The Coral Project: Exploring Abusive Behaviours in Lesbian, Gay, Bisexual and/or Transgender Relationships

Interim Report

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1. INTRODUCTION

This is a report on the interim findings from the first UK study exploring the abusive behaviours of lesbian, gay, bisexual and/or trans (LGB and/or T) people in their intimate relationships. Whether domestic violence and abuse (DVA) occurs in LGB and/or T relationships is no longer in question. In response to the research and activism about this issue, the UK government’s Home Office definition recognises that DVA can occur in intimate relationships ‘regardless of gender or sexuality’.¹ In 1994, the Criminal Justice and Public Order Act was amended to recognise that men can be raped (by men), while the Domestic Violence, Crime and Victims Act 2004 specifically includes victims/survivors of domestic violence and abuse in same-sex relationships in measures to protect them such as restraining orders and non-molestation orders.

The Coalition Government’s Violence Against Women and Girls (VAWG) 2011 Action Plan (Home Office, 2011) adopts the United Nations’ framework focussing on the risks that women and girls face of being victimised by domestic and sexual violence, stalking, forced marriage, ‘honour’ based violence and female genital mutilation. Although being female is identified as the highest risk factor for experiencing violence, the action plan also recognises that ‘age, disability, ethnicity, religion, sexual orientation and culture also play a role’ (Home Office, 2011: 6), in addition to acknowledging male victims of domestic and sexual violence and abuse (Home Office, 2011:2).

Legal recognition has coincided with the development of specialist services for LGB and/or T victims/survivors across the UK², while Coordinated Action Against Domestic Abuse has provided specific guidance on improvements that mainstream services could make regarding referral rates of LGB and/or T victims/survivors to multi-agency risk assessment conferences (MARACs) (CAADA, 2013).

In summary, there is recognition in both law and national policy that LGB and/or T people can be victims/survivors of domestic and sexual violence and abuse and some measures have been taken to provide appropriate services and legal measures in response to their needs.³

¹ In this research the Home Office definition of domestic violence and abuse was adopted: https://www.gov.uk/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition
² See appendix for a list of national organisations providing services for victim/survivors and/or perpetrators who are LGB and/or T.
³ Help-seeking remains a challenge since LGB and/or T victim/survivors are rarely visible in mainstream (e.g. police) or specialist domestic violence services (Donovan and Hester, 2014; Stonewall Housing, 2013; Hester et al, 2012; Roch et al, 2010); and LGBT referrals to MARACs remain disproportionately low (CAADA, 2013). The work of Harding (2014) on gay male homicide also suggests that often the police are unable to recognise the nature of gay sexual relationships in order to name the murder of some gay men as domestic homicide.
1.1 Where are the abusive partners from LGB and/or T relationships?

Given this growing awareness about the existence and needs of LGB and/or T victims/survivors, it is increasingly obvious that there remains a gap in knowledge, policy and practice with respect to those who are abusive in LGB and/or T relationships. Yet, one of the four foci of work in the Coalition Government’s VAWG strategy as set out in the 2011 Action Plan is ‘Justice Outcomes and Risk Reduction’ within which is included work to rehabilitate perpetrators of domestic violence (Home Office, 2011). It is this agenda that the Coral Project addressed.

One of the methodological challenges for this work is that LGB and/or T perpetrators of domestic violence and abuse (DVA) appear only very rarely in the criminal justice system; and there are very few opportunities for them to enter existing voluntary perpetrator interventions. In order to conduct this research, the approach was taken to invite participants from the general population of LGB and/or T people to take part in a research project exploring ‘what you do when things go wrong’ in their relationships.

Unlike research on heterosexual male perpetrators of domestic violence and abuse (DVA), therefore, this research is unique in its attempt to engage with people who might have been abusive in their relationships. Because of this the term ‘abusive’ appears in inverted commas to signify that focussing on behaviours (or incidents) is insufficient to make sense of what has happened in any particular relationship: context, motives and impact are all required to provide a fuller picture of the relationship before it can be defined as domestically violent and abusive. To our knowledge, no such research has been conducted with heterosexual samples in the UK or elsewhere, thus this research is a first in its exploration of behaviours in intimate relationships outside of clinical, criminal justice system or other victim/survivor or perpetrator intervention samples. In order to present the project in such a way as to be sensitive to the complexity of the issues involved, it was named the Coral Project.

1.2 Project Aims

The aims of the project were:

- to explore similarities and differences across sexuality and gender of those who enact ‘abusive’ behaviours in LGB and/or T and heterosexual relationships;
- to do this with those who have enacted ‘abusive’ behaviours as well as practitioners who provide interventions for predominantly heterosexual male perpetrators;
- to explore what methods might work best to elicit data to address these aims;
- and to share key findings with key stakeholders to develop best practice guidance for work with those who use ‘abusive’ behaviours in LGB and/or T relationships.

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4 Coral is a precious stone believed to guard against violence and restore harmony.
The research was conducted between October 2012 and September 2014 and funded by the Economic and Social Research Council. A steering group provided advice and feedback throughout the project and included: Respect, The Dyn Project (Safer Wales), Scottish Transgender Alliance, LGBT Youth Scotland, the North East Domestic Abuse Project (Victim Support), Broken Rainbow, National Offender Management Service, Equation, and Professor Nicole Westmarland from Durham University.

1.3 What is known about abusive partners in LGB and/or T relationships?

What little research that has been conducted on abusive LGB and/or T partners in intimate relationships is North American and comes from three key sources:

- Counselling/therapeutic practitioners discussing observations of, and sometimes research conducted within, their practice – often with recognised LGB and/or T perpetrators (e.g. Coleman, 2002) receiving voluntary (e.g. counselling/therapy) or court-mandated interventions (e.g. perpetrator group programmes, see Farley, 1996). Given that most perpetrators of DVA will remain unknown to the criminal justice system or other counselling/therapeutic and other interventions, there are considerable limitations to what can be generalised from so-called ‘clinical’ samples of perpetrators to the much larger proportion of perpetrators in the general population of LGB and/or T people.

- Research exploring correlative factors of perpetration and victimisation in, typically, lesbian, gay and sometimes bisexual relationships (e.g. Waldner-Haugrud et al, 1997). Here there are problems because perpetration is defined inconsistently across different studies, making interpretation of findings difficult. For example, in their study of 335 respondents, Guadalupe-Diaz, and Barredo (2013) called anybody who had ticked one from a checklist of behaviours as a ‘perpetrator of same-sex IPV’ (intimate partner violence). Similarly, in their study of a self-selected sample of 117 gay and bisexual men, Oringher and Samuelson (2011) defined anybody who had ticked one from a checklist of behaviours (using the Conflict Tactics Scale5) a perpetrator and discussed anybody who had indicated both enacting at least one behaviour and experiencing one behaviour as an example of ‘bidirectional violence’. In neither of these studies is there discussion about context or motives for the violence enacted or experienced. As Burke and Follingstad (1999) argue in their review of nineteen studies exploring perpetration and victimisation in LGB relationships, without accounting for self-defensive behaviours (and, we would argue, retaliatory behaviours), studies are likely to inflate prevalence levels of perpetration.

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5 The Conflict Tactics Scale (see Straus, 2005) is a somewhat controversial tool used to ‘measure’ violence between ostensibly heterosexual couples which has been critiqued for not including any contextual or motivational factors (though in the second version measures of severity of injury have been included) so that self-defence and/or retaliation is ‘counted’ the same as controlling violence (e.g. Stark, 2007; see also Donovan and Hester, 2014).
Quantitative, psychologically based research exploring the relationships between ‘minority stress’ and DVA perpetration and victimisation (e.g. Carvalho et al, 2011; Mendoza, 2011; Balsam and Szymanski, 2005). ‘Minority stress’ is a North American term used to describe the harmful impacts on individuals of living as part of any minority group in society. It is a persuasive argument that living in a homophobic/biphobic and/or transphobic (henceforth homo/bi/transphobic) society might have a negative impact in people’s intimate relationships, especially when evidence suggests that LGB and/or T people experience higher levels of mental health problems, substance misuse and suicide/attempted suicide than their heterosexual counterparts (e.g. Hunt and Fish, 2008; Whittle et al, 2007). However, as Donovan and Hester (2014) have argued, these studies are problematic not least because of the inconsistencies in how ‘minority stress’ is defined in different studies, and because often the findings are of associations rather than causal relationships. In addition, whilst many LGB and/or T people experience ‘minority stress’, not all of them are abusive partners in their relationships.

Notwithstanding the above caveats, the research exploring ‘perpetration’ in lesbian, gay and bisexual relationships suggests relationships with three groups of factors that can be characterised as individual, social/structural and those associated with ‘minority stress’ (there is some overlap between these):

- Individual factors include historic experiences of childhood and/or adult abuse, substance use, mental health and/or psychopathology (e.g. McKenry et al, 2006);
- Social factors include exploration of how masculinity is expressed by men and women in their intimate relationships and how social class, including education and employment levels might impact on ‘abusive behaviour’ (e.g. Oringher and Samuelson, 2011; Te’llez Santaya and Walters, 2011);
- ‘Minority stress’ which focuses on how having adverse experiences because of having a minority sexual and gender identity affects intimate relationships; and how internalised homo/bi/transphobia may be associated with behaving abusively towards LGB and/or T partners (Edwards and Sylaska, 2013; Tigert, 2001).

The approach we take in the Coral Project is a sociological one involving recognition that a range of public stories (Jamieson, 1999) about adult intimate relationships, LGB and/or T lives, as well as DVA, circulate in society and that individuals and couples interact with these and draw on them to inform and make sense of their own beliefs, expectations and behaviours in their intimate lives (Jackson, 1993). Donovan and Hester (2011) have argued that there exists a public story about DVA that acts to prevent the recognition of DVA, by practitioners as well as those involved, not just in LGB and/or T relationships but in other relationships that do not ‘fit’ that story. The public story constructs DVA as a problem of heterosexual men for heterosexual women, a problem of physical violence and a problem of
gender presentation, i.e. that it is the bigger, ‘stronger’ man who is physically violent towards the smaller, ‘weaker’ woman.

At the same time there exist public stories about love and romance that position heterosexual women and men in unequal relationship to each other not only within an intimate relationship but during the courting or dating period and in relation to negotiating other aspects of day-to-day lives, for example in relation to employment, financial and other resources, and so on. Thus, the feminist argument is that it is power primarily based on gendered inequalities that underpins DVA in heterosexual relationships. This approach has relevance for understanding DVA in the relationships of LGB and/or T people. For example, Donovan and Hester (2014) have argued that there are similarities across gender and sexuality where abusive partners use practices of love to establish the rules of the relationship: that the relationship is for them and on their terms and that the victim/survivor is responsible for taking care of the abusive partner. They also found that gender was implicated in the kinds of abuse reported insofar as men in same-sex relationships were significantly more likely to report sexual and financial abuse whilst women, for example, were significantly more likely to say that they their experiences of abusive behaviours made them try harder to make the relationship work.

More recently, feminist theory about intersectionality and social positioning (Donovan and Hester, 2014; Crenshaw, 1989) within society have also pointed to the ways in which individuals’ multiple intersecting social identities (e.g. their gender, ‘race’, social class, disability, sexuality, faith), social positions and resulting social power impact on experiences and understandings of, and responses to, DVA, by both those involved in those relationships and by help-providers (both formal and informal). This means that assumptions about how social power operates in any particular relationship need questioning. For example, Donovan and Hester (2014) found that in addition to the vulnerability of being young, being newly out in a first same-sex relationship can position somebody as ‘young’, regardless of their chronological age, and thus vulnerable to being abused. In these relationships abusive partners can be seen to be relying on the social power accruing from their ‘experienced’ status (e.g. their assumed superior knowledge/experience of ‘what it’s like’ to be LGB and/or T and/or their established connections to LGB and/or T communities). In her work on the abusive behaviours of trans men, Smith (2011) talks about how the apparent social power of cisgendered partners in their first relationship with a trans partner was used by the abusive trans partner with accusations of transphobia or appeals to social justice in relation to societal transphobia to elicit guilt in the ciscendered partner.

