

# ROAR

## Because silence is deadly

A report on the experiences of lesbian, gay, bisexual and trans\* survivors of domestic violence and abuse.

*Published by Stonewall Housing, 2014*



Trust for London  
Tackling poverty and inequality



## Foreword

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The Lesbian, Gay, Bisexual and Trans\* Domestic Abuse Forum (LGBT\* DAF) is a second-tier project, supported by an advisory group, which brings together experts from the LGBT\* community and the domestic violence and abuse (DVA) sectors. Our aim is to improve service provision for LGBT\* survivors. The advisory group meets quarterly and steers the agenda for each year.

In 2008, LGBT\* organisations were receiving an unprecedented number of referrals from LGBT\* people who had experienced domestic abuse. This trend was not reflected in any other generic service or organisation.

The Domestic Abuse Partnership (DAP) – a service delivery partnership lead by Galop that brings together Broken Rainbow, PACE London Lesbian and Gay Switchboard and Stonewall Housing – noted that many clients disclosed that they had experienced abuse from their family, partners and intimate contacts but very few people had used the term domestic violence at first contact. Even fewer had reported domestic abuse to generic agencies, for example the police, social services or health services.

### Action

Underreporting of domestic abuse is a common concern across all services but we wanted to investigate if there were additional barriers to engaging with LGBT\* survivors. If there were barriers, we wanted to understand what they were and why they existed.

Advisory group discussions focused on the disconnect between the numbers of LGBT\* survivors identifying domestic violence and abuse to specialist services, and the reported number of LGBT\* survivors services presenting to generic services.

We needed to know:

1. What LGBT\* experience of DVA was like?
2. If LGBT\* survivors reported DVA to an agency, was the service effective and did it result in a positive outcome?
3. If LGBT\* survivors did not report DVA, what informed their decision?

We wanted this knowledge to inform our recommendations, help break down barriers to reporting and ultimately, improve services to LGBT survivors. We needed to contact the experts.

LGBT\* DAF believes the experts on LGBT\* domestic violence and abuse are, first and foremost, LGBT\* survivors themselves. We decided to contact survivors directly and ask them about their experiences.

What factors were considered when choosing to reach out for help, assistance or support and what services were like when or if they were contacted? Our intention was to circulate findings to services, commissioners and funding organisations to ensure that new and continuing projects were appropriate and addressed the needs of LGBT\* survivors.

The research, evidence and testimony we obtained was used to shape our annual conference, with survivors' voices framing presentations, workshops, and discussions throughout the day.

We hope that the recommendations flowing from both the research and conference will incite service providers, funding organisations, commissioners of services and decision makers within government to provide better services to LGBT\* survivors.

In the words of one survivor:

*"Unless you've been through it, no one can understand how one person can put another person in such a dark place".*

This was our opportunity to learn from the experts: LGBT\* survivors themselves. This survey captures their lived experience. On behalf of LGBT\* DAF, we would like to thank all those who took part and trusted us with their intimate stories.

***" You imagine when the police are involved, the control would be taken away, so it could snowball out of my control and make it worse. "***  
*An LGBT\* survivor*

### **What's in a name?**

We chose "Roar", as the name for the research project, to encourage those in a position to speak out to come forward and share their thoughts, experiences and wisdom.

We also wanted to invoke the idea that survivors are a powerful group of people who are frequently and incorrectly perceived as weak "victims".

One thing we are certain about is that it takes strength of character to recognise abuse, and even more courage to do something about it. We also recognise that not all survivors are in positions where they are able to speak freely.

To those survivors who were unable to participate this time, we want to add that we respect your decision and acknowledge that in some circumstances it's better to stay quiet and safe.

## Introduction

The experiences of LGBT\* survivors of domestic violence and abuse (DVA) does not easily fit within the public story of domestic abuse. The public story of DVA follows the heterosexual and cisgender model of abuse. (*Catherine Donovan: Transforming Domestic Abuse Conference 2012*)

This model supports the view that cisgender heterosexual male privilege and power over cisgender heterosexual women leads to the conclusion that the perpetrators of domestic abuse are cisgender heterosexual men and victims of domestic abuse are cisgender heterosexual women.

### The LGBT\* story of DVA

The success of the DVA story leads people who do not fit into the cisgender, heterosexual model to miss out on support services. They may not understand that their experience of violence from their partners, ex-partners, intimate contacts and extended family fits within the government definition of domestic violence.

### LGBT\* DVA and VAWG Intersection

In 1993, the General Assembly of the United Nations adopted the landmark Declaration on the Elimination of Violence against Women. This declaration paved the way for numerous reports supporting the fact that violence against women was a global phenomenon. In 2006, the General Assembly adopted resolution 61/143 to intensify efforts to eliminate all forms of violence against women.

In March 2013, the UK coalition government produced a strategic vision to end violence against women and girls. The vision did not include eliminating homo/bi/trans hate crime experienced by women, nor did it specifically include eliminating domestic abuse experienced by gay, bisexual men or gender variant people.

The lack of recognition of LGBT\* domestic abuse at a policy level is an influencing factor with local commissioning and service delivery. In 2013, the majority of DVA services were commissioned to meet targets and outcomes set by violence against women and girls (VAWG) strategies.

In 2008, French and Dutch representatives backed by the EU proposed a resolution supporting LGBT\* rights. This has been signed by 94 countries thus far. The resolution prompted the Arab League to issue a statement opposing it. The resolution remains open for signatures and has yet to be passed.

The adoption of the VAWG agenda at the highest levels of international politics is important as it demonstrates that if there is political will to change society, society will change. International political will then trickles down to funding for front-line service provision. The VAWG sector is comparatively well funded, although services are struggling to survive because of the current financial climate.

Where there is no international political will to provide services for LGBT\* people, there is no political imperative or urgency to meet LGBT\* survivors' needs.

In the last 40 years, the UK has witnessed a revolution in terms of gaining equality for LGBT\* people. We are a society that has become (at least on paper) more inclusive of those who identify as LGBT\*.

Comprehensive LGBT\* inclusive service provision throughout the UK has yet to manifest and this remains one of the largest barriers to reporting for LGBT\* survivors of DVA.

### What's different?

LGBT\* domestic abuse may not match the public story of DVA. Intimate relationships include many gender identities and sexualities. Models of relationships may be complex and include polyamorous relationships, short or one-night intimate relationships, scenes where negotiating codes are a prerequisite to engagement in adult consensual sexual practice and relationships where boundaries between dating, sex in exchange for financial reward or accommodation with an established friend and sex working are blurred.

The term "domestic" might not feature a home environment, and might include sex within a public sex environment, clubs or house parties.

Extended family abuse, forced marriage and so called *honour based violence* bring additional considerations for LGBT\* survivors. The notion of identity abuse may be unique to LGBT\* experience of DVA, for example:

when a survivors' sexuality or gender identity is used as a weapon to exert power and control over them.

Queer family formations may also be different. Little is known about how parents of different sexualities/gender identities can use this knowledge within the court system. Anecdotal evidence suggests that disclosing LGBT\* identities has been used by perpetrators in court to win favour. Extended or past family relationships are a consideration, for example: abuse from heterosexual/cisgender perpetrators, supported by homo/bi/transphobic prejudice.

### The wider context

LGBT\* survivors experience abuse within a society that, on the whole, is homophobic, biphobic and transphobic. Anecdotal evidence suggests some LGBT\* people did not want to draw attention to abusive intimate relationships that had not achieved equality within the law.

For those who have split loyalties and do not want to attract negative attention to either their abusers or LGBT\* communities, self blame is an easier option.

**“ The CPS refused to take action. photographic evidence of injuries was available from the police but they made the decision before the pictures were taken. ”**  
*An LGBT\* survivor*

Historic distrust of the police stems from the time when homosexuality was criminalised and LGBT\* culture was underground, hidden from view and perceived to be subversive. Legislative equality has almost been achieved in the UK but cultural and institutional discrimination continues.

## Methodology

LGBT\* DAF's stakeholders are activists, researchers, practitioners, policy makers and service providers across all sectors. We recognised the need to reach out to LGBT\* survivors who may or may not have accessed services that we were already in contact with. We wanted to find a cross-section of survivors: some of whom had engaged with services and some who had not.

To help us achieve this aim, we chose social media as a means of reaching survivors who may not have had contact with services. Publicity was circulated via Twitter, Facebook, email, and website blogs. We also chose to use an anonymous research tool, Survey Monkey, as we wanted to be sure that respondents were clear that their testimony was anonymous and that they were in control of how much information they told us.

We recognised social media might exclude some sections of the community who were not able to respond via a keyboard, or by using some other form of electronic communication. Three respondents gave a verbal response to the survey. Telephone interviews were arranged and responses and comments were included in the relevant sections.

To ensure that people with visual impairment were able to participate, we offered a hard copy version of the survey. We also offered to provide interpreters to respondents, although no respondents used this option.

We also ensured the survey was circulated to service providers, which may have had links to people who did not have free access to social media or the internet. This was important as we were aware that a common form of domestic abuse involved controlling internet access and contacts to those outside of the relationship.

### Investigating traumatic experiences

We were aware that using social media and an anonymised online survey would restrict the type of questions we were able to ask. We did not want our questions to cause respondents any distress or trigger flashbacks of abuse. This is especially because specialist service provision in the UK is at best patchy. With this in mind, we limited our first set of questions to brief tick box information gathering questions. We also provided a list of support groups that were able to offer remote help.

At the end of the survey, respondents were given an option to be contacted by us to give further details they were not able to provide via the questionnaire. Their comments were recorded verbatim and anonymised.

### Confidentiality

The survey was confidential. We did not ask respondents to identify themselves or make any references to specific organisations, if they felt that this might risk their own personal safety.

We aimed to get an overview of services available to survivors and a sense of shared experiences when seeking help. We live in a world of small communities and even smaller scenes. With this in mind, we have changed any specific locations and withheld any names given in a voluntary capacity to ensure client safety.

All quotes included in this report have had demographic-identifying and location details removed or changed to protect respondents identities.

## Survey structure

The survey was split into four areas:

*Section 1 – About what happened or is still happening:* This section asked respondents to multi pick the types of services they had experienced, who the perpetrators were and to let us know if they were they still at risk. This section also listed national organisation where were able to provide help if this was needed.

