

Domestic violence in lesbian, gay, bisexual and/or transgender relationships

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Introduction

This chapter charts the development of research into domestic violence and abuse (DVA) in same-sex relationships, and more recently in bisexual and/or transgender relationships. First, we offer a brief literature review to set the context with regard to the emergence of attention to lesbian, gay, bisexual and/or transgender¹ (LGB and/or T) partners' experiences of DVA; and note the historic reluctance to examine LGBT DVA for ideological, reputational and methodological reasons. We review what is known to date about the extent and nature of DVA in the relationships of LGB and/or T people, focusing on the predominantly Western body of empirical research, but highlighting the gradual internationalisation of LGBT DVA research too. This includes discussion of the key limitations that both shape and reflect the trajectory of research in this area and drawing attention to some of the key lines of enquiry in the current literature: a quantitative emphasis upon measuring prevalence; the psychological exploration of causation; the development of qualitative research about LGBT DVA; and the more recent but growing intersectional analysis of the issues.

Second, we present our research – the Coral Project – which has gathered the first substantial body of empirical evidence in the UK about the use of (potentially) abusive behaviours in LGB and/or T relationships, both from the perspective of LGB and/or T people and of practitioners involved in designing or delivering interventions for perpetrators of DVA. We explain how our sociological approach contrasts with the predominantly psychological basis of much of the LGBT DVA literature, and present selected findings about minority stress and help-seeking which speak to some of the limitations of the current literature. We conclude by reflecting on how knowledge about LGBT DVA has developed to date and the extent to which policy and practice for victims/survivors and perpetrators of DVA in LGB and/or T relationships have developed accordingly. We argue that a preoccupation with causal explanations should not overshadow the importance of meeting the immediate needs of LGB and/or T partners in abusive relationships.

LGBT DVA: the current state of knowledge

Bringing LGBT DVA out of the closet

Historically there has been a reluctance to examine LGBT DVA for ideological, reputational and methodological reasons. Ideologically, there has been a resistance within parts of the women's movement and some lesbian communities to acknowledging that women might perpetrate abuse in their intimate relationships. This has had consequences not only for the development of research in this area but sometimes also for victim/survivors who have not felt able to report their experiences or secure support from women's domestic violence services such as refuges (Renzetti, 1992; Ristock, 2002; Barnes, 2008; 2010; Donovan and Hester, 2014). Moreover, there are and have been fears about fuelling homo/bi/transphobia by providing evidence that DVA takes place in the relationships of LGB and/or T people (Ristock, 2002). Indeed, some research participants that we interviewed explained how their fears about reputational damage for LGB and/or T communities had prevented them from seeking help (Donovan *et al.*, 2014).

Methodologically, resistance has been evidenced in several ways. As Donovan and Hester (2014) have argued, the DVA field has been dominated by research focusing on heterosexual women's experiences of DVA because they constitute the group most numerically affected by this social problem. They go on to say that the focus turned to DVA in lesbian relationships when lesbian survivors started to appear in women's DVA services (see also Lobel, 1986, for the first edited collection focused on what was then termed 'lesbian battering') and/or in counselling and therapy. Early work, mostly originating from psychology, causally linked DVA in lesbian relationships to apparent tendencies of lesbian relationships towards dependency and fusion – tensions that are argued to arise from two women over-identifying with each other within an intimate relationship (see Renzetti, 1992). Research on DVA in gay male relationships has been even slower to develop, but a similar focus on the psychology, or psychopathology, motivating DVA is found in the pioneering work of Island and Letellier (1991). Alongside early efforts to explain DVA in same-sex relationships, another focus of early – and current – research has been on prevalence rates.

How much? A review and critique of LGBT DVA prevalence research

Research seeking to establish the prevalence of DVA in same-sex relationships – and much more recently, in bisexual and/or transgender relationships – has found vastly divergent rates of prevalence. A recent meta-analysis of 14 US studies of the prevalence of DVA in lesbian relationships found prevalence rates for physical, psychological/emotional and sexual abuse were as high as 58%, 64.5% and 56.8%, respectively (Badenes-Ribera *et al.*, 2015). Attempts to ascertain the prevalence of DVA in gay men's relationships followed later, and Finneran and Stephenson's (2012) meta-analysis of 28 US studies recorded varying, but often high, rates of prevalence of psychological/emotional abuse (5.4–73.2%), followed by physical violence (11.8–45.1%), followed by sexual violence (5–30.7%). In the UK, Henderson's (2003) study found that DVA had occurred in 22% of female same-sex and 29% of male same-sex relationships, but inconsistent findings within this literature mean that it is not possible to determine whether DVA occurs more in female same-sex or male same-sex relationships (Donovan and Hester, 2014).

