

THE PERPETRATION OF DOMESTIC ABUSE BY THOSE WITHIN MINORITISED COMMUNITIES

**A focus on minoritised ethnic
communities and the Lesbian,
Gay, Bisexual and/or
Transgender+ community**

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Disclaimer

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Executive Summary

The Task

In response to a Home Office call for research on perpetrators of domestic abuse, TONIC was granted funding to undertake work to consider, contribute and address current knowledge gaps about the ways in which domestic abuse is perpetrated within two specific communities: minoritised ethnic communities and Lesbian, Gay, Bisexual and/or Transgender communities (LGB and/or T+). The rationale for this stemmed from a recognition by the Home Office of a lack of research in this area compared to the level of research on cisgender, White, heterosexual, male perpetrators of domestic abuse.

By engaging with a wide range of stakeholders and those with lived experience, we aimed to:

- Explore, understand, and highlight what work is already being done within these communities;
- Examine the extent existing provision is relevant, accessible, and inclusive; and
- Consider how programmes, services, and systems could be adapted and shaped to better engage these groups, meet their needs, and reduce instances of domestic abuse.

Our reasons for conducting this work stemmed from identified gaps in the research literature highlighting minoritised ethnic communities and LGB and/or T+ as two under-researched and underrepresented groups with regards to perpetrators of domestic abuse. There has historically been a research focus on the effectiveness of perpetrator programmes on aggregate cohorts of perpetrators rather than specifically focusing on minoritised ethnic communities or LGB and/or T+ communities. This is despite the Home Office (2016)¹ stating that there was a need to ‘assess and address local specialist provision, including access to a broad diversity of provision, for example services for minoritised ethnic groups, disabled, LGBTQQI and older perpetrators in order to increase the safety of their victims’ (p. 6).

Whilst the empirical evidence stresses the reality that heterosexual cisgender women are statistically most often the victims or survivors of domestic abuse (Scottish Government, 2013; Smith et al., 2012), this ‘public narrative of domestic abuse’ makes it challenging for other stories to be recognised, told, and heard (Donovan & Barnes, 2017). Although domestic abuse is most commonly experienced by women and perpetrated by men, it can happen to anyone and can be perpetrated by anyone, including people of all ethnicities, gender identities, sexual orientations, and in any type of relationship (SafeLives, 2018). Where minoritised ethnic communities and LGB and/or T+ cohorts have been considered in the

¹ *Violence Against Women and Girls, National Statement of Expectations, Home Office 2016*

literature, this has considered the needs and prevalence of victims and survivors of domestic abuse from these communities, but not a specific focus on perpetrators.

It has been argued that victims and survivors of domestic abuse from specific backgrounds require specialist support for reasons including over-representation in the justice system, a lack of access to formal support or recognition of incidents as abuse, and specific cultural norms. It, therefore, seems logical to question whether perpetrators may also require specialist or specialised interventions, which is something our research endeavoured to explore.

For these reasons, we decided to focus our attention on the perpetration of domestic abuse within minoritised ethnic communities² and LGB and/or T+ communities³. The two are distinct but related and we chose to look at them both in order to consider the overlaps and differences, but also to consider ‘underrepresented’ or ‘minoritised’ groups more generally. By looking at both groups simultaneously, we were able to consider the role of gender identity, sexual orientation, and ethnicity in the perpetration of domestic abuse and explore how prevention programmes also consider this.

Taking a grounded approach, as independent researchers without any preconceived hypotheses, we sought to explore and understand the specific needs and presentations of domestic abuse perpetration within these communities, to consider the following research questions:

- What are the contributing factors to domestic abuse perpetration within minoritised ethnic communities and LGB and/or T+ communities?
- To what extent do these criminogenic needs differ from what we know about other perpetrators of domestic violence (e.g., White, heterosexual, cis-male perpetrators)?
- To what extent do these identified needs necessitate a differential response to prevent future offending?
- To what extent are current models for perpetrators of domestic violence applicable, relevant, or suitable for perpetrators from minoritised ethnic communities or LGB and/or T+ communities?

² ‘Minoritised ethnic’ (or the similar term ‘racially minoritised’) has been recommended more recently as it recognises that individuals have been minoritised through social processes of power and domination rather than just existing in distinct statistical minorities. It also better reflects the fact that ethnic groups that are minorities in the UK are majorities in the global population.

³ We have tried not to use the umbrella term LGBTQ+ following feedback that this can conflate sexual orientation with gender identity. In keeping with previous work (e.g., Donovan and Barnes, 2020) we have chosen to use the term ‘LGB and/or T+’ to reflect the nuanced experiences of those identifying as part of the LGB and/or T+ community, recognising they are not a homogeneous group and should not be treated as such.

During the course of conducting the research, we also came to ask the following questions:

- What currently exists to prevent perpetration of domestic abuse within minoritised ethnic communities? What has been applied to existing programmes to ensure that they are accessible and inclusive?
- What currently exists to prevent perpetration of domestic abuse within LGB and/or T+ communities? What has been applied to existing programmes to ensure that they are accessible and inclusive?
- What gaps remain in support for perpetrators of abuse within minoritised ethnic communities and LGB and/or T+ communities? What can be done to improve this?

Methods & Sample

We adopted several strands for the work to attempt to create a 360-degree view of the topic.

Preparatory Work

We commenced the project by identifying local domestic abuse service providers in a number of areas. This generated a snowball sampling approach whereby each person interviewed identified other relevant organisations conducting work in the sector who they felt could contribute to the project. We complimented this by conducting our own searches online and through relevant directories (such as Clinks and Respect) and made contact via email and phone with around 350 organisations, from both the voluntary and statutory sector, that we identified as having expertise working with survivors and/or perpetrators of domestic abuse, and those organisations run 'by and for' people within minoritised ethnic communities and LGB and/or T+ communities. We invited them to participate and share their views on a voluntary basis, mindful not to place unnecessary demands on the sector during such a busy time (i.e., due to increased demand during the COVID-19 pandemic).

Strand 1: Engaging with the Domestic Abuse Sector

This involved conducting qualitative interviews with perpetrators from under-researched groups (minoritised ethnic communities and LGB and/or T+ communities) and those delivering programmes to perpetrators of domestic abuse. In addition, we engaged with survivors and victim/survivor organisations. As well as qualitative interviews, we ran an online survey open to all stakeholders, survivors, and perpetrators of domestic abuse.

Strand 2: Engaging with Organisations run 'By and For' Minoritised Ethnic & LGB and/or T+ Communities (but not exclusively perpetrators)

This involved conducting qualitative interviews with organisations run 'by and for' LGB and/or T+ and minoritised ethnic communities (not exclusively perpetrators).

Strand 3: Literature Review

We reviewed available national and international literature to consider previously identified factors, nuances, and needs present within minoritised ethnic communities and LGB and/or T+ communities, relating to the issue of domestic abuse. This was extended to consider evidence on the effectiveness of generic and modified perpetrator programmes. The literature review informed the design of our semi-structured interview schedules, with this being designed to feel like a ‘conversation with a purpose’ (Burgess, 1982).

Strand 4: Online Survey

We added a new strand as the project progressed, namely an online survey which could be completed by anyone from the above strands (professionals, survivors, and perpetrators). The survey was a mix of qualitative and quantitative questions. This was circulated on social media and through networks of those we interviewed and was open from the end of March to the end of May 2021. People could also opt in for a phone interview through this method.

Strand 5: Analysis & Writing Up Findings

Interviews and survey data were analysed, by the TONIC research team, as a whole dataset and were considered thematically. Some interviews had handwritten notes taken, others were audio recorded with permission and transcribed. Both methods allowed us to include verbatim quotes throughout the report to demonstrate that the findings are grounded in the interviews we conducted. We triangulated all interviews and considered emergent and aggregate themes for this final report.

We used Braun and Clarke’s (2006) six-step method of Thematic Analysis to support analysis of our data:

- Step 1: Become familiar with the data
- Step 2: Generate initial codes
- Step 3: Search for themes
- Step 4: Review themes
- Step 5: Define themes
- Step 6: Write-up

Thematic Analysis was chosen due to its flexible nature and compatibility with a social constructionist approach⁴. As noted above, we used thematic analysis to consider the dataset as a whole and consider themes that emerged across interviewee transcripts, applying a constant comparison approach (Butler-Kisber, 2010), considering similarities as well as

⁴ We use a social constructionist approach to mean that we were concerned with how social realities are discussed and constructed by interviewees, rather than identifying a truth or objective entity (Gergen, 2009).

differences between individual narratives and sources of feedback. Within this framework, we used an inductive method, whereby themes were derived and grounded in the text (transcripts), rather than being imposed on the data from a pre-existing theory or hypothesis. We used a latent, rather than semantic analysis, which is in accordance with an interpretative level of analysis associated with social constructionist approaches.

Peer Review

We sent our draft report for peer review by Junior Smart, Bhupinder Virdee, and Sofia Mahmood, as a method of good practice, mindful of the sensitivities attached to the subject material. They also provided advice throughout the process.

Participation

Across these strands, we conducted qualitative interviews (via phone or video call) with 104 individuals and received 127 responses to an online survey which was a mix of quantitative and qualitative questions. Our depth interview participants included 87 professionals and researchers working in the domestic abuse sector⁵:

- 52 individuals who work in the domestic abuse sector, delivering interventions with perpetrators, this includes third sector and statutory providers (with an additional 3 who had done so previously)
- 36 individuals who work to support survivors of domestic abuse
- 26 individuals who provide a specialist service for minoritised ethnic communities
- 26 individuals who provide a specialist service for LGB and/or T+ communities (of these, 2 organisations specifically work with transgender individuals)

In addition, we conducted telephone interviews with 17 people who identified as having lived experience of domestic abuse, this included professionals who also had lived experience and one person who identified themselves as a survivor but was not working in the domestic abuse sector.

- 8 individuals who have attended perpetrator programmes - all of whom self-identified as being from the following minoritised ethnic communities: Asian Indian = 2; Asian Pakistani = 2; Asian Bangladeshi = 1; Black British = 1; Iranian = 1; White African – Berber = 1
- 9 survivors - 7 of whom self-identified as being from the LGB and/or T+ community, with 1 also being from a minoritised ethnic background: Lesbian = 3; Gay = 1; Bisexual woman = 1; Transgender woman = 2; Heterosexual = 2

⁵ Note: The numbers given do not equate to the total number of interviews conducted, as some individuals were counted in more than one category.

We received 127 responses to our online survey, which ran from March 2021 to the end of May 2021. In addition, we attended training run by The Elm Foundation entitled 'Hidden victims of domestic abuse: LGBT+, men, BAME and Older Victims' as part of immersing ourselves in the topic.

Reporting

We have been keen to ensure that the findings of this work are of the greatest use to the sector and can influence good practice moving forwards. We welcome the opportunity to share the messages and knowledge collated as part of this work and many of those who contributed to this research have expressed interest in seeing and sharing the final report.

Limitations & Reflections

As with any piece of research, it is important to be reflective and consider the limitations and caveats to the work. We recognise that we could have undertaken two distinct research projects, looking at minoritised ethnic communities and those who identify as LGB and/or T+ separately. However, the fact that they have been undertaken within one project has allowed us to identify 'golden threads' (to borrow a phrase uncovered in this work), that relate to good practice across both communities, affording consideration of a number of protected characteristics, such as gender identity, sexual orientation, and ethnicity, within one project. Future research may wish to consider any one of these in more detail, with more specific sampling approaches. In addition, some participants raised the need to explore other protected characteristics in relation to the perpetration of domestic abuse, such as disability.

We wish to highlight that we initially used the term BAME, in keeping with the Home Office specification, then, in recognition of the fact that this may not be seen to include minority groups from non-White British backgrounds, we changed our wording to 'non-White British backgrounds'. We then recognised this might exclude Gypsy, Roma, Traveller groups, so we updated this further to 'ethnic minority communities' and later to 'minoritised ethnic communities'. We initially used the term LGBTQ+, consulting with websites of national organisations to ensure inclusivity. However, as we undertook the work, we understood the fact that this term could be seen to be suggesting a homogeneity that does not exist. In this report we use the term Lesbian, Gay, Bisexual and/or Transgender communities (LGB and/or T+). To reflect these points, we updated our promotional material, survey and interview schedules as we went along, reflecting our learning. This also speaks to the challenges discussed by stakeholders around terminology and some of the nervousness they described about 'getting it wrong'.

The fact we are independent researchers within this work; not a service provider nor commissioner in the domestic abuse sector, nor a 'by and for' organisation, meant we were

met with some criticism about our ability to engage with this topic. However, we felt that our independence and abilities as impartial researchers were actually strengths and afforded an opportunity to act as a neutral voice for the sector, collating views and acting as a vehicle to share those contributions, views and thoughts on the topic, replaying them back to interested parties.

Although we achieved a sizeable sample by any standard of qualitative work, we understand there can always be further audiences to reach, especially those who identified as perpetrating abuse from the LGB and/or T+ community. Those perpetrators we spoke to from minoritised ethnic communities, attended mixed perpetrator programme groups, and we perhaps could have benefitted from speaking to those who attended specialist groups to understand the benefits conferred through this. We also only managed to engage with participants who spoke English, although we offered an interpreter service to allow us to reach non-English speakers. The time constraints on this project limited our ability to co-produce our method and materials with the field and with 'by and for' organisations. We would have liked to have done this had time permitted as it is something we recognise as a source of added value for any research.

As a final reflection, we commenced the work by considering support offered to perpetrators by way of formal commissioned and accredited programmes. In hindsight, the research may have benefitted further from considering how abuse can be prevented through means which include community leaders, early education, and community organisations as well as formal programmes, groups, and interventions.

Summary of Findings: Minoritised Ethnic Communities

Two interrelated but distinct issues emerged when considering the way domestic abuse within minoritised ethnic communities. Firstly, language was a barrier to accessing support where people did not speak English as their first language or did not speak English at all. We were told that there were very few domestic abuse perpetrator programmes that ran in other languages. Where these programmes had been run, we were told that difficulties attracting funding and small group numbers made this challenging to sustain. The use of interpreters was highlighted as being cost prohibitive and came with potential challenges, such as implicit bias and difficulties in translating concepts verbatim.

Secondly, our research explored cultural nuances in how domestic abuse was both perpetrated and experienced by survivors from minoritised ethnic communities. We engaged with organisations working with particular survivor groups who highlighted the ways in which perpetrators have additional tools and methods with which to inflict abuse, such as denying or restricting access to English classes and furthering a sense of isolation. Concepts, such as specific codes and practices, were discussed and how these operated in 'closed communities',

with some structures identified that prevented victims from speaking out or seeking help, for fear of repercussions from the broader community and an acute sense of stigma and shame.

These conversations explored the cultural justifications perpetrators used for their behaviour. Although we were told about a great deal of diversity across and within minoritised ethnic communities, those interviewed were able to reflect on similarities they had observed. This included a recognition about the similarities in the perpetration of abuse across different minoritised ethnic communities, with overarching themes fuelling abuse regardless of ethnicity. This led to discussions about how services could be responsive to perpetrators from minoritised ethnic communities. Some felt that specialist group programmes would be best practice, but recognised the challenges associated with this – such as low numbers for groups or it taking a long time to build up sufficient numbers to run a programme, and recruiting suitably skilled staff to facilitate these groups effectively (e.g. those who can speak a specific language, understand a specific culture and have a knowledge of domestic abuse). Many felt that mixed ethnicity groups, with trained facilitators who can account for a range of different belief systems, cultures, and backgrounds, was the best option and would promote healthy challenge and understanding of other perspectives by group members. It was felt that these should be accompanied, ideally, by 1-1 sessions where individual nuances can be explored safely.

It was acknowledged by those we spoke to, that working with perpetrators in isolation was generally felt to be ineffective. As such, it was highlighted that there is a need to involve extended family members and broader communities in the approach. This pointed to the need to co-produce and co-facilitate solutions to domestic abuse within minoritised ethnic communities with those living and working in those communities. Suggestions provided by participants included involving education settings, religious and community leaders, and ‘by and for’ organisations who could:

- Build trust in the community so people can access support there rather than going to mainstream domestic abuse services; and
- Tackle narratives that may contribute or perpetuate domestic abuse. It was felt that domestic abuse services and community organisations could work together to address this.

Summary of Findings: LGB and/or T+ Communities

During our research, the importance of considering the distinctions between sexual orientation and gender identity became apparent. This was believed to be essential in recognition of the fact that those identifying as part of the LGB and/or T+ community are not a homogeneous group, and that the ways in which domestic abuse is perpetrated will vary depending on both sexuality and gender identity.

Participants in this research felt that while domestic abuse perpetration within the LGB and/or T+ community may have many similarities to domestic abuse perpetration within a heterosexual cisgender relationship, some of the contributing factors and tools or tactics used to perpetrate the abuse can be very different.

An extra layer to domestic abuse emerged as a theme within LGB abusive relationships, with yet further complexities for those identifying as transgender. Identity and experiential abuse were described as unique, but extremely common forms of abuse experienced by the LGB and/or T+ community, with a sense that all elements of the LGB and/or T+ identity can be exploited.

In terms of help-seeking, multiple barriers exist at a personal, structural, and cultural level, leading to the extreme underreporting/misreporting of domestic abuse within the LGB and/or T+ community. The largest issue was described as being the heteronormative assumptions and stereotypes associated with domestic abuse, meaning that while victims often do not recognise the abuse, neither do many professionals working in support organisations. This underreporting and under-identification of the issue reduces the ability of services to support both survivors and perpetrators of domestic abuse.

Those interviewed described a need for specialist, tailored domestic abuse perpetrator provision, which is promoted using genuinely inclusive messaging and potentially assertive outreach.

The safety of people accessing support was a key theme that permeated throughout our exploration of domestic abuse within LGB and/or T+ communities. This was more pronounced than in conversations about perpetrators from minoritised ethnic communities.

Our interviews and the literature⁶ demonstrated that LGB and/or T+ individuals who perpetrate domestic abuse are less likely to be offered, and less likely to access, group support and programmes when compared to cisgender, heterosexual perpetrators of abuse.

While there were many varying opinions from participants on how best to design support services and programmes for perpetrators identifying as LGB and/or T+, it was generally felt that 1-1 interventions are best suited to ensuring an individual's safety, and allow facilitators to cover additional risk factors that may relate to, or impact on, domestic abuse perpetration within these communities; although, this means many of the benefits associated with groupwork would be lost.

⁶ Kent, Surrey and Sussex Community Rehabilitation Company research, 2020b.

Conclusions

The response to our invitation to participate in this work has been incredible, reinforcing the importance of the topics we chose to address as part of this Home Office grant. We intended to engage with around 50 individuals initially; however, we conducted 104 interviews and had 127 survey responses. Our original research questions are detailed below, with a synthesis of our learnings.

What are the contributing factors to domestic abuse perpetration within minoritised ethnic communities and LGB and/or T+ communities?

Interviewees and survey respondents discussed specific factors that they felt contribute to the ways in which domestic abuse is perpetrated within minoritised ethnic communities and LGB and/or T+ communities. This included the extent that some minoritised communities are perceived to be 'closed', perhaps an artefact of facing racism and prejudice, and stakeholders, especially those in mainstream perpetrator services, discussed the fact that they perceived this to make some perpetrators and survivors 'hard to reach'. This contributed to keeping domestic abuse underreported and hidden in some communities, even more so than domestic abuse in White-British heterosexual cisgender relationships where it is still largely underreported.

When discussing minoritised ethnic communities, there was a heightened sense of specific morals, codes, and belief systems that influenced domestic abuse alongside a sense that some behaviour was addressed within the community, rather than referring to or seeking external support. This was seen to a lesser extent in LGB and/or T+ communities, but it was recognised that survivors from both minoritised ethnic communities and LGB and/or T+ communities were less likely to ask for help or speak out, for fear of how they would be responded to. For survivors within LGB and/or T+ communities this seemed to link more closely with a fear of negative response from external services (e.g. homo/bi/transphobic responses) whereas for survivors from minoritised ethnic communities, this seemed to be more affected by fear of repercussions by their community and associated levels of stigma and shame.

The way that gender roles were perceived in broader systemic narratives affected victims and survivors from both minoritised ethnic communities and LGB and/or T+ communities; again limiting the ways that abuse was recognised or acknowledged by survivors themselves and others outside the relationship; including those working in support services.

To what extent do these criminogenic needs differ from what we know about other perpetrators of domestic violence (e.g., heterosexual, White, cis-male perpetrators)?

Whilst there was unanimous acknowledgement of nuances and differences across and within minoritised communities, there were also similarities discussed by stakeholders, survivors, and perpetrators. There was a sense that ‘abuse is abuse’ and that there are overarching and underpinning reasons for abusive behaviour. This includes ideas around power and control, gender roles, a sense of entitlement, an inability to manage emotions, and adverse childhood trauma.

However, we were told that perpetrators of abuse within minoritised ethnic communities and LGB and/or T+ communities may have additional tools and tactics to abuse victims with. For example, threats of ‘outing’⁷ people in LGB and/or T+ communities, withholding medication for those transitioning, denying access to financial support for those without recourse to public funds, limiting access to English lessons as a form of further isolation, and threats about the implications of breaking religious codes and practices (e.g., through divorce or not attending Mikveh’s in the Jewish faith). Therefore, participants often discussed ‘how’ domestic abuse might be perpetrated differently by people from minoritised communities, but they often described that the ‘why’ remained the same.

We considered the extent that current models and services for perpetrators of domestic abuse are applicable, relevant, or suitable for perpetrators from minority ethnic groups or LGB and/or T+ communities and tried to identify where the gaps lie. Whilst we found there to be pockets of good practice, and an appetite from stakeholders and organisations to be inclusive, there was simply not a parity of access across the country to support for perpetrators who do not speak English or who identify as LGB and/or T+, especially where group programmes were concerned.

To what extent do these identified needs necessitate a differential response to prevent future offending?

In recognition of the similarities and differences discussed, there was some consensus over what best practice could and should look like, in order to be inclusive and responsive to perpetrators from minoritised communities. Feedback indicated this would include:

- Offering a mixture of 1-1 and group interventions so people have the choice as to what best meets their specific needs. For example, if people do not feel comfortable attending a mixed group. This is especially important for those from LGB and/or T+

⁷ ‘Outing’ is the act of disclosing an LGB and/or T+ person’s sexual orientation or gender identity without that person’s consent.

communities, but a parity of access through group-work should be offered as an option.

- Groups need not be ‘specialist’ or separate for those from minoritised ethnic communities (note: this does not extend to those from LGB and/or T+). However, what is important is that staff facilitating groups should be appropriately trained to understand specific nuances, and that groups are recognised by the community as **safe** spaces for this to be explored in a domestic abuse context.
- Co-production, co-facilitation, and involvement from ‘by and for’ organisations, working alongside domestic abuse services, able to offer support before, during and after groups. This would serve to make sure support offered by domestic abuse services is relevant and gives the opportunity to train and challenge organisations and community structures about how they view and understand domestic abuse, ensuring perpetrators who do not want to access support from ‘domestic abuse’ services are still supported.
- There should be ‘bolt-on’ modules, which can be added to existing programmes to ensure relevance and responsiveness dependent on who is in each group.
- Specialist training and identified lead workers within domestic abuse services.
- An accredited pool of specialist interpreters with an understanding of domestic abuse to improve non-English speakers access to support; although, it is recognised they will still not have parity of access for group interventions.

The overarching aims of these recommendations is to give people choice, create safe spaces for people to discuss their behaviour and identify changes they want to make, and to empower staff to work knowledgeably and inclusively. These would also allow consideration of instances where someone identifies as being from both communities.

Areas For Action

Following on from our conclusions and the summary above, we make the following suggestions as areas for action for Government, funders, accreditors, service providers (statutory and third sector), and ‘by and for’ organisations, who all have a vital role in reducing domestic abuse within minoritised communities.

Area for Action 1: Ensuring Workforce Training

The sector, and services within it, should offer in-depth training, on-going consultation, and support to the domestic abuse sector workforce on how to best work with perpetrators from minoritised ethnic communities and those from LGB and/or T+ communities. The intention should be to equip them to be able to more effectively support individuals who present at a service. This training should be in-person (not online), and co-produced and facilitated by those living and working within these communities. However, this may require additional

funding, and therefore funders (such as PCCs and grant givers) should be mindful of this within their financial allocations.

Area for Action 2: Providing Specialist Lead Workers

In addition to general workforce training, there is an opportunity in the reunification of the National Probation Service (NPS) and Community Rehabilitation Companies (CRCs) to create specialist teams or dedicated leads. HMPPS and Government should seize this by embedding it in service specifications. Specialist workers could operate as named leads with a responsibility for offering ongoing consultation to peers and colleagues, case supervision, and best practice guidance around LGB and/or T+ and minoritised ethnic community backgrounds. This may be supported through identification of resources, leaders and communities, and outside domestic abuse providers that can offer ongoing consultation and specialist advice to frontline staff. Those working in the third sector could identify and recruit specialist leads (e.g., as with DRIVE Birmingham), but are likely to require funding and support from commissioners to do so.

Area for Action 3: Co-Design & Delivery with Community-Led ‘By and For’ Groups & Leaders

Domestic abuse services should identify and work with community / ‘by and for’ groups and leaders to organise positive messaging to encourage disclosure of abuse, leading to better identification of need and provide greater justification for increased resources. Organisations should work to create specific partnerships between domestic abuse agencies and specialist organisations (e.g., refugee organisations, or LGB and/or T+ organisations) to work together so people have a choice in where they can access support. This would also involve upskilling specialist organisations about domestic abuse and vice versa (see Area for Action 1).

Area for Action 4: Secure, Stable & Long-term Funding

Commissioners and funders should ensure secure, stable, and long-term funding for the development of services which can offer inclusive domestic abuse perpetrator programmes for LGB and/or T+ individuals, workforce training, and for non-English speakers. This would support the creation of programmes and materials that have sufficient flexibility to accommodate the needs of all perpetrators. This may include offering contracts that secure funding for a number of years (e.g., 5 years with an extension of 2 additional years).

Area for Action 5: Providing Access to Accredited Interpreters

Funders, commissioners, and those working in the domestic abuse sector should identify, commission, and fund a pool of accredited interpreters with an understanding of domestic abuse to avoid and overcome concerns about collusion and professionalism. This would

improve non-English speakers access to support, although it is recognised they will still not have parity of access for group interventions.

Chapter 1: Introduction

1.1 The Research

TONIC has a 14-year track record of delivering high quality research at a national and local level. Our experienced team of academics, practitioners, and analysts have proven their abilities to engage vulnerable or underrepresented groups and conduct valuable research to shape policy and services. In response to a Home Office call out for research on perpetrators of domestic abuse, TONIC was grant funded to undertake work to consider, contribute, and address current knowledge gaps about the ways in which domestic abuse is perpetrated within two specific communities: minoritised ethnic communities and lesbian, gay, bisexual, and/or transgender (LGB and/or T+) communities. The rationale for this stemmed from recognition, by the Home Office, of a lack of research in this area, compared to research on White, heterosexual, cis-male perpetrators of domestic abuse.

By engaging with a wide range of stakeholders and those with lived experience, we wanted to explore, understand, and highlight what work is already being done within these communities, the extent existing provision is relevant, accessible, and inclusive, and consider how programmes, services, and systems could be adapted and shaped to better engage these groups, meet their needs, and reduce offending.

1.1.1 Research Team

Dr Sarah Senker

Sarah has worked with TONIC since 2014. She is a chartered psychologist and specialises in qualitative research within the field of criminal justice. She holds a PhD in Health and Human Sciences and has several peer reviewed publications, holding research fellowships at the University of Essex and University of York and acting as a visiting tutor at Royal Holloway, London. Sarah has extensive experience interviewing survivors and perpetrators of crime, including domestic abuse and sexual violence. She has worked in over 30 prisons in the country, as part of her research portfolio and has also worked as a Practitioner in a category B local prison whilst doing her PhD, as well as writing and facilitating programmes for women on licence at six NPS sites in Essex. Sarah's passion is to use robust research to ensure people's voices are heard and systems and services within the Criminal Justice System are working effectively for those who use them.

Daisy Elvin

Daisy is a Senior Researcher and Analyst, who has worked for TONIC since 2018. Daisy has an interest in trauma-informed approaches to mental health provision, and a passion for forensic psychology. She enjoys conducting both quantitative and qualitative data analysis. Daisy graduated with a First-Class BSc (Hons.) Degree in Psychology from the University of East

Anglia and achieved a MSc Degree with Distinction in Forensic Psychology from the University of Kent. Daisy has both practitioner and research experience in a variety of different settings within the Criminal Justice System, including; police, prisons, probation, secure and community settings. Alongside her current role for TONIC, Daisy works as a Practitioner for the Substance Misuse Service across two prisons, and volunteers in a range of roles, including; as an Appropriate Adult, and a mentor for domestic abuse survivors, and individuals with personality disorder diagnoses convicted of violent or sexual offending. Daisy is trained in Domestic Abuse, Stalking, Harassment and Honour-Based Violence Risk Identification Assessment and Management.

Justin Hill

After leaving university, Justin spent a decade working in safety and risk management roles in the Petrochemical industry before turning his focus to the Public Sector. He worked in further education for 11 years in a variety of safeguarding and wellbeing leadership roles which led to the establishment of the Mojometer resilience application now in use by a range of schools and colleges across the UK. Justin has worked for TONIC on a wide variety of projects, including those on domestic abuse and reducing the risk of radicalisation. He enjoys the opportunity to contribute positively to improving outcomes and streamlining services to meet the needs of both individuals and communities.

Matthew Scott

Matthew is the Director of TONIC, working in senior policy and commissioning positions in central and local Government for over 25 years. Matthew founded TONIC, a social research organisation, and is project lead on all major contracts, heading up over 100 successful projects covering a wide range of topics across the UK. Prior to TONIC, Matthew worked on policy relating to drugs, alcohol, and crime at the Department for Education, and alcohol licensing legislation at the Home Office; managed services in the NHS and third sector; was a commissioner for local authorities; and a frontline practitioner working with vulnerable adults and young people.

1.1.2 Specialist Advisors & Peer Reviewers

We worked with three specialist advisers who supported us throughout the research project and who had an understanding and oversight of the research aims and objectives. As part of our quality assurance process, they conducted a peer review of the draft findings.

Sofia Mahmood

Sofia has over 19 years' experience working across the public, private, faith, voluntary, education, and health sectors. She has been a catalyst in raising awareness, campaigning, and developing innovative approaches and strategies around the themes of education, social

cohesion, integration, safeguarding, and the Prevent Strategy locally and nationally, with a specific focus on young people and women, especially those from Muslim communities. She has been a voice for communities across the country, addressing and challenging narratives and activity around sensitive topics such as racism, identity and cohesion, gender-based violence, and the ideologies and misconceptions attached to these. She has also been at the forefront of developing models of engagement for faith-based institutes, schools, community groups, statutory sector, and private sector. Sofia previously held the role of secretary for the Shanaz Network, a national Prevent engagement initiative aiming to help women. Sofia has also worked closely with several services such as National Policing Improvement Agency (NPIA), where she developed resource tools for practitioners around preventing violent extremism, community engagement, and tackling radicalisation. Recently, Sofia has engaged in several media interviews across the UK to highlight key messages on gender-based violence, safeguarding, hate crime, and Islamophobia. Interviews have included being on air with the Security Minister, various regional MP's, and senior Police Officer, across outlets such as BBC Radio 5, BBC Asian Network, and LBC.

Bhupinder Virdee

Bhupinder has 20 years' experience and expertise in the assessment and treatment of victims and perpetrators of intimate partner abuse (IPVA). She has worked across voluntary and statutory services, most recently employed as a consultant and trainer to London local authority safeguarding services and as a treatment manager for multiple violence prevention programmes across London, including an Urdu/Punjabi speaking group.

Junior Smart

Junior Smart OBE is a violence desistance specialist. Joining St Giles Trust in 2006 upon his release from a 10-year sentence, he is credited in developing the award-winning SOS Project, the largest ex-offender gangs exit programme in the country. Junior also developed the SOS+ programme which is a prevention tool that goes into schools, colleges, Pupil Referral Units, and community settings with the aim of demystifying gangs, negative peer culture, and consequences. He holds a First-Class Degree and First-Class MA and is currently studying his Doctorate. He regularly designs new projects, feeds into public policy through Public Policy Exchange and the Centre for Social Justice and consults with the Met Police, as well as other statutory bodies on best practice.

1.1.3 Research Aims, Objectives & Questions

We decided to focus our attention on the perpetration of domestic abuse within minoritised ethnic communities⁸ and LGB and/or T+ communities⁹. The two are distinct but related and we chose to look at them both to explore the overlaps and differences, but also in order to consider ‘underrepresented’ or ‘minoritised’ groups more generally. By looking at both these groups simultaneously we were able to consider the role of gender, sexuality, culture, and ethnicity in the perpetration of domestic abuse and how programmes reflect this too.

Taking a grounded approach, as independent researchers, without any preconceived hypotheses, we sought to explore and understand the specific needs and presentations of domestic abuse within these communities, to consider the following research questions:

- What are the contributing factors to domestic abuse perpetration within minoritised ethnic communities and LGB and/or T+ communities?
- To what extent do these criminogenic needs differ from what we know about other perpetrators of domestic violence (e.g., White, heterosexual, cis-male perpetrators)?
- To what extent do these identified needs necessitate a differential response to prevent future offending?
- To what extent are current models for perpetrators of domestic violence applicable, relevant, or suitable for perpetrators from minoritised ethnic communities or LGB and/or T+ communities?

During the research we also came to ask the following questions:

- What currently exists to prevent perpetration of domestic abuse within minoritised ethnic communities? What has been applied to existing programmes to ensure that they are accessible and inclusive?
- What currently exists to prevent perpetration of domestic abuse within LGB and/or T+ communities? What has been applied to existing programmes to ensure that they are accessible and inclusive?

⁸ ‘Minoritised ethnic’ (or the similar term ‘racially minoritised’) has been recommended more recently as it recognises that individuals have been minoritised through social processes of power and domination rather than just existing in distinct statistical minorities. It also better reflects the fact that ethnic groups that are minorities in the UK are majorities in the global population.

⁹ We have tried not to use the umbrella term LGBTQ+ following feedback that this can conflate sexual orientation with gender identity. In keeping with previous work (e.g., Donovan and Barnes, 2020) we have chosen to use the term ‘LGB and/or T+’ to reflect the nuanced experiences of those identifying as part of the LGB and/or T+ community, recognising they are not a homogeneous group and should not be treated as such.

- What gaps remain in support for perpetrators of abuse within minoritised ethnic communities and LGB and/or T+ communities? What can be done to improve this?

Our reasons for conducting this work stemmed from two identified gaps in the research. Firstly, there has historically been a research focus on the effectiveness of perpetrator programmes, such as DRIVE and Building Better Relationships (BBR), on aggregate cohorts of perpetrators rather than specifically focusing on minoritised ethnic communities or LGB and/or T+ communities. This is despite the Home Office (2016)¹⁰ stating a need to ‘assess and address local specialist provision, including access to a broad diversity of provision, for example services for ethnic minority groups, disabled, LGBTQQI and older perpetrators in order to increase the safety of their victims’ (p. 6). Secondly, there has been a focus in the literature on the needs and prevalence of victims of domestic abuse from minority ethnic groups and LGB and/or T+ cohorts, but no focus on perpetrators.

Research from Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC, 2020a) has argued that victims of domestic abuse from specific backgrounds require specialist support for reasons including over-representation in the justice system, a lack of access to formal support or recognition of incidents as abuse, and specific cultural norms. It therefore seems logical to assume that perpetrators may also need specialist or specialised interventions, which is something this research project endeavoured to explore.

It can, therefore, be postulated that we can contribute to furthering the understanding of specific drivers, triggers and contributing factors to violence and abuse in minoritised communities and apply this learning to inform the ways in which perpetrators of domestic abuse, from minoritised ethnic communities and LGB and/or T+ communities, can be best supported. This includes whether specific programmes are required for rehabilitation in these groups and, if so, what they should include and how they could be modified to be most inclusive and responsive to need.

Research from the University of Bristol (2007) highlights the importance of considering perpetrators of abuse from minoritised ethnic groups, indicating that there were higher proportions of victims from minoritised ethnic groups recorded than would be expected from the census figures. They found that in most cases, the ethnicity of the perpetrator mapped on to the ethnicity of the victim (with exceptions in Asian and some other minority groups)¹¹. However, in their evaluation of DRIVE in 2019¹², they found that 92% of the 509 DRIVE

¹⁰ *Violence Against Women and Girls, National Statement of Expectations, Home Office 2016.*

¹¹ *Westmarland, N. and Hester, M. (2007) Time for Change. An Assessment of Services for Domestic Abuse Perpetrators in Bristol, Bristol: University of Bristol*

¹² *Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse (Hester et al., 2019)*

participants identified as White British or White other. This apparent disparity suggests that evaluations of the effectiveness of DRIVE largely relate to a predominantly White cohort and therefore DRIVE is under-researched in terms of its applicability to, or effectiveness with, minoritised ethnic groups cohorts. DRIVE will not be unique here however, alongside many other services, whose attendee demographics are largely White British.