*Section 2 – What you did next:* This section asked respondents to tell us if they tried to find advice, support, accommodation or protection via the civil or criminal courts or in some other way.

It was split into two routes:

A – If they did not try to find advice/support/accommodation/protection – they were asked a supplementary question about why they did not choose to ask for help.

B – If they did try to find advice/support/accommodation/protection – they were asked to tell us how many incidents of DVA they experienced, if the severity or risk increased over time or if anything else changed.

Respondents were asked if they had turned to friends, family, social contacts, services or organisations and if they found that these were a useful options.

*Section 3 – What were those services like?* This section asked respondents to give detailed feedback about a maximum of three services they had tried to make contact with. We were aware that some people might have attempted to make contact with more than three organisations but felt that an online survey was not the best method to ask this depth of questioning. Respondents who told us they had made contact with more than three organisations were given the opportunity to give further feedback over the telephone.

Questions in this section included the date of last contact, waiting time, and quality of service delivery.

*Section 4: How do you identify yourself?* These questions did not ask respondents to give contact details and focused on protected characteristics included in the Equalities Act.

Full survey questions and text is available on request.

## Timeline

The survey was launched online on 20 March 2013.

In the first week of May, we took a snapshot survey of data entered and identified themes that would inform the structure of our conference in September.

The survey closed on 25 August 2013.

A summary report was published on 15 September and given to speakers and workshop leaders for the conference that was held the following week. The summary report was also circulated to delegates who attended the Roar Conference on 20 September.

Final report and recommendations available as a PDF to download from January 2014

## The conference

Initial findings at the three month point into the survey were used to identify three emerging themes, loosely identified as sexual abuse, peer to peer support and inclusive practice. Stakeholder organisations helped us design and run three workshops to further investigate each theme. The workshops were delivered at the Roar conference to an audience of practitioners, policy makers, activists and survivors all working towards ending domestic abuse experienced by LGBT\* people.

Delegates attending each workshop were asked to make recommendations to be included in this report.

Theme 1: We noted that 40% of respondents told us that they had experienced sexual violence. To help us construct recommendations to take forward, we asked Galop to design a workshop that focused on supporting LGBT\* survivors of sexual violence within intimate relationships and with casual partners.

The workshop was facilitated by Catherine Bewley from Galop.

Theme 2: We noted that only a handful of respondents identified as black, minority ethnic (BME). To address this gap in our findings, we asked Imkaan to look at how to develop BME inclusive practice for LGBT\* survivors.

The workshop looked at developing practice that is inclusive of Black, Asian, Minority Ethnic and Refugee communities (BAMER) who identify as LGBT\* survivors. The workshop was facilitated by Dorett Jones and Lia Latchford from Imkaan.

Theme 3: We noted that the vast majority of respondents had not turned to organisations/ services for support. Many had turned to friends/family/support networks. To address this trend, we asked our advisory group together with staff from Stonewall Housing to design a workshop that looked at developing LGBT\* peer to peer advocacy and advice for LGBT\* survivors of domestic abuse. The workshop was facilitated by Hamida Yusufzai from the LGBT\* DAF Advisory Group and Joanie Evans from Stonewall Housing.

Delegates were able to share the summary report, reflect and give feedback that helped with the formulation of our recommendations.

The conference began with anonymised extracts taken from survivors' testimonies, which highlighted some of the issues raised from the research.

We were kindly joined by three keynote speakers who gave an early view of the summary report and were asked to talk about the context of LGBT\* domestic violence and abuse, to steer delegate discussion.

Davina James-Hanman from AVA addressed the current social/political context of the DVA and VAWG sectors.

Peter Tatchell from the Peter Tatchell Foundation addressed the historical and global context of LGBT\* equality.

Peter Kelly from Galop gave an overview of the issues experienced by survivors who were in contact with LGBT\* DAP, a partnership led by Galop, with Broken Rainbow, LLGS, PACE, and Stonewall Housing.

Learning and expertise gained from this conference and workshops have been used to inform our recommendations.



**“Counselling service was  
of no use for same  
sex abuse.”**

*An LGBT\* survivor*

## Perspective

144 LGBT\* self identified survivors of domestic violence and abuse responded to the Roar survey. Of that number, we were able to use 134 complete datasets. The missing ten respondents were those who had not completed the survey or were ineligible as they had identified as cisgender and heterosexual and did not identify as part of the LGBT\* spectrum.

## Key findings

41.09% of respondents reported sexual abuse.

50% of respondents experienced more than 20 incidents of abuse.

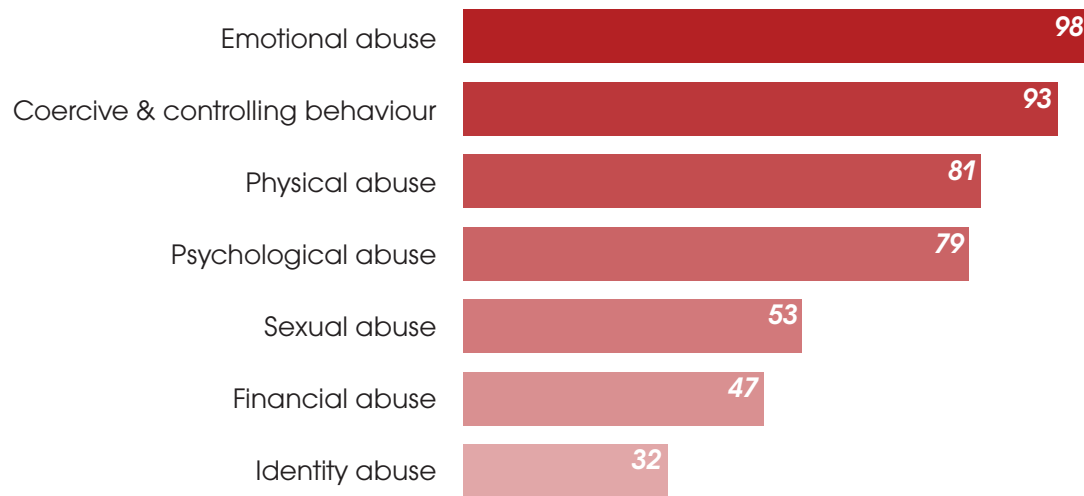
65% of respondents said the abuse got worse over time.

68.07% of respondents did not try to find advice, support, or protection from organisations/ services.

It should be noted that 134 respondents constitutes a relatively small sample but, nonetheless, the testimony presented here should not be undervalued. Many of the respondents who disclosed that they had experienced domestic abuse had not turned to any other agency or service for support. This in itself is a major finding.

## Survey findings: section 1

### What form did the abuse take?



#### Additional comments:

- Guilt abuse;
- Manipulation;
- Neglect.

#### Overview

134 respondents confirmed that they had experienced DVA.

Eight respondents were not sure that their experiences constituted DVA.

Five respondents were still at risk of violence and made direct contact with LGBT\* DAF for advice and signposting to appropriate agencies.

129 respondents went on to tell us what they experienced (see graph left).

NB - identity abuse is a relatively new term used to describe one person using knowledge about gender identity or sexuality of another person, to exert control.

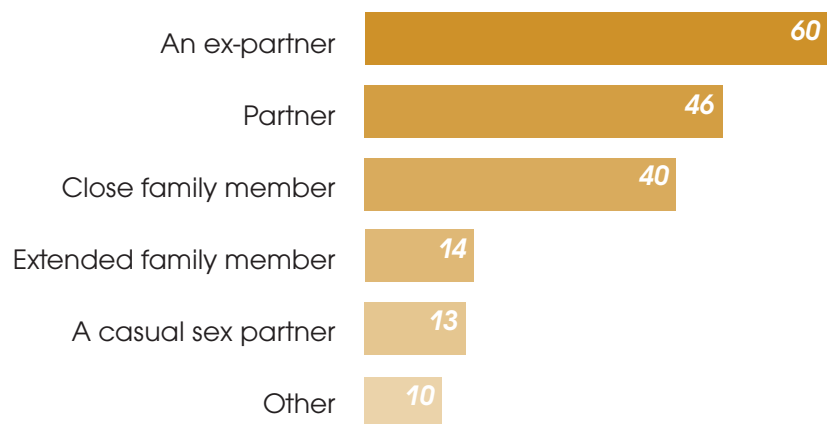
The majority of respondents identified emotional abuse, psychological abuse and coercive and controlling behaviour.

Looking at the variety of abuse experienced, the majority of respondents experienced more than three types of abuse.

27 respondents experience more than six types of abuse.

A total of 494 instances of abuse were reported.

## Who was abusive?



### Additional comments:

- four people noted that abuse had been from either members of the public, colleagues at school or work, but took place in or near their home;
- three people noted that the abuse was from close family friends

### Overview

Partner and ex-partner abuse was the largest category followed closely by family members.

13 respondents experienced abuse from casual sexual partners.

Some respondents added that domestic abuse was from friends and close religious community. Questions about the word "family" need to be addressed here.

In the LGBT\* communities, the word "family", can mean long-term and trusted people we know better than our "biological" or childhood family.

This is important as many LGBT\* people experience emotional abuse and isolation when coming out. Friends made in the LGBT\* communities become replacement or chosen "family". These relationships are not simply friendships, as LGBT\* people can invest in developing some friendships which hold a deeper level of meaning and importance.

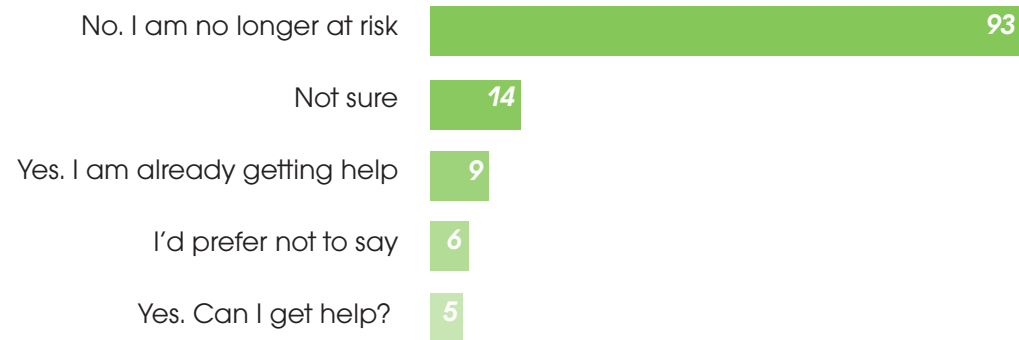
It needs to be recognized that some LGBT\* people regard "family" as having a wider meaning.

