A report into the needs of survivors of domestic violence who are LGBT in Birmingham

Birmingham LGBT 2014
LGBT Domestic Violence: Another Closet

A report into the needs of survivors of domestic violence who are LGBT in Birmingham

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About the Author
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Abstract
agreement between stakeholders that there is a need for specialist LGBT domestic violence services and a need for improvement of mainstream services so that they can offer a more appropriate response. This report is a study into the feasibility of developing specialist domestic violence services for lesbian, gay, bisexual and/or trans* (LGBT) people in Birmingham. It uses data from an online survey of LGBT domestic violence victims/survivors; a mapping survey of existing Birmingham domestic violence services; data from UK/England-wide domestic violence services and focus group discussions, collected between December 2013 and March 2014. The research found broad agreement between everyone that took part that there is a need for specialist LGBT domestic violence services and a need for improvement of mainstream services so that they can offer a more appropriate response to LGBT victims/survivors.

Acknowledgements
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Birmingham & Solihull Women’s Aid
Birmingham Community Safety Partnership
Birmingham Crisis Centre
Birmingham LGBT
Birmingham MARACs (West Midlands Police)
Gilgal
Men’s Advice Line (Respect)
RDVP (Ashram Housing)
RSVP
Salvation Army
Trident Reach
Women’s Aid (Federation of England)

Credits
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Foreword

*Birmingham Victims’ Charter*

“We will offer victims of crime timely and appropriate services to ensure that they are treated with care and dignity and will ensure that our communication with victims guarantees that their voices are not lost in the maze of services. Victims’ views and experiences will be used to inform service design and shape our work to tackle crime and anti-social behaviour and strengthen the public’s feelings of safety.”

As Victims’ Champion for Birmingham, I am delighted to endorse the findings of this feasibility report: *LGBT Domestic Violence: Another Closet. A report into the needs of survivors of domestic violence who are LGBT in Birmingham.*

Birmingham Community Safety Partnership recognised in its domestic violence needs assessment that there was a lack of appropriate service provision for victims of domestic violence and abuse who were Lesbian, Gay, Bisexual and Trans* and commissioned Birmingham LGBT to carry out this feasibility study about how their needs could be met.

The research is an important step towards developing culturally appropriate services for victims of domestic violence and abuse who are LGBT, ensuring that the needs of all of Birmingham’s diverse communities are met and that all victims can access services that meet their specific needs.

*Councillor Jess Phillips*
*Victims’ Champion for Birmingham*
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Executive Summary

1. Background

1.1 During 2013, Birmingham Community Safety Partnership undertook a Domestic Violence and Abuse Needs Assessment and gaps in the city’s response to violence and abuse within LGBT relationships were noted to be of concern. The Partnership commissioned the LGBT Centre to undertake a feasibility study outlining the needs of LGBT victims of domestic abuse and potential responses, as well as undertake some swift workforce development and public awareness to begin to address these gaps.

1.2 The terms ‘domestic violence’, ‘domestic abuse’ and ‘domestic violence and abuse’ (or DVA) are considered to have the same definition; that of the Home Office, as redefined in 2013: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

2. Methods

2.1 The LGBT Domestic Violence Survey went online in December 2013; responses came in between 9th December 2013 and 3rd March 2014. 52 responses were analysed from eligible individuals, i.e. people who identified as LGBT, who had experienced domestic violence and were living, or had lived, in Birmingham at the time of the domestic violence.

2.2 Fifteen Birmingham-based providers of domestic violence services were contacted and asked to complete an service mapping survey, based on their service user statistics over one year. Six agencies returned the completed survey and one agency provided their annual statistics. In addition, one voluntary sector domestic violence specialist service provider outside Birmingham, one specialist sexual violence service provider and four national helpline providers were contacted.

2.3 As an adjunct to the mapping of services in Birmingham, information was sought from four national service providers, either of domestic violence or LGBT services. Two agencies responded, and the results of one year’s worth of data from each agency was analysed.

2.4 A public focus group was held at Birmingham LGBT Centre on 26th February 2014; five people attended, alongside the two facilitators.

2.5 A literature review was conducted of other, relevant research.

3. Findings

3.1 Most of the survivors of LGBT domestic violence who responded to the survey suffered intimate partner violence. They tended to rely more on friends, family and
co-workers for support; and indicated dissatisfaction with services which didn’t understand the specific issues that LGBT people face when experiencing domestic violence, and subsequently failed to give sensitive and appropriate responses.

3.2 Respondents indicated a desire to have access to domestic violence services, and three quarters of them would be more likely to access them if they were known to be LGBT-specific. The most sought-after service is helpline, followed by counselling and outreach.

3.3 At the time of writing, in Birmingham, there are no local services for male victims of domestic violence, of whatever sexuality or gender identity. There are a range of services for women (and their children), but the agency survey indicated that these have a low take-up from lesbian and bi women and a zero take-up from trans* women.

3.4 There was agreement amongst the agencies surveyed that they would appreciate support on providing services for LGBT victims/survivors of domestic violence, in terms of improving the accessibility of their own services and having the option to signpost to specialist LGBT domestic violence services. However, there does appear to be an unwillingness by agency staff to ask monitoring questions on sexuality and gender identity. This monitoring is extremely important, not least as these are protected characteristics under the Equality Act 2010.

3.5 The focus group recognised the specific needs of the LGBT communities who experience domestic violence, and proposed that both specialist LGBT domestic violence services and mainstream services are necessary to meet those needs.

3.6 To meet the needs of LGBT victims/survivors, mainstream services need to ensure they have appropriate support settings, policies and procedures and staff training. They may also have nominated staff who are ‘out’ as LGB/T to act as advocates for service users and staff.

4. Recommendations

4.1 LGBT victims/survivors of domestic violence in Birmingham need the appropriate, specialist support from agencies who understand their specific needs and circumstances: a helpline; outreach; counselling; refuge accommodation; self-help survivor groups.

4.2 LGBT victims/survivors of domestic violence also need appropriate and sensitive responses from non-specialist and/or mainstream services in Birmingham. Service providers in Birmingham could benefit from: training and awareness-raising of LGBT domestic violence issues (and LGBT awareness per se); support to improve their policies, procedures and monitoring systems; access to a range of LGBT domestic violence leaflets, posters and other information; partnership working; advice on the feasibility of having ‘LGBT Champions’ – ‘out’ LGBT people already in the workplace who can take on the additional responsibilities of offering support and information to LGBT colleagues experiencing domestic violence.
Introduction

“The experiences of LGBT* survivors of domestic violence and abuse (DVA) does not easily fit within the public story of domestic abuse. The public story of DVA follows the heterosexual and cisgender model of abuse.”¹

During 2013, Birmingham Community Safety Partnership undertook a Domestic Violence and Abuse Needs Assessment and gaps in the city’s response to violence and abuse within LGBT relationships were noted to be of concern. The Partnership commissioned the LGBT Centre to undertake a feasibility study outlining the needs of LGBT victims of domestic abuse and potential responses, as well as undertake some swift workforce development and public awareness to begin to address these gaps.

The complexities of domestic violence, as experienced by LGBT people in Birmingham, has not previously been researched, in the author’s knowledge. However, research has been undertaken on the needs of LGBT communities experiencing domestic violence in other areas of the UK; reference to this research will be made in this Introduction, and can also be found in the References section.

“Previous research, policy and practice concerning domestic and sexual violence have tended to focus on heterosexual women (including black or minority ethnic women) who are victimised by male partners, family members, or other men.”²

“Generally, respondents who experienced domestic or sexual violence were worried about potential homophobia when they contacted and used both statutory and specialist voluntary sector. They were concerned that service providers would not be aware of how homophobia and aspects of sexuality had been used by domestic violence perpetrators, or might not in other ways be able to understand their particular experiences.”³

“The success of the DVA story leads people who do not fit into the cisgender, heterosexual model to miss out on support services. They may not understand that their experience of violence from their partners, ex-partners, intimate contacts and extended family fits within the government definition of domestic violence.”⁴

“The lack of recognition of LGBT* domestic abuse at a policy level is an influencing factor with local commissioning and service delivery. In 2013, the majority of DVA services were commissioned to meet targets and outcomes set by violence against women and girls (VAWG) strategies.”⁵

¹ ‘ROAR – because silence is deadly’; A report on the experiences of lesbian, gay, bisexual and trans* survivors of domestic violence and abuse, Stonewall Housing, 2014
² Exploring the service and support needs of male, lesbian, gay, bi-sexual and transgendered and black and other minority ethnic victims of domestic and sexual violence, Marianne Hester, et al, University of Bristol, 2012
³ ibid
⁴ ‘ROAR – because silence is deadly’; A report on the experiences of lesbian, gay, bisexual and trans* survivors of domestic violence and abuse, Stonewall Housing, 2014
⁵ ibid
Extended family abuse, forced marriage and so called honour based violence bring additional considerations for LGBT* survivors. The notion of identity abuse may be unique to LGBT* experience of DVA, for example: when a survivors’ sexuality or gender identity is used as a weapon to exert power and control over them.  

