



Practice briefing for Idvas Engaging and working with lesbian, gay, bisexual and transgender* (LGBT*) clients

It is widely recognised that LGBT* clients have historically had difficulty accessing services. Research shows that LGBT* individuals are disproportionately underrepresented both among those accessing specialist domestic abuse services and those referred to Marac.

Data from SafeLives' national dataset shows that, of 30,559 victim cases accessing support from Insights domestic abuse services between 01/04/2014 and 31/03/2017, just 754 (2.5%) of these identified as being lesbian, gay, bisexual or transgender. In addition, of the 88,740 cases discussed at Marac (01/10/2016 – 30/09/2017), only 1.0% were noted to involve LGBT* victims. Informed guidance on this subject would suggest that Maracs and domestic abuse services in urban areas should expect a proportionate representation of 10%.¹

By considering the profile of those LGBT clients in SafeLives' national dataset of victim cases (outlined above), this practice briefing will reflect on the additional needs such clients present and seek to identify how Idvas can work to better engage and support this marginalised group.

This practice briefing will explore:

- Client profile
- Why are LGBT people underrepresented in domestic abuse services?
- What does the SafeLives national dataset tell us?
- Reflections for practice
- Useful links and references and further reading

Client profile

Of the 754 LGBT victim cases from SafeLives' three year national dataset:

- 169 described themselves as lesbian
- 103 described themselves as gay
- 366 described themselves as bisexual
- 124 identify as a gender that is different to the gender they were assigned at birth

¹ When considering the prevalence of domestic violence and abuse in a population, the British Crime Survey - which is based on a randomised sample of an ostensibly heterosexual population - tells us that 1 in 4 women can expect to experience domestic violence, sexual violence or stalking in their lifetime. We cannot do a similar exercise with the population of LGBT people because it is not yet possible to construct a randomised sample (see Heaphy, Weeks, & Donovan, 1998).

However, national research indicates that domestic abuse is a considerable problem within LGB relationships (Donovan, Hester, Holmes, & McCarry, 2006). If we accept that there is no reason to assume that the prevalence rate of domestic violence in LGBT relationships is higher than that in heterosexual relationships we can use the 1 in 4 figure to give us a best estimate about the numbers of those in the general population who are LGBT and who, at any time, might be experiencing domestic violence and abuse, sexual violence and/or stalking.

The government estimates that between 5-7% of the population is LGBT. However it is also the case that, because of experiences of homophobia, isolation, and discrimination, LGBT people often move to bigger cities and metropolitan centres where there is more likely to be an LGBT scene, LGBT agencies and potential LGBT networks of friendship, support and families of choice (Weeks, Heaphy, & Donovan, 2001). This means that, in urban areas, we might expect the proportion of the population identifying as LGBT as nearer 10%. For the purposes of assessing prevalence it is the 10% figure that will prove the most useful (Hull, Donovan & Owen, 2013).

No clients identified themselves as transgender, meaning we will be unable to make observations on this client group from the data; however, this fact alone serves as a powerful message for practitioners. It is clear that there is more to do to engage LGB clients in domestic abuse services generally, but it is also apparent that more in particular must be done to ensure trans people can access, and have faith in, domestic abuse services. Many people who have transitioned may not identify as transgender, and so may not disclose this aspect of their identity in accessing services, while others may decide not to disclose due to feelings of exclusion and the fear of discrimination. The barriers that these clients face in accessing support must be addressed.² It is also important that the impact of intersectionality is appreciated. Trans people who access domestic abuse services may be in heterosexual relationships, or they may be lesbian, gay, or bisexual. Where we believe that observations we make are relevant to trans people we have maintained the term LGBT; where it is not deemed relevant, we have used the term LGB.

Why are LGBT people underrepresented in domestic abuse services?

There are a number of reasons why LGBT people may not be represented proportionately in domestic abuse service caseloads.

They don't identify with the 'public story' of domestic abuse (Donovan & Hester, 2010). Domestic abuse is often assumed to be a problem of heterosexual relationships, and/or that it is primarily a problem of physical violence with the abuse perpetrated by the bigger, 'stronger' heterosexual man against the smaller, 'weaker' heterosexual woman. This public story can affect a client's decision to seek help, as they are less likely to label themselves as experiencing or using abuse if they are unable to identify with the characteristics of domestic abuse this perception presents.

They don't think services are aimed at them. The way some domestic abuse services market themselves can lead LGBT people to question whether the service is for them. For example, men are not usually used in imagery for domestic abuse services and women are often shown together in supportive groups. This can lead LGBT clients to question whether a service is for them.