Understanding that social power can be used in different ways at different times also means that, in the Coral Project, there is recognition that binaries of victim/perpetrator and power/powerlessness are not useful if used in static, fixed ways. Rather, it is more useful to recognise how power can shift and be perceived in different ways, especially by

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6 Having a gender identity which is consistent with the sex assigned at birth.
victims/survivors; and that, for example, an abusive partner in one relationship might be victimised in a different relationship (see also Ristock, 2002). Johnson (2006) also reminds us that violence and abuse takes different forms: intimate terrorism as a pattern of coercive, controlling domestic abuse, often including physical and sexual abuse, perpetrated primarily by one partner towards the other; violent resistance most often taking the form of physical violence used in self-defence or retaliation towards intimate terrorist perpetrators, which is typically ineffective in (re)gaining power and control; situational couple violence which occurs when conflicts escalate out of control and one or both partners uses physical violence, but without creating a climate of control or fear; and mutual violent control which involves both partners using violence and attempting to exert control in a relationship. This approach is crucial in developing appropriate practice skills in recognising patterns of behaviour and responding effectively to them.

Finally, as mentioned above, there has been a growing interest in the relationship between LGB and/or T people’s experiences of ‘minority stress’ and their use of abusive behaviours. There have been no studies in the UK context exploring this relationship, hence we made it an area of investigation for the Coral Project. However, we argue that ‘minority stress’ is a psychological term which individualises the impacts of living out a minority sexuality or gender identity. Instead, we favour a broader sociological understanding of how the ‘heterosexual assumption’ (Weeks et al, 2001) operates in society to assume that everyone is heterosexual and falls within the (heterosexual) male/female gender binary has multiple implications for LGB and/or T people’s social interactions, sense of safety and freedom, everyday relationship practices, and feelings about their sexuality and/or gender identity.

1.4 The Coral Project Research

In order to achieve the aims of the Coral Project a multi-method approach was chosen:

1. A UK-wide survey of LGB and/or T people and their experiences of intimate relationships (917 respondents, with 872 usable questionnaires);
2. Semi-structured, in-depth interviews with 36 volunteers from the survey (in total, 17 men (including one trans man), 15 of whom identified as gay, one bi, and one pansexual; and 19 women (including two trans women) 12 of whom identified as lesbian, one gay woman, three bisexual, two queer and/or pansexual and one asexual);
3. Interviews with twenty-three practitioners working on voluntary perpetrator programmes in the third sector (n=12); and with practitioners working on court-mandated programmes within probation or the prison service (n=11);
4. Eight focus groups with practitioners (n=53) working within sex and relationship education/support, youth work, working with men, probation, domestic violence

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7 In the following analysis not all totals add up to 872 as not every respondent answered every question.
sector, voluntary sector, LGBT counselling/therapy and generic relationship counselling/therapy.

The survey

A UK-wide community survey was decided on as the best method for reaching as wide a range of relationship experiences as possible given the difficulties presented in researching a hard-to-reach population about such sensitive issues. A random, representative sample is not possible to achieve within the population of those identifying as LGB and/or T. Our questionnaire was a modified form of the COHSAR questionnaire\(^8\) which makes it possible to draw comparisons between the two datasets, while the use of the same categories as the Office for National Statistics’ Crime Survey for England & Wales (CSEW) for certain questions also enables comparison.

As stated earlier, the survey was not overtly framed as a questionnaire about violence and abuse. Instead, its scope was much broader and enabled us to gather a rich data set about: relationship values and expectations; experiences of homo/bi/transphobia and hate crime; decision-making, causes of relationship conflict and conflict resolution; physical, emotional, financial and sexual behaviours used and/or experienced in same-sex, bisexual and/or trans relationships; impacts of behaviours experienced and motives for behaviours used; and experiences of help-seeking.

The survey was circulated to 200 LGBT groups, organisations and venues that expressed willingness to support and publicise the research. The research team also used social media, in particular Twitter, to advertise the survey. As the survey progressed, efforts were made to boost the participation of under-represented groups: people residing outside of England, Black and minority ethnic groups, parents and older LGB and/or T people. Hard copy questionnaires were also distributed but returns were negligible. Our initial target of 200 responses was achieved and surpassed.

A self-selected sample limits the representativeness of the survey data; nonetheless, the final sample was diverse across gender and sexuality identities and, considering the sensitivity of the topics covered, amongst the largest academic surveys of the LGBT population to have been conducted in the UK. The data were analysed using the statistical analysis software, IBM SPSS. This enabled production of descriptive statistics as well as more complex analyses which examined the relationships between two or more variables.

Follow-up qualitative interviews with survey respondents

The survey was also designed to act as a filter to help to select volunteers for follow-up interviews who had used ‘abusive’ behaviours in their same-sex, bisexual and/or trans

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\(^8\) COHSAR (COmparing Heterosexual and Same Sex Abuse Research) was developed for the first UK study comparing love and violence in same sex and heterosexual relationships (Donovan and Hester, 2014; McCary, Hester and Donovan, 2008).
relationships. Interviews explored: participants’ sexuality and gender identity and relationship history; their experiences of homo/bi/transphobia and hate crime; their key relationship(s) – characteristics, duration and reason for ending, equality, decision-making and conflict; their use and experience of physical, emotional, financial and/or sexual behaviours in previous relationships – including the contexts in which these were used, impacts and whether they were seen as abusive; their relationship values and expectations and perceptions of same-sex, bisexual and/or trans relationships; help-seeking for relationship issues and views about existing support for LGB and/or T individuals and relationships.

In addition, four vignettes were designed to open up discussion about how conflict and tensions might arise in relationships. These presented different relationship scenarios that participants were asked to read and give their opinion on, before being asked to comment on a list of possible abusive and non-abusive ways in which the partners in the scenario could have responded.

Whilst the demographic profile of the interview sample was comparable to that of the survey sample, the sample size and handpicking of participants who met the interview criteria mean that no claims to representativeness can be made. Nonetheless, the interview sample includes a broad range of perspectives and experiences which add richness and context to the survey data.

**Practitioner interviews**

In order to gauge current levels of provision for LGB and/or T perpetrators and the scope for either making existing perpetrator interventions LGBT-inclusive or developing new LGBT-specific interventions, semi-structured interviews were conducted with practitioners involved in the design and/or delivery of perpetrator interventions. All potential participants were advised that they were welcome to participate, regardless of whether they had experience of working with LGB and/or T clients, in order to encourage varied levels of experience with this population.

**Practitioner focus groups**

Our original intention had been to hold focus groups with groups of practitioners involved in designing and/or delivering perpetrator interventions to elicit their perspectives on the findings, explore whether accounts of LGB and/or T perpetrators mirrored or diverged from their work, primarily with heterosexual male perpetrators, and assess how the findings

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9 Ethical considerations and the safety of researchers in the field dictated who we would recruit to interview: only those aged 18 years and over were eligible and responses to the following questions were considered: behaviours used in current/last and/or previous same-sex, bisexual and/or trans relationships and motives for using them; methods of conflict resolution; identification by self or others of the respondent having issues with control, anger, jealousy and/or trust; experiences of help-seeking; and response to a ‘readiness to change’ question (based on Rollnick et al, 1992) which asked whether or not respondents felt that they needed to change their behaviour and/or had already taken steps to change.
might inform the development of appropriate interventions for LGB and/or T perpetrators. However, early findings revealed broader relationship concerns, a more complex range of relationship dynamics and use of ‘abusive’ behaviours than exclusively primary perpetrator or ‘intimate terrorist’ (Johnson, 2006) profiles. This, combined with the survey findings on help-seeking, led to a wider range of practitioner settings being included.

This diversification of the focus groups made it possible to explore firstly how different groups of practitioners perceive, make sense of and respond to abusive behaviour in LGB and/or T relationships; and secondly, the contribution that different groups of practitioners can make towards addressing potentially abusive same-sex, bisexual and/or transgender relationships. Focus groups were structured discussions of visual aids presenting some of the preliminary survey findings and selected interview case studies.

1.5 The Survey Sample

**Gender identity:** Questions about gender identity were asked in various ways to capture as much diversity as possible. More than half of the survey respondents were women (including trans women) (n=473, 54.2%), 355 (40.7%) were men (including trans men), and 42 (4.8%) reported ‘Other gender identity’, of which 37 respondents were categorised as gender queer/non-binary gender identity (4.2%). Additionally, 11.7% (n=102) of the respondents had ever identified as transgender. Half of those who ever identified as trans were women, while within gender groups, those who selected ‘other gender identity’ most commonly identified currently or previously as trans, as is shown in Figure 1:

![Figure 1. Gender identity group and transgender identity](image)

**Sexuality:** Overall, 32% of the sample self-defined as gay man, 23.1% as lesbian, 15.3% as gay woman and 13.9% as bisexual. In addition, 5.5% of the sample self-defined as queer, 3.7% as heterosexual, and 1.1% as homosexual. Five percent chose ‘other sexual identity’, including pansexual, homoflexible, dual/multiple sexual identity and ‘do not define/use labels’.
Age: The age groups of respondents ranged from 16-19 years (8.1%) to four respondents (0.5%) who were 70+ years. More than half were in their 20s and 30s (55.5%), while 20% were aged 40-49 years, 12.1% were aged 50-59 years and 3.9% were aged 60-69 years. The majority of the gender queer/non-binary gender respondents fell into the younger age groups, with nobody in this group aged over 55.

Ethnicity and location: The survey was only open to those who usually reside in the UK. The majority of respondents were based in England (84.2%), followed by Scotland (8.6%), Wales (5.5%) and Northern Ireland (1.8%). Respondents identified their ethnicity as white (93.7%), mixed ethnicity (2.4%), Black/Caribbean/African (0.7%), Chinese (0.6%), Asian (0.3%), while 0.8% of respondents who chose ‘other’ ethnicity described their ethnicity with reference to their religion, national identity, and heritage. This ethnic profile is broadly comparable to that presented in the 2011 national censuses, where in England and Wales, Scotland and Northern Ireland, 86%, 96% and 98.2% respectively of the surveyed population self-defined as white.

Education: The sample was very well-educated: almost a third of respondents had a degree as their highest qualification and a further quarter, a postgraduate degree. Only five (0.6%) respondents had ‘no formal qualifications’. This over-representation of highly educated LGB and/or T individuals has implications for the representativeness of the data gathered, though notably this is a recurring feature of research with LGB individuals using self-selected samples (Hartman, 2011; Meezan and Martin, 2003).

Occupation and income: Just over half (52.5%) were employed full-time, just over a fifth (22.2%) were students and 6.7% were self-employed or employed part-time, respectively. Smaller proportions were not in economic activity for various reasons including long-term illness/impairment or being unemployed, retired or a full-time parent or carer.

Given how well-educated the sample is, it is surprising that just over half (51.6%) of the 801 respondents who answered this question reported a household income of less than £33,000. The largest group reported a household income of between ‘£12,000 and £22,999’ (n=155, 19.4%) which is well below the average income in the UK of £27,000. Of those in this income group, the majority reported the source of income as their own (n=91, 60.3%), their partner’s (n=7, 4.6%), both their own and their partner’s combined income (n=39, 25.8%) and ‘other’ (n=14, 9.3%).

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As Figure 2 illustrates, there were some interesting gender differences: those who identified as gender queer/non-binary gender were clustered in the lowest income brackets; this may be because these participants were younger and/or less likely to be in cohabiting relationships. It might also reflect economic disadvantage and social exclusion as a consequence of transphobia and prejudice towards those who do not conform to the gender binary and, as discussed later, a higher incidence of disabilities. Overall, women reported higher household incomes than men except in the top two income brackets.

**Figure 2. Gender and Household income (% within gender)**

**Disability:** Almost a third (n=273, 31.3%) of respondents identified as having a disability or impairment: 116 (13.3%) selected ‘physical health’, 151 (17.3%) selected ‘mental health’, 19 (2.2%) selected ‘HIV’, and 42 (4.8%) selected ‘learning difficulty’. This is a high proportion, especially when compared to the Family Resources Survey in which 16% of working age adults report having a disability (DWP, 2014).<sup>12</sup>

Compared to men and women, it is striking to see in Figure 3 that gender queer/non-binary gender respondents were far more likely to select at least one disability (45.9%, n=17), with mental health-related disabilities being the most commonly selected disability particularly by this group, and to a lesser extent by respondents identifying as men and women. Such a high proportion of disabled respondents might help to explain the relatively low household income, given the educational attainment of the sample.

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Parenting: Thirteen percent (n=110) of the sample identified that they were parents, with the majority of these being women.

