



## Spotlight #6: Episode 3

### Podcast transcript

**I = Interviewer**

J = Justin Varney

Welcome to Spotlights, the podcast for the domestic abuse sector. Over 7 weeks, SafeLives is shining a spotlight on Lesbian, gay, bisexual and trans plus people experiencing domestic abuse. Today sees the beginning of the second annual health week focused on the health inequalities of Lesbian, Bisexual and trans women, and other women who have sex with women. Research shows that Lesbian and bisexual women are particularly at risk of domestic and sexual violence. They are also experiencing much higher levels of mental health problems compared to heterosexual women, 3 times higher for lesbian women and 5 times higher for bisexual women. At the same time, L&B women are often invisible to health providers. 36% of L&B women report that health professionals have assumed them to be heterosexual and 37% have been told that they do not require cervical screening tests due to their orientation. With this in mind, my colleague Collette Eaton-Harris has been to Public Health England to meet with Dr Justin Varney, National Lead for Adult Health and Wellbeing and co-author of a new report that explores, amongst other issues, how domestic abuse is a serious and under researched health issue for L,B, & T women and other women who have sex with women.

**I: Welcome to Spotlight, Justin. You co-authored the report *Improving the health of lesbian and bisexual women and women who have sex with women* and this report is being published as part of Lesbian and Bisexual Women's Health Week. Could you say a bit more about the aims of the health week and what the report covers?**

J: Sure. First of all I should recognise that National Lesbian, Bisexual and Transwomen's Health Week is led by the National LGBT Partnership. It's really an opportunity to raise a spotlight and raise awareness of lesbian, bisexual and transwomen's health in the UK and this year it's gonna be on 12<sup>th</sup> – 17<sup>th</sup> March. This is the second year that we've had the week. It's a great opportunity to have conversations around lesbian, bisexual women and transwomen's health and it's one of the few opportunities where, really, we get to spend dedicated time and pay dedicated attention to this group within the population compared, perhaps, to some of the conversations we have around gay and bisexual men which are very much linked to the HIV epidemic. So it's a real opportunity to read a bit, to listen, to watch some of the videos, the podcasts that are going on and it's great that Spotlight's joined that as part of this week.

**I: What are some of the health inequalities that women face?**

J: First off I should say that the evidence base around lesbian and bisexual women's health is pretty weak. In producing the report we've looked at information from across the world and we've drawn on evidence from all sorts of countries. The majority of the evidence comes from the US and one of the limitations we have there is that the experience, for example, of being a Latino lesbian woman in the Bronx of New York is probably quite different to being a white bisexual woman living in Norfolk; and yet we are reliant on that bit of research and saying, does it just about give us a sense of what's going on for lesbian and bisexual women in England. That being said, the evidence that we have, there is very strong evidence around the mental health inequalities affecting lesbian and bisexual women, particularly around suicidal intent and ideation and high levels of depression, stress and anxiety.

The other area where there's the strongest evidence is also in relation to domestic violence and abuse. We have evidence around a range of other issues like smoking, substance misuse and alcohol misuse where the levels are higher, but it is really in the mental health and in the domestic violence areas that the evidence is some of the strongest; internationally and also in the UK.

**I: So looking specifically at the evidence around domestic abuse, you're looking at that in more detail. What have you been able to draw out around that topic?**

J: I think what's interesting when we look at the evidence base...and this does come with a caveat that some of the research studies are small. They're very selective samples. They're often very qualitative studies which, again, are quite difficult to generalise but, overall, lesbian and bisexual women experience more violence and abuse than gay and bisexual men and also appear to experience more than heterosexual women in comparison. That's particularly true for bisexual women. Lesbian women experience to some extent comparable or slightly higher rates than heterosexual women, but bisexual women's rates are significantly higher. What little research there is on transwomen, and it is quite skewed research 'cause it's often looking at transwomen in developing nations who are involved in sex work which carries with it additional risks, they have much, much higher rates. What we see is not just high rates of domestic violence but we also see high rates of sexual coercion and sexual abuse as well for lesbian and bisexual women. We also have seen a continual rise in hate crime.

So this is all happening within an environment which says lesbian and bisexual women are experiencing more violence, coercion and abuse in their lives. Why that might be we're not quite sure. There are challenges in terms of digging into that and really understanding what's going on. What also was interesting as a slight aside is that we also found more evidence that lesbian and bisexual women are more likely to have teenage conceptions than their heterosexual counterparts. So there's obviously something that seems to be emerging about how we support young women who are developing a lesbian or bisexual identity around what makes a good relationship and forming those good, positive and safe relationships because it's clearly not working at the moment. I think that's the real challenge and that's the kind of message that the evidence is saying to us; that we're not getting it quite right in terms of supporting this group of women properly.