LGBT\* survivors experience domestic abuse from other LGBT\* people but also from cisgender and heterosexual people. Most work with perpetrators focuses on heterosexual men whose partners are heterosexual women. There is currently very little work focusing on perpetrators of same sex domestic abuse.

As we go to print, LGBT\* DAF are unaware of any work in the UK that tackles domestic abuse from family members or perpetrators who do not identify as male.

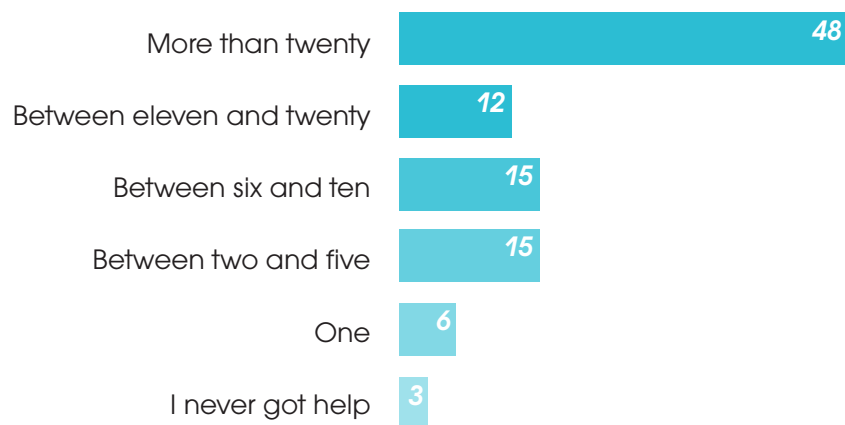
## Survey findings: section 1

### Respondents risk of harm from an abuser/s



The majority of respondents were no longer at risk. (73.64% ) although five respondents did request further advice and support as a result of this survey.

### How the frequency of abuse has changed over time



Once abuse within a relationship is identified, doing nothing only increases risk. Delays in finding help, support, advice or justice have severe consequences. There is a clear need for early intervention work. Working at the point of crisis alone will cause more harm and anti social behaviour and perpetuate the notion that abuse towards LGBT\* people is acceptable.

#### Additional comments

- It was ongoing and continued after I left by internet/email;
- Multiple incidents when I was young; handful of incidents as young adult.

#### Overview

Only six respondents reported only one instance of abuse. More than 48 respondents (50%) stated they had experienced over 20 incidents of DVA. The most frequent pattern of abuse is a continuing and increasing escalation.

## Survey findings: section 1

### The severity of abuse



#### Additional comments

- It was a one off. I left him;
- Variable over 20 years;
- It varies, better in some ways, worse in others;
- ...worse when I was a small child, but abuse continued in adulthood, including stalking. Ex-partners - abuse worsened throughout the relationship.

### Overview

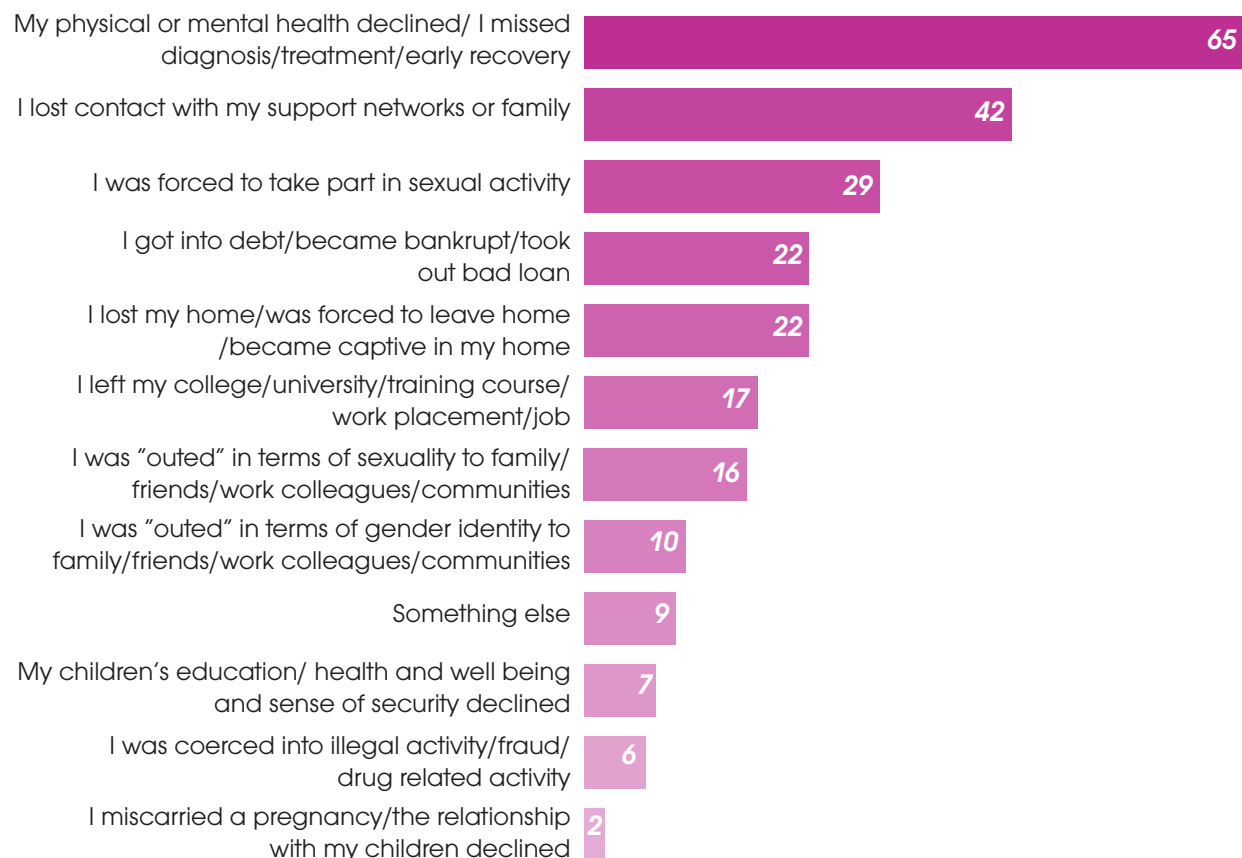
65% of respondents told us that over time, the severity of the abuse increased.

31% of respondents told us that the abuse stayed the same.

4% of respondents told us that the severity decreased.

Abuse increases when perpetrators are confident that they can get away with repeating abusive behaviour. Delaying intervention leads to an escalation of violence and abuse.

## Consequences of DVA for LGBT\* people



## Additional comments:

- I left school
- I lost a sense of me, who I was and what I enjoyed about my life
- I was made redundant
- I was diagnosed with severe PTSD
- I moved house & was persuaded to work for free (we were in the same industry)

## Overview

The emotional, physical, financial and social consequences of domestic abuse and violence for the respondents is clear.

Delay in intervention increase the frequency and severity of abuse and has long term consequences for both survivors and society as a whole, including increased debt, homelessness, illegal activity, crime antisocial behaviour and unemployment. It also leads to a decline in mental, physical and sexual health, education and negatively affects parenting relationships and childhood development.

Tables 6, 7, 8 together lead to the conclusion that commissioning of services must be broader than crisis intervention. Early intervention and preventative projects should also be part of a strategic approach to tackling domestic violence and abuse.

## Survey findings: section 1

### Reasons for not reporting DVA



We asked the survivors who did not seek professional advice, support, accommodation or protection via the criminal or civil courts, why they chose not to engage.

Comments included

- I didn't realise how bad it was until I was out of the relationship;
- I thought it was normal and I deserved the treatment;
- For a long time I didn't even realise that what was happening was abusive;
- I didn't want to give anyone to whom I might have turned for help a reason to think badly of gay people or gay relationships;
- I didn't have the resilience to cope with pursuing this legally;
- At the time I was 16/17 and it was my first relationship. It's only reflecting now as an adult that I realise that it was domestic abuse. At the time I thought it was 'normal' and I deserved the treatment;
- I can't afford to leave;
- I'm still scared.

Five respondents did not know why they stayed in the relationship.



## Overview

The majority of respondents – 81 people – did not try to seek advice, support, accommodation or protection via civil or criminal courts.

There were many reasons why respondents did not reach out for help: optimism and the hope that things would get better was the most common reason.

The risk of counter allegations was raised by 17 respondents. On further cross-referencing, 12 respondents identified as female, one respondent identified as a trans man, one respondents identified as cisgender male, one respondent identified as a trans women and a further two respondents identified as gender variant.

The practice of dual arrest was noted by three respondents, where victim and perpetrator of the same gender were arrested whilst further investigations were made.

- “Police should always arrest where there is domestic violence and not treat it differently because it’s two women”

LGBT\* survivors want justice and want police to make arrests but this needs to be done after full assessment and inquiries have been completed to avoid wrongful arrest.

Some of the additional comments were also very telling in terms of language around relationships involving LGBT\* people. Many survivors noted that they didn’t recognise that their relationship constituted domestic abuse.

Language is so entrenched in heteronormative patterns of behaviour, (male as perpetrator, female as survivor) that relationship outside of this model are not easily identified by those receiving abuse. Abuse from family members and from other LGBT\* people are not perceived as domestic violence.

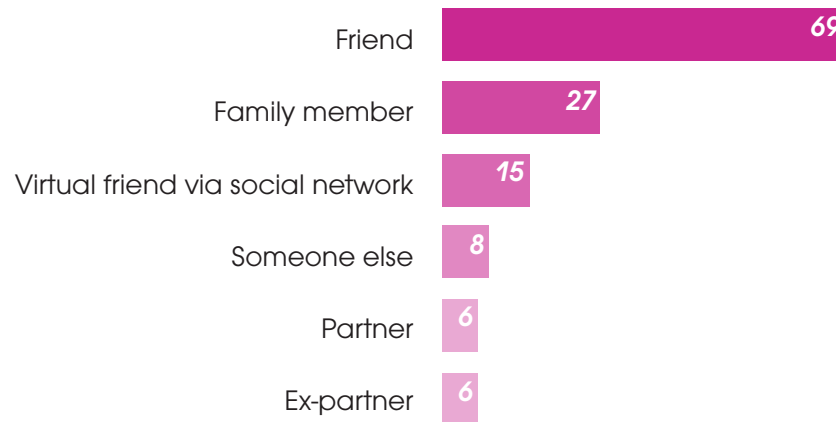
More work needs to be done to help people identify abusive patterns of behaviour and recognise that they are unacceptable.

