



Evaluation of the Rainbow Project

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Introduction

This report presents the findings of the evaluation of the Rainbow Project, which is a group work programme for lesbian, bisexual and/or trans women (LBT), survivors of domestic abuse. The programme is designed by Birmingham LGBT.

The programme includes a toolkit titled The Rainbow Project: A Group Work Programme for LBT Survivors of Domestic Abuse. The toolkit is designed to guide an 8-week group course supporting lesbian, bisexual and/or trans women survivors of domestic abuse.

The evaluation started in May 2022 and finished in August 2022.

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Overview of the Rainbow Project

The Rainbow Project is a pilot 8-week group work intervention that aims to provide lesbian, bisexual and/or trans women who are experiencing/ have experienced domestic abuse with an opportunity to make sense of their experience, recover from abuse and, where appropriate, to make changes in their lives.

Domestic abuse in the context of this programme includes intimate partner and familial relationships, in keeping with the Domestic Abuse Act 2021.

To achieve these aims, the programme has the following objective:

- To provide structured group support for domestic abuse survivors, specific to the needs of lesbian, bisexual and/or trans women.
- To increase understanding and awareness about healthy relationships and discuss specific tactics of identity abuse.
- To empower and provide survivors with the tools and skills to move on from abuse.
- Provide peer support and reduce isolation.

Lesbian, bisexual and/or trans women who are victims of domestic abuse too often experience barriers, stigma and culturally insensitive responses when seeking support to escape their situation. Existing domestic abuse programmes have not been developed with these groups in mind, but mostly address the needs of heterosexual, cisgender women who have been victimised by heterosexual, cisgender, male perpetrators.

By launching the Rainbow Project, Birmingham LGBT intended to develop and pilot, a ‘by and for’ group support programme, specifically meeting the needs of lesbian, bisexual and/or trans women.¹

The programme is unique in recognising that this group has distinct needs in the process of recovery that are different to their cisgender, heterosexual peers. It takes this stance on the basis of research which has not only highlighted a gap in provision but also documented unmet need for a structured group support that would facilitate shared experiences and reduce isolation. It also provides a resource for those lesbian, bisexual and trans women who have struggled to cope with abuse due to not having come out, internalised homophobia, biphobia and/or transphobia or any other aspect of their identity.

As such, the programme, and the course that emerges from it, bridge an important gap and increase resources and support for lesbian, bisexual and/or trans women to address their concerns about their needs and identities in the context of also identifying as a survivor of domestic abuse.

An evaluation was built in to allow the programme to be accredited, so that it can be adopted by other organisations across England who wish to provide group support to lesbian, bisexual and /or trans women.

This report consists of four key sections.

First section is a rapid review of existing literature that:

- Provides a rationale for a group work approach to supporting survivors of domestic abuse, including those who are LGBT+; and
- outlines the particular needs of LGBT+ victim/survivors that should be included in a group work programme aimed at these groups.

A synthesis of the findings from the rapid review underpin the ‘best practice’ indicator check list, which was used to evaluate the eligibility criteria, pre-course engagement with participants and the Rainbow Project group work course.

In the second section we outline the design and the history of the delivery of Rainbow Project and describes the evaluation methodology

In the third section we outline the key the findings of the evaluation and finally, conclusions and recommendations are in the fourth section.

¹ The term ‘by and for’ refers to organisations/services led by and for the community they serve. For example, that could include an LGBT+ service led by and for LGBT+ people. Other examples include services led by and for Black and racially minoritised women, or victims and survivors with disabilities. Unless otherwise stated, this report uses ‘by and for’ to mean services specifically by and for LGBT+ people and led by those who openly identify as LGBT+.

1. Group support for survivors of domestic abuse

1.1 What programmes exist?

In this section we review a brief list of existing group-work programmes in England and provide information on how they work, including some information on why group support is important in the context of domestic abuse recovery. We also discuss the relevance of existing group programmes for lesbian, gay, bisexual and/or trans (LGBT+) survivors and highlight why the existing programs do not meet the support needs of LGBT+ survivors.

Survivors of domestic abuse seek support and information in a wide variety of formal and informal group contexts. These range from informal support groups to more formal group work programmes. Literature suggests these programmes are most often delivered by professionals working in the specialist domestic abuse sector as well as by professionals working in other contexts, including health, social work and criminal justice.

Formal programmes offer information and, in some cases, psychoeducational, therapeutic and/or peer support to survivors of domestic abuse, with most groups aimed primarily at (assumed to be heterosexual, cisgender) women who have intimate partner relationships with (assumed to be heterosexual, cisgender) men. This is an important difference between existing programmes and that designed by the Rainbow Project since the latter's programme includes survivors of both intimate partner and familial domestic abuse.

The Freedom Programme is probably the most recognised group work programme used by agencies across England.² The Freedom Programme (hereafter, FP) was designed by Pat Craven in 2005, based on her work with perpetrators of domestic abuse. The FP can be delivered in person by professionals who have completed the train-the-trainer programme. Online courses and books are also available for survivors to access directly.

The programme provides survivors with information about the nature and dynamics of domestic abuse, based on the Duluth Model Power and Control Wheel.³ The dominating character, a male abuser, is used to illustrate different abusive behaviours, for example the bad father, the liar or the jailer. The programme is designed to provide information, rather than therapeutic support.

The VOICE Programme is a more recently launched 10-week group programme founded by Rachel Williams, Clare Walker and Cathy Press.⁴ As well as covering abusive behaviours in relationships and post-separation, the programme also includes psychoeducational content on trauma, regulation and self-care. The programme can be run online or face-to-face.

The Power to Change: facilitation programme⁵ run by Women's Aid a course facilitating the set up and running of support groups for survivors of domestic and sexual violence/abuse

² Freedom programme, main website: <https://www.freedomprogramme.co.uk/>

³ The Duluth Power and Control Wheel: <https://www.theduluthmodel.org/wheels/>

⁴ The VOICE programme, main website: <https://voicepartnership.com/>

⁵ The Power to Change, facilitation programme: <https://www.womensaid.org.uk/what-we-do/training/facilitator-training/power-to-change-facilitation-programme/>

using the 'Power to change' manual. The manual outlines some of the practical and organisational considerations required to set up support groups for survivors of domestic violence in a way that enhances their safety and self-esteem. It also presents three possible models, any of which can be used as a basis for running such groups. Two of these models are facilitated support group programmes and the third model is that of the unfacilitated self-help group. The models are delivered over 12 or 14 weeks and focus on basic rights, boundaries, emotional coping skills and assertiveness.