Despite the efforts of meta-analyses such as Finneran and Stephenson (2012), comparing prevalence studies is inhibited by disparate definitions and indicators of DVA, along with varying recall periods (e.g. from the last six months to lifetime prevalence). Moreover, other

methodological issues call into question the validity of these generally high prevalence figures. As Donovan and Hester (2014) explain, such findings derive from surveys that have drawn almost exclusively on non-representative, self-selected samples and have asked questions that allow a count of incidents of physical, sexual, emotional and (less often) financial violence and abuse and/or a count and analysis of those self-identifying as having experienced DVA (e.g. Renzetti, 1992; Henderson, 2003; Hunt and Fish, 2008; Bartholomew *et al.*, 2008; Guasp, 2012; and the few random representative studies, Tjaden *et al.*, 1999; Tjaden and Thoennes, 2000; Greenwood *et al.*, 2002). However, what is being counted and the tool adopted to count can themselves be contested, with contrasting approaches to measuring DVA resulting in conflicting and potentially misleading findings.

First, most prevalence studies count all of those who report experiencing or perpetrating at least one incident of a particular behaviour as victims/survivors and/or perpetrators of DVA. Yet, Johnson's (2006) typology has challenged Conflict Tactics Scale (CTS)-based studies which have crudely identified individuals as a victim and/or a perpetrator of DVA on this basis. DVA is best understood as a pattern of controlling behaviours which may or may not involve physical violence (Stark, 2007). Consequently, we need to examine the different acts or behaviours perpetrated in context, assessing the motives, dynamics and impacts of these behaviours (e.g. whether they have been used in self-defence, as a punishment, or within conflicts that neither party experiences as abusive).

Seeking to ascertain the motives behind the use of particular abusive behaviours is not an attempt to excuse or minimise them, but rather is necessary for considering the different kinds of interventions that might be required. Too often, prevalence studies conflate one-off incidents of situational couple violence and patterns of non-controlling reciprocal violence in a volatile relationship alongside sustained coercive control which induces intense fear and entrapment (Johnson, 2006; Stark, 2007). Such conflation dilutes the meaning of DVA, thus rendering the ensuing 'prevalence' figures less useful, as well as potentially misleading.

Second, alongside these measurement concerns, these prevalence studies have inevitably relied on typically smaller, self-selected LGB and/or T samples, unlike the larger, random, representative samples used to generate prevalence estimates for heterosexual DVA. This provides a poor basis for comparison between LGB and/or T and heterosexual populations, with self-selected samples leading to elevated figures of DVA prevalence in LGB and/or T relationships (see also Donovan and Hester, 2014).

Finally, the failure of the quantitative prevalence data to account for context and impact means that a binary approach to understanding violent/abusive relationship dynamics is reified such that it becomes a 'truth' that intimate partners are either victim/survivors or perpetrators. Ristock (2002) raises this issue and argues that qualitative research is most productive in understanding how and in what contexts – relationship and wider social contexts – violence and abuse is enacted and experienced. Her pioneering qualitative study of over 100 lesbians in Canada provides rich data which allows her to explore and challenge the victim/survivor/perpetrator binary to reveal that rather than these roles being fixed, they can be fluid not just within a relationship but across different relationships.

It was these methodological concerns that led to the development of the COHSAR survey methodology (see Donovan *et al.*, 2006; Hester and Donovan, 2009; Hester *et al.*, 2010) which includes contextual questions and provides a more sophisticated identification of those whose experiences reflect a DVA profile. Whilst most of these surveys have been conducted in the UK, North America and Australia, in recent years there has been internationalisation of this evidence base through surveys conducted in Hong Kong (Mak *et al.*, 2010), China (Yu *et al.*, 2013) and Poland (Mizielinska *et al.*, 2015).

The qualitative turn in LGBT DVA research

Qualitative studies, whilst accounting for the minority of LGBT DVA research, have offered a deeper exploration of individual relationship dynamics and factors that influence relationship practices (Cruz, 2003; Ristock, 2002; Donovan and Hester, 2011a; Barnes, 2013a; Kanuha, 2013); the influence of the ‘public story’ of DVA (Donovan and Hester, 2011a; 2014) and related issues surrounding language and recognition (Barnes, 2008; Donovan and Hester, 2010); the impacts of abuse on survivors and ‘recovery’ from abusive relationships (Girshick, 2002; Ristock, 2002; Barnes, 2013b); and experiences of help-seeking (Oswald *et al.*, 2010; Donovan and Hester, 2011a).

