Written evidence submitted by Professor Catherine Donovan (DVA0060)

Statement submitted by Prof Catherine Donovan, Faculty of Education and Society, University of Sunderland. I have been working in the field of domestic violence since 2003 and undertook (with Prof Marianne Hester) the first ESRC funded project comparing love and violence in heterosexual and same sex relationships. In 2012, with Dr Rebecca Barnes, I secured further ESRC funding to undertake the first study exploring the use of violence and abusive behaviours by lesbian, gay, bisexual and/or trans (LGB and/or T) people.

- **WHAT FURTHER MEASURES NEED TO BE TAKEN TO HELP PREVENT DOMESTIC ABUSE;**

i. **Change the public story of Domestic Violence and abuse (DVA) (1, 2)**: Significant progress has been made – mainly by feminists (activists, scholars, etc) and allies – in transforming DVA from a private problem, "a domestic" to a serious public (health) problem. However, there have been unintended consequences in that there now exists a public story of DVA saying it is a problem of heterosexual men for heterosexual women, a problem primary of physical violence and a problem of a particular presentation of gender (the big 'strong' man being physically violent towards the small 'weak' woman). Whilst the statistics are unequivocal about heterosexual women being most likely to report domestic violence, this story prevents others – who do not see themselves in this story – from recognising/naming their experience of DVA and seeking help. It also prevents practitioners from hearing stories that do not reflect this public story. Those excluded includes when experiences are primarily of non-physical violence (coercive control, emotional abuse, financial abuse etc) as well lesbians, gay men and women, bisexuals and/or trans people, and non-binary gendered people.

ii. **Change the story about risks and harm to acknowledge that women can be perpetrators and men can be victimised**: The public story can prevent practitioners from understanding the harm/risk survivors are at in a 'same sex' relationship – because women are not assumed to be able to do much harm (women are not easily perceived as perpetrators) and two men are assumed to be in an equal fight or to be equally competitive (men are not easily perceived as victim/survivors).

iii. **Change the story about mutual abuse being typical in relationships between women and relationships between men.** The research (2) suggests that mutual abuse is a very small proportion of those in 'same sex' relationships reporting DVA. However, many practitioners assume or expect that mutual abuse is common. This undermines victim/survivors as well as potentially criminalising them. Training is urgently needed in mainstream agencies about how to identify LGB and/or T victim/survivors and perpetrators.

iv. **Expand the list of abusive behaviours that make up domestic violence and abuse to include identity abuse.** Further measures are needed to change the public story so that it is easier for lesbian, gay, bisexual and/or trans people to identify their experiences as DVA and get appropriate responses when they seek help. All victim/survivors can experience identity abuse regardless of their sexuality/gender identity (we know, for example, that women face an escalation in DVA when they become pregnant which can be understood as identity abuse). However, identify

abuse for those who are LGB and/or T can be more easily related to as specific to their identity and thus might enable them to make connections and name their experiences DVA. For example, identity abuse in relationships with LGB and/or T people might include (not an exhaustive list): threats to 'out' a partner (their sexuality, gender identity, HIV status) to important others (e.g. an employer, the immigration service, family, faith community); using their own closeted status to control and isolate a partner; exerting experiential abuse (3) where an abusive partner has been out for longer than the victim/survivor and insists that their behaviour is "what it's like" being LGB and/or T, e.g. having many sexual partners, not living together.

v. **Ensure that Relationships and Sex Education (RSE) is inclusive of LGB and/or T lives and experiences.** Research in the UK (4, 2) and Canada (5) indicates being in a first 'same sex' relationship can increase risks of DVA. Whilst the legal landscape has changed significantly, it is still not easy to find cultural references to the 'everyday lives' of LGB and/or T people. Whilst homo-bi-trans phobia is being dealt with in some schools and some schools are developing inclusive RSE there is little empirical evidence about what works for these groups – and whether, for example, informal RSE through LGBTQ(questioning) youth work might be a better conduit for this work (6).

vi. **Challenge dominant assumptions about love in RSE:** research suggests that practices of love are implicated in DVA: expectations about privacy and loyalty, assumptions that feelings of love are stronger/more important than behaviours excused by love; relationship dynamics that position one partner as the decision-maker and the other as the deferential partner, the tyranny of coupledom (1, 2).

vii. **Increase capacity in youth work for specialist LGBT work with young LGBTQ people.** In many areas across the UK it is still possible to believe that you are the 'only gay in the village'. LGBTQ youth work provides safe environments for young people to explore how to enter into sexual/intimate relationships in ways that are fulfilling, kind and exciting; to spot warning signs of abuse/sexual exploitation; and how to seek help (6). The research suggests that LGBT people turn to friends as their first source of help (heterosexual women turn to their family) (1, 2) and thus LGBTQ youth work can also provide opportunities to explore the value of strong, caring friendships (6).