Type of relationship: Most sections of the questionnaire asked about respondents’ actual experiences of a same-sex/bi/trans relationship.\textsuperscript{13} The overwhelming majority of men, including trans men (93.5%) and women, including trans women (84.5%) identified the relationship as same-sex whilst 5.9% of men and 10% of women reported bisexual relationships and 5.6% of men and 8.6% of women reported trans relationships\textsuperscript{14}. Of those identifying as gender queer/non-binary, 50% reported on same-sex and transgender relationships and (44.1%) identified their relationship as bisexual. For 103 respondents (11.8%), this was their first same-sex/bi/trans relationship, and those aged 16-24 years were more likely to report a first same-sex/bi/trans relationship.

The most frequently reported relationship duration for all respondents’ current or last relationship was between two and five years. Proportionately more men were in relationships for both the shortest (0-3 months) and longest periods (over 6 years, 6-10 years and over 20 years) than were women or gender queer/non-binary gender identified respondents.

\textsuperscript{13} The sample who went on to complete these questions reduced to n=791.

\textsuperscript{14} Percentages do not add up to 100 as respondents could indicate describe their current/last relationship in more than one way e.g. bisexual and trans.
2. KEY INTERIM FINDINGS

In this interim report we focus on three themes emerging from the whole data set (the survey, interviews with LGB and/or T people, interviews with practitioners and focus groups) that have implications for how LGB and/or T people who use ‘abusive’ behaviours might be better understood and responded to in policy and practice. These themes are:

- Experiences of homo/bi/transphobia and their implications for relationship experiences and the potential use of ‘abusive’ behaviours
- Making sense of ‘abusive’ behaviours in LGB and/or T relationships
- Help-seeking and interventions for LGB and/or T ‘abusive’ partners

2.1 Experiences of homo/bi/transphobia and their implications for relationship experiences and the potential use of ‘abusive’ behaviours

In our survey we explored several aspects of being LGB and/or T that might have a negative impact on their intimate relationships: the degree to which respondents are out\(^{15}\) in their sexuality and/or gender identity and feel at ease in different social contexts; and whether or not they had experienced homo/bi/transphobia, homo/bi/transphobic hate crime and homo/bi/transphobic bullying.

2.1.1 Being out

Of the sub-sample of 102 respondents who had ever identified as transgender, 29.4% said that they were always out, 23.5% said that they were usually out and a further third said that they were occasionally out. Four respondents said that they were never out.\(^{16}\) Half of the 102 trans-identified respondents experienced stress in relation to disclosure/concealment of their gender identity in the context of family (49.0%) and a similar proportion in the context of strangers/the public (46.1%).

In interviews some participants discussed their fears about how negative judgements or unwanted scrutiny, especially in public places, can have an impact on intimate relationships. Jane, who transitioned from male-to-female and continues to be in a relationship with her wife, talked about how things that they could previously do as a heterosexual, married couple are now less possible because of her wife’s concerns about other people’s perceptions of them:

> Um although people still continued to treat us as a couple [after Jane transitioned from male-to-female], um much to Margot’s [wife’s] annoyance because she’s probably the straightest person you’ve ever met [laughs], she really didn’t want to be thought of as gay. Um and so that was, that was quite,  

\(^{15}\) This refers to whether LGB and/or T individuals are open to others about their sexuality and/or gender identity.  
\(^{16}\) See Appendix A for graph showing trans identified respondents’ experiences of stress in a range of contexts.
it’s a sort of a shame because you know, you sort of feel you can’t hold hands when you’re out, you can’t really dance together. It’s, um, it’s difficult. It sort of really um changes the dynamics of the relationship (Jane, white asexual trans woman, 65-69 years old)

Regarding sexuality, of those who answered the question (n=863), 92% said they ‘always’ or ‘usually’ felt comfortable/at ease about their sexuality. Gender differences were minimal, although interestingly, gender queer/non-binary gender respondents were much more likely to report ‘always’ feeling comfortable or at ease about their sexuality (64.9%, compared to 49.4% of men and 43% of women).

Almost half of the respondents experienced stress in relation to disclosure/concealment of their sexuality in the context of strangers/the public (46.8%) and only a slightly smaller proportion in the context of family (40.0%). Lynn’s account echoes that of Jane’s above in describing the ‘risk’ experienced by showing affection in public with a same-sex partner:

I think the biggest difference [from heterosexual relationships] is how you’re continually making risk assessments when you’re in a same-sex relationship, when you’re continually aware of who’s around you, what might happen and how you’re going to deal with it when it does. Um you know and I’ve kissed guys in clubs [...] but elsewhere in the country, [I’ve] kissed women in clubs and had people ask if they can take our picture, and stare or shout at us, and that’s one of the biggest differences I think, is actually how free you are to be in your relationship in public (Lynn, white queer woman, 29 years old)

### 2.1.2 Homo/bi/transphobia, bullying and hate crime

Concerns about being out are justified by the responses from the majority of survey respondents who reported experiences of homo/bi/transphobia, hate crime and/or bullying. The majority of respondents (nearly 70%) had experienced homo/bi/transphobia from strangers/the public. However, homo/bi/ transphobia from family members was also experienced by a large proportion of respondents (42.1%). The percentages of respondents who reported experiencing either homo/bi/transphobia, hate crime, or bullying from at least one of the 10 people/groups listed in the survey are shown in Figure 4.

Being in the age group 16-19 years was significantly correlated with experiencing homo/bi/transphobia, bullying and hate crime. This finding runs counter to the arguments of those such as McCormack (2012) that young LGB and/or T people are growing up in an increasingly accepting and tolerant society.

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17 See Appendix B for graph showing respondents’ experiences of stress in relation to their sexuality across a range of contexts.
18 See Appendix C for the five groups most commonly selected by respondents for each type of victimisation.
19 These proportions mirror similar findings by METRO (2014) and Stonewall (Guasp, 2012; Hunt and Fish, 2008).
Respondents reporting victimisation from at least one group (%)

Figure 4. Respondents reporting victimisation from at least one group (%)

Given the high reporting of homo/bi/transphobia, bullying, and hate crime it is perhaps not surprising to find that those who reported any of these experiences were more likely to report both experiencing and enacting at least one abusive behaviour, and significantly more likely\(^{20}\) if they had experienced hate crime or homo/bi/transphobic bullying. However, of the group who answered the question about why they had enacted the behaviours they had reported (n=181), none indicated that it had been ‘because of trans/bi/homophobia you’ve experienced’. A number of factors might explain this: firstly, LGB and/or T people might not be consciously aware of the potentially negative impacts of homo/bi/transphobic experiences on their intimate lives; and secondly, respondents might reject the problematisation of their sexuality and/or gender identity that is inherent in the suggested link to their use of ‘abusive’ behaviours. This might especially be the case for those whose behaviours were used in self-defence. Another explanation might lie in the fact that ‘relationship’ problems might be seen as unconnected to ‘societal’ problems and that the latter are not perceived as relevant for explaining their personal lives.

The conclusion emerging from these findings is that negative impacts of living in a homo/bi/transphobic society are not sufficient in themselves to explain the use of abusive behaviours by LGB and/or T intimate partners. Nevertheless, it is clear that homo/bi/transphobia and stress about disclosure of sexuality and/or gender identity affects a substantial proportion of respondents and, as we will consider later, have implications for help-seeking too.

2.2 Making sense of ‘abusive’ behaviours in LGB and/or T relationships

The findings from the survey report high rates of both experience and use of ‘abusive’ behaviours in LGB and/or T relationships. We will discuss how this might be made sense of and point to four emerging themes from the interview data that could be useful in developing good practice and policy in response to DVA in LGB and/or T relationships. The themes are:

\(^{20}\) Pearson Chi-Square significant (p<0.05)
To provide the context for discussion of these themes we turn now to the survey findings.

**Experiences of ‘abusive’ behaviours:** The majority of respondents (71.7%) reported experience of at least one emotional, financial, physical and sexual ‘abusive’ behaviours behaviour from a partner ‘ever’ in any same-sex/bi/trans relationship, and 66.2% reporting experience of at least one ‘abusive’ behaviour within the last 12 months of a current or last same-sex/bi/trans relationship. This proportion is high and reflects other similar surveys (see Donovan and Hester, 2014). However, this should not be taken as any indication of levels of DVA in LGB and/or T relationships since, as has been previously stated, the survey is of a self-selected sample and responses do not tell us very much about the context in which these behaviours were experienced.

Using the same analysis as the COHSAR study (Donovan and Hester, 2014), which maps experiences of abuse with impact of abuse, it is possible to say that 10.6% of the survey respondents reported abusive experiences that are akin to Johnson’s intimate terrorism. This proportion is similar to that which Donovan and Hester (2014) found.

**Use of ‘abusive’ behaviours:** Respondents were asked whether they had, in the last 12 months of a current/last relationship or ever, used any of the same emotional, physical, sexual or financial behaviours against an LGB and/or T partner. Frequencies for respondents using at least one of each type of behaviour are reported in Table 1 below.

The frequencies for behaviours used in current/last and previous relationships differs between types of behaviours used, although overall, for combined behaviours, the number of respondents who reported ‘Ever’ using behaviours is lower (50.5%) compared to behaviours used in current/last relationships (56.5%). The unexpected lower figure for ‘Ever’ might be accounted for firstly by the number of respondents in their first same-sex/bi/trans relationship (11.8%) who were not able to respond to the question about ever; and also the reporting of the use of behaviours historically as a last relationship when a long period of time had elapsed since the last. The latter issue became apparent in some of the follow-up interviews.
Table 1. Percentage of respondents reporting using at least one ‘abusive’ behaviour

Again, whilst these figures are of concern, caution must be taken over interpretation of the figures. To illustrate this in Table 2, below, the ‘top ten’ of the most commonly used behaviours used are listed.

<table>
<thead>
<tr>
<th>Type of abuse Behaviour Used</th>
<th>Time period</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Last 12 months of current/last relationship</td>
<td>37.9%</td>
</tr>
<tr>
<td></td>
<td>Ever</td>
<td>38.7%</td>
</tr>
<tr>
<td>Financial</td>
<td>Last 12 months of current/last relationship</td>
<td>20.4%</td>
</tr>
<tr>
<td></td>
<td>Ever</td>
<td>16.0%</td>
</tr>
<tr>
<td>Physical</td>
<td>Last 12 months of current/last relationship</td>
<td>16.6%</td>
</tr>
<tr>
<td></td>
<td>Ever</td>
<td>25.4%</td>
</tr>
<tr>
<td>Sexual</td>
<td>Last 12 months of current/last relationship</td>
<td>35.7%</td>
</tr>
<tr>
<td></td>
<td>Ever</td>
<td>31.2%</td>
</tr>
<tr>
<td>Combined EFPS</td>
<td>Last 12 months of current/last relationship</td>
<td>56.5%</td>
</tr>
<tr>
<td></td>
<td>Ever</td>
<td>50.5%</td>
</tr>
</tbody>
</table>

Table 2. Top ten behaviours used (last 12 months of current or last relationship)

1\textsuperscript{st} Withheld your affection from your partner (26.7%)
2\textsuperscript{nd} Accused them of being unfaithful (12.6%)
3\textsuperscript{rd} Regularly insulted or put them down (12.4%)
4\textsuperscript{th} Slapped / pushed / shoved (12.1%)
5\textsuperscript{th} Frightened them with things you said/did (10.2%)
6\textsuperscript{th} Given your partner pocket-money (8.3%)
7\textsuperscript{th} Had sex with your partner when they were drunk/asleep (7.2%)
8\textsuperscript{th} Required them to account for all their expenditure (7.1%)
9\textsuperscript{th} Regularly expected your partner to pay most of the joint or relationship expenses (5.9%)
10\textsuperscript{th} Used their education/intelligence against them (5.6%)

Understanding the context in which these behaviours might have occurred is crucial to making sense of them since, as the feminist approach reinforces, recognising coercive control can only occur by avoiding an incident-based approach and looking for the pattern of behaviours to trace how power operates in any relationship (Stark, 2007). For example, looking at the list in Table 2 some behaviours seem more obviously abusive than others, for example, ‘regularly insulted or put them down’; others immediately raise questions about the motives behind the behaviours; for example, ‘withheld your affection from your partner’.

Respondents were asked to select as many reasons they felt were relevant for their use of ‘abusive’ behaviours. A multiple choice question gave 26 options and an open text box to respond to. Table 3 provides a list of the top ten reasons given (n=181 respondents)
answered this question) and it can be seen that at least three (‘to retaliate against them’, ‘to protect yourself from them’ and ‘because they hit you first’) suggest that these were not primary aggressors in their intimate relationships. Two others (‘because they betrayed/rejected you’ and ‘because you didn’t trust them’) could be understood as punitive and/or controlling. The remaining five are more ambivalent and could be seen as self-blaming, characteristic of victims/survivors (‘you didn’t feel good enough/felt insecure’ and ‘because of your emotional problems’) or as excuses for controlling behaviours.