**“ It did go to court but the judge didn’t believe me. He believed a psychopath over me. I still feel totally overwhelmed by the whole court experience. ”**

*An LGBT\* survivor*

## Survey findings: section 2

### Options for support



This section asked about the types of places survivors went to for support, advice, housing and protection via the courts/ or criminal justice services.

69 (78.41%) of respondents turned to friends for support.

27 (30.66%) of respondents turned to family.

15 (17.05%) turned to virtual friends / social networks.

Six respondent turned to a partner and a further six respondents turned to an ex-partner.

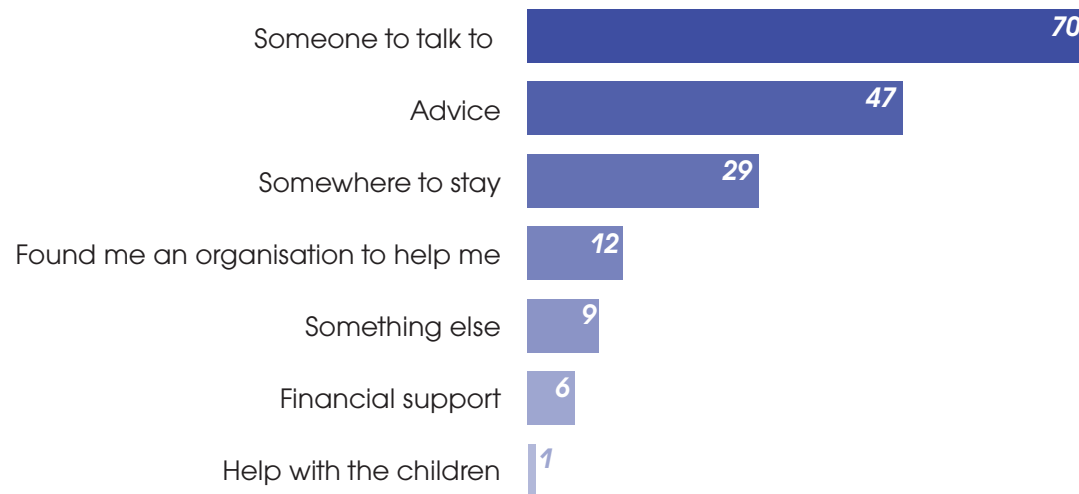
Comments included:

- No one;
- The abuser themselves.

*“ I turned to a domestic violence shelter that claims to take gay men, I entered only to be told after five days that they could not help me. I then became homeless.”  
An LGBT\* survivor*

## Alternative support systems

Those who turned to alternative support systems were asked to describe the help they received.



### Additional comments:

- They didn't help, they didn't know what to do;
- They spoke to my abuser on my behalf;
- Useless.

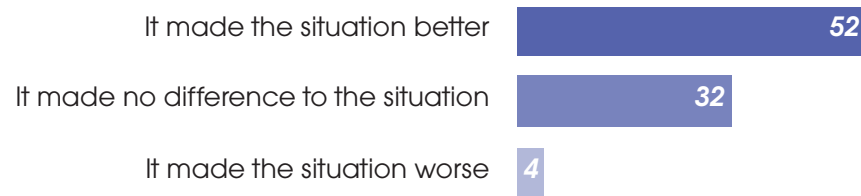
79.55% (70) of respondents said they turned to friend for someone to talk to.

53.41% (47) of respondents said they asked for advice.

32.95% (29) respondents said they asked for somewhere to stay.

## Survey findings: section 2

### Do alternative support systems work?



#### Comments included

- No help was given;
- I got the support I needed at the time which was good;
- Peer to peer support can work when people are able to be non-judgemental, and talk from positions where they hold correct advice. If a friend gets it wrong, the consequences can be devastating and counter-productive. This particularly at a time when leaving an abuser is high risk;
- It helped me to leave the situation, but before that things got worse and the threat of violence and seriousness of violence increased

#### Overview

Relying on untrained individuals for advice around LGBT\* domestic abuse is a high risk strategy.

1. The quality of the information distributed might not be up to date or might be incorrect and poor quality advice might increase risk for the survivor

2. Information relating to a survivors' safety planning might reach the perpetrator via third parties/ friends/community especially if the survivor is moving in a small geographical location, community or scene.

3. The advice given might increase risk of harm towards the peer advocate

Bearing these risks in mind, friends, family and support networks are the most trusted and requested form of advice and support for LGBT\* people. The challenge will be to develop services that are equally trusted.

Building knowledge within the LGBT\* communities about supporting survivors of domestic abuse would give the opportunity to support survivors, but also help support the expectation within LGBT\* communities that abuse within our relationships is not acceptable.

## Survey findings: section 3

### About the available service provision

42 respondents told us that they had requested support from organisations. Of that number, 38 respondents answered this section of the survey. This is a very small sample and should not be seen as a full picture of service provision.

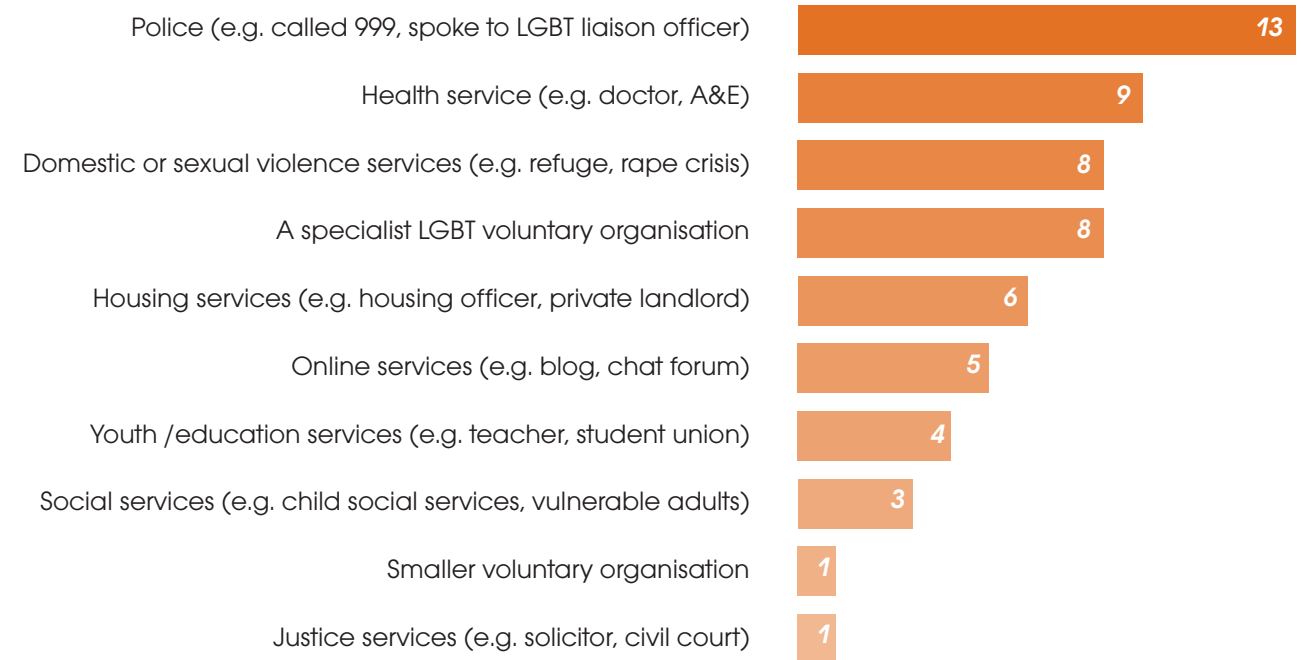
Good practice was highlighted, as well as very poor practice. There is clearly an inconsistency of service delivery, which is a cause of concern.

33 people gave feedback about services they had experienced within a five year period.

Five people also contributed their experience of accessing services over five years ago.

Direct comments about current service delivery are not included in this section as we recognise that services may have significantly changed within this time frame.

### The services that were contacted by respondents



34 respondents actually made contact with services.

Most people attempted to contact between two to five organisations.

A total of 58 organisations were contacted.

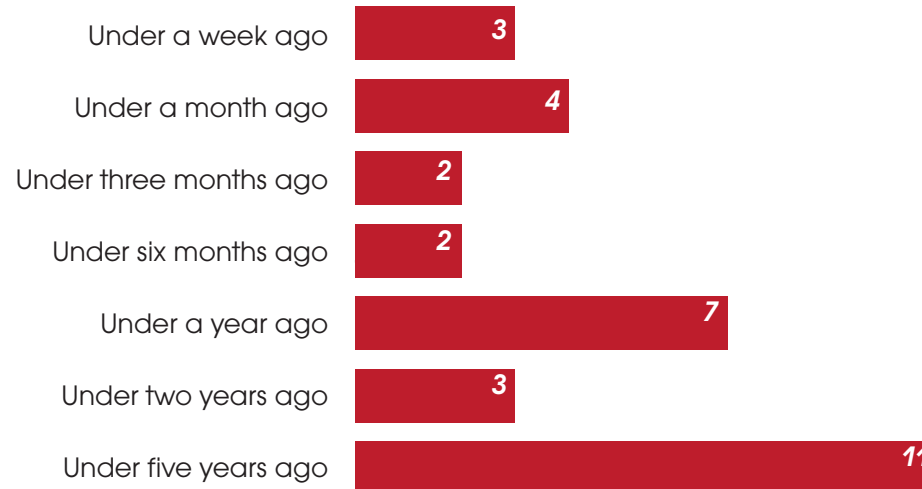
## Survey findings: section 3

### Which services did respondents turn to?

We asked respondents to specify which services or organisations their comments referred to. We received 33 comments in this section. Services and organisations mentioned specifically included:

- adult social services
- courts
- CPS
- doctors / GPs
- DVA organisations,
- domestic violence centres
- generic housing providers
- generic voluntary sector organisations
- hostels
- lawyers
- LGBT\* help-lines
- online help
- police
- religious support groups
- sexual assault support services
- specialist LGBT\* services
- therapists
- union reps
- university counselling services
- victim support agencies
- women's counselling services.

