



## Spotlight #6: Episode 2

### Podcast transcript

#### Key

I – interviewer (Collette)

R – Millie

R2 – Iain

**I: I'm in London today and I'm joined by Millie and Iain from the organisation Galop. Welcome Millie and Iain. Could you tell us a bit about Galop and your role within the organisation.**

R: Okay cool. So myself and Iain both work on the domestic violence service, we are both advocates for victims or survivors of domestic abuse who are LGBT, who live in London. We work alongside two other services that Galop has, which is for hate crime and for sexual violence. Often we can work jointly with those different services, those different advocates and sometimes we have our own, sort of, clients that are just for the DV service. We also have a trans advocate and we have a young person's advocate and essentially, I mean the main mission of Galop is to provide support, advocacy and advice to people who are LGBT in London, who have experienced violent crime and the way in which we do that, as I said, is by operating three different broad services, hate crime, sexual violence and domestic violence.

R2: I guess the only thing I would add to that, is that one of our main services within the domestic violence pathway of Galop is the LGBT domestic abuse partnership, which is, sort of, an innovative partnership that Galop has leads on, which is a combination of other LGBT services to really prioritise domestic violence with Stonewall Housing to provide housing support to victims and survivors of domestic abuse and London Friend who provide a specialist trauma informed counselling service for LGBT victims and survivors. And a switchboard who signpost people to the domestic abuse partnership.

**I: I think there'll be lots of people around the country very envious of the various resources and networks that you have and, even though it's never enough, it sounds like you've got, you know, a good mix of services available to you in the area. So, for the clients that you're supporting, what do you tend to find in terms of their presenting need to you, do people come directly to you looking for a domestic abuse service, or does it tend to be that they come to you through other routes and you identify the domestic abuse through your work with them?**

R: In my experience, it's really varied. I think we have self referrals and we have a self referral form that can be found on our website. We quite regularly get referrals from other domestic violence organisations, including MARAC. We sometimes get referrals from the police themselves and then we can also get referrals from other professionals who are working for organisations that provide support and things like that, but aren't

DV or DA specific, or women's organisations. So it's quite varied in terms of where our clients come from. We also do have, as I mentioned previously, when we're joint working often they can be more internal referrals, someone may have come through to get some support around hate crime or they've experienced sexual assault and they're trying to get support around that, and through their work with an advocate on the other services, it comes out that they are experiencing intimate partner violence or they've had past experience of familial abuse and it's on the advice or support of that other advocate and they bring them over to us as well. So yes, it's really varied in my experience.

R2: I think we're lucky in that the national LGBT domestic violence helpline is run out of, Galop runs the helpline, it's run out of our offices and it's very much a collaborative approach between the casework service and the helpline. So a lot of people may ring the national helpline to get some advice, some emotional support and the helpline advisers may end up referring, if appropriate, into caseworker service as well.

R: Yes and it's actually really great to have this, as Ian said, three different services working alongside each other, one of which is more local and it's based in London and the other one is national. So we do feel like we are trying to at least support people around the country and we offer different services according to our capacities.

I: **What do you think is the real benefit to having a specialist LGBT service, like, what do you think that...?**

R: I mean, do you want to go first?

R2: Yes, I can answer that in, I think, a couple of ways. I think one benefit, we originally touched on about the different strands of the services that we provide, so sexual violence, hate crime, trans advocacy and domestic abuse. I think what we find with a lot of our client is that they don't just experience one form of victimisation and so it's really useful for us to have LGBT specialists in different facets of the criminal justice system, different facets of victimisation so that we can really have a, sort of, I don't know if I'd call it multi-disciplinary approach, but a multi-professional approach to be able to understand and formulate that person's experience better. So for example, I think pretty much all of my trans clients have been victims of hate crime as well as domestic abuse, which is the service that I operate, so it's very useful to be able to sit next to a crime hate specialist who is also working on the case, to be able to look at a joint approach, it's not that this victimisation is happening in isolation. So I think that's a useful aspect of having LGBT specialists in the organisation. I don't know if you want to say anything more.

R: I mean I personally think that the benefits are endless, I think that there is something that is really important about being accepted and not judged for who you are. I think, as Ian touched on, there are real systematic forms of oppression that LGBTQ+ people experience they are not the only form, you know, it's not the only form of oppression we know of and they're not the only oppressed group and an intersectional attitude and approach is also really important. Working with, as Ian just said, a trans woman who's experienced hate crime, you know, that person is a woman as well as LGBT, so thinking about things in a multi- sorry, so intersectional approach is so important because people are not just boxes that are ticked, they are made up of so many different experiences, needs and vulnerabilities and complexities. One of my favourite terms when I explain what I do to people and the fact that it's a specialist service is expert by experience. Obviously what that doesn't mean is that when my client walks through the door, I don't know exactly what they've been through, I haven't walked in their shoes, but at the same time, I do know what homophobia can feel like. I do know how the odds are stacked against them in terms of getting support, I do know the ways in which they may have been oppressed systematically in terms of criminal justice

solutions and the police, and I do know what that feels like when someone looks at you in a way that makes you feel othered.