<table>
<thead>
<tr>
<th>Table 3. Top ten reasons given for using ‘abusive’ behaviours</th>
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</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Because you were unhappy in the relationship (37.6%)</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; You didn’t feel good enough/felt insecure (33.1%)</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; To retaliate against them (28.2%) and</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; (joint) Because of your emotional problems (28.2%)</td>
</tr>
<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt; Because you didn’t know what else to do (23.8%)</td>
</tr>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt; To protect yourself from them (22.7%)</td>
</tr>
<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt; Because they betrayed/rejected you (18.2%)</td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt; Because you didn’t trust them (17.7%)</td>
</tr>
<tr>
<td>9&lt;sup&gt;th&lt;/sup&gt; Because you were unhappy in work/life (15.5%)</td>
</tr>
<tr>
<td>10&lt;sup&gt;th&lt;/sup&gt; Because you loved/cared for them (14.4%) and</td>
</tr>
<tr>
<td>10&lt;sup&gt;th&lt;/sup&gt; (joint) Because they hit you first (14.4%)</td>
</tr>
</tbody>
</table>

There were variations between gender groups in their selection of the top ten reasons for their behaviours but none are significantly different. Nonetheless, it is worth noting that none of the gender queer/non-binary gender respondents gave ‘because they betrayed/rejected you’ as a reason for their behaviours and a majority of gender queer/non-binary gender respondents gave the first three reasons (‘Because you were unhappy in the relationship’, ‘You didn’t feel good enough/felt insecure and ‘Because of your emotional problems’) which all relate to general unhappiness in a relationship and in the individual, which may in turn be linked to the higher proportions of this group reporting mental health problems.

As previously stated, none of the respondents selected ‘because of trans/bi/homophobia you’ve experienced’, but it is also of note that only a small proportion gave ‘alcohol/drug use’ (9.4%) and ‘previous experiences of abuse’ (8.3%) as reasons for their behaviour, despite emphasis placed on these factors in the general and LGBT-specific DVA literature and by some of the practitioners in this study.

Turning to the interview data the importance of context, motives, and impact are all reinforced and provide some insights into how ‘abusive’ behaviours might be understood.
2.2.1 ‘Owning up’ to what? Reading between the lines of accounts of ‘abusive’ behaviours by LGB and/or T people

Research with men who have behaved abusively towards their female partners – albeit with the previously-mentioned caveats of using convicted or clinical samples of men engaged in, usually, court-mandated perpetrator interventions – has found that techniques of denying, minimizing and attempting to justify or excuse their abusive behaviour in intimate relationships are commonplace (Anderson and Umberson, 2001; Dobash et al, 2000; Hearn, 1998). Whilst analysis of the interview data is still in progress, the researchers’ fieldwork reflections are that participants generally seemed to be very open, honest and reflective about their behaviour.

Rather than necessarily being a discovery about differences between LGB and/or T and heterosexual male abusive partners, this profile of participants can be seen to reflect our sampling approach which selected survey respondents who not only reported using potentially abusive behaviours, but who also reported that this was a characteristic of a previous, not a current, relationship; and who typically indicated a recognised need to change their behaviour and/or that they had already taken steps to change their behaviour. It also is possibly the result of interviewing participants who do not appear to have mostly used ‘abusive’ behaviours either in self-defence, retaliation or revenge; or in a situationally violent or otherwise volatile relationship. Nevertheless, it is striking how much participants revealed about their behaviours and were willing to reflect on why they had sometimes behaved in quite violent ways.

This is evidenced in the following case study of Clare, a white bisexual woman in her thirties:

In my six year relationship… I saw a really scary change in me. I’m a very gentle person, … but…after the first year I found myself getting really aggressive… I sort of went into the relationship wanting to discuss things… but very quickly she got very, very insecure about sort of past, immediate, informal relationships that I was having or had. … so things like works dos, one of the past relationships was with somebody at work, so any work do I went to, … within half an hour I’d just be receiving texts, ‘So they’re there? I bet they are (freaked out noise)’ and in the end… I’d go home. Um and then I just stopped going out so I was quite submissive I guess in that sense um and that really annoyed me. … and further into the relationship… a few arguments we’d had… actually turned physical… once she’d sort of, it wasn’t necessarily a punch, it was like a slow push with a fist that sent me to the floor um and I… remember getting up just thinking, … ‘right that’s it, don’t go back’ … but shortly after that… she’d follow me round the house, she was like… just digging, … it was accusative… And so I remember getting really frustrated and… just saying, ‘Look I’ve had enough, you know, I’ve really had enough of this’ and… she pushed me in the shoulders, turned around and walked off… and I, I sort of shoved her in the back. ‘You don’t walk away from me, I’m talking to you’, shove. She fell and came this close to smacking her head on the
loo and, ...it was that that really (clicks fingers) sort of hit home that something had to stop, something had to change (Clare)

In the survey, Clare appeared to be somebody who had both used and experienced physical, emotional, financial and sexual ‘abusive’ behaviours in previous intimate relationships. Her account, above, explains her use of physical violence and does not minimise the potential impacts that her actions could have had. Clare recounted becoming more aggressive over the course of the relationship, and for her this was a worrying development which, as the situation escalated, led her to recognise the need for change. What is also a feature of this and several other interviewees’ accounts is that, rather than in research on heterosexual male perpetrators where there is evidence of frequent counter-allegations against their female partners, there were instances where this was subverted, with participants reporting greater concern about their own ‘abusive’ behaviour than that of their partner, who was also reported to have used abusive, violent and/or controlling behaviours.

This case study was discussed in some of the practitioner focus groups, and engendered a lot of discussion from participants: Clare did not appear to be a straightforward victim/survivor and there was a tendency to respond to her account as if she were a perpetrator and/or as if she might become a perpetrator (references were made to the escalation in her behaviour). Participants also considered what account Clare’s partner might give of the relationship, sometimes in ways that suggested Clare might be minimising her use of violence. Rarely did participants discuss the implications of what could be considered coercive control from her partner, the harassment with texting, the monitoring of Clare’s relationships with work friends and an ex-lover, the resulting isolation, being subjected to accusations, being followed around the house while being interrogated and being pushed/punched to the floor. These experiences do not appear to be enough to position her clearly as a victim/survivor for most of the focus group practitioners. One explanation for this is that the knowledge and experience practitioners have about DVA draws on the public story about DVA and prevents the recognition of DVA in a relationship that do not easily ‘fit’ that story.

The remit of practitioners, when meeting people such as Clare who might seek support, is to decide on an appropriate intervention/response. This may especially be the case where someone such as Clare approaches an agency to seek help with her own ‘bad’ behaviour and may be minimising her partner’s controlling behaviour. To decide how best to work with LGB and/or T clients/service users presenting with relationships where violence and abuse is present, practitioners need as much information as possible about the dynamics of the relationship and the context, motives behind and impacts of ‘abusive’ behaviours used and experienced in intimate relationships; and realisation that when an LGB and/or T person is being open about their own ‘abusive’ behaviours they might be a victims/survivors of an abusive relationship. Otherwise, on the basis of reported use of violence alone, Clare and others in her situation could be identified as a perpetrator, and not be given appropriate
support for the very controlling and destructive relationship which forms the backdrop to her own behaviours.

2.2.2 What kind of relationship violence is it?: Contexts for the use of ‘abusive’ behaviours

Whilst we recruited people whose survey responses indicated that they had used behaviours which could be perceived as ‘abusive’, at interview it was apparent that many were doing so in retaliation, revenge and/or self-defence within a relationship that was controlling. Alternatively, these behaviours were being used in relationships which were situationally violent or in other ways volatile. A preliminary analysis of our interview data suggests that we did not interview any unequivocally ‘intimate terrorist’ perpetrators of DVA in our interviews. This should not be surprising, given that these perpetrators tend to deny or minimise their abusive behaviour and are therefore unlikely to volunteer for interviews, even if they did complete the survey.

However, intimate terrorism was evident in LGB and/or T relationship experiences through accounts of survivors, for whom ‘abusive’ behaviours reported were primarily being used in self-defence or retaliation, akin to Johnson’s (2006) ‘violent resistance’. The case study of Jack illustrates this.

Jack was 24 years old when he moved on his own for a job in a small town where he knew nobody. He met and got involved emotionally, but not sexually, with a bisexual man in his fifties who seemed to take Jack under his wing and found a flat for them to move into together. It was six months before Jack realised that the man had not been paying the rent money Jack had been giving him and was effectively ‘stealing’ Jack’s money. As the situation escalated, Jack became ‘broken’ by the man, handing over most of his money, becoming isolated from any potential friendships and being threatened with being outed in his workplace, yet at the same time, feeling dependent on him: ‘it just gradually worked its way to a position where I was completely under his spell’. Further escalation occurred and Jack was physically assaulted. He knew he had to leave and did so, returning home to his parents. The abuse continued over the telephone with the man threatening to come to Jack’s parents’ home. Jack explains what he did next:

[H]e actually threatened to come to [my parent’s house] and it was so funny. It’s not funny but it’s funny. I threatened him with the IRA (laughs) at the time. I says ... ‘I have contacts and if you set foot [here] I’ll have you shot’, and I never heard from him again, and that was it. But I mean I didn’t know anybody, it was just a threat, it was a, it was an empty threat but he, but he, he, he, he wasn’t going to take the chance. Because he didn’t know. (Jack, white, gay man, 45 years old)

Whilst Jack admits to having made an (albeit, he says, empty) threat to kill his ex-partner, this does not form part of a pattern of control exerted by Jack, but rather was his desperate
attempt to stop the post-separation harassment that he was experiencing following a very controlling and abusive relationship.

In other cases, participants’ accounts mirrored the dynamics of situational couple violence, where violence may be used sporadically in relationships when arguments escalate, but where there is not an underlying dynamic of control, entrapment and/or fear. For example, James explains:

When we got back to my place, because he wasn’t living with me at, in those early days, um [it] broke out into a scuffle outside my flat um. I certainly remember the next day, um, there was marks around my lower neck, ah fingerprints, and that was the one and only time, and he said he had marks too, so clearly we’d um both lashed out at each other (James, white gay man, 51 years old)

Whilst control may be absent, Johnson nonetheless notes that situational couple violence should not be ignored as it can still have serious impacts (e.g. minor or serious physical injuries, damage to property) and, if left to escalate, can lead to the normalisation of potentially harmful behaviours being used to address relationship conflict.

The recognition of different forms of DVA is important because how partners use ‘abusive’ behaviours in their relationships affects what kind of support or intervention may be required (Johnson, 2006) if they appear as somebody seeking help. Perpetrator programmes based on the Duluth model and therefore rooted in a gendered analysis of power and control are most appropriate for intervening with perpetrators of intimate terrorism. However, this form of intervention – which emphasises the importance of the perpetrator becoming accountable for their behaviour and becoming aware of their sense of entitlement, and empathic towards the impact of their behaviour on the perpetrator and any third parties (e.g. children) – would not be appropriate for survivors of intimate terrorism who may be very honest about the behaviours which they have used in self-defence or retaliation. Whilst DVA specialist workers would contest the use of couples work (e.g. relationship counselling) where there is evidence of DVA (Respect, 2004), in cases of situational couple violence, relationship counselling or relationship skills training may be valuable to help partners to work through causes of conflict or divergent relationship expectations and develop more constructive, non-violent approaches to communication and conflict resolution.

2.2.3 Who’s got the power?: More complex configurations of power in intimate same-sex, bisexual and/or trans relationships

Feminist and intersectional approaches to DVA identify that it is structures of power based on inequality in society that can be mirrored and played out in abuses of power and control in intimate relationships (Donovan and Hester, 2014; Crenshaw, 1989). Thus, it is important to understand the multiple identities that individuals inhabit and recognise how these
intersect to position them in ways such that they are imbued with more or less social power relative to an intimate partner; and how this might impact on experiences of DVA, understandings of and responses to it by both those involved in those relationships and by help-providers (both formal and informal). In some ways there is a ‘simple’ common sense understanding of how this plays out in a society based on hierarchies of social groups and their access to social power and resources: adults might be understood to have more social power than children and young people, middle class people more social power than working class people, white people more social power than Black and ethnic minority people. In this study we found that such simple assumptions are not always useful and a more complex way of approaching the identification of power is needed.

