual cis woman who has experienced DA, stalking and harassment*

4.34 Participants reported professionals holding other stereotypical views about gay, lesbian and bisexual people and their relationships, for example bisexual people being perceived as “greedy” and “neither real gay [people] nor a real heterosexual.”

4.35 There was also a lack of knowledge about different ways people might identify their sexual orientation. For example, a participant described receiving “negative responses” whenever they identified as pansexual, and a professional described a lack of understanding that people who identify as bisexual may be attracted to people of a non-binary gender.

Knowledge of gender reassignment and the process of transitioning

4.36 Participants shared a number of examples of professionals demonstrating a lack of knowledge in relation to gender reassignment and the process of transitioning. This included a lack of knowledge in relation to trans people’s rights under the Equality Act 2010.

> There was huge debate [with the police], there was 'do we call this person he or she?', whereas actually whatever that person feels they are, you know, was my feeling. But they have to negotiate that whilst they're dealing with a really, really sensitive, critical, other - you know, it's an incident that can crush some people for a very long time, indeed for life. And at that point they're having to negotiate how they're referred to in terms of their gender.
>
> *SV service provider*

4.37 Professionals reported cases where service providers were unsure of which pronouns to use with a trans person, and trans people shared experiences of being mis-gendered by service providers or being asked for a GRC.

Knowledge of domestic and sexual abuse within LGBT services

4.38 Professionals noted that there are currently no specialist LGBT service providers providing DASH/SV support in Wales.[4] LGBT service providers describe, however, how people experiencing DASH/SV tend to seek help from their organisations first. However, professionals in LGBT organisations do not necessarily have specialist expertise around domestic and sexual violence and may not be well connected to appropriate D/SV services.

[4] London-based national organisation Broken Rainbow provides a domestic abuse helpline which covers Wales, which service providers were commonly aware of.

4.39 Further, professionals in the LGBT sector noted that funding levels are very low for LGBT organisations, and as a result many close not long after they open. This means that professionals are often not in roles long enough to develop expertise in these areas, or the relationships with D/SV services.

Minimisation of LGBT people's experiences of abuse

4.40 Both online and professional participants suggested that service providers may sometimes minimise LGBT people's experiences of abuse, in comparison to how seriously they would take heterosexual, cis women's reporting of abuse. Participants felt police officers were particularly likely to minimise LGBT people's experiences of abuse, especially in cases of DA.

4.41 Online participants described that they would be reluctant to contact the police because they felt that they wouldn't be taken "seriously" or that the police are "not so understanding". Where this belief was informed by previous poor experiences of contact with the police, those poor experiences may have been in relation to hate crime they had experienced, but would reduce the likelihood that they would report D/SV as well. One lesbian participant described feeling as though the police were "more interested in my lifestyle than [in] helping."

> I won't go to the police again as they have been no help at all, saying there is nothing they can do until I'm physically harmed.
>
> *36-45 year old gay cis man who has experienced online harassment*

> I wouldn't go to the police for anything other than physical or sexual attack or threat with physical evidence, e.g. property damage or a threatening letter, because I wouldn't expect to be taken seriously.
>
> *Lesbian trans woman who has experienced DA, SV & harassment*

4.42 DA professionals noted that existing risk assessment procedures (the CAADA DASH Risk Identification Checklist) were designed to assess risk to female victims in a relationship with a man. Professionals suggested that the tool may be less reliable in assessing risk in same-sex relationships, or when abuse is perpetrated by a family member, but were unable to say for sure whether this was the case.

Conclusion

4.43 While LGBT people do face individual and interpersonal barriers to seeking help for DASH/SV, these barriers are strongly informed by the reality of the structural and cultural barriers that actually exist within services, and their previous experiences of poor responses to their specific needs.

4.44 While some promising practices do exist and are discussed in the next chapter, the D/SV service provision in Wales is predominantly orientated towards heterosexual, cis women and is therefore perceived to be generally unresponsive to the specific needs of LGBT people.

5 Promising practices and opportunities for development

5.1 As the previous chapters have highlighted, LGBT people in Wales face a range of barriers to accessing appropriate support, many of which are related to the structures and cultures of services themselves. As the evidence review demonstrates, these challenges are not necessarily unique to Wales, but likely reflect similar challenges across the UK.

5.2 This chapter sets out some limited examples of promising practice in Wales currently, before highlighting areas where there are particular opportunities for development of the response to LGBT people experiencing DASH/SV. Specific recommendations on how the Welsh Government could address these opportunities are set out in Chapter 6.

Promising practices

5.3 Professional participants struggled to identify examples of promising practices in the provision of D/SV services for LGBT people in Wales, noting that there are currently no LGBT-specific services other than the London-based National LGBT Domestic Violence Helpline run by Broken Rainbow. Examples of promising practice that were given included:

> [In the future, I would go to] police in the first instance; I've found the hate crime service to be well managed and delivered, I would trust them, and hope they would put me in contact with appropriate support.
>
> *36-45 year old gay cis man who has experienced stalking*

- Safer Wales providing their reporting forms to an LGBT organisation to publish, so that LGBT people know exactly what information they will need to provide when they report;
- The now-closed LGBT Excellence Centre was felt to have been a useful source of support for D/SV service providers.

> I finally went to counselling again over depression in general… and then they talked though my feelings and what had happened repeatedly, reassured me it wasn't my fault and I didn't deserve it and helped me develop coping strategies that have worked much better.
>
> *26-35 year old bisexual cis woman who has experienced DA & SV*

5.4 Online participants did describe some positive experiences of formal help-seeking. However, the positive experiences that participants described weren't with specialist D/SV providers (either in the statutory or voluntary sector), but with generalist services

such as the police, counsellors and GPs. In contrast to poor experiences of these services described in the previous chapter, participants who had positive experiences of these services described them as well-managed, trustworthy, supportive, “well aware of LGBT issues”, and offering support to talk through their feelings and reassurance that the abuse wasn’t their fault.

> We're very lucky, [the police] have a very good diversity department with two completely allocated diversity officers, one in the east and one in the west, and they're just as likely to call us and ask about things in the trans community or bring up real issues and say 'This has happened, what do you think?'
>
> *Trans community organisation*

5.5 Positive experiences of the police appeared to be particularly related to reporting hate crime, and LGBT service providers described he benefits of specific roles within the police targeted at the LGBT community, such as North Wales Police’s Diversity Unit.

5.6 Some DA services, such as West Wales Women’s Aid (case study below) have focused on ensuring that trans women are included in their women-only services, and have developed refuge provision for men (including gay and bisexual men).

Case example: Supporting men and trans women fleeing domestic abuse

West Wales Women's Aid delivers a range of DA services: two refuges, one IDVA, floating support and outreach, and a children and young people's project. For many years they’ve supported men through their IDVA, and more recently, floating support and outreach, but this year they expanded their refuge provision to accept men and their children who are fleeing abuse.

Retaining a women-only communal refuge, a separate dispersed refuge unit is available for male victims and their children. The unit has exactly the same safety facilities (for example, panic buttons) and staffing support as the main refuge.

WWWA are clear that their women-only refuge is available to all people who identify as women. They have supported trans women in the women-only refuge space, and say that the main challenge in supporting trans women is managing other residents to ensure that trans women don’t experience harassment. When this has happened, they “dealt with it in the same way we deal with any discrimination.” Residents are expected not to discriminate against other residents on the basis of any protected characteristic, and any resident who consistently harasses another resident would be asked to leave.

