

# Make a Change: Consultation

A report on a consultation with LGBTQ+ groups in Brighton and Hove on the development of an early response for LGBTQ+ people who behave abusively in intimate relationships



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# What is Make a Change?

The Make a Change (MAC) intervention was developed by Respect and Women's Aid to provide an earlier response to domestic abuse than traditional domestic abuse perpetrator interventions enable. It is designed to address the needs of people concerned about their behaviour, before it escalates to the point where intervention is mandated by courts or by child protection orders.

The MAC model has four components: a group-based intervention for people who are worried about their behaviour and/or have used abusive behaviours; integrated one-to-one support for partners/ex-partners; the 'Recognise, Respond, Refer' training to improve domestic abuse awareness of practitioners in public, voluntary and private sector organisations; and a community strand that aims to raise awareness of domestic abuse, to address the barriers faced by those seeking help, and to change the social context that enables it to go unchallenged.

The intervention was based in East Sussex (including Brighton and Hove) and was supported by The Office of Police Commissioners, Police and Local Authorities in both areas. It was delivered by The Jenkins Centre and SoLDAS in Lincolnshire and by Cranstoun and Rise in East Sussex.



Figure 1. The Make a Change Model.

## Background

Donavon and Barnes (2019) argue that domestic abuse in the LGBTQ+ population should be understood as “an issue of power and control and that this provides a framework for understanding that domestic violence involves more than only an isolated incident of physical violence but rather should be understood as a pattern of behaviours that can be physical, emotional, financial or sexual in nature”. It is also essential to recognise that abuse does not occur in isolation in intimate dyads but is a located phenomenon that intersects with other forms of oppression (Donavon and Barnes, 2019; Messinger, 2017). Definitions of domestic abuse perpetration need to be widened to incorporate *identity abuse*, including behaviours like “threatening to out a partner or, in the case of trans

survivors, deliberately misgendering” (Donavon and Barnes, 2019) and should also take into account how systems of heteronormative oppression and discrimination might otherwise shape the experience of abuse (as abused and abuser). Donavon and Barnes indicate that, in understanding domestic abuse in the LGBTQ+ community, it is crucial to recognise that this is not a homogenous community and that relationships for those who identify under this banner should not always be presumed to mean same-sex relationships. Instead, the authors argue the importance of recognising the fluidity of gender and sexual orientation in contemporary social arrangements.

Estimates of prevalence suggest that LGBTQ+ individuals are at higher risk of domestic abuse than heterosexuals. For example, Messinger (2017) estimates that 58% of LGBTQ+ individuals would experience abuse in an intimate relationship at some point in their life; this is the case for both men and women (Porter and Williams, 2011; Walters et al., 2013; Messinger, 2011), with risk of victimisation being highest for those who identify as women or bisexual (Walters et al., 2013). This elevated risk is most commonly explained as a consequence of minority stress and discrimination (Messinger, 2019; Barnes, 2008). Other factors include abuse in families of origin and issues relating to power imbalances and dependency (Messinger, 2019).

Despite this elevated risk, most domestic abuse services across the UK focus on the provision of services for the female victims of male violence in the context of a heterosexual relationship. Donovan and Hester (2011; 2014) suggest that this is because the dominant representation of domestic abuse positions it as a problem for straight women as victims of straight men. Barnes (2008) argues that this produced a cultural context in which other experiences of domestic abuse (in this specific case, the experiences of women who experienced abuse in a same-sex context) are difficult to articulate. She debates that challenges in naming the experience could act to intensify victims’ isolation and block them from seeking help.

Some services are offered – largely on a one to one basis – for LGBTQ+ victims/survivors, and these have emphasised the importance of bespoke LGBTQ+ support rather than a

light touch adaptation of existing interventions rooted in the experiences of heterosexual women. Nonetheless, Magic and Kelley (2019) found that, at the end of June 2019, only six voluntary sector organisations provided LGBTQ+ specialist services, and only four of the 900 IDVAs working in England and Wales were hosted in specialist LGBTQ+ services. Given the lack of services for victims/survivors of domestic abuse, it is perhaps unsurprising that there is no evidence of the provision of services for LGBTQ+ individuals who behave abusively.