I Own My Life is a 12-week group work programme designed to help survivors regain ownership of their lives after abuse. The programme was created by The Women's Liberation Collective, which provides facilitator training, and uses learning methods that promote dialogue between facilitators and survivors and reflective practice.⁶

Pattern Changing is a 14-week educational programme focussed on building a survivor's own power to change the course of her life. The programme is delivered in Devon by NDADA.⁷

Formal group work programmes focussed on the impact of domestic abuse on parenting, such as the Phoenix Programme [1] and concurrent programmes for mother and child survivors, are also available. For example, AVA provides facilitator training for the CODA model.⁸ CODA is for children, young people and their mothers who have experienced domestic abuse. Their programme provides a community-based setting to share and talk about their experiences.

Some agencies provide group therapy for survivors, for example Women's Trust.⁹ Peer support groups are another common form of group support, either coordinated by domestic abuse agencies or organised by survivors independently in person or online.

1.2. Why is group support important in the context of domestic abuse recovery?

Providers of group work programmes for survivors of domestic abuse cite a range of benefits of group work. These typically include:

- Providing space for reflection
- Peer support from others with similar experiences
- Reducing isolation
- Positioning domestic abuse as a shared social and political issue rather a private or individual problem

Evaluations of domestic abuse group work with women have found evidence of positive outcomes from the perspective of participants. Women report higher levels of confidence

⁶ I Own My Life, main website: <https://www.ownmylifecourse.org/>

⁷ Pattern Changing, main website: <https://ndada.co.uk/courses/pattern-changing-course/>

⁸ CODA, main site: <https://avaproject.org.uk/coda/>

⁹ Woman's Trust, support groups: <https://womanstrust.org.uk/group-therapy/>

and self-esteem, improved ability to understand and identify abuse, and reduced isolation [2]. A 2005 review of domestic abuse interventions for the Home Office[3] found that both, individual and group work increase women's self-awareness and recognition of abuse, and that group work in particular helped women 'move on' with their lives.

1.2 Group work - what works and what doesn't?

In their 2014 review of group work evaluations, Williamson and Abrahams [4] comment that formal studies are few in number and frequently affected by methodological issues, including small and/or biased samples and lack of longitudinal data. The evidence base for domestic abuse group work is therefore limited, making it difficult to isolate success factors for these programmes. For example, further research is needed to understand the relative benefits of open or closed groups, and fixed or rolling programmes.

Available evidence does suggest a number of contributing factors to successful group work:

- Facilitators are selected according to their skills, receive ongoing support, and programmes are monitored on an ongoing basis to ensure quality [4].
- Appropriate safety planning and risk management measures are put in place for participants. This is particularly important where courses focus on shifting blame away from survivors (and onto perpetrators) and where assertiveness is a key learning outcome [4], [5].
- Referral pathways to other sources of support are established and used [6].
- Care is taken to support participants to manage the emotional impact of the information they are presented, particularly about the impact of domestic abuse on children [7].

Studies also identify challenges with group work approaches:

- Practical issues around timing and finding a safe location for groups [8], [9].
- Issues with group dynamics, for example participants feeling reticent to speak up in a group context, or talking over other participants [6].¹⁰
- Difficulties accessing structured group work for participants who are still living with their abusive partner [6].
- Difficulties accessing and maintaining engagement with structured group work for participants with complex needs, for example mental health and substance use issues [6].

1.3 Group support for LGBT+ survivors of domestic abuse

There is growing evidence suggesting that LGBT+ survivors of domestic abuse often present with a multitude of individual circumstances. In addition to having experiences of abuse, LGBT+ survivors may have also experienced a range of institutional, structural and

¹⁰ The Power to Change, facilitation programme: <https://www.womensaid.org.uk/what-we-do/training/facilitator-training/power-to-change-facilitation-programme/>

interpersonal abuses throughout their lives. The ability to deal with such complexity is often an additional challenge to many support services. This is why many LGBT+ survivors have difficulty finding culturally competent and non- traumatising support for domestic abuse.

In addition, the public story of domestic abuse that suggest that domestic abuse is suffered by (typically heterosexual, cisgender) women and is perpetrated by (typically heterosexual, cisgender) men has inadvertently marginalised and/or side-lined the experiences of LGBT communities in that discourse [10]. As a result, the group work resources that have been developed for heterosexual, cisgender women and men, both victims and perpetrators, have not included the experiences and specific issues that affect LGBT+ people [11].

As a result, there are currently no structured domestic abuse group work programmes designed specifically for LGBT+ survivors presently operating in England [12]. Several mainstream domestic abuse group work programmes claim that their content is appropriate for lesbian and gay, bisexual and in some cases trans, survivors. For example, some Freedom Programme providers promote a ‘tailored’ LGBT version of the programme.¹¹ However, there is no evidence about the delivery or the effectiveness of these programmes for LGBT+ survivors. The Freedom Programme claims that the information it provides is equally applicable for survivors and perpetrators whether male or female. However, questions have been raised about the programme’s suitability for women in lesbian relationships, and lack of nuance around the dynamics in LGBT relationships [13], [14].

Whether or not there is a need for a group work programme for LGBT+ survivors is not evidenced: the research that might do so, has not been done. As part of this evaluation we explore this question to ascertain whether and what value such a programme might have for LGBT+ survivors.

1.4 Unique needs and tactics of abuse experienced by LGBT+ survivors

There are many parallels between LGBT+ people’s experiences of domestic abuse and that of their heterosexual cisgender peers. However, in addition to abuse rooted in inequality and gender, lesbian, gay, bisexual and transgender survivors may also experience abuse of power and control closely associated with having their sexuality or gender identity used against them.