Again, that doesn't necessarily mean that we will always have this cohesive level of support, but it is so important to our clients that they feel that and they know it, and I know from feedback from my clients over the years that, you know, actually women who sleep with women or men who sleep with men, there are very, very different issues and difficulties and challenges depending on how you are received by the world and, you know, how you identify and who you sleep with, but it's been a common comment I've received from my clients, whether they be man, woman, trans or other, that they just felt such relief that they wouldn't be seen as their sexuality and therefore be told no. When we think about domestic violence, obviously with a risk focused approach, we know how scary things can get, we know how easily and how quickly things can go very, very serious and how quickly things can get very dangerous. I think if we're thinking about barriers to getting support, that's only going to increase someone's risk. So I mean, yes, I could wax lyrical for hours about importance of specialist services and I personally, and I think Ian is of a similar opinion to me, that we would support BME specialist services, we would absolutely support women's specialist services, it's not about LGBT being more important, but it is about understanding the complexities and difficulties people can have because of societal discrimination.

**I: And I guess also, knowing what that person must have gone through, what it's taken for them to walk through your door or to pick up the phone and talk to you, because we know that it's hugely under-reported, LGBT domestic abuse. Do you have any thoughts about what gets in the way of people reaching out to services or services reaching out to individuals?**

R: I mean I certainly do, I think Ian's looking like he definitely does, do you want to...

R2: I think there are a lot of different things preventing people from reaching out to services. I think that there's a strong narrative that exists that does not necessarily include LGBT victimisation, so I think that there's an internal barrier that people end up facing when they experience abuse, that they may not interpret what they are experiencing as abuse because they have been largely left out of the mainstream narratives. I think that there are a lot of clients that I've experienced who have gone to other services and have not had a particularly good experience of either the police, the criminal justice system, maybe in response to their own victimisation or maybe in other facets of their life. Maybe they were homeless and they were shoplifting and they had a negative experience of the police in that way and they don't want to engage or report anything because they're quite fearful of the police and so I think that there are some identity barriers in feeling that they will be specifically judged because of their identification that prevent them from engaging with services. That's just some of them, there's many, many more.

R: Yes, I think if we were to try and capture all of them we would be here forever. I'm not sure that would be possible in one single conversation, but I absolutely agree with Ian. I think in terms of, you know, Galop have an understanding that sexuality and gender are separate things, however, obviously the way in which oppression can work and the way in which identity can work, these two things can become quite involved with each other and I think one aspect and the one thing I would argue is definitely a barrier to LGBTQ+ people reporting, or not reporting but even just reaching out to get support, is gender stereotyped. Men who sleep with men who are experiencing domestic violence at the hands of an intimate partner, well, boys will be boys, they're just rough playing. Women who are being abusive to a female partner, again, women aren't capable of domestic violence, it's men who perpetrate that and I think again, these are struggles, to my knowledge, the VAWG sector is still working with, the idea that women are to

blame, victims are to blame, why doesn't she just leave, all of those things are still incredibly present in the LGBTQ domestic violence sector as well.

And the understanding that domestic violence is not just physical, it's so much more than that, and we know that, but I think people who are not well versed in domestic violence jargon or understandings or, you know, labels, will not necessarily have those ideas, they won't necessarily be able to identify it for themselves. So there's a barrier right there in just being able to say, yes, this is abuse and I'm experiencing it. On top of that, you know, quite a lot of the time I think it's a well known story now where someone comes out to their family, their family are homophobically abusive to them, that isn't actually called domestic abuse, but it actually is. The fact that it was perpetrated by a family member would constitute domestic violence, but people do not think of it like that. And again, it's just about these understandings and labels that people are missing out on or not understanding correctly, because they already do not trust in services, they already do not trust in systems and yes, there's a long way to go.