In preparation for the project, a systematic literature search was conducted to identify what was known about domestic abuse perpetration in the LGBTQ+ community, particularly what evidence was effective in intervention and prevention. The OVID and Web of Science databases were systematically searched, using the following search term combinations:

(Intimate Partner Violence or domestic violence or domestic abuse) and

(lesbian or gay or bisexual or trans or transgender or queer or LGBT or LGBTQ or LGBTQ+) and

(perpetrator or perpetration) and

(intervention or early intervention or prevention)

This search resulted in 34 hits in OVID and 36 in Web of Science. 43 articles remained after the removal of duplicates, and the abstract and title of these were sifted for relevance. Of these, only three articles discussed perpetrator interventions or prevention programmes for the LGBTQ+ population, and neither of these two papers offered evaluations or empirical evidence in support of specific programmes for this population. One study, Cannon (2019), reviewed the provision of perpetrator programmes for the LGBTQ+ population in the US, and one book chapter drawn from The Coral Study made recommendations for domestic abuse perpetrator programmes for LGBTQ+ persons in the UK. Both papers noted the absence of an appropriate programme for those who perpetrate abuse in intimate LGBTQ+ relationships. Therefore, it is timely that RESPECT

and Women's Aid Federation England have started a consultation process to consider what might constitute good practice in providing a holistic intervention that addresses both the support needs of victims/survivors and seeks to prevent and reduce the use of abuse in LGBTQ+ relationships.

Cannon (2019) sought to establish what services were available for LGBTQ+ individuals in the North American domestic violence perpetrator intervention programmes. Using the North American Survey of Domestic Violence Intervention Programme, she examined the responses of providers of domestic abuse services and found that most services offered nothing for LGBTQ+ clients, whilst some provided them with one to one sessions. She identified a need for the involvement of more LGBTQ+ facilitators in the delivery of interventions for people who behave abusively. She also noted that programmes needed to adapt to incorporate more on the role of homophobia in the development, form and maintenance of abusive behaviours, as well as the role of problems in the family of origin.

Very similar findings and recommendations were identified in Barnes and Donovan's (2016) chapter and 2014 report based on qualitative interviews with domestic abuse specialists who worked on perpetrator programmes. They found that although there was a willingness to provide services for those LGBTQ+ individuals who behaved abusively, barriers to service provision included the heterosexual male-oriented understanding of power and control built into existing provision, and risks to LGBTQ+ individuals' safety in groups with straight men.

Donovan and Barnes (2019) reported on how domestic abuse specialists who worked on perpetrator programmes thought they might adapt these programmes to work with LGBTQ+ individuals. These practitioners drew heavily on a discourse of "equality" and "sameness" rooted in a liberal discourse that forms the basis for many campaigns for legal equality for LGBTQ+ people. However, they argued that this perspective could either obscure or problematise 'other' genders and sexualities. The views of practitioners involved in the design and/or delivery of domestic violence perpetrator interventions (primarily for heterosexual men) were explored, regarding how they have worked or

would work with perpetrators of violence and abuse in LGB and/or T relationships. Their observations revealed a tension between commonly adhering to notions of equality and sameness, whilst also problematising gender and sexuality in abusive LGB and/or T relationships. As either a focus on sameness or difference exclusively would arguably inhibit effective, safe and inclusive responses to this largely hidden group of perpetrators, they advocated for a more nuanced approach.

This review suggests that research on interventions for LGBTQ+ individuals who behave abusively is in its infancy. This report offers a further contribution to this literature to inform the development of appropriate services for this group.

## Method

Focus groups were set up with community representatives and support workers in the LGBTQ+ community, gathering feedback and suggestions about the potential to adapt Make a Change to provide an early and integrated programme for LGBTQ+ people who behaved abusively and for their partners and ex-partners. The focus groups were conducted between December 2019 and February 2020. 19 individuals from 13 different organisations participated in the focus groups (Table 1). Three focus groups were recorded and transcribed verbatim, and the conversations were analysed thematically, using NVivo 12. Themes and quotes are presented as follows to provide information on the main insights, concerns and ideas that emerged from the discussions.

Given that the groups were conducted in a specific local area and within a relatively small sub-community of that area, we have not attributed quotes to specific participants to protect the anonymity of the individuals who made specific points. Although the focus group questions were explicitly related to the *perpetration* of domestic abuse, the conversation in the groups often turned to victim experiences, which is reflected in the data reported below. This insight may reflect the relative lack of perpetrator services in



the area where the focus groups were conducted and the prevailing policy and practice landscape, which can function to make perpetrators relatively invisible (Callaghan, 2015).

