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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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## **Glossary of acronyms**

|                  |   |
|------------------|---|
| <b>BME</b>       | Black and Minority Ethnic   |
| <b>CPS</b>       | Crown Prosecution Service   |
| <b>DA</b>        | Domestic abuse  |
| <b>DASH RIC</b>  | CAADA (Coordinated Action Against Domestic Abuse)'s<br>Domestic Abuse, Stalking and Harassment Risk<br>Assessment Checklist |
| <b>DASH/SV</b>   | Domestic abuse, stalking and harassment and sexual<br>violence  |
| <b>D/SV</b>      | Domestic and sexual violence  |
| <b>GRC</b>       | Gender Recognition Certificate  |
| <b>HBV</b>       | 'Honour'-based violence   |
| <b>IDVA</b>      | Independent Domestic Violence Advisor   |
| <b>IPV</b>       | Intimate partner violence   |
| <b>ISVA</b>      | Independent Sexual Violence Advisor   |
| <b>LGBT</b>      | Lesbian, gay, bisexual and transgender  |
| <b>MARAC</b>     | Multi-Agency Risk Assessment Conference   |
| <b>QUILT BAG</b> | Queer and questioning, undecided, intersex, lesbian,<br>trans, bisexual, allied and asexual, gay and genderqueer            |
| <b>REA</b>       | Rapid Evidence Assessment   |
| <b>SARC</b>      | Sexual Assault Referral Centre  |
| <b>SRE</b>       | Sex and relationships education   |
| <b>SV</b>        | 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<sup>1</sup>).

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.

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<sup>1</sup> <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<sup>2</sup>, 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:

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<sup>2</sup> 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.

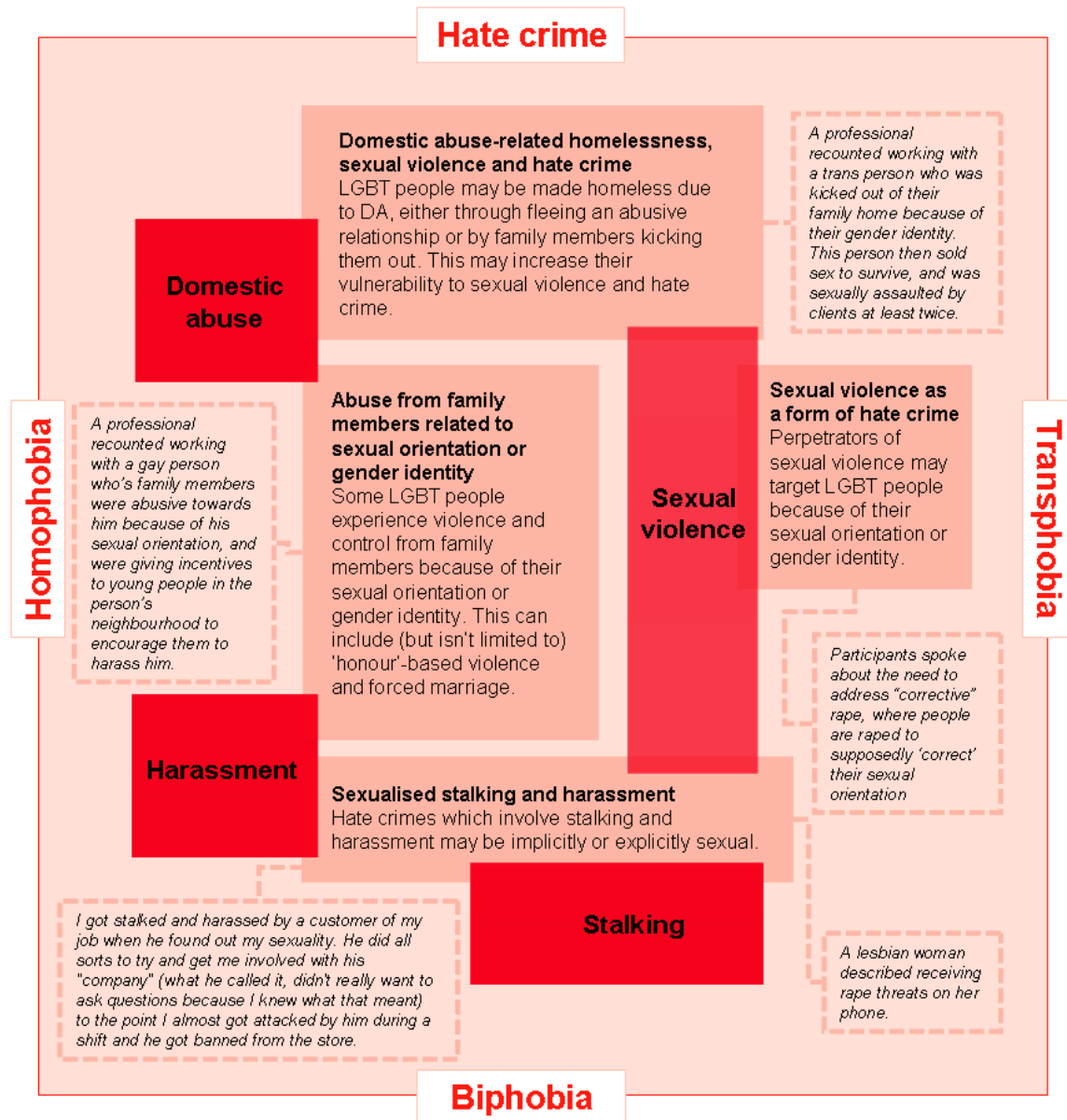
### **3 Individual and interpersonal barriers to accessing services**

- 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

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*

“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.

- 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

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*

experiencing hate crime or hate incidents from neighbours as well.

### *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

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*

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.

## 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,

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*

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.

4.7 LGBT service providers in particular argued that LGBT people's life experiences of

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*

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.
- 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

[Transitioning is] a very fluid process, and it's about self-identification. Unfortunately refugees will do it on gender, and what gender you currently are.

*DA service provider*

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

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*

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

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

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*

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.<sup>3</sup>

### **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:

- 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;

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*

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<sup>3</sup> 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.

- 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.

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*

#### *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.

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*

However, as well as describing negative views of the police, online

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.<sup>4</sup> 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.

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<sup>4</sup> 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:

- Safer Wales providing their reporting forms to an LGBT organisation to publish, so that

[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*

- 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.

- 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

I finally went to counselling again over depression in general... and then they talked through 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*

- (either in the statutory or voluntary sector), but with generalist services

























































