Whilst not solely focussing on this subject, domestic violence was a feature of research undertaken by Birmingham LGBT, in an exercise to map the needs of the LGBT local communities. “Out and About: Mapping LGBT Lives in Birmingham” showed that one in four LGBT people surveyed had experienced domestic violence. Of these survivors: 33% of the lesbian group had been affected, 15% of the gay men group, 35% of the bisexual group and 35% of the trans* group. A quarter of those who had experienced domestic abuse reported it to the police.

“When asked ‘Do you think there should be a same-sex domestic violence service?’, more than four in five answered ‘Yes’ (82.8%; 385/465).”

“As data on the composition of the LGBT population in Birmingham is scarce there is no agreed figure as to the percentage although estimates of between 6% and 10% are popularly used. Accepting this range, it means that the LGBT population for the city would be between 60,000 and 100,000 people.”

Prevalence figures are hard to come by: many public services fail to monitor the sexuality or gender identity of their service users with any regularity, the UK National Census does not yet ask these questions and the Crime Survey for England and Wales (CSEW), formerly known as the British Crime Survey (BCS) does not ask about the sexuality or gender identity of victims/ survivors, nor the gender of the perpetrators, in its ‘Intimate Personal Violence and Partner Abuse’ section.

If the LGBT population of Birmingham were between 60,000 and 100,000 people, then that would mean that an estimated 15,000 – 25,000 could have experienced domestic violence, in a city which currently has no services tailored to their specific needs; a finding echoed in research carried out by the University of Bristol in other parts of the UK:

“Evidence to the Home Affairs Select Committee regarding services for male, LGBT and BME victims of domestic violence, also suggested there are few specific services, that generic services may not cater adequately for these groups, and that targeted services may be transitory due to funding problems (Home Affairs Select Committee, 2008).”

“The biggest concern of the LGB respondents was that services should deal with domestic violence or sexual violence and LGBT issues together. Whilst some specialist women-only domestic and sexual violence services provide services which

6 ibid
8 ibid
9 ibid
10 Exploring the service and support needs of male, lesbian, gay, bi-sexual and transgendered and black and other minority ethnic victims of domestic and sexual violence, Marianne Hester, et al, University of Bristol, 2012
may be tailored to the needs of lesbian women, there are very few LGBT based specialist services who specifically address the issue of domestic and/or sexual violence.”

“Existing services for transgendered individuals may be private and tend to deal with wider health issues, emotional support and information linked to trans-issues rather than being able to deal with sexual and/or domestic violence. Specialist women’s domestic or sexual violence services such as refuges, Women’s Aid and rape crisis provide services primarily for biological women, and the focus group participants felt this creates particular gaps in provision pre-op, or for those who do not intend having surgery.”

The purpose of the study is to ascertain the need for domestic violence services specifically catering to lesbian, gay, bisexual and/or trans* (LGBT) communities in Birmingham. It includes the results of a public survey to gather information from LGBT people who have experienced domestic violence, a mapping survey of the existing domestic violence services in Birmingham and the outcomes from a discussion focus group of interested people.

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

Definitions & Terminology

Domestic Violence

The terms ‘domestic violence’, ‘domestic abuse’ and ‘domestic violence and abuse’ (or DVA) are considered to have the same definition; that of the Home Office, as redefined in 2013.

“The Government definition of domestic violence and abuse is: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

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11 ibid
12 ibid
13 ‘ROAR – because silence is deadly’; A report on the experiences of lesbian, gay, bisexual and trans* survivors of domestic violence and abuse, Stonewall Housing, 2014
Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

**Victim/ Survivor**

This report will use the term ‘victim/ survivor’ throughout: ‘victim’ acknowledges that in some cases a crime has been committed against a person; ‘survivor’ is considered to be a less passive, more empowered term.

**Trans***

‘Trans*’ is an umbrella term that refers to all of the identities within the gender identity spectrum, such as transsexual, transgender, transvestite, genderqueer, asexual, amongst others. The asterisk here functions as a ‘wildcard’, as used in search functions, to stand in for other words.

Other definitions can be found in the Glossary at the end of the report.

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14 Information for Local Areas on the change to the Definition of Domestic Violence and Abuse  
Home Office, March 2013
LGBT Domestic Violence Survey Analysis

Introduction
The LGBT Domestic Violence Survey was designed to discover, of those LGBT people who had experienced domestic violence: what form the violence took; from whom the violence came; what help they sought; what help they would like to have available; which agencies they did/ would seek help from and which they would avoid. Given that an individual may experience domestic violence in more than one relationship, respondents were asked to consider the most recent experience only when answering questions.

The survey went live in December 2014; responses came in between 9th December 2013 and 3rd March 2014.

The first four questions were designed to exclude respondents if:
- They didn’t identify as lesbian, gay, bisexual and/or trans*
- They hadn’t experienced domestic violence in their lives
- They were neither living in Birmingham now, nor had they lived in Birmingham when the domestic violence took place.

This yielded responses from 52 eligible individuals who further identified their sexuality:
- 17 Gay (34.7%)
- 17 Lesbian (34.7%)
- 8 Bisexual (16.3%)
- 6 Queer (12.2%)
- 1 Prefer not to say (2.0%)
(four others didn’t answer the question).

51 indicated where they live now, of which there were:
- 38 Birmingham (73%)
- 1 Solihull (2%)
- 8 Sandwell (16%)
- 1 Walsall (2%)
- 1 Herefordshire (2%)
and two were unusable (one wasn’t a postcode, one gave the postcode of the Birmingham LGBT Centre).
It is important to remember that some people will travel out of their own area to escape domestic violence and seek support.

Types of Domestic Violence
The overwhelming majority (92.3%) of respondents experienced domestic violence from an intimate partner or ex-partner; 5.8% experienced domestic violence from a family member and 1.9% experienced domestic violence from a partner’s ex-partner.
Respondents indicated what forms the violence took:

- Emotional/psychological – 94.2%
- Physical – 75.0%
- Control – 69.2%
- Financial – 48.1%
- Sexual – 44.2%
Recognising that there can be other forms of abuse in LGBT relationships, respondents were asked a further question about particular abusive acts; that the partner/ ex-partner/ family member:

- threatened to ‘out’ you to friends/family/ co-workers, etc. – 58.6%
- claimed your sexuality and/ or gender identity made you a bad parent –20.7%
- threatened to disclose your HIV status (whether you are HIV-positive or not) – 3.4%

Also that:
- the family member(s) tried to force you into a relationship with a person of the opposite sex, against your wishes – 10.3%
- other (please specify) – 37.9%

11 respondents ticked ‘other’ of which two were not applicable and two referred to being ‘outed’. Of the other responses:
- two described abuse to family and/ or friends
- two were ‘shamed’ as having the ‘wrong’ sexuality
- one experienced biphobia
- one experienced homophobia
- one was threatened with disclosure of STI status
- one was kept isolated

One respondent said:
“My sexuality definitely played a part of the abuse. My ex-partner was lesbian & biphobic, & I am a bisexual woman. My orientation was used to shame and belittle me. There were constant jokes & shaming of the fact I had been with men in the past, I was made to feel dirty and like my body was “unpure”. I was considered promiscuous and untrustworthy, and I was always under suspicion of cheating on her (with a man). If we watched a tv show with a bisexual in it, I would have to listen to her ridicule the character all the way through, and if anything bad happened to them she would pointedly celebrate & say "they got what they deserved". Partway through the relationship I started (falsely) identifying as lesbian as it was just easier.”

Seeking Support
Over half of the respondents who answered the question (61%) spoke to others when experiencing their most recent domestic abuse; 39% did not.

Respondents were given a list of different people or agencies and asked how helpful they’d been, if approached at the time; 58% responded. Of the people or agencies that had been contacted, respondents were asked to mark them as either ‘Quite helpful’, ‘A bit helpful’, ‘Not very helpful’ or ‘Not at all helpful’. Respondents may have approached more than one person and/ or agency; percentages are given based on the total number of respondents for this question.