Focus group	Participant Role	Number
1	Volunteer / peer supporter	3
1	Domestic Abuse Support Worker	2
1	Service manager	1
2	Manager, Mental Health service	1
2	Housing support worker	1
2	Peer support worker / service manager	2
2	Local authority worker	1
2	Voluntary sector project worker	1
2	Police officer	1
2	Sexual health worker	1
3	Drug and alcohol services worker	1
3	Local authority service manager	2
3	Community psychiatric nurse	1

*Table 1. Focus group participants.*

# LGBTQ+ stakeholders focus groups analysis: results

## The need for specialist services

Participants in the focus groups were aware of a vast network of services supporting the LGBTQ+ community in Brighton and Hove, covering a range of social, relational and mental health issues. In the domestic abuse field, they commented positively on the service offered to survivors through RISE, which offered reliable and trustworthy support to LGBTQ+ survivors. RISE was particularly valued for providing a specialist service for LGBTQ+ survivors, delivered by a specialist worker.

*I know that the specialist LGBTQ+ worker at RISE for example is very, very experienced.*

*What we hear is really positive feedback about a specialist service within RISE, the LGBTQ+ community specialist worker, really excellent feedback.*

Participants noted that more general domestic abuse services were less likely to provide a safe service for victims/survivors of domestic abuse and that applying methods and models developed for the heterosexual community without significant adaptation could be harmful. A programme focussed on a gendered understanding of domestic abuse, without understanding how domestic abuse might be experienced in same-sex relationships, would potentially view these relationships through a heteronormative lens. Although the service provided through RISE was highly regarded, the absence of a specialist service for those who behaved abusively in LGBTQ+ relationships was framed as a relevant gap in service provision.

Participants described several other specialist services available and 'bordered' on domestic abuse, adding that these might offer some support to victims/survivors and those who behave abusively. The local area is characterised by multifaceted support for LGBTQ+ people that is not easily paralleled in other cities and counties, including one-to-

one counselling, couples counselling, relationships and sexual health, mental health and substance misuse support, as well as outreach to those involved in sex exchange, advocacy and safety forums.

Much of the existing support for people experiencing domestic abuse was also seen as being provided through relationship counselling and similar. However, it was noted that these services were strongly oriented to focussing on *sexual orientation* and that this sometimes meant that other aspects of relationships - such as power dynamics or abusive behaviours - could sometimes be overlooked or neglected.

*They have feedback from access and counselling, for example, where unfortunately people have had that experience, with therapists focusing on the sexuality aspect rather than the actual issues for the person.*

The concern here is that specialist services for LGBTQ+ people can sometimes become too mono-focussed, presuming, for instance, that challenges with mental health or substance misuse could all be explicable as issues linked to sexual orientation and discrimination related to the LGBTQ+ status. LGBTQ+ counselling and relationship services were seen as offering essential services specifically about sexual orientation or queer identities, but might lack sufficiently specialist knowledge of domestic abuse. Participants felt that this could result in participants being offered the available service, rather than the service that they individually needed.

Thus, although existing services within the LGBTQ+ service landscape were seen as offering some potential limited support where domestic abuse occurred, the lack of specialist service for those behaving abusively was identified as a service gap. It was suggested that such a service would need an intersectional lens to assess risk and address this population's needs effectively.

Participants further underscored the importance of specialist LGBTQ+ support, highlighting that people from the LGBTQ+ community may have complex needs when they present for support. With the high incidence of homophobic and transphobic abuse and

discrimination people may have experienced, it was suggested that the need individuals present to services might be just one in a range of complex needs that they have. One participant explained, as an example, the intersections between working in a substance misuse service and dealing with cases of domestic abuse. In light of this, workers in substance misuse support can act as a bridge to connect people to services that tackle domestic abuse and other specific services.

*It's quite common for most of the people that I work with, that have entrenched in substance misuse, to have had problems with dysfunctional controlling relationships from very sort of early on really, and that's never been addressed or looked at.*

Besides, local services were understood to be under pressure in the local area, exacerbated by the perception that the area is a safe place for LGBTQ+ people to go. Participants felt this could result in prioritisation of only the paramount presenting need, or the use of less appropriate services to support individuals.