We next consider two recent developments in LGBT DVA research that have been heavily influenced by qualitative research; first, Donovan and Hester’s (2011b; 2014) ‘public story’ of DVA and, second, growing diversity and intersectionality in studies of LGBT DVA.

Recognition of LGBT DVA and the ‘public story’ of DVA

Issues of language are pivotal to how DVA is defined and perceived. This is both a methodological issue, if we are to measure DVA appropriately, but also impacts upon LGB and/or T people, where an inability to recognise and name one’s experiences inhibits, else entirely precludes, opportunities for seeking help. In their pioneering work, Donovan and Hester (2011a; 2014) have argued that this lack of recognition is an unintended consequence of the success of feminist scholarship and activism in transforming DVA from a private trouble – a ‘domestic’ in colloquial police language – to a serious public (health) problem. Drawing on Jamieson’s (1998) notion of public stories, they argue that there has developed a dominant public story about DVA, represented in the media, in policy and in practice that constructs DVA as: a problem of predominantly white heterosexual men for predominantly white heterosexual women; a problem of physical violence; and a problem of a particular presentation of gender – the bigger ‘stronger’ embodied heterosexual man being physically violent towards the smaller ‘weaker’ embodied heterosexual woman. This story makes it difficult for those who do not see themselves in that story to recognise their experiences as DVA – in this context, LGB and/or T survivors of DVA – as well as inhibiting those they turn to for help from recognising or hearing that what is being told to them is an account of DVA.

The difficulties are compounded because the public story reinforces an understanding of DVA that is gendered in particular ways, thus it becomes harder to understand that, on the one hand, women can be violent/abusive and on the other that men can be victimised. This has been evidenced by quantitative studies with practitioners which have found that scenarios involving same-sex DVA are likely to be considered less serious and less in need of intervention (Pattavina *et al.*, 2007; Brown and Groscup, 2009).

Diversity and intersectionality in LGBT DVA research

Much of the early LGBT DVA research yielded rather one-dimensional samples which over-represented white, middle-class, well-educated participants (Hill *et al.*, 2012, Kanuha, 2013) who typically identify as a lesbian or a gay man. Gradually, an intersectional turn has expanded which sexualities and gender identities are included within research, as well as how those identities intersect with other social positions. Early research (and still a considerable amount of current research) focuses solely on ‘same-sex relationships’. As our constructs for gender identity and sexuality have diversified, so too must the scope of our enquiry into DVA amongst

non-heterosexual and/or non-cisgender populations. Consequently, we should not exclude from LGBT DVA research participants who are in self-identified or presumed heterosexual relationships. Rather than imposing limiting constructs of gender and sexuality on research participants, a more inclusive strategy is to invite participants to self-define their sexuality and gender identity in order to not inadvertently exclude or misrepresent particular individuals or groups. It was with this broad outlook that we approached our research, the Coral Project, which we return to later.

Quantitative and qualitative studies capturing greater diversity of gender identity and sexuality are emerging. Roch *et al.*'s (2010) predominantly quantitative Scottish study was pioneering in providing evidence of trans women and men's experiences of DVA. Moreover, qualitative research has documented the specific challenges which marginalised or neglected individuals and groups experience. For example, Rogers' (2016; 2017) qualitative study of trans survivors' experiences of DVA has explored transphobic forms of abuse and barriers to accessing services. Head and Milton (2014) have conducted a small qualitative study of bisexual women and men exploring their experiences of DVA, with all of these studies identifying nuances that would be missed by focusing on cisgender, same-sex relationships alone. In addition, the construction of risk in DVA, which has become central to practice responses, is also constructed heteronormatively with consequences for how LGB and/or T survivors might be responded to (Donovan, 2013).

In addition to incorporating a wider range of sexualities and gender identities, there is simultaneously a need to move away from treating sexuality (and, as research progresses, gender identity), as the only variable of concern. As has been well-established in relation to heterosexual DVA (see Nixon and Humphreys, 2010), experiences of DVA cannot be examined in isolation from the wider context of people's lives, including their positions of privilege and/or disadvantage. An intersectional analysis critically identifies how the totality of one's overlapping identities shapes how one experiences LGBT DVA, including whether or not one recognises oneself, or is recognised by others, as a victim/survivor or perpetrator and specific social positionings which perpetrators may exploit, such as a victim/survivor's disability, age, socio-economic status or faith.