Who the respondent approached:
- Friends – 86.7%
- Family members – 46.7%
- Police – 40%
• Co-workers – 33.3%
• Domestic violence helpline – 30%
• Non-domestic violence advice agency – 26.7%
• ‘Other’ – 26.7%
• Online communities (e.g. Facebook) – 16.7%
• Health worker – 16.7%
• Non-domestic violence helpline – 13.3%
• Social worker – 10%
• Place of worship – 10%

Who the respondents found ‘helpful’:
• Friends – 39.6%
• Family members – 14.6%
• ‘Other’ individual or agency – 12.5%
• Co-workers – 10.4%
• Domestic violence helplines – 8.3%
• Non-domestic violence advice agency – 8.3%
• Police – 4.2%
• Social workers – 2.1%

None of the other agencies, or online communities, were found helpful.

Who the respondents found ‘unhelpful’:
• Police – 17.2%
• Family – 12.1%
• Friends – 12.1%
• Co-workers – 8.6%
• Online communities – 8.6%
• Domestic violence helplines – 8.6%
• Health workers – 8.6%
• Other helplines – 6.9%
• Other advice agencies – 6.9%
• Places of worship – 5.2%
• Social workers – 3.4%
• ‘Other’ individual or agency – 1.7%

More than three quarters of respondents had approached friends; around a third found these approaches helpful, but an eighth found them unhelpful. The police were approached in over a third of instances, but were mainly found unhelpful. Around a third of respondents called a domestic violence helpline, but these were found to be more unhelpful than helpful. In all, respondents seemed to rely more on their informal networks of friends, family and co-workers than on formal public and voluntary sector agencies and services.

One respondent had approached four different agencies, three of whom were LGBTQ agencies and one which was a domestic violence agency. Another commented that:

“Friends gave advice and support without pushing. Co-workers gave support and helped to find refuge.”
Two comments referred to the unhelpfulness of agencies:

“Police treated it like it didn't happen because I was the object of abuse in a same sex relationship case.”

“The [Relate] counsellor explained that what we were experiencing was domestic violence however I felt like I was being put through a process designed for straight couples ie bigger male perpetrator vs smaller female victim, but in our case we were 2 females and I was the bigger victim and she was the smaller perpetrator.”

40 of the respondents gave reasons why they hadn’t spoken to others or, if they had, they found it unhelpful. Many respondents gave more than one reason.

- 62.5% hoped it would get better without help
- 57.5% felt ashamed to admit it
- 40% didn’t think they’d be taken seriously
- 32.5% didn’t realise they were being abused at the time
- 27.5% were scared that abuser would find out
- 25% didn’t think they’d be believed
- 22.5% thought whoever they told would blame their sexuality and/ or sexual identity
- 20% thought whoever they told would blame them
- 15% would have to ‘out’ themselves if they told someone.

12.5% cited ‘other’ reasons, including that they weren’t sure what services were available or felt there was no-one to tell; that they had mutual friends and didn’t want to disrupt the friendships; that they thought telling would make the situation worse.
Further Anecdotal Evidence
Although they did not take part in the survey, a number of comments have been given to this study from LGBT service users of a local sexual violence service. Whilst they are not included in the analysis of the survey, they do add more to the overall picture, so they have been included here:

“I told the psychiatrist that I was abused but he seemed more interested when I told him I was gay. (Teenage client)”

“I got a poor response from the Police switchboard when I tried to report the domestic abuse.”

“I've asked for help from other agencies but they never seem to understand my needs and some have discriminated against me. I'd much prefer going to a lgbt service.”

“I've approached many services for help after domestic abuse. I'm a trans woman and many of them said I couldn’t be seen through their women only services.”

Aspirations for Domestic Violence Services
Respondents were asked to rate services they would, or might, consider contacting in the future if they were experiencing domestic violence, and which they would avoid; 45 respondents gave answers:

- 55.6% would or might contact an LGBT service
- 53.3% would or might contact an LGBT helpline
- 51.1% would or might contact a (non-LGBT specific) domestic violence helpline
- 35.6% would or might contact a (non-LGBT specific) domestic violence outreach service
- 28.9% would or might contact the police
- 28.9% would or might contact a sexual violence service
- 22.2% would or might contact the health service
- 22.2% would or might contact a (non-LGBT specific) domestic violence refuge
- 20% would or might contact solicitors
- 17.8% would or might contact other (non-domestic violence) advice agencies
- 15.6% would or might contact other (non-domestic violence) helplines
- 13.3% would or might contact Citizens’ Advice Bureaux
- 6.7% would or might contact Social Services
- 6.7% would or might contact housing services
- 2.2% would or might contact Neighbourhood Offices.

Of the 43 contacts with services actually made:
- 20% were police
- 14% health service
- 11.6% domestic violence helpline
- 7% housing
7% sexual violence
7% domestic violence outreach
4.7% were with an LGBT helpline
4.7% or service;
4.7% Neighbourhood Office
4.7% other advice agency
4.7% domestic violence refuge
2.3% Social Services
2.3% Citizens’ Advice Bureaux
2.3% solicitors/ law centres
2.3% other helpline

The low number of contacts made to LGBT services or helplines – 2 instances each – contracts with high number of respondents who would consider contacting those services: 25 and 24 respectively. This could indicate that the desired services were unavailable or the respondents didn’t know of their existence.

One respondent commented:
“always thought that domestic violence services were set up for male-female violence. would have felt awkward approaching other general services ie walking into a open plan neighbourhood office! or police where I have previously been stopped and searched and sworn at by officers but I would approach a LGBT helpline service if I knew about it as they would understand the unique issues.”

Two other respondents remarked on the involvement of the police:
“i was not helped when I contacted police.”
“He was a policeman himself. Somebody else called the police on my behalf and they knew him. I felt I could not press charges.”

There are five main types of domestic violence service or support currently in existence. They were described to the respondents thus:

- **Helpline** – where you can talk to someone over the phone about what you’re going through and they can offer emotional support and information about where you can get further support

- **Outreach/ drop-in service** – where you can talk to someone face-to-face about what you’re going through and they can offer emotional and practical support and information about where you can get further support

- **Counselling service** – where you can talk one-to-one with a qualified counsellor over a number of sessions to help you make sense of your experience and build your confidence

- **Refuge** – a place where you can stay where your abuser can’t find you, with staff who will offer face-to-face emotional and practical support and information about where you can get further support

- **Self-help/ survivors group** – a place to meet other survivors of domestic violence to discuss your experiences and to mutually support each other
In the light of their own experiences, the respondents were asked to state which of these types of service would be most helpful to other LGBT people experiencing domestic violence:

- 83.3% of respondents favoured a helpline
- 81.3% an outreach service
- 81.3% a counselling service
- 68.8% a survivors’ group
- 66.7% refuge
- 8.3% an ‘other’ type of service.

Suggestions for ‘other’ include Victim Support; a ‘sympathetic’ sexual health service and parents’ groups.

Comments include:

“In an LGBT relationship, no services in Birmingham appear to help those who are subject to domestic violence.”

“I know that most refuges turn male victims away and don’t seem to care about male victims”

“More people need to be trained to do this and there should be more awareness made about domestic violence in same sex relationships”

Respondents were asked which services they would personally consider approaching if they were suffering domestic violence in the future, from the options already given:

- 87% would consider a helpline
- 77.8% outreach
- 76.3% counselling
- 72.2% a survivors’ group
- 45.7% a refuge.

By contrast:

- 25.7% said they probably or definitely wouldn’t access a refuge
- 19.4% a survivors’ group
- 11.1% outreach
- 5.3% counselling
- 2.6% helpline.

Reducing the first set of percentages by the second set, then calculating what proportion each service gets of the total number of responses, gives the following proportions of ‘demand’:

- Helpline – 30.0%
- Counselling – 24.5%
- Outreach – 21.8%
- Survivors’ Group – 17.3%
- Refuge – 6.4%
Given that some domestic violence services are regarded by LGBT people as not being sensitive to their needs, we wanted to ascertain whether or not they would be more likely to access domestic violence services if they were LGBT-specific:

- 77.1% responded that they would be more likely to access those services
- 16.7% would be about as likely
- 6.3% would be less likely.

Comments on this question include:

"Would feel more comfortable to someone who was LGBT"

"if my concerns are directly linked to my sexual orientation I’d rather contact LGBT specific services”

"I am sick of being judged by my sexuality, and people assuming it is all my fault because of it.”

“An LGBT specific service would be more welcoming, and there wouldn't be the added pressure or stress of having to start a conversation with ‘I'm gay’ or ‘I’m in a same sex relationship’ with the worry that the person may judge you for that.”