*I find it very frustrating when I'm working with client groups, or developing community groups, that our spaces, by their very nature, have to be safe, sober, and clean, and that we don't deal with the individual's bigger issues, that can be incredibly complex, to do with their own secured housing, and their past experiences, and them coming out, or their transition, or whatever. That we're intersecting in hideous ways with them, because we deal with the parts that we're commissioned to, or asked to cover.*

It was also suggested that concerns about domestic abuse might not have sufficient attention within existing services, because of the prioritisation of a single need at a time, and the lack of an appropriate service to refer to. Participants suggested that more holistic LGBTQ+ appropriate services were needed that were better able to address complexity in people's lives. Whilst services clearly need to prioritise based on referral and inclusion criteria, this process can become exclusionary if used to shut out people with needs that are not easily addressed by narrow criteria, particularly if there is no specialist LGBTQ+ provision within these specialist services. This insight signals the need for a more

connected, multi-agency response to those who might be experiencing domestic abuse as either victim or person behaving abusively.

In emphasising the importance of offering services that are specific for the LGBTQ+ community, participants noted that support services to tackle domestic abuse were initially developed to help cisgender individuals in heterosexual relationships, and that this bias could still be persistent, resulting in a poor understanding of LGBTQ+ relationships and an inappropriate response to issues within these relationships. It was suggested that these spaces are cis-heteronormative, and can be intimidating, unhelpful, and even potentially harmful for LGBTQ+ people. Commenting on the emphasis on heterosexual experiences in the domestic abuse sector, one participant suggested that LGBTQ+ experiences “seem very much discounted”.

A key aspect of successful work with survivors of domestic abuse and those who behave abusively is the capacity to identify and name the experience of abuse. However, other salient aspects of experience also require acknowledgement when working with domestic abuse – gender and sexual orientation are central to these. A service that is not well set up to acknowledge the intersection of abuse with diverse positionings around gender and sexual orientation will not provide appropriate support for people working through their understanding of abuse and its impact on them and their relationship.

*A lot of our service users have been reporting, sort of like, an inherent, systematic identity erasure. Where they feel like they're accessing those spaces, but they're being 'binaried' again, and they're being locked in, and they're not having that space to explore all types of their intersectionality. So they feel that they can only focus on one, as they go to each service. So they're sort of pigeon-holing parts of their personality, pigeon-holing parts of their issues, whatever they may be.*

This extract highlights how services that do not sufficiently recognise the intersections of abuse with aspects of identity can result in individuals feeling critical aspects of their experiences are overlooked or *erased*. Although they may be able to access support for

domestic abuse, it is seen as unhelpful when this is at the cost of full recognition of their gender and sexuality.

*I think it can also make it hard when everything is so gendered for people to access services, for example perpetrator programme [...]. So you have then ruled out essentially the entire LGBTQ+ community other than maybe gay cis men. But they might not feel comfortable going there because the experiences and the narratives they are talking about aren't applicable. And that's something that I found with my old perpetrator programme, ((from previous work as a support worker for predominantly heterosexual perpetrators)) where a lot of gay men asked to be seen on one-to-one basis. And they lost the value of group work because they didn't feel safe to talk about their experiences and their stories within a group setting of what they perceived was going to be heterosexual men.*

It is important to note that the reasons gay men engage or disengage with perpetrator groups oriented primarily to straight men are complex. However, the experience of not entirely recognising oneself in the narrative of a group is a fundamental point to consider when exploring the need for LGBTQ+ specific programmes. This understanding echoes Barnes (2008) finding that women who experienced domestic abuse in same-sex relationships found themselves “floundering in a sea of non-language”, as they struggled to articulate their experiences of domestic abuse in a context where the language to explain it was primarily oriented to heterosexual experiences. All participants agreed that for the majority of LGBTQ+ individuals, inclusion in a group for heterosexual men would be inappropriate, and potentially harmful. For those who are trans, the availability of services designed for heterosexual men, with additional provision for those who do not identify with their sex, added further complexity.

It was suggested that the discriminatory culture prevalent in the United Kingdom was essential to take into account when thinking about service provision for this group. For instance, it was noted that abuse can go unrecognised in some cases because of discriminatory beliefs about the legitimacy of same-sex relationships.

*And that's partly because of a sort of warped, discriminatory stereotyped images of what an LGBTQ+ relationship actually is. That it's not even really a relationship, that those sort of things don't really happen because it's not real,*

*you know. So I just think there's that additional bit around the sort of filter of discrimination, I suppose.*

It was felt that stereotypes around LGBTQ+ couples and a failure to understand the varying cultures of LGBTQ+ relationships could result in a failure to understand and identify domestic abuse in this context. Relationships that are seen socially as 'less than fully valid' are more easily dismissed and excluded from policy and services. In addition, stereotypes about LGBTQ+ relationships and assumptions based on a heteronormative understanding of domestic abuse can result in inappropriate responses to people asking for support. For example, one participant suggested that because of the dominant representation of domestic abuse as something men do to women, workers might identify the most masculine partner in a couple as the perpetrator – and this presumption needs to be challenged. To illustrate this point, they argued that this impacts how police officers may respond to domestic abuse incidents.