Further to this point, research from the United States in 2019, around intimate partner violence (IPV) in LGB and/or T+ communities, occurs at comparable or greater rates than within opposite-sex relationships¹³. They concluded that ‘existing interventions tend to focus on cisgender heterosexual female victims/survivors and male perpetrators, to the exclusion of LGB and/or T+ communities’¹⁴. Whilst there has been research within this area (see the findings from our literature review below), less is known about the causes and effects of IPV in LGB and/or T+ communities and specific responses to address this violence are scarce.

1.2 Terminology

Before we commence the report, we wish to outline the ways in which we have used specific terms throughout the project and in this report.

Domestic abuse as defined by the Home Office (2013) is: ‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to, the following types of abuse: psychological, physical, sexual, financial, or emotional. The definition of domestic abuse also includes honour-based violence and female genital mutilation.’ We use this term predominantly throughout the report in recognition that abuse can occur between any family members. However, we may sometimes use the term intimate partner violence (IPV) which pertains to violence perpetrated by a partner in a romantic or dating relationship (however formal or informal that romantic connection is).

We use the term minoritised ethnic communities to refer to any individual or community which is marginalised or minoritised. The term has been recommended more recently as it recognises that individuals have been minoritised through social processes of power and domination rather than just existing in distinct statistical minorities. It also better reflects the fact that ethnic groups that are minorities in the UK are majorities in the global population. We recognise this still is a very broad umbrella term and we have deliberately not focused on

¹³ Including: *Blosnich & Bossarte, 2009; Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2004; Hellemans, Loey, Buysse, Dewaele, & Smet, 2015; Mason et al., 2014; Messinger, 2011; Walters, Chen, & Breiding, 2013; West, 2012*

¹⁴ Cannon, C. (2015). *Illusion of inclusion: The failure of the gender paradigm to account for intimate partner violence in LGBT relationships. Partner Abuse, 6(1), 65-77*

one specific group for this project, but instead considered and reached out to a range of different communities including, but not limited to, Gypsy, Romany, Traveller communities, Jewish communities, African communities (recognising the different denominations within this), South Asian communities, Indian, Iranian, Bangladeshi and Pakistani communities, Eastern European communities and Refugee and Asylum seekers.

We use the term LGB and/or T+ (Lesbian, Gay, Bisexual and/or Transgender+) to recognise the diversity of sexuality and gender identities that exist, and to acknowledge that not all transgender individuals identify as being LGB. Where possible, within this paper, we will draw distinctions between issues of sexual orientation and gender identity in recognition of the fact that those identifying as part of the LGB and/or T+ community are not a homogeneous group and should not be treated as such. During the findings section of this report, we use the individual interviewee's chosen terminology in any verbatim quotes used. We want to be transparent in the fact that when we started this consultation, we initially used the umbrella term LGBTQ+ believing this to be the most inclusive; however, through conducting this research it soon became apparent that this acronym does not necessarily reflect the nuances and individual journeys and is, as such, arguably becoming increasingly less inclusive. We therefore have chosen to use the term LGB and/or T+ within this report, with the + intending to extend to other non-normative sexualities such as queer or pansexual.

With this in mind, the purpose of using these terms is only for ease of writing and does not mean we consider everyone under these umbrella terms to have the same experiences nor require the same responses. This piece of work has been, in part, about understanding the nuances, divergences and convergences in lived experience and how this can be catered for when reducing the risk of domestic abuse perpetration.

Further, although we have separate sections considering the needs of minoritised ethnic groups and LGB and/or T+ communities, we appreciate that some people may identify as coming from both.

We have used the term perpetrator in this report and for this project. However, we recognise that there is a growing movement towards using person-first language to avoid labelling people who have offended by their offence, and we understand that the term perpetrator may be pejorative. Further, people we spoke to, and refer to as a perpetrator of domestic abuse, may not have been convicted but accused. Therefore, when we say 'perpetrator', we are actually referring to an individual who has been accused of domestic abuse.

We use both the terms victim and survivor throughout the report but recognise that the term survivor may be preferential to those who have experienced domestic abuse, so we occasionally also refer to victim/survivor to recognise that spectrum.

1.2.1 Other Key Terms

Biphobia – is the fear or dislike of someone who identifies as bisexual based on prejudice or negative attitudes or beliefs or views about bisexual people.

Bisexuality – refers to people who are attracted to more than one gender. This includes people who see themselves as attracted to both men and women, people who are mostly attracted to one gender but recognise that this is not exclusive, people who see their attraction as being to individuals regardless of gender, and people who dispute the idea that there are only two genders. Some people reject the term ‘bisexual’, as it suggests there are two genders, using terms such as pansexual, omnisexual, and queer (Barker et al., 2012).

‘By and For’ – We use the term ‘by and for’ to mean organisations that are designed and delivered by and for people with protected characteristics as set out in the Equality Act who are minoritised or marginalized (including race, disability, sexual orientation, transgender identity, religion or age).

Cisgender – refers to ‘individuals who have a match between the gender they were assigned at birth, their bodies, and their personal identity’ (Schilt & Westbrook, 2009, p.461). In other words, the gender these individuals were named at birth, their biological characteristics, and how they feel about themselves are all in alignment.

Culture – refers to the customary beliefs, social forms, and material traits of a racial, religious, or social group, the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time and the set of values, conventions, or social practices associated with a particular field, activity, or societal characteristic.

Gay – refers to a man who has an emotional, romantic and/or sexual orientation towards men. The term gay is also a generic term for lesbian and gay sexuality, with some women defining themselves as gay rather than lesbian.

Gender identity – is a person’s innate sense of their own gender, whether male, female, or something else, which may or may not correspond to the sex assigned at birth.

Homophobia - is the fear or dislike of someone, based on prejudice or negative attitudes or beliefs or views about lesbian, gay or bisexual people.

Intersex people – are born with sexual or reproductive characteristics which do not clearly fit with traditional definitions of male or female. An intersex person may or may not identify with a binary gender.

Lesbian – refers to a woman who has an emotional, romantic and/or sexual orientation towards women.

Sexual orientation – is a person’s emotional romantic and/or sexual attraction to another person.

Transgender – is used in this report as an umbrella term to refer to a diverse range of people who find their gender identity does not fully correspond with the sex assigned to them at birth (Roch et al., 2010). This includes people who have transitioned or are transitioning, and live full time either as men or women. It also includes people who do not live as either male or female, but in a non-binary gender. These people may identify as both male and female, or neither male nor female, or move between genders.

Transphobia – is the fear or dislike of someone who identifies as transgender (including the denial or/refusal to accept their gender) based on prejudice or negative attitudes or beliefs or views about transgender people.

Chapter 2: Methodology

2.1 Our Approach

Our original methodology for this research included the following three strands:

2.1.1 Strand 1: Engaging with the Domestic Abuse Sector

Undertaking qualitative interviews with perpetrators from under-researched groups (minoritised ethnic communities and LGB and/or T+ communities) and those delivering programmes to perpetrators of domestic abuse. In addition, we welcomed the opportunity to interview survivors who self-identified as experiencing domestic abuse from perpetrators within either minoritised ethnic communities and/or the LGB and/or T+ community, as well as those working with survivors (and not perpetrators). This was a further update to our original methodology and reflected our desire to conduct ‘action research’, learning and adapting to feedback and emerging findings as we progressed in the project.

2.1.2 Strand 2: Engaging with Organisations run ‘By and For’ Minoritised Ethnic & LGB and/or T+ Communities (but not exclusively perpetrators)

Undertaking qualitative interviews with organisations run ‘by and for’ LGB and/or T+ and minoritised ethnic communities, but not working exclusively with perpetrators or survivors of domestic abuse.

2.1.3 Strand 3: Literature Review

The aim of this strand was to consult with available national and international literature to inform our interview questions as well as considering some of the previously identified factors, nuances, and needs present within minoritised ethnic communities and LGB and/or T+ communities, within the sector of domestic abuse. This also extended to considering the effectiveness of generic and modified perpetrator programmes. Our literature review approach informed our semi-structured interview schedules. All interviews were designed to feel like a ‘conversation with a purpose’ (Burgess, 1982) rather than a formal interview.

2.1.4 Strand 4: Online Survey

Although not part of our original methodology, we also decided to run an online survey for both service providers and perpetrators and subsequently survivors to ensure a breadth of reach for the project. The survey ran from the end of March to the end of May 2021, offering an opportunity for people to share their views anonymously and also opt in for an interview to share their views in more depth. This was promoted on social media by TONIC as well as partner agencies. Anyone who was interviewed was sent the survey to cascade to their staff team and wider network.

2.2 Preparatory Work

We commenced the project by identifying local domestic abuse service providers. This generated a snowball sampling approach whereby each person interviewed identified other relevant organisations conducting work in the sector who could contribute to the project. We complimented this by conducting our own searches online and through relevant directories (such as Clinks and Respect). We made contact via email and phone with around 350 organisations, who we identified as having expertise working with survivors and/or perpetrators of domestic abuse and those organisations run by and for people within minoritised ethnic communities and LGB and/or T+ communities. We invited them to participate and share their views on a voluntary basis, mindful not to place demand on the sector.

2.3 Participation

As a result of taking the above approaches, we exceeded our initial estimations of interview numbers and overall engagement, especially with regards to those working within the domestic abuse sector. Overall, we conducted interviews with 104 individuals. This included 87 professionals and/or researchers¹⁵:

- 52 individuals who work in the domestic abuse sector, delivering interventions with perpetrators, this includes third sector and statutory providers (with an additional 3 who had done so previously)
- 36 individuals who work to support survivors of domestic abuse
- 26 individuals who provide a specialist service for minoritised ethnic communities
- 26 individuals who provide a specialist service for LGB and/or T+ communities (of these, 2 organisations specifically work with transgender individuals)

In addition, we conducted interviews with 17 individuals who identified as having had lived experiences of domestic abuse¹⁶:

- 8 individuals who have attended perpetrator programmes, who all self-identified as being from the following minoritised ethnic communities: Asian Indian = 2; Asian Pakistani = 2; Asian Bangladeshi = 1; Black British = 1; Iranian = 1; White African – Berber = 1

¹⁵ Note: The numbers below do not equate to the total number of interviews conducted, as several individuals were counted in multiple categories.

¹⁶ These participants received a £20 voucher as a thank you for their time.

- 9 survivors - 7 of whom self-identified as being from the LGB and/or T+ community, with 1 also being from a minoritised ethnic background: Lesbian = 3; Gay = 1; Bisexual woman = 1; Transgender woman = 2; Heterosexual = 2

Further to this, we received 127 responses to the online survey, the majority of whom were professionals working within the domestic abuse sector.

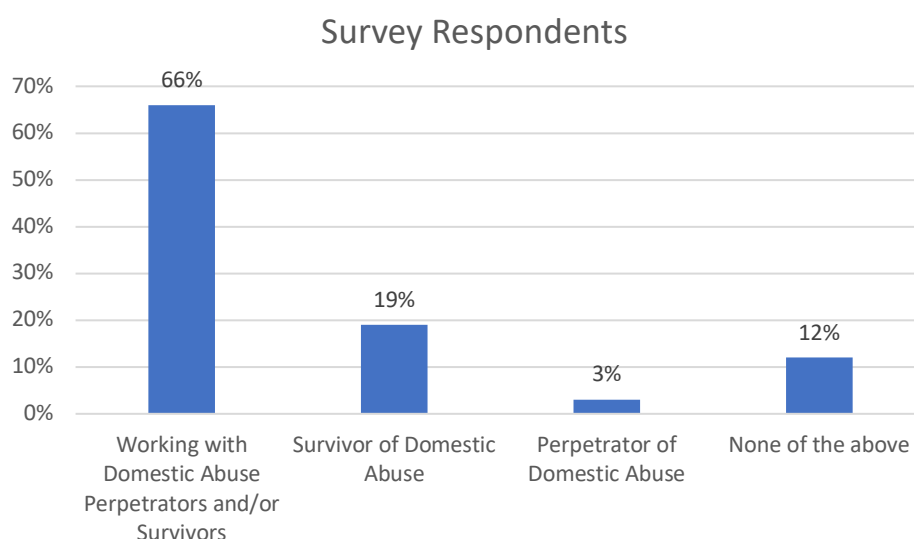


Figure 1. Answers from 120 survey respondents to the question: in terms of how you are responding to this survey, which of the following statements most applies to you?

The majority of those responding also had experience of working with people from minoritised ethnic communities (68%), with 43% saying they had experience of working with people from LGB and/or T + backgrounds and 29% saying they had not worked with either.

2.3.1 Interview Schedule

There were several iterations of our semi-structured interview schedule written, adapting these tools as the research progressed. We also developed a written version for people in custody to complete. However, these were not utilised due to the requirement for ethical approval from the National Research Committee (NRC) within Her Majesty’s Prison and Probation Service (HMPPS), instead they formed the basis of our interview schedules for those accused of perpetrating abuse in the community.

2.4 Analysis

Interviews and survey data were analysed by the TONIC research team, as a whole dataset and were considered thematically. Some interviews had handwritten notes taken, others were audio recorded, with permission, and transcribed. Both methods allowed us to include verbatim quotes throughout the report to demonstrate that the findings are grounded in the

interviews we conducted. We triangulated all interviews and considered emergent and aggregate themes for this final report.

We used Braun and Clarke's (2006) six-step method of Thematic Analysis to analyse the data we collected:

- Step 1: Become familiar with the data
- Step 2: Generate initial codes
- Step 3: Search for themes
- Step 4: Review themes
- Step 5: Define themes
- Step 6: Write-up

Thematic Analysis was chosen due to its flexible nature and compatibility with a social constructionist approach¹⁷. As noted above, we used thematic analysis to consider the dataset as a whole and consider themes that emerged across interviewee transcripts, applying a constant comparison approach (Butler-Kisber, 2010), considering similarities as well as differences between individual narratives and sources of feedback. Within this framework, we used an inductive method, whereby themes were derived and grounded in the text (transcripts), rather than being imposed on the data from a pre-existing theory or hypothesis. We used a latent, rather than semantic analysis, which is also in accordance with an interpretative level of analysis associated with social constructionist approaches. The intention was to use the data collated from the primary research and the literature review to inform the extent that existing programmes are relevant and inclusive for perpetrators of domestic abuse from minority ethnic and LGB and/or T+ communities, by considering the needs of perpetrators from these groups, and if not, how they should be modified or amended to be more appropriate to reduce re-offending in these groups.

We adhered to Yardley's (2000) parameters and characteristics of robust qualitative research. This includes:

- Sensitivity to Context – this relates to the vital aspect of context within qualitative research. We undertook a literature review to ensure understanding of related theories and relevant literature, but this knowledge did not cloud our interpretation of the data. The social and cultural context of participants and researchers must also be considered here, especially consideration of the researcher's position in relation to the participant. The fact we have no funding nor commissioning role, reduced the risk

¹⁷ We use a social constructionist approach to mean that we were concerned with how social realities are discussed and constructed by interviewees, rather than identifying a truth or objective entity (Gergen, 2009).

of bias in the information being received and our impartiality was a strength. We were able to offer a neutral forum for people to share their views anonymously.

- Commitment and Rigour – commitment pertains to the time immersed in the research, this spanned several intense months, and rigour pertains to the volume and quality of data collected. We engaged more people than anticipated and collated over 200 responses including 104 in-depth conversations.
- Transparency and Coherence – transparency is achieved through thorough documentation of the process of data collection and analysis and provision of rich data, that is, extensive excerpts, which we have provided throughout in the form of quotes. Reflexivity has been achieved by identifying the experiences and motivations which underlie the research; that is to address gaps in knowledge and make suggestions about how to improve accessibility and inclusivity to reduce offending and abuse.
- Impact and Importance – there is no doubt that this research was important, as was noted by our participants, and we hope to maximise its impact by sharing our findings with the sector, funders, and commissioners.

Finally, we had our report peer reviewed before completion, as a method of good practice and quality assurance, mindful of the sensitivities attached to this topic.

2.5 Reporting

We have been keen to ensure that the findings of this work are of the greatest use to the sector and can influence good practice moving forwards. We welcome the opportunity to share the messages and knowledge collated as part of this work at the end of the project and indeed those who contributed have expressed a desire to see the final report.

Chapter 3: Literature Review & Context

Domestic abuse is a complex global phenomenon spanning all majority and minority groups, regardless of background. This research project comes at an opportune time in light of recent events both nationally and internationally which have provided a platform to focus on domestic abuse, power and control, violence against women and girls, racism, and equality issues. The recent Sarah Everard case for example brought violence against women to the forefront of current conversations. In addition, the Commission on Race and Ethnic Disparities report was released in March 2021. The Commission were established in June 2020 after Black Lives Matter anti-racism protests across the country, triggered by the killing of George Floyd in the United States. The Commission has specifically explored areas such as health, education, and criminal justice, as well as 'wider inequalities'. Within the report's recommendations, it has been suggested that terminology is changed and that the acronym BAME (Black, Asian, and Minority Ethnic) should no longer be used because it assumes a common experience and 'differences between groups are as important as what they have in common'.

Furthermore, within a new Her Majesty's Inspectorate Probation (HMIP) report published in March 2021, there was a call for urgent action within probation services to show greater consideration and confidence in their work with minority ethnic service users. Inspectors found the probation service's focus on racial equality had declined since Transforming Rehabilitation reforms were introduced in 2014. They also uncovered that probation services have no specific strategy for delivering activity to minority ethnic service users, despite 20% of the 240,000+ people under probation supervision being from minoritised ethnic backgrounds (HMIP, 2021). These recent reports echo and emphasise the findings from our research that demonstrate there is a significant lack of consideration and provision specifically tailored to the needs of perpetrators of domestic abuse from both minoritised ethnic and LGB and/or T+ communities.

In addition, the impact of the global coronavirus pandemic and consequent lockdown restrictions within the UK are now starting to emerge, with a stark 700% increase in calls to mainstream domestic abuse charity helplines such as Refuge (Refuge, 2020 as cited in Adisa & Khan, 2021). Domestic killings increased two-fold in the first three weeks following the March 2020 lockdown, and police arrests for domestic abuse-related crimes increased 24% between April and June 2020, compared with the same period in 2019 (Smith, 2020 as cited in Adisa & Khan, 2021). Karma Nirvana published a report specifically on the impact of COVID-19 on domestic abuse experienced by minoritised ethnic communities, which identified a rise in emotional abuse and coercive control during lockdown but demonstrated that while more victims are coming forward, less victims of honour-based abuse, forced marriage and female genital mutilation have been accessing support (Karma Nirvana, 2020). Similarly, The LGBT Foundation reported that 'LGBTQ abuse has more than doubled since lockdown began with

a 38% increase in calls to our helpline regarding domestic abuse and a 340% surge in visitors to our domestic abuse webpage'. They also stated that 'lockdown has resulted in many LGBTQ people feeling physically unsafe at home with abusive family members or housemates' (Ali, 2020). As there are very few services purposely set up to house LGB and/or T+ victims of domestic abuse, LGB and/or T+ homeless charities such as The Albert Kennedy Trust and The Outside Project have described their services as being 'overwhelmed with people seeking shelter and accommodation during the crisis' (McAulay, 2020).

A survey of frontline professionals conducted by Respect and The Drive Partnership (2021) revealed that 95% of practitioners working with perpetrators of domestic abuse felt COVID-19 had increased the risk to child and adult victims/survivors. Also, at a time when contacting mental health agencies was particularly difficult, 87% of practitioners reported seeing increased mental health concerns within the perpetrators they work with. From the point of view of people using abusive behaviours within relationships, Respect and The Drive Partnership (2021) reported that lockdown had reduced the impact of things that result in difficulties within their relationship (i.e., finances, friends, jealousy etc.), with 94% saying they had not experienced more relationship problems during lockdown. However, Respect and The Drive Partnership (2021) also acknowledged within their report that any reduction in abusive behaviours could be due to the circumstances that meant it was easier for them to maintain control over the victims/survivors. This paints a concerning picture about life in lockdown, but also the potential for escalation in harm as lockdown restrictions are currently easing across the UK (Respect and The Drive Partnership, 2021).

3.1 Domestic Abuse

Around 95% of domestic abuse is believed to be male initiated (Peters, 2008), and the most common portrayal of domestic abuse is that it occurs within heterosexual intimate relationships (Gray et al., 2020). It is estimated that 1 in 4 women and 1 in 6 men will suffer domestic abuse at some point in their lives (Home Office, 2019; Public Health England, 2018). According to the latest Crime Survey of England and Wales (CSEW) for the year ending March 2020, an estimated 2.3 million adults aged 16 to 74 years (approximately 5 in 100 adults) had experienced domestic abuse in the year prior, and a total of 8.8 million adults were estimated to have been a victim of domestic abuse since the age of 16 years (approximately 21 in 100 adults; Office for National Statistics [ONS], 2020). Alarmingly two women every week are killed by their partner or ex-partner (ONS, 2019a), and a further three women are believed to complete suicide as a direct result of the abuse they experienced (Watkins, 2018). Domestic abuse has been estimated to cost society over £66 billion per year (Oliver et al., 2019). Evidently, domestic abuse is a large-scale social problem (Russell, 2015) that causes physical, psychological, and economic harm to victims, their families, and wider society (Her Majesty's Prison and Probation Service [HMPPS], 2019). This highlights the need to continue supporting victims/survivors of domestic abuse, whilst simultaneously working to promote and sustain

behavioural changes amongst perpetrators, in order to reduce offending, victimisation, and the associated harms (HMPPS, 2019).

Whilst the empirical evidence stresses the reality that heterosexual cisgender women are statistically most often the victims/survivors of domestic abuse (Scottish Government, 2013; Smith et al., 2012), this ‘public narrative of domestic abuse’ makes it challenging for other stories to be recognised, told, and heard (Donovan & Barnes, 2017). And although domestic abuse is most commonly experienced by women and perpetrated by men, it can happen to anyone, and can be perpetrated by anyone, including people of all ethnicities, gender identities, sexual orientations, and in any type of relationship (SafeLives, 2018). While there is abundant research on victims/survivors of domestic abuse; the understanding of domestic abuse within heterosexual relationships continues to exceed knowledge of domestic abuse within minoritised ethnic communities, LGB and/or T+ relationships, or with heterosexual male victims (Fortunata & Kohn, 2003; Murray & Mobley, 2009; Russell, 2015). Moreover, little is known about the perpetrators of domestic abuse within these contexts. Research by Hester and Westmarland (2008) suggests that perpetrators are most likely to be male, aged between 25 and 44 years old, the same age or older than the victim, White and abusing a victim of the same ethnic group as themselves. As such, the vast majority of literature on the provision of services focuses on male perpetrators of domestic abuse, with most programmes making the assumption that those male perpetrators have abused female partners (Cannon & Buttell, 2015; Gray et al., 2020).

Despite the ONS not collecting specific demographic data on perpetrators of domestic abuse, there is mounting evidence to suggest that individuals from minoritised ethnic backgrounds (particularly those from a migrant community), as well as those identifying as LGB and/or T+ are disproportionately affected by domestic abuse and may be at higher risk of repeat victimisation (Peitzmer et al., 2019). Domestic abuse is typically referred to as a ‘hidden crime’, but data suggests that underreporting is especially prominent within minoritised ethnic and LGB and/or T+ communities (Belur, 2008; Donovan & Barnes, 2017; Donovan et al., 2006; Galop, 2019; Imkaan, 2020). Research from Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC, 2020a) has reasoned that victims of domestic abuse from specific backgrounds require specialist support for reasons including over-representation in the justice system, a lack of access to formal support or recognition of incidents as abuse, and specific cultural norms. It therefore seems logical to assume that perpetrators may also need specialist interventions. This research aims to further the understanding around specific drivers, triggers, and contributing factors to domestic abuse within minoritised ethnic and LGB and/or T+ communities, and subsequently apply this learning to inform whether specific programmes are required for the rehabilitation of perpetrators in these groups. If specific programmes are required, the current research considers what the content should include, or how existing programmes could be modified or adapted to meet the need, be responsive, inclusive, and accessible.

3.2 Existing Domestic Abuse Perpetrator Programmes

There are a range of programmes for perpetrators of domestic abuse (or those at risk of perpetrating), which aim to motivate and support perpetrators to change their abusive behaviours (HMPPS, 2019). Some programmes are offered as part of prison and probation sentences, while some police forces offer interventions before conviction through Integrated Offender Management schemes (HMPPS, 2019), or via referrals (e.g., from social care) to third sector community services. Perpetrator programmes must acknowledge the complex interaction of risk factors, whilst aiming to motivate change and support people to learn the skills for change through consideration of biological, psychological, and social factors (HMPPS, 2019).

Perpetrator programmes for domestic abuse are usually based on Cognitive Behavioural Therapy (CBT) techniques or the Duluth model around power and control (HMPPS, 2019). CBT is a form of talking therapy which aims to help people manage problematic behaviours by changing their thoughts and feelings (Damanpak-Rizi et al., 2021), while the Duluth model adopts a pro-feminist theory focussing on changing attitudes that support male dominance in society (patriarchy; Cotti et al., 2020). Some programmes, however, also build on Johnson's (2008) typologies (i.e., intimate terrorism, violent resistance, and situational couple violence) and/or incorporate a strengths-based approach, considering the influence of adverse childhood experiences (ACES; see Ross et al., 2008; McNeil, 2012; Looman & Abracen, 2013). Dutton's (1988, 1995) Nested Ecological Model and Anderson and Bushman's (2002) General Aggression Model can be used to provide practitioners with useful theoretical frameworks that illustrate biological, cultural, and societal influences that may impact on decision-making that results in abusive behaviours (as cited by Morris et al., 2019).

Many studies have attempted to explore the effectiveness of programmes for perpetrators of domestic abuse; however, the vast majority of studies have been limited by weak methodologies (i.e., inconsistent definitions of domestic abuse, varying follow-up periods, high attrition rates, lack of control or comparison groups etc. [Akoensi et al., 2013; Bowen, 2004, Kelly & Westermarland, 2015]), and only a few high-quality robust evaluations exist (HMPPS, 2019). Overall, literature in this field is relatively new and exploratory (Gray et al., 2020), with evidence to support the effectiveness of perpetrator programmes being inconsistent and inconclusive, making it hard to draw conclusions about 'what works', for whom, and under what circumstances (HMPPS, 2019). There is also significant variation in how perpetrator programmes are delivered across the UK and globally (Akoensi et al., 2013). Nevertheless, there is general agreement that perpetrator programmes are more likely to be effective if; they are delivered as intended, contribute to a wider multi-agency approach to risk management (HMPPS, 2019), and apply the principles of risk, need, and responsivity (Andrews & Bonta, 1994; 2010). Successful implementation requires continuity in the application of facilitator judgement, knowledge of group dynamics, non-judgemental

dialogue, willingness to ‘challenge’, and responsiveness to individual service users (Hughes, 2017).

HMPPS currently offers and quality assures four accredited programmes for those convicted of domestic abuse-related offences (HMPPS, 2019):

1. Building Better Relationships (BBR) – for men assessed as moderate risk in custody, and for men assessed as either moderate or high risk in the community.
2. New Me Strengths (NMS) – for men assessed as moderate risk who have been identified as having Learning Disabilities and Challenges.
3. Kaizen – for men assessed as high risk and high need in custody.
4. Becoming New Me plus (BNM+) – for men assessed as high risk and need who have Learning Disabilities and Challenges in custody.

In terms of community domestic abuse perpetrator programmes, commissioners and providers should refer to the ‘Respect Standard’ (2017). This is the nationally recognised quality assurance scheme for organisations working with perpetrators of domestic abuse in the UK (Field & Rowlands, 2020). The Respect Standard addresses management, intervention delivery, diversity and equality, and multi-agency work. It also includes the Innovation Framework, which sets out how to ensure that new interventions are delivered safely, and the learning is captured and shared well (Field & Rowlands, 2020). In line with the Respect Standard, existing programmes are, predominantly, run as groups with two facilitators, ideally one female and one male, and over at least 26 sessions, with simultaneous structured support for victims/survivors (Donovan & Barnes, 2017). The Respect website details 21 services who have been accredited with a further two working towards full accreditation.

Cannon and Buttell (2015) have identified studies in which researchers recommended that domestic abuse interventions should develop specific, ‘culturally relevant curricula’ for different categories of perpetrators, rather than applying a ‘one-size-fits-all’ approach that identifies patriarchy and male power as the cause of domestic abuse. Such curricula should be designed to respond to diverse experiences and uses of power evolving from different social locations (such as race, gender, or class).

3.3 Domestic Abuse within Minoritised Ethnic Communities

For the year ending March 2019, the Crime Survey for England and Wales (CSEW) showed that the rate of domestic abuse amongst minoritised ethnic communities was higher than their White counterparts. Rates of domestic abuse were highest amongst those in mixed ethnic groups. Specifically, White victims represented 5.6% of the victim population, Asian/Asian British people made up 3.8%, and Black victims made up 7.1%, whilst mixed race victims made up 12.9% (ONS, 2019b). Analysis of SafeLives’ (2020) dataset with 42,000 clients, showed that individuals from minoritised ethnic communities ‘suffered abuse for 1.5 times

longer before seeking help compared to those from a White British or Irish background' (KSS CRC, 2020a). Women from minoritised ethnic groups are also over-represented in Refuge spaces; occupying 6 in 10 spaces despite only representing 13% of the general population (Lovatt et al., 2020). Furthermore, Gill (2021) argued that 'Black and native women are more likely to be murdered by an intimate partner', which has been supported by previous research (e.g., Thiara & Gill 2009).

Research from the University of Bristol (2007) found that in most cases, the ethnicity of a perpetrator mapped on to the ethnicity of the victim (with exceptions in Asian and some other minority groups; Westmarland & Hester, 2007). As both men and women from minoritised ethnic groups are over-represented within the criminal justice system (see The Lammy Review, 2017), there is an apparent need for perpetrator programmes that specifically considers these groups.

It has been reported that victims, from minoritised ethnic communities, experience largely similar types of abuse to other ethnicities; although research suggests that their experiences are likely to be compounded by their ethnicity, as their cultural background shapes the way in which they experience and respond to the abuse (KSS CRC, 2020a). Additionally, those from minoritised ethnic communities are at higher risk of facing specific types of abuse such as 'so called' honour-based violence (HBV), which subsequently can increase risk of serious harm or murder (SafeLives, 2017).

It is also widely recognised that domestic abuse can often be a root cause for female criminality, and this can be more pronounced for the minoritised ethnic groups (Prison Reform Trust, 2017). A study into the needs of Muslim women in prison recognised that: 'there were strong elements of coercion and/or manipulation behind the criminality of Muslim women, where some had been groomed into committing crimes. Examples of this were covering for the crimes of male family members or being charged with wider family crimes. Emotional blackmail was key and there was a strong sense that a Muslim woman must 'self-sacrifice' and think of the greater good by "doing the right thing"' (Prison Reform Trust, 2020 as cited by KSS CRC, 2020a). This only serves to further highlight the need to tackle domestic abuse perpetration within minoritised ethnic communities in order to also prevent potential crimes being committed by the victims of such abuse.

Between April 2018 and March 2020, the Thames Valley BAMER Project set out to identify the barriers to help-seeking faced by women from minoritised ethnic communities who experience abuse or violence, and to inform improvements that can be made to service responses. The following issues were considered to be some of the key barriers that prevented women from minoritised ethnic communities coming forward to access support, but were also often used by perpetrators to enable or intensify the abuse (Poudyal, 2020):

- Fear of shame or dishonouring the family (or community) by disclosing abuse.
- Fear of disownment, destitution, and sometimes death.
- Control by abusive partners preventing social interactions, or opportunities to reach out for help.
- Failure to recognise abuse due to cultural normalising or minimisation of abusive behaviours.
- Language (creating a fear of not being understood).
- Concerns around insecure immigration status when women have no legal status without their spouse.
- Experiences of racism.
- Issues around more general accessibility of services.
- Mistrust of authorities.

Healthcare professionals were identified as a potentially crucial access point to more specialist services, highlighting the need for proactive screening and questioning. Some women asserted a desire for more diverse ethnic representation amongst healthcare staff, whilst others had reservations about divulging concerns to members of their own community. The Project concluded with several recommendations which focussed on the need for improved data collection, specialist training, ethnically sensitive prevention work and awareness raising to improve engagement, and commissioning of specific support (Poudyal, 2020).

Many of the findings from the BAMER Project were echoed when, in April 2020, the first national H.O.P.E (Helping Other People Everyday) network meeting was launched. This was created as a safe environment for frontline workers, activists, survivors, academics, policy makers, students, and others, to come together during the coronavirus pandemic to discuss issues impacting them and, where applicable, the victims they support. This resulted in minoritised ethnic groups being placed at the centre of discussions, helping to shape domestic abuse networks during lockdown. In their report published in March 2021, Adisa and Khan provided a 'snapshot of what we all learned, what we want readers to hear, and a celebration of what we have achieved' (p.6). This described how 'ultimately, White women's experiences are the default by which all victims' experiences are understood' (p.12). They discussed issues of under-representation within domestic abuse policy, depleted funding for support services, no recourse to public funds for migrant women, racism, racial discrimination, 'ethnic lumping' (i.e., using BAME labelling), a lack of staff diversity within domestic abuse services, lack of trust in police, and language as all being key barriers to individuals from minoritised ethnic communities accessing support (Adisa & Khan, 2021). The necessity to continuously challenge racial injustice was stressed and authors emphasised the need for better cross-cultural training, trauma-informed approaches grounded in intersectionality (considering trauma resulting from social inequality, social attitudes, internalised shame, and self-blame), and sustainable funding provided to specialist 'by and for' organisations (Adisa & Khan, 2021).

Despite recent research exploring the experiences of domestic abuse victims/survivors from minoritised ethnic communities and the unique barriers they faced to accessing support, there remains a lack of parity in the knowledge and understanding of the cultural specificities and needs of perpetrators from minoritised ethnic groups (KSS CRC, 2020a). Recent rapid research from the University of Suffolk (2020) conducted using a survey of students, academics, activists, and professionals from minoritised ethnic communities, as well as those supporting minoritised ethnic communities, explored what participants felt would motivate perpetrators to address abusive behaviours, and what is most needed to ensure effective community-based responses for minoritised ethnic communities (Adisa & Allen, 2020). The results found building trust was the single most commonly cited factor that participants felt would motivate people from minoritised ethnic communities to engage in work to address harmful behaviour (Adisa & Allen, 2020). When asked how perpetrators from minoritised ethnic groups could be supported, key themes emerged. These centred around the need for services to offer culturally specific interventions, staffed by people from minoritised ethnic communities, providing an empathetic understanding and appreciation of people's perspectives and needs (Adisa & Allen, 2020).

A rapid evidence assessment of the effectiveness of rehabilitative services for minoritised ethnic people was conducted by Shingler and Pope (2018) in recognition of the need to establish what evidence exists about how to achieve the best outcomes for people in prison or on probation who identified as being from a minoritised ethnic community. This concluded that individuals from minoritised ethnic backgrounds can benefit from many of the existing intervention approaches and that cognitive skills interventions following the risk, need, and responsivity principles can be effective. However, this may not always be the case, and as such, they emphasised the need to acknowledge heterogeneity within ethnic groups and not assume similarities. Shingler and Pope (2018) also established that prior experience of racism, discrimination or stereotyping might impact an individual's ability and/or willingness to engage in interventions. Accordingly, treatment was perceived to be most effective when delivered by culturally aware and sensitive facilitators who were able to recognise and accommodate cultural differences (Shingler & Pope, 2018).

There have been some examples over the years of specific perpetrator programmes targeting different minoritised ethnic communities, for example the Respekt project was launched as a pilot project in Scotland in September 2013. The project provides targeted interventions for Polish families experiencing domestic abuse and consists of a behaviour change programme for perpetrators and a support and safety-planning service for their partners. The project also works to increase understanding among agencies about domestic abuse in the Polish community, and to inform Polish families about the child protection and criminal justice systems. This pilot project was launched after concerns raised by professionals about the high incidence of domestic abuse involving Polish nationals and was subsequently evaluated by

Johnson (2015). The evaluation was conducted using primarily qualitative analysis of professional and client feedback, which was 'resoundingly positive' and stressed the benefits that tailored programmes can bring for both client outcomes and professional understanding (Johnson, 2015).

Overall, from the literature, it appears that services, institutions, and professionals must be both sensitive and responsive to the needs of minoritised ethnic communities (Lovatt et al., 2020), with consideration of issues of racism and discrimination (Hester et al., 2006). Cultural practices need to be understood (KSS CRC, 2020a), and it is imperative that frontline professionals are upskilled to work with perpetrators from minoritised ethnic communities, by receiving specific and appropriate training on working with such groups. This training should include information on HBV (KSS CRC, 2020a). We acknowledge there has been a small set of recent, valuable, and worthwhile research undertaken in consideration of the needs of perpetrators from minoritised ethnic communities, yet there is still a lack of knowledge overall which this work also seeks to address, building on earlier findings discussed above. We especially want to triangulate views from professionals with those with lived experience including perpetrators themselves and survivors too.