viii. **Encourage national campaigns to name LGB and/or T people in them**. Rather than presenting campaigns as 'gender neutral' as the most recent Home Office *Disrespect Nobody* did, research recommends that help-providers and campaigns should explicitly state that they are inclusive of LGB and/or T people (2).

ix. **Training of mainstream and specialist domestic violence providers** – not only in how to respond to LGBT service users but also in conducting outreach in local LGB and/or T populations, how to ask monitoring questions about gender and sexuality identities; how to develop partnership relationships with existing LGBT organisations so that they can provide support to LGBT survivors and/or be present at MARACs and contribute to an understanding of individual cases. This has to be done remembering that local LGBT organisations might not have the skills/ experience/ expertise in the area of DVA but they can be useful for other supportive roles with LGBT people experiencing DVA.

Training should include barriers to help-seeking for LGB and/or T people which includes fears about being outed. Policies on confidentiality should be made clear.

- IS THE RESPONSE OF PUBLIC AUTHORITIES TO DOMESTIC ABUSE GOOD ENOUGH, AND IF NOT, HOW COULD IT BE IMPROVED;

x. **Greater investment of public funding:** The response to DVA of local authorities had been steadily improving in recent years since the late 1990s and the Coalition and Conservative Govs' strategies on VAW provided a nationally accountable framework for improving the work. However, improvements can only be made with more public funding. For example, why is it only that Greater Manchester police can identify DVA occurring in the relationships of LGB and/or T people? Northumbria police, have explained that they are working with a system that is over 30 years old that has numerous limitations including this one. Whilst they are intending to get a new system in the next 18 months it is not clear whether this will include being able to identify DVA in the relationships of LGBT people.

xi. **Work with those providing counselling/therapeutic support:** Research suggests (2, 3, 7) that both those victimised and those using violence/abuse in their LGBT relationships typically do not use mainstream services– unless there is escalation in violence or fear. The first formal source of help they use is counsellors/therapists in the NHS, private and third sectors. More needs to be done to promote partnership working that includes therapists and counsellors (many of whom may not have had any training in DVA and are not aware of risk assessments, MARACs and the coordinated community response).

xii. **Changing the public story in publically funded campaigns/services:** The public story about DVA outlined above needs to be challenge by those providing public services – in their literature and on their websites. This does not mean that gender is not a crucial lens through which DVA can be understood but it does mean that there are other lenses such as sexuality and transgender identities that intersect with gender.

xiii. **Work with perpetrators who are LGB and/or T:** More needs to be done for LGBT people who are abusive/violent. Currently there are no purpose build voluntary or mandatory group programmes for these groups. For those in the criminal justice system this can lead to discriminatory outcomes, for example, if a probation delivered mandated programme is not available for a LGB and/or T person convicted of a DVA-linked offence they might receive a prison sentence where a heterosexual male would receive a probation order to attend the mandatory programme. In some areas there are purpose built one-to-one programmes (e.g. Solo Enhanced in the Northumbria probation service) and individual practitioners providing one-to-one interventions but more needs to be done to build knowledge and expertise in this area (see 3). Existing programmes are based on what is known about heterosexual male perpetrators yet this knowledge is often presented as knowledge about perpetrators. More research and exploration is needed of what motivates perpetrators who are LGB and/or T and what can best be done to challenge/change their behaviours (8, 9, 10).

- WHAT ELSE IS REQUIRED TO ENSURE THAT THERE IS SUFFICIENT SUPPORT, PROTECTION AND REFUGE FOR VICTIMS OF ABUSE;

xiv. **The core need is for increased, sustainable funding**. Too often projects for LGBT DVA are short and fixed term funded. This can be counter-productive as the development work needed before a service can be provided/launched can be substantial (because the public story of DVA means LGB and/or T people do not recognise DVA as a problem for them) and then, just as the service is launched and starting to be embedded in the local matrix of provision, funding comes to an end and/or project time gets diverted to fund-raising activities – again for small LGBT agencies this can be overwhelming because, unlike national charities, there are no 'backroom' resources whose role it is to fundraise.