*I think it's really important that we acknowledge how damaging that [stereotypes about LGBTQ+ relationships and about domestic abuse] can be. The amount of experiences I have had where police or services have identified the more masculine person within a relationship to automatically be the perpetrator! That can make it hard for people to access support services. And it can also make it hard for people that maybe don't identify as masculine to identify themselves as the perpetrator, because they're taking on that gendered norm of being the weak, vulnerable one.*

This suggestion highlights the importance of a much more nuanced understanding of the role of gender in domestic abuse. Rather than a siloed interpretation of gender and power, it is vital to consider how gender, sexuality, and power interact in the relationship and the broader social-cultural context of anti-LGBTQ+ prejudice and discrimination.

*If men are coming in and potentially presenting with what potentially could be, like, domestic abuse, or sort of like, things that would trigger a response from a worker, it's very often not picked up on. Or, it's not addressed as much, because it seems to be the culture is that men aren't perceived as victims.*

This kind of cultural prejudice could interact with abusive dynamics in relationships, where control and manipulation can be used to position the victim as ‘perpetrator’ in the relationship, resulting in further confusion about the nature of the abuse and a misunderstanding of risks and needs. Such a dynamic could increase the likelihood that the abuse goes undetected or the roles misinterpreted. One participant suggested that this could intersect with the manipulative dynamics of abusive relationships:

*I think there’s a lot of who does what to who stuff that just needs to be considered, a lot of survivors are made to feel that they are perpetrators, they’re told they’re perpetrators, it’s all part of that control element.*

**Key points:**

- Participants noted that there was a well developed service framework for LGBTQ+ people in Brighton and Hove. However, they indicated that there was a service gap in provision for those who behaved abusively.
- General services, or those providing relationship counselling, drug and alcohol and homeless services were all seen as connected to work around domestic abuse. However, it was noted that these would prioritise the main presenting need, and that domestic abuse was likely to fall through service cracks.
- Existing services for those who behave abusively were seen as heteronormative and inappropriate to the LGBTQ+ community. Unless properly risk assessed with suitably knowledgeable and skilled professionals, there is a risk that mainstream provision could increase the risk to survivors.
- Service provision that meets the needs of LGBTQ+ communities is vital to ensure that their intervention is safe and effective, and in turn support sustainable change.
- Prevailing stereotypes about LGBTQ+ couples were seen as compounding factors that could result in a misunderstanding of the nature and risk of abuse, and this was seen as an additional reason that specialist services were needed.



## Addressing stigma and finding ways to talk about abuse

Two key issues were identified as barriers to LGBTQ+ individuals seeking support for domestic abuse: stigma, and finding sensitive ways to recognise and talk about abuse. Participants noted that when domestic abuse occurs, LGBTQ+ individuals face a kind of ‘double stigma’ that makes help-seeking more challenging. Already subject to discrimination and prejudice as LGBTQ+ people, seeking help for the additionally stigmatising experience of domestic abuse – as either victim/survivor or as the person behaving abusively – presents a further barrier to support.

Participants in the focus groups recognised a need for a programme that addressed abusive behaviours and felt that the early response approach characterised by the Make a Change programme was appropriate.

*The model that you’ve described about that kind of psychoeducational stuff that is not very directed at an individual, I think is a good kind of gateway between holding people to account, but not being too directly challenging to the point at which they then disengage and don’t listen to what you’re saying.*

*If you’re working with people in a kind of quite an early intervention way, you also have a bit more leeway, I guess, to take things quite slowly, and... because there’s not necessarily the immediate safeguarding risks.*

It was felt that the less stigmatising approach that did not describe individuals as ‘perpetrators’ - and that addressed abusive behaviours early - would be a more palatable approach to an already often stigmatised community. Language choices were seen as essential to engage service users. According to their opinions, the perpetrators must not be subject to excessive stigmatisation, but at the same time, they must be supported to be accountable for their own actions.