3.4 Domestic Abuse within the LGB and/or T+ Community

There is no longer any debate about whether domestic abuse occurs within relationships where at least one partner identifies as LGB and/or T+ (Donovan & Hester, 2014; Donovan et al., 2006). Data from the CSEW indicates that LGB and /or T+ individuals are more likely than heterosexual people to be victims of all crime types, and domestic abuse is no exception (ONS, 2019b). More than 1 in 10 LGB and/or T+ people (approximately 11%) faced domestic abuse from a partner during the year ending March 2019, this included: 13% of bisexual women, 10% of lesbians, 12% of bisexual men, and 7% of gay men (ONS, 2019b). Around 1 in 5 transgender and non-binary people (both 19%) faced domestic abuse from a partner within the same year, including 21% of transgender men and 16% of transgender women. These statistics further increase for LGB and/or T+ individuals from minoritised ethnic communities (Bachmann & Gooch, 2018). A recent report by Galop (2019) revealed that more than 1 in 4 gay men and lesbian women and more than 1 in 3 bisexual people have experienced at least one form of domestic abuse since the age of 16 (Magić & Kelley, 2019). Prevalence rates of domestic abuse are thought to be higher for transgender people than any other section of the population, including cisgender LGB people (Bachman & Gooch 2018; Guadalupe-Diaz & Jasinski 2017; Messinger 2017). There is a noteworthy absence of literature examining domestic abuse with victims and perpetrators identifying as intersex (Gray et al., 2020).

Despite growing research into domestic abuse in LGB and/or T+ people's relationships, LGB and/or T+ people remain largely invisible in domestic abuse policy and practice (Donovan & Barnes, 2019). LGB and/or T+ individuals are disproportionately underrepresented in voluntary and statutory services, including criminal justice services and there are very few

programmes specifically focused on perpetrators within same-sex relationships and research into them¹⁸. For example, the Domestic Abuse Commission, with Galop, is currently undertaking a mapping exercise on domestic abuse services for LGB and or T+ individuals but this is for victims, not perpetrators. Extreme underreporting and limited resources have led to what is often described as a 'postcode lottery', in which domestic abuse provision varies from area to area (Magić & Kelley, 2019), and research tells us that LGB and/ or T+ people turn to their friends first when experiencing domestic abuse (Galop, 2020). This, in turn, leads to difficulty in identifying perpetrators who require support to change their behaviour.

LGB and/or T+ survivors are thought to share similar forms of domestic abuse as their heterosexual cisgender peers and disclose abuse from both intimate partners and family members. However, worryingly, LGB and/or T+ victims of domestic abuse are almost twice as likely to have attempted suicide, more than twice as likely to have self-harmed, and more likely to have been abused by multiple perpetrators (SafeLives, 2018). Research has indicated that gay men experience physical abuse at the highest rate compared to other LGB and/or T+ groups (SafeLives, 2018), while lesbians are significantly more likely to be affected by financial and emotional abuse, and bisexual women are at the most risk of sexual abuse throughout their lifetime (Galop, 2019). In research by Hester et al. (2012), gay men tended to experience domestic abuse from male perpetrators, and lesbian or bisexual women experienced domestic abuse from both male and female perpetrators.

With specific reference to those identifying as transgender, a recent report indicated that 80% had experienced emotional, sexual, or physical abuse from a partner or ex-partner at some stage in their life (Scottish Transgender Alliance, 2010), and a systematic review of literature found that transgender individuals are 2.2 times more likely to experience physical abuse and 2.9 times more likely to experience sexual abuse when compared to cisgender individuals (Peitzmer et al., 2019). According to Galop (2019), 'trans women disclosed disproportionately higher levels of physical, sexual and financial abuse compared to trans men, who disclosed higher levels of harassment/stalking and verbal and emotional abuse' (as cited by KSS CRC, 2020b).

Domestic abuse within LGB and/or T+ relationships can also involve unique and specific tactics of abuse (Gray et al., 2020). According to the CSEW for the year ending March 2019, the most common types of abuse experienced by those identifying as LGB and/or T+ were verbal harassment, disclosure of their LGB and/or T+ status without permission, and coercive or controlling behaviour (ONS, 2019b). Identity-based, or identity-related tactics of abuse are

¹⁸ To name a couple of examples; Talk Listen Change (TLC) in Manchester has recently started delivering the 'Individual Behaviour Change' programme, which provides 1-1 support to men in same-gender relationships, and the 'Women's Behaviour Change' programme for women who are abusive towards their male or female partners. Likewise, RISE CIC in London runs the 'Female Awareness and Domestic Abuse' (FADA) 1-1 programme devised for women who are abusive or violent in the domestic setting.

often central to the way dynamics of power and coercive control manifest in LGB and/or T+ relationships (Gray et al., 2020). Sexual orientation and gender identity does not only influence circumstances surrounding the abuse but can become targeted as part of the abuse itself (SafeLives, 2018). This form of 'identity abuse' can be particularly harmful and isolating, capitalising upon a victim/survivor's fear of exposure ('outing'; Gray et al., 2020), and is a tool of control that has been described as mainly used by women (Hester, 2013).

Other specific issues that are considered to be unique to the experiences of LGB and/or T+ people include (Galop, 2019; Respect, 2020):

- Increased isolation because of factors like lack of family support.
- The perpetrator may attempt to undermine the victim's sense of gender or sexual identity.
- The perpetrator may limit or control access to spaces and networks relevant to coming out and coming to terms with sexuality and gender identity.
- The abused may believe they 'deserve' the abuse because of internalised negative beliefs about themselves.
- The perpetrator may use society's heteronormative assumptions about aggression and violence to manipulate and convince the victim that no-one will believe the abuse is real.
- The perpetrator may manipulate the victim into believing that abuse is a 'normal' part of same-sex relationships.
- The perpetrator may give the idea that the violence is mutual or that the victim consents to the abuse.
- The perpetrator may pressure the victim to minimise abuse to protect the image of the LGB and/or T+ community.
- If the victim is living in the UK on a spousal visa, the perpetrator might take advantage of their lack of awareness about immigration law and threaten to deport them back to their country of origin, which might be unsafe due to anti-gay legislation.

With specific reference to transgender victims, the perpetrator might (Galop, 2019):

- Withhold medication or prevent treatment needed to express victim's gender identity (e.g., hormones, surgery), deny access to medical treatment or hormones or coerce them into not pursuing medical treatment.
- Refuse to use correct pronouns and prevent the victim from telling other people about their transgender background or identity.
- Use pejorative names and ridiculing a person's body image (body shaming).
- Convince or manipulate the victim that nobody would believe them because they're transgender.

Ristock (2002) found that traditional feminist approaches to understanding domestic abuse, as well as heteronormative and cisnormative assumptions about roles within abusive relationships, make it difficult for practitioners to make sense of how LGB and/or T+ victims/survivors and perpetrators might experience domestic abuse and how they should respond to their needs accordingly. Disempowerment theory suggests that individual factors such as self-esteem, personality, family of origin, and insecure attachment can make a person more prone to abusing their partner (Mendoza, 2011). The acts of domestic abuse are therefore seen as an individual's reassertion of dominance when they feel out of control. Developing on disempowerment theory, minority stress has been theorised as one of the reasons that domestic abuse occurs within the LGB and/or T+ community. Past research has discussed how experiences of trauma and minority stressor variables (including internalised homo/bi/transphobia and discrimination) are positively associated with both increased perpetration and victimisation of domestic abuse (Balsam, 2001; Balsam & Szymanski, 2005; Carvalho et al., 2011; Gehring & Vaske, 2017; Lewis et al., 2012; Mendoza, 2011; Stephenson & Finneran, 2017). It therefore seems appropriate that LGB and/or T+ inclusive perpetrator programmes need to include content related to the trauma, discrimination, and social stigma commonly experienced by LGB and/or T+ people, and the impact of these factors on individual wellbeing (Gray et al., 2020). However, other theorists such as Donovan and Hester (2014) disagree with this theory and instead suggest that minority stress can be used to explain a lack of help seeking within the LGB and/or T+ community and not the abuse itself. They argue that external homo/bi/transphobia and prejudice can often pose a barrier to identifying abuse (Guadalupe-Diaz & Jasinski, 2016) and accessing support for those within the LGB and/or T+ community and can compound the effects of the abusive behaviour (Donovan & Hester, 2014).

The Coral Project (Donovan, Barnes & Nixon, 2014) was the first study not only in the UK, but internationally, to use a mixed-methods approach to explore the abusive behaviours enacted by LGB and/or T+ people in their intimate relationships: a survey with 872 LGB and/or T+ people and 36 follow-up in-depth interviews were conducted; as well as interviews and focus groups with practitioners. This explored similarities and differences between the perpetration of domestic abuse within LGB and/or T+ relationships compared to heterosexual cisgender relationships with the aim of developing best practice guidance for work with those who perpetrate domestic abuse within LGB and/or T+ relationships. From this project, Donovan and Barnes (2020) published a book 'Queering Narratives of Domestic Violence and Abuse: Victims and/or Perpetrators' which provides an in-depth exploration of the key findings. Within their research, Donovan and Barnes reported that participants were typically open, honest, and concerned about their use of abusive behaviours, which was in contrary to research on abusive heterosexual men who typically are found to minimise, deny, and blame the victim. Participants were keen to seek help from LGB and/or T+ specific services, expecting them to have better understanding, insight, and acceptance. They discussed emotional abuse being the most common form of abuse within LGB and/or T+ relationships, with high

proportions of the sample reporting homo/bi/transphobic victimisation. Donovan and Barnes also explore the high levels of behaviours that could be perceived as 'abusive' but that are actually used in retaliation, revenge, or self-defence.

An Australian study by Gray et al. (2020) initially sought to tailor and deliver an existing perpetrator group programme for LGB and/or T+ people, with concurrent support for the victims/survivors, to investigate clients' experiences of the adapted programmes. The tailoring process involved modifications to language and exercises that made assumptions about gender, gender identity, and sexuality, whilst adding content that reflected the lived experiences of LGB and/or T+ people and invited participants to discuss what it meant to identify as LGB and/or T+. However, due to only a small number of clients engaging, the researchers redesigned the focus to explore how potential clients may be located and engaged. A noteworthy finding from this study was that participants took considerable time to see a 'domestic violence' programme as appropriate, as they could not easily reconcile the term within their relationship – sometimes due to not viewing the dynamics of their relationship as severe enough to meet this term, and sometimes due to lack of physical violence being present within the relationship. The difficulties experienced by this study with recruitment into the perpetrator programme raises questions about whether adapted mainstream perpetrator programmes alone are the best solution for this audience. On the contrary, Gray et al. (2020) noted that service users commonly reported feeling frustrated and uncomfortable by having to explain LGB and/or T+ sexual practices to mainstream staff, and they reported dedicated domestic abuse programmes were missing and well needed.

Morris et al. (2019) offer a case study in the UK in which they co-produced 'desistance-orientated Complementary Digital Media content' designed to be responsive to men who have been abusive towards a male partner. Morris et al. (2019) explored 14 stakeholder responses to this proposed standalone 'Spectrum programme', and on the whole, many aspects of the approach were endorsed by stakeholders. As such, this presents a preliminary, flexible 1-1 approach that can be delivered by facilitators who are sufficiently trained and supported to provide 'a culturally appropriate service' to gay or bisexual men who have been domestically abusive to male partners. Whilst only one volunteer perpetrator was recruited, limiting generalisability of the findings, this can be understood in the context of the barriers to engagement faced by people in the LGB and/or T+ community, and the individual involved reported a range of positive consequences to his involvement. This has since been developed into a flexible toolkit, as part of the Probation supervision, that the Probation Officers can deliver to people on their caseload.

Evidently, understanding of the causes of domestic abuse in LGB and/or T+ communities is limited, and responses to address abuse are scarce (Gray et al., 2020), justifying the necessity of further research into this area. 'Commissioning for inclusion' guidance from Galop (2020) suggests that simply adopting a 'gender-neutral' approach is not appropriate (Field &

Rowlands, 2020). It is essential that practitioners always seek to understand the unique identities and needs of the people they support (SafeLives, 2018). As such, an approach that assumes all domestic abuse survivors or perpetrators share a single homogeneous identity is unlikely to be effective for perpetrators of domestic abuse identifying as LGB and/or T+, and frontline practitioners need to be mindful of how their client's sexual orientation and/or gender identity may intersect with their experiences of domestic abuse and understand how these impact on risk (SafeLives, 2018).

Chapter 4: Findings

The findings we present here do not represent our own views and are drawn entirely from our research findings and consultation with stakeholders, perpetrators, and victims/survivors. Our role in this project was to act as an independent, impartial vehicle to invite views from a range of people and to play these back to the sector.

4.1 General Findings

Our research considered the perpetration of domestic abuse within minoritised ethnic communities and LGB and/or T+ communities, affording consideration to protected characteristics such as race, ethnicity, sexual orientation, and gender identity. Stakeholders were generally asked to comment and share their views on the role and impact of all these characteristics in the perpetration of abuse, but some had specialisms and expertise in either minoritised ethnic groups or the LGB and/or T+ community. We use this section to consider some overarching themes and then have separate chapters to address minoritised ethnic communities and LGB and/or T+ as distinct communities. Chapter 4.2 is authored by Dr Sarah Senker and Chapter 4.3 is authored by Daisy Elvin¹⁹. We have separated these components, to fully explore the nuances in our findings and allow readers to decide which areas of interest they wish to focus on. However, we appreciate some people may identify as coming from both minoritised ethnic and LGB and/or T+ communities, as well as readers being interested in both sections.

Firstly, there has been an overwhelming consensus from interviewees that this is an important topic to be addressed and is an under-researched area within the domestic abuse sector. Those we spoke to welcomed our research and there was recognition that whilst some efforts were being made to be more inclusive, and there was certainly elements of good practice in the sector, which we highlight where possible, there was still a way to go in closing the gaps of equity and parity of service offers for perpetrators who come from minoritised ethnic groups or the LGB and/or T+ community. This was even the case when compared to specialist services for victims and survivors; the same did not readily exist for perpetrators of abuse. Of note, 72% of respondents to our survey did not know of services offering tailored support for perpetrators of abuse from minoritised ethnic communities or LGB and/or T+ communities, yet 63% of respondents thought there should be.

TONIC is an independent research organisation and have undertaken much research in the domestic abuse sector, conducting hundreds of interviews with victims and survivors for various domestic abuse and sexual violence needs assessments across the country and working with perpetrators of domestic abuse in previous roles. We have an understanding of the Criminal Justice System through our work with the Ministry of Justice, Police and Crime

¹⁹ Our expertise is outlined in Chapter 1.

Commissioners and third sector organisations but do not deliver nor commission domestic abuse services. Our strength is in collating views from underrepresented groups, offering a platform for these voices to be heard, and replaying what we hear to change-makers. We felt our independence to be a strength to the work; able to cast an impartial eye over issues such as inclusivity and explore with a naive curiosity, with no hidden agenda.

It is important to reflect on the initial challenges encountered when identifying relevant stakeholders who could answer our research questions; namely who is already doing this work, who can comment on the changes being made to perpetrator programmes to make them more inclusive and accessible. At the outset of our work, we contacted service providers who were running perpetrator programmes in their locality. However, not every service provider that was spoken to was able to describe explicit work being done to ensure perpetrators from minoritised ethnic or LGB and/or T+ communities could and were accessing their service, as some did not have specific provision for this. Some acknowledged they needed to do more to ensure people from diverse backgrounds could be supported. As such, there was a willingness to learn from this work, even if service providers felt they could not yet fully contribute. Services therefore acknowledged a need for work around inclusivity and accessibility and this was exacerbated by the fact that underreporting was felt to be greater in minoritised ethnic and LGB and/or T+ communities (thereby making it harder to get referrals and engagement from perpetrators within these groups) and justify specialist resources.

This said, using the method of snowball sampling, we were able to identify relevant stakeholders who are delivering specific programmes and bodies of work to ensure inclusivity. We are satisfied that with some components of our work we reached data saturation, hearing consistent messages, but we are under no illusion that with greater timescales we would have been able to identify more relevant organisations and individuals to speak to. This is covered in more detail in the limitations section.

In terms of answering questions about inclusivity and perpetrator needs, there is a need to consider and discuss minoritised ethnic communities and LGB and/or T+ communities separately, whilst we appreciate there may be overlap and individuals can be from both communities. Being inclusive for LGB and/or T+ certainly does not mean a service is inclusive for those from minoritised ethnic backgrounds and vice versa. Services need to act in different ways to ensure they address the needs of those from minoritised ethnic groups and those identifying as LGB and/or T+. We therefore consider the needs of those from minoritised ethnic communities and LGB and/or T+ individuals in separate sections, as discussed earlier. However, we commence by detailing four key, overarching themes below, before attending to specific findings in relation to abuse within minoritised ethnic communities and then LGB and/or T+ communities (acknowledging that these groups are both distinct and overlapping).

4.1.1. Identification & Prevalence

Many services, notably those delivering general perpetrator programmes, reported a lack of identification of LGB and/or T+ individuals within their service. The knock-on effect of this was that they reported it was therefore harder to justify the use of resources dedicated to a community that remained less visible and prevalent in service. This was across the board from statutory to community providers. When asked about why they felt perpetrators of domestic abuse from LGB and/or T+ communities were not accessing services, some providers reported that they did not explicitly ask people about their gender or sexual identity, nor did people always feel comfortable disclosing this and therefore whilst people may be LGB and/or T+ the service was not recording this.

Data on ethnicity was more routinely collated but one stakeholder reflected that those from the Gypsy Roma Traveller (GRT) community were less likely to identify themselves as this in custody, compared to Black British, Black Caribbean, or Mixed Asian, with some people from the Gypsy Roma Traveller community opting for 'Irish' instead. This was said, by one stakeholder, to be as a result of fear of stigma and also not wanting to create a skew in statistics that associate this community with crime.

'So, what we know is that both minoritised ethnic groups that we formerly used to refer to as BAME, that we are not at the moment, and Gypsy Roma Traveller groups are both over-represented. What's really interesting though, is that with the Gypsy Roma Traveller group we don't really know how over-represented they are because they're much less likely to identify their ethnicity for fear of discrimination and repercussion. Where it then gets really tricky as well, with our systems, is that the way that we record data isn't always helpful. So, for example, Gypsy Roma Traveller as an option for ethnic group is quite new, it never used to be an option when we recorded people coming into custody or through the police national computer, all that sort of stuff. So, they will probably get recorded as either unknown ethnicity, or White Irish.' (Stakeholder Interview)

There was an acknowledgement that the effort to improve identification and create specific resources, needed to come from both a systemic level (at a Criminal Justice level, e.g., police and court data) but also at an intervention level.

'I think we don't fully realise what the need is. And some people talk about the whole kind of build it and they'll come, if we develop the intervention, we'll get the referrals. And, do you know what, I'm not entirely convinced that that even holds true either and the reason for that is that all of these providers that you're looking to talk to are what I consider downstream. So, upstream you've got police and the justice system, you've got social care. This is the last, for a lot of these clients this is the last chance saloon for them and so I think it's great to think about us developing interventions, but you look at some of the statutory responses and you think they're upstream, there's more work that needs to be done there.' (Stakeholder Interview)

Accrediting bodies and commissioners encourage services to consider and collect the demographics of their service users and be inclusive in their service design. Our work has shown that there is a push from the top to be more inclusive and collate data on demographics, an appetite in the middle to provide inclusive support, but then the resource for specific support falls still short on the ground – especially for LGB and/or T+ individuals and non-English speakers.

‘We expect organisations to routinely be undertaking diversity impact assessments looking at local area demographic data and thinking about how that influences the development of their services and training for staff. We require all small organisations to evidence that they offer an inclusive service, but I think what we recognise in that is that there are those who don’t necessarily have specific interventions for the LGBT community, for example. But I think all offer, definitely offer services that are accessible to BAME communities, and we require organisations, for example, to definitely be able to support clients where English is their second language or they need sign interpreters and all these different, we have particular standards actually on that. So, we create that accessibility in that sense, that is one of the things that we definitely look for.’ (Stakeholder Interview)

4.1.2 Resourcing & Funding

The knock-on effect of having a poor demographic picture of ‘need’ was that it was often hard to justify resources for specialist groups.

‘With the LGBTQ+ community, we traditionally haven’t had an offer for them, that there hasn’t been that need, I guess, insofar as we don’t have the data to back-up the need to provide a programme specifically for that community. And so certainly, when I started delivering the healthy relationships programme, we didn’t even assess people who were in same-sex relationships.’ (Stakeholder Interview)

This occurred against a backdrop of often under-funded community initiatives, in a sector where local authorities have a statutory legal responsibility to deliver victim services but not perpetrator services and the cost of development and delivery of training and interventions is expensive.

‘There are local authorities that fund perpetrator work and really support it and there are others that use the local services and the problem for local services is once you’re, lottery do what they call seed funding, so you get 3 years to set up a project and then after that you’ve got to find your own funding and I know of services that have had to close their doors after 3 years because they can’t get any further funding.’ (Stakeholder Interview)

Issues and constraints around resourcing and funding were highlighted across the board and it was acknowledged by stakeholders that larger organisations are better resourced, have more stable funding, and are in a better position to develop resources and staff training

around minoritised ethnic and LGB and/or T+ perpetrators. In contrast, community projects which are often funded on a short-term basis (or, as one stakeholder stated, ‘the whiff of an oily rag’) may struggle with this. There is an associated challenge with this around staff retention and attracting staff from diverse backgrounds (which may be beneficial when working with individuals from diverse backgrounds). Workers may be more inclined and attracted to posts which hold higher job security.

In this context, services identified the challenge in being responsive to needs (e.g., offering interpreters) when resources were scarce and stretched.

‘What I hope it will do is perhaps give [our accreditors] a push a bit more to set up a working group around practice and services and influencing commissioners. Because, from our perspective, when you, you’ve almost got added cost when you are in a diverse community because of language needs and commissioners don’t always have a pot of money. They just say how are you gonna meet your equality needs? I think we worked it out for a one-to-one programme in a different language we were looking at interpreter costs of around £1,000.’ (Stakeholder Interview)

4.1.3 Workforce Diversity

The issue of workforce diversity was raised by several stakeholders and discussed with perpetrators and survivors, around the perceived importance of working with someone who has shared lived experience (e.g., experience of minority stress, comes from a similar background or identifies as LGB and/or T+). There was an acknowledgement around the lack of diversity in the domestic abuse workforce and how this was perpetuated by funding issues noted above. For example, one stakeholder commented that the workforce may be put off applying for a third sector job where the funding is unstable or short-term.

‘I mean it’s interesting about the diversity, or otherwise, of the workforce ‘cos we’re all White women in here and I think a White straight male coming to one of our workers, there’s at least, there would be some identification with them, I think. Whereas, potentially from diverse minority ethnic communities they could be looking at the worker as an ‘other’ and it may not connect in the same way and so be some barrier towards the work that they’re doing.’ (Stakeholder Focus Group)

‘If I experience day-to-day discrimination and I believe that, because of my ethnicity or cultural background, that I’m likely to be discriminated against, in recruitment processes then going to a statutory organisation where I’ve got a permanent job, a job for life, as opposed to a charity sector where contracts are for 12 months, 2 years, 3 years, and then I have to think about, well after 2 years I’m gonna have to go and get another job and I’m gonna face all the same levels of discrimination and prejudice, I just wonder if it’s appealing to work in the charity sector. These are the systemic challenges...all the contracts are short-term. Very few organisations get a 5 year contract. You end up in a cycle where, as a person in one of those services, from year-to-year, do I know if I’ve got a job. And if I then get anxious about finding another job because in the past I’ve experienced discrimination through, or I believe I’ve experienced discrimination through, recruitment processes,

it's not very appealing to work in a sector where I'm putting myself in that position.' (Stakeholder Interview)

A lack of a diverse workforce may have implications for perceived accessibility and inclusivity for those approaching services for support.

4.1.4. General Inclusivity

The research allowed us to consider the extent that group-based and 1-1 programmes are effective in ensuring relevance and inclusivity. Programmes which offer 1-1 support (e.g., DRIVE) are able to tailor their approach, toolkit, and resources, to address inclusivity issues. This may be harder when programmes are manualised or group-based, with no 1-1 support offered as an alternative. We also afforded consideration to the differential models and underpinning theories that programmes use such as the General Aggression Model (GAM; Bushman, & Anderson 2002), the Good Lives Model (Ward & Gannon, 2006; Ward & Stewart, 2003) the Duluth Model, Strengths based approaches and Johnson's (2008) typologies. We ensured we spoke with statutory and third sector providers offering programmes to perpetrators of domestic abuse; programmes that were attended either on a voluntary or mandated basis. This included people who were running perpetrator programmes, such as Kaizen, in prison.

As an overarching finding, services were found to be more inclusive and able to support individuals from different backgrounds, cultures, and ethnicities than they were able to provide a support offer for individuals from LGB and/or T+ communities. The exception to this was where people were non-English speakers. Where programmes were attended by men from different backgrounds, these were generally not tailored or amended for this purpose, rather the material delivered was the same as for an all-White-British group, with some additional training for staff (although this training was not for all staff nor all services).

At an aggregate level, services said their groups and programmes were open and suitable to perpetrators (men) from different ethnic backgrounds, but this was not replicated to the same extent with perpetrators from LGB and/or T+ communities, and many stakeholders felt that, for a number of reasons, a separate provision would be better for individuals from these communities (including their safety), but this was not always offered.

'In Probation it was to do the BBR programme they couldn't do if they were same-sex relationships. If English wasn't their first language, they wouldn't be doing it. Women would be excluded from it so a lot of people were actually excluded from BBR and other accredited programmes.' (Stakeholder Focus Group)

A further overarching observation across both minoritised ethnic communities and LGBT and/or T+ communities was the idea of more pronounced isolation which levers abuse and provides distinct means of perpetration.

'I think it's also recognising the barriers that people face from different minority groups are different to a heterosexual White-British couple and the pressure from communities is very different. So, for LGBT, for example, they're potentially already massively isolated from family, friends, cut off prior to the abuse because of coming out and the stigmas attached with that, and I guess similar for, what our BAME worker faces is that isolation is already there in a lot of cases, through moving to the UK and not having that connection with perhaps their family or being in an area that's completely unknown to them. There's lots of reasons behind it but that better enables perpetrators to target, exploit, abuse and so we, as services, we need to be better equipped and better knowledgeable to respond to that and recognise it's not just the same as a same-sex White-British couple. There's other needs and complexities to consider and that means we've got to adapt, and we've got to tailor what is going to best suit them.' (Stakeholder Interview)

To this end, we had a lot of feedback about 'how' abuse was perpetrated in unique ways by individuals from minoritised communities, how this afforded additional tools and techniques for abuse compared to White cisgendered male perpetrated abuse against women, but we heard less about differences in the 'why' abuse was perpetrated within these communities. Some felt that the reasons for abuse were the same regardless of gender, sexuality, or ethnicity.

'I think discussing the behaviour of ethnic minority perpetrators as if it's different to White perpetrators is glossing over the overall common themes found with nearly all perpetrators: entitlement, misogynist views, and power and control' (Survey Respondent)

There was also a bigger question raised and discussed by stakeholders and those with lived experience about how the criminal justice system, family courts, or statutory services respond to domestic abuse in minority communities:

'I think this is quite a controversial statement I'm gonna make. Looking at the demographics of children's social care, is that what we do notice is children's social care will refer a man, a non-British man into a group-work programme much quicker than they will a British man.' (Stakeholder Interview)

'My wife's current boyfriend has got 9 convictions and 127 court appearances, but the family court treats me as a safeguarding issue towards my kids but that's not that person. Now, for me, I think it is because of the race.' (Perpetrator Interview)

'I have heard from a victim perspective of experiences with the police where they are not sure how to deal with a same-sex case. Many, many LGBTQ people have suffered from homophobia, transphobia,

etc. Our partners provide a sanctuary away from that. The rest of society doesn't take queer relationships seriously, the police are part of that society.' (Survey Respondent)

Some people discussed a lower tolerance of abuse, by police and justice, within minoritised ethnic communities in that it was more likely to be crimed. There were several interviewees who commented that abuse was less likely to be crimed as such within LGB and/or T+ communities.

4.2 Domestic Abuse within Minoritised Ethnic Communities

Authored by Dr Sarah Senker

As part of the 104 interviews conducted, we spoke to a total of 26 individuals working in organisations that said they undertake specialist work with minoritised ethnic communities. We also interviewed 8 individuals who have attended domestic abuse perpetrator programmes who all self-identified as being from minoritised ethnic communities, as well as one survivor.

Throughout this section, where people have given specific examples, relevant to specific ethnicities or backgrounds, we have cited them.

Services recognised that there are two key factors for consideration in terms of ensuring programmes are accessible and relevant for individuals from minoritised ethnic backgrounds; language and culture.

4.2.1 Language & Interpreters

Firstly, language can be a barrier to accessing support, where individuals do not speak English as their first language or do not speak English at all. Where interpreters have been used, to create accessibility, services reported that these are expensive and potentially price prohibitive if services have not included this in their budgeting or financial envelope when bidding for funding. This suggests that in order to create a more inclusive service these costs need to be implemented in the budget plan and funding offer.

'The other thing is interpreters are really expensive as well. So, for our victims and survivors we have language line, because we need to be able to talk to her, but that's £1.35 a minute so if you have a ten minute conversation with her it's £13. If you need to do an hour's conversation with her it's really, really expensive. So, there's something, I had a bit of a dream of trying to get a pool of interpreters London-wide that come from a domestic abuse background.' (Stakeholder Interview)

Further, stakeholders reported that the use of interpreters can often result in the 'essence' of what's being said to be lost and, at worst, the interpreter has been known to collude with the perpetrator and dilute or belittle what the facilitator is saying.

'If it's a male interpreter, it's gauging where he sits on the spectrum, for want of a better word. Gauging where he sits because, just because you're an interpreter doesn't mean you don't hold those same views. So sometimes you can tell by their body language or whatever or his responses to me where he sits. And if he's in a good place, we're on the same page, it works very well because he can be very useful in challenging more than I can, but if he's not then I would ask could we please have another interpreter, preferably a female.' (Stakeholder Interview)

'If the translator has not been trained in domestic abuse, they might be phrasing the question the wrong way or not putting it correctly to the victims. That might cause the whole thing to be skewed so I think that's worth looking at as well maybe.' (Stakeholder Focus Group)

Services reported experiences of a lack of independence and impartiality from interpreters, and this was also especially pronounced if they came from the same community as the perpetrator. This sometimes resulted in a hesitance to access services, through 'community shame' and reduced the sense of confidentiality and anonymity between perpetrator and interpreter.

Stakeholders also discussed occasions where there may be some terms, concepts and phrases used in resources and tools that are not easily nor directly translatable.

'The word abuse doesn't exist in Arabic or Polish. So, you can't say you're suffering financial abuse, you have to say he's trying to use me financially, that's how it reconstructs. So, trying to explain to a guy, talking to him about physical violence is easy but trying to talk to him about emotional abuse is far more difficult. But in saying that, the White-British men, they don't know what emotional abuse is either.' (Stakeholder Interview)

In some cases, this has been overcome by services recruiting and employing staff who can speak languages that reflect the local demographics (such as the Al Aman service, run by DVIP, which works with Arabic speakers) or spending time ensuring interpreters adequately understand the concepts required to be translated.

'I've got a brilliant worker, she speaks fluent Punjabi, and she's always telling me, and I know this, I've lived in different countries, there are different words for certain things and sometimes there isn't even the word to describe coercive control or, I know in Hindi and Punjabi there are words for jealousy but there might not be words for other things. So, they will have to adapt that in a certain way.' (Stakeholder Interview)

'The main things we've noticed when you're working with people from BME, Black backgrounds is where, the difference is I think in England we talk about emotions a lot more. We have a vocabulary for mental health and just emotional experiences. I think we, I don't know, maybe we're encouraged to be more reflective, I'm not sure. But what we've had to do more with, certainly through translation we've had to, when we've had translators for people that don't speak English to any level

to be able to engage, so we've done it one-to-one, we've actually had to explain the concept to a translator because they're normally from the same background so they don't necessarily understand exactly but then they translate it to the other person, so where we've had people from BME backgrounds who speak English often they've come over to this country as children so they're able to take part in groups, they've needed more support around developing – a big part of what we do is we try and develop an emotional vocabulary.' (Stakeholder Interview)

There was a view expressed that, at times, some services did not budget for translation services in their funding bids, with members of the community, other group members, or in some cases, the children of the family involved being asked to provide the translation.

'But a lot of the time the services we try to refer people to and they're like, well, we don't provide interpreting, and I was like, then how are you supposed to be accessible? People can be like, oh can you bring your friend? Oh, my God, I've had cases where police use a child to interpret in the domestic abuse call.' (Stakeholder Interview)

The overall sentiment here, was prevailing frustration from agencies working within minoritised communities who recognised their clients needed support and from domestic abuse agencies who were limited and constrained in their ability to provide support to non-English speakers.

'I will use an example of a domestic violence agency. They did not prepare themselves to work with them (non-English speaking Polish clients). Some of them do not prepare themselves to work with people who do not speak English and come from different communities. For example, a lot of them when we wanted to refer clients to them to large organisations, which were funded by local authorities – they had contracts with them. They were telling us that they haven't got access to interpreters, so they can't help them. How is that possible? You can't get lots of money to provide the service and say that it's equal and then just completely exclude a large proportion of the population and say, it's just because they can't speak English.' (Stakeholder Interview)

In a related vein, language, and more broadly, understanding of the content of programmes was discussed by stakeholders and survey respondents. One individual highlighted that material may not be well understood by those who do not have an understanding of different dialects, even if they are recorded as being able to understand and speak English.

'Some of the material is not so accessible for all. For example, film clips which have actors in them with strong Northern, Liverpudlian accents which are difficult to understand or knowledge of colloquial terms used' (Survey Respondent)

Commissioners will often look at numbers of engagement, but several stakeholders also commented on the need to consider whether engagement was meaningful, and information and content was being assimilated. This was important not only where English was not someone's first language but also where literacy may also be an issue.

'With the GRT groups, what we're finding is that uptake is probably slightly less than White-British counterparts, but where there is very specific and adapted support for GRT service users to go into programmes, then actually, they can experience it quite positively, where it gets difficult with the amount of resource it takes. So, things like literacy, and actually getting to the kind of level of literacy and language skills that they could go on to understand the programme work independently takes a lot of effort and takes a lot of staff resource. And there's inconsistencies and whether that resource is available. So that's slightly different issues for those groups. But ultimately, people are engaging. We just need to explore further, whether it's a quality level of engagement and meaningful engagement or whether it's something that they get through and then it's done on their sentence, and then they move on.' (Stakeholder Interview)

'When we do sexual respect, we discuss coercion, we put it on the board, who knows what this means? And invariably, 9 out of 10 times, no-one has an idea what it means. And sometimes some people have gone through an exercise, talking about coercion and then you look at the guys and they've not a bloody clue what you're on about. So, it's taking the time to say that's the word and let's break it down. And this is what it means. And this is behaviours associated with it. Being a little bit more patient, don't worry about the getting through all the material, necessarily, but make sure what you're doing is understood.' (Stakeholder Interview)

In sum, language and understanding of concepts was highlighted within the literature and by service providers as a significant barrier to delivery and an issue distinct from challenges around differential belief systems.

4.2.2 Differences & Similarities Described by Stakeholders & Perpetrators about how Culture affects the Perpetration of Domestic Abuse

Stakeholders, survivors, and perpetrators discussed the ways in which background, culture, and ethnicity contributed to the perpetration of domestic abuse. This included some of the commonalities as well as differences within and across cultures, ethnicities, and backgrounds in the context of domestic abuse. At an aggregate level, survey respondents felt that there were specific contributing factors to domestic abuse perpetration relating to people from minoritised ethnic communities (68%) with 20% being unsure.

As noted earlier, we invited specificity in examples, so that we could attend and explore the nuances between cultures and ethnicities rather than discussing minoritised communities as if they presented with the same needs or as a homogenous group. This part of our interview often came full circle, with people discussing differences, before then acknowledging that actually there were many shared similarities and convergences between communities. For example, several stakeholders made reference to 'closed communities', or community shame, issues being dealt with inside, rather than outside, communities, the role of in-laws and views on women's 'place' within the home, and broader family dynamics transcended

multiple minoritised communities such as South Asian and those from Gypsy Roma Traveller communities.

We explore some of the observations put forward in interviews and survey responses below.