5.7 However, in the absence of sufficient accessible refuge accommodation for trans people, trans community organisations have established, or are establishing, their own community-run houses (one in North Wales and one in South Wales). While these provide one of the few options

available to trans people fleeing domestic abuse, they are not specialist D/SV services and do not have the same safety features as a refuge (for example, the addresses of the houses are not protected).

Opportunities for development

5.8 LGBT people who took part online described three broad characteristics that they would look for in D/SV services if they needed to access them in the future: flexible and confidential access, LGBT-inclusiveness, and informed and diverse staff. Table 1 below outlines the key issues for LGBT people under each theme, and are discussed in detail below.

Table 1. Characteristics of LGBT-supportive service provision

Flexible and confidential access	**LGBT-inclusiveness**	**Informed and diverse staff**
• Option to access non face-to-face support e.g. online, telephone • Drop-in service or convenient appointment times • Addresses concerns about confidentiality	• Promotion of services - inclusive language and partnership-working between D/SV and LGBT sectors • Awareness-raising of LGBT people's experiences of victimisation • Equal access to mainstream services • Specialist LGBT D/SV provision available	• Staff understand LGBT people's specific experiences of D/SV • Staff understand the diversity of sexual orientations and gender identities • Staff do not assume that everyone is heterosexual or have stereotypical attitudes about LGBT people • Staff members are diverse in terms of sexual orientation and/or gender identity

Flexible and confidential access

5.9 Flexible and confidential access to services is a priority for people who experience D/SV, regardless of their sexual orientation or gender identity (Women's National Commission, 2010). However, there are specific aspects of LGBT people's experiences that make this particularly desirable.

5.10 Participants described the benefits of online services, particularly for initial contact. For LGBT people, initial contact online can be a way of checking whether the D/SV service is LGBT-

> You take the lot together. You take the pause when you ring the service and you say my name is [feminine name], they go, 'Are you sure?' Well which part did you have a problem understanding?
>
> *Trans woman*

inclusive and for trans people particularly, this avoids the risk that they will be mis-gendered by the service provider.

5.11 Online and telephone services also provide confidentiality, which can be helpful for people who are concerned about having to reveal their sexual orientation or gender identity to service providers. The All Wales Domestic and Sexual Violence Helpline currently provides telephone and email services, but LGB people are under-represented amongst their callers.[5]

> [In the future, I would use] drop-in places, I would prefer to make initial contact via social media and I would like to use the phone but again customer service is paramount.
>
> *36-45 year old bisexual cis woman who has experienced DA, stalking, harassment & SV*

5.12 Professional and online respondents highlighted the importance of transparency alongside confidentiality, for example being clear about what will happen when they access a service and what information they will be expected to provide. As we discussed in the previous chapter, LGBT people may have historical negative experiences of the criminal justice system and mental health professionals, which makes transparency about the available services particularly important.

5.13 Similarly to heterosexual, cis women, LGBT people also highlighted the importance of drop-in services or convenient appointment times.

LGBT-inclusiveness

Promotion of services

5.14 LGBT people tend to feel that D/SV services are promoted towards heterosexual, cis women, which puts them off accessing those services. Professionals and online participants suggested a range of ways that promotion of D/SV services could be more inclusive:

> At least within the [LGBT] services I would like them to know that we exist... and to ask people to volunteer, so that we can be representative as well… And it might be that [LGBT people] don't necessarily want a specific service, but they just want to know that this service is safe for them and that's the message I really want to give across.
>
> *SV provider who is currently developing a new service*

[5] The Helpline does not record whether or not the caller is trans, and only records their sexual orientation if this is provided spontaneously.

- Materials promoting services should explicitly reference that they are inclusive of LGBT people, for example having a rainbow flag on the website, printed materials or in waiting rooms.
- Gender-neutral language in promotional materials when describing both victims and perpetrators of D/SV.

> [I would avoid] any abuse support organisation that did not explicitly say it was LGBT friendly.
>
> *Lesbian cis woman*

- Partnership-working between D/SV service providers and LGBT service providers and community organisations, to help promote D/SV services within the LGBT community. For example, an LGBT service provider suggested that D/SV services should have stalls at events like the Pride festival in August and other LGBT community events. It was felt that funding constraints on D/SV organisations result in them not proactively engaging with LGBT communities. While participants were generally sympathetic to the constraints that D/SV organisations face, the sector's lack of proactive engagement with the LGBT community could risk exacerbating a perception that they're "not interested" in LGBT people's experiences of abuse.

> But a lot of the people who come to the other events, not just Pride, they do so because they believe in it, not because, you know, they're getting any return for it in terms of TOIL, or, you know, overtime pay or anything. I have enormous sympathy with the… service provider profession, but we're all in the same position. We're all fighting for money and time and people… for them traditionally not to come, means that they're not really that interested, I don't feel.
>
> *Professional*

5.15 As well as support for promotion of services to LGBT people generally, it was suggested that particular focus needed to be placed on promoting services to trans people. This is because, as professionals suggested, trans people face extremely high levels of violence and abuse and that a "concerted and targeted effort to reach out to trans people" is necessary.

> [Trans people] are hugely underrepresented in terms of receiving services, and hugely overrepresented in terms of experiencing DV. Where are these victims going? The Welsh Government should be aiming to reach them.
>
> *DA professional*

Awareness-raising campaigns

5.16 As well as promoting D/SV services as being available to LGBT people, participants highlighted the need to promote awareness of DASH/SV *within* LGBT communities more generally. It was suggested that this publicity should include awareness-raising of LGBT people as both victims and perpetrators of abuse.

5.17 However, within this it was suggested that more active engagement would be needed for awareness-raising within BME communities in particular, and that "putting a poster" up would be insufficient. Specifically, one provider suggested that a community-based, human rights approach to addressing issues of "honour" and "shame" for BME LGBT people may be more successful, similar to the existing model used by specialist BME violence against women and girls service provider BAWSO in challenging female genital mutilation.

> People [in BME communities] will just look at [a poster] and they go, 'What are they talking about?' They need a little, they need a context, they need a little bit more engagement, explanation. So, it's getting deep into the issues, because a poster won't, if you've got very strong beliefs that are deeply rooted in your values, no matter how ill-informed they are, a poster's not going to change anything.
>
> *DA Service Provider*

Equal access to mainstream services

5.18 Participants expressed differing views over whether or not specialist services should be available for LGBT people who experience domestic abuse, stalking and harassment and sexual violence. However, regardless of whether they preferred specialist services, LGBT people were clear that they should be able to access mainstream D/SV services on an equal basis with heterosexual, cis people.

5.19 Where D/SV service providers did not have specific criteria that excluded some LGBT people (for example, being women-only), they tended to believe that LGBT people were equally able to access their services. For example, a participant suggested that if a gay person was referred to MARAC, that person's sexual orientation wouldn't be "on their radar" and they would look at the case the same way they would any other. Another participant suggested that lesbian and bisexual women

don't face any specific barriers accessing services, since they can access all the same services as heterosexual, cis women. While these service providers are acting in good faith and attempting to treat everyone equally, this also suggests a failure to consider how LGBT people's experiences of discrimination as a group may impact on their ability to access services in the same way as others.