These additional factors often underpin the harm and abuse LGBT+ survivors face and include the following abusive and/or controlling behaviours [15]:

- Intimidation and threats of disclosure of sexual orientation and gender identity to family, friends, work colleagues, community and others.
- Disclosing gender history, sexual orientation or HIV status without consent.
- Undermining somebody’s sense of sexual and/or gender identity/self- expression, or making a person feel guilty or ashamed of their sexual orientation and gender identity. This can include making somebody feel ashamed about their bodily presentation of

¹¹ End abuse initiative: <https://www.endabuse.co.uk/lgbt/>

their sexuality and/or gender identity (e.g. their body shape or size, their breasts and/or genitals, their hairstyle, body jewellery, use of makeup etc)

- Blaming a person for identifying as LGBT+ or for causing the discrimination they have experienced.
- Limiting or controlling access to LGBT+ spaces or resources; e.g. abuser may prevent access to LGBT+ affirmative information, LGBT+ venues or events or contact with friends from within the community

Research also suggests, trans survivors are one of the most hidden groups of domestic abuse survivors [16]. While trans and cisgender people may face similar patterns of abuse, many trans survivors face specific forms of abuse related to their trans identity. For example, abusers might:

- Out the abused as trans and/or disclose their gender history without consent.
- Deliberately use the wrong pronouns or use a person's 'deadname'.
- Force the abused to perform a gender they do not wish to present as.
- Coerce the abused into not pursuing gender transition (deny/ withhold access to medical treatment or hormones etc).
- Ridicule or exotify the abused partner's body or body parts.
- Assault medically altered body parts or force exposure of surgical scars.
- Exploit internalised transphobia.

1.5 Barriers in access to help and support

While LGBT+ survivors should be able to access support at any service providing domestic abuse support, community reports suggest many LGBT+ people prefer to receive support, including for domestic abuse, in an LGBT+ specific environment where they feel that they would be more accepted, less likely to have to explain themselves, and less likely to be judged at an LGBT+ organisation, compared with mainstream services [17], [18].

Reports suggest LGBT+ survivors face distinct systemic and personal barriers in accessing domestic abuse services, due to their sexuality and/or gender identity [19].

These barriers exist on a personal and systemic level. Personal barriers shaping responses to domestic abuse most typically reflect survivors' perceptions of:

- themselves (i.e. how comfortable they are with their sexual orientation and/or gender identity),
- the abuse (i.e. recognition and severity of experienced abuse) and
- the support system (i.e. is the support system welcoming and inclusive for LGBT+ survivors).

Systemic and cultural barriers reflect a broad range of factors that might give the impression to LGBT+ communities that non-LGBT+ domestic abuse services are not culturally sensitive to their specific needs. Systemic barriers relating to sexuality and/or gender identities most often include [15]:

- Low visibility and/or lack of representation of LGBT+ issues in internal discussions, policies and other relevant materials.
- Lack of visibility and/or lack of LGBT+ inclusive external messages (e.g. websites, reports) or within physical organisational space.
- Lack of established partnerships with specialist 'by and for' LGBT+ services and organisations and lack of quality referral pathways.
- Low understanding and awareness of practitioners around unique tactics of abuse and coercive control targeted at identities of sexuality and/or gender.
- Services not monitoring for identities of sexuality and/or gender and relying on assumptions that all their clients are heterosexual and/or cisgender.

Furthermore, as previously mentioned, the experiences of LGBT+ survivors do not easily fit within the public story of domestic abuse, which traditionally views domestic abuse as a problem of 'weaker heterosexual cisgender woman abused by a physically stronger man' [20]. This perception can affect a survivor's decision to seek help, as they may be less likely to recognise they are experiencing or using abuse. Equally, professionals relying on the dominant narrative may fail to recognise the signs of abuse and/or buy into myths and misconceptions¹² around LGBT+ domestic abuse, struggle to identify accurately who is doing the harm or provide LGBT+ appropriate support.

1.6 Group work programme for LBT women: best practice indicators

Synthesising the findings from the rapid review of the literature we outline the following best practice indicators which we will use to evaluate the content of the Rainbow Project.

Risk assessment:

- Screening processes: to ensure participants are victims/survivors and not perpetrators;
- Current relationship status/contact with the perpetrator;
- Other needs/risks: e.g. substance use including of prescription drugs and self-medication, social isolation; poverty/unemployment/housing.

Facilitator skills

- Facilitators have understanding, knowledge and expertise on the issues of sexuality and gender; and the intimate relationships and lives of lesbian, bisexual and trans women.
- Clear evidence of trans inclusion/knowledge/competency.

Rainbow Project Toolkit: Course content

- Attention to group dynamics at the start and throughout: ground rules; clarity about confidentiality in the group; inclusion of self-care activities; check-in activities between and in sessions.

¹² Galop, 2018: [Myths and stereotypes about partner abuse among LGBT+ people](#)

- What is domestic abuse/ coercive control: physical, emotional, economic, sexual; exploration of the power and control wheel – inclusive of how it impacts on lesbian, bisexual and trans women.
- What is identity abuse: similarities and differences for lesbian, bisexual and trans women.
- Recognition of participants' intersecting identities (of race, social class, disability, citizenship status, age) alongside their sexuality/ gender identities – in material used, case studies, films, etc.
- Exploration of self-blame: challenging myths about domestic abuse and victim-blaming; considering internalised homo/bi/transphobia.
- Exploration of what an intimate relationship looks like when you're lesbian, bisexual and/or trans, love and feelings in abusive relationships; polyamory/non-monogamy; decision-making and who makes key decisions responsibility and who carries responsibility for the relationship, the abuse, the household, the children, the abusive partner's behaviour?
- Talking about sex: negotiating consent, safe words, chem-sex, problematising 'make-up sex', who initiates (see decision-making), pressure to perform (see identity abuse – e.g. 'this is what bisexuals normally do you should do it too' etc.).
- Exploration of who the perpetrators are i.e. perpetrators could be cisgender heterosexual men, also considering female perpetrators.
- Clear evidence of trans inclusion/knowledge/competence in content materials, films
- Understanding the impacts of domestic abuse: e.g. social isolation; damaged friendships and family relationships; undermined sense of self/ self-confidence; poor mental health: depression, anxiety, PTSD, trouble sleeping.
- (Re-)connecting: with the self: (yoga, meditation, walking, sleeping, eating etc); with material needs: employment, training, housing etc; with others: socialising, joining things (LGBT+ groups/ activities); Re-connecting: friendships and relationships with family members.
- Exploring impacts for children and parenting relationships

In the following section we outline of the design, development and delivery of the Rainbow Project.

2. The design and delivery of the Rainbow Project

Phase 1: 2019 - 2020

The lesbian, bisexual and trans women, survivors' support programme, was designed in 2019 by practitioners based at Birmingham LGBT and builds upon knowledge, experience and expertise of four stakeholder groups:

- i. The general advocacy (IDVA) support work provided by Birmingham LGBT.
- ii. Domestic abuse survivors who have used Birmingham LGBT services and have been supported by their IDVA - domestic abuse service.
- iii. Consultation with the local mainstream domestic abuse support providers.
- iv. Two critical readers, with extensive experience and specialism in both VAWG and LGBT+ domestic abuse issues were also asked to provide feedback on the programme outline: Prof Catherine Donovan (Durham University) and Dr Jasna Magić (independent consultant).