Community

Firstly, a sense of community was prevalent through these discussions, reflective of a sense of cohesion described within minoritised groups, perhaps through shared lived experiences, minority stress, and generational belief systems. How this was portrayed however by stakeholders, survivors, and perpetrators of abuse was a sense of communities being ‘closed’ and discouraged from speaking out, even to other members of the community at times.

‘That’s the thing with men and with women so it’s like, oh actually why would you go and discuss, with a stranger, it’s like OK you’ve had knocks in life so does everyone else, just get over it. But I do feel that kind of forethought is really damaging, and it also means that mental health that is within the communities, the Asian communities, the Black communities, and other communities, even the Roma Gypsy Traveller community, which I’ve worked with, because we’re taught not to divulge any information to outsiders, it’s very hard for anyone to break that thinking.’ (Stakeholder Interview)

This caused a sense of further isolation for victims and generalised services reflected that it was especially hard for them to ‘permeate’ those communities and offer support.

‘The smaller often very close-knit community and the isolation from them that we would see in all aspects of domestic abuse when people are from smaller communities but certainly, so right down to the reporting, so then when it comes through of them engaging or accepting that support as a perpetrator but just the whole view around accessing domestic abuse support when you’re from a very tight-knit or smaller more isolated community. They’re not Joe Bloggs down the road who’s in a bigger bull pit. They are in their separate little pockets and that is really hard to almost infiltrate I think for any organisation working with people like that.’ (Stakeholder Focus Group)

We also heard how challenges and difficulties, within minoritised communities, were dealt with internally, sometimes by formal structures such as religious, Rabbinical ‘courts’ like the Beth Din in Jewish communities, or more informal structures such as family settings. This contributed to feedback about the challenges victims and survivors had about speaking out about their abuse and the importance of being able to access help from within their communities or through specialist services.

‘A lot of victim/survivors from an ethnic background are less likely to go to the police, for example, purely due to the fact that they may be put with an interpreter who’s a male, possibly from the same community, but understanding that when it’s, especially when it comes to a crime about violence, that because it’s such a cultural thing as opposed to a religious thing, that when a victim survivor has gone to the police and then the male translator is there, although he’s objective in what he is

translating there's also that hidden vulnerability I suppose of how that can be interpreted. So, a lot of the times what I've noticed is that the victim survivor won't actually disclose everything and it's only later on in specialist services like IDVAs and Southall Black Sisters who are an organisation who focus on the BAME community and helping victim survivors leave DA. They really help with that.'

(Stakeholder Interview)

A small number of stakeholders, and male perpetrators also described that it was especially hard for male victims, within minoritised communities, to speak out about abuse they had experienced from female partners, describing that men were always seen as the aggressor.

'We've just put a bid in just recently to extend our provision to male, Pashtun men because they suffer a lot of domestic violence and abuse and they're left without voices. They're brought over from Afghanistan, and they haven't got a permanent place of residency in this country and the women are the perpetrators. The woman is the perpetrator, and they don't know how to handle that because they think only men are abusers. A lot of Pashtun men have approached us that are being abused and stuff by our women because they force them to send money home for their family and there is financial extortion going on and they aren't trying to speak the language either so that's another issue.' (Stakeholder Interview)

It was reported that this affected the perpetration of abuse within these communities, through 'cultures of silence', meaning perpetrators were not regularly being challenged on their behaviour and at times, it was reported to be reinforced within communities and dealt with 'in-house' or not dealt with at all.

'There is a high Asian population in Tower Hamlets, so the vast majority of the cases are Asian, but I don't know if there's a cultural link as well. I kind of feel that there is in terms of culturally their views or beliefs of what a woman's role is, I think that that impacts on the behaviour and the support that the women might receive is very much a cultural thing in terms of let's keep it in-house. Let's not, whatever, try to be a better wife, that kind of thing.' (Stakeholder Interview)

'We also experienced it not just for GRT, and problem solving, but things again in Islamic communities and some Christian communities actually where church leaders are considered the go to, almost like counsellors in in these kinds of situations where, you know, if you're having difficulties in your relationship, you would be expected to go and see the Imam and talk through how you manage it, not necessarily employ the skills that you've just learned on a kind of offender behaviour programme.' (Stakeholder Interview)

As part of this research, we included Honour Based Abuse (HBA) and considered the ways in which this is perpetrated. Within this form of abuse, discussions around the oppression faced by victims from the broader community and family network was particularly pronounced, more than was described elsewhere.

‘Especially with honour-based violence, it’s not usually just the one perpetrator. We have the wider community, we have siblings, we have uncles, aunts and especially with that community there’s multi-generational households so let’s say you had the victim/survivor and she’s a very stereotypical example but let’s say we have a victim/survivor coming from a different country and then we have the perpetrator’s family on this side, 1) she or he may be isolated already because of the lack of family support she’ll have 2) she may have the expectations of what it is to be a wife, especially within that culture. And then because it’s instilled in females especially from a BAME background with, especially Asian backgrounds, should I say, of what the role of a woman is I think it intensifies the abuse and if we had all male perpetrators in a group that then intensifies that which then they’re gonna be taking home anyway.’ (Stakeholder Interview)

If and when perpetrators did attend a perpetrator programme, it was described that this may be the first time their behaviour has been noted as wrong, abusive, and requiring change.

‘I mean I could say one difference that I’ve seen though is the Asian men, I’m not sure if they’re all Pakistani or if they’re Pakistani and Indian or Bangladeshi, but similar backgrounds, they seem to have a family network that’s supportive of them. And it’s unsupportive to their female partner so perhaps that played a role in them recognising or accepting their behaviour as being abusive. So that’s convenient, they keep on trying to justify actions that they’ve taken in the past, that comes across much more so than from my side or from the White-English guy or the Romanian guy.’ (Perpetrator Interview)

Stakeholders also discussed the fact there could be particularly strong repercussions for survivors for speaking out.

‘There seems to be a lot of victim-blaming which, in turn, makes victims believe it, if you hear it often enough, you believe it so there’s – and there’s not really any sense of, this is wrong, and it can be helped, and he should be prosecuted. For example, I’ve got a lady and a DV related to her son...and he is extremely abusive and the MARAC referral I did created a shit storm, I couldn’t believe it. The uncle was ringing ‘cos it’s very much a Somalian family and so much – she got in so much trouble for disclosing it to me. She was terrified.’ (Stakeholder Interview)

Stigma & Shame

Discussions around perceived ‘closed’ communities, such as Pakistani, Bangladeshi, Gypsy Roma Traveller, or Jewish communities, often involved a description of acute stigma and shame if behaviour was labelled as deviant or if victims and survivors spoke out or left the family home.

‘There’s obviously already barriers for people from a BAME community anyway which is extensive to the criminal justice system so their trust in things like health care, social care, even schools, it’s so limited that there’s a lack of trust in all these different organisations that are there. I think there’s a lot of the very term that’s used within BAME communities, especially Asian communities, which is saram, which means, it translates to shame and especially with DA, a lot of perpetrators and

victim/survivors won't come forward with any of this because of shame and essentially, and because it's so embedded within the culture.' (Stakeholder Interview)

Stigma and shame associated with being a victim of domestic abuse, generally, was seemingly exacerbated within minoritised communities, and individuals faced additional barriers to reporting. It was also said to be especially pronounced and a defining feature of HBA and there was somewhat of a consensus that this may require a differential response, not least because of the high risk of serious harm in these cases, including risk of death for the victim and the idea that there are 'multiple perpetrators'.

'I think that with HBA it's anything to do with pride, it's anything to do with dishonour. It's anything to do with bringing shame upon family members or the community so it's the community and where that community can be a religious community, it could be a traveller community and it's about that victim's behaviour as out of the norms of what that community expects. And because therefore they are going to shame that community and it's the threats of the perpetrator or multiple perpetrators is what we tend to see and how they're dealing with the behaviour of the victims. So, it's more about how that victim is behaving that's bringing shame is what I tend to think about when I think of HBA.' (Stakeholder Interview)

The idea of multiple perpetrators suggests that programmes which focus on behaviour change for one primary perpetrator, in isolation from strategies which affect change on external community influences, may be limited in their effectiveness.

Rules & Moral Codes

Some interviewees discussed the idea of specific rules and moral codes that exist, either explicitly or implicitly in specific cultures and communities. As discussed above, this made it particularly hard for victims to speak out, sometimes for fear of being condemned by wider society or their community and, even worse, by their religious leaders.

'The community itself can uphold the actual belief systems. So, I had one case where there was, it was a Muslim lady and she'd gone to the Mosque and the Imam there had said, you can move away from the domestic violence part, but you can't divorce him and you can't get police involved. And she truly believed that, and she truly believed that because someone from her religion and community background was saying this, that there was no escape from it as such.' (Stakeholder Interview)

Recognising this, and in an attempt to overcome it, Jewish Women's Aid described that they had convened a panel of Rabbis to assure victims they did not have to compromise their safety and exonerate them from the guilt of leaving or speaking out about abuse, in the context of breaking 'Mitzvahs' (a religious commandment or duty).

'Because if they've had their periods, and they've got that, that period of time before they go to the Mikvah they're considered unclean. And even though this man might be an abuser, for a lot of

religious men they won't touch their wives. So not going to the Mikvah is a protective factor. Right? But it's what's called a Mitzvah, they have to go to the Mikvah. So, for a lot of women, a lot of the women that we work with, they've got this, you know, this issue going on? Should they go to the Mikvah? Or shouldn't they go to the Mikvah but it's protecting them. So, we have what's called, we have a rabbinic panel, which is a group of Rabbis and Rebbetzins who are Rabbi's wives, who we've trained up with Jewish Women's Aid. So, if, for the more orthodox clients, if they want to have a Rabbi's opinion, or speak to a Rebbetzin so then we've got a panel, and we can recommend that they go and speak to somebody. And obviously, safety will always come first. And they need to hear it from a religious leader.' (Stakeholder Interview)

This was a particularly interesting example, and one of good practice, that could perhaps be replicated for perpetrators of abuse to have their behaviour challenged by credible community figures. Especially in the context of interviews where stakeholders discussed how expectations from the community also made it hard for perpetrators to change their behaviour sometimes, as noted above, if this was being reinforced more broadly.

'Even in the Gypsy Roma Traveller community, as well as something that we've experienced, not on violence programmes, interestingly, but things like the cognitive skills programmes, you'll sometimes have, you know, we'll talk about effective ways to solve problems, just general life problems, that we come up against resistance, well actually that's not how we do things in our community. That's not how justice works in our community, you don't apologise you don't, you know, go and try and compromise you. It's my way, no way. Well, we'll find out literally, it's interesting that the role of peers and families can have on we can only do so much.' (Stakeholder Interview)

Overall, this pointed to a need for services to understand the larger 'macro' factors contributing to someone's behaviour, and the challenges they may encounter when attending behavioural change programmes, especially those they are mandated or recommended to attend by social care or Criminal Justice System rather than of their own volition.

'I think with those groups that you just mentioned, non-White, particularly maybe the Asian community and traveller communities, it's about the cultural expectations and I think in a similar way to how the victims feel about the cultural pressures on whoever, the same thing might apply to the perpetrators, this expectation of how to behave within that particular culture. And I think maybe a recognition as well that working with perpetrators in those smaller groups will take a longer time, a long time to break down, to actually achieve any kind of positive outcome. I think it's almost like when you've done that work with somebody in that community and working with a perpetrator they have to then go back to that little bubble of that community and of that culture whereas Joe down the road might not have to do that. He's from a bigger pond where he's probably getting a bit more of a positive input and maybe some reasonable role models whereas the other guy might be going back into this family environment where 9 out of 10 of them still have that strong belief so it's harder for him to break that cycle, I suppose.' (Stakeholder Focus Group)

Understanding of UK legislation & Defining Abuse

Several stakeholders, and perpetrators themselves, discussed the fact they did not know about British law and therefore had, without realising, committed an offence.

'I'm not claiming that now all White-British people know what's the law, but it's easier for them to probably like to get that information and understand that information, because they've got the language and the, you know, the society around them that kind of gives them that information.'
(Stakeholder Interview)

One stakeholder highlighted the experiences and trauma that some migrants and refugee men (e.g., those from Syria or Iraq) have witnessed and been exposed to, as forming distorted views of what is acceptable and unacceptable, particularly where sexual abuse was concerned.

'The issues there were more about understanding what is what is sexual harassment? And about consent. And I think if you would probably witness something as a child, a lot of those young people seen their families being shot. And they have seen women being raped, they've seen horrific events, again, linked to war and conflict, some of them being imprisoned. And some sexually assaulted themselves, I've worked with people who've been like, sexually assaulted on their way to the UK, or they pay for the way to the UK, by selling sex. So, again, that they're gonna have a completely different and difficult view on what is normal and what is not. And a lot of work needs to go into supporting them in understanding again, what's a healthy relationship like?' (Stakeholder Interview)

Two of the perpetrators interviewed for the project described that it wasn't until they attended a perpetrator programme, they realised their behaviour was illegal.

'Let me tell you, in my case, in the beginning I thought using my hand to make my wife quiet, that she's abusing me, it was quiet, because in my culture it's normal. And I realised now, this thing is not normal after joining this group. I can't use my hand to make my wife quiet but in the beginning, I thought it's not a big deal. If I would have been in same culture like mine, I would have never learned that. They would have said that yeah, it's fine, it's normal. Everybody would have said that because to be really honest, in our culture, it's fine and it's not that bad but then I realised after joining this group that people can't use our hands to make my wife quiet.' (Perpetrator Interview)

This was also observed and reported by stakeholders working within domestic abuse services as something that needed recognising within programmes and support offers, an understanding of a 'cultural clash' in some cases.

'If you think about it, cultures are different, so in India, Pakistan, some girls get married at 15 and 16. It's normal. Obviously in this country the age of consent is higher, but you have to understand that in the cultural context of what's going on and I don't think many of the programmes that are delivered are working or having an effect on perpetrators. It's a massive cultural ideological kind of religious

contingent that is missing from these programmes and that's why people won't see effect.'
(Stakeholder Interview)

'People come from countries who operate differently. These countries have governments who do not involve themselves in family life. People have grown up with different ideas on acceptable behaviours, struggle that UK does not operate the same way. Men find they do not have the same power over the family – feel they are the bottom of the pile' (Survey Respondent)

As above, those who had attended perpetrator programmes described the 'threshold' for something constituting abuse here in the UK and how similar allegations would be dealt with differently in their home country by authorities. For example, below, one individual felt the police response in the UK as quite extreme compared to how police would respond to the same incident in Pakistan.

'In Pakistan, police would have come, they wouldn't have done this thing, they would have said, 'OK you tell me', to the lady, 'OK you tell me was there a problem?' Now to the man as well, 'what's the problem?' They wouldn't have taken me to the jail. They know that this is a domestic problem, and we need to sort it out, but they knew that they have a family, kids, and they have to sort it out. But here police was, they took me to the jail.' (Perpetrator Interview)

One service provider, working specifically within the migrant community, also flagged a lack of self-identification as a perpetrator as a barrier to entering programmes. Highlighting the potential need for education on this issue before a programme commenced, or certainly as part of a programme supporting people from migrant communities.

'It's really difficult to sort of explain to somebody like, look, you're a perpetrator, here's a perpetrator programme, if somebody doesn't even think they are a perpetrator like financial control again, it was kind of culturally accepted. So now it's kind of when they come, when they come to the UK, it's kind of all different. And you know, well, the survivors, not only women, like, constantly are learning about their rights. And we are seeing more people are kind of asking for support and help. So yeah, just referring to the perpetrators programme has just never worked, because they, like most people haven't seen themselves as perpetrators.' (Stakeholder Interview)

Additional Tools & Techniques of Abuse

Interviewees discussed how being from a minoritised community availed perpetrators with additional tools and techniques for domestic abuse.

'He'd been here 15 years, he's got leave to remain or he's got a British passport, they've had 3 children in this country or maybe 2 in this country and 1 back home. She's been here 13 years, came up on a spousal visa, still no recourse to public funds. Spousal visa ran out, paperwork wasn't applied for. And we see that quite a lot so on some sense it's almost status abuse, it's removing her from what the offer could be, what the support she could get. Often they'll be very isolated.' (Stakeholder Interview)

This included isolating victims such as not letting them learn to speak English.

'When we spoke to Eastern European women. One thing that they were saying is that they, their perpetrators often use like the fact that they were already quite isolated but to further isolate them, you know, might not let them learn English for instance.' (Stakeholder Interview)

'British people obviously can become isolated, but not to the extent that these ladies are isolated... they're not learning the language and not understanding our culture. They're brought over here. Well, this particular one was bought over here by a British Sikh gentleman. And she literally was the cook, the cleaner for his mother, and did everything in their, their big, massive family home. And where they all live, and she literally did everything, she was never allowed to learn English, she was, you know, kept very much at home.' (Stakeholder Interview)

Those with refugee or migrant status were said to have specific vulnerabilities with regards to domestic abuse that services should be aware of.

'One of the other things actually is immigration status and I think one of the things that could be done to assist with victim survivors especially is that I remember looking at a visa and I think it's like 92% of perpetrators use immigration status to ensure that the victim survivors stayed. And I think that's something that we could definitely assist on so knowing where the boundary lies in regard to that and ensuring that specialist services are aware of the legalities of it and that it's communicated to victim survivors so there's more awareness.' (Stakeholder Interview)

'And then when people actually resettle into the UK, a lot of the young women would really want to go out, want to study, will be keen to learn the language. It's kind of this identity crisis almost for the older men. Because they're worried, they're completely losing control. They see the, you know, younger wives, they see their children try probably, you know, some of them are really thriving, and finding their feet. And it's, like they had everything there and then losing it and trying to start again, it's a lot more difficult. They're not the same issues that the local population would face.'
(Stakeholder Interview)

Gender Roles: Matriarchal versus Patriarchal Societies

One interviewee explained how she considers there to be a triad of factors in any case: the victim, the perpetrator, and 'facilitators'. Facilitators can include broader community narratives as well as specific individuals who may 'facilitate' the abuse, such as family members of the perpetrators. This was said, by several stakeholders and perpetrators themselves, to be particularly pronounced within minoritised ethnic communities.

'Where White 'western' culture men act alone, it seems ethnic groups from different heritage and culture act in groups and with support from friends and often family.' (Survey Respondent)

Stakeholders and individuals with lived experience, reflected on patriarchal models and systems where the mother-in-law of the family often had great influence and power over her son, and his relationship with his wife which caused conflict.

'Where we've seen domestic abuse that's specific to HBA and you can see that, the role of the matriarch in those situations and how actually they were almost like the initial perpetrator and how they've then enforced their beliefs and how they've been in relationships, mum to sons specifically and then how that then impacts especially where the son might be the first generation in this country and they've grown up in a Western world and had all this access to stuff that their parents and grandparents never had access to and the views and society differences, there's that struggle isn't it between the Western life and what the matriarch is telling.' (Stakeholder Interview)

One individual, who worked as a professional in the sector, but described her own lived experiences as a survivor, was able to highlight the role of families and cultures in terms of perpetrating domestic abuse.

'I had an arranged marriage with an Indian person who was brought up here, not born here, but brought up here. The relationship with my ex-husband...I'd known him for 3 days. I got married off, I came here, I had no family, nobody here. And the abuse wasn't identified until I actually left the family. I had to live with my mother-in-law who was an alcoholic. I had to be sleeping in a separate bedroom, those sort of things, and they were all based on culture because it does happen in our culture sometimes. And these things are not looked upon as something bad or wrong. So, we were never allowed to be a couple, she was always with us in every restaurant, cinema, we were never left alone ever. And then when I got pregnant with my first child that's when the physical abuse started when she would not give me any food to eat, and I would have to eat from the bin. So, she would take pieces out from the bin for the food to eat, food that I got, and there was a lot of care and control, but I had no idea. I had no idea that that was something – I knew there was something, I was unhappy, but I didn't know that there was something wrong because this was the first time I was coming into a family that had a very different frame of reference to compare to what I was brought up with.' (Survivor and Stakeholder Interview)

One stakeholder specifically described how an enmeshed family network also created 'pressure' on the male, arising in tension and stress resulting in abuse.

'The majority of them, one of the root causes of DV cases, were stress between the mother-in-law and the wife. Because when you live in extended families there are certain expectations and roles people have to adhere to, and it's that pulling, tugging. Mum wants this, wife stopped doing this, or that, so I do feel sorry for those men because they're under a lot of pressure to keep everybody happy. Hence, again, in Islam, it teaches us that the woman can ask for her own space, so she doesn't have to live with the extended family. And that's not practical in this country by and large. So, those are the kinds of themes that come out. It's about the woman having to adhere to whatever she's been asked to do. That's her role. And she should abide by that. And he is feeling stretched, keeping everybody happy.' (Stakeholder Interview)

One specialist ‘by and for’ service we spoke with, in the North of England, described work they are doing with people within the perpetrator’s network who may facilitate abuse, but not under the ‘label’ of doing so which has promoted engagement.

‘We have a coffee morning that is attended by older women who are mothers-in-law and some of the conversations we had through that group was they didn’t come here because we’re a DV service, they came here just to have a coffee morning, peer support, and learn new skills. But conversations around relationships with your daughters-in-law and they carried out a few sessions around that but because it was a safe space to discuss this, we’ve got their trust for over a year by then, they actually started to then recognise that I think I’ve been a bully. So, it’s very labour intensive, there would be change but it needs to be in the right environment, right forums.’ (Stakeholder Interview)

This spoke to a broader theme of the role of women within some communities. It was acknowledged in some communities that women were seen as subservient to men and their role was to keep the home whilst the man earned money for the family.

‘So even if they’ve been here a very long time they’ve never really gone anywhere or done anything. They stayed at home, made babies, cleaned, cooked, washed which I suppose, again, culturally if she was home, if she was in Pakistan, maybe that’s what she would do and maybe that would be the norm. So, that’s what she does when she gets here. So, there is an impact on cultural difference for victims and survivors, I think. They don’t see it as unusual, staying home, looking after the kids, washing, and they are kept very isolated because of that.’ (Stakeholder Interview)

‘When we were thinking what could affect your thinking, so, for example, back home women are meant to cook. Women are homemakers whereas in Britain that’s not the case. Over here it’s equal. Now India is getting westernised where women also work, but in the old generation women used to be sleepy at home and men were the earners and women were the homemakers. So yes, when we actually discuss, the cultural aspect does come up, when we discuss how a certain situation would be dealt back home and how the situation would be dealt over here.’ (Perpetrator Interview)

‘The Jamaican man I’m working with right now, he comes to mind because I’m currently working with him, but he’ll quote me the Bible and say that in the Bible it says, a man who does not provide is a worse sinner than an actual sinner. So, saying that’s the ultimate thing I can do, so I’m not doing my job if I’m not providing. But then how that plays out in real life is when the woman is also providing and being the higher breadwinner, they’re unable to cope with it because they should be the main breadwinner because that’s what’s ingrained with them both in religion and culture.’ (Stakeholder Interview)

The quotes above highlight the challenges when this gender role is reversed or becomes more equal, in some communities, and a need to consider what ‘revised’ gender roles now look like.

'I think we need to understand the whole society has changed where, you know, even in the host society, women started to go to work in the 60s 70s, you know, the whole thing has changed from where women have specific roles. And the balance was man went out to work came home, provided for the family, then that there's times when I think that, you know, young men don't know who they are anymore, you know, what is their role? What is their position, and then all the sexualisation of females on in the media, objectifying them?' (Stakeholder Interview)

As it stands, some stakeholders observed that archaic narratives went unchallenged or unquestioned and a sense that 'it's just the way it is'. This then presented challenges for service providers looking to encourage changes to generational or systemic narratives and belief systems that may facilitate abuse.

'We just notice that when we work with Albanian clients, it's that very, would you say patriarchal, the man is in charge of the home, and he has to earn the money. A woman is just at home bringing up children. I'm not saying it's only Eastern European women who say that, but I've seen a pattern that a lot of Eastern European women they blame alcohol addiction as reason for men to be abusive or they think it's not a big deal, it's just in every relationship. Or another thing is that they really don't want to talk about it, they just want to move on, close their door and just they don't even see the point just talking about it. Especially the older generation in Eastern Europe it's quite common for them, for women to think like this.' (Stakeholder Interview)

'Some of what he would deem traditions would be, for example, his partner who was female would stay at home, she would, it was the expectation that they would marry at a young age and there wasn't a level of, I suppose, coercion in that, do you see what I mean, it was almost, because it was so embedded in their culture, there was no consent. So then when you're talking about consent and what a relationship looks like, what you would be saying around, so, for example, the worksheets that we would be doing would be looking at what makes a good relationship. And you'd be saying the fact that somebody wants to do those things and those roles are OK if somebody says that's what they want to do. But, and obviously his attitude was well she doesn't really have a choice, she's a Gypsy and that's what we do, do you see what I mean? She's known that since she was a child, so it's then where do you go with that?' (Stakeholder Interview)

One individual, who had attended a perpetrator programme, reflected on the fact that the view of unequal gender roles often came from a misunderstanding and misinterpretation, or something wrongly being used as a cultural justification. Several facilitators, who deliver perpetrator programmes, described that they felt unable to challenge people's interpretations however, if they were not familiar with the particular religious text being cited by someone as a justification for their behaviour.

'If you actually read the Quran, and you actually start understanding what the Quran says, you'll actually come down to the point that yes, men and women are both equal. They are both equal. And you know, I suppose a lot of the Asian community, they read the Quran, but they don't understand it. Because they don't understand it, they don't ask the right questions, and then probably just do what their forefathers did, or what the rest of the rest of the community does. If that kind of makes sense.

I'm not labelling it as bad. All I'm saying is that if you actually read the Quran and try to understand it, you realise, like I did, that is a lot of equality in Islam, and it doesn't portray that the man is higher than the woman or the woman is higher than the man, you know, Islam will actually say, you are both equal you are both made as pairs together, you both complement each other.' (Perpetrator Interview)

Another individual reflected how his experience of attending a perpetrator programme made him consider his behaviour towards his partner and concluded that she deserved more respect. He acknowledged this was a shift from his earlier thoughts that women were given too much respect in the UK.

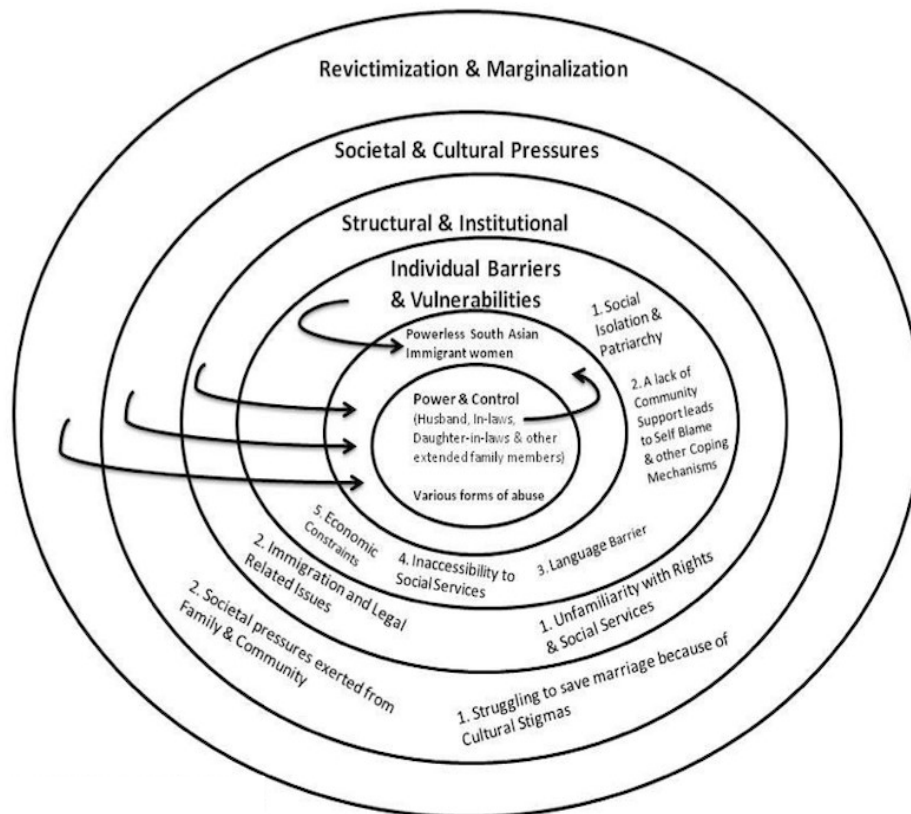
'I believe, a person believes that our culture in Pakistan, Pakistani culture, we do things that what expect which here in this culture they give too much extra respect to the ladies. So, in our culture we, I don't think we were giving that much respect but now I learned that we need to give some added, some more respect to the partners.' (Perpetrator Interview)

One specialist provider of services for Muslim women described the need to tackle domestic abuse, and cultural norms and gender stereotypes with victims and perpetrators together to create the most impactful change.

'It's that mindset that it's not just understanding abuse, and the effects of abuse, it needs to go back further and change the attitudes towards women, attitudes towards, you know, what their position is, what they're responsible for, it's that that needs to change first, because the abuse, we can work on the abuse and patterns of behaviours. But if that core stuff isn't being challenged, or change, how can you then move on because just that women leave. And this has been my argument for a long time that we can't keep removing women. For the men to go on to other women. We need to do some work with both parties because, again, it's a relationship isn't it? A partnership.' (Stakeholder Interview)

Commonalities Across Communities

Despite the previous sections identifying nuances between communities, there was also feedback that pointed to and discussed overarching similarities and shared belief systems. The following image is a visual representation, shared and utilised by a domestic abuse service in London, of factors requiring consideration when working with perpetrators of abuse from minoritised ethnic communities. Although the graphic makes reference to 'South Asian women' it can be applied to other groups. Differences seemed to be pronounced more in the way victims or survivors experienced abuse and this was more acute within minoritised communities.



Survey respondents and stakeholders highlighted the need to be responsive to individual nuances, with an understanding of what is shaping a person’s behaviour, but there was also a sense from stakeholders and survey respondents that ‘perpetrators are perpetrators’. They highlighted that although there were specific methods of abuse that people may use within minoritised ethnic communities the reasons for abuse (the ‘why’, not the ‘how’) brought up key overarching issues that transcended all individuals.

‘The bottom line is, and the one thing we notice, it doesn’t matter whether they’re Black, blue, green, or purple, what books they read, what temple they go to, the common denominator is men use violence and abuse because of their sense of entitlement within a relationship. So basically ‘cos they’re a man, because of their gender. ‘Cos I’m a man I’m entitled to a level of service within this relationship, and I’m entitled to be the authority within this relationship. That’s irrelevant of where he comes from or what colour he is or what book he reads, it’s irrelevant. That’s the core reason.’
(Stakeholder Interview)

‘Domestic abuse does not discriminate, the biggest commonality between perpetrators is that they tend to be male. Whilst it could be argued that some men from minority ethnic groups might hold sexist values, homophobic attitudes, or outdated ideas about women – these would all be stereotypes. Research has shown that all male to female perpetrators hold a similar perception of women, the attitudes and values tend to be the same regardless of their ethnic or cultural background. I think discussing the behaviour of ethnic minority perpetrators as if it’s different to White perpetrators is glossing over the overall common themes found with nearly all perpetrators: entitlement, misogynist views and power and control. I think it could be argued that some men might

come from cultural backgrounds in which violence against women is deemed more acceptable, but with 2 women killed a week in the UK it's hard not to say that it's almost acceptable everywhere. It's just possibly more overt and normalised in other cultures, as it was in the UK not long ago.' (Survey Respondent)

'I think each perpetrator group has defining characteristics but the normalisation of controlling and abusive behaviour in culture is not about ethnicity but toxic masculine norms.' (Survey Respondent)

The idea of universalities was raised in interviews with perpetrators who had attended groups populated by men from mixed backgrounds. They overwhelmingly were able to see how, despite some differences, they had shared experiences and often shared reasons for being abusive.

'Well, there's a lot of things that are similar. The biggest thing that comes across in sessions is the different roles. And I'm talking about roles in terms of gender, well sex. So, it's more about the man playing that more traditional role and being a bit more controlling in the relationship and then the woman being on the receiving end of unacceptable behaviour or abuse. It seems to cut across all the people attending, similar themes keep coming up, similar understandings, so it's more of a male-female divide if that makes much sense. The background not so much, the same challenges that a White-English boy has experienced, is pretty similar to what the Pakistani men have experienced in their relationships from what I hear. And I recognise some of those things in my former relationship as well. Same patterns, child involved, us not recognising the full toxic impact on the children. When the children are exposed to the behaviour between feuding partners, it's pretty similar. I haven't detected any religious element to it. It's more just about this male-female issue and that's the theme or the similarity that I've noticed personally.' (Perpetrator Interview)

'I don't think that domestic abuse, the reasons that cause domestic abuse differ between Christians, Muslims, Jewish or, to be honest. I think most men, I think men become abusive for maybe 3 or 4 different reasons and that has nothing to do with their religion or their background. It's like a poor upbringing, narcissism, misogyny, things like this.' (Perpetrator Interview)

Perpetrators and service providers also reflected on the same 'hooks for change', such as wanting to be a better father and a desire to discuss the skills required to be a strong and successful parent and/or have healthy relationships. These are components that facilitators could capitalise on to ensure buy in to programmes.

'Because being a voluntary programme, people will go on it just for the sake of it is a tick-box. But how much is that is changed behaviour or changed attitude or change mindset? So, it's, for me, it's about winning hearts and minds, it's about making the person understand that, you know, there's possibility of real change, there's possibility of a better relationship at the end.' (Stakeholder Interview)

One service within London, who had partnered with another organisation in Lancashire was specifically working to consider the commonalities: ‘the golden threads’ across different groups.

‘It’s simple things around reinforcement, cultural reinforcements through facilitating abuse and how families play a crucial part in that. mothers-in-law, fathers-in-law, so that plays a major part, and it can do in other cultures like Catholicism and Italians, we’ve seen this in other, it’s not just Asian or, it’s a common theme, that are not just for Asian because we’ve seen it in Polish, we’ve seen it with Romanian, Turkish, where families facilitate the abuse.’ (Stakeholder Interview)

This will be explored in more detail later in this chapter.

4.2.3 Cultural Justifications

In light of the differences that were noted above, stakeholders, survivors, and perpetrators discussed the fact that culture or religion was sometimes used by perpetrators within groups, as a justification for abuse, or as a means to exculpate their behaviour. This was nestled in the acknowledgement that many perpetrators, irrespective of background, will minimise or justify their behaviour.

‘So, some cultural groups, or maybe all cultural groups, use cultural misinterpretations to support the use of abusive behaviour. Or you look at it from the other perspective that would say, actually domestic abuse is different and the same across all of our community and we all have our distortions that we use to justify it and therefore actually openly talking about it from communities in a mixed group actually universalises the sense of that abusive behaviour is abusive behaviour.’ (Stakeholder Interview)

One interviewee in London, explained that she viewed the presence of justifications as a positive, interpreting it as a sign that alongside a need for denial or justification there must also be shame and an awareness of wrong doing.

‘If he’s saying, well it wasn’t that bad and it was her fault anyway, I see that as something quite healthy which again is the complete opposite to perpetrator programmes. So, what I think is, if emotionally you can’t manage the feelings, talking to me, to tell me the truth, so you’ve got to make it sound less bad and blame her what that tells me is you know it’s wrong. And if you know it’s wrong then you’re workable.’ (Stakeholder Interview)

However, the use of culture as a specific justification did prompt questions about how services could respond effectively and appropriately to justifications wedded to culture. This was couched in an acknowledgement, from several providers, who described that either they themselves or colleagues felt concerned or uncomfortable in challenging cultural justifications. This was especially where they did not know or were unfamiliar with specific

religious texts (including the Bible, the Torah, and the Quran), that some perpetrators cited when discussing their behaviour.

'I'll give you an example. So, working with a perpetrator who was a Muslim, he was saying I'm allowed to hit my wife. So, the Quran says I'm allowed to do that. Well, I actually know that the Quran doesn't say that, it says you can strike your wife but with a feather. So, it's an analogy but people obviously, where they want to believe that that's what it says, use that as an excuse for their abusive behaviour towards their partner. So, it's like, but unless I'd done my research around it I wouldn't have known that that was the case and then you're then arguing, you're not arguing, but you're going in to territory where it's, I almost feel I'm out of my depth.' (Stakeholder Interview)

This feedback led us to ask professionals what could be done to overcome this issue, prompting suggestions about the need for appropriate training and upskilling of the workforce so they feel competent in providing challenge in an educated, empowered, and knowledgeable way.