> There is also the pervasive idea that a perpetrator might don a dress and attempt to access refuges (which, to my knowledge, has never happened anywhere in the world - and also, service providers deliver services to lesbian and bisexual women, whose female partners could also technically access the same service; they deal with this effectively through risk assessment procedures).
>
> *DA professional*

5.20 Of most concern, however, are reports that some women-only DA refuges may be attempting to exclude trans women from accessing their services. Women-only services are within their rights to ask people accessing their services for a birth certificate to confirm their legal gender. However, leaving aside the fact that equal and inclusive services would be expected to respond to people in the gender they present to a service, requiring trans women fleeing domestic abuse to provide their birth certificate in order to access a service is particularly problematic:

- DA service providers know well that people fleeing domestic abuse often have to do so quickly and may be unable to take essential documents with them, including their birth certificate.
- Trans people who are married require the consent of their spouse to get a GRC (and therefore, amended birth certificate), or else need to divorce their spouse[6]. Refusing to give consent for full gender recognition can be used by perpetrators to further control their trans partner, along with preventing their partner from fulfilling the requirement to live in their gender for two years. By requiring an amended birth certificate, DA service providers risk inadvertently colluding with perpetrators.

[6] This provision, under the Marriage (Same Sex Couples) Act 2013, is expected to come into effect, according to the UK Equalities Minister, on 10 December 2014.

Specialist services

5.21 Participants who advocated specialist LGBT D/SV services suggested both stand-alone services, such as accommodation which is only for LGBT people, and offering specialist LGBT workers within mainstream services such as D/SV services and the police.

5.22 Specialist services were felt to be particularly important in protecting LGBT people from experiencing discrimination based on their sexual orientation or gender identity at the point of seeking help. Participants assumed that in a specialist service, workers would be trained and skilled to work appropriately with LGBT people, and in a stand-alone service, LGBT people would also be protected from experiencing discrimination from other service users.

> Possibly a separate refuge(s) for the LGBT community would be established, although in an ideal world this wouldn't need to be considered but an individual has enough to deal when they are in a refuge without having to cope with potential trans/homophobia from the other people/families there.
>
> *18-25 year old lesbian cis woman*

5.23 Welsh Women's Aid has sought funding for development of a specialist refuge for trans people, although have not been successful with this yet. Participants expressed mixed views about the benefits of a specialist refuge. While a specialist refuge would ensure trans women fleeing abuse are protected from discrimination when in refuge, it was felt that any such specialist provision should not be used to prevent trans women from accessing mainstream services as women. Trans people should not be expected to disclose their gender assignment history when accessing services, and any specialist provision should be *in addition to* equal access to mainstream provision, *not instead of* access to mainstream provision.

Informed and diverse staff

5.24 Finally, participants identified a clear need for training of professionals in both the voluntary and statutory sector who come into contact with LGBT people experiencing DASH/SV.

5.25 Participants felt that professionals needed to develop their knowledge around:

- LGBT people's experiences of D/SV and how these might differ from heterosexual, cis women's experiences;
- LGBT people's lives more broadly, including diversity in sexual orientation and gender identity.

5.26 Related to this, participants were concerned that they often encountered stereotypical beliefs from professionals, and that both training and monitoring of providers was needed to address this.

> Police… need to understand that domestic abuse can happen in same-sex and opposite sex couples and that sometimes in may be directly related to being LGBT and other times that may not be a factor in the abuse.
>
> *26-35 year old bisexual cis woman who has experienced DA & SV in both childhood and adulthood*

5.27 It is unclear whether some participants' perception of D/SV professionals as not being diverse in terms of sexual orientation and gender identity is correct or not. However, D/SV service providers should be aware of this perception when promoting their services and consider ways to demonstrate to LGBT people the diversity amongst their staff. On the other hand, LGBT organisations are perceived as being lacking in ethnic diversity and should similarly consider ways to demonstrate their diversity.

> [I would go to] Well informed equal and diverse [services], not a bunch of middle class volunteers and those you know don't have a clue about real diversity. It can reinforce your belief and your partners comments that no-one is gonna give a damn about you, they'll just think you brought it on yourself!
>
> *36-45 year old bisexual cis woman who has experienced DA, stalking, harassment and SV*

Conclusion

5.28 This chapter has outlined a range of opportunities for development of service provision for LGBT people experiencing domestic abuse, stalking and harassment and sexual violence. While this suggests that a lot of work needs to take place to ensure LGBT people are effectively supported, many of the issues discussed above are strongly interlinked and can be addressed through relatively small changes.

5.29 Our recommendations for how the Welsh Government should respond to these opportunities for development are outlined in the next chapter.

6 Recommendations

This chapter sets out recommendations for the Welsh Government, designed to improve the availability and accessibility of appropriate services for LGBT people experiencing DASH/SV in Wales. Recommendations cover the three areas outlined in Chapter 5 where opportunities for development have been identified, and recommendations on monitoring and evaluation of the effectiveness of these measures.

In addressing these recommendations, the Welsh Government should be mindful of the difficult financial circumstances in which domestic abuse, sexual violence and LGBT service providers are currently operating. Service providers may need additional financial support for promotion and training, and if the Welsh Government aims to increase referrals for LGBT people to D/SV services, providers will likely need resources to increase the number of people they work with. We also recognise that the Welsh Government is also operating in a context of financial austerity, and some recommendations are likely to have to be prioritised over others. It is expected that this prioritisation would happen in close consultation with the D/SV and LGBT sectors.

However, whilst budgetary constraints present a challenge for both the Welsh Government and service providers, our research findings do not support a need for significant investments in specialist provision. Rather, our findings suggest a need to focus on promoting a culture of inclusion within existing services to make them more accessible and inclusive of LGBT people.

Flexible and confidential access

1. Existing telephone and online support for domestic and sexual violence funded by the Welsh Government should be clearly advertised as being available to LGBT people, both in any promotional materials and on the home page of the websites of these services.
2. Investigate the feasibility of further developing and promoting online services in Wales, in particular as a first contact point for advice and support. An example of this form of support currently available is Broken

Rainbow's Domestic Violence Helpline, which offers both online chat and email support.[7]

3. Encourage service providers to publish clear information on what happens when someone discloses abuse to them, including the content of any forms they will be expected to complete and the level of confidentiality and anonymity.

LGBT inclusiveness

4. Encourage service providers to promote their services more inclusively to LGBT people, for example through showing LGBT people in their promotional materials or using the rainbow flag[8].
5. Support service providers to undertake outreach activities targeting LGBT people, for example at LGBT events, in partnership with LGBT service providers and community organisations.
6. Support LGBT service providers and community organisations to promote awareness of domestic abuse, stalking and harassment and sexual violence amongst LGBT people.
7. Encourage increased partnership-working between domestic and sexual violence service providers and LGBT organisations.
8. The Welsh Government Housing Department should map the extent to which the Equality Act 2010 is being properly implemented by providers of women-only temporary emergency accommodation (refuges) in relation to referrals of trans women to these services.
9. The Welsh Government Housing Department should provide clear guidance for refuge providers who deliver gender-binary services on ensuring equal access to these services for trans people. Local authorities should be encouraged to ensure that any tenders or grant applications for refuge provision include an assessment of how equal access for trans people will be achieved by the provider.
10. Investigate the value of providing specialist LGBT workers in domestic and sexual abuse services, and/or specialist D/SV workers in LGBT services.

[7] We understand that these issues are currently being considered as part of an evaluation of the All Wales Helpline, which is expected to support this recommendation.
[8] While the rainbow flag is supported as a symbol of inclusion by some participants, others feel it may not sufficiently demonstrate inclusion to bisexual and trans people. It should therefore be viewed as one tool amongst a range of ways providers promote inclusion.