**Conclusions**

Most of the survivors of LGBT domestic violence who responded to this survey suffered intimate partner violence, mostly emotional but also physical and controlling violence and abuse. They tended to rely more on friends, family and co-workers for support; the agency most often contacted was the police, but with unsatisfactory results.
Dissatisfaction was indicated with services which didn’t understand the specific issues that LGBT people face when experiencing domestic violence, and subsequently failed to give sensitive and appropriate responses. Respondents didn’t want to be judged for their sexuality and want services to understand their needs better, either by being provided by LGBT-specific agencies or by mainstream services with appropriately-trained staff.

Respondents indicated a desire to have access to domestic violence services, and three quarters of them would be more likely to access them if they were known to be LGBT-specific. The most sought-after service is helpline, followed by counselling and outreach.
LGBT Domestic Violence Services Mapping Analysis

Introduction
Fifteen Birmingham-based providers of domestic violence services were contacted and asked to complete an service mapping survey, based on their service user statistics over one year. Six agencies returned the completed survey and one agency provided their annual statistics.

In addition, one voluntary sector domestic violence specialist service provider outside Birmingham, one specialist sexual violence service provider and four national helpline providers were contacted.

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<tr>
<td>Voluntary sector domestic violence specialist service providers</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Local authority domestic violence specialist service providers</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Voluntary sector and Registered Social Landlords providing domestic violence services</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Local authority mainstream providers</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

LGBT Domestic Violence Services Mapping Survey
Six agencies returned the LGBT Domestic Violence Services Mapping Survey. The results of each question are given below.

1. What domestic violence services do you currently provide?

<table>
<thead>
<tr>
<th>Type of service (for women and children only, unless otherwise stated)</th>
<th>Number of agencies offering service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refuge</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Helpline</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>Outreach</td>
<td>3</td>
<td>50%</td>
</tr>
<tr>
<td>Counselling</td>
<td>1</td>
<td>16.7%</td>
</tr>
<tr>
<td>Courts/MARAC support</td>
<td>1</td>
<td>16.7%</td>
</tr>
<tr>
<td>Family support</td>
<td>1</td>
<td>16.7%</td>
</tr>
<tr>
<td>Service for men</td>
<td>1</td>
<td>16.7%</td>
</tr>
<tr>
<td>Service for Muslim women</td>
<td>1</td>
<td>16.7%</td>
</tr>
</tbody>
</table>
2. To whom do you offer these services?

<table>
<thead>
<tr>
<th>Category of service user</th>
<th>Number of agencies offering service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All women (sexuality not specified)</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Trans women*</td>
<td>2</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

*one agency clarified this as “including trans women”; another agency stated “may consider taking trans women if post operative”.

3. In one year what proportion of your service users were:

<table>
<thead>
<tr>
<th>Category of service user</th>
<th>Number of service users OR percentage of service users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay men</td>
<td>None, for all six agencies</td>
</tr>
<tr>
<td>Lesbian</td>
<td>None for three agencies. 1 in one agency. 0.2% in one agency. 3% in one agency.</td>
</tr>
<tr>
<td>Bisexual</td>
<td>None for four agencies. 3 in one agency. 1.9% in one agency.</td>
</tr>
<tr>
<td>Trans (women or men)</td>
<td>None, for all six agencies</td>
</tr>
</tbody>
</table>

One agency noted that:

“35% are recorded as “not provided/refused” [on monitoring form]. In some of these cases the question won’t have been asked, particularly on helpline where it can be more difficult to ask monitoring questions generally”.

4. Is any part of your service specifically tailored to LGB and/ or T people?
None of the agencies provide tailored services.

5. How do you receive referrals?
Referrals for refuge spaces in Birmingham are arranged through the Single Access Point phone number: ‘Birmingham RefugeLine’. Other referrals come from other services within the agency (e.g. helpline), from police and social services and UKRefugesOnline (the national refuge referral service operated by the Women’s Aid federations of England, Wales, Scotland and Northern Ireland).
6. Have you had anyone referred to you who hasn’t taken up the service, who were LGB and/or T? For what reasons?
All six agencies were unaware that LGB/T referees weren’t taking up their service. One agency commented:

“... some [women referred] already have a lot of agency involvement and are feeling pressured to engage with us. It’s possible that some of these could be LGB and/or T and may feel our service isn’t for them.”

Another said:

“In the last year we have had no LGBT service users that we are aware of.”[emphasis mine]

7. If you need to signpost a service user to another agency or service, would you like to offer the choice of a specialist LGBT domestic violence service? To whom would you offer?
Five out of the six agencies answered “yes” to the first part of this question. Three agencies would like to have services for men/ gay men to whom they can refer, and three agencies would welcome specialist LGBT services because they wish to offer more choice to LBT women. Two agencies wanted more specialist support and training for their staff from LGBT agencies:

“Yes. Obviously it would be great to be able to signpost gay men to a specialist service and, whilst we want to make our service as accessible as possible to all women, we would welcome the ability to offer referral to a specialist service for Lesbians/Bisexual women/trans women. The choice is really important.”

“We never have men referred to us so I do not think there would be that issue. However I can see the benefit of a specialist LGBT DV [domestic violence] service that could offer support around DV issues. We rarely have a referral that has disclosed that she is LGBT but if we did have a resident/ referral that needed that specific support it would be great to have a specialist to refer to. It would also be good to build relationships with a specialist team so that we can gain training and offer more relevant support while the woman is using our service.”

“Yes would want to work in partnership and refer any service user who felt we were not able to fully meet their needs around their sexuality, would welcome training on such issues to support our commitment to equalities and diversity.”

Other Local Services
The Birmingham MARACs (Multi-Agency Risk Assessment Conferences) were contacted, and provided a set of annual data. These showed that no victim discussed at a MARAC was identified as LGB/T, although this category is recorded in MARAC monitoring. There were a number of male victims identified; as none were recorded as gay or bi men, it can be assumed that they were either victims of family
violence or female perpetrators of intimate partner violence, but this may not be accurate.

Conclusions
Currently, in Birmingham, there are no local services for male victims of domestic violence, of whatever sexuality or gender identity. There are a range of refuge-based and non-refuge based services for women (and their children), but these have a low take-up from lesbian and bi women and a zero take-up from trans* women, possibly due to the fact that none of the agencies provide, and therefore advertise, services specifically targeted to lesbian, bi and trans* women. It may also be possible that services are being provided to women who have not identified themselves as LBT, or have not been asked the relevant questions.

There is general agreement amongst the agencies surveyed that they would appreciate support on providing services for LGBT victims/ survivors of domestic violence, in terms of improving the accessibility of their own services and having the option to signpost to specialist LGBT domestic violence services.
National Services Fact-finding

Introduction
As an adjunct to the mapping of services in Birmingham, information was sought from four national service providers, either of domestic violence or LGBT services. Two agencies responded, and the results of one year’s worth of data from each agency is given below.

Women’s Aid
Women’s Aid have sent information from their annual survey of the refuge-based and non-refuge based services of their members. They also run the national 24-hour domestic violence helpline (in partnership with Refuge), but figures from this service were unavailable.

Each year, Women’s Aid (England) compile a national survey of specialist domestic violence services, looking at the figures for the preceding year, and a data ‘snapshot’ comprising one day in refuge services and one week in non-refuge services. They sent in an analysis of data from their 2012 survey, stating:

“. . .the 2013 report doesn’t include the data we collected relating to service users. We are still considering how best to use that information. However answers to questions on sexual orientation and transgender highlight that the vast majority of service users (whether in refuge or another service) are heterosexual and the vast majority of responses to the transgender question was no or don’t know.”

<table>
<thead>
<tr>
<th>Women using refuge-based services on specified data day in 2012 (survey 2)</th>
<th>Number of women</th>
<th>Percentage of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>21</td>
<td>1%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>21</td>
<td>1%</td>
</tr>
<tr>
<td>Not asked/ unknown</td>
<td>540</td>
<td>23%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>1747</td>
<td>75%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2329</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Women using non-refuge-based services on specified data week in 2012 (survey 2)</th>
<th>Number of women</th>
<th>Percentage of women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian</td>
<td>52</td>
<td>0.7%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>36</td>
<td>0.4%</td>
</tr>
<tr>
<td>Not asked/ unknown</td>
<td>1994</td>
<td>16%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>5316</td>
<td>72%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>7398</strong></td>
<td></td>
</tr>
</tbody>
</table>

NB: Two service users identified as trans women.
Women’s Aid also asked responding agencies to gather data from a sample of their service users (one in four) during the snapshot day or week. This enables them to gather more in-depth data on service users than they may collect during their usual processes when providing services.