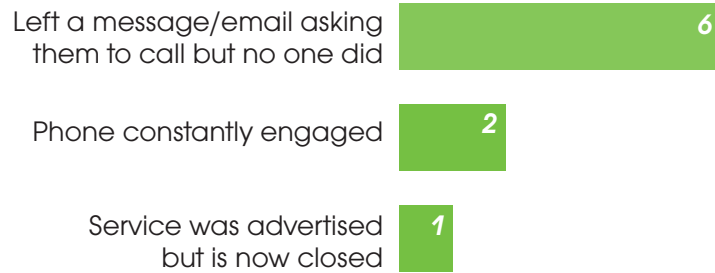
### When was the last time you tried to make contact with them?



### Was contact actually made?



**If no contact was made, what happened?**



*“They were unhelpful, didn’t bother sorting out extra home care as said my then-partner should be providing it, and no extra care when he left me when I was dangerously ill.”*  
An LGBT\* survivor

**Overview**

The majority of survivors did manage to make contact (34 respondents).

Five other people said that they had left messages but no one had returned their call.

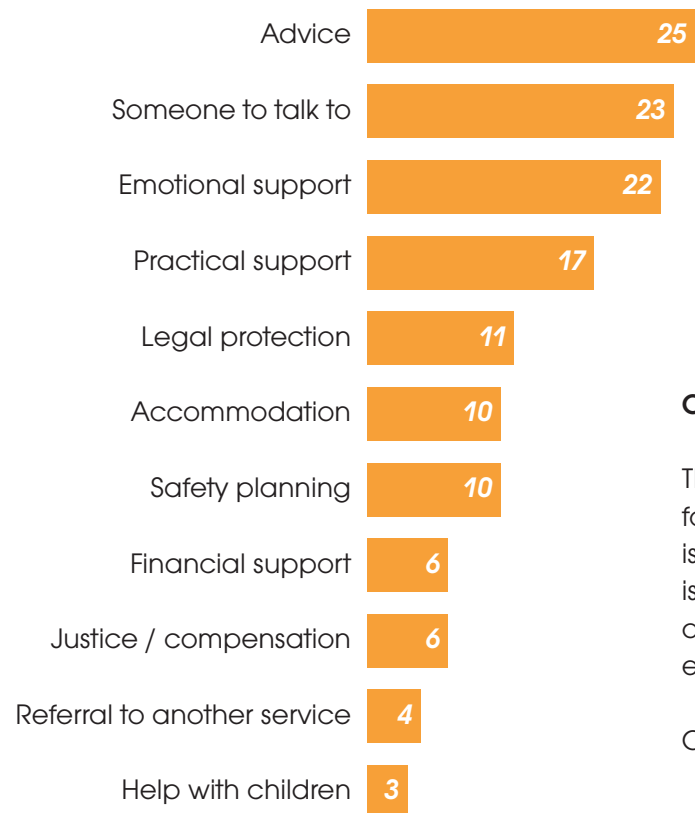
Ten respondents did not get the help the requested.

One person said that the phone of the agency they were trying to contact was constantly engaged.

Three clients had waited over three months.

## Survey findings: section 3

### The support that was requested



### Overview

The most common request was for advice, followed by support and someone to talk to. This is not unexpected as a common form of control is to isolate a survivor from friends and family and restricting contact to outside influences, for example, education or employment.

Comments included:

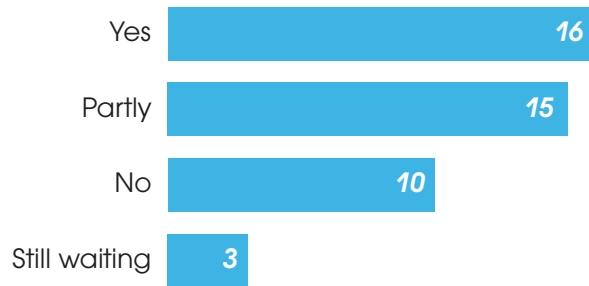
- Religious support;
- Medical help;
- Removal of partner;
- Homecare due to disability;
- Emergency services.

“After complaining the next day that nobody came to me when I was being beaten and called 999, they did a full investigation and thoroughly apologised. The next time I called 999 it took them seven hours to arrive after which the damage was done and my abuser fled. I feel this was because it was a lesbian relationship and if it were a man beating me they would have been there immediately. After realising my partner at the time had actually been in prison for stabbing her ex, they then put me on emergency response and gave me a domestic violence team who were excellent and came over to visit me and sent police cars to patrol the area but I had to make a fuss and explain how dangerous she was.”



**“ They didn’t believe me and relayed all my confidential information back to my abusive mum and step dad (resulting in me getting beaten up again). ”**  
An LGBT\* survivor

### Was help given?



### Overview

16 survivors receive the support they requested.

15 survivors received part of the support they requested.

10 survivors did not receive the support they requested.

Three survivors are still waiting.

## Survey findings: section 3

Why was help not delivered



Of those who did not receive support or received only partial support, we asked a supplementary question; why were the services unable to help in full? Comments here are more revealing than statistics, due to the small sample.

Additional comments:

- By process of elimination, I know I am excluded because of my gender;
- They were just there to listen;
- I'm still waiting for a British Sign Language interpreter;
- CPS refused to take action. Photographic evidence of injuries was available from the

police but they made the decision before the pictures were taken. Police provided security equipment to me;

- After dialling 999 they never arrived;
- I was offered time-limited counselling. My last session was the day after my partner hit me for the first time;
- The advice offered was to call the police, but he was released quickly and no further action was taken;
- They were not able to help and suggested that I should contact the council in writing;
- No services for men;
- I've been waiting for extra home care promised to me eight months ago but they never provided it or responded to my calls.

### Respondents who had contact with services

We asked respondents who had contact with services to rate them on a scale using the following criteria:

Very helpful

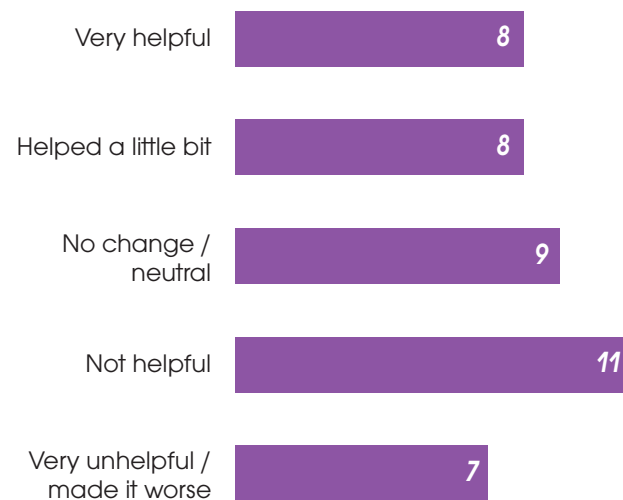
Helped a little bit

No change/neutral

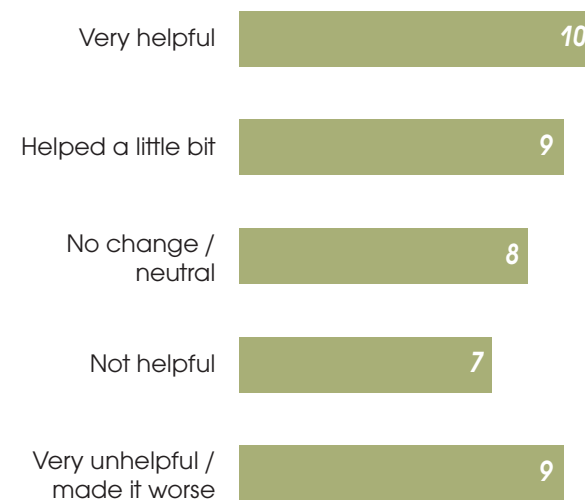
Not helpful

Very unhelpful/made it worse

### Was the service helpful in improving your safety?



### Was the service helpful in improving your health and well being?

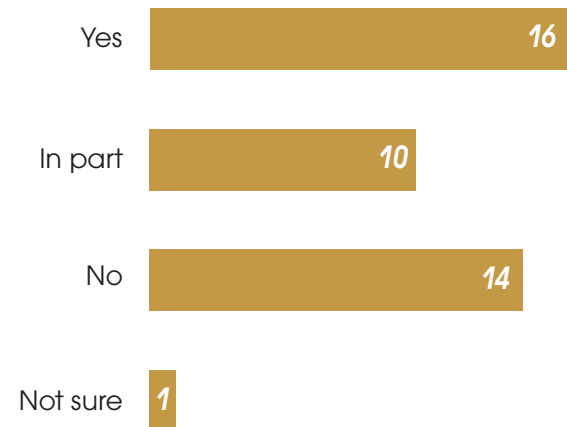


**“ They had no specific LGBT\* services and were unable to find any. ”**

*An LGBT\* survivor*

### Survey findings: section 3

Was the service delivered in a supportive, professional manner, taking into consideration all your needs?

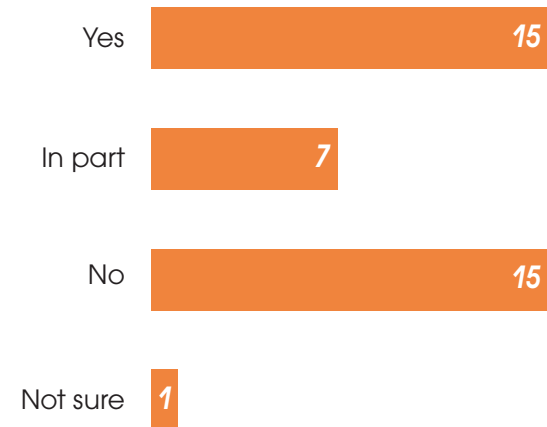


Comments included:

- They were not able to offer longer term support;
- Police took the side of my ex-partner;
- I am so grateful.

### Service understanding of LGBT\* domestic abuse

Did the staff appear to understand your needs as someone who had experienced domestic abuse?



Comments included:

- They dismissed it;
- Even laughed at me in the police car. I quote "is that a girl or boy";
- Did the staff appear to understand your needs in terms of gender identity and sexuality?