Any such scheme should be trialled on a small scale and properly evaluated, with a clear plan to provide continuity of funding if effective.

11. Develop a clear plan setting out how domestic abuse services will be made available to people in Wales who don't identify as either male or female, for example through ensuring provision is included within the portfolio of services funded by the Welsh Government. This plan should also not compromise the existing availability of women-only services (where "women-only" is understood to be fully inclusive of trans women).

Informed and diverse staff

12. Support domestic and sexual violence service providers to ensure that their staff can demonstrate an understanding of LGBT people's life experiences, diversity of sexual orientations and gender identities, and LGBT people's specific experiences of domestic abuse, stalking and harassment and sexual violence. This support may include formal training, in collaboration with the LGBT and D/SV sectors, but should be based on a training needs assessment and include measures to ensure that learning is embedded with organisations.
13. Encourage local authorities, police and other public sector authorities to ensure that staff who have contact with people experiencing abuse are similarly skilled in LGBT people's needs and experiences.

Monitoring and evaluation[9]

14. Monitor levels of LGBT referrals to the All Wales Domestic & Sexual Violence Helpline, MARACs across Wales and in any domestic and sexual violence services funded by the Welsh Government, as a measure of change in LGBT people's access to appropriate services.
15. Monitor any referrals to the All Wales Domestic & Sexual Violence Helpline where the victim is identified as a trans person seeking temporary emergency accommodation, and the outcome of the call.

[9] In this section, recommendations refer to data which is already being collected, rather than a recommendation to collect new data. Our recommendation is that the Welsh Government specifically monitor this data to measure progress and improve outcomes.

Further research

Our research revealed further gaps in the evidence which were unable to be fully addressed within this study. These are areas for further research, either by the Welsh Government or other stakeholders in Wales and across the UK.

16. Investigate the reliability of the CAADA DASH RIC in measuring risk to LGBT people experiencing domestic abuse, including in cases of familial domestic abuse.
17. Map the availability and need for programmes for female perpetrators, considering whether lack of availability of these programmes disproportionately affects lesbian and bisexual women.
18. Investigate whether there are specific barriers faced by minority ethnic LGBT people in accessing appropriate services for domestic abuse, stalking and harassment and sexual violence.

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Appendix A. Full evidence review

Methodology

A.1. We conducted a Rapid Evidence Assessment (REA) to identify literature relevant to four research questions. Searches for academic literature were conducted on eight databases, with searches conducted through another five sources for relevant grey literature, with searches being complemented by publications already known to the researchers. Searches were limited to research published after 1995, in English, with sample populations in the UK, Europe, North America, Australia and New Zealand.

A.2. Forty-six articles were selected for review, having provided information that contributes to at least one of the Rapid Evidence Assessment questions, and with consideration given to the robustness of the research, including articles that cover the range of abuse categories, different sexual orientations and gender identities, and including literature with specific relevance for Wales.

REA questions

- What general barriers do people face in accessing appropriate domestic abuse, stalking, harassment and sexual violence support services?
- What are the specific barriers to accessing appropriate domestic abuse, stalking, harassment and sexual violence support services for:
    - Lesbians and gay women
    - Gay men
    - Bisexual men and women
    - Trans people (including differences in barriers between trans women and trans men and those that don't identify with a binary gender)
- Are there any additional barriers to accessing these services that specifically affect LGBT people who are Black, minority ethnic and/or refugees?
- What examples are there of effective practice mitigating these barriers?

General barriers to accessing services

A.3. Liang & colleagues (2005) propose a theoretical framework, explaining three stages of help-seeking in relation to intimate partner violence: defining the problem, deciding to seek help, and selecting a source of support. They argue that individual, interpersonal and socio-cultural factors influence decision-making at each of these stages, such as not defining the abuse because of family or friends' support for the abuser (socio-cultural), deciding not to seek help because self-blame makes them feel they can fix the problem themselves (individual), or choosing not to report the abuse to police due to fear of facing their abuser in court (interpersonal).

A.4. Liang & colleagues' framework can be applied more widely to the help-seeking behaviours of people who've experienced other forms of abuse. The Women's National Commission's (2008) research with 300 women and girls across England to inform a national violence against women and girls (VAWG) strategy found a range of individual, interpersonal and socio-cultural barriers to reporting gender-based violence, detailed in Table 1.

Table 1. Barriers to accessing services for DA/SH/SV

Individual	**Interpersonal**	**Socio-cultural**
– Not identifying their experience as being abuse. Todahl & colleagues (2009) also note that both men and women perceive sexual coercion as normal if no physical force is involved, and therefore do not report these experiences. – Blaming themselves for their experiences. – Not being aware of services available to them.	– Concern about confidentiality and non-consensual information-sharing between service providers. – Fear that their children would be removed if they sought help.	– Fear of being blamed by others for what happened to them. This is compounded by victim-blaming attitudes prevalent in society. – Not trusting statutory services, and experiencing feelings of exclusion, isolation and rejection when they engage with these services. – Service locations are not accessible to them, for example needing to catch two buses to the service, or living in a rural area that doesn't have services available. – Services not being accessible for disabled people. – Not being able to access support information in their own language. – Having no recourse to public funds, and therefore not being eligible to access services. – Living within a community in which particular forms of violence, such as Female Genital Mutilation, were tolerated. – Experiencing pressure within their religious or cultural group not to break up their family.

A.5. While much of the existing research on barriers to service access draws on female samples, some researchers have identified specific barriers faced by men, regardless of their sexual orientation. Walsh & colleagues (cited in Burrowes & Horvath, 2013) found that men are significantly less likely to know the location of relevant support services for rape, compared with women. Similarly, Sullivan (2011) observes a lack of specific advertising for male support services, and argues that rape crisis services tend to be delivered by female support workers within a "defined female-only space", creating the potential for men to feel excluded. Research by Survivors UK (cited in Rumney, 2009) suggested that men who experience sexual violence may not know that the rape they experienced is a crime, and like female victims, fear that they won't be believed. Men who are raped by another man may also be concerned that their sexuality may become an issue in the investigation (cited in Rumney, 2009).

A.6. Finally, for anyone who experiences domestic abuse, stalking, harassment and sexual violence, fear of retaliation from the abuser can be a key barrier to seeking help (Roch, Ritchie & Morton, 2010).

Specific barriers for lesbian, gay, bisexual and trans people

A.7. While the barriers described above may be applicable to anyone experiencing domestic abuse, stalking, harassment or sexual violence, the evidence demonstrates that LGBT people face specific barriers to accessing appropriate services. While researchers have increasingly focused on addressing the evidence gap on the specific experiences of LGBT people over the past decade, research to date has predominantly focused on domestic abuse within intimate relationships and often don't disaggregate findings between the specific experiences of lesbians and gay women, gay men, bisexual men, bisexual women, trans men, trans women and other trans-spectrum identified people.

Domestic abuse (from a current or former intimate partner)

Lack of awareness of domestic abuse in same-sex relationships

A.8. Commonly, people experiencing domestic abuse don't seek help because they simply do not recognise their experience as abuse (WNC, 2009; Todahl et al, 2009). However, there may be an additional barrier here for LGBT people who are unaware that domestic abuse can occur in same-sex relationships (Rowlands, 2006; Donovan, 2011; Richards et al, 2003). Richards & colleagues (2003) suggest that lesbian and gay women in particular may hold "idealised views of lesbian relationships, and therefore deny the existence of abuse, although Chan (2005) argues that there is a "relative silence" amongst the gay male community about domestic abuse compared with lesbian communities. She attributes this to women's cultural traditions of self-reflexivity in relation to health and welfare (Chan, 2005).