### Sample of women using refuge-based services on specified data day in 2012 (survey 3)

| Lesbian | 9 | 2% |
| Bisexual | 4 | 0.7% |
| Not asked/ unknown | 47 | 9% |
| Heterosexual | 478 | 89% |
| **TOTAL** | **538** |

### Sample of women using non-refuge-based services on specified data week in 2012 (survey 3)

| Lesbian | 4 | 0.5% |
| Bisexual | 7 | 1% |
| Not asked/ unknown | 63 | 7% |
| Heterosexual | 652 | 90% |
| **TOTAL** | **726** |

NB: Three users of non-refuge services identified as trans women.

### National Services – Respect

Respect run a national helpline – Men’s Advice Line – for male victims/ survivors of domestic violence, or people who call on their behalf. They sent in statistics for one year’s calls (2013) to the helpline:

<table>
<thead>
<tr>
<th>Type of caller/call</th>
<th>Number of calls</th>
<th>Percentage of calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim</td>
<td>2591</td>
<td>57.3%</td>
</tr>
<tr>
<td>Professional</td>
<td>683</td>
<td>15.1%</td>
</tr>
<tr>
<td>Other</td>
<td>597</td>
<td>13.2%</td>
</tr>
<tr>
<td>Family/friend of victim</td>
<td>376</td>
<td>8.3%</td>
</tr>
<tr>
<td>Perpetrator</td>
<td>126</td>
<td>2.8%</td>
</tr>
<tr>
<td>Not abuse related</td>
<td>77</td>
<td>1.7%</td>
</tr>
<tr>
<td>Mutual violence</td>
<td>29</td>
<td>0.6%</td>
</tr>
<tr>
<td>Student, about domestic</td>
<td>22</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
With regards to the sexuality of the callers who were identified as victims, the results are:

<table>
<thead>
<tr>
<th>Type of caller/ call</th>
<th>Number of calls</th>
<th>Percentage of calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>2316</td>
<td>89.4%</td>
</tr>
<tr>
<td>Gay/lesbian</td>
<td>100</td>
<td>3.9%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>7</td>
<td>0.3%</td>
</tr>
<tr>
<td>Not asked</td>
<td>15</td>
<td>0.6%</td>
</tr>
<tr>
<td>Declined to answer</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>No answer recorded</td>
<td>152</td>
<td>5.9%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2591</strong></td>
<td></td>
</tr>
</tbody>
</table>

The subject of most victims’ calls were that the abuse was happening more often or it had become more serious than previously. Other common risk factors were fear of further violence; extreme jealousy; police involvement; the victim being frightened to make decisions.

The overwhelming majority of victims were signposted to LGBT support centres. Other services often signposted to were local authority housing; Shelter; counselling services; legal advice services; immigration advice services.

**Conclusions**

Monitoring service users for sexuality and gender identity is extremely important for agencies, not least as these are protected characteristics under the Equality Act 2010\(^\text{15}\):

**Gender reassignment\(^\text{16}\)**

A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

**Sexual orientation\(^\text{17}\)**

Sexual orientation means a person's sexual orientation towards—

\(^{15}\) http://www.legislation.gov.uk/ukpga/2010/15/contents#pt2-ch1
\(^{16}\) http://www.legislation.gov.uk/ukpga/2010/15/section/7
\(^{17}\) http://www.legislation.gov.uk/ukpga/2010/15/section/12
(a) persons of the same sex, 
(b) persons of the opposite sex, or 
(c) persons of either sex.

There can be difficulties ascertaining a person’s sexuality and gender identity: it is not always possible to ask these (or other) monitoring questions when taking a call on a helpline, as the call may be brief and the caller may be in distress (and therefore it is inappropriate to ask a lot of questions). However, when people are accessing services for a longer period of time, and where there is likely to be other personal information taken for a case file, the opportunity to ask these questions exists. There still does appear to be an unwillingness by agency staff to ask these questions, for reasons beyond the scope of this report.
LGBT Focus Group Analysis

Introduction
A public focus group was held at Birmingham LGBT Centre on 26th February 2014. Five people attended, alongside the two facilitators. A graphic facilitator was present to represent the discussions pictorially.

There were three broad questions asked:
- What do you think the needs of the victims/survivors who are LGBT are?
- Is there a need for specialist services?
- What would a specialist service look like?
The discussions tended to involve all three questions, so the answers have been analysed as a whole.

Awareness of Domestic Violence
The group discussed the possible lack of awareness of what domestic violence is, within LGBT communities; some victims/survivors may not realise that they are experiencing domestic violence. It was also acknowledged that agencies do not recognise LGBT domestic violence, or that their knowledge of domestic violence is biased towards heterosexual relationships, or that their feminist stance on domestic violence doesn’t acknowledge that men can also be victims/survivors.

Mainstream services can assist in raising awareness by making sure information is available, especially where they are in regular contact with service users.

Types of Service
The types of specialist domestic violence services proposed for LGBT victims/survivors mirror that which is currently available in the existing domestic violence sector in Birmingham:
- Refuge
- Helpline
- Outreach
- Counselling
- Survivors’ Groups
These services should be available locally, and be in a non ‘scene’ setting. They should include services for men; currently, only national helplines are available for male victims/survivors.

Historically, most support for LGBT communities has come from within the communities themselves, with little or no funding or support from the public sector. These support networks understand the needs of the communities and are able to support otherwise ‘hard to reach’ people. Whilst this grassroots approach is still appropriate, it was agreed that it would benefit from financial support and expertise, for instance, by training peer mentors and providing management support for groups.
Specialist vs Mainstream
The group agreed that LGBT victims/survivors should have the choice of support from both specialist and mainstream* services, acknowledging that most people contact mainstream services for a variety of needs and that some LGBT people may not want or need a specific LGBT service. This also meant that LGBT people who access a mainstream service could then be signposted to a specialist one. However, there was a great deal of discussion on what mainstream services need to do in order to offer sensitive and appropriate services to LGBT people (see below).

It was felt that more LGBT people would approach mainstream services if they felt they could trust them, possibly by setting up a quality system which would award a ‘kite-mark’ for LGBT-friendly services. There was concern that if LGBT people were put off mainstream services, they may not then have the confidence to access LGBT-specialist services; there was also concern that if LGBT people weren’t accessing mainstream services, those services wouldn’t (or couldn’t) then identify a need for supporting LGBT victims/survivors.

The group agreed that agencies should work in partnership to maximise the choices available for LGBT victims/survivors, to facilitate cross-signposting and to mitigate the damage that public sector funding cuts are having on service provision.

* ‘Mainstream’ usually means statutory sector services, such as those provided by the local authority, health services, police, etc. In this context, it can also be considered to include voluntary sector advice and support services, and domestic violence services which are not LGBT-specific.

Improving Access to Mainstream Services
Having agreed that LGBT people should have the choice to access mainstream services, the group discussed what the problems are and what solutions might be.

<table>
<thead>
<tr>
<th>Problems</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies unaware of LGBT communities and LGBT domestic violence.</td>
<td>Acknowledge the LGBT communities by making agencies more inclusive.</td>
</tr>
<tr>
<td>Agencies may operate from a heterosexual/ cis bias, thus not ensuring</td>
<td>Recognition of LGBT in policies and procedures (protected characteristic in Equality Act).</td>
</tr>
<tr>
<td>service is inclusive.</td>
<td>Making it possible for LGBT staff to be ‘out’ and visible (ensuring they maintain appropriate boundaries).</td>
</tr>
<tr>
<td>Agencies are not recognising and implementing equality legislation.</td>
<td>Inclusion of LGBT service users in service provision, possibly as peer mentors (appropriately trained and supported).</td>
</tr>
<tr>
<td>Agencies are not ‘LGBT-friendly’, i.e. not making it comfortable for</td>
<td></td>
</tr>
<tr>
<td>LGBT service users (or staff) to disclose their sexuality, gender</td>
<td></td>
</tr>
<tr>
<td>identity and/ or experiences of domestic violence.</td>
<td></td>
</tr>
<tr>
<td>Staff are not aware of LGBT communities and LGBT domestic violence.</td>
<td>Training on LGBT awareness.</td>
</tr>
<tr>
<td>Staff are aware, but lack knowledge, skills and support to offer</td>
<td>Training on LGBT domestic violence awareness.</td>
</tr>
<tr>
<td>appropriate</td>
<td></td>
</tr>
</tbody>
</table>
services. Staff are reluctant to engage with the issues as they are ‘afraid to do the wrong thing’.