We found numerous examples of relationship experiences that challenge ‘obvious’ understandings of how social power might operate in intimate relationships. A key issue concerns how the potential for the dynamics of the relationship – and therefore the identity of the victim/survivor and the perpetrator - might be misunderstood if markers of social-structural power are over-relied upon (e.g. ethnicity, age, income) and taken at face value. This is illustrated by the following case study:

Colin is a 37 year old white gay man. He came out at the age of 30 and he entered his first same-sex relationship at the age of 32. Up until this point Colin had not had any contact with the gay community and was not out to his family until he suffered a breakdown after this first (and to date, only) same-sex relationship ended. Colin’s first boyfriend, Nathan, was ten years younger than Colin but had more experience of gay relationships. When they met, Nathan was still living at home with his parents, but the relationship progressed very quickly and within the first week, Nathan moved into Colin’s home and, whilst he had his own (smaller) income, expected Colin to pay for all of the household expenses often running out of his own money before he got paid, expecting Colin to ‘sub’ him but never paying him back. Nathan would reportedly use the promise of sex to get his own way, and would also use emotional blackmail to persuade Colin to buy fancy goods that he wanted and to pay for nights out etc. Colin loved Nathan and just wanted to make him happy, so would oblige. At the end of their year-long relationship Colin had run up £10,000 of debt. During their relationship, Colin explained that there were approximately monthly violent episodes after they had both been out drinking; in his own words:

We both kind of used physical restraint towards each other and even physical violence um whereby um I would say the majority of the time it will probably be more me that was the physical aggressor, um, rather than my ex because he would kind of know which buttons to press? And be very kind of nasty and vindictive and, you know, calling me - knew exactly all of the things that would upset me um, you know, calling me things like a dirty old pervert and, you know, not good enough and not worthy and, um, desperate and all these kind of things. All the things that would really kind of upset me and, ‘I will ruin you. I’ll ruin your career’, all that kind of thing. And that would then sort of, to try and
make him stop, then I would kind of like push him away or grab him, and then he would grab back, and then it would become a bit of a tussle, and then it would develop from there.

Colin describes a relationship dynamic in which both partners were using physical violence, typically initiated by Colin after arguments and verbal abuse from Nathan towards Colin about his age and appearance intensified after nights out. Colin suggests that he was more the physical aggressor than Nathan was. He recalled that, as a result of the worst incident of violence, Colin had attempted to break a chunky metal necklace Nathan was wearing and left Nathan with bruising around his neck. Colin said his actions were in ‘revenge’ for having lost his own necklace in a previous public incident when he had been attacked by Nathan in public.

One way of assessing Colin’s case study might focus on the fact that he was in a more socially powerful position to his partner: he was ten years older, thus having more life experience; he had his own home and a better-paid job. His partner, conversely, had been living with his parents and was financially less powerful and established. The vulnerabilities which a young man in his early 20s – especially one who had disclosed having been sexually abused as a child, in relation to which he was reported to experience regular distress – might lead practitioners to see Nathan’s vulnerabilities to DVA victimisation in a relationship, rather than his more socially and economically powerful partner’s.

Yet, particularly in LGB and/or T relationships, more nuanced experiential forms of power can operate which might subvert more readily identifiable social structural markers of power. Hence, a partner who is more experienced either sexually or in terms of same-sex, bisexual and/or trans relationship experience; who is out; and who has connections to LGBT peer groups or social settings can be seen to have a level of social or cultural ‘capital’ which the less experienced partner is excluded from (see also Donovan and Hester, 2014). This is directly relevant to Colin’s relationship as he recalls:

conversations that we had whereby I would say, ‘I want to be in a loving or a caring relationship and I want us to get married in the future and settle down’. And he’s like, ‘You don’t have a clue. You don’t know how the LGBT community works. That’s not real-life. You’re living in some kind of straight utopia. That’s not the way that it works and that’s not the way that the scene works.’ It was, ‘You’ve got a lot to learn. You’ve got a lot to be aware of’

Hence, where LGBT social and cultural ‘capital’ is concerned, Nathan was the more powerful partner, and his claims to have a superior understanding of gay male relationships, paired with Colin’s desperation to make his long-awaited, first gay relationship last, helped to create conditions in which Nathan was described as setting the ‘terms’ or ‘rules’ of the relationship.
2.2.4 Is this abuse?: Recognising DVA and distinguishing between abusive relationships and unhappy or volatile relationships

Despite the growth of DVA awareness campaigns and representations of DVA in different media, it remains the case that victims/survivors and perpetrators typically do not recognise their relationship experiences as being abusive, especially where non-physical forms of DVA are concerned. This point is relevant to all victims/survivors of DVA, regardless of gender or sexuality, but there are some particular challenges for LGB and/or T survivors. The lower visibility of LGBT DVA and the pervasiveness of the aforementioned public story of DVA mean that the language of DVA is less readily applicable to LGB and/or T survivors (see Donovan and Hester, 2011; Barnes, 2008). In this study also, whilst the people who we interviewed generally took responsibility for their ‘abusive’ behaviours and reflected on the need for change, participants who described experiences of coercive control including psychological, sexual and financial abuses were sometimes reluctant to name these experiences as abuse. This was more relevant to accounts of victimisation rather than accounts of perpetrators but we also found examples of relationships where the participant admitted using ‘abusive’ behaviours but had not recognised the relationship as an abusive one in which they were being victimised. The case study of Marcus illustrates this.

Marcus, a 20 year old white trans man who defines as queer/pansexual, spoke of a relationship which he had had with Thea, a cisgendered lesbian. Marcus describes this first relationship which took place prior to transitioning when he was 16 years old and his then-girlfriend was 21 years old. Marcus reflects that this was a volatile relationship in which both he and Thea exchanged verbal insults and would push and grab each other during arguments. He also describes a few occasions where he felt unable to refuse sex after arguments, and was very upset about this afterwards. The relationship more generally was characterised by a high degree of control, with Thea making decisions about what they would do and when, and Marcus initially being happy to be included, but later coming to find this restrictive. Marcus was financially dependent on Thea, having been thrown out of his family home. Thea was not supportive of the idea of Marcus transitioning and was also very much opposed to the idea of having sex with men, resulting in Marcus feeling that he needed to conceal his attraction to men. Marcus reflected that both he and Thea, for different reasons, were in bad places mentally at the time of this relationship, and that it was an unhealthy relationship. However, he stops short of calling it abusive, saying:

Marcus: Oh it’s a hard one. Um I mean it’s really subjective I think because I mean on paper it probably seems like that [abusive] but I think things were more complicated than that when we were together. ...I’m not going to sit here and say that I didn’t cause problems because I was so unhappy and [that] I wasn’t a horrible girlfriend to be with,...So I’m not going to say it was, you know, violent or abusive but I think it had um very dangerous elements to it...Like it wasn’t easy for her to be with me, and I kind of don’t blame her for being the way she was [pause] and...I was never like a battered wife, you know...I mean I don’t
really know what her relationships were like after me, but I can see elements of our relationship in the, with the one that she was in before, because I remember her saying to me like a couple of things that sort of, I thought ‘ha, like you’re, you know, it’s not any different with us’ um and I think her ex-girlfriend really um reacted in similar ways to me when Thea used to threaten to leave her and stuff like that. So I think, I, she did sort of just continually repeat the same sort of actions with other people. What stops me from calling it violent and abusive? [pause] I don’t know, I just think things could have been a lot worse than they were, I don’t know...I mean maybe in a sense I sort of feel like I, like I brought it upon myself, like, like maybe she was really controlling because I needed to be controlled, because maybe I couldn’t cope with my own life. Like maybe she did it because she, you know, was trying to look out for me or something.

Marcus’ explanation points to a number of interesting issues: the public story of DVA reflected in the image of the ‘battered wife’ which sets a particular benchmark for who can be abused and what this abuse looks like; overarching self-blame and consideration that Thea’s actions were protective and responsive to a need to be controlled that he had presented; and yet in contrast, indications that Thea had behaved abusively towards other partners, with this potential serial perpetrator profile then being at odds with the idea that Marcus precipitated Thea’s behaviour.

Critically, non-recognition of DVA has implications for help-seeking in at least three ways. First, because those experiencing and/or using ‘abusive’ behaviours will not seek help at all. Second, if they do, they are unlikely to use mainstream and/or specialist DVA agencies (which we will return to below). Finally, the point has been made earlier that practitioners can also find it challenging to identify an abusive relationship when it does not fit the expected trajectory of DVA according to the public story. Consequently, the third implication for help-seeking is that LGB and/or T people, if they approach services for help, might not get the help they need.

2.3 Help-seeking and interventions for LGB and/or T ‘abusive’ partners

Help-seeking is an issue which has already been touched upon in previous sections of this report. Firstly non-recognition of DVA has been discussed as a barrier to help-seeking. Second, in terms of the need for practitioners to keep in mind the variety of different types of relationship violence and make careful, critical assessment of the relationship dynamics, motives and contexts of ‘abusive’ behaviours used and/or experienced in order to avoid making incorrect and potentially dangerous assumptions. In this section, we consider what help LGB and/or T participants who used ‘abusive’ behaviours sought their reasons for not seeking help, and what their help-seeking needs and preferences are. We then discuss current provision for LGBT perpetrators of DVA via voluntary/community-based or criminal justice perpetrator interventions, before finally arguing the case for a more integrated approach to providing support and intervention for LGB and/or T partners using and
experiencing ‘abusive’ behaviours, as well as noting the broader role which different agencies can play in fostering healthy, non-abusive LGB and/or T relationships.

2.3.1 Participants’ help-seeking behaviours and needs

Survey respondents were asked whether they had ever sought help for any of the behaviours they had used in their LGB and/or T relationships. Only 155 respondents answered this question and of those, 41.3% said that they had. Respondents were asked to write in an open-text box where they had sought help from and Figure 5 shows the coded list. The majority of those who had sought help had done so in the five years prior to the survey being conducted. This suggests that perhaps LGB and/or T are growing in confidence to talk to others about ‘problems’ in LGB and/or T relationships. However, respondents showed a preference for informal and privatised sources of help: seeking help from ‘friends’ within the last five years was reported by a majority of respondents (59.4%), followed by ‘NHS mental health services’ (48.4%), ‘private mental health services’ (40.6%) and ‘family’ (39.1%).

Figure 5. Sources of help used within five years and longer than 5 years ago by those who have used at least one ‘abusive’ behaviour.

These findings indicate firstly that the majority of LGB and/or T partners do not seek help for their use of ‘abusive’ behaviour. Secondly, the preference for counselling, therapeutic and mental health services amongst those who do, suggest that these relationship experiences

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21 Some respondents entered more than one source of help so percentages do not add up to 100%
are an individual problem to be dealt with through an individualising, privatising approach. As our focus group data with counsellors and therapists reinforces, dependent on the therapeutic approach/philosophy used, DVA may be firstly framed as relational, whereby both victim/survivor and perpetrator are invited to take responsibility for their contribution to the abusive dynamic; and secondly attributed to individual factors such as poor attachment and other aspects of psychological functioning or relating. Some abusive LGB and/or T partners might find an opportunity to address their behaviours by choosing this route – and some interview participants described how either individual or couples counselling or therapy had provided a space in which they could make sense of relationship experiences and change their relationship expectations and behaviour. However, as previous discussions of our findings have suggested, it is also possible that responses might not be informed by an understanding of how violence and abuse operates, particularly in LGB and/or T relationships, and may not be attentive to the social-structural dimensions of relationship experiences and DVA.