- HOW TO SECURE THE EQUAL PROTECTION OF BME AND MIGRANT WOMEN WHO ARE VICTIMS OF DOMESTIC ABUSE;

xv. **Challenge the public story of DVA**: There are parallels with the issues relating to LGBT people: the public story of DVA also mostly assumes that DVA is a 'white' person's problem whilst Black people are assumed to have specific problems of forced marriage and/or so-called honour based violence. The problem here is that DVA, forced marriage and so-called HBV are problems across gender and sexuality – forced marriage is typically a way of patriarchal families controlling the gender/sexuality behaviours of their members, most often women but sometimes (gay) men. The public story of DVA needs to be shown to be relevant to all sections of the population no matter what gender, sexuality, 'race', nationality, ethnicity or faith.

xvi. **Training for mainstream help providers**. Another issue that is paralleled when considering LGBT DVA is that often mainstream help providers focus on the 'difference' first – the sexuality, the transgender identity, the 'race' or faith of the service user and (sometimes unintentionally) problematise that facet of them rather than problematizing the DVA they are reporting. Practitioners feel less confident about their DVA expertise because they amplify the 'difference' in the service user which can lead to inappropriate referrals to local BME services who, like LGBT services, are expected to be experts in everything. Training of mainstream and specialist domestic violence service providers to improve confidence about their practice regardless of the service users' gender, sexuality, 'race', faith, ethnicity or nationality as well as improved partnership working will greatly improve service users' experiences of help-seeking.

xvii. **Raising awareness more generally about what DVA is, who might experience it and how help might be sought**. Again, in parallel with the issues facing LGBT service users, BME people require being included in literature, websites, leaflets, posters, public discussion as potential victim/survivors of DVA so that they can begin to see themselves in the public story of DVA and better and earlier recognise their experiences as abusive and make help-seeking decisions accordingly.

xviii. **Institutionalised racism:** The broader and specific problems BME and migrant people face is institutionalised racism and a loss in confidence about how they might be treated by mainstream services, for e.g. being asked for their passports before being given a service, or fearing being reported to immigration authorities. These more structural issues should be addressed with strong statements and policies from appropriate government ministers. Locally DVA services can make explicit in

campaigns that they welcome BME and migrant service users, explaining where/when necessary confidentiality policies.

xix. **Challenge the assumption that BME and migrant people will not be LGB and/or T.** This is extremely important in providing an inclusive service. All service users should be assured in the mission statements, literature, websites etc of services that they will be provided an excellent service.

- THE IMPACT OF DOMESTIC ABUSE ON CHILDREN AND CHILD SAFEGUARDING AND WHAT MORE THE GOVERNMENT COULD DO TO **ENSURE THAT MORE CHILDREN ARE PROTECTED FROM DOMESTIC ABUSE;**

xx. **Challenge the assumption that LGBT people do not have children.** This is crucial to understanding the behaviours of some service users who are LGB and/or T and who might be extremely wary about revealing their circumstances for fear of losing their children (2).

- WHAT NATIONAL OVERSIGHT FRAMEWORK IS REQUIRED TO ENSURE THAT THERE ARE SUFFICIENT QUALITY SERVICES AVAILABLE AT A LOCAL LEVEL FOR VICTIMS OF ABUSE;

xxi. **There should be a national oversight framework that holds local authorities and commissioners accountable for their levels of spending on services to address DVA** – both for victim/survivors and perpetrators, depending on the local population size, its BME population and an estimate of the LGBT population (government guidance suggests estimating 5-7% of any local population is LGB and/or T).

xxii. **Monitoring and accreditation scheme for local and national training programmes** that are delivered regularly (not one-off) for all local practitioners (this also promotes partnership working) to ensure inclusivity and diversity are not just 'added on' at the end but are central to the training. To include evidence of consultation with and/or contribution from local and/or national LGBT experts in DVA.

- THE PROPOSED ROLE AND POWERS OF THE DOMESTIC ABUSE COMMISSIONER

xxiii. **Monitoring funding patterns** and proportion of spending on LGBT DVA so that the proportion of spending is commensurate with the 5-7% guidance.

xxiv. **Monitoring local delivery on VAW strategic targets and inclusive/diversity strategies to ensure the public story of DVA is changed** so that all victim/survivors have opportunities to seek and receive excellent service provision.

xxv. **Quality control of provision to ensure best practice** is being adopted throughout the DVA sector and that best practice is shared across the sector.

xxvi. **Addressing the presentation of LGBT DVA as niche**. Research on the experiences of LGBT DVA has relevance for the delivery of DVA services more generally. It is important that mainstream services are not only set up for heterosexual women, i.e. that 'mainstream services' does not, in practice mean 'heterosexual women's services'. Of course there are women only services and these are crucial and should be sustained and expanded but mainstream services such as the police, housing, social services, and IDVA services should provide for all victim/survivors and have models of practice that are not just based on the needs of heterosexual women (11). In the absence of sufficient specialist LGBT DVA services in the UK (only Brighton, Birmingham, Manchester and London have specialist provision and Scotland has a national campaigning organisation) ensuring mainstream services are inclusive should be a priority for most areas of the country.

xxvii. **Coordinating publication and dissemination of learning from Domestic Violence Homicide Reviews**. This is an important aspect of the role especially in relation to those cases where the homicide victim and where the perpetrator is LGB and/or T. This provides a real route to addressing the current lack of best practice guidance on delivery of services to LGB and/or T survivors and perpetrators of DVA and should be done as a matter of urgency.

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