A.9. In his study with gay men experiencing domestic abuse in South Wales, Rowlands (2006) found that a lack of understanding, from both friends and professionals, that domestic abuse can occur in same-sex relationships acted as a barrier to reporting. Gay men in South Wales reported feeling that the police "didn't want to understand" abuse in same-sex relationships (Rowlands, 2006). Donovan (2011) finds that a lack of understanding of LGBT relationships by police and other practitioners acts as a barrier to making referrals to Multi-Agency Risk Assessment Conferences (MARACs), while practitioners often have little or no understanding of the "practicalities" of LGBT relationships and what behaviours or relationship dynamics might constitute domestic abuse (Donovan & Hester, 2011; Constable et al, 2011).

A.10. Further, McClennen (2005) and Chan (2005) suggest that a belief in "mutual battering" is particular prevalent amongst professionals when responding to people experiencing abuse from a same-gender partner, and Rowlands (2006) reported that gay men in Wales feared being deemed equally culpable for the abuse they experienced. Both Richards & colleagues (2006) and Hardesty (2011) argue that stereotypical beliefs about domestic abuse not occurring in lesbian relationships also exist

amongst professionals, as well as the stereotype that women are weak if they let another woman abuse them (Hardesty, 2011).

Availability of services for LGBT people experiencing domestic abuse

A.11. LGBT people report not knowing what services exist for LGBT people experiencing domestic abuse (Rowlands, 2006; Donovan, 2011; Constable et al, 2011). In early consultations on the *legislation to end violence against women,domestic abuse and sexual violence,* respondents argued that access to specialist LGBT services in Wales was a "postcode lottery", and that either there was a lack of specialist LGBT services providing support for domestic and sexual abuse, or that LGBT people were unaware of these if they did exist (Faraz Bhula, 2012).

A.12. Indeed, service providers themselves acknowledge a lack of outreach to LGBT victims (Ciarlante & Fountain, 2010). Available information about domestic abuse often refers exclusively to heterosexual relationships (Bornstein et al, 2006; Donovan & Hester, 2011) and there is a general lack of information about domestic abuse in same-sex relationships (Bornstein et al, 2006). Gay men in Rowlands' (2006) study in Wales reported feeling that they didn't have time to put in the "research" required to find out what services exist for them. Roch & colleagues (2010) found that trans people believed there were no domestic abuse organisations willing and able to assist them.

A.13. Ard & Makadon (2011) note that domestic abuse service providers tend to view domestic abuse as a male-perpetrated, heterosexual experience and specialist LGBT services are rare. Hardesty (2011) found that lesbians reported not knowing that they were "covered" by domestic abuse laws and were allowed to call the police. Further, while lesbian and bisexual women can access mainstream women-only services, these services are not necessarily safe, since their abusive female partner is able to access the same support services and may be not be able to be screened out by the service (Bornstein et al, 2006).

Risk assessment

A.14. In their study of male victims reporting to services in Cardiff and Glasgow, Robinson & Rowlands (2009) argue that the use of risk assessment tools that are specific to LGBT victims constitutes "heterosexist practice." Current risk assessment tools have been designed for female victims and therefore suggest that female victims experience all risk factors, other than the use of weapons, more commonly than male victims (Robinson & Rowlands, 2009; Stephenson et al, 2013), and gay men are assessed as being at less risk than heterosexual men (Robinson & Rowlands, 2009). Since assessment of the level of risk is a key factor in decision-making about what services will be offered to a victim, under-identification of risk may result in less services being available to gay men.

Refuge provision

A.15. There remains a lack of refuge provision for male victims of domestic abuse, including a lack of specialist provision for gay men (Rowlands, 2006; Richards et al, 2003; Ard & Makadon, 2011; Constable et al, 2011; Ciarlante & Fountain, 2010; Sullivan, 2011). While women-only refuges are available to lesbian and bisexual women, Chan (2005) argues that these mainstream refuges may be inappropriate for lesbians, with Bornstein & colleagues (2006) arguing that these services are perceived by lesbian and bisexual women as being only for heterosexual women. Richards & colleagues (2003) suggest that lesbians may also experience homophobia in mainstream women's refuges. Ard & Makadon (2011) suggest that trans women may sometimes not be admitted to women-only refuges, on the basis of their gender history.

Concerns about the response they may receive from services

A.16. Gay men in South Wales who experienced domestic abuse reported experiencing homophobic responses from agencies, particularly the police, and that they felt they experienced a "double-victimisation" in not being taken seriously by the police when they reported the abuse (Rowlands, 2006). Fear of homophobic responses from the police and other agencies is, of-course, not specific to Wales or to gay men, but is consistently reported by LGBT people experiencing domestic abuse

(Robinson & Rowlands, 2006; Hester et al, 2012; Donovan, 2011; Richards et al, 2003; Bornstein, 2006; Duke & Davidson, 2009; Miles-Johnson, 2013; Constable et al, 2011).

A.17. LGBT people's fears of experiencing homo/bi/trans-phobia from service providers is grounded in their past experiences of societal discrimination (Chan, 2005) and psychological and physical trauma, including family rejection, hate speech, hate crimes and bullying (Ard & Makadon, 2011). These experiences inform a belief that prejudice "pervades" service provision (Richards et al, 2003) and concerns about having to "out" yourself in order to seek help (Robinson & Rowlands, 2006; Ard & Makadon, 2011).

Police

A.18. In their recent review of police forces in England and Wales' responses to domestic abuse, Her Majesty's Inspectorate of Constabulary (HMIC, 2014a) made very little reference to specific responses to LGBT victims, beyond suggesting that officers need to have an understanding of specialist LGBT services available in order to be able to refer appropriately. In their individual reports on the Dyfed-Powys (HMIC, 2014b), Gwent (HMIC, 2014c), North Wales (HMIC, 2014d), South Wales (HMIC, 2014e) police forces, no reference was made to any measures in place designed to specifically cater to LGBT victims. It is not possible to tell whether this is because they don't exist in the Welsh police forces, or because HMIC did not investigate this.

A.19. LGBT people are particularly wary of contact with the police, with lesbians in the Women's National Commission (2009) study reporting that they had "been on the wrong side of the justice system" because of their identities. Finneran & Stephenson (2013) found that gay men perceived that contacting the police would be less helpful for a gay male victim than for a female victim. Trans people expected that they would experience either indifference or even violence from the police or other service providers (Bornstein et al, 2006). Trans people who responded to Roch & colleagues' (2010) study reported that police didn't take their experience of domestic abuse seriously, making them feel responsible,

and that their trans identity was negatively influenced by the way the domestic abuse was investigated. They were also concerned about revealing their trans status to the police and the transphobia they may experience as a result (Roch et al, 2010). Further, LGBT people may not only fear experiencing discrimination themselves, but Bornstein & colleagues (2006) found that they are concerned about subjecting their abusive partner to "discriminatory and dangerous interactions" with the police.

A.20. Donovan (2010) argues that LGBT people's fear of discrimination from the police has an impact on the number of LGBT people referred to MARACs, since the majority of MARAC referrals are made by the police.