Considering next those who did not seek help, Figure 6 below indicates the top ten reasons respondents (n=91) chose to explain why they had not sought help. The top three reasons might be expected from perpetrators and/or victims/survivors of violence and abuse alike: minimising the violence, believing that what goes on in a relationship is private, and being ashamed.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>It wasn’t serious enough to seek help</td>
<td>51.6%</td>
</tr>
<tr>
<td>2nd</td>
<td>Private matter/nobody else’s business</td>
<td>27.5%</td>
</tr>
<tr>
<td>3rd</td>
<td>Felt too ashamed</td>
<td>22.0%</td>
</tr>
<tr>
<td>3rd</td>
<td>(joint) Didn’t think they could help</td>
<td>22.0%</td>
</tr>
<tr>
<td>4th</td>
<td>Didn’t think they would understand</td>
<td>20.9%</td>
</tr>
<tr>
<td>5th</td>
<td>Didn’t know where to go</td>
<td>17.6%</td>
</tr>
<tr>
<td>6th</td>
<td>Because of my sexuality</td>
<td>11.0%</td>
</tr>
<tr>
<td>7th</td>
<td>Because of my gender identity</td>
<td>5.5%</td>
</tr>
<tr>
<td>7th</td>
<td>(joint) Didn’t think they would believe me</td>
<td>5.5%</td>
</tr>
<tr>
<td>8th</td>
<td>Concerned it would not be confidential</td>
<td>4.4%</td>
</tr>
<tr>
<td>9th</td>
<td>Previous bad response from an agency</td>
<td>3.3%</td>
</tr>
<tr>
<td>10th</td>
<td>Worried about ‘social services’ finding out and the impact of that on the children</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

Of interest here is a preference for reasons that reflect wariness about seeking help (not thinking that they could help, not thinking they would be understood, not knowing where to go and, lower down the list, because of their sexuality and/or gender identity. These kinds of reasons, taken together with feelings of shame, are reflected in some participants’ accounts where they talk about feeling that they might not be understood and/or be judged

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22 Respondents could choose more than one option of a list of thirteen and complete an open text box for ‘other’.
for being LGB and/or T. Clare, whose case study was presented earlier, explained why she had not sought help:

And at some points it was like ‘well I, I need a bit of support through this’ um and did consider um contacting [company counselling service], but actually wasn’t quite sure about the confidentiality of it because it was a work-based counselling service. Um and whilst the [workplace] at the time had a very clear, supportive policy for LGBT staff, I wasn’t completely at ease with everybody in the organisation, so...I perceived that it would be seen negatively if it got out that I was having problems in my gay relationship um and I think there’s, there’s a, a reluctance actually for a lot of gay people to admit that there are problems, because you don’t want to give gay relationships (short laugh) a bad press, you know (Clare, white bisexual woman, 35 years old)

There were no significant differences between gender groups and their reasons for not seeking help. However, when we conducted the same analysis to compare those ‘ever identified as trans’ and ‘non-trans identified’, significant differences emerged for the following reasons: ‘because of my gender identity’, fear of ‘not being believed’, thinking they ‘couldn’t help’ or ‘wouldn’t understand’, and ‘feeling too ashamed’, with proportionately more trans-identified respondents reporting these reasons. In addition, interview participants suggested that some help providers would not understand their sexuality and/or gender identity and may problematise that rather than the relationship problem they were presenting with.

This raises a presentation problem for practitioners perceived as (likely to be) or being too focussed on the negative impacts of sexuality and/or gender identity that could influence the behaviours of LGB and/or T people in their intimate relationships. For example, Beth recounted experiencing DVA, including forced sex, from a previous male partner in a BDSM relationship. When asked whether she sought help, she explains the difficulties that this has involved for her:

Beth: No, I’ve never really had, I’ve never really been to anybody for advice, relationship advice, um, with them...being sort of BDSM relationships it’s not like I could go to my parents because my parents are purely vanilla, in a purely vanilla (short laugh) relationship, um, so they don’t understand that sort of thing. Um so it’s a case of, it’s all been off of experience and talking to friends and friends of friends and things like that. It’s, I’ve never actually talked to a professional or anything about anything.
I: I mean is that because you, you don’t feel that it’s been necessary or because you wouldn’t know who to go to?
Beth: I wouldn’t really know who to go to, um, it’s difficult enough to be taken seriously with depression anyway, I mean when you try and throw in the fact you’re in a BDSM relationship or a poly [polyamorous] relationship they sort of look at you like you’ve grown another head (laughs)...It’s difficult to find sort of people that can understand and relate to what...your experiences are when
Several respondents spoke of the need for more LGBT-specific services in the hope that these would be able to provide help and support without problematizing or judging an individual’s sexuality and/or gender identity and being able to understand better their situation. For example, Amber says:

Amber: I actually think I’d prefer an LGBT serv[ice]- yeah.
I: What difference do you think that would make?
Amber: It would have more of an insight into the things that we are facing [pause] like you talked about that butch-femme dynamic I don't see many mainstream therapists having much of an understanding of that. (Amber, mixed ethnicity, lesbian, 41 years old)

Not being able to see yourself and/or lives like yours represented in the service you consider approaching can present a barrier to using that service. This poses a challenge to practitioners with regard to how inclusive their service is, not only for those who ‘come through the door’, but also for those looking for sources of help and trying to assess whether an agency would be accepting, non-judgmental and equipped to respond to LGBT relationship issues.

On the other hand, a consideration of the multiple identities that individuals occupy can throw up problems with using services aimed at specific groups, most often because of fears about confidentiality in a small community. Denise captures the ways in which this can impact on somebody’s help-seeking when she says:

[B]ut in terms of support there's no one. Um would I go to a therapist? No. Would I go to a white therapist? You've got to be joking. Would I go to a black therapist to have all my business chucked around the community? No. Um Would I go to a straight woman? No. Would I go to Samaritans? I think I phoned Samaritans once and the voice was so middle class - it's terrible I shouldn't do this but it was so distant from who I am - I just couldn't even say anything to them.... there isn't - I would, I think if I could go to the Church and maybe do a confession where I'm just talking and no one says anything (Denise, mixed ethnicity, lesbian, aged 49 years)

Importantly, whilst help-seeking is low amongst respondents in this study, there is also evidence of a substantial minority who recognise that aspects of their behaviour are problematic, and a minority who are considering making changes to how they behave in relationships. Participants were asked about problems with their behaviour: anger was self-identified as an issue by 118 respondents, and trusting others, anger and jealousy by 204, 118 and 71 respondents respectively. Moreover, 109 selected ‘needing to be in control’. The question which this then raises is where LGB and/or T individuals would find support and guidance to begin to address these problems. In many cases, these individuals’ behaviour in
relationships may fall below the threshold for referral into a DVA perpetrator intervention, hence later in this discussion we consider the need to widen the range of agencies and practitioners involved in recognising and providing support and intervention for LGBT DVA and lower-level relationship issues. In focus groups, practitioners offered a number of useful suggestions including quality online resources and group sessions to share relationship difficulties and address ‘problem’ relationship behaviours in LGB and/or T relationships.

The final question explored respondents’ ‘readiness to change’ (Rollnick et al, 1992) and again a not insubstantial minority (of the 425 who answered this question) indicated that ‘my behaviour is a problem sometimes’ (37.2% agreed/strongly agreed); while 14.9% agreed/strongly agreed that ‘I am at the stage where I should think about changing my behaviour’. Interview participants reflected on these issues too, sometimes expressing concerns about repeating past aggressive behaviours and the consequences for future relationships, as Angela’s account demonstrates:

Um [pause] if I’m completely honest, I am frightened of getting in a relationship again because of all these things that I’ve talked about and my history of having a temper. Even though it hasn’t come up in the last five years, there’s always in the back of my mind this worry that it’s only because the relationship has only got to nine months so I’ve never been in a relationship for long enough for perhaps that to come out. [...] So yeah the whole thing kind of fills me with dread in some ways, but in others you know I’m a people person. [...] I will carry on dating and be excited about dating, but I’m definitely frightened for those reasons and, you know, I don’t ever want to say hurtful things to anybody again and I hope that that’s in my past” (Angela, white, lesbian, aged 41 years)

These findings suggest that there is some recognition of problems, need and readiness to change behaviour in relationships. Respondents might do this on their own and/or with the help and support of friends and family. The questions remain, if they decide to approach services to help them, what would be available to them and would the services respond appropriately?

2.3.2 Perpetrator interventions

Based on our interviews with practitioners currently involved in the design and/or delivery of perpetrator programmes, it is clear that there is very little available for abusive LGB and/or T people, though there was a consensus amongst practitioners that such interventions are needed. As it stands, there are no bespoke voluntary or National Offender Management Service (NOMS)-accredited criminal justice system programmes for LGB and/or T, or female perpetrators in the UK, and accredited DVA programmes are currently only available to men who have offended against female partners. In preparation for interviewing practitioners from voluntary/community-based programmes, we compiled a database of 50 services across the UK that offer perpetrator interventions; of these, only four overtly indicated on their websites or publicity materials that they were open to
perpetrators in same-sex relationships, though the interviews flagged up others which had done or would be prepared to do this work, but do not actively promote this.

The lack of suitable provision in criminal justice is a fundamental equalities issue, with particular implications for those LGB and/or T perpetrators who have index offences related to DVA. For the most serious offences, applications for parole take into account successful completion of relevant accredited programmes to address risk factors, yet for offences at all degrees of severity, the extent to which a convicted LGB and/or T DVA offender will have the opportunity to participate in relevant rehabilitation interventions to reduce their risk of reoffending (and thus the risk they pose to current, former and/or future partners, children and other third parties) is questionable. Moreover, given that very few LGB and/or T DVA offenders come to the attention of the criminal justice system – typically the most severe cases – the lack of suitable interventions has potentially very serious implications for the effectiveness of sentences and for the maintenance or escalation of risk to others. These issues are noted by a treatment manager for the Healthy Relationships Programme (HRP; the main prison-based DVA programme:

I think at that point [if faced with a gay male DVA offender] we'll obviously say OK I'm sorry you can't access the HRP and that is something, you can work on those risk factors elsewhere um but usually that will therefore fall down to either one-to-one work or maybe a TC [therapeutic community] depending on the level sort of issues but there's other work that they could do um but obviously it isn't as nice and 'oh you've got DV, have you done HRP', like a tick that they like, the parole boards (Treatment Manager, Healthy Relationships Programme)

Notwithstanding these concerns, it was very encouraging to find that some practitioners had worked one-to-one with LGB and/or T perpetrators of DVA, usually in ad hoc ways, though one agency offered this as a standard part of their service specification. Additionally, three practitioners from different Probation Trusts described involvement in developing (but not yet delivering) an unaccredited one-to-one intervention specifically for work with LGB and/or T perpetrators. There was however concern about the future of this pioneering work in light of the partial privatization of probation being rolled out through the Ministry of Justice’s Transforming Rehabilitation strategy.23

When considering how best to work with LGB and/or T perpetrators of DVA, a number of challenges and dilemmas were discussed, namely:

1. Whether gay, bisexual and/or trans perpetrators would be able to attend existing groups for heterosexual male perpetrators: most considered that this would not be appropriate because:

23 https://consult.justice.gov.uk/digital-communications/transforming-rehabilitation
They are designed for heterosexual men and frame power and control through heterosexual gendered roles. Some practitioners were concerned about the already Eurocentric nature of existing programmes and the limited use materials had for heterosexual male perpetrators who were Black or from other ethnic minority groups or different faith groups.

The majority pointed to the programme materials reflecting the public story of DVA: heterosexual couples, and heterosexual gendered attitudes underpinning heterosexuality, whilst also noting resourcing issues (confidence, knowledge and time) implicated in the adaptation of existing materials for use with LGB and/or T perpetrators.

Gay, bisexual or trans men could be at risk in groups where they were in the minority if they were to reveal their sexuality and/or discuss same-sex relationships.

2. Group work versus one-to-one work:

Whilst many practitioners believed that one-to-one work could have a positive impact for these individuals, especially given their conviction that this was better than not working with them at all, the consensus was that perpetrator interventions are best delivered on a group work basis. This reflected their views that peer challenges and support were valuable and that group work mitigates against individual practitioners becoming unintentionally collusive with perpetrator behaviours, beliefs or rationales.

3. Whether or not male and female co-facilitation of group work would be the preferred model for work with LGB and/or T perpetrators:

Most believed that having a female and male co-facilitator was less necessary for groups of LGB and/or T perpetrators. Practitioners from court-mandated programmes were more likely to say that providing mixed sex co-facilitators is already too difficult to guarantee because of the lack of men involved in this work and were generally less wedded to the necessity of this protocol.

Discussions also touched on whether the sexuality of the facilitators would matter, with varying views regarding how useful this would be and/or how appropriate it would be for a facilitator to disclose personal information about their sexuality or relationships to programme participants.

4. Issues considered specific to LGB and/or T perpetrators:

Practitioners spoke of issues which could arise in LGB and/or T group work settings which could be seen as not posing concerns within groups of solely (ostensibly) heterosexual male perpetrators. This included potential for sexual attraction and relationships between programme participants and the possibility of enrolling both partners from the same abusive relationship.

Practitioners also spoke of the greater likelihood of participants knowing each other (especially in smaller towns and cities) – with ensuing implications for confidentiality; that said, some facilitators in voluntary and criminal justice programmes reported
that in some geographic locations, this posed issues for their management of heterosexual male participants too.