Where LGBT DVA research has shed light on minoritised experiences within a minority group, it has become clear that multiple layers of marginalisation have implications for the types of abuse that may be encountered, the impacts of the abuse and experiences of help-seeking. For example, Ristock *et al.*'s (2017) qualitative research with Canadian indigenous Two-spirit/LGBTQ survivors examined the enduring impacts of the violence of colonisation and the interplay between ongoing structural violence and DVA. Moreover, Kanuha's (2013) qualitative study identified how homophobia and racism infuse Asian and Pacific Islander women's opportunities for help-seeking when experiencing DVA from a female partner, combined also with culturally ingrained feelings of shame and gendered expectations about needing to adopt a caring role towards abusive partners. Whilst such studies are emerging, vast gaps remain in researching the intersections between LGBT DVA including ethnicity, disability, social class and faith (see for example Te'llez Santaya and Walters, 2011).

Having examined some of the key themes within the LGBT DVA research, the final aspect of the existing literature which we turn to is that which has sought to establish what causes LGBT DVA.

The aetiology of LGBT DVA

Arguably even more so than with heterosexual, cisgender DVA, the causes of LGBT DVA have been fiercely debated. Principally, these discussions have focused on whether a feminist, gendered analysis can be applied to LGB and/or T abusive relationship roles and dynamics; whether individualised psycho-social factors which apply to victims/survivors and/or perpetrators

in heterosexual, cisgender relationships have greater explanatory power; or finally whether the causes of LGBT DVA are LGBT-specific; in particular, this has engendered an interest in the concept of ‘minority stress’.

Gender and practices of love

The role of gender in understanding DVA in LGB and/or T relationships is much-contested. Early researchers have suggested the feminist approach, that problematises abusive masculinity and links this with an analysis of patriarchy which institutionalises unequal gender roles and female dependency in both private and public spheres, is heterosexist and irrelevant for understanding DVA in the relationships of LGB and/or T people (e.g. Island and Letellier, 1991). Others have argued that feminist analyses are only redundant if they fail to disentangle masculinity and femininity from maleness and femaleness, thus inviting an exploration of how abusive partners in LGB and/or T relationships ‘do gender’ (Barnes, 2013b) and how they exert power and control (Ristock, 2002; Donovan and Hester, 2014).

Donovan and Hester (2011; 2014) have argued that, rather than gender being irrelevant in the relationships of LGB and/or T people, it is an important factor in explaining how intimate relationships, regardless of sexuality and gender, can be shaped by existing dominant narratives about heteronormative practices of love. Such narratives construct intimate relationships as based on binaries embodied in heterosexual masculinity and femininity in heterosexual relationships but played out in, often less obviously embodied, gendered ways in the relationships of LGB and/or T people (Donovan and Hester, 2011; 2014). Sexual jealousy, notions of possession and loyalty, divisions of labour in domesticity, relationship finances and decision-making roles can all be shaped and reflect dominant gendered narratives (see Barnes, 2013a). Furthermore, they evidence that it is through practices of love that a violent/abusive dynamic can emerge in the relationships of LGB and/or T people.

Psycho-social explanations and minority stress

Others have attempted to bridge the gap between sociological approaches and, conversely, psychological approaches such as Island and Letellier’s (1991) focus on perpetrators’ psychopathology. Merrill (1996) for example constructed a psycho-social explanatory model which integrates individualistic factors such as inter-generational transmission of DVA and social learning. This social learning is, according to Merrill, influenced by social norms and values which tolerate, penalise or reward certain (e.g. abusive) behaviours, and are shaped by social-structural factors such as homo/bi/transphobia, sexism and racism. It is the overlaying of these individualistic and social-structural factors that is then considered to offer explanatory power.

More recently the focus has been on minority stress; a term used to describe the psychological toll taken on individuals from minoritised groups of living in an oppressive society (Balsam, 2001). In this work, a (causal) connection is made between the discriminatory social-structural context in which LGB and/or T people live and LGBT DVA victimisation and/or perpetration (Balsam, 2001; Balsam and Szymanski, 2005; Mendoza, 2011; Lewis *et al.*, 2012). This seems to mirror feminist approaches that problematise patriarchal social systems that create and collude with conditions for DVA to occur. Through identifying the homo/bi/transphobic contexts in which LGB and/or T people live, these researchers explore the complex interplay between macro and micro level contexts. However, as Donovan (2015) has argued, there is a key difference between these approaches and those of feminist theorists. Whilst feminists point to the

wider social-structural factors that oppress women and position them such that they can be victimised by men, those exploring minority stress assert that oppression might also result in violent and/or abusive behaviour from those who are oppressed.