There is a gap of trust between those in same-sex relationships and mainstream agencies. This is typically based on a fear that these agencies may be homophobic, will not be sympathetic or will not understand the experiences of the client (Donovan & Hester, 2011). For some clients, this will arise from previous experience of real or perceived homophobia from service providers. In addition, some services may appear heterosexist (i.e. they assume all clients are heterosexual) and, as such, exclude LGBT individuals who may be led to believe that the service is not appropriate for them. LGBT victims may also fear bringing an already stigmatised community into disrepute by seeking help. One effective solution may be to work with the local police unit, which has a specific remit to support members of minority communities, or a local hate crime initiative.

Services may not take the abuse seriously because of myths around violence in same-sex relationships. For example, the assumption that women are not violent, or that violence taking place between two women or two men is less serious than in heterosexual relationships or is likely to be mutual abuse. These myths could result in practitioners misunderstanding or minimising the risk experienced by LGBT victims, further exacerbating the gap of trust.

They will be required to 'out' themselves to services. This can also lead to concerns around confidentiality if the client is not 'out' in every part of their life (e.g. to colleagues or family). For instance, if an LGBT victim is referred to Marac, a range of agencies will come to know about their sexual orientation or gender identity. This may be information they are not yet prepared to share, or they may fear repercussions if the 'wrong' people hear about their sexual or gender identity.

What does the SafeLives national dataset tell us?

1. There are notable differences in the prevalence of abuse types.

Prevalence of all type of abuse among LGBT clients is higher than those who do not identify as LGBT (see table below). With the exception of harassment and stalking, these differences were found to be statistically significant³. This may indicate that LGBT client groups take longer to report the abuse they are experiencing, and that the abuse will have escalated significantly as a result. This supports the need for practitioners to provide an efficient and risk-led response to reported abuse.

² For further information on the experiences of trans survivors of domestic abuse, please see Roch, Ritchie, & Morton (2010).

³ For physical and sexual abuse $p < .001$; for Jealous and controlling behaviour $p < 0.05$; for harassment and stalking the difference was not found to be statistically significant.

	LGBT CLIENT GROUP	NON-LGBT CLIENT GROUP
Physical abuse	64%	57%
Sexual abuse	28%	21%
Harassment and stalking	68%	66%
Jealous and Controlling behaviour	83%	80%

Proportion of clients experiencing specific types of abuse at intake

Breakdown of severity of abuse experienced

	LGBT CLIENT GROUP			NON-LGBT CLIENT GROUP		
	Standard	Moderate	High	Standard	Moderate	High
Physical abuse	9%	17%	37%	9%	16%	33%
Sexual abuse	9%	9%	9%	7%	7%	7%
Harassment and stalking	15%	21%	32%	13%	21%	33%
Jealous and Controlling behaviour	14%	27%	42%	15%	26%	39%

It has been noted that there is a possible reluctance among those undertaking risk assessment with LGBT people to discuss issues relating to sexual violence. This may arise as a result of the professional's own discomfort or lack of knowledge. It is important that the experience of each type of abuse is explored carefully to understand its severity and whether it is getting worse or happening more often. The SafeLives Severity of Abuse Grid is a useful tool for this work.⁴

When assessing the risks posed to an LGBT client, consider:

- **Could the client's sexuality be being used as a way of controlling them?** For example, are threats being made to 'out' them to their family or employers?
- **Could the perpetrator be using social media to control or abuse the victim?** In the case of LGBT individuals, social media may present an additional forum through which the perpetrator can threaten to 'out' the victim.
- **Is this their first same-sex relationship?** Research indicates (Donovan et al, 2006) that a person's first same-sex relationship is a high risk time for domestic abuse to begin because of the unique circumstances it presents. This is because:
 - The victim's sense of identity may be heavily influenced by the existence of the relationship.
 - The victim may lack confidence in what behaviours are acceptable in intimate same-sex relationships.
 - The victim may not have an established LGBT support network in which to air their concerns.
 - The victim may have limited access to role models about healthy and respectful relationships (Ristock, 2002; Donovan & Hester, 2008).
- **Is the person you are working with 'out' in other parts of their life?** How does their social/support network relate to their relationship? It may be that the two are closely linked and, in ending their relationship, they will sever ties with many of their friends - potentially isolating themselves from their community.
- **Does the potential of homo/bi/transphobia present an opportunity for further isolation?** For example, is there a risk of hate crimes against the couple from neighbours? Is the client alienated from their family? These issues will impact on their safety and support plans and may require separate intervention
- **Could there be multiple perpetrators?** LGBT clients can also face risks posed by:
 - Current or ex-partners (these may be either a same-sex partner or a former heterosexual partner); or,
 - Family members (such as a parent or sibling). Where family members and/or the wider community are identified as possible perpetrators, you may need to consider links to so-called 'Honour'-Based Violence.