The programme was first piloted in February 2020 and 8 women attended. Four out of the planned 8-weeks sessions were delivered before the COVID-pandemic and national lockdown ended delivery. For safeguarding reasons Birmingham LGBT decided not to transfer the programme online, so the programme was put on hold until March 2022, when it was safe to resume.

Phase 2: March - June 2022

Once the programme was set to resume, Birmingham LGBT intended to deliver the last four sessions with the original group of attendees so that the full programme would have been piloted. Unfortunately, they were only able to engage one from the original group to join the programme. While the feedback from attendees of the original delivery in 2020 was positive and the women reported positive outcomes and impact, these women had clearly moved on and felt they would not benefit from the opportunity to complete the programme.

The weekly sessions were set to resume in March but because most of the original attendees were not available to attend, Birmingham LGBT had to recruit new participants which took time and meant the start date was moved to May.

The original plan had been to deliver the second four sessions of the 8 on the assumption that the original attendees would have already covered the content of the first four session. Because there was only one original attendee it was planned to run five workshops: the first one as an introduction to the programme and then the final four workshops. The workshops were two hours in length. Birmingham LGBT also appointed two new facilitators for the programme: an external expert who is a member of the LGBT+ community with extensive

experience in both VAWG and LGBT+ domestic abuse; and an in-house LGBT+ IDVA who has had previous experience with the delivery of the Freedom¹³ programme.

They were successful in engaging 8 new participants which, along with one from the original 2020 delivery meant a cohort of 9 participants. After two sessions, two factors interfered with the pilot. First was attendance which was low from the start. Four people attended the first session (44 % participation rate), two people attended the second session (22% participation rate) and only one person attended the third session (11%) which was subsequently cancelled. Non-attending participants explained that industrial action on the trains had prevented them from attending. The second factor was external and structural in that the building where the sessions were held was flooded on the day the third session was to be rescheduled. Because of funding deadlines, sessions could not be rescheduled easily without this having an impact on the evaluation process and the delivery of the programme was cut short with only two sessions delivered in phase 2.

2.1 Eligibility and referral process into the programme

Referral process into the programme and assessment interview

During the first phase, participants were referred into the programme via: third party agencies, self-referral and an in-house IDVA service.

For the second phase, the programme facilitators invited participants from phase 1 along with current in-house IDVA service clients.

Prior to being enrolled into the programme, potential participants were also invited to an assessment interview. This interview was an opportunity for Birmingham LGBT staff to outline the requirements of the programme and to ascertain whether the interviewee is at the right place and willing to engage with the programme at that time.

The pre-programme interview included going through the following forms / questionnaires:

- a. Needs form (determining abuse status, perpetrator contact, language barriers, childcare, help with transport costs etc): this form collated basic information regarding the participants' circumstances and was used to ascertain if they met the eligibility criteria.
- b. Modified DASH Risk assessment – This form which is modified to include risk factors specific to LGBT+ domestic abuse was completed with each potential participant to determine if they were facing any risks / the level of risk.
- c. Dartmouth Co-op – This form was used to monitor participants' wellbeing. The aim was to complete one at intake, midway through the programme, and after the final session to determine if the programme had any positive affect on participants' wellbeing.

¹³ The Freedom programme is discussed in more detail on page 5 of this report.

The interview was also a chance for any specific needs relating to potential participants' identities of sexuality and/or gender identity of to be identified. This included specific questions on: the level of disclosure of their LGBT+ identity, knowledge of / access to LGBT+ space spaces, support networks, etc.

The programme also pre-empted and put measures in place to address the following two specific risks:

Mitigating risks from perpetrators:

The Birmingham LGBT Centre is the only specific LGBT centre in the midlands. This means that the awareness that perpetrators of domestic abuse may access the Centre's services at any time is very high at all times.

The programme uses Safelives' checklist for screening perpetrators¹⁴. The interviews established that all participants, bar one, were out of the abusive relationship and had no concerns around stalking and harassment or on going contact with the perpetrator. This information suggested reduced risks of their abuser attending the Centre, or having knowledge that the participants were getting support from the programme.

As most participants were referred from the in-house IDVA service, Birmingham LGBT were able to use their professional judgment to ensure that perpetrators were not accessing the programme.

On the day of delivery of sessions, the receptionist was provided with a list of participant names, to ensure only vetted participants attended. This was also to ensure that any potential perpetrators who turned up were not directed to the programme.

Risks of re-victimisation:

Due to the sensitive type of information participants share about their experiences in the group, or topics of abuse, Birmingham LGBT anticipated that there was a risk that participants may feel re-traumatised which in turn could negatively affecting their mental health. To address this, participants had access to debrief sessions during and after the programme, as well as access to a safe room during the programme where they could take time out to feel grounded. Each session also concluded with meditation and breathing exercises to assist participants to feel grounded. Participants also had access to on-going support through the IDVA service to ensure they could access to emotional support.

Eligibility criteria

The Rainbow Project set up the following eligibility parameters:

- Participants who identify as: lesbian, bisexual, and/or trans, female and as a survivor of domestic abuse.

¹⁴ As part of their IDVA training, SafeLives provides a checklist of the kinds of things survivors and perpetrators might say about their experiences. For example, survivors will tend to blame themselves for the abuse whilst perpetrators will blame their partner. This checklist can be used to help ascertain whether the client is the victim/survivor or the perpetrator.

- Participants residing in the West Midlands who are able to travel to the Birmingham LGBT Centre.
- Participants who felt it was safe to attend Birmingham LGBT Centre.
- If potential participants are still in the abusive relationship, there must be a safe way for them to attend the programme and access other relevant support from the centre, i.e. the IDVA service, in a safe way.

2.2 Evaluation aim, scope and methodology

The aim of this evaluation was to examine the effectiveness of the Rainbow as designed and delivered by Birmingham LGBT. The evaluation team began their work in May and completed the evaluation in 9 weeks.

Due to the challenges with the delivery of the course as described in the previous section, the authors were unable to evaluate the full delivery of the programme.

Instead the evaluation focuses on the following aspects of the programme:

- Eligibility criteria and the pre-course engagement with the participants;
- The Rainbow Project toolkit using a good practice checklist developed from existing research and practice and
- Evidencing the need for LGBT+ group work support programs.