Other service providers

A.21. Donovan (2011) found a lack of trust in the ability of services to provide an LGBT-appropriate response, while Hardesty (2011) found that lesbians feared mistreatment from health care professionals in particular. Trans people express concern that service providers won't understand the complexity of transgender issues, and will meet them with prejudice (Roch et al, 2010). Respondents in Hester & colleagues' (2012) study felt that domestic and sexual violence service providers may not be highly trained in "issues directly affecting sexuality", while LGBT service providers might not have expertise in domestic and sexual violence. Ard & Makadon (2011) note that service providers often don't ask about sexual orientation or gender identity, making it difficult to disclose domestic abuse in an LGBT relationship without having this prior assurance that the provider won't be judgemental. Simpson & colleagues (2007) argues that lesbians experience barriers within services such as being assigned to specific staff members, or heterosexist language being used.

Concerns about children

A.22. People experiencing domestic abuse who have children often report fear of their children being removed as a barrier to accessing support (WNC, 2009). Hardesty's (2011) study with lesbian mothers found that they received stigmatising and invalidating responses from service

providers, as well as threats from the police that their children would be removed. Threats from the police to remove children resulted in the victim not calling the police in the future (Hardesty, 2011). Lesbian mothers who were in contact with the father of their children reported fearing that he would be awarded full custody if it was revealed that they were experiencing domestic abuse (Hardesty, 2011). Constable & colleagues (2011) argue that there is inadequate protection for children from GLBTI families under Australian family law legislation, an issue that should also be considered in the Welsh legal context.

Further violence from the abuser

A.23. All people experiencing domestic abuse risk experiencing ongoing or increased abuse from an abusive partner when they seek help (Walby & Allen, 2004), and this is true also for LGBT people experiencing abuse (Rowlands, 2006; Donovan, 2011; Richards et al 2003). However, abusers may use tactics based on sexual orientation or gender history, such as “outing” someone as lesbian, gay, bisexual or transgender (Hester et al, 2012; Ard & Makadon, 2011; Duke & Davidson, 2009). The abuser may seek to isolate the victim (Constable et al, 2011), which may then contribute to fears of being alone (Donovan, 2011), fear of being shunned by their community (Hardesty, 2011) or losing their most secure connection to the LGBT community (Duke & Davidson, 2009), and a feeling of commitment to the abusive partner (Bornstein et al, 2006).

Pressures related to self-identity as an LGBT person

A.24. Lesbian, gay and bisexual people report feeling unsure of, or ashamed about, their sexuality (Hardesty, 2011; Robinson & Rowlands, 2006), and abusers may use the survivor's negative sense of self to exercise control (Duke & Davidson, 2009). Trans people may have unresolved guilt and self-hatred about being transgender, making it difficult to accept that they are deserving of support (Roch et al, 2010). Bornstein & colleagues (2006) suggest that the stigma of being diagnosed with “gender identity disorder” may compound the shame and self-doubt associated with domestic abuse.

A.25. Finally, lesbian, gay and bisexual people who experience abuse may be concerned that revealing domestic abuse within a same-sex relationship could reinforce homophobic social attitudes (Duke & Davidson, 2009; Chan, 2005).

Domestic abuse (from another family member)

A.26. No evidence was identified on the specific barriers to accessing services for LGBT people experiencing domestic abuse from someone other than an intimate partner, although these people are likely to experience many of the same barriers as other people experiencing domestic abuse.

A.27. The Crown Prosecution Service's (CPS) guidance on forced marriage and other forms of "honour"-based violence suggests that LGBT people may face these forms of abuse from relatives or others in their community as a result of how their sexual orientation or gender identity is perceived. The CPS notes that this may include use of forced marriage to "cure" LGBT people, or the use of "corrective" rape. The Forced Marriage Unit's (2013) information leaflet on LGBT people and forced marriage details case studies of gay and lesbian people being coerced or tricked by relatives into travelling to South Asian and Middle Eastern countries and forced into marriage. In these case studies, people describe not only forced marriage, but experiencing physical violence, imprisonment and threats to kill from family members.

Stalking and harassment

A.28. We found very little evidence specifically related to LGBT people's experience of stalking and harassment. Rowlands (2006) noted that in a non-representative sample of gay men who had experienced domestic abuse in Wales, a quarter had experienced stalking from their abusive partner.

A.29. Trans women who participated in the Women's National Commission's (2009) research reported experiencing fear of going out in public in their local area, for example because of a recent attack on another trans woman or due to harassment they received from school children. Trans

women felt that there was a lack of enforcement against people who verbally abuse trans women (WNC, 2009).

Sexual violence

Lack of awareness of sexual violence against LGBT people

A.30. Todahl and colleagues (2009) argue that LGBT people who experience sexual violence are faced with lack of awareness on two fronts: a general lack of awareness about LGBT communities in society, and limited open discussion about sexual violence within the LGBT community. Allen (cited in Rumney, 2009) also found that gay men were reluctant to view their experience of non-consensual sex as "rape". Hester & colleagues (2012) found that within the trans community, sexual violence was particularly "hidden" and unlikely to be discussed.

Negative sexual stereotypes about LGBT people

A.31. LGBT reported that concern about experiencing negative stereotypes discouraged them from reporting their experiences of sexual violence (Todahl et al, 2009; Rumney, 2009). A range of negative stereotypes, predominantly related to LGBT people's sexual behaviour, have been identified across a number of studies:

- Belief that rape can only happen between a man and a woman (Todahl et al, 2009)
- Belief that men are physically too strong to be forced to have sex (Rumney, 2009)
- Belief that rape is less traumatic for gay men than heterosexual men or women (Rumney, 2009)
- Belief that gay men are promiscuous (Todahl et al, 2009) or that bisexual women are sexually "greedy" and therefore must be "asking" to be raped (WNC, 2009)
- Belief that older lesbians are not sexual (Todahl et al, 2009)
- Belief that gay men or lesbians can't be raped (Todahl et al, 2009; WNC, 2009)
- Belief that trans people are predatory (Todahl et al, 2009) and that they deliberately "deceived" the perpetrator (Gooch, 2012)

- Belief that trans women should have been able to defend themselves "like men" (Gooch, 2012).

Availability and appropriateness of services

A.32. Todahl & colleagues (2009) report that gay men are less likely to be aware of LGBT-friendly services than women are, however lesbians consulted by the Women's National Commission (2009) noted that many practitioners within the sexual violence sector are part of the lesbian community, which may create a barrier in itself.

A.33. Lesbian and bisexual women reported to Hester & colleagues (2012) that when they had had been raped by a woman, service providers may find it "difficult to envisage" a female perpetrator.

A.34. Abdullah-Khan (cited in Rumney, 2009) notes that gay men perceive the police service to be a "macho-type organisation" and therefore believe that the police may challenge their masculinity if they reported sexual violence. Rumney (2009) also suggests that police officers perceive gay men who report sexual violence as not being credible.

A.35. Bisexual women report experiencing a lack of community and identity outside of their sexual behaviour, meaning they are sexualised when they seek help, and stigmatised when they seek community (WNC, 2009).

A.36. Gooch (2012) notes that trans people may be excluded from services because of their gender history; while Todahl & colleagues (2009) argue that doctors and nurses are perceived as having a lack of respect for trans people, resulting in trans people experiencing further shame when reporting sexual violence.