Quantitative research has measured indicators of minority stress, but the use of disparate indicators across studies makes comparisons between them difficult. Degrees of being out, experiences of discrimination and/or hate, measures of internal homophobia have all been correlated with experiences or/and enactment of DVA (Balsam and Szymanski, 2005; Mendoza, 2011). There is also a tendency to conflate correlations and causation with little clear delineation of how such correlations can make sense of both victimisation and perpetration (see Donovan, 2015, for a fuller critique of these studies). In the Coral Project we explored this issue and we return to this later.

Key findings of the LGBT DVA research to date

The growing LGBT DVA literature has made good, if tentative, progress in establishing that DVA in LGB and/or T relationships bears many similarities to what we know about DVA more broadly, particularly with regard to heterosexual, cisgender women. DVA indisputably occurs in LGB and/or T relationships and physical, sexual, emotional and financial violence are all used by abusive partners. Moreover, as Donovan and Hester (2014) argue, two key emotional types of abuse seem prevalent across sexuality and gender: isolation and undermining the victim/survivor's confidence and self-esteem.

Yet, alongside various similarities, there are some key differences. In spite of our reservations about the concept of minority stress, LGB and/or T identities are undoubtedly implicated in LGBT DVA victimisation. Abusive partners threaten to out the victim/survivor to their family, workplace, faith community, or children's services; they also denigrate local LGB and/or T scenes or victim/survivors' reputations within these scenes to keep them from accessing potential sources of help (Renzetti, 1992; Ristock, 2002; Donovan and Hester, 2014). Trans victims/survivors can be deliberately misgendered and have their access to hormone treatments or other medical services controlled (Roch *et al.*, 2010; Greenberg, 2012; Rogers, 2016; 2017). Those in first relationships are controlled by more experienced abusive partners who insist that the way they want the relationship to operate, including how the victim/survivor should behave is how 'real' lesbians or gay men behave and live (Ristock, 2002; Donovan and Hester, 2008; 2014; Kanuha, 2013). Young LGB and/or T people also seem to be more at risk of reporting DVA than their peers and this might be one consequence of the lack of any inclusive sex and relationships education and/or role models of LGB and/or T living everyday intimate lives (Donovan and Hester, 2008; Formby, 2011).

Second, LGB and/or T identities affect the accessibility and quality of appropriate support for DVA. Findings echoed by various studies identify barriers such as actual or anticipated homophobic or inappropriate responses from service providers; familial rejection or disapproval meaning that family are not a viable source of emotional or practical support; and heteronormativity and the 'public story' of DVA deterring LGB and/or T people from approaching mainstream agencies because they do not think that a service would be available, or fear that service providers would not understand or might problematise their sexuality or gender identity rather than the DVA (Renzetti, 1992; Ristock, 2002; Donovan and Hester, 2014). One of the key findings of the Coral Project was that there is an even greater dearth of help-seeking avenues for LGB and/or T partners who use 'abusive' behaviours in their relationships, and we move on to present this and other key findings next.

The Coral Project: researching the use of 'abusive' behaviours in LGB and/or T relationships

Rationale

In the Coral Project we studied the enactment of violent and abusive behaviours in the relationships of LGB and/or T people in the first study of its kind not only in the UK, but internationally too. Our focus on the violent/abusive behaviours enacted by LGB and/or T people in their intimate relationships marks a critical departure from other UK research which has focused on measuring and understanding the experiences of victim/survivors.

Methods

A multi-method approach was adopted which involved a survey of LGB and/or T people ($n = 872$); 36 follow-up in-depth interviews with survey respondents who indicated that they had used 'abusive' behaviours but were no longer doing so; semi-structured interviews with 23 practitioners providing perpetrator interventions, mostly for heterosexual, cisgender men; and eight focus groups with practitioners from varied practice settings (e.g. youth work, individual and relationship counselling, probation, sex and relationships education). In this chapter we focus on the components which elicited data from LGB and/or T participants about their relationship expectations, behaviours and help-seeking (see Barnes and Donovan, 2016; Donovan and Barnes, 2017 for an analysis of some of our practitioner data).