**I: And in terms of risk, what you're both describing is that for many individuals, they've had poly-victimisation, so the risk posed to them could be risk from several different people and could be a risk from unknown people, in terms of strangers perpetrating hate crime. Also what you're describing is, they may not have that family network that if you're creating a safety plan you would be able to encourage the client to rely on. So, I'm just wondering, for people who are not experienced in supporting LGBT clients, what particular risk and safety planning issues would you say come up frequently?**

R2: I think it's a hard thing to answer if we were just to isolate LGBT as an area focus, because I think in the majority of my clients there are intersectional identities and that each one of those then ends up having specific risk factors associated with them. So, for example, a large proportion of my clients are not originally from the UK whose immigration status is their primary concern and that ends up being a locus of control that the abuser can use, and so they're not aware of their rights in the UK, they're very fearful of being deported back to a homophobic or transphobic country, so it's a significant risk factor for them in that we have to unpick a lot of things that are surrounding the domestic abuse. I think that's just one example of the cases that we end up working with, so we can be working with people who are, I don't know, who are travellers and then getting specialist advice in relation to their circumstance in their communities, is something that we need to reach out since we're not a specialist in travellers.

So I think it's difficult to say what are the specific LGBT risk factors because, I mean maybe I'm being controversial in saying I don't know if I was to say specifically to LGBT.

R: I think there are some, I think that for example, what you just outlined about there being a higher rate of chance of them not having a family member or a friend to go to when and if refuge is not an option, I think that is quite a specific thing to do with LGBT. I think, for example, chem sex is something we come across and that is something that we would say actually is quite specific to the LGBT community. For those of you that are listening that don't really understand what chem sex is, it's a sort of, a rising practice within predominantly men who sleep with men, it surrounds three different substances, methamphetamine, crystal meth and GHB all three of which enhance sexual practice and capacity. They are uppers and they can be incredibly addictive and incredibly harmful substances and they have, you know, usual implications on violence and sexual violence and domestic violence. We find that people who are engaging in chem sex practices often can be very, very vulnerable, and when we look at things from a risk perspective, things can seem very risky.

So there are a couple of things, I think HIV is one thing, outing someone's status as HIV positive, outing someone's status as trans, all of these things are really specific. The threat of outing someone to their family, again, I think what Ian was talking about in terms of not being from the UK and therefore being more vulnerable, if their family is outside of the UK and the perpetrator is threatening to out them as bi-sexual, transgender, gay, all of these things are quite specific. But, actually, I'd also agree that it's quite hard to just see someone as just LGBT, because we know, don't we, that they are a collection of so many other things. But with regards to safety planning, just on that point, I would just advice any Idvas or caseworkers, you know, with safety planning in my perspective, in my experience, it's just about the case, it's about the nuances and complexities and details, and it's about keeping a cool head. Referring to other organisations like ourselves, you're more than welcome to get in touch, and just go with what you know, go with what is right, listen to the client.

And normal standard safety planning does still apply that we would tell anyone who's experiencing currently domestic violence.

R2: I think one of the dangers in, maybe that's the wrong way to start phrasing it, but as domestic abuse advocates, we do see things from a risk perspective and I do think that there is sometimes a problem with that, in that we will see risk in a way that potentially may negate agency in a bit. So within the chem sex scene, for example, we've got to be very careful in how we talk to clients about chem sex communities, because we don't want to be causing that person any further harm or any judgements upon them, that that is a sexual practice that the individual is able to have an agency decision and participate in, we just want to help people be able to be informed of their rights and make informed choices, and keep them safe.

So I think my concern is in historic approaches, looking at LGBT people from risk perspective has led to further oppression and further incidences of homophobia and transphobia and actually this may be from a positive perspective of informing choices and keeping them aware of the danger.

R: Yes I would agree with that and I think, you know, not just when we work around chem sex, but also I would say that it's across all three different services, but just like any other supportive services, we are pro social, we are person centred, we put the client's wishes first, it's about empowerment and, kind of, making that balance between empowering someone and also having a comprehensive assessment of their current situation because we are the professionals and they are the people that need support. But that doesn't mean that we are the ones with the authority or anything like that, so yes, I agree.

**I: And what you've touched on there in terms of historically risk being used in a very negative way, you can see why then individuals may be really concerned about coming to services that aren't specialist for fear that what becomes assessed is their identity rather than this is domestic abuse and it can happen in anyone's relationship. Needing to feel protective of your identity at the same time as saying, this relationship's abusive. Do you have any advice for service that are looking at their intake and seeing that they have very few LGBT people being referred, is there anything that services could do to better equip themselves or better advertise themselves?**

R: I personally would advise them to look and see what their local LGBT wellbeing service that might provide support around relationships and see if they can create better working relationships with that organisation, skills share, maybe there might be something that that organisation can give to the LGBT organisation, there could be commonality there. I would, you know, approach these services and see if there's someone that could come over and so some training. I would also increase efforts to

actually advertise services to specific scene areas perhaps, or perhaps doctors clinics and things like that. Also just thinking about general advertising and outreach and what that message looks like. If you are women and girls only service, is that an inclusive women and girls only service? If you provide domestic abuse support to all genders, is that actually support or is that a tokenistic thing of, yes we provide support to men, here's the number of men's advice line, which isn't actually that comprehensive. And whilst you can see that an effort has been made, most people will see that as being quite tokenistic and they probably won't feel particularly trustful of that service.