### Did the service understand your needs in terms of sexuality/gender identity

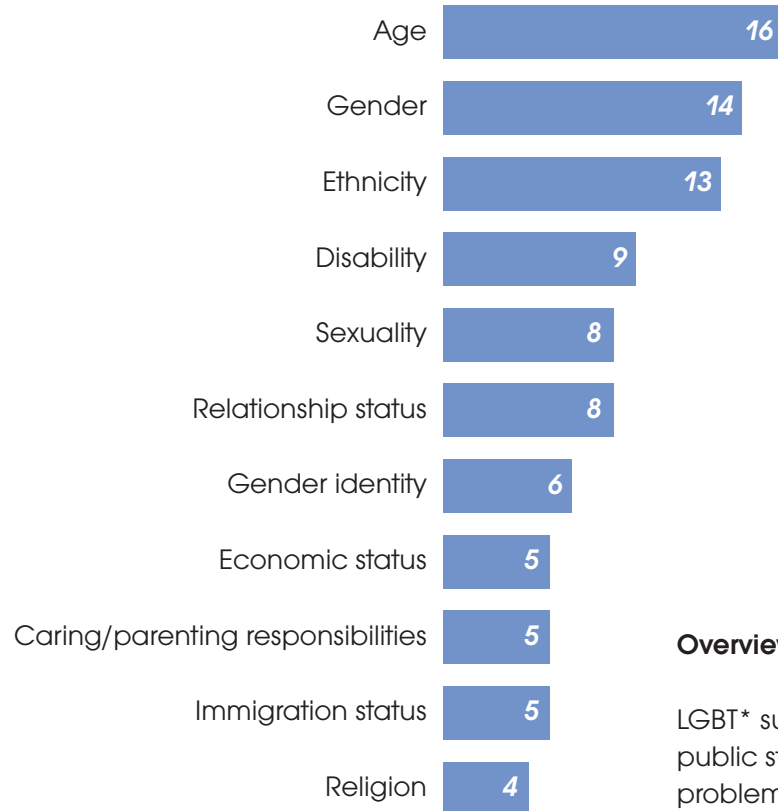


Comments included:

- I did not discuss my sexuality at the time.
- The staff were concerned about being able to provide help to me as an LGBT\* survivor, and I feel didn't really understand the difference this made.
- I didn't mention it as it wasn't relevant.
- She was the first person to use my female gender
- I was too scared to discuss it
- I didn't dare come out to them, they were already hostile enough.
- They asked for my Protected Information, including confidential medical history, and then unlawfully disclosed it to other people to generate prejudice and hatred and increase the discrimination against me.
- Not formally
- They asked if I wanted to join any life skills and I chose to come into groups that could help me with finances and parenting. They asked if I had any special accommodations for the meeting- but I don't have any.

## Survey findings: section 3

### Did they look at other characteristics?



### Overview

LGBT\* survivors of DVA do not easily fit into the public story of domestic violence. Part of the problem services and organisations face is a holistic view of a survivors experience and options available. Giving advice without taking a full assessment of need that includes all protected characteristics is problematic and leads to a misunderstanding of risk and need.

*“ She still tried to make contact with me, via social media, she’s from an Asian background, not isolated, saved from a forced marriage, so routed herself in the community, I didn’t want her to be forced into marriage. ”*

*An LGBT\* survivor*

## What services did well

Comments varied greatly from **the bad:**

- Nothing;
- Referred me to out-of-hours doctor when I was actively suicidal;
- Lie to me, pass the buck and go out of their way to do nothing;
- Allow me to suffer additional abuse for a further year or two and do nothing about it.

## To the good:

- They got someone round to change the locks within the hour, which made me feel a lot better;
- They listened;
- They gave me a place to stay which was good because I could get away from him;
- Trained mental health professionals actually knew how to counsel someone in distress. Compassionate, understood how unpleasant police and social services can be;
- Reassured me I could escape;
- They gave me a Crime Number which helped with my housing situation, and it helped when I needed time off work. I had proof;
- Handled everything perfectly;
- Listened gave me options to consider

- Offered me a safe space for a short while;
- Absolutely everything;
- Counselling really helped me re-think the issues and gain more confidence and begin to get over past trauma;
- Talked, listened to me and took action;
- They believed me. They didn’t try to play down what happened. quick referral to specialist therapy. Quick prescription of drugs. Strong legal advice

## Survey findings: section 3

### What services need to improve on

Where comments were not constructive, the case histories reveal a history of poor service provision. Comments demonstrate a lack of trust:

- How can they improve when there are transphobic officers on the police force?
- ... I'm going to become homeless unless the housing will rehouse me but they have already told I'm not a priority;
- Better housing options;
- They had no-one else to refer me to for longer term support;
- Bullying. Dishonesty. Failure to communicate. Failure to listen to medical advice.

Most comments were constructive. LGBT\* survivors want more services and for the quality of those services to improve.

- Confidentiality, respect and report and act on abuse occurring to children below 16!
- More training on same sex violence;
- Take lesbian domestic violence more seriously;
- More knowledge / training for staff on LGBT\* issues, LGBT\* specific resources?

- Communication, compassion, empathy;
- Be realistic about what would happen;
- Having similar services in all big cities;
- Recognition of domestic and hate crime in same-sex couples not just mainstream opposite sex couples;
- Their listening skills;
- Physical access to the advice venues. I had to climb up a rickety staircase on the outside of the building in the rain. (comment from a person with mobility issues);
- More sympathetic, less professional;
- Taking stalking seriously. Keeping in contact instead of taking a month to do so;
- Taking rape seriously. Stopping blaming the victim - I was seriously ill when raped by a man twice my size, but they said it didn't count as it was partner rape;
- Understanding Stockholm Syndrome and why people don't leave abusers immediately;
- They could stop making so many assumptions. They could turn up when they said they would. They could let me speak to the same person more than once.



**We also asked for final words from survivors about services they came into contact with**

Comments were mixed and included positive experiences:

- They were excellent after realizing the severity of the abuse;
- I have my life back. :)
- I thought they wouldn't take me seriously. I thought they wouldn't believe that I was bisexual, and that my sexuality had influenced how my partner had treated me. I was happily surprised that they treated me well, and that they had details for a black women's self-help organisation xxx

They also revealed negative experience and poor practice:

- Mostly good, but a few wouldn't really talk and left me feeling like I was talking to a brick wall;
- Their actions (or lack of) are still affecting my life;
- My counsellor tried to work out 'why' I was gay!
- I have had multiple acts of abuse perpetrated on me, from inappropriate comments to violence and sexual assault. In general the attitude to trans people from a

variety of organisations is utter indifference to our needs and our legal rights. I am constantly challenging organisations, the latest being xxx who have breached The GRA. The problem is endemic in society and Governments need to do something or it will continue unabated;

- The Police made me feel even more vulnerable. They said they would be at my home, when my abusive partner came to collect his things and move out. They didn't turn up, but phoned four hours later to ask if I still needed help. By that time he had come and gone (after making me feel really bad);
- They are still sending me routine letters and correspondence with my abusive partner's name on it, even though I changed my tenancy agreement right after I reported things to the police. That makes me upset.

**“ My protected information continues to be unlawfully disclosed by (the religious group mentioned), which prolongs my exclusion and increases my anxiety and depression. ”**

*An LGBT\* survivor*

## Survey findings: section 3

### Overview

The statistical information should not be the focus of this section as the number of respondents was small, but individual comments highlight some of the inequalities LGBT\* survivors experience.

Only 19 out of 134 respondents said that they found a service that was either helpful or very helpful.

Many LGBT\* survivors have been let down when trying to access services. Many had received poor assessments, advice, and unhelpful support.

Given the poor service that survivors have told us about, it is not surprising that most survivors did not present at services to ask for help.

Word of mouth experiences of poor service frequently circulate in LGBT\* communities. LGBT\* survivors will only turn to organisations they trust. If there is not a trusted organisation, survivors will turn to friends or family (even if they do not have the expertise to assist them).

It is no wonder that some survivors turn to their abusers for “help”.

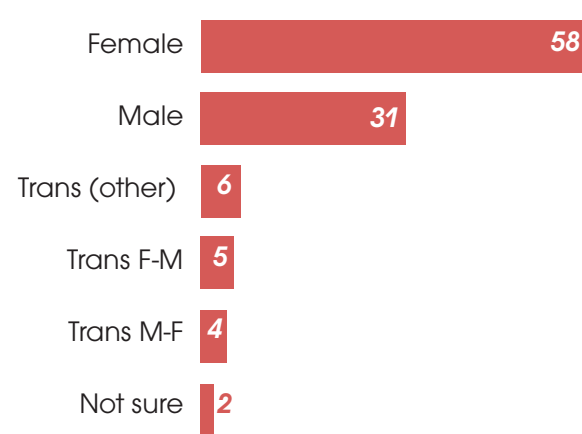
Poor reporting of LGBT\* domestic abuse does not mean that LGBT\* people are not experiencing domestic abuse. Quite the contrary. It means that the service delivery is substandard or unavailable

**“ Although I stated we were both bisexual, as I was female and he male I was informed I could not be helped. ”**

*An LGBT\* survivor*

## Survey findings: section 4

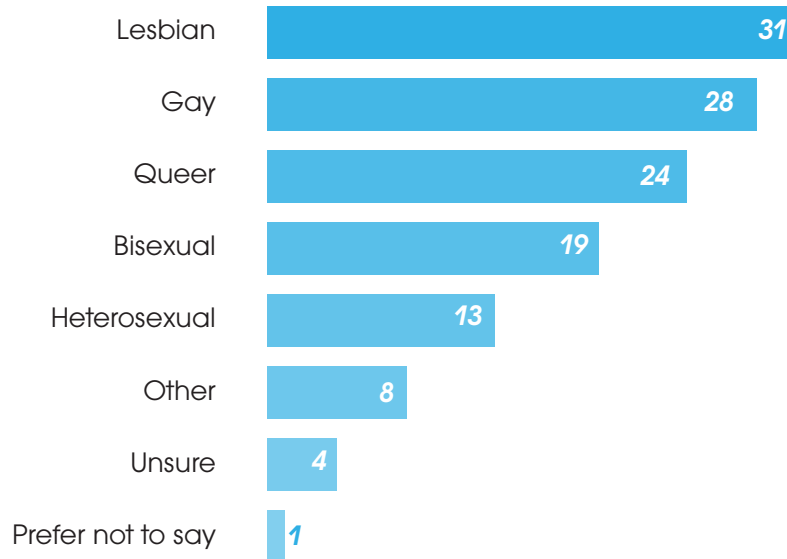
### Gender



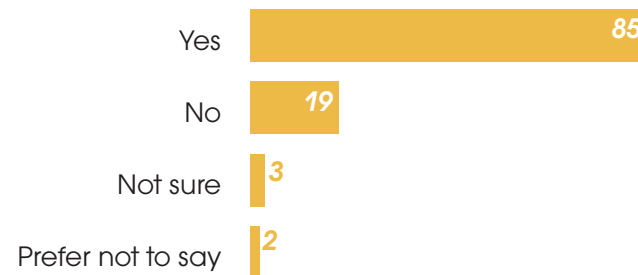
Comments included:

- Gender Queer;
- Androgyne;
- Femme drag King;
- Femme.