Some of these dilemmas appeared difficult to resolve especially – as most practitioners identified – in the absence of existing good practice or indeed any precedent. Nonetheless, most practitioners believed that there are enough similarities between abusive relationships across gender and sexuality for existing programmes to be adapted for LGB and/or T perpetrators. Here, there is a narrative that the negotiation and living of intimate relationships is the same for everybody:

- Programme components such as individual pre-programme assessment and motivational work; modules on childhood and relationship histories, individual coping strategies related to self-control, attachment, dependency, self-esteem, anger, partner-blaming; lifestyle factors such as substance use; sexual abuse and negotiation of consent; parenting; readiness to change and personal strategies for change were all identified as being of relevance across sexuality and gender;
- Most believed that the power and control model is of use across sexuality and gender, notwithstanding that materials focusing on heterosexual gender roles might not be as appropriate for LGB and/or T perpetrators;
- In addition, some practitioners believed that gendered roles might still be influential in abusive relationships with LGB and/or T perpetrators because there exists a dominant story that, regardless of sexuality, intimate relationships are based on gendered roles and this might be a source of conflict. One practitioner explained:

  With gay male couples it’s quite … I’ve found that the gay males that tend to identify more with the, the more feminine side of the community where you know a lot of the attributes … they wear a lot of make-up, they will act in certain ways that are stereotypically gay … they will tend to emulate the more female side of the behaviour, whereas when they don’t identify with that and are seen more as men’s men [they] will identify more with the use of heterosexual violence as they would do to a woman. (Practitioner working on a voluntary perpetrator programme)

However, most practitioners also suggested that additional programme content would be required, contending that the stresses of living as an LGB and/or T person in UK society, experiences of homo/bi/transphobia, the pressure of staying in the closet and/or the shame some might feel about their identity, might also have a bearing on how DVA operates in LGB and/or T intimate lives. Here, the narrative is conversely one of difference across sexuality and gender:

- Such differences are believed to have an impact on an individual LGB and/or T’s self-esteem and self-confidence, their attachment, their dependency and their isolation which are all factors believed to contribute to being abusive in intimate relationships.
• Identity abuse by LGB and/or T perpetrators is also mentioned as a difference across gender and sexuality, including threatening to out somebody, controlling a victim/survivor’s access to different knowledge about how LGB and/or T relationships might be lived, and denigrating their sexuality and/or gender identity.

Despite showing willingness or enthusiasm to undertake LGBT perpetrator work, most practitioners identified many barriers to developing and delivering interventions specifically for LGB and/or T perpetrators of DVA. Two interrelated reasons were given for this:

• Practitioners working on court-mandated programmes in criminal justice settings referred to the political and economic climate which means that scarce resources are being focussed on priority offenders within prisons and probation: sex offenders, general violent offenders and heterosexual male perpetrators of DVA. Moreover, a prison practitioner who works with women spoke of the difficulties of securing resources for women’s interventions, with men being the target of most interventions for cost-effectiveness, given the larger numbers that a male intervention would reach.
• Similarly, practitioners providing voluntary perpetrator programmes pointed to the difficulties of securing funding for this work given the current public spending context and the competing needs of victims/survivors.
• Practitioners across both court-mandated and voluntary sectors referred to the numbers of LGB and/or T perpetrators being too small either to provide a rationale for tailor-made interventions for this group or to secure funding for this work; however, some practitioners acknowledged that there was more that they could do in terms of targeted outreach (for voluntary programmes) and asking the right questions at pre-sentence report and assessment stages (for court-mandated interventions).

2.3.3 Help-seeking for LGBT DVA: towards an integrated approach?

The Coral Project set out with a narrower remit of focussing our research on practitioners involved in the design and/or delivery of perpetrator interventions. However, as already noted, it became evident as the study progressed that many other agencies and practitioner settings have vital roles to play in: detecting and responding to DVA in LGB and/or T relationships; offering support to relationships which are situationally violent or otherwise volatile; and providing young people with inclusive and appropriate sex and relationship education, support and guidance to positively influence understandings and expectations of LGB and/or T relationships. The roles of these diverse agencies are particularly important given that LGB and/or T perpetrators are not currently well-served in existing DVA perpetrator interventions; and would often not, according to the profile of our participants, meet the threshold for referral into these programme. Moreover, non-recognition of DVA and the public story of DVA permeating through both the design and marketing of perpetrator interventions mean that – in this current context – few LGB and/or T self-identified perpetrators would consider these services to be LGBT-inclusive or relevant to
their relationships. Our focus groups with different groups of practitioners demonstrated the ways in which professional cultures – characterised by different levels of expertise in responding to DVA or LGB and/or T service users, different qualifications and divergent philosophical and ideological frameworks – shaped understandings of and responses to the presentation of ‘abusive’ behaviours. Developing a more integrated approach to ‘relationships’ work which includes counselling and therapy, DVA services, providers of sex and relationship education/support, perpetrator programmes, youth work and so on could provide opportunities to develop better shared skills about identifying the kind of violence and abuse being experienced/used; who the victim/survivor and perpetrator is; and cross-referral to ensure more relevant and appropriate responses for service users or clients.
3. REFLECTIONS, CONCLUSIONS AND RECOMMENDATIONS

3.1 Reflections on the Coral Project

The Coral Project is the first academic study of its kind in the UK context to explore abusive behaviours in LGB and/or T relationships. As such it was exploratory not just of the issues but also of the methods by which the research aims could be achieved. A mixed-methods approach was chosen to maximise the range of data it might be possible to collect, but there are limitations with this approach that have been alluded to: the near impossibility of conducting a survey of a random sample of LGB and/or T people in the UK context means that caution must be taken in generalising from this study to the wider population of LGB and/or T people; the near invisibility of LGB and/or T people amongst so-called clinical samples of DVA perpetrators led to a survey of a general sample of LGB and/or T people who might have used ‘abusive’ behaviours in their relationships; and the sensitivities and ethical challenges attached to the research aims meant that interview participants recruited from the survey were most likely not going to be ‘intimate terrorists’ (Johnson, 2006).

However, the take-up of the survey by LGB and/or T people and the number of volunteers secured for interviews suggest that there is a willingness amongst LGB and/or T people to take part in such research and to talk openly about violence and abuse in their intimate relationships. The original target size for the survey was quadrupled and we had very little difficulty recruiting volunteers to interview. The data indicates that respondents were willing to report their use of violent/‘abusive’ behaviours in a survey and to talk about ‘abusive’ behaviours they had used in interviews.

It was also relatively easy to recruit practitioners providing both court-mandated and voluntary perpetrator programmes. Here too our target was surpassed. Practitioners were willing to reflect on their work with heterosexual male perpetrators and to discuss what measures they think could and should be taken to address abusive partners in LGB and/or T relationships. Having a flexible approach to the methodology meant it was possible to change which groups of practitioners were invited to take part in the focus groups in order to better reflect the preliminary findings that the data had wider implications for policy and practice than informing perpetrator programmes alone. In the focus groups, practitioners from a range of professional backgrounds were willing to take part and discuss some of our preliminary findings and offer insights about their approach to intimate relationships, DVA and LGB and/or T people. Consequently, the findings have relevance for a wide range of practitioners who provide services either indirectly or directly addressing adult intimate relationships.

A final reflection on the initial analysis to date is that the findings also have relevance for understanding and responding to DVA in heterosexual relationships and the ongoing development of policy and practice. Whenever social issues are researched in LGB and/or T communities the tendency is often to interpret the findings alongside what is known about
heterosexual women and men to confirm what is known; and for any differences to be put
down to the sexuality and/or gender identity of the LGB and/or T individuals. Instead, the
research team believe that by focussing on the experiences of LGB and/or T people it has
been possible – and necessary - to step away from the public story of DVA. This has enabled
different questions to be asked, different stories to be told and, we believe, some fresh
insights into how DVA is experienced, understood and responded to that has relevance for
heterosexual experiences of DVA. These issues will be further drawn out as the analysis
progresses, but are mentioned here to give food for thought for practitioners and agencies
involved in responding to heterosexual DVA.

3.2 Conclusions

The findings are located around three initial themes:

1. Experiences of homo/bi/transphobia and their implications for relationship experiences
   and the potential use of ‘abusive’ behaviours
2. Making sense of ‘abusive’ behaviours in LGB and/or T relationships
3. Help-seeking and interventions for LGB and/or T ‘abusive’ partners

With these themes in mind, and drawing on different phases of the research, the interim
conclusions are as follows:

1. **Experiences of homo/bi/transphobia and their implications for relationship experiences
   and the potential use of ‘abusive’ behaviours**

   a. High proportions of the sample reported homo/bi/transphobic victimisation;
   b. Participants indicated that dealing with the disclosure and concealment of their
      sexuality and/or gender identity was stressful, particularly in relation to
      strangers/the public;
   c. Those who reported homo/bi/transphobic victimisation were more likely to report
      both experiencing and enacting at least one abusive behaviour, and significantly
      more likely if they had experienced hate crime or homo/bi/ transphobic bullying;
      however, we are not able to make any claims about the causal relationship between
      ‘minority stress’ and using abusive behaviours;
   d. Homo/bi/transphobic victimisation and discrimination have implications both for
      how LGB and/or T live their day-to-day intimate relationships and help-seeking.
2. Making sense of ‘abusive’ behaviours in LGB and/or T relationships

Four groups of findings emerge here:

a. ‘Owning up’ to what? Reading between the lines of accounts of ‘abusive’ behaviours by LGB and/or T people

Contrary to research on abusive heterosexual men which suggests that they minimise deny and blame the victim/survivor for violence and abuse they have used (e.g. Anderson and Umberson, 2001), in this study interview participants were open, honest and concerned about their use of behaviours. Two factors might explain this: that they are talking about past relationships and have had time to reflect on them and their behaviours within them; and/or that they have been victimised in those relationships but do not identify their experiences as DVA. Sampling issues are also significant, given that existing research on heterosexual male perpetrators draws mostly on convicted perpetrators.

b. Identifying what kind of relationship violence it is: Contexts for the use of ‘abusive’ behaviours

Whilst LGB and/or T interviewees were purposively selected based on who, in the survey, had used behaviours that could be perceived as ‘abusive’, the majority were doing so in retaliation, revenge and/or self-defence within a relationship that was controlling; or in a relationship which was situationally violent or in other ways volatile. This does not negate the harm that these behaviours can cause to both the recipient and the relationship, but it does mean that a one-size-fits-all intervention will not be effective.

c. Who’s got the power?: More complex configurations of power in intimate same-sex, bisexual and/or trans relationships

There was evidence that some relationship experiences challenge ‘obvious’ understandings of how social power might operate in intimate relationships; for example, men in relationships with much younger men being victimised as a result of being positioned as ‘younger’ in terms of outness and where already being out is used as social capital.

d. Is this abuse?: Recognising DVA and distinguishing between abusive relationships and unhappy or volatile relationships

The public story about DVA – namely that DVA is a heterosexual problem of larger, stronger male partners using physical violence towards weaker female partners (Donovan and Hester 2011) – leads to difficulties for LGB and/or T people in recognising DVA in their relationships and non-use of mainstream and/or specialist DVA agencies. This can also engender situations where LGB and/or T people do not recognise that they are being victimised, but instead present at agencies with concerns about their own behaviour. In addition, there are particular difficulties in making distinctions between abusive relationships and unhappy or
volatile relationships. This is partly because practitioners and LGB and/or T people have varying views about what abusive relationships look like – with the public story of DVA making physical abuse more visible and obscuring coercive control.

3. Help-seeking and interventions for LGB and/or T ‘abusive’ partners

Four groups of findings have been identified:

   a. Participants’ help-seeking behaviour and needs

Most survey respondents who responded to a question asking whether they had sought help for the behaviours they had used said they had not: the most common reasons given for not doing so were ‘it wasn’t serious enough to seek help’, ‘private matter/nobody else’s business’ and ‘felt too ashamed’. However, other responses chosen suggested that respondents were wary of seeking help. Trans-identified respondents were significantly more likely to select ‘Didn’t think they would understand’ or ‘didn’t think they could help’ or ‘because of my gender identity’. This might reflect a concern that some LGB and/or T people have that, especially mainstream services might not ‘get’ their sexuality and/or gender identity or problematise it rather than address the problem they present with.