Due to heteronormative view of domestic violence, i.e. where the perpetrators are mostly men and the victims mostly women, staff are unable to distinguish victim from perpetrator in same-sex relationships.

<table>
<thead>
<tr>
<th>Agency lacks the resources to set up specialist LGBT services.</th>
<th>Practical training on what questions to ask, how to ask them and how to record the answers. Information on what services and support available. Clear referral pathways. Availability of appropriate assessment tools and training on how to use them.</th>
</tr>
</thead>
</table>

Agency could set up specialist LGBT posts.
Agency could support an LGBT staff member to become LGBT ‘champion’ or advocate.
Agency could support LGBT service users to become peer mentors.
Agency should try to support as many different specialist positions as possible, either more than one LGBT advocate or lesbian, gay bi and/or trans* advocates where possible.

**Conclusions**

The focus group recognised the specific needs of the LGBT communities who experience domestic violence, and proposed that both specialist LGBT domestic violence services and mainstream services are necessary to meet those needs.

Specialist LGBT domestic violence services would ideally include refuge provision, a helpline, counselling and outreach support and survivors’ self-help groups.

To meet the needs of LGBT victims/survivors, mainstream services need to ensure they have appropriate support settings, policies and procedures and staff training. They may also have nominated staff who are ‘out’ as LGB/T to act as advocates for service users and staff.

It is worth noting here that many of the focus group recommendations echo that found by researcher from Stonewall Housing, in their survey of LGBT domestic violence survivors, and service providers, in London: “‘ROAR – because silence is deadly’; A report on the experiences of lesbian, gay, bisexual and trans* survivors of domestic violence and abuse” lists the following recommendations for current services:

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

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

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

LGBT victims/survivors of domestic violence in Birmingham need the appropriate, specialist support from agencies who understand their specific needs and circumstances – three quarters of our respondents would be more likely to access a domestic violence service if they knew it was for LGBT people. Ideally, these would include a helpline and outreach and counselling services, as well as access to refuge accommodation and the chance to take part in self-help survivor groups. These specialist LGBT domestic violence services do not currently exist in Birmingham; where domestic violence services exist, they cater almost exclusively for heterosexual women and whereas lesbians and bi women are welcome, there may be conditions placed upon trans* women who wish to use these services. At the time of writing, there are no services for men.

LGBT victims/survivors of domestic violence also need appropriate and sensitive responses from non-specialist and/or mainstream services in Birmingham. They need to be able to trust those services enough to approach them without fear of homophobia, biphobia, transphobia or any kind of value judgement regarding their lives and lifestyles. Currently, non-specialist/mainstream services are not providing consistent support; indeed, many are not following statute on monitoring the sexuality and gender identity of their service users, having policies and procedures in place and having staff trained in awareness of LGBT issues and/or domestic violence.

The author offers the following recommendations:

Specialist LGBT domestic violence services
Funding should be made available to set up the following services:

- Helpline – offering non-judgemental support and information.
- Outreach – giving a chance for LGBT victims/survivors to access face-to-face, one-to-one support.
- Counselling – specialist therapy to deal with the trauma of domestic violence and rebuild the survivor's life.

Commissioners should also consider the possibility of increasing and improving refuge provision in Birmingham, and providing funding to support LGBT advocates to set up and run self-help survivor groups.

Non-LGBT specialist domestic violence services and mainstream services
Service providers in Birmingham could benefit from:

- Training and awareness-raising of LGBT domestic violence issues.
- Support to improve their policies, procedures and monitoring systems, so that LGBT service users are recognised and offered appropriate responses.
- Access to a range of LGBT domestic violence leaflets, posters and other information which can be given to service users (and will also demonstrate that those service users are welcome).
• Partnership working with specialist LGBT domestic violence agencies (should they exist) and other service providers to agree referral and signposting routes, share information and collectively campaign to increase awareness of LGBT domestic violence and what is available for victims/ survivors.

• Advice on the feasibility of having ‘LGBT Champions’ – ‘out’ LGBT people already in the workplace who can take on the additional responsibilities of offering support and information to LGBT colleagues experiencing domestic violence.

Service providers would also benefit from LGBT awareness training per se, as this would be a necessary pre-requisite to ensuring that the appropriate monitoring of LGBT service users was taking place and therefore appropriate responses are offered.

Once systems and procedures are in place, service providers should consider offering their anonymised service user information to researchers, to add to the body of evidence.
References and Recommended Reading

Research referenced in this report
‘ROAR – because silence is deadly’: A report on the experiences of lesbian, gay, bisexual and trans* survivors of domestic violence and abuse
Stonewall Housing, 2014

Exploring the service and support needs of male, lesbian, gay, bi-sexual and transgendered and black and other minority ethnic victims of domestic and sexual violence
University of Bristol, 2012
http://www.bristol.ac.uk/sps/research/projects/current/rk6812/domesticsexualviolenc esupportneeds.pdf

Out and About – Mapping LGBT Lives in Birmingham
Birmingham LGBT, 2011

Additional recommended reading
Prevalence of domestic violence among lesbians & gay men
Sigma Research, 2003

In All Our Colours: Lesbian, bisexual and trans women’s services in the UK
Women’s Resource Centre, 2010

Chapter 4 - Intimate Personal Violence and Partner Abuse (2012/13 Crime Survey for England and Wales self-completion module on intimate violence)
ONS, 2014

Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively
NICE, 2014

Equality Act 2010
UK Government

What equality law means for your voluntary and community sector organisation (including charities and religion or belief organisations)
Equality & Human Rights Commission
What equality law means for your business when you’re providing goods, facilities or services to the public
Equality & Human Rights Commission

Public sector equality duty
Equality & Human Rights Commission
Glossary

**Gender identity**
The gender that a person sees themselves as. This can include refusing to label oneself with a gender. Gender identity is also often conflated with sexual orientation, but this is inaccurate. Gender identity does not cause sexual orientation. For example, a masculine woman is not necessarily a lesbian.

**Gender non-conforming/variant**
Displaying gender traits that are not normatively associated with their biological sex. “Feminine” behaviour or appearance in a male is gender-variant as is “masculine” behaviour or appearance a female. Gender-variant behaviour is culturally specific.

**Gender-neutral**
Non-discriminatory language to describe relationships – e.g. “spouse” and “partner” are gender-neutral alternatives to the gender-specific words “husband,” “wife,” “boyfriend” and “girlfriend”.

**Genderqueer (Genderqueer)**
A person who redefines or plays with gender, or who refuses gender altogether. A label for people who bend/break the rules of gender and blur the boundaries.

**Gender role**
How “masculine” or “feminine” an individual acts. Societies commonly have norms regarding how males and females should behave, expecting people to have personality characteristics and/or act a certain way based on their biological sex.

**Intersex**
Intersexuality is a set of medical conditions that feature congenital anomaly of the reproductive and sexual system. That is, intersex people are born with “sex chromosomes”, external genitalia or internal reproductive systems that are not considered “standard” for either male or female.

**FTM**
Female to Male Transsexual.

**MTF**
Male to Female Transsexual.

**Transgender**
Transgender (sometimes shortened to trans or TG) people are those whose psychological self (“gender identity”) differs from the social expectations for the physical sex they were born with. An umbrella term for transsexuals, cross-dressers (transvestites), transgenderists, gender queers, and people who identify as neither female nor male and/or as neither a man or as a woman.

Transgender is not a sexual orientation; transgender people may have any sexual orientation. It is important to acknowledge that while some people may fit under this definition of transgender, they may not identify as such.
Cisgendered
The opposite of transgendered someone who is cisgendered has a gender identity that agrees with their societally recognised sex.

Transgenderist
A person who lives either full time, or most of the time, in a gender role different than the role associated with their biological or chromosomal sex (a gender non-conformist).

Transition
A complicated, multi-step process that can take years as transsexuals align their anatomy with their sex identity; this process may ultimately include gender confirmation surgery.

Transphobia
Fear or hatred of transgender people; transphobia is manifested in a number of ways, including violence, harassment and discrimination.

Transsexual
Transsexual refers to a person who experiences a mismatch of the sex they were born as and the sex they identify as. A transsexual sometimes undergoes medical treatment to change his/her physical sex to match his/her sex identity through hormone treatments and/or surgically. Not all transsexuals can have or desire surgery.

Transvestite
Individuals who regularly or occasionally wear the clothing socially assigned to a gender not their own, but are usually comfortable with their anatomy and do not wish to change it. “Cross-dresser” is the preferred term for men who enjoy or prefer women’s clothing and social roles.