So it's about thinking about the message you're putting out, but also what you have to then combat, anything you might get back from that message. So looking at your service provision, how you can be more LGBT friendly. I mean one really, really basic thing to think about is pronoun use and how hot are you at adapting to someone's pronoun use, it's okay to make mistakes, we're not saying you should be perfect, but are you willing to say, yes of course I'll call you he or she or they, you know. How approachable are you in terms of LGBT, you know, some of the issues we've touched on today and some of the issues that we may not have touched on, but may be really pressing for someone's life. Do you offer a kind of impression that you might judge or not understand, and do you give off an impression that you won't necessarily take guidance from another organisation that actually may have a better understanding experience of this issue than you do.

R2: Yes, I think that's right with the pronoun usage. I think it illustrates a point that I think a lot of organisations that maybe have limited experience of working with LGBT population are hesitant to ask questions about someone's sexuality or their gender identity and that may be, I think it's misguided well-intentioned, but I think what that does is, it makes it, from the users point of view, it makes it feel it's not a service they can access. So even just the quick question of asking, which pronouns would you like me to use when I'm speaking to you? The worker who may be less experienced with that, may be feeling a lot of anxiety about that, but the person who is being asked the question is not feeling that anxiety at all and it actually may lead them to feel like they are welcomed and included in the service.

R: Yes, agreed.

I: **And so much easier to answer that question than to feel, at some point I need to correct this worker that's supporting me.**

R: Yes, or it's a disclosure I need to make and I need to take that on as a point of labour that I have to do for this person that's ostensibly this supporter, yes.

R2: I would say, this isn't the question that you've asked, but I can only be here for a couple more minutes. A particular nuance or a difficulty that we face as an LGBT organisation, that Millie and I speak about on a nearly daily basis and so does our service manager, we end up getting referred cases that other organisations would not be referred. So for example, we'll have referrals from the police for both parties in the abuse are referred to our service and that is not something that I think any other organisation would experience and I think that's because we end up working with same sex couples and that the police don't know where to refer these people to. So they end up referring to us the primary perpetrator and the victim in the same referral.

R: And I think there's a lack of other services as well. I think we're known as one of very few LGBTQ+ domestic violence specific advocacy services, so where else are they going to refer to?

R2: Yes it creates real challenges for us in how do we manage that situation, how do we respond to that, what language are we using, how are we keeping our clients safe, we are a victims organisation, what is our definition of victim and how do we navigate those facets, which I don't think other organisations are having to deal with.

R: And I think actually in some ways, when we talk about a risk informed approach, actually that can be quite useful when it comes to this kind of work, because actually being conscious of risk and safety, it is a real cornerstone of trying to understand the dynamics that we're being given, who is the primary perp and who is the primary VS, what's happened with these two people or with this family and obviously a risk informed approach is really key for that.

**I: And making that assessment is one thing, which we haven't got time to go into now, but having made that assessments and being quite confident in who has the power and control in that relationship, I think what some practitioners say is the most challenging bit is, what do you then say to somebody when you've decided that they are the primary perpetrator and you can't offer them the service? Do you have any thoughts on how you can manage that?**

R: I again, I know it might sound a bit like a non-answer and I really don't mean it to, but I genuinely think it is a case by case thing and I think it depends on the perpetrator and, you know, we don't often talk about perpetrator needs and vulnerabilities, but actually it is about the perpetrator's needs and vulnerabilities as well as, and it's about just trying to communicate really, with no implication of risk to the other party, it's about trying to signpost on. Often actually Respect can be a very useful organisation to refer to, because actually without trying to sound like we pass the buck, because we absolutely don't, they do provide support to people who are both victims and perpetrators and they are very, very experienced at making those kinds of assessments and judgements, and often that can be quite a good way to steer off someone who we have labelled as a perpetrator into an organisation that will provide support to them in a kind of effective way. But it's hard, it's really hard and for the most part, I think both myself and Ian are involved in it, but for the most part, it does get taken up that extra level to our line manager who will deal with that.

R2: I think it's a hard question for us to answer at the minute, but it is something that the organisation is very aware of. So at our last team meeting, for example, we met with the chief executive and our service manager and this issue was discussed, we are not the experts in that facet of work and so what we're going to do is, we're going to bring in specialists. I think we're bringing a forensic psychologist to come and help us devise a policy and practice guidance in how we can respond to these in a way that is not causing further damage to an already oppressed group.

**I: Thank you so much both of you, I know you're rushing off to client appointments now, so thank you so much for joining us on this podcast.**

R: No worries, thank you.