Our study has found that when LGB and/or T relationships are going wrong, informal sources such as friends and individualised sources of help such as counselling/therapy are preferred; yet, the latter often treats relationship experiences as an individual or relational problem, rather than reflecting a wider social problem. Interview participants were generally keen to have the opportunity to seek help from an LGBT-specific service, expecting a greater level of understanding, insight into LGB and/or T relationships and acceptance of their sexuality and/or gender identity. A minority cited a preference for using mainstream services: out of convenience; a belief that these services are or should be inclusive and non-judgmental; or a concern that LGBT-specific services would over-emphasise their gender and/or sexuality.

The survey findings suggest that some LGB and/or T people recognise the need to make changes to how they behave in their relationships and a substantial minority identify that they have problems with control, jealousy, anger and trust.

   b. Perpetrator interventions

Bespoke interventions for LGB and/or T partners are almost non-existent within both voluntary/community-based services or within the criminal justice system. Within the probation and prison services there are no accredited perpetrator interventions to which convicted LGB and/or T perpetrators can be mandated, although some probation practitioners had developed adapted versions of the IDAP one-to-one programme. Most voluntary/community-based perpetrator services are only open to heterosexual men who
have used DVA against female partners, though some practitioners have worked one-to-one with LGB and/or T perpetrators.

The dearth of specialist provision has significant implications for opportunities to rehabilitate, reduce risk and hold perpetrators accountable in line with government policy. Participants were keen to develop appropriate and inclusive interventions, but identified a range of views and a number of dilemmas in relation to logistical issues (e.g. whether gay or bisexual men could be included in existing heterosexual male groups, the viability and value of group versus one-to-one interventions, whether LGBT service users could be grouped together, and the gender and sexuality of facilitators) and the theoretical underpinnings and content of potential LGB and/or T perpetrator interventions (e.g. the relevance of material reflecting heterosexually gendered notions of power and control and the need to consider unique issues associated with ‘minority stress’).

Practitioners currently providing interventions for predominantly heterosexual male perpetrators recognise the need to develop interventions for LGB and/or T perpetrators, but there are a number of constraining issues including limited visible demand making it difficult to justify ‘niche’ developments; the current ‘austerity’ spending cuts (in fact, one agency that participated in the research closed some months afterwards due to lack of funding); the partial privatization of the Probation Service; and lack of an evidence base and relevant training.

c. Help-seeking for LGB and/or T DVA: towards a more integrated approach?

The findings of this study have implications not only for practitioners who provide DVA perpetrator interventions, but should also resonate with a much wider range of practice settings including, not exhaustively, specialist DVA services and DVA roles in mainstream agencies more generally, the police, the LGBT sector, youth work, formal and informal sex and relationships education/support and, in particular, both private and NHS counsellors/therapists.

d. How practitioners make sense of ‘abusive’ behaviour in LGB and/or T relationships

Focus group discussions amongst different practitioner groups suggest that each approaches LGB and/or T relationships, DVA, and unhappy or volatile relationships in different ways, reflecting their professional qualifications, expertise and experience. Moreover, practitioner discussions also reveal the influence of public stories about DVA and adult intimacy that might cause barriers to providing an inclusive service to LGB and/T people seeking help. Whilst practitioners showed awareness and sympathy with how living in a homo/bi/transphobic society might negatively impact on LGB and/or T relationship behaviours, it is important not to focus on sexuality and/or gender identity as ‘the problem’ when LGB and/or T people seek help for their experiences/behaviour in relationships.
3.2 Recommendations

In light of our conclusions so far, the following recommendations are proposed:

• Training and awareness about DVA in LGB and/or T relationships is needed amongst practitioners working in multiple practice settings including, but not restricted to, specialist DVA services, the police, providers of court-mandated accredited programmes for DVA offenders, formal and informal sex and relationship educators, counsellors and therapists.

• Given the preferred use of counsellors/therapists by participants who had used ‘abusive’ behaviours, private and NHS counsellors, therapists and mental health service providers should be prioritised for training and awareness-raising about LGBT DVA.

• Training should focus on:
  o information about DVA in LGB and/or T relationships;
  o how LGB and/or T people might present accounts of themselves as having been ‘abusive’ in a relationship but that this should be carefully unpacked with them to establish the context, meanings, motives and impact of these behaviours;
  o skilling practitioners up on identifying the different ways in which the operation of social power might be confounded in abusive LGB and/or T relationships;
  o case studies to provide examples of the different kinds of violence that can occur in LGB and/or T relationships, as well as to illustrate the sometimes different ways that social power or power accruing from being an experienced LGB and/or T person can be used to victimise an LGB and/or T partner;
  o caution about being seen to problematise the sexuality and/or gender identity of a service user seeking help about an intimate relationship;
  o how to make a service/agency inclusive for LGB and/or T service users;
  o how to encourage the take-up of services by LGB and/or T people and to do so before escalation occurs.

• A review of provision for convicted LGB and/or T DVA offenders is needed to:
  o develop skills at pre-sentence report stage to identify LGB and/or T offenders;
  o address the current discriminatory position of there being no accredited programmes for LGB and/or T DVA offenders, including, if necessary, reconsidering the criteria for parole for indeterminate-sentenced offenders until equivalent opportunities for attending an accredited programme exists;
  o provide training and awareness about LGB and/or T relationships and DVA in LGB and/or T relationships in order to more accurately identify the victim/survivor and perpetrator and how power can operate in LGB and/or T relationships;
consider how an accredited programme for LGB and/or T offenders of DVA could be provided, taking into account issues such as confidentiality and safety.

Young LGB and/or T people need to be provided with opportunities for formal and informal sex and relationship education, including how to identify abusive relationships and how and where to seek help. Role models for LGB and/or T relationships that are of ‘ordinary’ lives and relationships lived in non-abusive ways should be promoted to provide different kinds of public stories to influence relationship behaviours and norms.

Given the importance of friends as a source of help for people experiencing and/or using ‘abusive’ relationships, work is needed with LGB and/or T communities to promote friendship norms of support, and circulate information both about how to recognise an abusive relationship and what sources of help are available.

Funding should be made available to pilot and evaluate a voluntary, community based, tailor-made intervention for abusive LGB and/or T people. This should involve:
  o the development of a tool to identify the range of ways that violence can be used in a relationship with a focus on how power is operating within the relationship and a risk and needs assessment in order to carefully identify and, if necessary, divert referrals to an appropriate alternative service (e.g. for victims/survivors);
  o testing the feasibility of a group and/or one-to-one intervention depending on resourcing, demand and geography;
  o taking into account confidentiality and safety for LGB and/or T participants, as well as logistical issues regarding whether – for group work – to have mixed LGBT groups or to separate groups by gender and/or sexuality, as well as consideration to the gender and/or sexuality of the facilitators;
  o partnership working with appropriate partner agencies for mutual support and skill/knowledge sharing to develop the intervention.
  o outreach to LGB and/or T communities and networks in order to promote the new intervention and encourage take-up.

Online resources for LGB and/or T people and practitioners should be developed to provide information and guidance on LGB and/or T relationships where violence and abuse are occurring. These could be hosted by various organisations providing ‘relationships’ services.

‘Relationships’ services across sectors should specifically invite LGB and/or T people to take up their services and ensure that their public face (literature, webpages, flyers, imagery) includes LGB and/or T people and their lives within them.
REFERENCES


Hester, M., et al. (2012) Exploring the service and support needs of male, lesbian, gay, bisexual, and transgendered, black and other ethnic victims of domestic and sexual violence. Bristol, University of Bristol.


APPENDICES

Appendix A

Trans-identified respondents’ experience of (gender) minority stress (n=102)

Appendix B

Respondents’ experience of stress (sexuality) (%) (n=863)
## Appendix C

### Top five contexts for experiences of victimisation (n=872)

<table>
<thead>
<tr>
<th></th>
<th>Homo/bi/transphobia</th>
<th>Bullying</th>
<th>Hate crime</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Strangers/the public</td>
<td>69.4%</td>
<td>29.5%</td>
<td>31.7%</td>
</tr>
<tr>
<td><strong>2</strong> Family</td>
<td>42.1%</td>
<td>20.3%</td>
<td>6.9%</td>
</tr>
<tr>
<td><strong>3</strong> People at work</td>
<td>33.5%</td>
<td>13.0%</td>
<td>6.4%</td>
</tr>
<tr>
<td><strong>4</strong> School/college/university</td>
<td>28.2%</td>
<td>11.0%</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>5</strong> Friends</td>
<td>27.1%</td>
<td>9.1%</td>
<td>4.1%</td>
</tr>
</tbody>
</table>
Agencies offering confidential information and support for victims/survivors and/or perpetrators of domestic violence and abuse in LGBT relationships:

**Broken Rainbow**, 0300 999 5428 (M & Th 10am-8pm; Tu & W 10am -5pm)  
www.brokenrainbow.org.uk  
Services for LGBT people experiencing domestic violence.

**Dyn Project, Safer Wales**, 0808 801 0321 www.dynwales.org  
For men who experience domestic abuse and sexual violence in Wales.

**Men’s Advice Line**, 0808 801 0327 (M-F 10am -1pm/2pm-5pm) www.mensadviceline.org.uk  
For men experiencing domestic violence.

**Rape Crisis**, 0808 802 9999 (12-2.30pm/7-9.30pm) www.rapecrisis.org.uk  
Support for women and girls who have experienced sexual abuse.

**Relate**, 0300 100 1234 (M-Th 8am-10pm) (F 8am-6pm) (Sat 9am-5pm) www.relate.org.uk  
Helping couples, families and individuals to make relationships work better.

**Respect**, 0808 802 4040 (M-F 10am-1pm/2-5pm) http://www.respectphoneline.org.uk/  
For men and women who behave abusively in relationships.

**ROAR Domestic Abuse Advocacy Support**, http://www.stonewallhousing.org/roar.html  
For people experiencing LGBT domestic abuse in London.

**Scottish Women’s Aid**, 0800 027 1234 or 0131 226 6606 (general) www.scottishwomensaid.org.uk  
For women and children experiencing domestic violence.

**Stop Domestic Abuse: Scotland’s LGBT Domestic Abuse Project, LGBT Youth Scotland**  
https://www.lgbtyouth.org.uk/domestic-abuse  
Provides information for practitioners working with young people.

**Survivors UK**, 0845 122 1201 (M & Tu 7-9.30pm/Th 12-2.30pm) www.survivorsuk.org  
For men who have experienced rape and sexual abuse.

**Welsh Women’s Aid**, 0808 10 800 (24hrs) www.allwaleshelpline.org  
For anyone experiencing domestic violence.

For women and children experiencing domestic violence.

**Women’s Aid Federation Northern Ireland**, 0808 802 1414 (24hrs)  
http://www.womensaidni.org/  
For women and men experiencing domestic violence.
Our sincere thanks go to the following agencies who participated in this research:

ABFABB, Bridgend
Angus Women’s Aid
Barnardo’s, Newcastle
Beleef Institute for Contemporary Psychotherapy, London
K Black, Integrative Arts Psychotherapist
Carmarthen Domestic Abuse Services
Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company
DVIP, London
Dyn Project, Cardiff
Equation, Nottingham
Janet Haney, Private Practitioner
FTM Wales
Gay Advice Darlington and Durham
Glasgow East Women’s Aid
Gwalia, Swansea
Durham Children and Adult Services
HMP Foston Hall
HMP Gartree
HMP Stocken
InPact – Knowsley
Kent, Surrey and Sussex Community Rehabilitation Company
LGBT Youth Scotland
London Community Rehabilitation Company
Making Changes, Newbury
Martin Training and Consultancy, London
MESMAC North East, Newcastle
Northumbria Community Rehabilitation Company
Northumbria University Chaplaincy
One Plus One, London
Pink Therapy, London
PLUS Gateshead
Police Scotland
Rainbow Family Centre, Washington
Relate Derby
Respect, London
ReStart Therapy, London
SACRO Groupwork Services, Glasgow
Safer Families, Edinburgh
Safer Merthyr Tydfil
Safer Merthyr Tydfil Visible Project
Scottish Women’s Aid, Edinburgh
Shine/Umuada, Nottingham
Splitz, Trowbridge, Staffordshire and West Midlands
Community Rehabilitation Company
STaG Gateshead, Tyne & Wear
STOP, Leeds
Streetwise, Newcastle
Sunderland University Chaplaincy
Susan Debusmann, Private Practitioner
Tavistock Centre for Couple Relationships, London
The Awareness Centre, London
The Jenkins Centre, Leicester
Trinity Youth, Bedlington
Victim Support, Newcastle
Voluntary Action Fund, Edinburgh
Women’s Aid Integrated Services, Nottingham
Working with Men, Edinburgh