Gender variance/ gender dysphoria/ gender identity disorder
It is now understood that the innate gender identity, although powerfully influenced by the sex of the genitalia and the gender of rearing, is not determined by these factors. There is evidence that sex differentiation of the brain may be inconsistent with other sex characteristics, resulting in individuals dressing and/or behaving in a way which is perceived by others as being outside cultural gender norms; these unusual gender expressions may be described as gender variance.

Where conforming with these norms causes a persistent personal discomfort, this may be described as gender dysphoria. In many, this includes some level of disgust with the phenotype (outward physical form), since this contradicts the inner sense of gender identity.

Gender dysphoria is not a popular term with those experiencing the condition since it has become associated with the DSM IV “clinical diagnosis” of gender identity disorder, published by the American Psychiatric Association. Both these descriptions imply a diagnosis of “pathology” and mental illness; the more neutral term, “gender variance”, is preferred by many trans people.
Gender Confirmation Treatment
Those transitioning permanently usually have gender confirmation treatment that includes hormone therapy and often surgery to bring the sex characteristics of the body more in line with the gender identity. Such surgery is sometimes referred to as gender reassignment surgery.

Sexual Orientation
The deep-seated direction of one’s sexual (erotic) attraction. It is on a continuum and not a set of absolute categories; sometimes referred to as “sexuality”. Sexual orientation evolves through a multistage developmental process, and may change over time.

Stereotype
An exaggerated oversimplified belief about an entire group of people without regard for individual differences.

Heterosexuality
Sexual, emotional, and/or romantic attraction to a sex other than your own. Commonly thought of as “attraction to the opposite sex” but since there are not only two sexes (see ‘intersex’ and ‘transsexual’), this definition is inaccurate.

Heterosexism
Assuming every person to be heterosexual, therefore marginalizing persons who do not identify as heterosexual. It is also believing heterosexuality to be superior to homosexuality and all other sexual orientations.( institutional oppression).

Institutional oppression
Arrangement of a society used to benefit one group at the expense of another through the use of language, media education, religion, economics, etc.

Heterosexual privilege
Benefits derived automatically by being (or being perceived as) heterosexual that are denied to homosexuals, bisexuals, and queers.

Homosexuality
Sexual, emotional, and/or romantic attraction to the same sex.

Lesbian
A woman attracted to a woman.

Pansexual
The term pansexual can take on a variety of different meanings depending on which social group the term is being used in, but it is generally defined as someone who is attracted to other people regardless of their gender or sexual orientation. The word pansexual is used as an inclusive term as opposed to bisexual, as bisexuality only refers to people liking both men and women, and does not including a wider variety of gender neutral or gender fluid terminology.

Bisexuality
A person who is attracted to two sexes or two genders, but not necessarily simultaneously or equally.
**Gay**
Men attracted to men. Colloquially used as an umbrella term to include all LGBT people.

**Queer**
An umbrella term to refer to all LGBTIQ people.

A political statement, as well as a sexual orientation, which advocates breaking binary thinking and seeing both sexual orientation and gender identity as potentially fluid.

**Asexual**
A person who lacks interest in or desire for sex but may still form romantic relationships.

**Homophobia**
The irrational fear and intolerance of people who are homosexual or of homosexual feelings within one's self. This assumes that heterosexuality is superior.

**Biphobia**
The irrational fear and intolerance of people who are bisexual.

**Coming out**
An acknowledgment to yourself and others that one is a gay man, a lesbian, a bisexual or trans.
Appendices

APPENDIX A: LGBT Domestic Violence survey for Birmingham – text version

This is a survey to map the experiences of lesbian, gay, bisexual and trans* people, living in Birmingham, who have experienced domestic violence, which the government defines as:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality."

Domestic violence is not the same as mutual partner violence – domestic violence occurs when one person in the relationship seeks to control the life of the other person, checking what they do and who they communicate with, cutting them off from their support networks and making all of the decisions on a day-to-day basis. This abuse can be physical, sexual, emotional/ psychological, financial or a combination of these. Domestic violence can also be perpetrated by family members.

This survey is being funded by Birmingham Community Safety Partnership, to look at the experiences of Birmingham residents, identifying as lesbian, gay, bisexual and/ or trans, who have experienced domestic violence or abuse. The survey will ask you about yourself, your experiences and your thoughts on what would be or would have been helpful to support you. Please answer all of the questions if you can. This survey is totally anonymous and your answers will be treated in the strictest confidence, according to Birmingham LGBT’s confidentiality policy and data protection policy.

About you

Are you lesbian, gay, bisexual and trans?
   Yes / No

Are you now, or have you previously been, in a relationship where you experience(d) domestic violence/ abuse?
   Yes / No

Did you live in Birmingham when you experienced the abuse?
   Yes / No

Do you live in Birmingham now?
   Yes / No

In which area do you live?
(Please provide us with the first 2 or 3 letters/numbers of your post code [e.g. B1, B92, WS2] we CANNOT obtain your address from this) [text box]
**Relationship/ family experiences**

For the purposes of the rest of this survey, we would like you to answer the questions based on your most recent experience of domestic violence in either an intimate relationship or within your family.

Thinking about the most recent relationship in which you experienced domestic violence and abuse, who did you experience this abuse from?
- Intimate partner (current or ex)
- A partner's ex-partner
- Family member

Thinking about this abusive relationship, which of these forms of abuse does/ did occur in your relationship/ family? Please tick all that apply.
- Physical – e.g. slapping, punching, strangling
- Sexual – e.g. being forced into sex acts against your will, being made to feel ashamed about wanting sex
- Emotional/ psychological – e.g. being criticised and belittled, being accused of 'making it all up'
- Financial – e.g. having your money taken from you, having no say in 'joint' financial decisions
- Control – e.g. being told who you could talk to, what to wear or where you can go

The abuser may also use your sexuality and/ or gender identity to abuse you. Have any of these occurred?
- Your partner/ ex-partner/ family member threatened to 'out' you to friends/family/ co-workers, etc.
- Your partner/ ex-partner/ family member claimed your sexuality and/ or gender identity made you a bad parent
- Your partner/ ex-partner/ family member threatened to disclose your HIV status (whether you are HIV-positive or not)
- The family member(s) tried to force you into a relationship with a person of the opposite sex, against your wishes
- Other (please specify) [text box]

**Seeking support**

Thinking about your most recent experience, did you speak to someone about it?
- Yes / No

If so, who did you speak to about your experiences, and how helpful did you find this?

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<th>Quite helpful</th>
<th>A bit helpful</th>
<th>Not very helpful</th>
<th>Not at all helpful</th>
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<td>Friend</td>
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<td>Co-worker</td>
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Other adviser, e.g. housing worker, benefits adviser, Citizens' Advice Bureau worker, etc.  
Church/ mosque/ synagogue/ gurdwara etc.  
Other  

Please give details [text box]

If you didn't find it helpful to speak to someone, or you didn't feel able to speak to someone, please say why

- Didn't realise you were being abused at the time
- Didn't think you'd be believed
- Didn't think you'd be taken seriously
- Thought whoever you told would blame you
- Thought whoever you told would blame your sexuality and/ or sexual identity
- Felt ashamed to admit it
- Would have to ‘out’ yourself
- Scared that abuser would find out
- Hoped it would get better without help
- Other

Please give details [text box]

Thinking about your most recent experience, look at the following list of agencies and either tick the box if you did contact them. If you didn't contact the agency, consider if you would do so in the future if you experienced abuse again.

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<tr>
<th>Agency</th>
<th>I did contact this agency</th>
<th>I would definitely consider contacting this agency</th>
<th>I would possibly consider contacting this agency</th>
<th>I would probably not contact this agency</th>
<th>I would definitely not contact this agency</th>
<th>I’m not sure</th>
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<td>Police</td>
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<td>Citizens’ Advice Bureau</td>
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<td>Other advice agency</td>
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<td>Sexual violence service</td>
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<td>Solicitors/ law centre</td>
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<td>Domestic violence helpline</td>
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<td>Service Type</td>
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<td>Possibly consider</td>
<td>Not sure</td>
<td>Probably not consider</td>
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<td>Helpline</td>
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<td>Outreach/ drop-in service</td>
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<td>Counselling service</td>
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<td>Refuge</td>
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<td>Survivors’ Group</td>
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Other options? Please give details [text box]

If you could access an LGBT-specific domestic violence service, would you be more likely or less likely to consider them than you would if they offered their services to anyone, regardless of their sexuality?