This is a mixed method evaluation relying on the data from the following sources:

- Rapid desktop review
- Semi-structured interviews with participants who attended phase 2 delivery of the programme: 5 interviews.
- Semi-structured interviews with practitioners: Birmingham LGBT staff involved in the design and/or delivery of the course: 4 interviews
- Post-session feedback forms (phase 2 of the programme): 4 feedback forms
- Post-session feedback forms (phase 1 of the programme): 3 feedback forms

The research was granted research ethics approval from the Durham University Department of Sociology Research Ethics Committee.

Participant interviews

Participants to the interviews were recruited with the support of the Birmingham LGBT domestic abuse service. All the participants were provided with an information sheet and consent form which explained the process of giving consent, what they are being asked to do, how their anonymity will be protected and our approach to data management.

Five participants of the phase 2 delivery of the programme were invited to participate at the initial interview before the start of the group work. In the pre-group interview we explored their familiarity with the aims and objectives along with their expectations and concerns.

We also asked questions about engagement and communication with the facilitators / Birmingham LGBT staff ahead of the groups start.

The same five participants were invited to participate in post-group interviews. Due to the delivery being cut short none of them opted to participate in the second stage, post-group interviews.

Practitioner's interviews

We interviewed four practitioners. This group includes the programme designers and programme facilitators. As with participants, they were sent an information sheet and consent form which explained the process of giving consent, what they are being asked to do, how we will protect their anonymity and our approach to data management. The interviews with practitioners focused on exploring their involvement with the Rainbow Project, the programme background, hopes and aims, their expectations and concerns about the programme, how they intended to evidence the programme's impact and their opinion about the need for this kind of programme.

3. Key findings

3.1 Eligibility criteria and participant engagement

1. Risk assessment, good practice indicators:

1. Screening processes to ensure participants are victim/survivors and not perpetrators
2. Current relationship status/contact with the perpetrator
3. Other needs/risks: e.g. substance use including of prescription drugs and self-medication, social isolation; poverty/unemployment/benefits/housing

As we demonstrate in Annex section (page 34) the programme uses comprehensive and robust process using Needs Form (Annex 3) and Dash Risk assessment (Annex 2) establishing the level of risk and scanning for risks from perpetrators. The forms also survey for information on current relationship status/contact with the perpetrator, social networks and support, language needs, etc. In addition, the programme also used Dartmouth Co-op form, to monitor and allow insights into other risks and needs faced by participants such as those around mental health and wellbeing.

2. Engaging with the participants, good practice indicators:

In phase 2 of the programme only those who were previously supported by Birmingham LGBT IDVA service were invited to take place in the programme.

When questioned about the quality of the communication from the Rainbow Project facilitators, all who were interviewed stated that the communication was excellent. Everyone felt as though the Rainbow Project clearly conveyed dates, times, and commitments needed from the participants. Though most participants were unsure of

specific details of the programme (e.g. objectives), it was made clear that if they had questions or wanted more information they knew who to ask. Additionally, some participants felt supported in the fact that the facilitators didn't overload them with information, as the process was described as overwhelming on occasion.

"It's [communication from the Rainbow Project] been great. A lot of people have been really helpful and kept in touch even though I haven't really been as open to join... umm... They're been persistent and understanding, and kept reaching out through emails. And phone calls."

"It [persistence of staff] was really good for me because usually I just get discharged and forgotten about. But it's not because I'm not interested. It's just that sometimes it gets a bit much for me, and I find it hard to communicate."

"I feel like I have all the information and they have gone out of their way as well."

3. Facilitator skills, good practice indicators:

1. Facilitators competent with identities of sexuality and gender; and the intimate relationships and lives of LGBTQ+ people.
2. Clear evidence of trans inclusion/knowledge/competency

In phase 1 the programme was facilitated and delivered by an in-house expert, IDVA, with over 5 years of experience working with and supporting LGBT+ survivors of domestic abuse. The facilitator also co-designed the Rainbow Project toolkit along with the CEO of Birmingham LGBT.

In phase 2 of the programme Birmingham LGBT appointed two new facilitators: an external expert who is a member of the LGBT+ community with extensive experience in both VAWG and LGBT+ domestic abuse; and an inhouse LGBT+ IDVA who has had previous experience with the delivery of the Freedom programme.¹⁵

3.2 The Rainbow Project toolkit

The course contents

Individual sessions cover a variety of topics about domestic abuse, but also issues faced by LBT women. In the intro notes, the programme recognises that the topics discussed are of a sensitive nature, and participants might feel triggered by certain discussions. To mitigate this, the programme has a built-in safe space exercise to promote self-care and wellbeing. Additionally, the programme can also link the participants to an IDVA in-house service for additional support.

¹⁵ The Freedom programme is discussed in more detail on page 5 of this report.

These 8 sessions aim to achieve the following:

- Week 1 – Our identities: The aim of this session is for participants to develop a better understanding of how our [LGBT+] identities shape our experiences and views of the world.
- Week 2 – The roots of domestic abuse: To build an understanding of the cause of domestic abuse and develop awareness of how abusers use tactics of identity abuse.
- Week 3 – Minority stress: To explore the impact of societal homophobia, biphobia and transphobia on our mental health and wellbeing
- Week 4 – The terrorist next door: Develop a better understanding of the different kinds of abusive behaviours that constitute domestic abuse in LBT relationships.
- Week 5 – Coming out: To explore our experiences of coming out, the impact this has had on our sense of self and the barriers to leaving an abusive relationship.
- Week 6 – Healthy relationships: To recognise the dynamics of a healthy relationship and understand how to stay safe during, and after fleeing an abusive relationship.
- Week 7 – Survival strategies: To explore the ways we have coped with domestic abuse and explored ways we can support our physical and emotional wellbeing.
- Week 8 – Freedom: To explore notions of freedom and reclaiming rights when we leave abusive relationships.

We have evaluated the programme against the best practice indicators described earlier and which now appear in Table 1: Evidencing Good Practice Indicators.