Intersecting marginalisation

Black, minority ethnic and refugee (BMER) people

A.37. The 2006 evaluation of Wales' specialist service for (predominantly gay) men experiencing domestic abuse found that men from BMER communities were under-represented in the project (Robinson & Rowlands, 2006), however no more recent information has been published as to whether this has changed.

A.38. LGBT people from ethnic minorities face barriers to accessing services both due to the intersection of experiences of racism and homophobia in institutions, and sometimes due to homophobia within their own communities. Miles-Johnson (2013) notes that members of minority communities are more reticent to report crime generally due to victimisation from the police, and Chan (2005) concurs that gay people from ethnic minority backgrounds have additional reasons to mistrust the police, due to experiences of racism, and culturally or linguistically inappropriate provision.

A.39. Hardesty's (2011) research with lesbian mothers found that those living in an "ethnic enclave" that was intolerant of homosexuality found it particularly difficult to seek help. However, it should be noted that not all communities who are intolerant of homosexuality are black or minority ethnic, nor are all black and minority ethnic communities intolerant of homosexuality.

A.40. LGBT refugees and asylum seekers have commonly experienced sexual violence, and when claiming asylum on the basis of their sexual orientation may find that their "identity narrative" is sexualised in the legal process (Berg & Millbank, 2009). Girma & colleagues (2014) research for Women for Refugee Women found that almost all lesbian asylum seekers in the UK have been raped, including being raped by people in official positions, such as prison guards, in their country of origin. This may result fearing that they will be raped again by people in positions of authority in the UK (Girma et al, 2014).

Young people

A.41. Donovan & Hester (2008) suggest that young LGBT people (under 25) are particularly vulnerable to domestic abuse for a number of reasons: they may view their first relationship as affirming their identity; they don't have any models for what a same-sex relationship looks like; their relationship is embedded within their LGBT friendship networks, and they lack resources to seek help.

Substance use and mental health

A.42. In analysis of their national dataset of domestic abuse victims accessing IDVA services who are part of the Insights programme, CAADA (2013) found that the small number of LGBT people accessing these services experienced higher levels of substance use and mental health problems than heterosexual victims of domestic abuse. CAADA suggest that one explanation for this could be that the barriers LGBT people face in accessing services may mean that they seek help later, and their needs have then become more "complex."

Effective practice in mitigating barriers

A.43. The available evidence on effective practice in mitigating barriers to LGBT people's access to domestic abuse, stalking, harassment and sexual violence services is primarily practice-based, drawing on practitioners' experience of what has been effective in their services, or is based on reflections from LGBT people who have experienced abuse about what helped them or what they would like to see done differently.

Awareness-raising within LGBT communities

A.44. Donovan (2011) recommends conducting awareness-raising within LGBT communities about domestic abuse, so those experiencing it can recognise it and seek help and to help friends and family recognise it. This could include national and local public awareness education and outreach campaigns (Ciarlante & Fountain, 2010), or advertising campaigns that use pictures of same-sex couples, gender neutral vocabulary (Duke & Davidson, 2009). McClennan (2005) argues that wider availability of factual information would reduce the stigma of a "same-sex person" seeking help.

A.45. Roch & colleagues (2010) also suggest that LGBT organisations should increase awareness and visibility within their own organisations of the issue of transgender people experiencing domestic abuse by undertaking training with staff on domestic abuse and promoting trans-specific domestic abuse campaigns, including online methods.

Improving mainstream services

A.46. Duke & Davidson's (2009) findings support an "LGB Affirmative Programming Model", including training for professionals who provide services to survivors, effective advertising, cross-collaboration between community agencies, and LGB affirmative resources and referrals (Duke & Davidson, 2009). Broadly, this model is supported by findings and recommendations from other researchers, described below.

Awareness-raising and training for service providers

A.47. Donovan (2010 & 2011) recommends awareness-raising activities targeted at domestic abuse agencies, police and MARACs about domestic abuse in LGBT relationships. Donovan argues that awareness-raising should include specific training for staff members:

- Officers in each Public Protection Unit should receive specialist training in LGBT domestic abuse (Donovan, 2010)
- Staff should receive training on the unique experiences and specific needs of transgender people experiencing domestic abuse (Roch et al, 2010)
- Police officers should receive specific training on the needs of transgender people (Roch et al, 2010).

A.48. LGBT awareness training for frontline domestic and sexual abuse practitioners was also suggested by respondents in early consultations on *legislation to end violence against women, domestic abuse and sexual violence* (Faraz Bhula, 2012).

Partnership-working

A.49. Improved collaboration and partnership-working between LGBT organisations and domestic abuse, stalking, harassment and sexual violence services is widely recommended (Ciarlante & Fountain, 2010; Constable et al, 2011), including ensuring that these partnerships inform the design of abuse services (Roch et al, 2010). Gooch (2012) notes the importance of engaging a broad range of trans people in organisations, and understanding that the trans community is transient.

Welcoming and inclusive service environments

A.50. Gender-neutral, inclusive language in advertising materials, on signs in waiting areas and on intake forms helps to create a welcoming

environment for LGBT people (Ard & Makadon, 2011; Constable, 2011). As well as ensuring materials do not assume heterosexuality (Constable, 2011) and are inclusive of trans people (Roch et al, 2010), Roch and colleagues recommend that agencies explicitly advertise that they will work with trans people (or trans women, for women-only organisations). Gooch (2012) suggests putting up posters that affirm trans people as well as LGB people in services, and giving consideration to toilets within the service as a potential site of abuse of trans people and taking steps to address this (Gooch, 2012).

A.51. In contrast to heterosexual women, Hester & colleagues (2012) found that gender-specific service provision is perceived to be less important by LGBT people, with it being more important for practitioners to be skilled and for services to offer a choice in practitioner gender.

A.52. Hester & colleagues (2012) also found that LGBT people are already making use of online spaces to seek support, suggesting the potential of further developing online interventions.

Routine enquiry and risk assessment

A.53. Ard & Makadon (2011) recommend that professionals should sensitively enquire about sexual orientation and gender identity before screening for domestic abuse, and argue that where routine enquiry isn't already used, a lower threshold for domestic abuse enquiry may be warranted for trans people as they appear to experience higher rates of violence than other members of the LGBT community. Donovan (2010) recommends that since LGBT reporting of domestic abuse is disproportionately low, police should consider the possibility of cases being high risk on a case-by-case basis, since the person reporting the abuse has done so despite the significant risks associated with being "outed" and the risk of receiving an inappropriate response.

A.54. Based on their finding of lower identification of risk amongst gay men experiencing domestic abuse in Wales, Robinson & Rowlands (2009) suggest that specific screening tools are needed which reflect unique risk factors, such as the threat to "out". Stephenson & colleagues (2013) have recently piloted a six-item, short-form risk assessment tool for gay men

which captured a significantly higher prevalence of recent experience of intimate partner violence compared to a current and commonly used screening tool.

Specialist services and programmes

A.55. As well as the need for more inclusive mainstream provision, there is also support for specialist LGBT domestic abuse, stalking, harassment and sexual violence programmes. Bornstein & colleagues (2006) found that LGBT people experiencing domestic abuse who accessed specialist LGBT domestic abuse programmes would not have sought support from a mainstream programme.