**I: For many young LGB or T young people, accessing that information or that modelling around relationships can be very difficult and some of the routes might take, online for example, could leave them very vulnerable to being targeted and coerced etc.**

J: Yes, and I think you only have to look at...to some extent fortunately, and it may be fortunate or unfortunate 'cause it may be happening to lesbian and bisexual women but we don't know. You only have to look at some of the homicides of gay and bisexual men, where hook-up apps were used. Often the men who died were

individuals who weren't out in their communities, weren't out to their family, so their only mechanism to connect was through an app or through a virtual connection and that unfortunately put them in a position where they weren't safe. I think underpinning all of this is still we have a country in which many young women, and older women, don't feel that they can be completely out in their communities, in their families and with their friends and that, therefore, puts them at a potential risk.

If we think of it particularly in the context of domestic violence, if you're in a same sex relationship and your friends don't know you're in a same sex relationship and things in that relationship turn abusive, who do you turn to for help? That's quite different from heterosexual women's experience, where we know already all of the evidence around how hard it is for people enduring violence to reach out for help. If you add to that that the relationship the person's in they can't talk about then it really increases that sense of them being trapped potentially, but also that the perpetrator has an additional lever of coercion to control and manipulate the situation. It's that kind of dynamic that I don't think we've really got into in terms of the sector's provision or training people who work in the sector to think about these dynamics and the differences that lesbian and bisexual women experience, let alone those that also gay and bisexual men experience because of the gendered nature of the sector.

**I: On that note, what are the areas that you think to be important for organisations and institutions to develop work on?**

J: What's interesting is the international evidence has actually looked at this and there's been some interesting studies from the US. They looked at what are the barriers? What are the problems or issues that people are finding? And universally they all say service providers don't have training on LGBT awareness. So you are completely dependent on the individual worker that you come into contact with being conscious of a lesbian and bisexual identity and thinking about it. I think that something that, actually, the sector has to own. There's lots of free training out there. There's lots of stuff that can be done with e learning etc. It's not really rocket science.

We do have some issues around provision. I think as the shrinking funding pot that all of the health and voluntary sector has, and we're still fighting to defend refuge capacity, the context of protected beds within a refuge is really hard to justify. But there needs to be more discussion in the sector about how do we create environments in refuges which are welcoming of all women? That's particularly a challenge for transwomen, as you know, and trans individuals but also in the context of lesbian and bisexual women. There has been some work that the LGBT domestic violence network have done in the past, trying to get providers to think through if you have a women only space and you have a woman who presents enduring violence but the perpetrator is also a woman, that perpetrator can enter that space. You may not always be able to recognise that until that person's already in there. So there are some interesting kind of dynamics to think through.

There's also how do you handle homophobia, biphobia and transphobia within a refuge setting in which emotions are often high. You have women coming from very different environments, sometimes with their children as well, with very different cultural norms and expectations. And actually thinking this through and I would encourage all services providers, think it through before it's an issue. Too often these kind of things present as crisis. We know, given the prevalence of domestic violence across LB women and T women that almost every domestic violence service provider at some point will be required by an LB woman to help. So if you know you're gonna need to do it at some point, use the opportunity to think about it now rather than waiting until it happens because the more you can prepare, the more you can think about, 'What do we need to train staff? Are there any policies we need to think about? How do we make sure that this is going to be a welcoming and supporting environment for these

women when they're in crisis and when they're in recovery and supporting them into a life outside of violence?'

**I: And potentially putting that woman in a position where she feels she's having to educate professionals that are supporting her rather than just being able to receive the support.**

J: Yes, absolutely. I think one of the things that the evidence is most shocking, and this does come from the US analysis of their sexual violence data, is the level of sexual violence that particularly bisexual women experience. Often that sexual violence is perpetrated by a male perpetrator and if you're an individual who identifies as a lesbian and you are raped by a man, the assumption of the system is that you are heterosexual. So there are a series of language and responses that are around how we frame the sexual assault in the context of your 'normal' relationship with a man, where in reality, for these women there is almost a compounding assault that that this is not a form of sexual intercourse that is any way part of their identity or their reality.

So there are additional dimensions to the trauma that we don't necessarily think about and yet we're relying that individual in that traumatic situation to disclose that they're a lesbian. And we put all the emphasis on the woman to say, "Hold on. Actually, the language that you're using assumes that my partners are normally male and this might be an ex-partner. You're making a whole series of assumptions about me that I'm gonna have to put effort into contradicting and that requires me to make a judgement about your sympathy, your trust, whether this is a safe environment, whether you may hold religious views that means that when I disclose, you're gonna shut down from me." That's a huge pressure. Again and again across the research, across healthcare interactions, not just lesbian and bisexual women across the LGBT sector population, LGBT people tell us that one of the most challenging things is actually coming out a healthcare professional and thinking about, "How do I do this at every single interaction? Do I have to do it at every single interaction?"