Table 1: Evidencing Good Practice Indicators

Covered Pre and During Programme	A substantial part of at least one workshop outline	A theme that is repeated throughout more than one workshop across the programme	Touched on in one workshop but not substantially	Not covered in workshop outlines
Attention to group dynamics at the start and throughout: Ground rules; clarity about confidentiality in the group; inclusion of self-care activities; check-in activities between and in sessions.		X		
What is domestic abuse/ coercive control: physical, emotional, economic, sexual; exploration of the power and control wheel – inclusive of LGBTQ+ relationships		X		
What is identity abuse: similarities and differences for lesbian, gay male, bisexual women and men, trans women and men, non-binary folk.		X		
Recognition of participants' intersecting identities (of race, social class, disability, citizenship status, age) alongside their sexuality/ gender identities – in material used, case studies, films, etc		X		
Exploration of self-blame: challenging myths about domestic abuse and victim-blaming; considering internalised homo/bi/transphobia	X			
Exploration of what an intimate relationship looks like when you're lesbian, gay, bisexual and/or trans, and/or non-binary: love and feelings in abusive relationships; polyamory/non-monogamy; decision-making and who makes key decisions; responsibility and who carries responsibility for the relationship, the abuse, the household, the children, the abusive partner's behaviour?	X			
Talking about Sex: negotiating consent, safe words, chem-sex, problematising 'make-up sex', who initiates (see decision-making), pressure to perform (see identity abuse – e.g. 'this is what bisexuals normally do you should do it too' etc.)			X	

Exploration of who the perpetrators are (in mixed LBT groups perpetrators it could be cis het men) so considering the impact of this on the group dynamic and the importance of considering female perpetrators.			X	
Clear evidence of trans inclusion/ knowledge/ competence in content materials, films, etc.		X		
Understanding the Impacts of domestic abuse: e.g. social isolation; damaged friendships and relationships with family; sense of self/ self-confidence in everyday decision-making; mental health: depression, anxiety, PTSD, trouble sleeping.	X			
(Re-)Making Connections: with the self: (yoga, meditation, walking, sleeping, eating etc); with material needs: employment, training, housing etc; with others: socialising, joining things (LGBTQ+ groups/ activities); Re-making friendships and relationships with family members			X	
Exploring impacts for children and parenting relationships				X

3.3 Evidencing the need for LGBT+ group work support programmes

Feedback forms as well as interviews with participants and practitioners' evidence that there is a need for a group work programme that has been designed specifically for LBT women.

Key findings from interviews with practitioners

Practitioners draw on their own experience and expertise to make the case.

Firstly, they all noted acute lack of support for LGBT+ survivors of domestic abuse generally and more specifically when it comes to group work support.

“Absolutely there is a need for this kind of programme. Domestic abuse is framed in hetero speak, the public story doesn't do LGBT community any good, because it leaves out our experiences. For LBT women there's nowhere to go, specifically trans women. There are no recovery programmes for LBT women. It's important there is this specialist piece of work – 110% there is a need.”

“There is also a huge gap in the service provision for LBT survivors - we wanted to put something uniquely in place for them. We wanted to do something positive and bridge the gap for the survivors and set up a service that would complement the existing IDVA service and would allow additional support for those who don't need or are disengaging from IDVA support.”

Secondly, interviewees also highlighted that group work can be extremely helpful for domestic abuse survivors, especially for providing peer support and the impacts that can have on survivors' mental health and wellbeing:

“I couldn't wait for us to start the programme, because there are so many people that I'm working with, who need it. From the feedback I get, this cohort needs something specific, something social, they need to hear shared experience, they needed other people who had been in similar situations. I can tell only from the two sessions that we ran this year, that the programme has already made a difference in the way they relate to their own experience of abuse.

Thirdly, practitioners point to the fact that the Freedom Programme is not appropriate for LBT women survivors because it is written through a heteronormative lens, expecting survivors on the programme to be female victims of male violence in intimate relationships.

We have had, you know, resources to support people leaving abusive relationships in the past such as the Freedom Programme [which I worked on in a previous job. I've done train the trainer and I've delivered it] I was really keen that we had something that was more LGBT focused. I got out all my Freedom [programme] stuff and looked through it and thought this really doesn't work outside of a heteronormative situation and I would want to change everything in it. Practitioner Interview 4

“A common feedback that we received from our female clients was that there wasn’t any programme available for them. Freedom Programme was just not for them because they may not have had a male perpetrator and a lot of the subject matter – they just couldn’t relate to it.” Practitioner Interview 3

I don’t want women sitting in the Freedom Programme finding it impossible to say ‘my partner’s a woman’. So not coming out, so not being able to have a full experience. Practitioner Interview 2

The fourth reason points to the advantages of a tailor-made programme for LBT women in that materials, case studies, exercises make visible the lived experiences of LBT survivors:

So, I know a number of women who have been on the Freedom Programme and they’ve said ‘it just doesn’t work for me. They talk about “him, him him” all the way through and my partner was a woman’. So ...we needed to develop something that was culturally competent. ...Another [aim] is to provide material that speaks to the lived experiences of lesbian and bi and trans women as survivors of domestic abuse and not assume that programmes that have been developed to meet the needs of heterosexual women, will also meet their needs.

Key findings from interviews with LBT+ participants

The most important outcome of any intervention is the impact that it has on participants’ sense of well-being. This evaluation was unable to measure the impact of the programme on the wellbeing of participants, however feedback relating to the delivery of phase 1 and the two sessions delivered in phase two, speaks to the potential positive aspects of this course. It testifies to the need for programmes where participants can see themselves in the materials and work along others who are part of LBT communities.

The feedback demonstrates that the women particularly valued the opportunity to meet other lesbian, bisexual and trans women and reduce their isolation

Really enjoyed being part of the programme, especially the social aspect of being able to talk to people who have been in a similar situation to me. I don’t really know any LB women so this was a great opportunity for me to meet people from my community. This has really reduced my social isolation as I got to see similar faces weekly. Normally I don’t go out much and don’t have many friends who I can talk to about what I have gone through. (phase 1 participant)

I have attended other programmes like the Freedom Programme but I didn’t feel like it matched my experiences. I was not abused by a man and they wouldn’t have understood the risks around my sexual orientation. The Freedom Programme also didn’t look at barriers, challenges for us, and forced marriage and honour-based violence in an LGBT perspective. This is why this programme was so helpful. We learnt about all these issues that are specific to us. (phase 1 participant)

The programme also helped to increase understanding about domestic abuse and strengthen their skills through the experience of sharing them with others.

The programme has helped me to get a better understanding of same sex domestic abuse.

I would recommend the group to other women who have experienced domestic abuse too, especially because it is a safe space to discuss specific experiences that we have gone through in the community. (phase 1 participant)

I always knew what my ex was doing to me what wrong, but attending the programme really helped me to understand why she used those tactics. I get now that it was because she was trying to control me and stop me from being who I wanted to be. I could really relate to the videos and the case studies and it helped me understand my experiences. (phase 1 participant)

The women on the programme were lovely and I felt listened to when I talked about my experiences. It was good to be with women who actually understand and got what I had been going through. (phase 1 participant)

A strong finding from this evaluation is the need for group work programmes such as the Rainbow Project.