### Sexuality

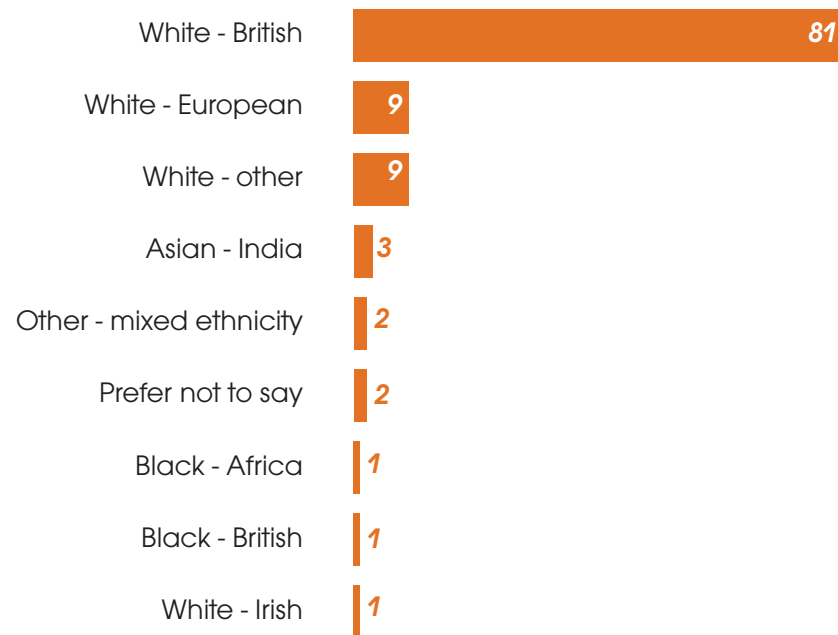


### Gender same as assigned at birth?



## Survey findings: section 4

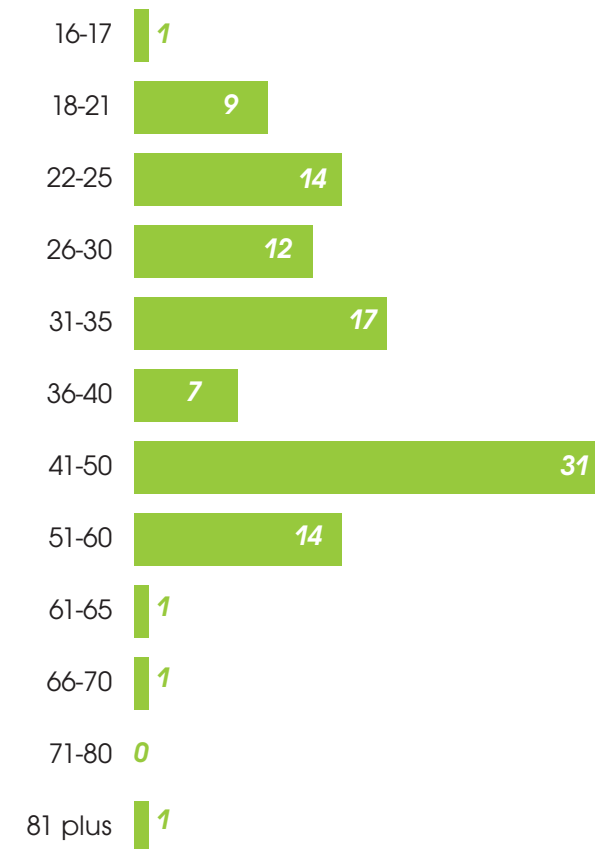
### Ethnicity



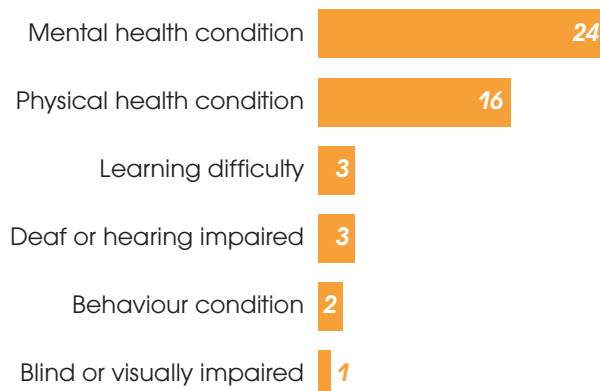
Comments included:

- Caribbean/White;
- Cornish;
- Ethnically Jewish.

### Age



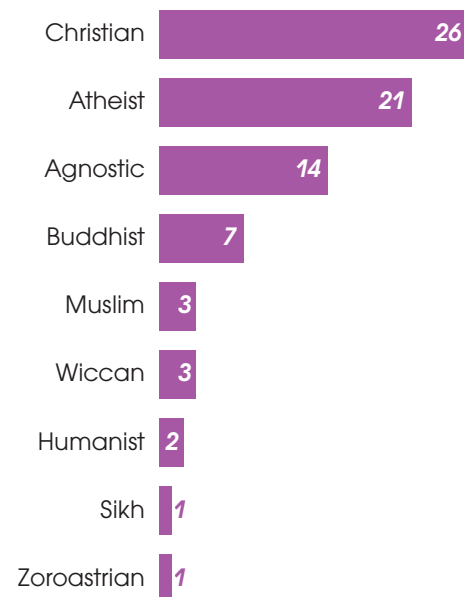
## Disabled



### Comments included:

- Depression;
- Long term illness;
- Multipul disability, severely affected;
- Severe.

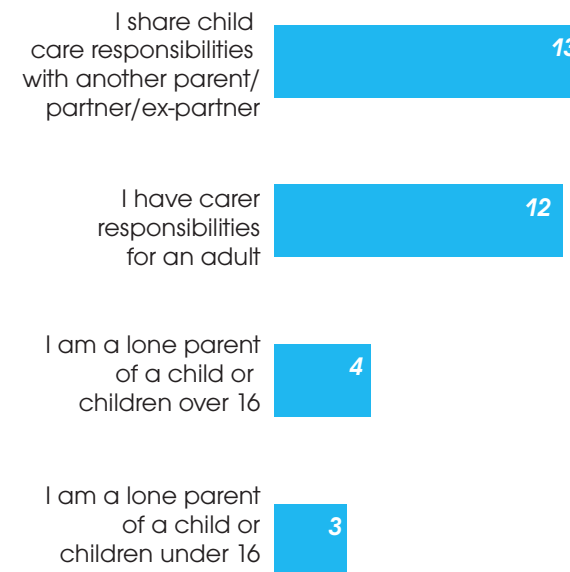
## Religion or belief system



### Comments Included

- Unitarian Universalist;
- Pagan;
- Druid;
- Methodist;
- Spiritualist;
- Quakerism.

## Children / caring responsibilities



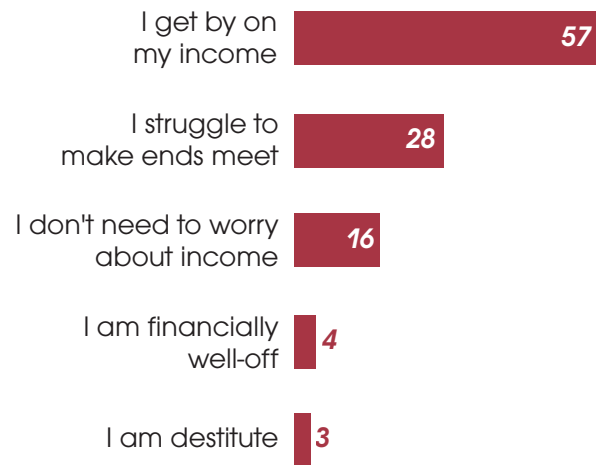
Note that 70 respondents did not have any children or carer responsibilities.

### Comments included:

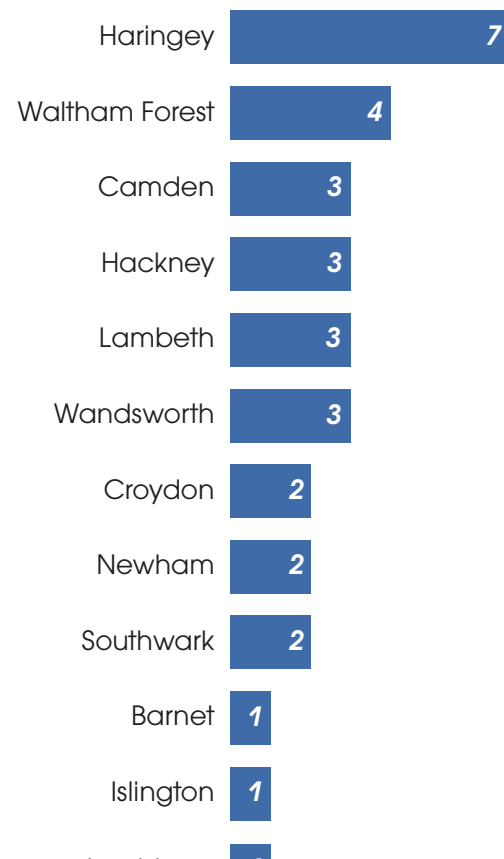
- I have children who are now adults.