Our efforts to identify LGB and/or T abusive partners required innovation: since those who have been convicted for DVA related offences are almost invisible within the criminal justice system and we found no evidence of any mandatory or voluntary bespoke programmes for LGB and/or T perpetrators, we decided to survey a self-selected sample of the 'general population' of LGB and/or T people about 'what do you do when things go wrong' in their relationships (Donovan *et al.*, 2014). The survey was distributed through a database of over 200 LGB and/or T organisations as well as DVA organisations and through Twitter, achieving 872 useable responses.

The questionnaire was based on the innovative COHSAR methodology (McCarry *et al.*, 2007; Hester *et al.*, 2010) and included questions about physical, emotional, sexual and financial violence/abuse participants had experienced and what they had enacted; why they had behaved the way that had and what impact the experiences had for them; and whether and from where they sought help. In addition, questions were asked about the degree to which respondents were open about their sexuality and gender identities and about their experiences of homo/bi/transphobia, homo/bi/transphobic bullying and homo/bi/transphobic hate. Help-seeking was also explored. Questions were also asked about whether they or those close to them had identified them as having problems with jealousy, anger, control and trust; and the extent to which they identified a need to change their behaviour. Potential interview participants were identified through a careful screening process which considered their use of violent/abusive behaviours, their current relationship status (nobody who reported currently using potentially abusive behaviours in their relationship was chosen) and their readiness to change (only those indicating awareness of their need to change were chosen).² Interviews explored the questionnaire topics in more detail, examining any patterns of DVA victimisation and/or perpetration across participants' intimate relationships and their views about gaps in relationships services for LGB and/or T individuals and partners.

Key findings

In this section, we focus on two areas of our findings which resonate with the previously discussed literature. First we return to the concept of minority stress, before revisiting help-seeking.

Minority stress

Most respondents had experienced at least one form of homo/bi/transphobia, hate crime and/or bullying: 86% reported homo/bi/transphobia, 51% reported homo/bi/transphobic bullying and 39% reported homo/bi/transphobic hate crime. ‘Strangers/the public’ were the group most often reported as the perpetrators. However, the family was responsible for 42% of homo/bi/transphobia, people at work (34%), school/college/university (28%) and friends (27%) (Donovan *et al.*, 2014). These findings in themselves make it difficult to ascertain whether these experiences are associated with the enactment of DVA in the relationships of an LGB and/or T person because such a large proportion of respondents report negative experiences of these kinds.

Findings about the use of violent/abusive behaviours show that 57% report enacting at least one behaviour that, in context, could be seen as abusive in the last year of a relationship or in the previous 12 months for those in a current relationship; and 51% of those reporting ever having used at least one behaviour that, in context, could be seen as abusive.³ These proportions are considerable, yet not as high as those reporting homo/bi/transphobia, hate crime or bullying. The findings for different types of abuse are presented in Table 5.1.

These findings confirm our wariness about the focus on minority stress as a correlating factor for enacting DVA in the relationships of LGB and/or T people. Far more respondents report a range of factors associated with minority stress than go on to report a profile of behaviours that, taken together, might be suggestive of an abusive partner – and this is similarly mirrored in our findings about being victimised by such behaviours (see Donovan *et al.*, 2014).

We also asked respondents to indicate from a list of possible reasons why they had enacted the behaviours they had reported in the questionnaire. Of those who answered this question, none indicated that it had been ‘because of trans/bi/homophobia you’ve experienced’.

Table 5.1 Use of potentially abusive behaviours in the last 12 months of a current or last relationship

Type of behaviour	Number of behaviours used	Percentage (%)
Physical	1	9
	2–5	6
	6 or more	0.3
Emotional	1	17
	2–5	18
	6 or more	2
Financial	1	15
	2–5	4
	6 or more	n/a
Sexual	1	25 ^a
	2–5	9
	6 or more	0.2

^aWhilst this figure appears to be very high, the most common behaviour reported was ‘withholding affection’. Whether or not this is an abusive act (i.e. when it is used to punish or demean) is highly context-dependent.

We suggest a number of explanations for this. LGB and/or T people might not be conscious of the potentially negative impacts of homo/bi/transphobic experiences on the everyday ways they behave in their intimate lives. Second, respondents might reject the problematisation of their sexuality and/or gender identity that is inherent in the suggested link to their use of 'abusive' behaviours. This might especially be the case for those whose behaviours were used in self-defence or indeed in retaliation against a partner using violence or abusive behaviours. A further explanation might lie in the fact that 'relationship' problems might be seen as unconnected and irrelevant to 'societal' problems. The limitations of quantitative research are illustrated here as it is not possible to be sure what motivated the behaviour respondents reported.