Practitioners identify this need as a result of their work with LGBT+ survivors and participants' feedback speak to the positive impacts of participating in workshops that speak to and reinforce their lived experience as well as addressing their social isolation.

4. Conclusions and recommendations

The Rainbow Project is the first of its kind: a group work programme designed with lesbian, gay, bisexual and/or trans survivors of domestic abuse. The delivery and evaluation of this programme has been undermined as a result of external factors, outside the control of the Rainbow Project, including the pandemic and resultant government restrictions and lockdowns; and an unforeseen crisis with a serious leak that closed the building.

With respect to the content of the programme the evaluation has shown that:

- i. All of the good practice indicators are present in the programme sessions
- ii. The programme includes domestic abuse both in an intimate partner relationship and between family members. It is not possible to evaluate the benefits or challenges of attempting to include both contexts for abuse in one programme. There is no data on whether participants who attended the sessions had been victimised by an intimate partner, family members or both.
- iii. Some good practice indicators are less visible or signposted than others, or are introduced only through the use of particular case studies/ exemplar materials and are not indicated as core workshop content. The programme designers might want to reflect on whether there should be more substantive content dealing with:

- a. Children and parenting: there are rarely referred to, though it is acknowledged that these might come up in discussions depending on the individual circumstances of the participants. The couple of references to parents are in the context of family abuse. If the programme is intending to include victim/survivors of family abuse, more substantive content exploring this is recommended. Equally, there should be clearer recognition that survivors of intimate partner abuse might be parents and the impacts of domestic abuse on parenting and children, including the recognition that children can be victim/survivors of domestic abuse in their own right (Children Act 2021).
- b. Sex, consent, and links to identity abuse are not a central part of the programme. There is one session in which rape by women is raised in a case study. Sexual abuse is frequently an aspect of intimate partner domestic abuse. There could be a clearer focus on the various aspects of sexual abuse and its impacts for LGB women in the short, medium and long term.
- iv. Impacts of domestic abuse are dealt with implicitly through discussion of strengths, strategies for survival. It might be that a more explicit acknowledgement of impacts, might engender a realisation that impacts are normal and not a reflection of any survivors' specific psyche or psychopathology, which an abuser might have suggested.

The evaluation of this pilot has found several key findings with respect to setting up, establishing and maintaining such programmes:

- i. The need for such a programme is clearly evidenced in the fact that group work programmes for survivors, such as the Freedom Programme and other similar programmes are seen as a taken for granted resource, that should be available to all survivors; however existing programmes are not appropriate for LBT survivors because they are based on the public story of domestic abuse as a problem of cis heterosexual men for cis heterosexual women.
- ii. Those who have attended some of the sessions have found them informative, supportive and conducive to their learning about intimate relationships and domestic abuse; and appreciative that their identities of sexuality and / or gender are reflected in the workshop content.
- iii. Those who have been invited to take part in workshops have high hopes for what they might get out of attending them, seem very positive about wanting to be involved and are, again, appreciative that the workshops have been designed with their identities of gender and/or sexuality in mind.
- iv. Drop-out rates in phase 2 reinforce the need for such programmes to have sufficient resource to provide one-to-one support to encourage and support participants to engage with the programme as a whole; to be able to check-up and check-in with participants if they do not attend a workshop; to provide tailored support to assist

with attendance (e.g. financial to cover the costs of transport, emotional to provide a 'buddy' to accompany an attendee who is worried about turning up alone).

- v. More generally, high drop-out rates should not be seen as a counter indicator of providing programmes such as that delivered by the Rainbow Project. Funders should appreciate that such programmes might take time to 'bed in' and for participants to feel able to attend regularly. Recruitment pathways might have an impact, as might the wraparound support available to participants. Such programmes are still worth the investment of time and resource in order to build their profile and provide an additional service to LGBT+ victim/survivors of domestic abuse.
- vi. Future funding should take account of the development work needed to establish such a programme for members of LGBT+ communities who might not be out, who fear lack of confidentiality, who are mistrustful of help providers, whose self-confidence might have been undermined by the domestic abuse they have experienced. Funders should recognise the work needed to:
 - a) advertise and recruit potential attendees,
 - b) assess and establish eligibility of potential attendees,
 - c) maintain motivation and interest in the programme whilst sufficient numbers are recruited and make the programme viable,
 - d) encourage and support (emotionally or/and financially) attendance at the entire programme,
 - e) provide support between sessions to maintain interest, motivation and secure attendance at each session.

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Annex 1 Quality of Life: Dartmouth Co-op

FEELINGS. During the past week how much have you been bothered by emotional problems such as feeling anxious, depressed, irritable or downhearted and blue? (Place a tick in the box next to the one you feel best describes your feelings)

Not at all	
Slightly	
Moderately	
Quite a bit	
Extremely	

DAILY ACTIVITIES. During the past week how much difficulty have you had doing your usual activities or task, both inside and outside the house because of your physical and emotional health?

No difficulty at all	
A little bit of difficulty	
Some difficulty	
Much difficulty	
Could not do	

SOCIAL ACTIVITIES. During the past week has your physical and emotional health limited your social activities with family, friends, neighbours or groups?

Not at all	
Slightly	
Moderately	
Quite a bit	
Extremely	

CHANGE IN HEALTH. How would you rate your overall health now compared to a week ago?

Much better	
A little better	
About the same	
A little worse	
Much worse	

OVERALL HEALTH. During the past week how would you rate your health in general?

Excellent	
Very good	
Good	
Fair	
Poor	

SOCIAL SUPPORT. During the past week was someone available to help you if you needed and wanted help? For example:

- if you felt nervous, lonely, or blue,
- got sick and had to stay in bed,
- needed someone to talk to,
- needed help with daily chores,
- needed help with taking care of yourself

Yes, as much as I wanted	
Yes, quite a bit	
Yes, some	
Yes, a little	
No, not at all	

QUALITY OF LIFE. How have things been going for you during the past week?

Very well: could hardly be better	
Pretty good	
Good & bad parts about equal	
Pretty bad	
Very bad: could hardly be worse	

Annex 2 LGBT+ Dash Risk Checklist

What is your relationship to the perpetrator(s)?	
What has been the most recent incident?	
Please provide details and dates.	