The NHS is doing great stuff. There's a new information standard around sexual orientation monitoring to help collect routine data. That'll make it a bit easier because it'll become a bit more normal to be asked about your sexual orientation and that takes the pressure on me having to raise it as something special. That applies to health and social care, so I hope the DV sector will look and learn from that and think about it as well. But ultimately I suppose my message to the sector is saying think about this now rather than when it happens, because some of these things do require discussion. They require thinking, they require conversations and working out what's the right thing to do.

The other thing I would say is reach out to the LGBT community sector. Too often in the DV sector as much as in the homeless sector, anything else, we do it in a silo. We spend a lot of time in our kind of bubble navel gazing and finding the solution rather than reaching out to the people who've got that lived experience and co-producing a solution and I think it's really important. There are some great examples. Hestia, one of the refuge providers last year, coordinated working with us in the Corporate Alliance against domestic violence on a roundtable on refuge provision for transpeople, and that was a roundtable with trans organisations to really try and talk about what some of the issues are and start that conversation. I really hope through this Spotlight more providers will start to think about, 'How can we do this for lesbian and bisexual woman?' and recognise that lesbian and bisexual women are two different communities. Then, actually, we have to have two slightly different conversations although they overlap to understand the needs of both groups of women and really try and meet them.

**I: Yeah, and I think potentially there's a risk that sometimes bisexual women are either seen as and treated as heterosexual or lesbian, depending on the gender of their partner at that time, and it's really important that services start to grapple with this very distinct identity that bisexual women have so that they can meet their needs appropriately.**

J: Absolutely. Again, that comes to that point of where monitoring becomes quite important and although I think we naturally to some extent within the domestic violence sector...I dislike checkboxes but the reality is that funders need the data so we are having to use it. It can be actually quite helpful and some of the research suggests that in the same way that if you ask someone to use a checklist to identify their ethnicity, firstly it stops the provider professional making a judgement and assuming that because you present in a certain way this is how you are, but particularly for bisexual people I think it opens that conversation a bit more easily. It opens also the conversation around, we make a series of assumptions which are based on everyone being heterosexual and therefore in the context of abuse, that is a really challenging set of assumptions and we're requiring women to in effect come out and say, "Actually, my abuser is another woman but, yes, my current partner is a man." For many providers, quite understandably, they kind of go, "Well, I don't quite understand. What does that mean?" Therefore the woman's put in a position of being an educator, which is really unfair. These women have enough to process and deal with.

It also, of course, does raise the issue of thinking about perpetrator programmes for women. As far as I'm aware almost all the perpetrator provision is completely tailored to men.

**I: And heterosexual men at that.**

J: Exactly, and heterosexual men at that. As a sector, I think one of the challenges is the sector is driven by a gender discourse and narrative. I think it's great that increasingly more men are in leadership roles within domestic violence sector and are part of the conversations. I think it's fantastic that we are starting to see more discussion of gender identity and of sexual orientation in the sector, but we need to move from tolerance to celebration and inclusion. A sector which celebrates and includes lesbian and bisexual women is one that opens up these cans of worms and talks about them, and talks about what does perpetrator intervention look like for lesbian and bisexual women who are perpetrators. How do we support and engage with male perpetrators who identify as bisexual? And for gay men, both with perpetrators and people enduring violence, how do we interact with that? I think we are still in the very early stages as a sector of having those conversations. They're still being very much driven by individuals who belong to the LGBT community who happen to work in the sector rather than necessarily it being the leadership narrative across the sector going, "These are conversations we need to have." And my hope is that things like the Spotlight podcast a way of challenging people's thinking a little bit and just going, "Actually, it might not be my lived experience and it might not be the lived experience of the clients I've worked with that I know of, but it's a lived experience of women every day in this country where lesbian and bisexual women who are experiencing violence and our services are not yet good enough to meet their needs'.

**I: That's really reflected by our data that shows that such a small percentage of the clients that domestic abuse services are supporting and such a small percentage of those being heard at MARAC are LGB or T, and that just doesn't square with the rest of the data which shows how at risk LGB and T people are. So it's definitely really important for services to start thinking about how they proactively reach out to those groups.**

J: One of the interesting...and you raised the point of MARAC and I would imagine, although I've not looked at it, domestic homicide data suggests that lesbian and bisexual women are underrepresented in that domestic homicide data as well. The question interestingly is, is that because these women are not experiencing the severity of violence to reach the threshold? I would suggest that the international evidence, certainly there's nothing to suggest the UK evidence is going to be different, is that's not the case and in many cases they're experiencing worse violence. But when those women do reach out to services, is it that they are switching the gender of their partner because they don't feel safe to be honest and open in those services? I think that's probably more what's going on.