More likely
About the same
Less likely
Please give details [text box]

Do you have any other comments, questions, or concerns? [text box]
Monitoring

1. How old are you?
   - 16 or under
   - 17-24
   - 25-34
   - 35-44
   - 45-54
   - 55-64
   - 65-74
   - 75 or older

2. In terms of sex how do you identify yourself?
   - Female
   - Male
   - Intersex

3. Is your gender identity the same as the gender you were assigned at birth?
   - Yes
   - No

4. If NO to Q4, Do you identify yourself as?
   - FTM Trans
   - MTF Trans
   - Gender Queer
   - Other
   - Prefer not to say
   - Other (please specify) [text box]

5. TRANS ONLY: Do you live and work full time in the gender role opposite to that assigned at birth?
   - Yes
   - No

6. How would you describe your sexual orientation?
   - Bisexual
   - Gay
   - Heterosexual (straight)
   - Lesbian
   - Queer
   - Undecided
   - Prefer not to say
   - Other (please specify) [text box]

7. What is your ethnic background?
   - White British
   - White Irish
   - White European
   - White & Black African
   - Indian / Indian British
   - Other Asian / Asian British
   - Other Black / Black British
   - White Other
   - White & Asian
   - Pakistani / Pakistani British
   - Black Caribbean / Black Caribbean British
Chinese / Chinese British
White & Black Caribbean
Mixed Other
Bangladeshi / Bangladeshi British
Black African / Black African British
Any other ethnic background
Other (please specify) [text box]

8. Do you identify yourself as being disabled?
   Yes
   No
   Unsure

9. How would you describe your faith?
   Agnostic (neither believe or disbelieve)
   Atheist (do not believe)
   Buddhist
   Christian
   Hindu
   Jewish
   Muslim
   Pagan
   Sikh
   Prefer not to say
   Other (please specify) [text box]

Thank you for taking time to fill out this survey. If you would like a copy of the results, please leave your email address below we won't use it for any other purpose.

All data is kept strictly confidential, in accordance with Birmingham LGBT's Data Protection Policies.
APPENDIX B: LGBT Domestic Violence Services Mapping Survey

The purpose of this survey is to look at current provision of domestic violence services in Birmingham, which of these are taken up by LGBT (lesbian, gay, bisexual, transgender) people and the need for setting up LGBT-specialist services.

Your answers will be taken to be representative of your agency, and will be analysed by Maria Hughes on behalf of Birmingham LGBT. The analysis will be included in an end-of-project report. Please give as much information as you can; if you are unable to answer a question, leave it blank.

1. What domestic violence services do you currently provide?

2. To whom do you offer these services? Please answer considering the following terms:
   Men / women/ trans men/ trans women
   Lesbian/ gay/ bisexual

3. In one year (which can be taken as the most recent year you collected annual figures), what proportion of your service users were:
   Gay
   Lesbian
   Bisexual
   Trans?

4. Is any part of your service specifically tailored to LGB and/or T people?

5. How do you receive referrals? This could be the method, e.g. via telephone helpline, via agreed referral pathway from other agencies; you could also state where you receive most referrals from, e.g. self-referral, police, etc.

6. Have you had anyone referred to you who hasn’t taken up the service, who were LGB and/or T? For what reasons?

7. If you need to signpost a service user to another agency or service, would you like to offer the choice of a specialist LGBT domestic violence service? To whom would you offer (e.g. to men, if you run a women-only service)?

Thank you for your participation.
APPENDIX C: Focus Group Notes

What do you think the needs of the victims/survivors who are LGBT are?
- Safe house.
- Helpline in West Midlands (freephone).
- For people who don’t frequent the scene.
- Counselling.
- People can be supported through existing services – having the choice.
- Some can be supported through mainstream some can’t.
- Some can have poor experiences in mainstream – also from family.
- Mainstream not aware of complexities – those services need training.
- If poor service from mainstream service, may be put off going to specialist service.
- All refuge space through SINGLE ACCESS POINT.
- Important how voluntary sector services are seen – need to be trusted.
- Need to work in partnership with other agencies, including council.
- Need to skill workers in mainstream services – empower mainstream providers – COUNCIL HEALTH POLICE.
- Mainstream coming from heterosexual learning.
- Some DV agencies have feminist approach – LGBT people who need services may feel this won’t cater for them.
- If people don’t come to agencies, those agencies can’t demonstrate need.
- No services for men (helpline, counselling, refuges).
- Some national services for men. Some local housing will work with men.
- People don’t know about agencies and that they can contact. Services need to be promoted more.
- BUILD TRUST, e.g. mainstream services ‘approved’ (kitemark) as appropriate for LGBT people.
- Council workers not knowing what ‘LGBT’ means! Not everyone knows – BUT: two protected characteristics!
- BCC visiting every tenant once per year – 65,000 properties, could be used to promote LGBT services. Also council officer could be signposting tenants to services.
- Re training: also about safety and risk management. Problem with same-sex couple: who’s the victim? who’s the perpetrator? Established ways of assessing that – proper assessment tools.
- Don’t impose heterosexual models on LGBT relationships.
- Possible some workers don’t feel comfortable working with LGBT service users; because they don’t want to say/ do the wrong thing.
- CUTS! Partnership work. Links on websites.
- MONITORING sexuality and gender identity. Needs training on how to ask questions about this.
- Workers anxious to ask about domestic violence – need to know why and how and what to do next.

Is there a need for specialist services?
- Yes, because mainstream services not meeting that need.
- Need both mainstream and specialist – if mainstream, ask question, need to be able to refer to specialist.
- Having OUT LGBT workers in mainstream services.
- Have choice, both mainstream and specialist.
- People may not recognise what’s happening to them as domestic violence.
- Five years ago, council organised training so colleagues could support each other – named support worker.
- Clear demand for specialist training on LGBT domestic violence.
• How to make your agency inclusive to LGBT people (staff and service users), including appropriate monitoring – getting trained in this.
• Having ‘out’ staff: in existing services – may have clash between not crossing boundary with service users and sharing personal information. Could ask staff if they are comfortable to be ‘out’ to others. Could also appoint specialist LGBT worker.
• Getting the balance right – disclosing some appropriate personal info with service user. Worker shouldn’t use relationship to offload their own ‘stuff’.
• Peer mentors could be helpful – some service users can support others, within appropriate boundaries.
• STONEWALL.
• Survivors’ groups – have survivors trained so they can facilitate groups.
• Historically, most LGBT support has been community-led; still important. Needs to be properly managed and supported.
• We know what the problem is – need to work on effective solutions.
• Some communities hard-to-reach – need community members to help.
• Some people may feel more than one discrimination.

What would a specialist service look like?
• One-to-one support, either phone or face-to-face.
• Specialist LGBT advocates.
• Advertising local helplines as such.
• Local support, local services.
• Have info on apps.
• Training – regardless of which agency you work for.
• Lots of need for training.
• How many ‘specialist’ workers would be needed? Male and female workers. More than one ‘LGBT’ worker.
• Have services that are ‘LGBT-friendly’.
Q1: What do you think the needs of the victims/survivors who are LGBT are?

Support is within the 'scene'

There's no safe house but some mainstream services only available to women

It's not talked about

Only phone is in London
Mainstream services are unaware of the complexities and may put people off. All refuge services need to work in partnership with other agencies (inc. council), single access point. Need to skill workers. Council health police.
No services for men

Helpline

Some national services

People don't know about agencies

LGBT?

People at the council don't know what LGBT means

Opportunity?

Council are visiting every tenant once per year

Training for safety and risk management

Need a trusted kitemark for LGBT services
Problem with same-sex couple who is the...

Victim? Perpetrator?

Need proper assessment tools

Need training on how to ask questions

Need to know why and how

Some workers don't feel comfortable with LGBT service users...

...or are afraid to do or say the wrong thing
DO YOU THINK THERE IS A NEED FOR A SPECIALIST LGBT DOMESTIC VIOLENCE SERVICE?

YES!!!

...AND WHAT WOULD THIS SERVICE LOOK LIKE?

...AS MAINSTREAM SERVICES NOT MEETING THAT NEED

5 YEARS COUNCIL HELD LGBT TRAINING

NEED OUT LGBT WORKERS IN MAINSTREAM SERVICES

BUT HAVE A CHOICE

AND

MAINSTREAM SERVICES

SPECIALIST SERVICES

NEED TO BE ABLE TO REFER TO

PEER MENTORS

CROSSING THE LINE?

PERSONAL INFORMATION
Survivors' groups have survivors trained so they can facilitate groups.

Historically, most LGBT support has been community led.

This needs to be managed & supported.

Some communities are hard to reach.

Need community members to help.

Info on apps.

One-to-one local support.

Lots of need for training.
More than one LGBT worker is needed. Have services that are LGBT friendly.