'So, ethnicities, this works fine as long as your staff are properly trained to understand the difference between something that is a cultural norm that's acceptable and something that is not acceptable but people present as a cultural norm and there's definitely been fear in our team, in the early days, about challenging, particularly men from cultural backgrounds where the perception is that domestic abuse is an acceptable part of their culture. And [our psychologist] has done a lot of work with our teams to make sure that the staff understands what the differences are so that they can challenge in a sensible way.' (Stakeholder Interview)

Ultimately, perpetrator programmes should offer an opportunity for individuals to explore what is contributing to abusive behaviour, whether that is an individual belief system, a learned behaviour from family or peers or a broader cultural influence. One stakeholder, working within the statutory sector, described how their programme, a mixture of group and 1-1 sessions, offered an opportunity to invite individuals to consider how effective their behaviour and belief systems are in attaining their own personal goals. She reiterated it was not about labelling views as 'right' or 'wrong', nor asking or telling people they had to change them, but asking them to consider what might support them to manage situations more effectively in the future.

'The good thing about Kaizen, and I'm gonna come back to Kaizen 'cos I think every programme has its faults. This is one of the good things about it, there's no demand for change. There's no demand. If you want to change that's up to you. All we ask is that whilst in the programme you give a new me a go...what you ultimately choose to do after the programme is your decision. We're giving you the information, it's up to you to put it into action if you see fit. So, I think that approach works really well because I can have people, and currently I'm working with someone from a Jamaican background, and I'm showing no judgement against his culture. So, OK that's fine, that's how things were but has that been useful? Has that linked to violence? Yes. So, actually, is it helpful then? It's questioning but we're not saying his culture's bad...So, it's that openness and trying really hard not

to have a judgement about different cultures...and I think give them autonomy so they can decide what part of their culture they want to keep and what part of their culture they actually want to change and make right or do better with. And I think that's not really for us to say and dictate.'
(Stakeholder Interview)

'One of the women we had on our group she literally believed that she'd had a curse put on her and that was the reason that she was jealous, and her husband had, she believed, had had an affair, but she believed, and her mum believed that as well so there was these beliefs. But just because people have got beliefs around that, doesn't mean, it's not our place to take that belief away. Who knows what comes after and who knows if there's a God and if so, which one it is? So, we don't challenge any of that, it's more so how is that gonna be managed in the future? What if somebody puts on, a hex on you again, or what if this befalls again because of something you've done wrong and punishment, regardless how you behave is different so it's just being responsive really and understanding.' (Stakeholder Interview)

'We don't allow men to justify their culture or their faith for their use of abuse. So, I won't get into an argument with him about his culture or his faith because that's pointless. I don't know about your culture and faith. But we keep taking it back to challenging his abusive behaviours all the time and if a man says, well the Quran says I can do this we say, well after you've put your hands round her neck and strangled her, do you feel more faithful or less faithful? Do you feel closer to God or further away from God? But we'd do that with a White-British man with whatever excuse he comes up with as well.' (Stakeholder Interview)

4.2.4 How can services be more responsive to differences in culture?

Specialist versus Mixed Interventions

One of the questions asked in the survey was whether people thought that current support services or prevention programmes for domestic abuse perpetrators are relevant or suitable for perpetrators from minoritised communities (including both minoritised ethnic and LGB and/or T+ individuals). Over half (52%) of respondents said no, whilst 17% said yes and the remaining 31% said they were not sure. However, where people had discussed and highlighted culturally specific needs, this prompted discussion around the best way to cater to this, whether it's through group or individual work and further, if groups are offered to people from different minoritised ethnic backgrounds, to what extent should they be specialist or mixed? There were contrasting views on this topic and overall, it was observed that often stakeholders were more likely than perpetrators to advocate for specialist groups²⁰.

²⁰ It is important to state that the perpetrators we spoke to were attending groups with people from all different ethnic backgrounds – mixed groups.

Firstly, some stakeholders identified benefits in having a group exclusively for individuals from one background, or speakers of one language, to ensure understanding by group members of the content being delivered.

'We advocate for specialised groups...I think sometimes that's an easy way to not put somebody on your group because they're sat in front of you using culture as a reason behind their offending and you feel they're often just in denial, they're not suitable. But also, I think group-work is absolutely fantastic but, as you said, quite often they are so Eurocentric, if someone is sitting through an entire 26 week group and their belief systems, which are so embedded in culture and community are not being challenged then our expectations for meaningful behaviour change and are gonna be quite limited I think. That's why practitioners with that sort of specialist knowledge are needed, but also you need to see yourself in that room as well. That it's not just, that you're seeing your experiences and hearing similar experiences to yourself and the other people in the group rather than feeling you're different to everybody else and that your experiences are different, and these things don't apply to you.' (Stakeholder Focus Group)

The quote above also raised the idea of having a specialist group run by someone who understands the community and specific cultural issues within them, perhaps someone with direct lived experience from that community. Although it was acknowledged this was a particularly hard role to recruit to where there is a requirement for a specialist understanding of domestic abuse.

'They've got J who's a facilitator who has worked with perpetrators for like 30 years and then they recruited and trained a woman called N, who speaks fluent Gujarati but she hasn't necessarily got the experience and background in perpetrator work. So, in effect, how I think it does work, is that she translates in the room and she's picking up, all the time, and she's absorbing the experience to the point now that N is now one of my workers, so I send her all our Gujarati speaking offenders. So she doesn't have the skill level and the experience but, from my perspective, the fact that she speaks the language and I've done a lot of supervision with her about not colluding and understanding what we're trying to achieve, she's picking all of that up and that's the problem with workforce development, is that we need people that can speak languages but also people who have the skills, knowledge and experience, 'cos it's such specialised work.' (Stakeholder Interview)

Further, where specialist groups had been run and piloted, this sometimes meant individuals were waiting a long time for groups to start while they waited for enough referrals to come in.

'We didn't want to reinvent the wheel, we end up kind of creating something and we know that if we create it, it might not be sustainable and it's so important to sustain this because you might not get the funding. So, my experience has been that we create something really brilliant and then we don't have the funding and then it's really difficult because those service users are waiting for a specific group. And they're waiting months.' (Stakeholder Interview)

However, now that COVID-19 has encouraged a higher level of online delivery, this may be something that could be overcome and people could, in theory, be in attendance from anywhere. If a specific group were to be run, we invited views on how material could or should be adapted. The commonly used power and control wheel (pertaining to the Duluth model), has been adapted for certain groups (although this is largely for an American audience)²¹ and translated into different languages, but the creators are clear on their website not to stray from the depiction of power imbalance which they say is central to abuse.

Interestingly perpetrators that were interviewed for this research, were more likely to advocate for mixed groups (although this was what they had experience of attending).

'I don't think there is a need for groups depending on background or religion or country of origin.'
(Perpetrator Interview)

This was also noted by some survey respondents who disagreed with specialist intervention.

'We are people just the same and if someone can understand and support a perpetrator of DV, then it shouldn't matter if they are Black, Brown, gay etc....we are all people, treat every single person as an individual with all their own predisposing factors.' (Survey Respondent)

Perpetrators we spoke to described how groups with people from a multitude of backgrounds encouraged integration, understanding of different cultures, and more tolerance and acceptance. As noted earlier in this report, perpetrators, like stakeholders, reflected that although there may be some differences observed across group members, there were also overarching similarities.

'This group, whatever they told us, is how to stay, I mean how to have a good relationship. I don't think any culture in the world allows you to hit woman or man or they teach – so yeah, it's like you have to be good with each other so I don't think there's anything wrong if it's a multi-culture. All cultures say the same that you have to be good to each other, so it doesn't matter, multi-culture is fine. You can learn from each other's cultures as well.' (Perpetrator Interview)

Two individuals, who attended a mixed group, felt this also encouraged a greater understanding of the prevailing narratives within the society they now resided. They expressed concern that creating specialist groups, where everyone was of the same background, could serve to reinforce minimisations and justifications rather than challenge them. On the contrary, they felt that mixed groups promoted integration and understanding.

²¹ http://projectsakinah.org/Portals/0/tools/Wheel-Domestic_Violence.pdf for an example of modified power and control wheel that is used by a service in the UK

'So, I have friends and family members who minimise what I did – 'oh it's fine, you were just angry, you didn't mean to do what you did but you were just angry', things like that. And I think that if you put people together from a Syrian background and the facilitator is from that country as well, they will feel, they will maybe feel that as well.' (Perpetrator Interview)

'They need to integrate with society, foreigners need to integrate with society, especially non-Europeans. They need to see how the Western world thinks, who commits, who perpetrates domestic abuse, change, and talks about it and things like that. I think if we isolate ethnic minorities in groups, they won't be exposed to how European males think and act, that's my opinion.' (Perpetrator Interview)

A number of stakeholders also reflected on the benefits of mixed groups and how this was often purposefully constructed because of this.

'The best way of reducing tensions between different groups is to get them working collectively and we've not found at all that there's been any clear line between people from different ethnic origins in a group. People seem to benefit from each other's strengths, because though you may have some who need more support to articulate emotions and so forth, then you've also got different strengths around the value of family and, they complement. We've run mixed sex groups as well which is probably a bit unheard of. We've had men and women on groups too.' (Stakeholder Interview)

'When we're forming groups, we will try and make sure it's not overloaded with people from a certain background. Not all White, not all Black, not all Nigerian or West Indian; we get as broad a group as possible, because what you find then is they will challenge each other. Okay, you know, one guy just the other week said women have too many rights now, they have too much power and one of the other guys said, What do you mean too much power and he said well we're all here. And then he said well how many women are the Managing Directors of FTSE 100? Do you know how many women are judges? That have been prime ministers? He said, you're talking shit mate. So, when you get a mixed economy, that guy who's speaking that, he might have his own biases and his own problems to deal with regarding power and control in relationship, but it's not culturally embedded as it would be. That's the beauty of group-work if you can get it going.' (Stakeholder Interview)

Indeed, some stakeholders too, felt that specialised groups created segregation and promoted a focus on difference over similarity which would have a negative impact overall. They commented on the fact that society is multicultural, which should be reflected in groups.

'I don't know how, as a facilitator of a programme that looks at behaviour change and effecting a change, in somebody who's abusive like that, with a lot of different people in it, when there's so many cultural aspects going on, how it would work. But I also think it's a shame that it can't happen because actually we're all human. We're all people, we all do things wrong whether you're from an Asian background or from an LGBT background, you're still doing the same thing. Whether you believe different things ultimately, it's about not doing that again and I don't know, I find it really quite sad actually that even these kind of conversations have to happen because it's so separated isn't it?' (Stakeholder Focus Group)

'I think on the idea that actually we interact with people all the time, why do we suddenly have to segregate everybody? If we're gonna live in a multi-cultural society and a diverse society, then we accept that we do that every other minute of the day, so why are we saying that there's all these different needs? We're all humans and basically our drives are very similar, and our needs are similar. So, I think there's, as long as it's managed, and your facilitators are confident and it will be managed, it's easy. We don't get trouble in our groups, and they seem to work well. We've got good retention so I would say stop looking for differences and start looking at what's similar between us all.' (Stakeholder Interview)

However, there was an exception to this view when language was discussed. One person suggested that, although he benefited from the mixed group he attended, he would have valued being given the choice to attend a specific one.

'I don't think they said to me 'do you want to go with a mixed group? Or do you want to go with a strictly Gujarati group or a Muslim group?' I can't remember that. However, I still think that's a good option...we, as the community that might be accused of these things, they might not benefit from a course, like what I went to, because things might be explained in a more complicated, or a different way, they might not understand the language of English a bit better than how I do because I was born and bred here in the UK. So, it's good that they have these different various options. You could have just a Gujarati group or a specific Urdu group, or whatever background it is. You know what I mean? It's good, because it creates options, and it gives another person who doesn't understand English an incentive to own the course without having to make an excuse to say, 'well, I don't understand the course.' That would then maybe stop people from holding back on going on the course. Because some people might think that, oh, I don't want to go on that course. Because they don't do it in Gujarati, for example, because I understand it, you might be too complicated for me to understand the English I didn't get it. Whereas if you put, if you put that option there, then they've got no excuse, but to go on the course, because there's an option there to see when you will understand it, because we've got people that speak in Gujarati explaining. That kind of makes sense.' (Perpetrator Interview)

Overall, on the topic of mixed or specialist groups, there was a prevailing sense that a mixed group could work well, dependent on the ability of the facilitator to respond to individual nuances within the group, and the ability to identify 'golden threads' across those in the room. The quote below describes how 1-1 sessions provide an opportunity to pick up on specific cultural needs.

'I would advocate for option B which I suppose is the RISE option which is about actually having really well-trained knowledgeable skilled facilitators, and this is really what you see in most areas rather than culturally informed interventions specifically is that they go for that cross-cultural approach in a group and then train the facilitators to work with the different needs. So, it's a culturally informed approach but that isn't necessarily a programme specifically written for a particular cultural group. But it might be certain resources that are developed that you could do in a one-to-one or that facilitators are trained and that we have a diverse workforce.' (Stakeholder Interview)

This was echoed by one person who described how he was happy to attend a mixed group but felt that having an understanding of someone's faith and belief systems became more imperative during 1-1 rather than group-work. This will be explored in more detail in the next section.

'Sometimes, in my counselling, it's really hard. For me, having to split with my wife has killed me, because faith does not encourage you to divorce, it isn't always women behind why they don't let you do that. But as a fire exit, as a last resort, you can. So sometimes I found it difficult to try and get the right counsellor. Because if they don't believe in faith, and I believe in faith, then it's very hard for that person to kind of understand me, and where I'm coming from. Whereas with the group, because the group was more like, how can I explain it was more than a one-to-one level? If it was more on a one-to-one level, I would say yes, it would matter that faith and belief systems and understanding of the faith and belief systems should be imperative. But because it was a group thing, I suppose it didn't really matter as much. Because from day one, they actually outlined that we respect your beliefs, we respect that you come from different backgrounds. But we're all here for one purpose. And for one reason, if that kind of makes sense.' (Perpetrator Interview)

We were told that some services in London and Lancashire were working with their staff teams to encourage them to work with individual perpetrators to consider and vocalise the belief systems they came from, to be able to articulate this, and unpick it in relation to their abusive behaviour. Their argument for this was that this would mitigate the need to create specific tools and groups for certain backgrounds (which could in theory be endless) but equip staff with the knowledge and understanding to work with anyone who presented to the service, through consideration of their belief and values system. Acknowledging the earlier point and feedback from facilitators about the challenges encountered when perpetrators cited religious texts, the services, in conjunction, have devised information sheets across a range of specific religions and faiths which include particular verses from religious scriptures which perpetrators have used and manipulated to justify their behaviour. In addition, they devised a list of prompts and questions facilitators could ask those attending programmes before the course and if there appears to be 'on-going resistance when cultural values inhibit progress on a programme'. A similar approach has been adopted by a service in Cheshire where, as noted earlier, their staff team receive specific training, from their in-house psychologist, to have confidence to challenge and differentiate acceptable and unacceptable norms (even if they are culturally derived).

'There's aspects in each exercise that we talk about belief systems...So, we're looking at all different religions, what impact they could have, so we started off with Islam, Hinduism, Sikhism, Christianity, Catholicism...So, some of that is quite straightforward, it's just helping staff to really think about it every single time. That's what we're trying to do is to get them to think about it and to speak out so that's going to be a supplementary material. But the golden thread is that every single exercise we start to look at belief systems. Where is the victim coming from, what are the dynamics in that household, the culture? We're trying to prompt them, increase their understanding with

supplementary material and then encourage them to start having that dialogue which is the most important.’ (Stakeholder Interview)

Group-Work versus 1-1 Interventions

As part of our discussion around how to be culturally inclusive and relevant to perpetrators from minoritised ethnic communities, we also considered the pros and cons of group-work versus 1-1 sessions. We spoke to providers, from third sector and statutory services, who run both groups and individual sessions.

Clearly, running individual sessions allows more responsivity and flexibility in attending to cultural needs, but is more resource intensive and there is a risk of losing some of the benefits of group-work that have been reported in the literature and in the section above (e.g., increased understanding of other cultures). As noted before, those who attended groups, reflected on the benefits of having a multiplicity of perspectives and some welcomed even more (for example, having groups attended by men and women).

‘The focus is supposed to be about abusive behaviour, getting rid of it. So, the differences in people’s backgrounds shouldn’t really be the focus so all perpetrators deserve the learning experience and help, support, and we can all learn from it. So, the more perspectives we have, the more beneficial the programme would be.’ (Perpetrator Interview)

Further, the men we spoke to reflected that being in a group helped them confront some of their feelings around shame and guilt.

‘There are people in there that are in worse situations, far worse. There are people who have had police involvement, social services involvement, convictions, all kinds of things. And you’re all in this same space trying to disclose difficult circumstances or events. Yeah, so it helps with the shame aspect ‘cos you don’t feel as ashamed, in fact you’re encouraged to contribute from your own perspective and apply some of the learning to your own individual circumstances. And people have been quite open throughout I’ve found.’ (Perpetrator Interview)

However, not everyone agreed with this, and one individual found the group to be ‘triggering’ where people were not at the same point in their journey as each other. Further, this individual went on to explain that being in a group does not permit an in-depth analysis of the self and topics are often covered at a very high level and were concerned with the ‘symptoms’ rather than the ‘causes’ of behaviour.

‘The way we talk, we touch on, really at a very high level so sometimes we just mention very important things for less than a minute because there’s so many people...So, there’s lots of situations where I think one-to-one would be more, is more, beneficial. One thing also, I don’t like to go to groups because they treat the symptom, the groups are doing their best, but I think for a person to change they should focus on the root cause rather than the symptom.’ (Perpetrator Interview)

Another individual progressed this line of thinking and discussed the generalised way of thinking he had observed in the UK (not just in the perpetrator group).

'What I have noticed in this country is everything is generalised, that a man is always abusive to a woman, a man is always the aggressor, a Black person is always at fault, a person smoking weed, could be of any culture, is a perpetrator but that is not always the case. So, every individual situation is different but, in this country, what I've seen is everything is generalised.' (Perpetrator Interview)

Several perpetrators reflected that they felt group settings did not allow their voice or story to be adequately heard.

'Please listen to man's story as well, that's it, please, that's it, nothing else. Because this is so unfair that if a woman, I understand, I completely agree in most cases women are, they are being hurt and maybe man they do use force on them. But personally, there are cases when the women just exploit this law, they flout it, in our cases personally. We never talk about this thing. In this group, Once I tried to tell my story, but they told me that you are not allowed to tell your story...they made me feel guilty or regret that why I tried to share my story and why I'm trying to put, why I'm posing like innocent. Why I'm acting innocent and I should take responsibility. I'm happy to take all the responsibility but at least listen to my story, this is what happened, then you can tell me properly.'
(Perpetrator Interview)

With this in mind, there were some suggestions about how groups could be improved and made even more effective for those in attendance. One person, who had attended a perpetrator programme, suggested the idea of being able to tailor group sessions to those on each specific cohort, adhering to the manualised, accredited programme, but demonstrating responsibility and flexibility within this. The examples he gave included making reference to the size of family gatherings in some cultures, such as Indian weddings, or the fact that some families will live together (with mothers and fathers-in-law) rather than separately. He suggested that small tweaks could ensure that people in the group are able to apply the learning to their own situations.

'I know it is hard to individualise the course so most of us in the group we feel that it is a general thing and the facilitators have said that as well. Like everything might not apply to you. But whatever applies to you, take it on board. So, there are many things that you, as a person on the course, would feel that perhaps they don't actually need to pay attention to. So, just individualising the scenarios could be more beneficial. And then if different cultures have different approaches to things. If those are highlighted and those are considered that would make a lot of difference as well. So, you could have the main outline, but every course is designed for a certain group of people. So, like, for example, if it's just ethnic of say all Indians, for example. Then you will put references to that but if it's a mixed group you have different scenarios where you have researched about the cultures and then gone ahead and individualised it where they have examples, not only of White person, like of different ethnic situations as well.' (Perpetrator Interview)

The discussion around group or 1-1 interventions progressed to considerations about who should deliver interventions and support offers for perpetrators from minoritised communities. This is explored in the next section.

Who should deliver support for perpetrators of domestic abuse within minoritised ethnic communities?

Those interviewed discussed whether support is most effective if it is delivered by someone who understands different minoritised ethnic communities and minority stress, and the extent this should be balanced with someone who has expertise in domestic abuse. Interestingly, where we spoke to specialist organisations, such as those working with survivors of domestic abuse from specific communities (such as Jewish Women's Aid, or Eastern European specialist services), they wholeheartedly advocated for the need for a specialist response to victims, with workers from the same backgrounds as their clients. However, with regards to whether specialist workers for perpetrators were required this level of avocation was not necessarily mirrored or accepted by all.

The stakeholders we spoke to for this research, some of whom were frontline staff delivering programmes to perpetrators, came from a range of ethnic backgrounds themselves. They were therefore able to reflect on their experiences of coming from the same or different backgrounds to those on their group; the advantages and disadvantages this presented. Two individuals explicitly described the challenges they had encountered.

'I've been running groups for young Black guys, and they are very difficult with me. They think I'm a police officer and they call me a fed. And it's very hard. If you've got those guys, they hold that belief, it's very hard to work with them because they won't shift. We know you; we can smell you and I've been taken off the group and a Black colleague is put in my place where there's been difficulty with some of the guys. And that's worked. My view is, good!' (Stakeholder Interview)

'With Eastern European men they tend to be, and I do not want to generalise, I'm a Black woman, I'm Afro-Caribbean, and they hate us. It's a palpable thing. Seriously it's, that's always the first thing I've had to, that's the first barrier. If I'm co-facilitating with a White guy, they will never speak to me. Yeah, they will never initiate dialogue. I always have to initiate dialogue with them and I'm not saying all, by no stretch, but I'm saying the majority, most definitely.' (Stakeholder Interview)

This was not exclusive to the race or age of the individual taking the group, but stakeholders reflected on how gender was also sometimes an issue, as well as general appearance and ideas around masculinity.

'I worked, for a while, with a guy who is very softly spoken but the only thing that made – and I thought how is it gonna work? But he also trains at the gym, and he was super, super hench and that

is what got the respect. If he was a skinny man with that soft tone of voice, it would never have worked.’ (Stakeholder Interview)

‘We really try to avoid having two females, that would be a very difficult thing to do. So, they watch, they’re very aware of the dynamic between myself and the male facilitator. So, a simple thing like the male facilitator might say, right I’m gonna put the kettle on ‘cos we’re gonna have a tea break soon, why can’t she put the kettle on? Why are you putting the kettle on?’ (Stakeholder Interview)

Several stakeholders reflected that perpetrators who were either from the same background as them or recognised them to also be from an minoritised ethnic background, approached them specifically for support.

‘If someone is from an minoritised ethnic background and they know that I’m on the programme that they need to do, they will gravitate towards me. I would hands down say that being from an ethnic background it does give me an advantage working with men from a different ethnic background.’ (Stakeholder Interview)

With this in mind, one service we spoke with had specifically created the role of ‘BAME case manager’ to support engagement with perpetrators from this background. Although only in place since January 2021, the role has been shown to be effective, estimating an 11% increase in cases that have agreed to support, that otherwise the service says would not have. She also reflected on how her role may enable better connections to be made with communities. However, one support worker, from another service, said that although she came from a Black African background, she felt able to find a common link with anyone sat in front of her, regardless of their ethnicity.

‘Even though I may be Black, I’ve had guys who have been prejudiced and then we’ve had that conversation, but I’ve approached it with love and care, so they’ve come back and said, oh you know what, I’m so confused but this is what my parents, grandparents taught me. And I said, that’s OK, and I get it, it’s OK. I’m not holding that against you, sometimes we just need to do our own kind of digging or checking things out and it’s just like, OK but, again, that’s just a different outlook on life. So, I think in that perspective, as long as we’re mindful that yes, for those other communities, representation is everything because even with that if you get the traveller community, unless you know the traveller community and how they talk and the violence and my feedback to them is from my African culture and background when I’ve spoken to them, I say, I know. It’s about sticking together, family is everything, my parents are like that. So, they’re like, oh OK and I say, yeah I get it. It’s very respectful, going to church on Sundays, I get it so it so if you find that common link and you know what you’re talking about and have the understanding, it will work.’ (Stakeholder Interview)

This prompted discussions around the merit in having ‘specialists’ or ‘leads’ within teams, who can advise on how best to engage individuals from specific backgrounds, support colleagues and provide useful information. For example, one stakeholder referenced a course for drink impaired drivers which was referred to under the acronym ‘DIDS’. However, this was

an offensive term for people from the Gypsy Roma Traveller community, who related this term to 'didicoy', a pejorative term to some. The stakeholder commented that having a specialist worker for Gypsy Roma Traveller communities would have highlighted this.

As mentioned earlier, several stakeholders discussed the challenges they had faced in recruiting people from diverse backgrounds who also had expertise in domestic abuse (e.g., to run specialist groups).

'I have, in the past, I haven't at the moment, actually got some Asian staff members, because we try and actively promote, because we are quite a non-diverse team who are predominantly White women. So, when we go out to adverts we are desperately looking for male and minoritised ethnic recruits and we get, to be honest, we get nowhere. I've just done, the last 3 recruitments I've had only women applicants. So, there's only so much you can do because you can't specify it because there is no need to specify it. Allegedly you can only specify if you have a specific need.' (Stakeholder Interview)

With this in mind, there was an acknowledgement of the need for joint working between organisations working with marginalised communities (by and for organisations) and those agencies who specialise in working with domestic abuse. The quote below speaks not only to discussions of who delivers programmes but also who produces and writes them.

'The only way you're gonna get a buy-in from this community is if you take a few brown people with you. With this sort of stuff really, you do need to get from faith communities and people from minority communities feeding on it and I think that's a massive gap in the delivery of services and there needs to be much more co-production, codesigns, with faith leaders and cultural leaders.' (Stakeholder Interview)

However, a small number of stakeholders discussed that they had previously assumed that both a perpetrator and worker would want to work together purely because they have the same ethnic background, and this was not always the case.

'We do not assume that just because somebody is from a particular ethnic background or religion or community, we do not assume that that person therefore wants to – in fact it's often the complete opposite. I remember a really early experience when I was working on the National Health side, I spoke to a woman and I said, would you like a specific support service which caters for, which is set up to work with women from an Asian background and she was like, no, absolutely not. She said she actively didn't want to work with people from her community. So, it's about asking the question and understanding and knowing what the provision is should somebody say yes and making sure that that is available as well. But no...there shouldn't ever be the assumption that just because somebody's from a particular background that they need to engage or should be engaging with something that's specific.' (Stakeholder Interview)

One stakeholder highlighted the challenges this could sometimes present for the staff member too.

'She was a lovely staff member; I would say she was probably a very Westernised lady but she struggled in so much as why am I expected to deliver groups to Asian people because I am Asian? And why should I have to challenge their culture and almost grass, for want of a better term, on what they're saying because there's only her to hear them because nobody else could. And she talked about implications in the wider community through the Mosque. Also, the fact that she was an Asian lady who knew that Asian people in front of her had drunk alcohol, made it quite difficult and the group members wouldn't speak in front of her.' (Stakeholder Interview)

Similarly, although one perpetrator did discuss the fact he preferred one of the facilitators on his group to another because he had experience of minority stress and family courts, other people commented on factors that were actually more important than shared cultural backgrounds. One person described how a shared ethnicity does not necessarily make a good facilitator as that person may have had very different life experiences and or not possess the qualities required to run a successful intervention.

'It's not necessarily that an ethnic person would make a lot of difference, but it depends on the person itself. It could be two White people who'll actually be conducting the group sessions, or it could be two of different orientations but what would make the difference is how they are actually going about it. If it was a rich Indian who's lived a wonderful life back home, has had 10 servants taking care of him, he will not understand what a middle class or a person coming from a poor family has gone through.' (Perpetrator Interview)

'You have to have a balance as a good facilitator. You, I would say, it needs say, stage presence. You need to have a mixture, you can't just be all serious, serious, then that session becomes boring. You need to have a bit of humour, you need to have a bit of seriousness. You need to have examples of real life, that is what I think makes a good facilitator. A person who can accommodate all that into a session. So, it doesn't have anything to do with race or age or experience, it's how you come across with certain people and vice versa.' (Perpetrator Interview)

One individual, who had attended a programme, reflected on the qualities that make a good facilitator and said this was not necessarily related to gender or race, but rather, their ability to be understanding and simultaneously challenge the group or individuals within it.

'I think we need facilitators who are understanding but who also challenge people.' (Perpetrator Interview)

This sentiment was furthered by stakeholders who described the importance of modelling pro-social behaviour on groups as a key factor in successful facilitation. For example, healthy male attitudes and behaviour to women, through a female and male facilitator, or men

facilitating sessions who show a healthy display of emotions despite being perceived as 'hegemonically masculine'.

'I think that if programmes have as their objective a meaningful and positive challenge to ingrained beliefs and attitudes towards women, they would benefit from being championed by men with these qualities and approaches.' (Stakeholder Interview)

One stakeholder, who worked with men in prison described the approach she took to build trust and elicit change.

'It would have to be like a bespoke, kind of coaxing essence and very caring and supportive type of work because anything other than that where you're consistent. So again, the guys trust me but it's because I'm consistent. So, they know if they do wrong, I am not going to support them, I will literally, I say it as it is, and I make sure that they take ownership but if they do right, they know I'm there 100%. So, you start from the you're great, you're amazing, OK then, and they probably don't believe it, but you start with giving them that and then you work backwards and then you say how can we tweak it to get you to that perfection? What can that look like? What does perfect look like in your eyes? OK how do you think we can get there? What do you think we can tweak? And give them ways to manage that. So, I understand sometimes you may get angry, what works for you? What is it? What is it that triggers it off? Where did you think that came from? 'Cos like sometimes you know like people have this ideology that it might have come from your parents, but I don't always necessarily think it's my parents and then you lead them to go what do you think on that? And very much a thoughtful, caring approach than, oh you've got to sit there. I've been in groups where guys have sat down and they are literally there to tick the box, they don't care.' (Stakeholder Interview)

At least two individuals, who had been on a perpetrator programme, felt there was merit in having a facilitator or support worker from a different background, namely White-British, who could support them in understanding the legal system within the United Kingdom. In essence they suggested that they welcomed being challenged on their views rather than being in a group, perhaps facilitated by someone from their same background, as they were concerned this would validate their beliefs.

'I think actually it's better if they're from a different background, to be honest. I think especially for people who are not White-British. I think they don't understand that when they come to the UK, they have to change their ways. They have to unlearn some things, some patterns that they learned in the past unconsciously. And I think talking with someone who is from a different background kind of makes us realise that. So, for example, if I tell you I did this, this and that and I see the shock in your face and I say, oh OK I wasn't expecting that, maybe not everyone will validate what I did or understand that I did that for some reason. I think it may be better actually.' (Perpetrator Interview)

Overall, there was recognition from stakeholders that, with regards to diversity, there was a need to offer a choice as to who someone would work best with, and this could only be achieved through workforce diversity.

‘Every organisation should have a range of ethnic backgrounds – from White-British to Asian or Black therapists – so they can cater for any client that comes to their organisation. This way, you’re not categorising ethnic groups or LGBTQ+.’ (Survey Respondent)

4.2.5 The Role of the Community in Addressing Abusive Behaviour

Given that there was recognition about the role of communities in some of the narratives used by perpetrators to justify abuse, those interviewed also discussed how the solution to reducing abuse can also be seen to lie within communities; working with victims, perpetrators, extended family members and wider societal structures that serve to hide or reinforce abuse.

‘We should apply a whole family approach to perpetrators, where in some cultures speaking to family and extended family members would reduce the risk to the victim.’ (Stakeholder Interview)

‘This problem is never going to be solved by just men talking to men, or just by women talking to women, we’ve got to bridge that and change it and I think, make an integrated societal approach to respect and that, for me, that stretches across every culture, every religion, you know, but it’s just working out how that needs to be fine-tuned to have the maximum impact in smaller communities or communities where particular needs are identified.’ (Stakeholder Interview)

This means moving beyond perpetrator groups, sessions or programmes offered to individuals and involving communities, including education and religious settings, to challenge unhealthy messaging and promote healthy ones, affording consideration to broader narratives, systems and issues that can contribute to the perpetration of domestic abuse.

‘As Asians we lead two different lives. We’re British born, OK, and we were educated in the Western educational system, this British system, but we go back to our house, our home, where our parents may not be educated and these perpetrators have seen two different lives and it’s not just the women who have honour-based violence and forced marriages and whatever, it’s the men who we know that are coming from that culture, we know that. So maybe working in schools and in colleges it’s getting them and making them understand that there is a way out and that it’s the right way. And even though your parents may force you’ve got a way, teaching them the right way of doing it. And I think we’re really, we’ll be really good at that because we come from that culture and we understand it ‘cos we’ve got brothers and husbands so we, it’s talking to them in the language that they understand.’ (Stakeholder Interview)

Within this, was an acknowledgement, that although perpetrator programmes are a number of weeks to months, this was possibly inefficient when considering the shifts and changes required, not least given the earlier commentary about ingrained belief systems.

'If you said to me well you've got, this is domestic violence, I would never have believed you because domestic violence, in those days, what I understood was beating someone up. So, I think that there needs to be a lot more understanding and, I don't know how you infiltrate the definition of domestic violence by explaining what coercion is. Explaining what emotional and financial control is. Explaining those sort of things within community can be a hard job where genetically they believe in their cultural conditionally that gender bias is women are always going to be beneath the men, for example. So, I think that sometimes we try big things like changing a whole cultural belief which is impossible. It's like saying, let's turn the Titanic around in 20 seconds, it's not gonna happen'
(Survivor and Stakeholder Interview)

'When you are asking somebody to change perpetrator behaviour you are asking them to literally change often their whole world view. 'Cos you don't generally hear perpetrators saying, I wanted to control that person. It tends to come more from a sense of entitlement of this is my role, that is yours, I'm entitled to do this and it's that maintenance of that power and control dynamic. And actually, if you're asking them to change their whole world view it can't just be this programme. It needs to be, if there's co-existing mental health support needs, they need to be addressed. If there's substance use or alcohol use that go alongside it that needs to be addressed as well. If it's friends, family, community that are feeding into this wider perception of, whether it's women, whether it's abuse, or a colluding or enabling or anything like that, it has to be a really honest approach from the individual to say, actually what else needs to change, or what else needs to happen to change this behaviour. But you're completely right, it isn't around assuming a perpetrator intervention will be the thing that changes the perpetrator's behaviour. There needs to be a much wider consideration.'
(Stakeholder Interview)

One individual who attended a perpetrator programme, suggested that community spaces, where people gather regularly and are viewed credibly, trusted by the community, could be an important resource to involve.

'If you increased awareness towards our community but I don't know how it should be increased awareness. All together where the community mixes so much like you get a handful of, you get most people in certain place, in those places if you could, once in a month or once in a week, if you could do something. I don't know where but if you could make awareness about those it would be good. I say every week, every month if they have a session like if every month they can make, bring these things up to the mosque. Because you know Muslims we go to, even if we don't go every year, but at least on Friday there's a good number of people they attend the mosque so in some of the Friday in a month, if they could bring up those issues like could discuss with the community then they will get lots of people and especially on a Friday.' (Perpetrator Interview)

A similar sentiment was offered by specialist provision for victims of domestic abuse and those working with perpetrators, relating to an earlier example about the role of a convened panel of Rabbis for Jewish survivors of domestic abuse.

'I think what it would be good as well is to have maybe different religious figures as well to be able to challenge some of those perceptions that they hold or some of these – so if we look at religion in

particular, I'm thinking about different religion, they have different particular perceptions. How do we have, could we get some religious figures involved or any other community group leaders as well that could maybe come in and get involved as well to kind of just challenge some of those perceptions.' (Stakeholder Interview)

'One of the other things that could be done, it's a big thing, and it would take a lot of work to get it done, but is going into different communities and speaking to people of the community, especially people who have a lot of authority. So, for example, if you were to go to a mosque or if you were to go in to a Gurdwara and speaking to the committees there. So, I come from a Sikh background so I know if I was to go in to the Gurdwara, for example, and speak to the committee members there and speak about domestic violence, there would be probably some who were very opposed to it but there'll be some that are more happy and more willing to communicate with people who are attending and having that support system there. So, I think things like that will enable us to then continue the work that we're currently doing and enhance our ability to do it especially for making these connections.' (Stakeholder Interview)

One individual, who was a survivor and professional, discussed the importance of how interventions are labelled (this was also raised in the earlier section about mother-in-law coffee mornings). This was echoed by another stakeholder who described the risks of disengagement when something is labelled as 'therapy'.

'But what can happen is in a more general rolling, looking at pockets of, whether they are religious leaders or whether they are in writing in their native language to infiltrating into groups. I'm only looking at my own particular community, so our community has, they'll have traditional festivals and they have particular groups of temples or community halls. And I think that if people are bored enough to do like an evening about the difficulties that communities have rather than naming it as domestic violence, you've named that, nobody's gonna go. But the difficulties communities have and how can we support communities, those can be very helpful.' (Stakeholder Interview)

Overall, this spoke to a recognition, from survivors, perpetrators, and a range of voluntary and statutory organisations working with those who abuse, to those specialist organisations working within minoritised communities, that the most effective response to tackling domestic abuse, is a collective one. One that is bigger than a perpetrator programme or 1-1 sessions. One that encourages victims and survivors to step forward, relieving them of guilt and shame that they might be subjected to from their community, encouraging perpetrators to recognise their behaviour as abusive, as defined by UK law, and encouraging narratives that reinforce to be tackled from within communities, amongst those who are held in high regard and trusted by people living and residing within them.