It is, I think, scary enough for a woman to disclose she's enduring violence to any professional. Even within an Idva and with a very supportive services, to then go through the process of relocation, and the support and, potentially, the interaction with the police is a lot of checklists. A lot of conversations, a lot of retelling your story which is an incredible emotional and psychological burden. If you have to go through that process othering yourself because of your sexual orientation and at every step correcting people about the gender of your partner, and then watching their faces kind of just tweak a little bit as they're going, "Oh, okay" and then fall over themselves to correct the language because they'll, "Oh, what did he do to you?" rather than, "What did she do to you?" adding to the burden that we're asking these women to endure. We have a responsibility as the system to think about their needs and respond to their needs. My hope is that these are conversations that we're starting, like the one today, to challenge people to think about that because at the moment we do a disservice to these women by asking them to take extra steps to recognise that they are different, that they are other and that we assume that they are not and therefore we create additional barriers to them and, ultimately, that places them at high risk.

I: **To wrap up then, we talked a lot about the domestic abuse sector and changes that need to happen there, but I'm just interested in your views on what the LGBT community and services can also do to improve their response to domestic abuse.**

J: Well, I think part of that comes from trying to get more co-production and partnership across the sectors. The nature of the third sector is we're all driven by chasing funding streams. I've chaired small community LGBT charities and I've sat on the boards of large and non-LGBT organisations as well, and we're all competing for scarce pots of money. It makes that really hard then to open the door and hold hands and work together on something, but I hope that is changing a bit. I think within the LGBT sector this is still quite a taboo topic and although you see the odd article in *Gay Times* or in *Diva*, it's still quite hard. Obviously, with the demise of Broken Rainbow, the changing nature of Broken Rainbow as the single national charity we have that really was focussed on LGBT domestic violence, I think that's been really challenging. There are organisations, Galop, London Friend, LGBT Foundation in Manchester, who are actively getting in this space and actively having these conversations. It's fair to say that across the LGBT sector, because the funding's kind of followed HIV, most LGBT organisations are gay men first and then everyone else comes further down the pecking list. Therefore, trying to get attention to an issue like domestic violence for lesbian and bisexual women is still quite challenging and that's exactly why Lesbian and Bisexual Women's Health Week is so important in terms of raising that conversation within the community.

Ultimately, though, much as within the heterosexual community, we will only change this if more people are supported to speak out about their experiences. I think it's important that speaking out comes from both perpetrators and people enduring violence. Too often we complete focus on people enduring and forget the perpetrators, or go, "That's not my job. That's got to be done by Respect or someone

else.” And that doesn’t solve the problem because if we don’t talk about perpetrators, they continue to perpetrate; and often they come from deeply damaged backgrounds and need help as much as those enduring violence do. That kind of conversation within the context of a community which is still battling for acceptance, which is still facing significant challenges every day in workplaces and in schools and in society, is really hard to do and hard to have because it perpetuates the stigma that LGBT people are broken or damaged or worse than heterosexual people and cisgender people. So I think the community and the LGBT community is starting that conversation. We have some fantastic opportunities and I see some organisations who are absolutely talking in this space, but in terms of the wider community discourse it’s still quite a challenging one to have.

The reality is I don’t think until in wider society we are much more honest and open about the level of domestic violence abuse, coercion and sexual assault, then it’s very hard to ask any minority community to get its act together in that space. I think it is very challenging still for LGBT survivors of abuse and violence to stand up and talk about their experiences and it’s interesting that for lesbian and bisexual women that compounding marginalisation of being lesbian and bisexual makes it even harder for them. Many of you listeners will know how hard it is to support individuals who are heterosexual, who are wide educated, able bodied, in good jobs and who have got out of their lives of violence and are doing really well and still it’s hard to get them to get on a podium or to write an article to talk about their experience. So if it’s hard for them, it’s even harder for people whose identity places them further down the pecking order. But I do think both sectors have to step up and both sectors have to work together because if we don’t, women will continue to be abused and women will continue to die needlessly because of violence and abuse.

**I: Justin, thank you so much for taking the time to speak to us. It’s been absolutely fascinating and there’s so much for services, both within domestic abuse and LGBT sectors, to grapple with. That report, *Improving the health of lesbian and bisexual women and women who have sex with women* will be available on your website?**

J: Yes. Through the .gov website and look out during Lesbian and Bisexual Women’s Health Week ‘cause we’ll all be promoting it during the week as well.

**I: Thank you very much.**

J: Thank you.