A.56. Robinson & Rowlands (2006) note that gay men are more likely to access telephone helplines, such as the Dyn Project helpline in Wales and the Men's Advice Line nationally. National LGBT domestic abuse charity Broken Rainbow (2005) argued nearly ten years ago for increased staffing of its specialist helpline, which is still only open four days and two evenings per week. Gay men who accessed specialist domestic abuse services in Wales before 2006 reported the following interventions as helpful: use of the Lesbian and Gay Power and Control Wheel, the persistence of the specialist worker in following up with them, receiving information about what would happen when they called the police, accompanying them to court, and supporting them to access housing (Robinson & Rowlands, 2006). Rowlands (2006) also found that gay men had a preference for being supported by a worker who was gay.

A.57. Hester & colleagues (2012) found that lesbian and bisexual women need similar interventions to heterosexual women, but that they also want to be able to discuss the impact of their experiences of domestic abuse on their sexuality.

A.58. Constable & colleagues (2011) also highlight the need for safe practices with LGBT people experiencing domestic abuse who live in rural areas, ensuring that they can access support from separate workers, preferably outside the local community. Helplines should also be well-informed of the services available to LGBT people in rural areas (Constable et al, 2011).

Sex and relationships education (SRE)

A.59. Donovan & Hester (2008) argue that SRE is often promoted as a tool for preventing domestic abuse and sexual violence, but that SRE most often focuses exclusively on heterosexual sex and relationships. This lack of representation of same-sex relationships was also raised by participants in the Women's National Commission's (2009) consultation to inform the national Violence Against Women strategy. Donovan and Hester therefore propose that same-sex relationships should be included in SRE, a proposal that is reflected in the Welsh Government's (2010) Guidance on Sex and Relationships Education in Schools, which states that schools should particularly offer support and guidance to LGBT learners who "feel uncertain about expressing their sexuality."

Conclusions and implications

A.60. The existing evidence provides a broad understanding of the barriers LGBT victims of domestic abuse face in accessing services, however the only Welsh-specific evidence currently available focuses on gay men. Our qualitative research provides an opportunity to update the evidence on the experiences of gay men experiencing domestic abuse in Wales, and to test the applicability of research findings about lesbian, bisexual and trans people experiencing domestic abuse to the Welsh context. There is less available evidence about the barriers to accessing services for LGBT people who experience stalking and harassment and sexual violence, and of the specific barriers for LGBT people from BMER communities. In this respect, the qualitative research will seek to address this evidence gap, both informing Welsh Government policy and contributing to the wider evidence base that other policy-makers can draw from.

Appendix B. Achieved sample

Appendix table B1: Achieved sample of qualitative telephone interviews with professionals

	All Wales	North Wales	South Wales	**Total**
Domestic abuse services (voluntary)	3	0	1	**4**
Helplines	3	0	0	**3**
LGB(T) community organisations	2	0	1	**3**
Police/MARAC	0	1	0	**1**
Sexual abuse services (statutory)	0	1	1	**2**
Sexual abuse services (voluntary sector)	1	0	0	**1**
Specialist LGBT domestic abuse services	1	0	0	**1**
Trans community organisations	0	1	1	**2**
Specialist BMER abuse services	1	0	0	**1**
Total	**11**	**3**	**4**	**18**

Appendix table B2: Achieved sample of online written responses

	Age						
	18-25	25-36	36-45	46-55	56-65	N/D	**Total**
Sexual orientation							
Lesbian/gay woman	3	2	3	1	3	1	**13**
Gay man	1	0	7	3	0	0	**11**
Bisexual woman	1	2	1	0	0	0	**4**
Bisexual man	1	0	0	0	0	0	**1**
Bisexual (non-binary) person	0	0	0	0	0	1	**1**
Other	1	0	1	0	0	1	**3**
Not disclosed	0	0	0	1	0	0	**1**
Gender identity							
Cis woman	3	4	3	1	3	1	**15**
Cis man	1	0	7	3	0	0	**11**
Trans man	1	0	0	0	0	0	**1**
Trans woman	1	0	1	0	0	0	**2**
Other trans- identified people	1	0	1	0	0	2	**4**
Man (intersex at birth)	0	0	0	1	0	0	**1**
Total	**7**	**4**	**12**	**5**	**3**	**3**	**34**

Ethnicity	
White Welsh	23
White English	6
White Irish	1
White Other	4

Location	
South Wales	27
Mid Wales	4
North Wales	3

Experiences of abuse	
Any abuse	26
No abuse	8
Not disclosed	0
Type not disclosed	*2*
Domestic abuse	*14*
Stalking	*9*
Harassment	*15*
Sexual violence	*9*

List of professional participants

We are grateful to the following organisations who took the time to take part in the study, either through a telephone interview, attending the stakeholder workshop, or both. This included professionals from the following organisations who agreed to be named in the report, but is not a comprehensive list of all participants who were involved in the study.

Amethyst Sexual Assault Referral Centre
BAWSO
Broken Rainbow
Dyfed-Powys Police
Hafan Cymru
National Stalking Helpline
North Wales Police
Pride Cymru
Safer Merthyr Tydfil
Safer Wales Dyn Project
Shelter Cymru
Stonewall Cymru
The Survivors Trust

Swansea Council

Transgender Awareness Wales

Unique

Unity Group Wales

Welsh Women's Aid and the All Wales Domestic Abuse & Sexual Violence Helpline

West Wales Women's Aid

Ynys Saff Sexual Assault Referral Centre

Appendix C. Interview topic guide and online questions

Interview topic guide

Background and context
Aim: To understand participant background and context in which support for LGBT people experiencing abuse is provided

- Service context
- Participant's specific role in relation to LGBT people experiencing abuse

Knowledge of services available for LGBT people experiencing abuse in Wales
Aims: To discuss participant's knowledge of services available in Wales to LGBT people experiencing abuse

- DASH/SV services that support LGBT people
- LGBT services that provide support in relation to abuse
- Differences in available provision for different LGBT groups
- Examples of good practice that they know of

Barriers LGBT people face in accessing appropriate abuse services
Aims: To discuss participant's experience of the barriers LGBT people face in accessing abuse services

- Barriers to accessing professional support in relation to experiences of domestic abuse
- Additional barriers to accessing professional support in relation to experiences of stalking and harassment
- Additional barriers to accessing professional support in relation to experiences of sexual violence
- Additional barriers for specific groups of LGBT people:
  - Black, minority ethnic and refugee people
  - People living in rural areas
  - Disabled people
  - People of particular religions or beliefs
  - People who are homeless
  - People who have substance use problems
  - People with mental health problems

- Case study examples of these barriers from participant's own experience supporting LGBT people experiencing abuse

DASH/SV services only:

- Challenges their service has faced in providing appropriate support for LGBT people

LGBT services only:

- Challenges their service has faced in providing appropriate support for people experiencing DASH/SV

Examples of effective practice in mitigating barriers
Aims: To identify examples of effective practice in mitigating the barriers discussed above, either in Wales or elsewhere

- Example of practices which seek to address barriers for LGBT people experiencing abuse

Recommendations for future development
Aims: To discuss participant's views on the future development of services and the role of the Welsh Government in this process

- Recommendations for future development of services
  - What the Welsh Government should be doing
  - What service providers should be doing

Online questions

1. If you have ever accessed services for help with your experiences of abuse, please tell us about what this was like. We want to hear about what was helpful for you, as well as anything that wasn't so helpful (If this isn't relevant to you, please go on to the next question).

2. If you needed professional help in relation to experiences of abuse in the future, what sort of services would you access, and why?

3. What type of services would you avoid going to if you needed help in the future, and why?

4. What do you think the Welsh Government should do to improve support for LGBT people who are experiencing domestic abuse, stalking, harassment or sexual violence?