4.3 Domestic Abuse within the LGB and/or T+ Community

Authored by Daisy Elvin

As part of the 104 interviews conducted, we spoke to a total of 26 researchers and individuals who are employed by organisations that undertake specialist work with those who identify as LGB and/or T+ (two of these organisations were exclusively set up to support transgender individuals). We also interviewed seven survivors of domestic abuse who self-identified as being LGB and/or T+.

4.3.1 Terminology

A key theme that emerged both from the point of recruiting stakeholders and conducting interviews was the issue of using the umbrella term LGBTQ+, with a sense that ‘when lumped together the outcome becomes conflated’. Some stakeholders felt it was important to consider transgender individuals separately due to the fact that they can also be LGB and can experience additional, unique aspects of domestic abuse that they may face exclusively, while others identifying as LGB may not. This was also reflected in some of the past research explored for the literature review – for example, Donovan and Barnes (2017; 2019; 2020) have chosen to use the term ‘LGB and/or T+’ to reflect the nuanced experiences within their publications. For this reason, where possible, within this section, we will draw distinctions between issues of sexual orientation (i.e., for lesbian, gay or bisexual individuals) and gender identity (i.e., individuals who identify as transgender) in recognition of the fact that those identifying as part of the LGB and/or T+ community are not a homogeneous group and should not be treated as such.

‘Even within the LGBTQ community, there are differences. This is sometimes a lack of understanding, even amongst that community, of what people’s individual journey has been like. And you can kind of almost assume that because we’re part of this one group, we’ve had a very similar experience, but actually, people have had very different and...purely just the reactions kind of coming out. And when you add other things like, culture, family dynamics and broken families, it makes the picture perhaps slightly more complex...there will still be that kind of individualised journey. And, you know, you have trauma...you just assume it is, you know, we’ve got this shared kind of experience, but actually, that isn’t always the case.’ (Stakeholder Interview)

We have, therefore, set this section of the paper out to firstly consider findings from interviews and the survey about the LGB and/or T+ community more generally (as most of the stakeholders interviewed identified as being inclusive for, and consequently having experience with, the whole LGB and/or T+ community), but where distinct findings were established for transgender individuals, we will mention these at the end of each subsection separately; however, it must be acknowledged that we spoke to only two transgender-specific organisations and two transgender survivors, so the generalisability of these findings is far more limited.

In line with this, some stakeholders felt it was imperative for future services to really consider and be transparent about which part of the LGB and/or T+ community they were able to support and that there is a need to explore whether there are resources to have specialist provision for each group in recognition of their individual experiences.

'There's various kinds of projects going on to kind of reach out to those communities, but whether we do enough? I'm not completely sure. To be honest, I don't. I think there's still a lot more to do, because we can't just have an intervention for the LGBTQ plus community, because there's different needs within that. And I guess it's whether we have the resources to provide an intervention for all the groups within? I'm not sure we do.' (Stakeholder Interview)

We would like to recognise the fact that during this research, there was no mention of the experiences of intersex people, so this remains a gap for future research to explore.

4.3.2 Perpetration of Domestic Abuse within the LGB and/or T+ Community

Reasons for Domestic Abuse within the LGB and/or T+ Community

Our survey asked respondents to consider whether there are any specific contributing factors to domestic abuse perpetration from people from LGB and/or T+ communities. Compared to those answering about minoritised ethnic communities, there was far more divergence in responses, with 44% feeling unsure and 43% saying there were specific contributing factors for perpetrators from this community. However, 57% said they felt there was a difference in the needs of perpetrators from White, heterosexual, cisgender male backgrounds compared to those perpetrators from minoritised communities (including ethnicity, gender identity and sexual orientation).

Many of the stakeholders and survivors we spoke to felt that there are similar reasons behind domestic abuse perpetration regardless of background, sexual orientation, and/or gender identity.

'The therapeutic needs are the same generally across sexuality, gender and ethnicity. Research suggests that there are types of perpetrators (e.g., dysphoric versus generally violent) and different risk levels, but these are likely to be similar across populations and reflect perpetrator psychology.'
(Survey Respondent)

Generally, the reasons for perpetrating domestic abuse were described as being due to personal insecurities, and typically came back to the concept of power and control, which is widely documented within research exploring domestic abuse within heterosexual relationships.

'It was about the ability to have that power and control over somebody else.' (Interview with a Survivor identifying as a Lesbian woman)

'The underlying factors and the biopsychosocial factors underpinning domestic abuse could largely be considered to be the same, people regress within their relationships for similar reasons, for similar underlying causal factors, regardless of their sexual orientation and sometimes regardless of gender' (Stakeholder Interview)

'The research on LGBTQ+ suggests that domestic abuse is similar to heterosexual relationships. In terms of coercive control, there are additional types such as threatening to 'out' a partner, however where factor analysis has been used to create questionnaires to measure coercive control in LGBTQ+ relationships these LGBTQ+ items are so rarely endorsed that they are removed from the questionnaires. I think there are specific factors around help seeking that may be more salient to these communities, such as a perception of a lack of support, ostracism by LGBTQ+ community as domestic abuse is seen as a problem for heterosexual couples.' (Survey Respondent)

Childhood trauma was commonly mentioned during interviews as being a contributing factor, but with particular reference to things such as rejection from parents (or wider family members) due to the individual's sexual orientation and/or gender identity, which may then lead to fear of abandonment later in life. This was considered as particularly unique to the LGB and/or T+ community.

'I would imagine it's like many things, isn't it, the insecurity or the fear of abandonment that people might experience. It's probably one of the main reasons somebody is likely to become a perpetrator, is they've got their own issues, probably related to childhood traumas or whatever. I suppose those childhood traumas or the likelihood of them having experienced rejection from a parent at a younger age is likely to be more prevalent if somebody who identifies as gay or bisexual.' (Stakeholder Interview)

'I knew that he had quite large traumas from his past that were, that were the cause the root cause.' (Interview with a Survivor identifying as a Gay man)

Therefore, although similarities were noted with domestic abuse more generally, almost every interviewee was also able to identify additional complexities for those experiencing domestic abuse within relationships where one or both individuals identified as being LGB and/or T+. Concepts of internalised and/or externalised homo/bi/transphobia were commonly mentioned. One stakeholder, working in the statutory sector even articulated concerns about homophobia within the workforce. Further, when discussing the homophobia he and his partner had experienced, one survivor said:

'That's the real core of it for me because I think that's the root of what causes problems later in life. I think it's not the only thing, obviously, sometimes there's 1000s of reasons why someone might fall

into a pattern of abusive behaviour. But I think that's very specific to LGBTQ people. And I think people need to understand that broadly.' (Interview with a Survivor identifying as a Gay man)

Others, working in the sector, reflected further and discussed the idea of internalised homonegativity and homophobia.

'I think as well within some of the LGBTQ community, they're battling their own, you know, prejudice and stereotypes as well.' (Stakeholder Interview)

'The key ones that came out in our consultation and through our literature review and from working with experts by experience were things like internalised homonegativity, external homonegativity.' (Stakeholder Interview)

'Internalised homonegativity, that's the, depending on their experiences growing up, there might be some expectations on themselves about how they should be, which they could potentially feel like they haven't lived up to those expectations of family members who might have homonegative beliefs.' (Stakeholder Interview)

Some interviewees mentioned that, in their experience, perpetrators have also been victims of abuse themselves and the idea that people are either a perpetrator or a victim can often be particularly unhelpful, especially in same-sex relationships, where both partners may benefit from support.

'I know that they've chosen poor behaviours to demonstrate, but actually in their own way, they've been through stuff themselves, in a lot of cases make them victims in their own right.' (Interview with a Survivor identifying as a Gay man)

'I've worked with some really, really high-risk offenders over the years and you've got to take away the fact that these people are probably a victim of something.' (Stakeholder Interview)

Interestingly, substance misuse was mentioned within a few of the interviews as a potential contributing and/or perpetuating factor, perhaps used to deal with some of the stressors that people within LGB and/or T+ communities faced.

'Impact of growing up gay in a straight world and internalised homophobia, and how that potentially might be impact on the way that LGBTQ people behave and become more likely to become addicted to substances or alcohol.' (Interview with a Survivor identifying as a Gay man)

'I can think of a few lesbian couples that we worked with, they came through our service through having an addiction, and then came in and then we did the work with the domestic abuse perpetrator programme.' (Stakeholder Interview)

Unique Types of Domestic Abuse Experienced by the LGB and/or T+ Community

As with the reasons behind domestic abuse perpetration within LGB and/or T+ relationships, stakeholders acknowledged similarities in terms of the types of abuse experienced by LGB and/or T+ individuals. However, they also identified many key differences – an additional layer to abuse emerged as a theme within interviews, in which there are evidently unique tools and tactics which can be used to victimise LGB and/or T+ individuals, that would not be experienced by individuals identifying as heterosexual. One stakeholder reflected that this was portrayed within the ‘intensity’ or ‘level’ of abuse. For example, a perpetrator may make threats to ‘out’ an individual’s sexual orientation, HIV status or belittle them based on their identity; attempting to make them feel like they are not allowed to be who they want to be.

‘LGBT+ people can experience as well like physical violence, hitting, slapping and berating but there’s also the additional aspects. So intimidation based on disclosing your sexual identity to people, disclosing HIV status without consent, really undermining sometimes your orientation so making someone feel dirty or ashamed, undermining that gender identity, expression of that and identity so telling people nobody sees you as a woman, everybody sees you as a man, you look non-binary, you’re not passing for that, it’s this, it’s this. Sometimes that can look like limiting or controlling access to LGBT+ spaces or using immigration to threaten a person with deportation to their country of origin which sometimes may have anti-trans or anti-gay laws. Very commonly people are manipulated to believe that there is no help available, they’re never gonna be happy and their experience of abuse is natural because of who they are in society. So it’s very common for people to believe that this is just how things are and the real difference I would say is that it’s a contextual vulnerability of being an LGBT+ person that is exploited to take further control in your life and that’s some of the biggest differences. In fact, all those cases of who you are, through no fault of your own, just be existing, can be used against you and that’s not something that our heterosexual or CIS gender peers experience.’ (Stakeholder Interview)

‘There are some, what I would call, specific weapons of power and control. So, for example, gay and bi-sexual men will often use somebody’s HIV status against them so they will threaten to tell work colleagues, friends, family etc. that they’re HIV positive whether they are or not, then quite often withhold medication if somebody is HIV positive. There’s quite often a threat to out people which is something that you wouldn’t get within a heterosexual kind of relationship, so it’s an understanding of some of those specific issues that may be different and some of the specific barriers that people might face.’ (Stakeholder Interview)

Many of these additional tactics of power and control can be grouped under the term ‘identity abuse’. In this sense, interviewees felt that essentially, all elements of the LGB and/or T+ identity, and the journey associated with that, can be exploited, which is something that cisgender heterosexual individuals do not experience. It was also acknowledged that this could be so ingrained and inherent in people’s lived experience that it was not always recognised as abusive.

'It's very common for people to believe that this is just how things are and the real difference I would say is that it's a contextual vulnerability of being an LGBT+ person is exploited to take further control in your life and that's some of the biggest differences.' (Stakeholder Interview)

'I think that the ongoing trauma of living in secrecy and shame about who you are, and being potentially bullied for that, and my experience, that bullying, not being dealt with, in school, so sort of normalised, not having any future role models, not really seeing a way out of that quite dark, what can be quite a dark place for your personally. I think that has a lasting impact and legacy from people as they grow up.' (Interview with a Survivor identifying as a Gay man)

A significant theme that was present throughout most of the interviews was the issue of the 'public story' of domestic abuse, in which domestic abuse is typically thought of as a heterosexual issue and that it is only men who perpetrate abuse and women who are the victims. As noted above, this was a cause for concern as it means victims, and sometimes even perpetrators, do not recognise the abuse for what it is, or they may minimise it. One individual highlighted that this lack of recognition, translates to a lack of support, or inappropriate support.

'My personal experience was at the hands of a Black woman. I am White British. I was expected to conform to a very stereotypical role of compliance. Also, where was I supposed to go? There was little to know support for women being abused by a woman. She would have been given access to the refuge. Societal expectation that same sex relationships are somehow not violent. I was told that I could not have been abused because my partner was a woman.' (Survey Respondent)

Stakeholders felt this lack of identification of abuse could become a unique tactic used and capitalised on by perpetrators to make their victims feel their experience of abuse is 'natural' and 'how LGB and/or T+ relationships are'. Interviewees discussed how LGB and/or T+ victims do not have any role models or representative storylines in TV shows to compare themselves to, perpetrators are able to use this to make victims believe no help is available, or that people would not believe them, hindering help-seeking opportunities and manipulating them to stay within the relationship.

'One of the other things that happens is people will be told that this is what LGBT relationships are like, so this is what gay relationships are like and because they don't really have any role models or anything to ascertain against, one of the risk indicators for same-sex domestic violence is a first relationship which it doesn't come up in the same way in heterosexual relationships. So, if it's your first relationship, you've just come out and somebody's telling you this is what relationships are like, what do you judge it against? You've grown up in a heterosexual family, with heterosexual friends and family and you don't see, there's more representation of same-sex couples now than there was but it's that whole what do you judge it against, how do you know what a healthy relationship is? It's also interesting that lots of LGBT victims don't recognise themselves as victims of domestic abuse because the mainstream discourse says that domestic abuse is something heterosexual men do to women. And don't get me wrong, in 95% of cases, that's the truth, domestic abuse is a gendered

issue but if that's what you see all the time, and there are no images of same-sex domestic abuse, you just think your partner's a bit mad. There's something wrong, my partner drinks or my partner's mad but you might not actually recognise what's going on as domestic violence even if you're being hit.' (Stakeholder Interview)

One survivor (who identified as a lesbian) spoke about her abusive partner using the fact that she had been in a previous heterosexual relationship and had come out later in life against her and would bring this up to friends and family members in social situations with the result of making her feel extremely embarrassed. This 'experiential abuse' was discussed as being especially risky for an individual in their first LGB relationship, when they have nothing to judge their experience against. Linked to this, social isolation was a key theme that emerged from the interviews, with perpetrators not only isolating victims from family and friends (as seen in heterosexual domestic abuse), but also not letting them be a part of the wider LGB and/or T+ community.

'I was made to live like a prisoner. I wanted to be part of the LGBT community, we weren't part of it, and I wanted to be, but she didn't, so she wouldn't let me.' (Interview with a Survivor identifying as a Lesbian woman)

'She definitely isolated me from my family. She isolated me from my friends, she, I would just be bombarded with phone calls and messages where was I? You should have been home half an hour ago. I told you, you could have an hour, you know, it was just, you know, suffocating.' (Interview with a Survivor identifying as a Lesbian woman)

There was a sense that the most prevalent forms of abuse experienced by LGB and/or T+ individuals could be categorised as coercive control, psychological abuse, or emotional abuse, including various forms of ghosting, gaslighting, humiliation, and name calling.

'She was very manipulative, emotionally.' (Interview with a Survivor identifying as a Lesbian woman)

One stakeholder, with extensive experience of delivering perpetrator programmes and working within the field of domestic abuse more generally, spoke about 'identity theft' being a form of abuse within same-sex abusive relationships.

'What I found with all my work over the years, not specifically with [name of organisation], but working with kind of same sex individuals that have experienced domestic abuse, a massive part, which isn't touched on anywhere else, almost like identity theft, in a way, adopting somebody's persona. So, what you'll find is a perpetrator of domestic abuse, will almost as well as break down the other person, they will almost steal their identity, because the narcissistic perpetrator almost doesn't have one. Yeah. Whereas in a heterosexual couple, it's potentially is harder to steal. So, if it's a guy that's a perpetrator, it's harder to steal the female's identity. Whereas if you're in a same sex relationship, and I might not be saying this as clearly as I mean to, but an identity is almost stolen. Where the identity doesn't exist with the perpetrator, whether they're a blank canvas, because that's

the more narcissistic of it. It's that, almost theft of that other person's identity, which is easier to do in a gay relationship. I can't think how to word it in a different way. But it's certainly something that over the years that has really stood out to me. And there's a lack of research in relation to that. As in that stealing of potentially the persona, as opposed to the identity, which is a really interesting dynamic.' (Stakeholder Interview)

Unique Experiences for Transgender Individuals

Despite it being recognised that transgender individuals can be victims/survivors of domestic abuse, stakeholders were sceptical about how common it would be for a transgender individual to actually be the perpetrator of domestic abuse, something that they felt was difficult to ascertain due to no statistics being available. Stakeholders felt this would be interesting to explore further to establish prevalence of domestic abuse perpetration by transgender individuals. One stakeholder suggested that for a transgender woman, it could be possible that prior to coming out, or transitioning, she had internalised her femininity for so long that she may have overcompensated and tried to be 'extra macho' as a way of hiding her gender identity – the stakeholder felt this could be an example of a situation in which a transgender individual was a perpetrator; however, the perpetration of abuse would occur prior to them revealing their gender identity.

With regards to transgender individuals' experience of domestic abuse, perpetrators threatening to 'out' the victim to friends, family members or work colleagues was again a common unique tool identified by stakeholders; however, this was specifically in relation to 'outing' their gender identity rather than sexual orientation. One stakeholder spoke about perpetrators using this to play on fears; such as, having their children taken away from them by threatening to 'out' them to social services, if the individual had come out as transgender later in life and had children.

Alternatively, perpetrators may try to prevent the victim from disclosing their gender identity to others. Another key issue raised was that perpetrators may refuse to use an individual's preferred pronouns or will use the wrong pronouns on purpose. Similarly, perpetrators may use 'deadnaming' as a tactic of abuse, whereby they intentionally refer to a transgender person by the name they used before they transitioned, this is also sometimes described as referring to someone by their 'birth name' or their 'given name'.

'My direct experience of abuse but a lot of domestic abuse for trans people, when you break down those things like refusing to use names or pronouns or stopping people telling, stopping you telling people about who you are and stuff like that, all comes under emotional abuse.' (Interview with a Survivor identifying as a Transgender Woman)

Linked to this, some stakeholders spoke about the issue of 'spousal veto', where a perpetrator will prevent their husband or wife from getting a gender recognition certificate.

*‘Spousal veto... That’s about – so basically that means that in order for someone who’s trans to get a gender recognition certificate in order to change their birth certificate, they need to ask, if they’re married, they need to ask their spouse for permission or consent in order to get this gender recognition certificate. So, if there’s abuse going on within a relationship that’s often weaponised so someone actually wanting to get a gender recognition certificate is often weaponised within the abusive relationship and they can stop someone from actually getting a full gender recognition certificate and an interim recognition certificate could be granted but that’s the only thing.’
(Stakeholder Interview)*

Stakeholders gave examples of comments that could be used by a perpetrator to deny identity or target insecurities the transgender individual may have around their body image.

‘People will use the person’s sexual orientation or gender identity against them. So, for trans people you would probably get somebody being told they’re not a real woman or you’re not a real man. If they’re gonna be a real woman you don’t look pretty enough, you sound like a bloke, so they will use all of those things against them. And, again, you might have somebody who’s been in a previous heterosexual relationship, lesbian woman who’s told she’s not a real lesbian or she might be being told that social services will remove her children.’ (Stakeholder Interview)

As with LGB and/or T+ people more generally, it was felt that much of the domestic abuse perpetrated against transgender individuals would fall under emotional abuse and coercive controlling behaviour. However, one stakeholder felt that transgender individuals were more likely to experience sexual abuse as a form of abuse. Stakeholders also spoke about withholding medication or preventing the individual from accessing medical treatment as part of their transitioning process as a unique form of physical abuse which transgender victims may experience.

‘There’s things such as withholding medical treatment or discouraging people to actually go and seek medical treatment because the partner doesn’t want that person to change.’ (Stakeholder Interview)

‘The Trans-specific experience of abuse would be, you know, withholding medication and things like that.’ (Stakeholder Interview)

As described above for the LGB and/or T+ community more generally, interviewees described transgender victims being told that what they are going through is normal due to their gender identity, and as such, the perpetrator may use social isolation to prevent them meeting or talking to other transgender individuals (including stopping access to the internet so they cannot access online support), so the victim does not realise that what they are going through is wrong.

'My mum was emotionally abusive, and I did not recognise that and I didn't recognise that until I started having some counselling around my gender issues.' (Interview with a Survivor identifying as a Transgender Woman)

'Social isolation is another tactic, you can't access the internet, what are you doing on the internet looking at trans sites trying to get support, all that kind of stuff, applies to sexual orientation as well, withholding access to spaces, don't go to that group, why are you going out, why are you meeting your trans friends?' (Stakeholder Interview)

Stakeholders also emphasised that often the perpetrator's wider family may become involved in the abuse, particularly for individuals who have children from a previous relationship and are trying to maintain contact with their children. When visiting children, it was described that the ex-partner's wider family may get involved and become abusive as well, perhaps due to them seeing that individual as the reason for breaking up the relationship when they came out as transgender. Finally, it was acknowledged, that there was a lack of refuge provision for transgender individuals, which also made it harder for people to leave abusive situations.

'Being LGBTQ+ means you are already generally isolated and reliant on a partner. This can be weaponised and used to control. Each part of the LGBTQ+ community will have similar factors but also their own unique factors. For example, the trans community, a trans victim would find escape difficult due to perceptions regarding refuges and domestic violence support organisations.' (Survey Respondent)

Unique Experiences for LGB and/or T+ Individuals from Minoritised Ethnic Backgrounds

On the whole, there was little consideration during interviews for when an individual identifies as being both LGB and/or T+ and from a minoritised ethnic background. However, when this was mentioned by stakeholders, they described unique experiences such as 'corrective rape'²² and 'conversion therapy'²³, as well as perpetrators threatening or using insecure immigration status against an individual who has come from a country with anti-gay laws.

'We've worked with a trans man who's only fairly recently come out as a trans man. And he'd actually been a victim of forced marriage as well. So, it was really complicated. So, there are lots and lots of compounding factors. So, he was experiencing racism, his community completely turned their back on him. He had also experienced rape within the marriage as a female, it was all sorts of compounding issues, really, that that he experienced. But it's the stigma and shame and then I

²² Corrective rape can also be called curative or homophobic rape – this is a hate crime in which a person is raped because of their perceived sexual orientation or gender identity, the typical intended consequence of the rape, as seen by the perpetrator, is to turn the person heterosexual or to enforce conformity with gender stereotypes.

²³ Conversion therapy is the pseudoscientific practice of trying to change an individual's sexual orientation from homosexual or bisexual to heterosexual using psychological, physical, or spiritual interventions.

suppose there is the fear of racism, and the fear of kind of the stigma you bring to your family if you criminalise your husband or seek help.’ (Stakeholder Interview)

4.3.3 Help-Seeking for LGB and/or T+ People Perpetrating Domestic Abuse

Existing Barriers to Accessing Support

Stakeholders discussed that the reasons for not accessing support are likely to be similar regardless of ethnicity, sexual orientation, and/or gender identity; however, stakeholders were again able to identify additional challenges which people from minoritised backgrounds may face. Although, this section does discuss barriers faced by victims of abuse from LGB and/or T+ communities; this exacerbates the challenges faced in a) identifying perpetrators of abuse and b) providing appropriate support for perpetrators.

Barriers to accessing support both for victims/survivors and, therefore, perpetrators from the LGB and/or T+ community was a significant issue raised by all interviewees. Many of the unique tools and tactics mentioned in the above section were described as also mapping onto the barriers that LGB and/or T+ individuals face when trying to access support. In particular, the issues around being isolated, not recognising the abuse for what it is, and being made to believe no help is available were prevalent themes.

‘I’d imagine there’s obviously gonna be elements that are the same no matter who you are, what colour your skin is or whoever you like, whoever you’re attracted to. The reluctance to access services is gonna be, the reasons for that are gonna be similar ‘cos obviously first of all you’ve got to acknowledge that you are being abused. ‘Cos lots of people see it or choose not to see it or give excuses for it.’ (Stakeholder Interview)

*‘So they will be sitting there in a domestic abuse environment, sometimes not even recognising what they’re going through is actually abuse because it’s not, these aspects aren’t even talked about.’
(Interview with a Survivor identifying as a Transgender Woman)*

Generally, stakeholders either explicitly stated, or implicitly implied, that barriers could be divided into distinct categories as they exist on different levels. Firstly, we consider personal barriers which are based on an individual’s own perceptions that can be influenced by past experiences. Then we explore structural barriers around lack of staff awareness, training, resources, funding, and promotion of the support available etc. Finally, we will turn our attention to perhaps the biggest issue to tackle; cultural barriers based on society’s values, beliefs, and attitudes.

Personal Barriers

In terms of the personal barriers, stakeholders spoke predominantly about stigma and shame attached to domestic abuse more generally as a barrier to engagement, but then

acknowledged individuals may fear being judged, not taken seriously, not being believed etc., based on their sexual orientation and/or gender identity as well, leading them to feel forced into staying 'hidden'.

'From the people that we speak to and support, there's a real reluctance to tell anybody about it, even us, as an LGBT+ organisation. Just the fear of stigma, whether they'll be taken seriously, whether people will think, that only happens to heterosexual people and so on. And also fears about having to be open about their identity as well. Maybe they're still closeted and don't want people to know and if they were to report it or to get support, they might have to say, this is how I identify and they might not be comfortable with that.' (Stakeholder Interview)

'If an experience goes unrecognised that ends the help seeking journey.' (Stakeholder Interview)

'It's definitely a really strong sense of not being believed or taken seriously, especially by the police. You know, we're almost made to feel that we're wasting their time...I actually had one officer laugh at me, you know, you're opening up to somebody, you're trying to trust them, you know, you're telling them something that's really quite intimate, personal and to be laughed at? Just, you know, it just makes you just think, well, what's the point? Because they're not going to listen, they're not gonna do anything.' (Interview with a Survivor identifying as being a Lesbian)

Stakeholders spoke about the possibility of this being based on past experiences in which the individual had received a negative reception from a service or specific type of professional based on their LGB and/or T+ status. Several survey respondents discussed the concept of internalised homophobia and internalised oppression.

'I believe that internalised homophobia among LGB+ groups especially gay men is an under-researched area especially for those who 'come out' later in life and don't have interaction with LGB+ culture, education and socialisation.' (Survey Respondent)

'For some of these perpetrators, you know, they haven't been listened to before, they've just been judged, so they'd rather stay silent' (Stakeholder Interview)

'So there's already quite a strong stigma attached. And I know of quite a few people who haven't reported what they've been through because of what they know of other people's personal experiences.' (Interview with a Survivor identifying as a Lesbian woman)

Previous negative experiences were therefore described and discussed as only serving to reinforce internalised homo/bi/transphobia and a belief that there is no help available for them, or that authorities cannot be trusted. In some cases, stakeholders even gave examples of wrong pronouns being used by professionals; although, this was typically because they had not asked the individual about their preferences (see next subsection for further exploration of this issue). This therefore led to people's experiences not being fully or appropriately acknowledged in the context of their sexuality and gender identity.

'Even how we record information about people who come forward tends to be wrong. I've spent most of this afternoon arguing with various health and mental health and Police about how they recorded the details of someone who's come out as trans, but everything still indicates their past gender.' (Stakeholder Interview)

It transpired that many of the stakeholders felt LGB and/or T+ people would not approach mainstream services because of the fear of experiencing prejudice and discrimination, which may explain the finding in the literature that often LGB and/or T+ people turn to friends, counsellors, or therapists instead of domestic abuse services, when they do decide to reach out for support. Safety emerged as a particularly relevant theme for those identifying as LGB or T+; indicating that if they did not feel they would be safe attending a service or group, this was a significant personal barrier to engagement.

'It's often really hidden and that LGBT+ communities don't necessarily access the same support networks voluntarily or Police or statutory agencies that maybe non-LGBT+ people would. So it might seem more hidden and not as well reported.' (Stakeholder Interview)

'It's about people maybe lesbians or gay men not wanting to go to mainstream domestic abuse services. I think it just goes across the board, it's just that fear of being judged, and it's that fear of, oh, you know, how, how's this person going to react if I tell them this and that.' (Stakeholder Interview)

Also linked to this, was the idea that an individual may fear 'outing' themselves if they have not yet 'come out' to those around them. From this perspective, some stakeholders described an issue of 'double disclosure', whereby the individual not only has to admit to experiencing or perpetrating domestic abuse, but they also have to disclose their sexual orientation and/or gender identity, making it harder for LGB and/or T+ individuals to come forward than their heterosexual counterparts.

'When we come to a non-LGBT service, we're potentially facing what we call double disclosure. So, on one hand, we're going to have to disclose domestic abuse, which we know is challenging and really hard to do for any survivor of abuse, actually, for our clients, in the context of a non-LGBT setting that can be compounded by the fact now I'm going to have to talk about my sexuality and gender identity. And I don't know how that person is going to react. So that is even a bigger problem.' (Stakeholder Interview)

'I would imagine especially if someone's in a relationship that they're not openly, if they're in the closet with their family, for example, and they're experiencing domestic violence, they're gonna be less likely to seek support because that would mean publicly acknowledging that they're having sex with someone of the same gender or in a romantic relationship with someone of the same gender which, for a lot of people, is a big barrier really 'cos many people, right up into their later life, are closeted to their family members and to their work colleagues even though friends and obviously

lovers might not know about it but I think that's something people must bear in mind, the barriers to accessing support and things like that.' (Stakeholder Interview)

'One of the difficulties, unique to LGBTQ people, is pulling forward to present yourself to a service or something like that. You're already drowning in shame about the situation you're in and actually doing that is admitting that you're in the situation, and that step is almost near impossible.'
(Interview with a Survivor identifying as a Gay man)

Stakeholders often spoke about individuals being worried about not getting the right support or not having their individual needs met due to them being from the LGB and/or T+ community. This was exacerbated when discussing statutory organisations.

'I guess the belief from them not being provided or the fear of not being provided the right support.'
(Stakeholder Interview)

'Engagement from people from LGBT community might be affected by the fact that there's an apprehension that they're not gonna be fully understood potentially by, what might be perceived to be, a Government organisation which may be, for some individuals, their experience of Government organisations isn't one where they're responsivity needs, if you like, haven't been really taken in to account properly. So, they might have had bad experiences in the past from public services.'
(Stakeholder Interview)

Some stakeholders discussed the fear of negative repercussions by admitting to perpetrating abuse, which centred around concerns for the confidentiality of services and not understanding whether there would be legal implications in coming forward. From the survivors' perspective, stakeholders spoke about how typically people do not want their partner criminalised; they just want the behaviour to change, which also potentially served to silence communities. The need for confidentiality was further highlighted when discussing individuals who may come from a small social circle in which friends know both the victim/survivor and perpetrator.

'Our communities are where we feel safe. What do we do and where can we go when our perpetrators are also a part of our minority community?' (Survey Respondent)

Overall, a lot of these issues came back to an underlying theme of LGB and/or T+ individuals worrying about their safety when coming forward to access support. This emerged again when discussing the need for mixed or specialist groups, which we address in a later part of this section.

'I think because the gay community can be quite small in some areas. And if you speak out, inevitably, your partner is friends with your friends. Yeah. And you've got to make this decision. If you go public, you know, that you're going to lose some friends or some friends are gonna feel they've got to choose the sides. And the consequences from that can be quite catastrophic, because I know

can't go to certain venues. I've been told I'm not welcome. Yeah, it's not very nice. And it almost makes me think, well, maybe I shouldn't. I should have just kept quiet.' (Interview with a Survivor identifying as being a Lesbian)

'I'm not going to be safe if I go and seek help?' (Interview with a Survivor identifying as a Transgender Woman)

Structural Barriers

The biggest structural barrier discussed during the interviews was that staff often lack confidence and/or competence in working with LGB and/or T+ individuals. Many stakeholders spoke about staff fearing getting it wrong or causing offense, which they said typically stemmed from a lack of knowledge and appropriate training on the nuances faced by LGB and/or T+ individuals experiencing domestic abuse. Because professionals are not comfortable asking people about their sexual orientation and/or gender identity, this in turn was described as leading individuals to not feel comfortable identifying themselves as LGB and/or T+, which of course contributes to poor recording practices and may lead commissioners to underestimate the size of the problem due to further underreporting/misreporting of an already very 'hidden' crime.

'We find, not just with domestic abuse, but all sorts of services that there's a real, a knowledge gap, but also a shortfall in confidence as well. Quite often services just don't feel confident working with LGBT+ people because they worry about saying the wrong thing or offending them or not getting terminology right and so on.' (Stakeholder Interview)

'I think people are a bit scared to talk about LGBT+ because I think they're a bit worried about getting it wrong. So I think there's, I think it's maybe confidence building and as well, an awareness of all those issues.' (Stakeholder Interview)

Acknowledgement of this barrier was accompanied by a desire, from the workforce, to have more confidence, training, and empowerment to ask questions and be educated on some of the specific issues that people from the LGB and/or T+ community face.

'Build their confidence to be able to feel confident enough to ask straightforward questions without feeling self-conscious or that they were in any way overstepping the mark.' (Stakeholder Interview)

This was also reinforced by feedback from those with lived experience:

'I think in the same way that the Black Lives Matter movement suddenly opened lots of people's eyes to racism isn't just calling someone a nasty name in the street. It can be institutionalised, it can run through organisations, it can be systemic, it can be structured, you know, it hides in places if it's, if it's not consistently called out and I think it's the same with homophobia, I think there is a general perceived idea that like, oh, we've got equal marriage, adoption rights or the same kind of resolve.'

And I don't think cisgendered heterosexual people genuinely understand what it means to move through the world, as gay or trans or non-binary gender.' (Interview with a Survivor identifying as a Gay man)

Lack of awareness amongst the LGB and/or T+ community of available and specific support services for them was an issue, and some stakeholders spoke about domestic abuse perpetrator services being inclusive but not advertising themselves as such.

'I think for LGBTQ partners, I think a lot of it comes down to that they don't, they might not realise that the services are available to them.' (Stakeholder Interview)

'Actually, I think they just might not be aware that these services are available to them as well.' (Stakeholder Interview)

Alternatively, some services advertised themselves as inclusive, but when it came down to it, had very strict criteria that was too specific and in fact excluded people.

'Just because they don't fit into, you know, the eligibility criteria for the existing one doesn't mean that they shouldn't have access to, help and support.' (Stakeholder Interview)

'There's almost an expectation that everyone is heterosexual because there isn't a facility for those who are in same-sex relationships, if there was violence and we're waiting for them to come on and we have assessed people, it's like, oh sorry you can't come on this programme because you're in a same-sex relationship, is really difficult. So, I'd have people that I've assessed but they're not able to access the programmes they need because of their sexuality.' (Stakeholder Interview)

Although services were perhaps not seeing referrals for those from same-sex relationships, there was an intention of services to be inclusive and offer support for all, regardless of gender identity or sexuality, which was evident in all interviews. Stakeholders demonstrated an eagerness to learn how to improve their current practices to be genuinely more inclusive with a robust service offer for those from LGB and/or T+ communities.

Both stakeholders and survivors mentioned missed opportunities by professionals to engage LGB and/or T+ people, but particularly, it was felt that the police could be doing more to signpost people to appropriate support services to reduce further abuse.

'The police were involved a number of times; I called the police four or five times during the course of that relationship. So obviously, the more they came, the more that was, it was logged, I would be sat down, we'd have the conversation, you sort of get used to the script from them, and I think they were really aware and, and really sensitive to this being a gay relationship. In that sense everything was done professionally and compassionately, but there was no, there's nothing after that point, for me or my partner at the time, who was the perpetrator. There was nothing other than, you know, have

you considered couples counselling? Do you have an escape route?’ (Interview with a Survivor identifying as a Gay man)

Stakeholders spoke about the need for increased and more stable funding for services to ensure support can be offered long-term and in both meaningful and sustainable ways. It was discussed how individuals needing support may be put off by approaching services, if they believe the support is short term or piecemeal.

‘I think we all agree, I haven't heard any professional say otherwise, that we need to have responses that are meaningful and sustainable, because there's been way too much pop-up services... by that, I mean services who are funded for three to six months, and then they disappear. It's confusing for communities, it's confusing for service users... long-term, it does more harm than good, because you on one hand, you start to build trust, you start to build confidence, and then the programme is gone... So really confusing, and really, really not anything that is actually helpful in terms of encouraging domestic abuse support, so we need to think about sustainability and embedding the programmes, especially specialists and by and for programmes, if we're thinking of setting up, they need to be really embedded in the service with you know, with a long-term, prospect, at least.’
(Stakeholder Interview)

Cultural Barriers

In terms of cultural barriers, two major themes emerged: these were issues about the ‘public story’ of domestic abuse and subsequent misunderstanding around ‘mutual abuse’.