PRESENT RISKS					
	RISK FACTORS	YES	NO	DON'T KNOW	COMMENTS State source of info if not the victim
1	<i>If Abuser is intimate partner:</i> Is this your first same sex relationship?				
2	<i>If Abuser is intimate partner:</i> Have you separated or tried to separate from (...) within the past year?				
3	Are you very frightened? If so, what are you afraid of? Is it further injury or violence? Abuser outing you?				
4	Does (...) constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.				
5	Does (...) try to isolate you/stop you from seeing friends/family/social groups/doctors/going out Attempting to isolate you from support by suggesting that agencies will not support you due to being homophobic/transphobic?				

6	Does (...) try to control everything you do and/or are they excessively jealous? (Policed at home, HBV, coerced you into drug use/chemsex, prevent you from transitioning or refuse to relate to you in your chosen gender identity, preventing you from accessing PEP treatment or other medication)				
7	Has (...) ever physically assaulted you? Has this ever resulted in an injury? (Please state what, when, and whether this was a first injury)				RECENT PHYSICAL ABUSE: HISTORIC PHYSICAL ABUSE:
8	Is the abuse happening more often? B) Is the physical abuse happening more often?				
9	Do you feel the abuse is getting worse? B) Do you feel the physical abuse is getting worse?				
10	Are you currently feeling depressed or having suicidal thoughts?				
11	Are there any current financial issues? Control of finances/dependent on abuser for money				
12	Are you pregnant or have you recently had a baby (within the last 18 months)?				
13	Is there conflict over child contact?				

HISTORICAL RISKS

14	Does (...) use your sexuality / gender identity against you as a means of control? (Consider whether 'out' in other areas of life / whether H/B/T-phobia could				
----	---	--	--	--	--

	lead to further isolation / risk / use of entitlement abuse)				
15	Has (...) ever used weapons or objects to hurt you?				
16	Has (...) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				
17	Has (.....) ever attempted to strangle/choke/suffocate/ drown you?				
18	Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.) Rape, sexual assault, coerced into sex/ chemsex with them or others				
19	Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)				
20	Has (.....) ever mistreated an animal or the family pet?				
21	Does (...) have any links with a gang?				
22	Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>				
23	Has (.....) ever threatened or attempted suicide?				
24	Do you know if (.....) has ever been in trouble with the police or has a criminal history? DV <input type="checkbox"/> Sexual violence <input type="checkbox"/>				

	Other violence <input type="checkbox"/> Other <input type="checkbox"/>				
25	<p>Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? If not why not? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)</p> <p>Bail conditions <input type="checkbox"/></p> <p>Non Mol/Occupation Order <input type="checkbox"/></p> <p>Child Contact arrangements <input type="checkbox"/></p> <p>FMPO <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>				
26	Are you concerned (...) or someone else may be able to access information on your behalf?				
TOTAL YES ANSWERS					

RISK TO SELF					
1	Have you ever used mental health services or have a diagnosed mental health problem?				
2	Have you ever thought about self-harming or harmed yourself in the past?				
3	Are you having suicidal thoughts or have you previously thought about or attempted suicide?				
4	Are you currently using or have you previously used drugs or alcohol to cope with the abuse?				
5	<p>Is there uncertainty around your immigration status and / or recourse to public funds?</p> <p>Are you threatened with deportation to a country where you will be at risk due to your sexuality/ gender identity?</p>				
6	Are there areas of Birmingham where it would not be safe for you to access appointments or accommodation?				

RISK TO CHILDREN AND OTHERS					
1	Do you know if (.....) has hurt anyone else? (Please specify whom including				

	<p>the children, siblings or elderly relatives. Consider HBV.)</p> <p>Children <input type="checkbox"/></p> <p>Another family member</p> <p>Someone from a previous relationship</p> <p>Other (please specify) <input type="checkbox"/></p>				
2	<p>Do you have any children or caring responsibilities? (If not go to 'risks to self')</p>				
3	<p>Have children / vulnerable adults witnessed or been injured as a result of domestic violence</p> <p>Witnessed <input type="checkbox"/> Injured <input type="checkbox"/></p>				
4	<p>Are there any safeguarding concerns and is there any social services involvement?</p>				
5	<p>Are children subject to CAF</p>				
6	<p>Are there any conflict over / risks arising from child contact?</p>				

Annex 3 Rainbow Project Needs Form

CLIENT DETAILS	
CLIENT NAME:	
CLIENT ADDRESS:	
DATE OF BIRTH:	PREFERRED PRONOUNS:
SAFE CONTACT NUMBER:	SAFE TO LEAVE A VOICEMAIL:
SAFE TIME TO CONTACT CLIENT IF KNOWN:	SAFE EMAIL ADDRESS IF KNOWN:
PLEASE PROVIDE DETAILS IF THERE ARE OTHER CONTACT REQUIREMENTS:	DETAILS OF ABUSER:
IS CLIENT STILL IN CONTACT WITH THE ABUSER?	STATUS OF ABUSE (HISTORICAL OR PRESENT): IF PRESENT, ARE THERE ANY RISKS FROM ABUSER?
ANY DISABILITIES OR LEARNING DIFFICULTIES: ACCESS REQUIREMENTS:	LEARNING SUPPORT NEEDS:
LANGUAGE NEEDS:	MENTAL HEALTH SUPPORT IN PLACE (IF REQUIRED): YES/NO
REQUIRES TRANSPORT ASSISTANCE: YES/NO	SUBJECT TRIGGERS:

ESSENTIALS:

CLIENT DETAILS		RISK ASSESSMENT		DARTMOUTH COOP	
LEARNING NEEDS		SAFETY PLAN			

Annex 4 Rainbow Project Evaluation Form

Name **Session:**

Overall, how satisfied were you with the session 4?

	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Overall satisfaction	<input type="radio"/>				

Did you feel the learning outcomes were achieved?
 Yes No

Did the feel the safe space exercise helped you to feel relaxed/grounded?
 Yes No

	Yes	No	Not Sure
Did you feel you had opportunities to contribute?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel more confident to contribute compared to the last 2 sessions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the session easy to understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel the group activities helped to make you feel more comfortable with the other participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel the themes discussed in this session were engaging?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you able to do some self care following last week's session?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What aspects of the session did you enjoy the most?

What aspects of the session did you enjoy the least?

Do you have any suggestions that can help to improve the 4th session?

Thank you for your feedback