## Survey findings: section 4

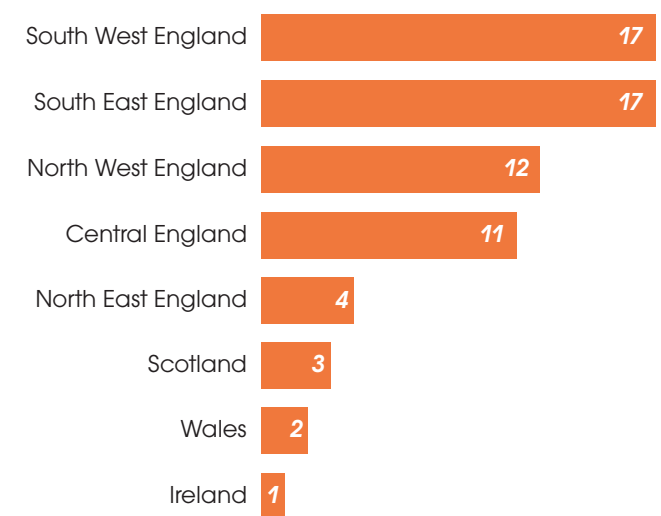
### Financial situation



### London borough



### Outside London



## Overview

Respondents noted that some questions were asked routinely: for example, age, gender, ethnicity but other protected characteristics were not asked. Gender was asked but not a supplementary question about gender identity, which is more informative as this type of question phrasing identifies those with trans history who now identify as another gender. Of the 24 respondents who answered these questions, only eight respondents were asked questions about sexuality and only six respondents were asked questions about gender identity.

This lack of data capture is a major concern for two reasons:

1. It is impossible to gauge risk and need without obtaining a full set of client circumstances and support needs. A service cannot be deemed to provide “safe”, services for all survivors of domestic abuse unless they incorporate basic monitoring questions into their referral process.
2. Invisibility within data is a major reason why specialist posts are not funded, as commissioners base funding decisions on evidence of need. If local, regional and national services fail to ask monitoring

questions, evidence of need is unlikely to be forthcoming.

Some respondents identified as having many protected characteristics. Those who identified as LGBT\* and also identified as having a disability received extremely poor levels of service:

- the worker kept on bullying me when my partner was around, saying he should be my full-time carer. He didn't pick up on signs of abuse. It was not helpful when I explained I had severed all ties to family due to child abuse. (The service) mainly wanted someone else to do their job, no matter how abusive;
- I have been left with PTSD, partly as a result of the bullying I experienced from social services, including suicidal ideation and a suicide attempt. I still don't get enough home care to wash every day or eat when I need to, and am almost entirely housebound. I have suffered homophobia and transphobia from my support workers but they don't bother to deal with it.

Likewise, those who identified as previously receiving support from religious communities also faced specific problems:

- My Protected Information continues to be unlawfully disclosed by the (religious community) which is prolonging my exclusion and increases my anxiety and depression.

LGBT\* people do not only identify in terms of their sexuality, or their gender identity. They may, for example, also identify as a particular race, class, faith, gender, age or as a carer of an adult or child. No one factor can be assumed to take priority over another. LGBT\* people's identities are as complex as cisgender/heterosexual people. Understanding that all survivors come forward with a unique set of circumstances is the first step to being able to gauge risk and offer appropriate advice, help and support.

## Last words

We also asked for final comments.

Please note: where details might indicate a specific area, service, location or unusual set of circumstances, these also have been anonymised to ensure that survivor's confidentiality was not breached.

- Being LGB is in general nothing compared to being transsexual - If anyone wants to know what abuse means try being me or someone like me;
- Many years after incidents I sought support from (a service supporting survivors of sexual violence). It was supportive but I have faced questions about whether my orientation is a result of past trauma;
- At the time, I didn't know that organisations like (an LGBT\* housing service), along with (a national helpline) and (an LGBT\* support organisation) existed, but it's a relief even now to know that support is there for others who may be suffering abuse. Your efforts to investigate also, that helps to heal;
- Most of what has happened to me has not directly been related to my being LGBT\* in terms of services accessed. However, my mother and the partner who raped me treated me badly because of my sexuality, and I have encountered

two extremely homophobic doctors and two support workers;

- I've experienced biphobia from many so-called LGBT\* organisations. I was really worried that (a national helpline) were going to be the same, but they were fantastic!
- After so long you get used to it;
- Unless you've been through it, no one can understand how one person can put another person in such a dark place;
- It is important we are heard and that we begin to understand the extent of domestic abuse in LGBT\* relationships

***“ I went to make a police report after last incident, an oral rape, by my partner. After being assured no further action would be taken by police without contact, officers arrived at my home without warning, took myself and my partner to separate stations, and left me in a room without food, drink or contact with anyone except officers for 12 hours, including twice by a male police officer You imagine when the police. ”***

*An LGBT\* survivor*



## Recommendations

### 1. Research, definitions and language

There are many gaps evident from this research that still need answers. For services to be effective at offering meaningful survivor focused outcomes, we need to have an understanding of how those outcomes change when dealing with the differences within lesbian, gay, bisexual and trans spectrum (LGBT\*) communities. Further research is needed to:

- clarify what LGBT\* people mean by the terms “family” “domestic” and “intimate relationships”;
- identify additional needs of LGBT\* people with disabilities, especially when a carer is also an abuser;
- identify additional needs of LGBT\* survivors in relation to the family, civil and criminal justice systems.

Many of the issues identified by survivors relate to the disclosure of information regarding sexuality or gender identity. The issue of “identity abuse” should be included in the government definition of domestic violence and feature in all risk and needs assessments as a standard across all sectors.

Violence Against Women and Girls (VAWG) and LGBT\* sectors: Policy writers and makers need to incorporate the links between gender violence and hate crime experienced by LGBT\* survivors. Strategies that identify violence against women and girls need to address homo/bi/trans hate crime and LGBT\* DVA and suggest targets and outcomes to end violence against LGBT\* people within the VAWG strategy.

### 2. Current services

*Training:* When LGBT\* survivors ask for help, services should be up to speed on how to assess risk and need. All frontline services should receive tailored and comprehensive training regarding LGBT\* domestic abuse. Training should include how to engage with diverse LGBT\* communities. For larger organisations; for example, the police, criminal justice, health, social services. LGBT\* domestic abuse elements should be included within basic training and given as refresher courses to established staff members. Tailored specialist packages should be developed within all disciplines that are survivor-focused by nature.

*Monitoring* questions in all services should include sexuality, gender and gender identity and should be a reporting requirement. Training on how and when to ask these questions and about assumptions around sex and gender should be included in tailored training packages. All service provision should be person-centred, recognising different and intersectional needs of survivors.

*Trust:* LGBT\* survivors are more likely to turn to a service that they trust. Developing a national LGBT\* quality mark for service delivery should be prioritised. This should be linked to staff training and only be awarded to a service once all frontline staff have received training.

*Routes to safety:* A national directory identifying pathways to safety should be created that includes local and regional service provision.

*Specialist LGBT\* services:* This should be an online resource that is kept up to date and used to identify gaps in service provision.

### 3. Specific services

*Early intervention:* The effects of delaying intervention have long term consequences for the survivor but also for society as a whole. Domestic violence escalates in terms of frequency and severity. It needs to be recognised that all risk groups have the potential to become high risk in nature. The focus to prioritise those who are high risk needs to be reviewed and a cost benefit analysis for early intervention work when supporting LGBT\* survivors should be commissioned.

*Community awareness:* There should be a national campaign targeted at different sectors of LGBT\* communities to increase the debate and knowledge within LGBT\* communities about good relationships. This should also include an LGBT\* teenage relationships campaign in line with the new age criteria for domestic violence and abuse (DVA) with this issue integrated within secondary schools' core curriculum.

*Diversity:* Services should develop inclusive working practices and build links with specialist BME and refugee and new migrant organisations. This should include in new partnership developments. Trans\* service

provision should be commissioned in partnership with trans services. Reciprocal training initiatives should be encouraged to share best practice amongst sectors with different expertise to celebrate difference.

*New services:* There are wide gaps in service provision in the UK. More LGBT\* specific services need to be commissioned. Where this is not possible, LGBT\* specific posts within generic services need to be commissioned to work with local LGBT\* forums/services/community hubs to build knowledge within the LGBT\* communities about DVA.

*LGBT\* experts:* LGBT\* survivors need to be recognised as the experts in LGBT\* domestic abuse. Their expertise should be rewarded. A pilot peer-to-peer LGBT\* advocacy service should be commissioned, that builds on community networks, links and specialist services. This project should be survivor-led and survivors offered full support to develop leadership skills in the sector.

Specific service provision and training should be commissioned to support survivors of sexual abuse who identify as LGBT\*. Trans\* survivors of

sexual violence experience additional barriers to reporting and service provision should be commissioned partnership with trans\* community groups or expertise.

*Second-tier support:* For LGBT Domestic Abuse Forum to continue to hold information sharing events, workshops, conferences to increase knowledge of best practice. This project is currently London-based but there is clearly a need for this work to expand to become a national network.

## Thank you

This report and recommendations would not have been possible without the support and commitment of our advisory group, conference volunteers, delegates, supporters, workshop leaders from IMKAAN and Galop, speakers, our design team, all staff at Stonewall Housing and our funders, Trust for London.

Specifically Bob Green; Catherine Bewley; Davina James-Hanman; Dorett Jones; Hamish McDonald; Harri Cole Weeks; Hannaan Baig; Honore Harelimana; Hussina Raja; Joanie Evans; Lia Latchford; Luke Martin; Jo Gate-Eastley; Maria Sookias; Peter Kelly; Peter Tatchell; Sarah Golightley; Sioned Churchill; Steph Moran; Susan Green; Tina Wathern; Hamida Yusufzia

We would like to extend our thanks to Broken Rainbow, Galop, Mens Advice Line, National Domestic Violence Helpline, Rape Crisis, Press for Change, Stonewall Housing and Survivors UK who offered support to survey respondents. Support at the conference was kindly provided by Jo Gate-Eastley via PACE.

Most importantly, we would like to thank those LGBT\* survivors of domestic violence and abuse who took part in the Roar survey. Without their honesty, courage and testimony, we would not have been able to produce this report or make the recommendations to improve services in the future.

For further information about this report, or about our work, please contact [www.stonewallhousing.org](http://www.stonewallhousing.org) or [www.lgbtdaf.org](http://www.lgbtdaf.org)