Almost all interviewees talked about a conceptual problem with the ‘public story’ of domestic abuse – as discussed previously, this leads the individuals within the relationship, and possibly those around them including first respondents such as police or social care, not to recognise the abuse; conforming to heteronormative beliefs and structures.

‘We actually do an exercise in training. And we get people to draw what they think a perpetrator looks like and every single time I've done the exercise, they draw, you know, a White male, you know, skinhead, White vest, tattoo, pint of Stella all those sorts of things... we say anyone can be a victim of domestic abuse but actually perpetrators come in different forms as well. And they have different backgrounds and a different set of needs.’ (Stakeholder Interview)

In some cases, individuals described the abuse might be more likely coined as a ‘relationship problem’ with suggestions to go for couples counselling. Some stakeholders described this as ‘totally inappropriate’ and noted that this can also contribute to victims minimising the abuse or silencing them further.

‘Sometimes you do also put a psychological block in place, where you don't want to admit that that's the thing that's happening.’ (Interview with a Survivor identifying as a Gay man)

'I think the fact that there's not an open conversation out there about it, or you're not seeing stories of it reflected makes it even really, really isolating. I liken it to being back in the closet all those years ago.' (Interview with a Survivor identifying as a Gay man)

As such, the 'public story' of domestic abuse, was very much a gendered, heterosexual one and those incidents that did not fit this, were sometimes not recognised, or attended to adequately.

'I have found unfortunately it is difficult to get that acknowledgement of domestic abuse. Obviously with domestic abuse people's automatic assumption is this male perpetrator, the female victim and they're in a heterosexual relationship. Anything outside that doesn't seem to click with people.' (Stakeholder Interview)

'When you think about a relationship, which has abuse featuring as a factor, stereotypically, your mind goes to male female. Like, that's what your brain is naturally wired to think.' (Stakeholder Interview)

Feedback here, also spoke to the failure of services and systems, to acknowledge the nuances of domestic abuse, encouraging people to fit in a 'box' based on whether they were male or female, victim, or perpetrator. In reality, the feedback here was that this was rarely the case, especially in LGB and/or T+ communities.

'It is assumed that patriarchal power dynamics are not relevant factors to gay men and those transitioning from male to female. Again, I perceive that socialisation as man, in terms of gender, can affect perpetration behaviours among gay men and trans women.' (Survey Respondent)

'I still think that there is space for acknowledging the complexity of it, because I think lots of people don't want to admit, it's abusive, because it doesn't look like that Black and White version, so that they can convince themselves it's not. There's no abuse. And that's what I did consistently, I did not tick these 15 checkboxes here on what's abuse. And I have to tick every 15 boxes for it to be classed as abusive. That was what was going on in my head at the time.' (Interview with a Survivor identifying as a Gay man)

Stakeholders therefore acknowledged the need for the 'public story' to be updated and changed, to reflect the diversity of people's experiences more adequately as a way of overcoming this barrier to identification and disclosure.

'I think a lot of it comes down to sort of addressing some of the myths and misconceptions to start off with. So, there's a common myth that abuse actually doesn't happen within LGBT relationships, everything's happy land. And that's completely not true. And, again, abuse in LGBT relationships not being seen as serious as heterosexual based abuse. Or that abuse in those relationships is mutual because both people may be traumatised so it's hard breaking down some of those myths and, again, shouting about that. Size and strength is another one, that's one that crosses over with

cisgender abuse, man is always bigger therefore the woman is always smaller, it's that patriarchal misconception around differences in sex that perpetrators are – someone smaller can't actually abuse. So, they're barriers to understanding that need to be addressed to actually say, well anyone can abuse, put aside your misconceptions and go, well actually this small person here, they might only be 5 foot but they're as nasty as hell. So, it's those, it's a mix of, how can I put this, a mix of structural barriers, so things like lack of visibility or representation, lack of knowledge around pathways or knowledge within the organisation, cultural barriers which is lack of understanding, awareness or reliance on stereotypes is probably the best way to put that.' (Stakeholder Interview)

'If I go back to the moments where things would flare, and the abuse would take place, you know, I, I would sit and I would do, like, google signs of abuse, signs of emotional abuse, you know, all these things. And you get lots of stuff, lots of information, but nothing, I guess, I mean, I don't know whether it's because of what I was searching for, but nothing came up that reflected my experience of being in a same-sex relationship.' (Interview with a Survivor identifying as a Gay man)

Linked to the idea of domestic abuse being a 'heterosexual problem', many stakeholders discussed the issue of 'mutual abuse' or 'mutual violence'; however, there were some quite polarised opinions on this, but with a general consensus that this concept makes it harder to decipher clear 'victim' and 'perpetrator' roles. Although stakeholders did acknowledge this can, and does, exist within heterosexual relationships too, some felt it is a real issue, commenting on the levels of 'mutual violence' or 'situational partner violence' in same-sex relationships and a need to work with both partners.

'I'm just thinking over the last 12 months, probably half a dozen lesbian couples where it's been mutual violence, and it's not violent resistance, it's literally, can be either one of them that kicks off or is triggered by something external, very much low pathology typologies in those relationships. Lots of alcohol misuse in certainly the last two that we've worked with. But we see that a lot in low pathology heterosexual couples as well, so it features, the mutual violence features more in the typologies where there's less coercive control.' (Stakeholder Interview)

'We had two males working with us. And their dynamics, are constantly shifting but there's something always going on, you know, they're very physical to one another, very psychologically abusive, emotionally, financially. And their roles continuously change within the relationship.'
(Stakeholder Interview)

'Certainly, in the lesbian relationships we've worked with, a lot of the time the violence has been mutual so it's been not a case of doing a piece of work with the perpetrator and then doing a piece of work separately with the victim. It's been about having two separate pieces of work done that are tailored to the needs of both women so we look at, much of the stuff is the same, about being responsible and being accountable for your own behaviours and the different strategies you can use to recognise and manage that and understanding the impact of your behaviours. But we also have to put more stuff in there than about being consciously designing what you think your healthy relationship will look like. And in those situations, in most cases, we have then brought, later brought the couple together to do some joint work with them.' (Stakeholder Interview)

Other stakeholders felt very strongly that there is no such thing as ‘mutual abuse’ and there is always a clear delineation of power and hierarchical control within relationships. They felt that the idea of ‘mutual abuse’ was a myth that permeated the LGB and/or T+ community narrative, compounded by a failure of services to consider the whole context of abuse, not just isolated incidents.

‘No such thing [as mutual abuse]. So what I would say is domestic abuse is a systematic pattern of power and control which includes a number of behaviours including physical violence, sexual violence, intimidation, coercive control, financial abuse and emotional abuse. Resistance violence or self-defence violence, so resisting abuse or fighting back is not mutual abuse. There will be one person who is instigating that systematic pattern of power and control and one person who’s the victim. So somebody fighting back, somebody’s hitting you and you hit them back to defend yourself does not make you a perpetrator. I accept there is such a thing as resistance or self-defence violence which is different and I think it’s about understanding what domestic violence is and what it isn’t because it’s not just about physical violence, there’s the whole pattern. I don’t actually accept the concept of mutual abuse personally. What I think is happening is that people are defending themselves or fighting back because if you did a full assessment of what was going on, domestic violence isn’t just about the physical incident, it’s about all the other tactics of power and control and one person will be instigating that.’ (Stakeholder Interview)

Some of the researchers in this field that we spoke to suggest that the research into this is still in its infancy, and as such, we do not yet know whether ‘mutual abuse’ can exist within same-sex relationships, nor whether it does so more than heterosexual relationships, so this remains an area which requires future exploration. Regardless, there was a feeling that professionals, and in particular the police, need to receive more specialist training on this. To help them contextualise abuse, allowing them to risk assess, and confidently establish the true ‘victim’ and ‘perpetrator’ of same-sex domestic abuse. This challenge is further compounded by the fact that services are generally commissioned to work with someone either as a victim or a perpetrator.

Overcoming Barriers

When we asked interviewees how to overcome the barriers mentioned above, stakeholders felt this was a complex challenge. Responses came down to firstly attempting to tackle the issue of underreporting, through education and awareness raising. It was advocated that there is a need for a preventative approach, with early interventions to challenge the public narrative (e.g., focusing on healthy relationships education in school). Simultaneously, stakeholders recognised the need to promote staff training to increase confidence and competence, encouraging professionals to ask questions about sexuality and gender identity, so people have the opportunity to disclose and have their needs met in a responsive way. Next, stakeholders felt it was necessary to really focus on raising awareness of, and appropriately promoting, the support that is available and by doing this, encouraging

inclusivity within services in a genuine way. As part of this promotion, both stakeholders and survivors highlighted the need for multi-agency, partnership working between services to ensure robust referral pathways are in place. It was felt that doing all of the aforementioned would help to gain service users' trust, but equally, stakeholders emphasised the importance of developing services and pathways in consultation with those with lived experiences to promote trust. Finally, interviewees discussed the importance of ensuring that when referrals start to come in, practitioners focus on the individual in front of them, forgetting stereotypes and leaving their misconceptions at the door, to make sure they validate each individual's unique experiences of domestic abuse, and issues around sexual orientation and/or gender identity.

'Can we tweak our website? Can we add more materials on LGBT domestic abuse? Specifically, can we add resources? Can we link with LGBT domestic abuse organisations and actually demonstrate our partnership, and support? You know, can we get engaged and behind some of the local or regional LGBT events, to on one hand, demonstrate that we are an ally, on the other hand, actually promote our service as LGBT inclusive or LGBT specialists.' (Stakeholder Interview)

Tackling underreporting by generally raising awareness that domestic abuse can happen to anyone, from any walk of life, from any background, of any culture, ethnicity, sexual orientation, gender identity etc., was felt by interviewees to be the essential starting point for improving future provision. Increased identification would lead to more perpetrators being able to access support to change their behaviour, but there needed to be the resources to meet this appropriately.

Some felt it was vital to start with healthy relationship lessons early in schools, and continue this through to consent workshops at University, to ensure education as a tool for a more preventative approach. It was felt that by challenging the public narrative around what domestic abuse is, and who can be a victim/survivor or perpetrator, people may feel that it is more acceptable to come forward to ask for support when experiencing or perpetrating it themselves.

'I actually believe if you're gonna intervene and you're gonna end things successfully you have to start at 5 or 6 really. You have to start with young people teaching them about healthy relationships in primary school. You have to start teaching boys that they can't pull little girls' hair. You have to start unpicking some of that stuff at a very early age and doing healthy relationship work so that by the age of 14 you haven't got young men with quite fixed attitudes towards women which is what we've currently got...So there are some really ingrained attitudes which tolerate violence against women.' (Stakeholder Interview)

'We have to go all the way back, we have to go back to developing training, developing awareness within people as they start exploring their own identities. Within disability, you go to the places where they get support. The clubs, the community centres, that type of thing, same with youth clubs.'

*'You go into LGBT communities, you start looking at where people start exploring themselves'
(Stakeholder Interview)*

Similarly, stakeholders emphasised the importance of providing better training to professionals, to increase confidence and competence of those working in this field, while encouraging professional curiosity to ensure the right questions are being asked and questions about sexual orientation and gender identity are not being missed. The need to ask questions about sexual orientation and gender identity as well as preferred pronouns, rather than assuming, was emphasised as necessary so as not to erroneously record this about clients and avoid misreporting. It was hoped that by providing further training, some of the myths and misconceptions people hold can be dispelled.

'So, practitioners, from our experience, often don't feel competent and confident to work with LGBT survivors, because of those unique and nuanced experiences of abuse.' (Stakeholder Interview)

'I think firstly make sure their staff are trained in some kind of LGBT+ awareness just to help build knowledge and confidence.' (Stakeholder Interview)

It was also felt that raising awareness of, and appropriately promoting, the support that is available was fundamental, so that both professionals and service users are aware of what is available both locally and nationally. Within this promotion, stakeholders spoke about it being key to really consider which parts of the LGB and/or T+ umbrella they could cater for and being open and transparent about that.

'I think in how they promote their services is really important, not just using imagery as heterosexual couples or people that look heterosexual, making sure there's diversity in their advertising. And also I think reaching out to and engaging with the LGBT+ community is important as well. And perhaps doing that via organisations that can help to facilitate some kind of engagement session so that the community can hear directly from support services and that tends to go some way to breaking down barriers.' (Stakeholder Interview)

'I think actually how it's all worded and advertised. So all the different services I think if there is specific mention of LGBT+ communities and ethnic minorities as well that people are included and it's not just a token 'we work with everyone' sort of thing. If the language is inclusive so you talked about gender identity, so it would be about forms not saying Mr/Mrs but saying Mr/Mrs/Ms/Mx so non-binary genders being recognised. And also, partnerships being recognised so it might be that someone identifies as bisexual but they're in a marriage or a relationship with the opposite sex.' (Stakeholder Interview)

'If I don't see myself reflected on your website, if I don't see myself reflected in your annual reports, then you know, then your service is not for me.' (Stakeholder Interview)

Some stakeholders provided suggestions of how to create specifically targeted promotion. For example:

‘Something I’ve seen which I think is a good idea is advertisements in men’s toilets so a little bit like the telephone numbers that women can use to access, you know Ask for Annie and things like that. The things that they can do if they’re in bars and find themselves in a dangerous situation. I’ve seen in hotel restaurants before and above the urinal there’s adverts for Strength to Change and if there was such an advert specifically aimed at LGBT groups in gay bars or whatever, then, and it had the information on about, for example, something along the lines of not fearing the repercussions of accessing services or something like that, I think that would be a good way to go.’ (Stakeholder Interview)

Other stakeholders suggested using social media campaigns and the radio, basically suggesting that it was important to promote services through as many different channels as possible, including updating resources in places where people are already going, such as the obvious hospitals and GP surgeries but also places like hairdressers, dentists, and gyms where people go and talk, or may have to sit in a waiting area. One survivor (who identified as a gay man) suggested using the NHS pride logo to endorse services as they felt this could make someone feel in ‘safe hands’.

‘When I say, embedded, I don’t just mean physically embedded within something that community might understand or know or respect, an organisation, or building, I think is really important. Whether that be, it’s got the NHS five logo, for instance, and it’s endorsed by that. And potentially, when I look at that, then I feel in safe hands, because I know it’s endorsed or approved by FDA approved by the highest standard. Or, for instance, if it was through, in my area, the LGBT Foundation, which is a known charity, or through Stonewall, you know, where it was really clear that it was, it was for me, and it was, it was, it was an organisation I knew and trusted.’ (Interview with a Survivor identifying as a Gay man)

This individual survivor also felt that workplace awareness would be a good idea to encourage earlier intervention, teaching colleagues to be able to spot and recognise signs of domestic abuse and then know where to signpost victims and perpetrators accordingly.

‘Things like national campaigns, or maybe linked or tied into an offer of training for workplaces. Maybe going, you know, that thing about early intervention is about the people that we see the most, other than our partners and our family are actually probably our work colleagues often. There’s lots of things about early intervention and mental health, but it’s big in the workplace at the minute and rightly so when I feel like this could be part of that. How do you how do you notice the signs, the subtle signs of abuse? In a friend or colleague? How do you support them the best? How do you approach it with them, if you suspect that?’ (Interview with a Survivor identifying as a Gay man)

While promoting services, interviewees stressed a need to highlight inclusivity to really reassure LGB and/ or T+ people that they are welcome and will be listened to and supported,

but also making sure this is genuine, and that services are not just saying they are inclusive to tick a box, as this could be really damaging and counterproductive for engagement.

‘Services may think that they are open to everybody, and that people are treated fairly and with dignity and respect. But things like assertive outreach is needed, find out what they need other than just publishing an equal opps statement.’ (Survey Respondent)

Assertive outreach was recommended above, but other ideas as to how services look and feel more LGB and/or T+ friendly, more inclusive, and safer for people to engage with included using gender-neutral material (such as the adapted power and control wheel²⁴), and paperwork and language that demonstrates inclusivity. This was considered especially important if the service user has not identified their sexual identity publicly and may be fearful of ‘being outed’.

‘It’s not performative. Performative stuff is the thing that will really turn people off.’ (Interview with a Survivor identifying as a Transgender Woman)

‘The only thing that I’ve come across that actually works that I’ve seen applied by, not necessarily domestic abuse organisations, but by organisations that have been, how shall we say, not traditionally receptive to LGBT people, is to go completely overboard. So, for example,...in a physical environment, have the entrance...literally festooned with Pride flags, with trans flags and with information around LGBT people. So literally screaming out and saying we want you here, we are inclusive, you will be accepted. And many organisations either can’t or won’t do that especially on a bigger national stage purely because either the people that are running them are not LGBT inclusive because there’s no vetting process around any of that especially with regard to trans people. Or they’re afraid of the backlash from the current anti-trans brigade and the trans hostile environment.’ (Stakeholder Interview)

‘It’s about having appropriate literature, having images of same-sex couples... Do you have any pictures of lesbian women up so people can recognise them? Just those, some of them are quite small things to do. Do you have a rainbow sticker in the office so that somebody who’s LGBT will recognise that they should, that those services can include them too?’ (Stakeholder Interview)

Stakeholders felt it was important to have ‘senior leadership absolutely buy into the inclusive agenda’ as they have an integral role to play in promotion and can then be held to account. With this in mind, some stakeholders spoke about the importance of both internal and external messaging for an organisation. Internally, promoting a culture in which it is ok for staff to identify themselves as LGB and/or T+ and encouraging them to be open about their sexual orientation and/or gender identity, while also externally ‘shouting about being inclusive of all’ service users.

²⁴ For example see: <http://www.galop.org.uk/wp-content/uploads/Power-and-Control-Wheel.pdf>

From the perspective of a survivor (who identified as a gay man), it was felt that there is a fine line that needs to be established between promoting that the service exists and not being hidden (as this makes it clear that there is no shame), but at the same time remaining confidential and discreet so people can attend support without fear of repercussions from the wider community.

'There's a quite a nice privacy to that as well, because if you're, you know, walking to the sessions...for me when accessing support, I found out someone I know works in the building next door. So they had seen me go in. And they were very supportive and friendly when we both found out and like you don't need to tell me why you go in there as like it's fine. But you can understand why again, that's just another reason. But also, by the same count, I don't advocate for services being completely hidden, because I think that perpetuates shame. So, it's a real careful balance of going we're here, and there's no shame in being here, but also knowing that for some people that might create a struggle. If they don't want to be seen, again, it's an admission that you're weak when you need help, or you know, all those things.' (Interview with a Survivor identifying as a Gay man)

Again, as part of the promotion of available services, stakeholders and survivors both felt there needs to be joined up working between organisations to ensure robust referral processes are in place. This will help professionals know what other services are available to signpost to if they cannot help a particular individual, or if they think another organisation may be more suitable. This will also simultaneously build up trust with service users as they will have confidence that they are receiving the most appropriate support to their situation, and they will be sure staff know what they are talking about.

'If they're saying that they're not getting any referrals, perhaps they need to look at their referral pathways. Why aren't they getting this? Why isn't their organisation being flagged up as an expert in perpetrator use no matter who the perpetrator is? If you're a statutory body, there should be no reason why any perpetrator or victim cannot be referred to your service. If they're not, there's an issue with your referral pathways and there's an issue with how you're perceived.' (Stakeholder Interview)

Stakeholders also mentioned the need to work closely with the police, and some suggested examples of good practice that involved a member of staff from the domestic abuse service holding a drop-in session at the local LGB and/or T+ support service.

'We work very closely with our local police so they will always offer our service too.' (Stakeholder Interview)

A survivor (who identified as a gay man) emphasised this need to connect services, as he described everything as very separate, and it becoming a chore to manage all the separate conversations and appointments, which may put people off if it becomes time consuming or hard to juggle with their work and other life commitments. This particular survivor suggested

having a specific point of contact (SPOC) within a service who can help individuals navigate the most appropriate support services based on their specific need.

'I think it's about connected services, because I feel like there was many opportunities for my ex-partner to get the help that he needed. But everything was really separate...All those separate conversations. So, you can see, in a sense, why people might just pack the towel in.' (Interview with a Survivor identifying as a Gay man)

One stakeholder summarised the challenge of overcoming barriers by describing key considerations:

'Four questions that we sort of get people to consider a lot of the time. So what clues are you giving out to express that LGBT+ are welcome, if any? How would your staff handle a call with someone whose name didn't match the tone of their voice? What ways are LGBT+ identities reflected in your publicity and your website from your organisation? And what language are you using currently in internal and external communications and is it inclusive?' (Stakeholder Interview)

Gaining service users' trust was highlighted as critical. It was acknowledged that this will take time, but may be made easier if the organisation is doing everything else discussed within this section.

Some stakeholders also reflected the importance of developing services in consultation with service users, to ensure the support and staff are able to validate people's experience when they do come forward and disclose domestic abuse and issues around sexual orientation and/or gender identity. This also allows organisations to ensure they are never forgetting to focus on the individual in front of them, disregarding stereotypes and the 'public story'. Within this theme, there was a suggestion to develop an advisory panel of LGB and/or T+ people who can advise and help organisations achieve what they want – almost as a kind of sounding board to check they are getting it right.

'It should be in consultation with perpetrators, also with victims but it would need to look at, obviously some of the stuff like tactics of power and control and coping strategies but also some of those underlying issues around homophobia and how they feel about their own sexual orientation 'cos that's a big motivator for people. So, it would need to encompass things like minority stress.' (Stakeholder Interview)

Specific Barriers faced by Transgender Individuals

Generally, the barriers for accessing support were considered in large to be relatively similar for all individuals within the LGB and/or T+ community, but in reference to transgender individuals specifically, one stakeholder spoke about transgender people potentially having a lack of self-confidence around who they are in terms of their sexual orientation and gender identity. They said this may be more of an issue for younger individuals, which may not only

make them more susceptible to abuse (see above for discussion on experiential abuse) but may impact their confidence in reaching out for help. This also tied in with the idea of not recognising abuse and therefore not coming forward.

*‘So, they will be sitting there in a domestic abuse environment, sometimes not even recognising what they’re going through is actually abuse because it’s not, these aspects aren’t even talked about.’
(Interview with a Survivor identifying as a Transgender Woman)*

As with barriers faced by the LGB and/or T+ community more generally, key themes for barriers faced by transgender individuals at a structural level focused on a lack of knowledge of what support is out there, and a lack of transgender people being represented or included within support pathways.

Throughout the stakeholder interviews, there was evidently some confusion around where transgender individuals best fit into support pathways. This was particularly an issue if the individual was pre-operative, currently transitioning, or what some described as ‘non-blending’²⁵ – stakeholders found it hard to know where they fit. This led to a slight sense of resistance to support transgender people, with some stakeholders simply saying, ‘we will cross that bridge when we come to it’, meaning there is a lack of appropriate support, stemming from people not knowing what the right way is, or how to go about it.

‘With regards to trans people there’s so much misinformation out there that people are scared to engage because, by and large, most people don’t want to cause offence, is what I’ve found. But there’s this atmosphere that because of that people are afraid to engage and ask questions in any way at all.’ (Interview with a Survivor identifying as a Transgender Woman)

‘And there are lots of issues out there, for example, there may be a lack of safe housing, so lots of refuges won’t house trans-women, for example. The response quite often is, well we’ll consider if they’re post-operative and I’ll often say to people, how are you gonna know, you’re gonna have to look under her frock, which when you put it like that, they get it’s quite ridiculous but there is still a resistance to housing trans-women who are fleeing abuse so there may not be safe accommodation for people to access. They might not have access to appropriate services that meet their needs, so I think there’s a whole host of issues.’ (Stakeholder Interview)

If service providers are unsure where transgender individuals fit into their support pathways, it is unsurprising then that transgender individuals themselves have a lack of knowledge around where they can go to access appropriate support and may worry about being accepted.

²⁵ Blending means not being seen or known as transgender i.e., a transgender man is perceived as a cisgender man.

Again, cultural barriers for transgender individuals all came down to how misconceptions centred on the ‘public story’ of domestic abuse and how this can be harmful when a transgender individual and their experience of domestic abuse goes against the ‘norm’.

‘Because a trans woman may be perceived as male they are not taken seriously. So, a female partner cannot abuse a male partner but it’s a woman abusing another woman, so you get this cross-pollination between different types of abuse and different misconceptions that becomes incredibly toxic.’ (Interview with a Survivor identifying as a Transgender Woman)

4.3.4 Setting up Programmes for LGB and/or T+ Perpetrators of Domestic Abuse

As recognised by LGB and/or T+ domestic abuse researchers we spoke to, there are currently enthusiastic individual practitioners trying to work with individual LGB and/or T+ perpetrators on an ad-hoc basis, which has led to what might be referred to as a ‘postcode lottery’ of support. When we asked stakeholders how they thought it would be best to set up domestic abuse perpetrator programmes for individuals identifying as LGB and/or T+, there was a real mix of opinions, and a sense of uncertainty, which stakeholders attributed as being due to a lack of research on ‘what works and for who’, as well as a lack of knowledge around what individuals would prefer. As is clear from all the findings discussed so far, there are a range of complex considerations that need to be taken into account when designing programmes that are accessible and suitable to people from minoritised communities and backgrounds. We asked stakeholders for their opinions on whether programmes should be designed specifically for LGB and/or T+ domestic abuse perpetrators; for example, using modified materials such as the power and control wheel, whether existing programmes should be open to all, and whether group or 1-1 interventions are best.

Specialist versus Mixed Interventions

There was discussion about whether it was preferable for perpetrator programmes to be run as mixed groups or specially designed services. On the whole, stakeholders felt that it would be better to have specific programmes set up for LGB individuals.

‘Well, I’d say specialist interventions work best. I would say most of the time I would advocate for specialist intervention so that people are understood and affirmed for who they are.’ (Stakeholder Interview)

‘Most prevention programmes are delivered using heteronormative language/assumptions. The make-up of the group may make it difficult or risky for a participant to identify as LGBTQ+ or they may not feel the content applies to their experiences.’ (Survey Respondent)

One stakeholder explained that this could exist as either a 1-1 offer or group offer.

'I think if I was to think about developing groups now and whether I would have, a male group here, a female group here, and then a specialist LGBTQ+, and then a specialist, minoritised ethnic one, I think that there is some specialist work that could be offered to them, but then I don't think that they should be some, it wouldn't come into my mind to, you know, form a separate group that excludes them. Because, obviously, in terms of the programme, we're focusing on behaviours and addressing their behaviours, but I do think that there should be probably some specialist support alongside. Yeah, so because you have cultural beliefs as well, that play a massive part. So I think if you were to have a group solely with LGBTQ+ people, they're not being exposed to other people, and I think that would kind of hinder their learning and their experience. As well, you know, with LGBTQ+ community, it's that catch 22, isn't it? So, do you, would you put them together but then also just make sure they have that special support alongside? And I think it would be better? I think there's nothing stopping from people integrating in that sense. So people can learn, people can develop, I think, obviously, again, it's just taking individual circumstances into consideration if they're comfortable with doing that, but then I do think that there should be some specialist work, and that's why we say for them to have those one on ones with their facilitators, they can check in, they can address anything really specific to that person that they might not want to say in group.' (Stakeholder Interview)

However, many of the stakeholders admitted to struggling to answer this question as LGB and/or T+ perpetrators have never been given this choice, and so it is hard to ascertain what they would benefit most from. This was an important point, as most perpetrators identifying as LGB and/or T+ were either offered 1-1 support or nothing at all. This was not the same for perpetrators from minoritised ethnic communities or White-British cisgender perpetrators, who may be offered 1-1 support, mixed, or specialist groups.

Therefore, although choice was felt to be important, it was not offered with the same parity within LGB and/or T+ communities.

'We always felt it was necessary for them to have a choice, but they couldn't even have that choice 'cos the content wasn't set up in a way that would meet their needs.' (Stakeholder Interview)

'I guess I would always advocate for specialist services to exist and let people have that option because even if someone recognises themselves as a perpetrator, the services generalise are not very forward about being LGBT+ inclusive. You may meet some of those necessary stereotypes that are really damaging, and you may have people who don't participate for that reason. I would advocate for a specialist service...I do think that they offer something very distinct, and they have a different level of reach and a different level of safety for people to access it.' (Stakeholder Interview)

'If they are someone, and even if they're openly out and kind of happy to work in a group talking about their relationships? Well, there's very little specific works that looks at the dynamics of a same sex relationship, there are some things that are in common. So, you know, you could do work on how to be assertive with people, you could do work on how to manage your emotions, and how to communicate your needs, you could do all of that stuff. And they're just general relationship skills, but the subtleties of what it is like in the dynamic of same sex relationship. There is no alternative.' (Stakeholder Interview)

The main reason given by stakeholders for preferring the idea of specialist provision centred around this being for safety, as they felt inclusive programmes may put LGB and/or T+ individuals at significant risk from heterosexual group members. This was much more pronounced in the LGB and/or T+ component of our research, compared to discussions about mixed or specialist groups for perpetrators within minoritised ethnic communities.

‘First thing I’m gonna say is it would be totally inappropriate to put gay and bi-sexual men in to the same programme as heterosexual men. Most heterosexual men who are on perpetrator programmes will have a level of toxic masculinity and entitlement and extremely sexist attitudes towards women which will probably go hand-in-hand with discriminatory attitudes towards gay and bi-sexual men. So, it would be totally unsafe to put gay and bi men in a group of mainly heterosexual perpetrators. I think you can do one-to-one work with LGBT people. You could develop a programme if you got enough numbers.’ (Stakeholder Interview)

‘I certainly don’t think that you should be looking to modify material and put gay and bisexual men in the same group as heterosexual men, it would be a disaster. It would put them at significant risk.’ (Stakeholder Interview) ‘I think a lot of perpetrators would not attend if it was group therapy, they would not attend if it was a mixed heterosexual group. Particularly the older gay community, you’ll see there’s a real them and us divide. And they wouldn’t, I know, they wouldn’t engage, I think it would need to be a programme that’s just for the gay community.’ (Interview with a Survivor identifying as a Lesbian woman)

From the LGB survivors’ perspective, they spoke about LGB and/or T+ specific services being really important and said they probably would not go to a service if it was not specific, particularly if 1-1 was not available, and therefore, they agreed that a specialist approach would probably be best, as this allows people to feel fully understood. However, when speaking to transgender-specific organisations they discussed the importance for a transgender individual of feeling accepted for their gender identity and therefore, again, reiterated the importance of offering someone the choice of specialist or mixed groups (rather than neither).

‘Transgender individuals don’t want to be apart from society, they want to be part of society.’ (Stakeholder Interview)

‘Success for a transgender individual is when they disappear and are treated equally, like any other member of society, as such they don’t want special treatment.’ (Stakeholder Interview)

Therefore, it was suggested that transgender perpetrators may wish to be included within whichever programme aligned with their sexual orientation – for example, if a transgender man had perpetrated abuse against a cisgender woman, they would probably want to be included in a male cisgender heterosexual programme. Likewise, if a transgender woman had perpetrated abuse against a cisgender woman, they would probably want to be included in a

female cisgender lesbian programme. However, it was felt by a transgender survivor that there is a long way to go in terms of challenging societal perceptions before that would be even possible and appropriate, and as such, it would be best to give transgender individuals the choice of what they felt most comfortable with and safest doing.

There was some recognition that having mixed groups (inclusive of any sexual orientation and gender identity) may help to spread awareness that domestic abuse can happen to anyone, and can be perpetrated by anyone, and in doing so help to challenge unhelpful myths, misconceptions and stereotypes. If programmes were to be inclusive, stakeholders emphasised the need for this to be well-managed:

'I think the facilitators very much need to tailor some sessions to ensure that if you did have some people from a same sex relationship, as well as a heterosexual one, that actually you did do focus sessions on both so challenging people's beliefs, because you aren't going to have people in that they don't to agree with it or have very strong beliefs on different ways of culture and how things should be done. Having those challenges in a safe environment that you can address to actually change people's view outside.' (Stakeholder Interview)

One person felt it was unhelpful to categorise people based on their identity and community and distracted from the need to focus on abuse itself.

'Because they should look at each person individually...not lump people into what 'community' they come from to treat or support them...shouldn't matter if they are LGBT or ethnic minorities...it's the DV that needs the focus.' (Survey Respondent)

However, other stakeholders emphasised the need to build trusting working relationships amongst the LGB and/or T+ community in order for them to access generalised domestic abuse support around perpetration. Organisations reflected on the time this would take.

'If it was me looking at doing this as an organisation from the start, I would actually look at taking a mixed, an iterative approach actually. So, I would personally maybe start with looking at doing something specific and targeted to build up trust with that community because you're starting with a trust gap...you've got to build trust first.' (Stakeholder Interview)

'We really need to think about, you know, how to set it up in a meaningful and sustainable way. So whatever response whether it's one-to-one support group, whether it's group-work, it needs to basically it needs to take into account, LGBT communities, take time to engage with services and LGBT communities that are not just going to come rushing through those doors, who wants to start advertising this programme, there needs to be a whole different set of outreach and comms activities that accompany that programme, that build trust and confidence. So basically, the setup of specialist programmes as opposed to inclusive programmes is going to take much, much, much longer. And recruitment is going to be much, much different, much more different than the recruitment for LGBT inclusive programmes.' (Stakeholder Interview)

Group-Work versus 1-1 Interventions

There was a lack of consensus amongst stakeholders about whether LGB and/or T+ perpetrator programmes should be delivered as group sessions, 1-1 interventions or a mixture of both. However, most acknowledged that ‘any intervention is better than none’ and on the whole best practice would be to offer people the choice, something they were not afforded with at present.

‘There are no LGBTQ+ inclusive accredited programmes within probation.’ (Survey Respondent)

People we interviewed who were currently working to deliver perpetrator programmes in the community tended to prefer the method adopted by the organisation they worked for. In the absence of a mixed approach, there seemed to be a preference for the responsivity offered by 1-1 interventions; although, any stakeholders who had experience of running groups were able to really highlight the potential benefits of this approach. Individuals with lived experiences felt that providing people with autonomy over what suited them was important, as each individual knows how they learn best and the environments they feel safe and comfortable in.

‘You know, and it depends on the person, you know, people might engage better in a group setting compared to one on one or vice versa.’ (Stakeholder Interview)

Some stakeholders saw no issue with LGB and/or T+ perpetrator programmes being delivered for a group, particularly as some evidence has demonstrated that group-work does work well for heterosexual male perpetrators. Stakeholders identified the major benefit of group-work as being the potential for peers challenging one another, which was described as more impactful than a facilitator challenging the individual. When facilitated the right way, groups were thought of as being a supportive and useful environment. This was echoed within the conversations about perpetrators from minoritised ethnic communities.

‘For those people being in a group is absolutely fantastic. Because then you get the element of change and learning, and everybody’s learning process is different.’ (Stakeholder Interview)

‘There have been times in my experience as well, where I found that like, when it’s a peer challenging their belief, it hits home more than it does from a professional. So, it can be a really supportive and useful environment.’ (Stakeholder Interview)

‘I know from definitely doing group-work, definitely some people do prefer it. And they have the ability, yeah, peers supporting them, they have more familiar faces, and it’s nice for them to hear that actually, other people have made like choices, the same as them.’ (Stakeholder Interview)

When talking about group programmes, stakeholders often commented that the success of a group is predominantly down to how facilitators manage the participants in front of them, something that was also discussed by perpetrators from minoritised ethnic communities.

'I've seen groups go horribly wrong. But I've seen also seen groups where it's worked amazingly well. So, and I do believe that it's all down to how it's managed by the facilitators.' (Stakeholder Interview)

Stakeholders spoke about an 'ideal world where funding isn't an issue' and how there should be a group for everyone based on their sexual orientation – a group for lesbians, a group for gay men, a group for bisexual women, a group for bisexual men, and a group for heterosexual women (as well as the already existing groups for heterosexual men). However, it was recognised that there is currently not sufficient demand, perhaps due to the barriers around identification and disclosure issues noted above, to justify such resources in any one place.

'It's around demand and whether there's a demand for it... And it's about, then you'd need to decide well would you put LGBT perpetrators in the same programme? So, would you put women in the same programme as men, for example? Would that be appropriate? Or would women feel safer in a programme just with other women because what we know about women who perpetrate abuse is they often have a long history of abuse themselves. So, for example, if your lesbian perpetrator of domestic abuse is a survivor of child and sexual abuse would she be able to talk about that in front of a group of men? So, I think there are quite a lot of considerations about whether you have a perpetrator programme for women and one for men who are LGBT or whether it's one-to-one. And if it was group-work you're probably only gonna get the numbers in big cities where there are active victim support services.' (Stakeholder Interview)

In the absence of being able to justify specialist group resources (due to low demand), people advocated for 1-1 interventions or safely joining mixed groups. The benefits of 1-1 sessions are explored in more detail later in this section.