⁴ <http://safelives.org.uk/practice-support/resources-frontline-domestic-abuse-workers-and-idvas/resources-idvas>

2. The experience of complex needs amongst LGB clients is considerably higher than the national dataset.

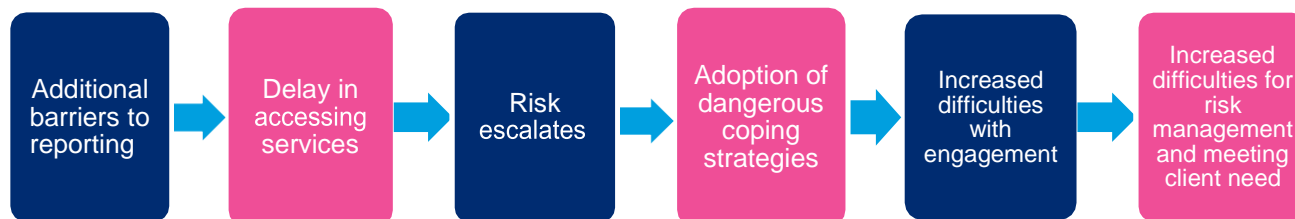
Vulnerabilities at intake into the domestic abuse service	LGB CLIENT GROUP	NON-LGBT CLIENT GROUP
Disclosed an issue with drugs	12%	6%
Disclosed an issue with alcohol	17%	9%
Disclosed an issue with mental health	51%	38%
Have previously attempted suicide	28%	15%
Have previously self-harmed	32%	14%

All differences were found to be statistically significant.⁵

The conclusions we can draw from this data are tentative and further research should be conducted and analysed to develop these messages. It is also crucial that we do not use this data to pathologise: not all LGBT clients will have complex needs or be more vulnerable than other clients. However, as we have considered, it is important to reflect on whether the barriers to reporting are so great for LGBT people that, when they do finally disclose their experiences, their risk levels may be higher and combined with complex needs.

Furthermore, given the level of complex needs and the risk profile of clients in the Insights national dataset, it is concerning that there are not more LGBT people being referred to Marac and this is something that practitioners should explore at a local level: are inaccurate assumptions about the nature of domestic abuse as it affects LGBT victims being made, leading to poorer assessment? Practitioners should endeavour to challenge these myths in their own practice, and in those of others, at all times in order to ensure that LGB and T clients have access to appropriate risk assessment and specialist services.

Living in a society that can be heterosexist, and experiencing internalised homophobia, may delay an LGBT individual's decision to access support. In addition to potentially escalating risk, this reluctance to seek help can also lead to the employment of dangerous coping strategies. **This results in an extremely vulnerable client group, experiencing multiple complex needs and who are likely to be harder to engage, possibly requiring several separate interventions from services.**



3. The living arrangements of LGBT people are typical of the general client group. 72% of LGBT clients accessing services were not living with their abuser at the time of intake, compared to 75% of those who did not identify as LGBT. It is often assumed that the living arrangements of LGBT people are different to those of heterosexual clients, but the data would suggest that this is not the case.

4. Almost half of LGBT clients (45%) have children living in or regularly visiting the household, compared to 67% of the general dataset. Whilst this is a lower figure than the general dataset, it is very important to note these children may still be witnessing or experiencing abuse. Never assume that an LGBT client does not have children; by always asking the question, you can make sure to include them when safety planning – where appropriate – and ensure you remain mindful of safeguarding procedures at all times.

Reflections for practice

Working with LGBT clients may raise issues for Idvas in relation to sexual orientation and/or gender identity and it is important that these issues are acknowledged. Consider the following pointers, and always be aware of appropriate services in the area that may be able to provide more specific support around sexual orientation.

⁵ In all cases p < .001

Language:

- **Appropriate language in work with LGBT clients is paramount.** When making the first contact, never make assumptions about sexual orientation or gender identity. It is essential to avoid assigning gender to a client's partner until they do so. This also means that any written materials need to be inclusive of LGBT people (for example, asking about relationship rather than marital status).
- **Take a lead from the client as to the terms they use to describe their sexual orientation or gender identity.** If you are unsure, ask. For example, the term 'homosexual' is routinely used in the media and among some service providers but among the LGBT communities this term is far less common, as it has a medical or psychological connotation. Most clients will describe themselves as lesbian, gay, bisexual or trans.
- **Be aware of pronouns and titles when you're supporting a trans or non-binary client.** For trans people, generally, the right gendered language is important. They may not identify as male or female, and it's important to think about whether you need to use he/she at all. Many non-binary people will prefer the pronoun 'they'. What matters is that you consider how the client wants to be addressed.