Thus, our findings indicate that there are problems with assuming that the undeniable harms of structural oppression will manifest themselves in DVA victimisation or perpetration, not least because the former is more common than the latter. Alternative, or at least, additional, explanations are therefore required to determine why minority stress might be associated with victimisation for some, perpetration for others, and neither victimisation nor perpetration for many LGB and/or T partners. Nonetheless, we maintain that living as members of marginalised communities will have an impact on experiences of DVA: in recognising relationship experiences as DVA and in help-seeking (Donovan *et al.*, 2014).

Recognising DVA and seeking help

Echoing previous research, the Coral Project found that those experiencing DVA in relationships with LGB and/or T people do not, in the main, report their experiences either to statutory services (the police, local authority housing services, children's services, health providers) or specialist domestic violence services (Hester and Westmarland, 2006; Donovan and Hester, 2008; 2014; LGBT Domestic Abuse Forum and Stonewall Housing, 2013; Hester *et al.*, 2014). Reporting to the police tends to be a last resort when physical violence escalates and/or when the victim/survivor's fear has escalated (Donovan and Hester, 2011b). Rather, the first source of help for LGB and/or T victim/survivors of DVA is, consistently, friends and the first 'formal' source of help is, consistently, counsellors/therapists, both of which suggest an individualised, privatised approach to help-seeking which Donovan and Hester (2014) concludes reflects the impact of the public story of DVA as well as the wariness LGB and/or T people still have of mainstream services.

In the Coral Project, we asked those who had indicated use of violent/'abusive' behaviours, about their help-seeking in the previous five years and got very similar responses. Friends were the first source of help (59%), then NHS mental health services (48%) and then private/third sector counselling/mental health services (41%). However, most respondents had not sought help from anybody and whilst the top two reasons reported for not seeking help suggest a more agentic approach to their decision – it was not serious enough to seek help and/or it was a private matter and nobody else's business – five out of the top eight reasons given suggest an ambivalence about help-seeking. Respondents commonly indicated that they did not: think any support providers could help; think they would understand; know where to go because of their sexuality or their gender identity; think they would be believed; and/or think it would be confidential. Another response in the top three is that respondents felt too ashamed to seek help. Smaller numbers of respondents expressed concern about the responses of agencies based on a previous bad experience or concerning fears about the impacts on children.

There were significant differences in reasons given for not seeking help between those who had ever identified as trans and the rest of the sample. The former were much more likely to give the following reasons for not seeking help: 'because of my gender identity', fear of 'not being

believed', thinking they 'couldn't help' or 'wouldn't understand', and 'feeling too ashamed'. Being wary about practitioners problematising their sexuality, but more importantly, their gender identity, was expressed by several interviewees. Beth, a white, bisexual trans woman, illustrates the kinds of concerns respondents had, whilst also underlining the importance of an intersectional analysis:

Beth: No, I've never really had, I've never really been to anybody for advice . . . with them . . . being sort of BDSM relationships it's not like I could go to my parents because my parents are . . . in a purely vanilla (short laugh) relationship, so they don't understand that sort of thing. So it's a case of, it's all been off of experience and talking to friends and friends of friends and things like that. It's, I've never actually talked to a professional or anything about anything.

Interviewer: . . . [Is] that because you, you don't feel that it's been necessary or because you wouldn't know who to go to?

Beth: I wouldn't really know who to go to, it's difficult enough to be taken seriously with depression anyway, I mean when . . . throw in the fact you're in a BDSM relationship or a poly [polyamorous] relationship they sort of look at you like you've grown another head (laughs) . . . It's difficult to find sort of people that can understand and relate to what . . . your experiences are when you're in that sort of relationship.

(Beth, white, bisexual, trans woman, 31 years old)

Several participants talked about a need for more LGBT-specific services because they hoped these would provide appropriate help without problematising an individual's sexuality and/or gender identity. For example, Amber says:

It [an LGBT service] would have more of an insight into the things that we are facing [pause] like you talked about that butch-femme dynamic – I don't see many mainstream therapists having much of an understanding of that.