'If we don't have enough service users for the programme... then obviously, but just by format, it makes sense to, to offer one-to-one services.' (Stakeholder Interview)

'If you can get people together, if there's enough volume to run groups for people who are in same-sex relationships, then yes do that. But there won't be the volume so it's likely to be one-to-one. I think a lot should be done to try and offer opportunities for people in same-sex relationships to join heterosexual groups if they choose to, if it can be managed well and if they're aware of what the risks are and if there's a back-up plan to manage that individual or to help that individual if they decide they can't continue within the context of – I think there is lots of risk there but we should move away from excluding people.' (Stakeholder Interview)

Nevertheless, many stakeholders felt the level of demand was probably underestimated and they felt the level of underreporting and demand for LGB and/or T+ services may change over time. Some interviewees felt that if more inclusive services were available, more people

would come forward and there would be a better picture of the level of need to justify further resources.

'It's probably underestimated, about the demand for it because that's what I was saying about it being under the radar... But having done a lot of research about it the figures are as high within LGBT+ communities but it just doesn't get recognised or reported so much.' (Stakeholder Interview)

'If services are there and it's normal for there to be provision that's been accredited and approved for that specialist delivery then you're gonna get more referrals come through and there'll be more awareness that actually you don't need to be fatalistic about this because you don't have to lull yourself in to thinking that there's no appropriate provision. So over time hopefully the referrals will pick up now that the provision exists.' (Stakeholder Interview)

'Actually, if there were specific services and people knew about them, you might find the demand increases.' (Stakeholder Interview)

Another similar issue around evidencing demand, discussed by several stakeholders, was the problem of drop-out and a failure to retain people on groups. One solution to this problem was the use of 'rolling programmes' which several of the services we spoke to currently use and feel is best practice. By having a rolling programme, facilitators can ensure they always have good attendance/numbers for the group, people do not have to go onto a waiting list (during which time they may lose interest), and it allows for powerful peer feedback when members of the group who are further along in the programme can demonstrate how they have managed to implement the learning to change their behaviour. However, this can sometimes be disruptive for well-established group members.

'It didn't kind of start off to be the rolling block, but it has developed like that over the years, kind of out of best practice really.' (Stakeholder Interview)

When we spoke to transgender-specific organisations, an issue of finding a safe place to run a community group programme was raised as a pertinent issue. The LGB and/or T+ community generally, but the transgender community more specifically, often do not have a visible presence in certain areas, so it can be particularly hard to find a safe and accessible place to hold groups. When talking about their experience of trying to set up a transgender support group, one stakeholder said:

'You've got social stigma, lots of people in the closet, trying to get awareness out there and no safe place to meet all combined which means no matter the advertising we did in that first month, we had very, very few people turn up. A big part of that for trans people, for example, would be location. So the biggest, easiest place to access anything or the ideal place to access in terms of transportation locally here is a town called [location] because it's got all the transport links. However, that is the place you are most likely to get abuse so as a trans person, especially if you're a non-passing trans person, and it's late at night or it's in the evening in the winter when it's dark, you're gonna go

actually I don't feel safe enough to even go there. So even if the service is there, they're not gonna access it purely because location means they're not gonna be safe to do so. If they're gonna get abused on the way in and the way out or attacked, why would they use it?' (Stakeholder Interview)

Some stakeholders felt strongly that 1-1 interventions were better because it is harder to unpick an individual's behaviour in a group setting. Stakeholders also felt there can be too much focus on getting through materials, or not so much progress due to being unable to dedicate as much time and attention to some people as they need, participants may be uncomfortable sharing, other participants may take offence; whereas 1-1s were felt to be more personable and allow individuals time to feel more comfortable in order to share more.

'The amount of people that I've worked with in my past role do not want to do group-work because they just can't face other people.' (Stakeholder Interview)

'Sometimes a person can get lost in a group. Although they might learn from other people in a group I think they can get lost in it. You might have a quiet person that doesn't speak, if you've got someone that's quite outspoken, or you might have somebody worried about what they can and can't say.' (Stakeholder Interview)

'I would say, probably one-to-one, that's my personal pick, because I think you can get a lot more, a lot more out of someone, the rapport is stronger. And I think where you are really focusing on that individual, then, you know, there's more chance of achieving that behaviour change, whereas groups are useful, you know, I think it helps in the aspect where it's like, okay, this isn't just me.' (Stakeholder Interview)

It was, therefore, felt by some stakeholders and survivors also, that adopting a 1-1 based intervention can help to overcome all the potential negatives of group-work. Stakeholders spoke about 1-1s allowing participants to be more open and honest and how this allows facilitators to cover additional risk factors that may relate to, or impact on, the domestic abuse perpetration (i.e., providing debt advice, support for substance misuse issues etc.), which may need to be worked through before addressing in-depth relationship topics.

Stakeholders identified many benefits to delivering perpetrator programmes through 1-1 sessions, particularly if the individual has additional needs, such as a learning disability, or if they are considered too high risk to be in a group. Similarly, stakeholders spoke about how some individuals may be uncomfortable in group sessions and therefore prefer 1-1 sessions, which allows the interventions to be specifically tailored to the individual's needs, which can then take into consideration any sexual orientation and/or gender identity.

'There may be a reason why somebody doesn't fit in with the group dynamic. It could be perhaps, I don't know, we've had ones in the past where there's been a learning difficulty, you know, so they're not able to maintain the pace at which the course runs. So, they would be people that we would be

looking at, it could be that somebody is quite volatile, or that they just stopped the group, so they may be more suitable for a one-to-one.’ (Stakeholder Interview)

Stakeholders spoke about individual sessions being an excellent opportunity for unpicking things further or exploring issues in greater detail.

‘But in terms of looking at resentment, looking at jealousy, and topics like that, they’re really important, because quite often they’re taboo subjects outside of perpetrator programmes, people aren’t able to share that information. So to narrow down and really look at how somebody gets to that point, and then how it can be used in an unhealthy way, is really important. And certainly, from my own personal experience of working with individuals that are perpetrators it’s about getting them to that point where they’re not feeling like they’re judged.’ (Stakeholder Interview)

‘Doing it on an individual basis, then the work is specifically tailored to adapt to the individuals.’ (Stakeholder Interview)

It was felt that 1-1 sessions may be more appropriate for LGB and/or T+ minority groups due to their need for discretion and confidentiality, allowing more in-depth exploration, and that by knowing a service offers 1-1 interventions, individuals may be more willing to engage.

‘Possibly, again, because of this need for discretion it might be a one-to-one thing that would be more appropriate in the LGBT minority groups. If people could be reassured that they would be seen one-to-one and that it was confidential they might be more likely to access the service I would imagine.’ (Stakeholder Interview)

‘It’s going to be individual down to the person, personal circumstances. So I think it’s a case of both, to be honest. Some people will need more focused intense help or because of the sensitive nature of things, one-to-one would be more appropriate...whereas some people would probably benefit more from group-work. So, I think, again, it’s a mixed approach that there’s no one size fits all.’ (Stakeholder Interview)

No stakeholder identified any negatives to 1-1 interventions, other than to stress that there are some advantages of group sessions that you cannot replicate in a 1-1 setting. Good practice would suggest offering a mixture of 1-1 and group-work sessions, but at present, LGB and/or T+ perpetrators were more likely to be offered 1-1 (if anything).

LGB and/or T+ survivors we spoke to mentioned autonomy and choice as being the key to getting perpetrators to engage. As it currently stands, the level of choice afforded to perpetrators of abuse within LGB and/or T+ communities is very limited.

‘I think being able to give people the choice, like you mentioned earlier is kind of key. And because some people will respond well to groups, others it’s not for them. And yeah, some people might feel perfectly comfortable being in a group that’s mainly heterosexual male perpetrators, other people

won't feel comfortable in that environment. And I think, yeah, in an ideal world, it would be nice to be able to give everybody the choice of what sort of suits them and their needs.' (Interview with a Survivor identifying as a Gay man)

'It's always about the option. So, you know, those actually would be great, because not every LGBT survivor or perpetrator will necessarily feel comfortable in an LGBT only setting, for example. So, having options is something that is always, you know, ideal a preferred option.' (Stakeholder Interview)

One of the survivors we spoke to (who identified as a gay man) felt 1-1s allowed more flexibility to fit around the individual's schedule, and could even potentially be facilitated online, which may help overcome some of the barriers perpetrators will attempt to put in place.

'It removes, again, just one of those one of those reasons, you can actually long list of why you don't want to do it, which is you basically avoiding, which is a tactic that most people use when they're trying to, you know, something difficult.' (Interview with a Survivor identifying as a Gay man)

Some stakeholders felt it would be beneficial to use 1-1 sessions at the beginning of someone's journey of behavioural change to unpick some of the more personal issues first and ensure that the individual is ready and prepared to enter a group environment.

'In an ideal world, you know, it would be good to have the individual sessions, and then to be moving into the group.' (Stakeholder Interview)

'Individual sessions are good to work through whether that person is suitable for groups, and equally work through some of the individual personal stuff, or issues that they might have, in order to not get them out of the way. But to address some of them that is more specific or personal to them before then they go into the group. Yeah, and therefore, so if somebody has stuff that actually, they're not suitable for the group, because we need to do more individual sessions with them, to get them to a point where they will be okay to be in the group, because what we wouldn't want is somebody to be so disruptive in the group, that the whole group then isn't able to, to continue to develop. So they need to be in a position where they will be able to work in a group and it's not too overwhelming for them. Because obviously, they're going to be talking about difficult things.' (Stakeholder Interview)

Other stakeholders felt implementing 1-1 sessions at the end of a programme to consolidate learning would be useful.

'We should be following up with a one-to-one toolkit afterwards to support that.' (Stakeholder Interview)

Yet others promoted the opportunity for 1-1s throughout someone's experience of support, so that individuals can explore issues in detail that they are not comfortable sharing with the

rest of the group. This approach would allow facilitators to check in with participants to ensure their understanding and safety throughout, hopefully helping to prevent attrition.

'I've always found it better to have one-to-one sessions implemented within that group-work. So that you have got the opportunity to speak with that individual on a one-to-one basis to perhaps address anything that they aren't comfortable sharing within the group or feel that they're not able to or don't want to, people just might not want to talk about it in front of a group of strangers really. And just making sure, just checking in with those people on a regular basis, making sure that they feel comfortable, that they feel safe. And that they feel that they're, you know, getting everything out of that experience that they really want to achieve.' (Stakeholder Interview)

'When we've done it before, we've obviously delivered the group sessions, but then we've asked facilitators to still have regular one-to-ones with their clients, so they can reflect on the learning. Yeah, and it's like that. So, you can just make sure that it's resonating, and that they're understanding that the material that's been delivered to them.' (Stakeholder Interview)

The overall feeling was that anything is better than nothing, but in an ideal world stakeholders would allow each individual to choose their preferred format. However, the survivors we spoke to who identify as being LGB said they could not imagine their abusive ex-partner admitting to the abuse or attending a perpetrator programme unless court mandated to do so.

'I think about my ex-partner, I don't think my ex-partner would attend either LGBTQ specific or a general service... getting somebody across the threshold for those things is huge. I'm not saying it's impossible, you know, I guess if somebody is convicted, as part of their sentences, put into a programme that they have to attend. But in terms of voluntary attendance, I just see that being a thing. And if it was group therapy, I know he'd go to one session and kick it in. Because he would go in and say, the shame was too much and that would come out with anger and aggression. Or like, say it's not right for me or it didn't, you know, it didn't work, which was often an excuse.' (Interview with a Survivor identifying as a Gay man)

Other Considerations

There were several other themes that interviewees felt were important to consider when designing perpetrator programmes. Firstly, the need to ensure 'wrap around' support to make sure safety has been considered for both the victim/survivor and perpetrator. One of the survivors we spoke to (who identified as a gay man) said that he felt an opportunity for reconciliation between parties is important, if safe and ethical to do so.

'In order to allow people to move on some form of reconciliation between parties might be useful, I think that is important.' (Interview with a Survivor identifying as a Gay man)

A few interviewees mentioned that it could be valuable to consider having facilitators who themselves had lived experiences (as part of the LGB and/or T+ community) delivering the programme.

'I think it would be really good if at least one of the two facilitators were part of that community in some way.' (Stakeholder Interview)

'Some people prefer as they would feel more comfortable engaging with somebody who identifies as gay, lesbian or from the gay community.' (Interview with a Survivor identifying as a Lesbian woman)

Another individual, who was both a professional working in the field, but someone who identified as transgender themselves, described how, in the absence of lived experience, they at least needed a basic understanding of some of the presenting needs someone from the LGB and/or T+ community might have faced.

'Now as a counsellor you'll accept whoever is supposed to come in through your door. If you don't understand then you ask or you say, I'm sorry I don't know that. I will spend some time to read up on the issues. But I also understand it from a victim's point of view that actually say that will actually cause a barrier. If I have to educate you about my issues, I'm sorry, I'm not interested, I'd rather go and see somebody who does. So there needs to be a basic knowledge in which if you get a referral through and it comes up as an LGBT person, then before you even meet somebody like that then I would expect a professional to do a bit of reading up on it. There's no way you can be an expert 'cos there's no way you can be an expert on LGBT. I don't even imagine that I'm an expert in ethnic, Black and minoritised ethnic or Caribbean and African and Caribbean heritage women now, but I know enough.' (Stakeholder Interview)

One stakeholder did not feel existing perpetrator programmes are long enough, while a few of the existing inclusive support service providers for perpetrators of domestic abuse that we spoke to, had set up 'follow on' support so that individuals could re-enter the service at any time, and have access to staff if they felt the need to check in.

'I don't think 24 sessions of cognitive behaviour or group-work is enough 'cos you'll have some people with extremely ingrained attitudes.' (Stakeholder Interview)

'Then the case is reviewed and obviously it can be closed when it needs to close but the door is always open so they can dip back in for support if they need it. If they have an issue with something or something happens and something goes wrong and they come back in, that's fine.' (Stakeholder Interview)

Finally, stakeholders stressed the need to develop any specialist or new programmes in line with Respect guidelines.

Chapter 5: Summary of Findings

The response to the invitation to participate in this work has been incredible, reinforcing the importance of the topics we chose to address as part of this Home Office grant. We conducted 104 interviews and had 127 survey responses.

This report has discussed the ways in which domestic abuse is perpetrated amongst minoritised communities, to include those within minoritised ethnic communities and those identifying as LGB and/or T+. We considered both groups separately, although we appreciate there are overlaps between them and, of course, individuals who will identify as coming from both a minoritised ethnic background and as LGB and/or T+.

We wish to use this section to consolidate our findings, return to the original research questions and consider next steps. Our research questions are detailed below, with a synthesis of our learnings.

5.1 What are the contributing factors to domestic abuse perpetration within minoritised ethnic communities and LGB and/or T+ communities?

Interviewees and survey respondents discussed specific factors that contribute to the ways in which domestic abuse is perpetrated within minoritised ethnic communities and LGB and/or T+ communities. This included the extent that some minoritised communities are perceived to be 'closed' (often as a result of prejudice and racism) and stakeholders, especially those in mainstream perpetrator services, discussed the fact that this often made some perpetrators and survivors 'hard to reach' or build trusting relationships with. This also served to keep domestic abuse in some of these communities underreported and hidden, even more so than domestic abuse in White-British, heterosexual, cisgender relationships (where it is still underreported).

When discussing minoritised ethnic communities there was a heightened sense of specific morals, codes, and belief systems that influenced domestic abuse alongside a sense that some behaviour was addressed within the community, rather than referring to, or seeking, external support. This was seen to a lesser extent in LGB and/or T+ communities, but it was recognised that survivors from both minoritised ethnic communities and LGB and/or T+ communities were less likely to ask for help or speak out, for fear of how they would be responded to. For survivors within LGB and/or T+ communities this seemed to link more closely with a fear of negative response from external services (e.g., homo/bi/transphobic responses); whereas, for survivors from minoritised ethnic communities, this seemed to be more affected by fear of repercussions by their community and associated levels of stigma and shame. The way that gender roles were perceived in broader systemic narratives, the 'public story' of domestic abuse, affected victims from both minoritised ethnic communities and LGB and/or T+

communities; again, limiting the ways that abuse was recognised or acknowledged by survivors themselves and others outside the relationship; including professionals.

5.2 To what extent do these criminogenic needs differ from what we know about other perpetrators of domestic abuse (e.g., White, heterosexual, cis-male perpetrators)?

Whilst there was unanimous acknowledgement of nuances and differences, across and within minoritised communities, there was also a sense of similarity discussed by stakeholders, survivors, and perpetrators; a sense that ‘abuse is abuse’, that ‘therapeutic needs are the same across gender identity, sexual orientation, and ethnicity’ and that there are overarching (and underpinning) reasons for abusive behaviour. There was a prevailing sense that although the ‘how’ differed in terms of abuse, the ‘why’ did not diverge too far, regardless of gender identity, sexual orientation, ethnicity, or culture. This includes ideas around power and control, gender roles, a sense of entitlement, an inability to manage emotions and adverse childhood trauma. However, perpetrators of abuse within minoritised ethnic communities and LGB and/or T+ communities seemed to have additional tools and techniques to abuse victims with. For example, threats of ‘outing’ people in LGB and/or T+ communities, withholding medication for those transitioning, denying access to financial support for those without recourse to public funds, limiting access to English lessons as a form of further isolation and threats about the implications of breaking religious codes and practices (e.g., through divorce or not attending Mikvehs in the Jewish faith).

We also considered the extent that current models and services, for perpetrators of domestic abuse, are applicable, relevant, or suitable for perpetrators from minoritised ethnic groups or LGB and/or T+ communities and where the gaps lie. Whilst we found there to be pockets of great practice, and an appetite from stakeholders and organisations to be inclusive; there was simply not a parity of access of support for perpetrators who do not speak English or identify as LGB and/or T. This was associated with limitations on funding (e.g., expensive interpreters), and a lack of ‘identified need’ through underreporting and recording (e.g., services not asking people if they identify as LGB and/or T+, nor getting people who do identify as LGB and/or T+ attending their services due to concerns about trust, inclusivity, and safety). What this means, in practice, is that those perpetrators who do not speak English, or identify as LGB and/or T+ are less likely to be offered a group-based intervention, with the associated benefits of group-work being lost, and they may not even be offered 1-1 support, not least from a specialist worker.

5.3 To what extent do these identified needs necessitate a differential response to prevent future offending?

In recognition of the similarities and differences discussed, there was some consensus over what best practice could, and should, look like, in order to be inclusive and responsive to

perpetrators from minoritised communities, across a range of genders, sexualities and ethnic backgrounds. This would include:

- Offering a mixture of 1-1 and group interventions so people have the choice as to what best meets their specific needs (e.g., if people do not feel comfortable attending a mixed group. This is especially important for those from LGB and/or T+ communities, but a parity of access, through group-work should be offered as an option).
- Groups need not be 'specialist' or separate for those from minoritised ethnic communities (this does not extend to those from LGB and/or T+); however, what is important are that staff facilitating the groups should be appropriately trained to understand specific nuances and that groups are recognised by the community as safe spaces for this to be explored in the context of domestic abuse.
- Co-production, co-facilitation, and involvement from 'by and for' organisations, working alongside domestic abuse services, able to offer support before, during, and after groups. This would serve to make sure support offered by domestic abuse services is relevant *and* gives the opportunity to train and challenge organisations and community structures about how they view and understand domestic abuse, ensuring perpetrators who do not want to access support from 'domestic abuse' services are still supported.
- There should be 'bolt-on' modules, which can be added to groups to ensure relevance and responsivity dependent on who is on each group.
- Specialist training and identified leads within services.
- An accredited pool of specialist interpreters with an understanding of domestic abuse to improve non-English speakers access to support (although it is recognised they will still not have parity of access for group interventions).

The overarching aim, of all of these recommendations, is to give people choice, create safe spaces for people to discuss their behaviour and changes they want to make, and empower staff to work knowledgeably and inclusively. This would also allow consideration of cases where someone identifies as coming from both communities.

Chapter 6: Limitations & Reflections

With any piece of research, it is important to be reflective and consider the limitations and caveats to the work.

Firstly, we recognise that we could have undertaken two distinct research projects, looking at minoritised ethnic communities and those who identify as LGB and/or T+ separately. However, the fact that they have been undertaken within one project has allowed us to identify ‘golden threads’ (to borrow a phrase uncovered in this work), that confer to good practice across both communities, affording consideration to protected characteristics such as gender, sexuality and ethnicity within one project. Future research may wish to consider any one of these in more detail, with more specific sampling approaches and perhaps a consideration of other protected characteristics; such as, disability or age.

We wish to highlight that we initially used the terms BAME, in keeping with the Home Office specification. Then, in recognition of the fact that this may not be seen to include minority groups from non-White British backgrounds, we changed our wording to ‘non-White British backgrounds’. However, we recognised this might exclude Gypsy, Roma, Traveller groups so updated this further to ‘ethnic minority communities’ and later to ‘minoritised ethnic communities’. We also initially used the term LGBTQ+, consulting with websites of national organisations to ensure inclusivity. However, as we undertook the work, we understood the fact that this term could be seen to be suggesting a homogeneity that does not exist. We updated our promotional material, survey, and interview schedules as we went along, reflecting our learning. This also speaks to the challenges discussed by stakeholders around terminology and some of the nervousness they described about ‘getting it wrong’.

The fact we are independent researchers within this work; not a service provider, nor commissioner in the domestic abuse sector, nor a ‘by and for’ organisation meant we were met with some criticism about our ability to engage with this topic. However, we felt that our independence and ability as impartial researchers was actually a strength and afforded an opportunity to act as a neutral voice for the sector, collating views, and acting as a vehicle to share those contributions, views, and voices on the topic, replaying them back to interested parties.

Although we achieved a very sizeable sample by any standard of qualitative work, we understand there are always additional audiences to reach, especially those who identified as perpetrating abuse and being from the LGB and/or T+ community. Those we spoke to from minoritised ethnic communities, attended mixed groups and we perhaps could have benefitted from speaking to those who attended specialist groups to understand the benefits conferred through this. We also spoke to those who could speak English, although we had an interpreter service available to us. The time constraints on this project, from submission of

the bid to the end date, limited our ability to co-produce our method and materials. We would have liked to have done this had time permitted, as it is something we understand as a real source of added value for any project.

As a final reflection, we commenced the work by considering support offered to perpetrators by way of formal commissioned and accredited programmes. In hindsight, the research may have benefitted further from considering how abuse can be prevented through means which include community leaders, early education, and community organisations as well as formal programmes, groups, and interventions.

Chapter 7: Areas for Action

Based on the ideas put forward by all those involved in our work, we make the following suggestions as actions and activities to be considered and pursued by those funding and working within the domestic abuse sector supporting perpetrators around behaviour change.

7.1 Area for Action 1: Ensuring Workforce Training

The domestic abuse sector and services within it should offer in-depth training, on-going consultation, and support to the workforce on how to best work with perpetrators from minoritised ethnic communities and those from LGB and/or T+ communities. The intention should be to equip professionals to be able to more effectively support individuals who present at a service, regardless of background (race, ethnicity, gender identity, or sexual orientation). This training should be in-person (not online), and co-produced and facilitated by those living and working within minoritised communities. This may require additional funding and therefore funders (such as Government bodies, grant funders, and PCCs) should be mindful of this within the financial envelopes offered.

'I've done the professional IDVA training which is 3 days a week for over a 4-5 month period or something like that. So eventually you get a professional qualification. You deal with domestic abuse. It's a big subject, fine. However, you get to deal with LGBT issues for a 3 hour period which is less than, well it's not even half a day. The same with disabilities, the same with ethnic minorities, you get a 3 hour period in that period. That is ludicrous. So perhaps it's a case of looking at the professional qualifications and saying, OK we're doing general ones but then you can specialise with an additional course that is 3 more days in LGBT, a further 3 days in ethnic minorities, 3 more days in disability. You can then pick them all up if you want or you can just specialise in 1 or 2.' (Stakeholder Interview)

7.2 Area for Action 2: Providing Specialist Lead workers

In addition to general workforce training, there is a particular recommendation and specific opportunity in the reunification of NPS and CRC to create specialist teams or dedicated leads and HMPPS and Government should seize this by embedding it in service specifications. Specialist individuals would operate as named leads with a responsibility for offering ongoing consultation to peers and colleagues, case supervision and best practice guidance around LGB and/or T+ and specific minoritised ethnic communities. Again, this may also be supported through the identification of resources, leaders, and communities, outside domestic abuse providers, who can offer ongoing consultation and specialist advice to front-line staff. Those working in the third sector could also identify and recruit specialist leads (as has been seen in DRIVE Birmingham for example) but require funding and support from commissioners to do so.

'What I ended up doing is speaking to the Imam in the prison, explaining to him about the work that I was doing with this person and then getting him to give me points and tips and doing some myth

busting with me. So almost having a consultative, almost a get out line to say, look this is what I'm hoping to do, is there anything that I need to be sensitive of, what cultural things do I need to be aware of? What support can I get them if needed? I don't know whether there could be a traveller and gypsy helpline and then like a LGBT+ one and, you know, it's that kind of thing where you could pick up a 'phone, as a practitioner, and get the information disseminated to you. I don't think it's enough to have a portal on a website which give you loads and loads – that would be a good starting point but almost having somebody to talk that through with them because I think each minoritised ethnic or each person's experience is gonna be completely different so having that live ability to chat to somebody about, well this is what my perpetrator, this is what they're saying, I don't know where to go with this, would be really helpful. And I think for them to have a Probation background would be really important too because they'd have to – or a cognitive behavioural background or something so they understand the dynamics of the work that you're doing as well.' (Stakeholder Interview)

7.3 Area for Action 3: Co-Design & Co-Delivery with Community-Led 'By and For' Groups & Leaders

Domestic abuse services should identify and work with community led 'by and for' groups and leaders to spearhead positive messaging to encourage disclosure of abuse, leading to better identification and justification of dedicated resources. Organisations should work to create specific partnerships between domestic abuse agencies and specialist organisations (e.g., refugee organisations, or LGB and/or T+ organisations) to work together so people have a choice in where they can access support. This would also involve upskilling specialist organisations about domestic abuse and vice versa (see point 7.1).

'I think for gay men they have spoken with their feet; they have access to our service; we have all our materials are LGBTQ friendly. We work really closely with Body Positive, which is our local LGBT organisation, but their counselling team is excellent. We've trained them in domestic abuse and how to deliver our programmes. They've trained our team in LGBT awareness and how to be sensitive to things and the appropriate, our staff have all had transgender awareness training which is really important.' (Stakeholder Interview)

'There were women's organisations who said, we want to provide service for women from the, it was usually from the South Asian community, big populations, who were experiencing domestic abuse 'cos we really understand the circumstances and our perspective was that's great, we will help and support you to do that, but we will also provide, we will provide a service for women from that community as well and we will do our best to make sure it's culturally appropriate. And then actually women have a choice.' (Stakeholder Interview)

7.4 Area for Action 4: Secure, Stable & Long-term Funding

Commissioners and funders should ensure secure, stable, and long-term funding for the development of services which can offer inclusive groups for LGB and/or T+ individuals, workforce training, interpreters and/or groups for non-English speakers. This would also support

the creation of programmes and materials that have enough flexibility to accommodate the needs of those in the group. This may include offering contracts that are at least 5+2 years in length.

'I don't think we ever deliver the same programme twice because, although there are 4 core modules that are a part of every programme, each group has different needs and each individual has different needs, so it will always be adapted. There'll be more CBT if we've got a group of low pathology. I know other typologies, we wouldn't even bother with the DBT stuff, the DBT elements of it. The way that [our psychologist] has done it is she doesn't train us how to deliver a specific programme, she trains our staff on the underlying theories behind it and the different tools that you can use. So they can be used in any of the modules in lots of different combinations and I think that's been extremely useful because I think that builds skills rather than just the skill to deliver one programme that's like a checklist, yes I've done pages 1-8 and now I'll do pages 9-12.' (Stakeholder Interview)

7.5 Area for Action 5: Providing Access to Accredited Interpreters

Funders, commissioners, and those working in the sector should identify, commission, and fund a pool of accredited interpreters with an understanding of domestic abuse to avoid and overcome concerns about collusion and professionalism. This would not overcome non-English speakers having a lack of access to perpetrator groups but would go some way in overcoming some of the issues identified throughout this project around the current options for interpreting services.

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Appendices

Appendix A: Interview Schedule for Stakeholders

TONIC has been awarded funding from the Home Office to consider the needs of perpetrators of domestic abuse from minoritised ethnic backgrounds and LGBTQ+ communities. This is in recognition of the fact that we know that domestic abuse is not just perpetrated by White, euro-centric, heterosexual men and yet they disproportionately attend perpetrator programmes. This has led us to consider the extent programmes are inclusive and suitable for perpetrators from other backgrounds and if not, what can be done to make them more relevant and accessible.

1. Can we start by you telling me about your role and the organisation you work for, specifically how that links with either perpetrators of domestic abuse and/or LGBTQ+ and minoritised ethnic groups?
2. Can you give examples of times where you or the organisation have worked with perpetrators or individuals from LGBTQ+ and/or minoritised ethnic groups?
3. We are keen to draw out specific examples of needs. What have you noted as some specific needs that individuals in this community have presented with? (prompt for specific examples; you may wish to explore polish or traveller communities as some people don't immediately think of these groups)
4. In what way or to what extent do you feel these are unique and/or different to other perpetrators you've worked with?
5. What resources do you have to tailor your work to support perpetrators from LGBTQ+ and minoritised ethnic groups?
6. How do you think programmes could or should be tweaked, amended or curated to best support LGBTQ+ and minoritised ethnic groups? To be more inclusive and more relevant?
7. Do you think that programmes for individuals from different backgrounds should be run as specific groups, as 1-1 programmes or be open to all?
8. Have you found particular barriers to engaging individuals from LGBTQ+ and minoritised ethnic groups?
9. Have you had to use interpreters before? How was this experience? What helped in this scenario?
10. Do you have a view as to whether groups or 1-1 work is best in perpetrator work?
11. What would be most useful for you to know and learn from this research?
12. Do you have anything you wish to add on this topic that we have not been able to cover?

Appendix B: Interview Schedule for Service Users who identify as coming from a Minoritised Ethnic Community

TONIC have been awarded funding to consider the needs of perpetrators of domestic abuse who come from minoritised ethnic backgrounds.

We want to consider whether perpetrator programmes are inclusive and suitable for people from backgrounds other than White, heterosexual cis-gender males and if not, what can be done to make support more relevant and accessible.

We really value your views and input on this. We want to get your view on whether groups or 1-1 are more effective, whether specialist groups for people from specific communities work best, and what you think are important factors to consider when trying to support people, from different backgrounds, to change their behaviour around domestic abuse.

The information you give here is confidential, please do not include your name or prison number or anything identifiable. We will use the information you provide here to help us write a report, but no identifiable information will be used and this form will be destroyed once the report is written.

1. Have you ever received support or an intervention from a service to address domestic abuse? This could be 1-1 or group-work.

Yes

No – *If you answered 'NO' please proceed to question 7.*

2. Was this:

1-1

Group-work

Both

3. Was this in:

Prison

Community

4. What did you find useful or helpful on this programme?

5. In your experience what qualities, experience or skills is it important for the people delivering domestic abuse perpetrator programmes to have?

6. Does it feel important for them to come from a similar background to you or to understand your background?

7. In your experience have domestic abuse programmes or services been relevant to you, your cultural background, heritage, or ethnicity? If not, why not?
8. If you were designing services for perpetrators of domestic abuse from minoritised ethnic groups what do you think would be important to include or be mindful of? You can be as specific or as general as you wish here.
9. Do you prefer group-work or 1-1 sessions? Please explain your choice.
10. Do you think specialist groups should be run for people from minoritised ethnic backgrounds (e.g., a group for men or women from one specific background or first language) or run so that anyone can attend (a mixed group)? Please explain your choice.
11. Is there anything else you want to add on this topic?
12. Do you identify as being from a minoritised ethnic community?
 - Yes
 - No
 - Prefer not to say
 - Please note your ethnicity if you wish:
13. Do you identify as LGB and/or T+?
 - Yes
 - No
 - Prefer not to say
 - Please note your gender identity and sexual orientation if you wish:

We have another survey like this, with similar questions addressing the needs of individuals from LGB and/or T+ communities. Please let us know if you'd like to complete this.

Appendix C: Interview Schedule for Service Users who identify as LGB and/or T+

TONIC have been awarded funding to consider the needs of perpetrators of domestic abuse who come from LGB and/or T+ communities.

We want to consider whether perpetrator programmes are inclusive and suitable for people from backgrounds other than White, heterosexual cis-gender males and if not, what can be done to make them more relevant and accessible.

We really value your views and input on this. We want to get your view on whether groups or 1-1 are more effective, whether specialist groups for people from specific communities work best, and what you think are important factors to consider when trying to support people, from different backgrounds, to change their behaviour around domestic abuse.

The information you give here is confidential, please do not include your name or prison number or anything identifiable. We will use the information you provide here to help us write a report, but no identifiable information will be used and this form will be destroyed once the report is written.

1. Have you ever received support or an intervention from a service to address domestic abuse? This could be 1-1 or group-work.

Yes

No – *If you answered 'NO' please proceed to question 7.*

2. Was this:

1-1

Group-work

Both

3. Was this in:

Prison

Community

4. What did you find useful or helpful on this programme?

5. In your experience what qualities, experience or skills is it important for the people delivering domestic abuse perpetrator programmes to have?

6. Does it feel important for them to come from a similar background to you or to understand your background?

7. In your experience have domestic abuse programmes or services been relevant to you and your sexual or gender identity? If not, why not?
8. If you were designing services for perpetrators of domestic abuse from LGB and/or T+ communities what do you think would be important to include or be mindful of? You can be as specific or as general as you wish here
9. Do you prefer group-work or 1-1 sessions? Please explain your choice.
10. Do you think specialist groups should be run for perpetrators of abuse who identify as LGB and/or T+ or run so that anyone can attend (a mixed group)? Please explain your choice.
11. Is there anything else you want to add on this topic?
12. Do you identify as being from a minoritised ethnic community?
 - Yes
 - No
 - Prefer not to sayPlease note your ethnicity if you wish:
13. Do you identify as LGB and/or T+?
 - Yes
 - No
 - Prefer not to sayPlease note your gender identity and sexual orientation if you wish:

We have another survey like this, with similar questions addressing the needs of individuals from minoritised ethnic communities. Please let us know if you'd like to complete this.

Appendix D: Information Sheet

Can you help us?

We want to hear your views and experiences.

We want to better understand the experiences of perpetrators of domestic abuse who identify as either LGBTQ and/or coming from an ethnic minority background (any non white British background)

This is to help ensure people get the support they deserve in a way that's inclusive and relevant

We are not asking for specific information relating to your experiences of perpetrating abuse (e.g. case details) but we will be asking about your experiences of support (or lack of) and how this did or didn't help you.

We will ask you about your views on what *would* be most helpful. What good support looks like.

Who do we want to talk to?

We are interested in talking to anyone who recognises they have perpetrated domestic abuse (you don't have to have been convicted of this) and this can include psychological, emotional, financial or physical abuse towards intimate partners or family members.

AND if you are from a non-white British background (including Gypsy, Roma and Irish Traveller Groups)

AND/ OR identify as LGBTQ

Who is doing the research?

The research is being conducted by TONIC – an independent research organisation who applied for funding from the Home Office to do this work. However, the research is completely neutral and you can be assured that your feedback will not affect the care you receive.

What happens if I say yes?

If you'd be happy to share your views and experiences with us, let your support worker, or the person that shared this with you know and they can help organise a time and a date for an informal interview. If you'd like to organise this directly with the interviewer, that can be done too, you can text: "DA Research" to 07860 015 450.

Your number will not be shared with anyone other than the interviewer.

The interview will be over the phone, or we can text or email. Whatever works for you. There are no right or wrong answers, we just want to hear about your experiences and views.

You can stop the interview at any time to have a break or if you don't want to do it anymore. You can also skip questions if you don't want to answer them.

Appendix E: Participant Flyer

WE WANT TO HEAR YOUR VIEWS - to shape support services.

TONIC (www.tonic.org.uk) have been awarded funding by the Home Office to do some research to better understand the experiences of perpetrators of domestic abuse who identify as either LGBTQ and/or come from a ethnic minority* background (any non white British background)

This is to help ensure people get the support they deserve in a way that's inclusive and relevant

There are no right or wrong answers.

It's an opportunity to have your say on what you think services should include; what good should look like.

Tell us what has and hasn't been helpful for you.

You will be given a
£20 Amazon voucher
for your time



Interviews will take place on the phone

Your name won't be used anywhere and it'll be a confidential conversation*.

If you're happy to share your views, let a member of staff know or text DA Research to **07860 015 450**.

There is also survey http://bit.ly/DA_Research

Sarah, will be interviewing you. She doesn't work for the criminal justice system, police or Home Office. TONIC are an independent research organisation.

**Any one who is non White British including Gypsy, Roma and Irish Traveller Groups*

**This will only be broken if there is a risk of harm to you or others, this will be explained before the interview*





Insights, Public Consultation, Research, Evaluations, Surveys

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