Within your service or project:

- **Represent the diversity of those accessing your services through the imagery you use in materials,** such as LGBT people.
- **Consider other specialist services or groups you can link with, take referrals from and offer training to.** As with all marginalised groups, the Idva service should not wait for the client group to come to them but proactively and assertively seek to engage them.
- **Be clear what services you provide to gay, bisexual and trans men.** If your project does not provide such services to these communities be sure to have clear links with other organisations that do.
- **Ensure you have sufficient training and resources to provide a proactive service to LGBT people,** rather than relying on the assumption that you will 'treat everyone equally'.
- **Monitor your service's data carefully.** Use the data related to your LGBT client group to create strategies for improving services and to evidence need for specific future resource.

Within your own practice:

- **Utilise the information provided in this briefing to enhance your professional judgement** during risk assessment work and to consider whether your client has additional complex needs.
- **Consider the use of screening tools for additional vulnerabilities, such as alcohol and drug use and mental health.** Given the indication that there may be a higher prevalence of complex needs amongst the LGBT community, this will help to ensure that all clients are asked about these issues in a way that limits the stigma attached and provides an environment of safe and informed disclosure.
- **If you are supporting an LGBT client, it is possible you may need to disclose their sexual orientation or gender identity (either directly or indirectly) when liaising with other services.** Ensure that you have discussed this fully with the client and have their consent, and that they understand the implications of your agency's confidentiality policy.
- **Be aware of the implications of homo/bi/transphobia beyond the client's experience of domestic abuse.** For example, securing emergency accommodation in a hostel may provide security from their abuser, but the victim may face homo/bi/transphobic abuse from other tenants if they are identified as being LGBT.

Useful links

SafeLives is a national charity dedicated to ending domestic abuse, for good. We combine insight from services, survivors and statistics to support people to become safe, well and rebuild their lives. No one should live in fear. It is not acceptable, not inevitable, and together – we can make it stop. A range of resources for professionals working with, or commissioning services for, victims of domestic abuse is available via our website. www.safelives.org.uk

SafeLives Insights is a newly developed outcomes measurement tool to help services understand who is accessing the service, identify gaps in provision, tailor interventions to support the needs of their clients, and evidence the impact of their work. For further information, questions, or to arrange a meeting, please call 0117 403 3220 or email rea@safelives.org.uk

North East Domestic Abuse Project (NEDAP) is a Victim Support-run initiative that focuses on improving services for victims of domestic abuse within lesbian, gay, bisexual and transgender (LGBT) relationships in the North East. www.victimsupport.org.uk/what-we-do/local-services/north-east/nedap

LGBT Domestic Abuse Foundation (DAF), run by **Stonewall Housing**, exists to provide individuals and organisations with support to develop, implement and improve services for LGBT people who have experienced domestic abuse. lgbtdaf.org

Stonewall works to achieve equality through acceptance without exception for alllesbian, gay, bisexual, and trans people. The organisation's Information Service provides details about local support groups, activities and services and offers advice on LGBT rights. www.stonewall.org.uk ◦ www.stonewallscotland.org.uk ◦ www.stonewallcymru.org.uk ◦ **08000 502020**

Galop offers advice and support to people who have experienced biphobia, homophobia, transphobia, sexual violence or domestic abuse. <http://www.galop.org.uk> **020 7704 2040**. The National LGBT domestic abuse helpline is run by Galop Monday – Fridays. On Tuesday they offer trans* specific support **0800 999 5428**

ag:gender is the support network for staff in government departments/agencies who have changed or need to change permanently their perceived gender, or who identify as intersex. www.agender.org.uk

Rise is a domestic abuse charity working in Brighton & Hove and West Sussex. Rise stands for Refuge, Information, Support and Education. The organisation supports women, children, young people and LGBT people affected by domestic abuse. www.riseuk.org.uk ◦ **01273 622 822**

The Dyn Project provides support to men in Wales who are experiencing domestic abuse from a partner. The Dyn Wales helpline offers confidential support to victims. www.dynwales.org **0808 801 0321**

Stop Domestic Abuse is a project run by **LGBT Youth Scotland**. It aims to support service providers who work with people who have experienced, or are currently experiencing domestic abuse. www.lgbtyouth.org.uk

The Beaumont Society is the largest and longest established transgender support group in the UK. The organisation supports transgendered people, their partners and families, as well as advising and training on transgender issues. www.beaumontsociety.org.uk

Birmingham LGBT delivers independent domestic violence advocacy and support for LGBT people in Birmingham, in a new pilot project funded by Birmingham's Community Safety Partnership. www.blgbt.org **0121 643 0821**

References and further reading

SafeLives would like to give special acknowledgment and thanks to Mary Hull and Catherine Donovan for allowing the reproduction of their work in relation to the identification of barriers to accessing support for LGBT clients, and their support in developing this practice briefing.

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