(Amber, mixed ethnicity, lesbian, 41 years old)

Whilst both Beth and Amber explain why they had not used existing services, of those who had sought help, counselling and therapeutic services and mental health services were the most popular. This also raises concerns insofar as it is not clear whether the practitioners being approached are able to identify that DVA is a possibility in the relationships being talked about, undertaking a risk assessment and/or talking about safety plans and referring to mainstream and/or specialist services with expertise in DVA as appropriate. The implications for policy and practice are clear.

Conclusion

Donovan *et al.* (2014: 33) state: '[n]ot being able to see yourself and/or lives like yours represented in the service you consider approaching can present a barrier to using that service'. We would argue that this, more than discussions about the relative impact of minority stress, is the most pressing issue to address for those experiencing DVA in their relationships with LGB and/or T people. Of course, exploring the causes of DVA in the relationships of LGB and/or T people is also important, but we would argue that sociological rather than individualistic and/or psychological approaches provide more fruitful ways of proceeding. Whilst there is

some evidence that existing services are attempting to address their responses to LGB and/or T people presenting with DVA, it is still the case that only very small numbers are coming forward (see for example Hester *et al.*, 2015).

The implications for policy and practice are manifold. Existing services, including mental health, counselling and therapeutic services, are challenged to ensure that their services will respond appropriately to LGB and/or T service users or clients, have an understanding about the intimate relationships LGB and/or T people might have, have an awareness about DVA, including how DVA might manifest in the relationships of LGB and/or T people, and have positive partnerships with local LGB and/or T organisations. This is critical in order to ensure that the public story about DVA does not continue to marginalise those whose identities and experiences do not fit this story. Practitioners also need to become skilled in carefully assessing the way power is being enacted through the relationship practices presented to determine who the victim/survivor and abusive partner is, what kind of relationship violence is being described, and what intervention is required.

However, currently, most LGB and/or T people who are being victimised by an abusive partner or enacting violence or behaviours that, in context, could be 'abusive' are not seeking help other than from mental health services, counsellors and therapists. Very small numbers of people report to the police and this seems to be mostly when physical violence or fear has been escalated. This suggests that much more work needs to be done to raise awareness about DVA in the relationships of LGB and/or T people within LGB and/or T communities as well as within organisations that offer what we call 'relationships services': these might be mainstream statutory or third sector organisations that provide sex and relationships education or guidance, youth work projects, domestic violence services, perpetrator intervention providers, as well as LGB and/or T organisations. In turn, these organisations need to review their processes to ensure that their language and marketing is LGBT-inclusive, with clear policies about monitoring, confidentiality and trust.

Those offering mental health and/or counselling and therapeutic services across sectors should also: be aware of the extent to which LGB and/or T people experiencing DVA are using their services and ensure that they identify DVA as an issue when it presents and respond appropriately (e.g. by undertaking risk assessments and safety planning and making referrals to DVA specialists as appropriate); ensure that they are not problematising individuals' sexuality or gender identity/ies; and build positive partnership relationships with local LGB and/or T organisations as well as multi-agency domestic violence partnerships such as Multi-Agency Risk Assessment Conferences (MARACs) in the UK which coordinate actions to protect and support those victims considered at most risk of lethal harm.

More generally, it is also the case that government policy has largely overlooked the needs of LGB and/or T people affected by DVA. Tokenistic references to DVA occurring in LGBT relationships too are insufficient. The recent UK government strategy (HM Government, 2016: 10) acknowledges that LGB and/or T people 'experience multiple forms of discrimination and disadvantage or additional barriers to accessing support' and that help would be provided to commissioners to ensure that 'the needs of all victims are met'. However, there is very little detail provided about how this might happen or who will be responsible to make sure this happens.

The landscape is very different to when the first pioneers were writing and talking about DVA in the relationships of lesbian and gay relationships. Whilst Westernised countries have taken the lead, there is now growing internationalisation of LGBT DVA research. Within Western countries an intersectional approach is attempting to address the homogeneity of research samples that have typically reflected the experiences and needs of white LG people who are well educated and otherwise resourced, who are able-bodied and who have access to or are

confident enough to be out and using LGB and/or T community networks, online and social media platforms and organisations and be recruited by researchers. More needs to be done, however, including, challenging the public story about DVA and developing a more sociological approach to understanding DVA in the relationships of LGB and/or T people.

Notes

- 1 We use this term to acknowledge that not all individuals identifying as trans are necessarily LG or B but instead might be heterosexual, asexual or pansexual.
- 2 These screens were felt important for ethical and safety reasons but the research team acknowledged the limitations these decisions placed on the interview sample.
- 3 See Donovan *et al.* (2014) for further explanation of these proportions.

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