*How do you get the message that something is... as a society is not tolerated, out into the wider community, so that... but you do that without stigmatising and shaming people to the point where they can’t then actually speak up and get any help.*

*As a society, you want it to not be accepted, but you also don't want that individual to think that there's no hope for them to be able to be supported to be able to be changed, and there's not any empathy about why somebody might be behaving in a way that's dysfunctional or abusive or unhealthy.*

Thus it was seen as necessary on the one hand to make it clear that abusive behaviour is unacceptable. However, this needed to be done in a manner that was appropriate to the experiences of an already stigmatised group. It was also suggested that discrimination and homophobic abuse might play a role in producing and maintaining abusive behaviours in LGBTQ+ relationships.

*If they're driven by social things that they barely understand themselves – yes, they do the behaviours that harm us. It's, again, how do we keep people responsible for their behaviour, and let people own what they're doing, without being judged from either side.*

Given the discrimination that LGBTQ+ individuals commonly experience, some focus group participants felt that people might be reluctant to come forward for support, out of concern that they were 'letting the community down' by introducing a further layer of stigma.

*I think especially because there is people... another reason that people don't come forward about domestic violence and abuse within the community is because they are scared of the stigma that can put on to an already stigmatised community.*

This concern has previously been identified in relation to other minoritised groups. For example, Burman and Chantler (2005) found that victims/survivors from ethnic minority communities were concerned about seeking support, because they did not want to play into racist stereotypes regarding supposedly 'violent black men'. Whilst it is unlikely that this is a sole factor in whether individuals seek support, it must be recognised that loyalty to an oppressed and stigmatised community can produce a reluctance to make visible problems like domestic abuse.

Given the shortage of services for those who behave abusively, there was also a related concern about how the programme might be presented and how the public might read it.

*You've also got to be careful about that, going back to what I've said, because we know that there's not a lot of perpetrator programmes around, and if the first one essentially that we set up is around LGBTQ+ perpetration.*

*There is an agenda behind that, an unpleasant, nationally organised, well-funded agenda, about making LGBTQ+ people look diseased, or wrong, or infectious, or as a danger within our communities. And there's a push to drive conservative communities, particularly conservative religious communities against us.*

Nonetheless, publicity for such a programme would have to be very carefully planned: such attention would avoid the risk that malicious or discriminatory groups or individuals could skew public perception, by suggesting that the availability of a specialist programme indicated a disproportionate need in the LGBTQ+ population.

**Key points:**

Participants felt that an integrated early response approach would be more accessible to LGBTQ+ individuals and would offer a less stigmatising entry point to support than that of more traditional 'perpetrator' programmes.

Participants highlighted that positive language and a psychoeducational approach to addressing abusive behaviours reduced the 'double stigma' risk that LGBTQ+ individuals might experience in seeking help for domestic abuse related issues.

It was noted that LGBTQ+ culture is positive and accepting in relation to diverse relational norms, and that this can sometimes make abusive behaviours more difficult to identify and label. A sensitive and respectful approach is needed to support individuals to recognise abuse in their relationships.

The programme would need to be carefully presented publicly, to reduce perceived stigma in accessing the programme: the public presentation of the programme would need to avoid the representation of domestic abuse as an LGBTQ+ *issue* to ensure that it did not further contribute to discriminatory attitudes against LGBTQ+ people.

## The feasibility of group-based interventions for LGBTQ+ people who behave abusively

Participants recognised the therapeutic value of group-based interventions for those who behave abusively. However, some concerns were raised about the feasibility of group-based interventions within the local LGBTQ+ community. Participants felt that, because the LGBTQ+ community is relatively small and often interconnected, maintaining privacy within a group context would be extremely challenging.

*People have definitely said to me previously that if you go to an LGBTQ+ specific group, for example, you are likely to know quite a few people in that group, so something about the fact that because it's quite a tight knit kind of smallish... I mean, it's not a small community, but relatively small, everybody knows everybody else.*

*I think it's a bit of an unavoidable barrier to be honest, there are people that I am unable to support because connections, as we talked about, it's a very small community, there's going to be the fear that by coming forward they might know the facilitator, the facilitator might know their friend. And unfortunately that is a bit of an unavoidable barrier and I know that it's something that the BME community experience issues with as well.*

Some participants suggested that an online programme might provide a more anonymous and less stigmatising setting for some users, but could expose them to other risks related to virtual solutions, including misunderstandings, lack of moderation of contents and identity thefts. Video or audio-only interactions did not look like convenient options, as they would make the individuals recognisable.

*What about isolation barriers, people that suffer with social anxiety, coming down to these places, I think there's a lot of things that you can do online now like create groups online where people can get access without leaving their home or people knowing that they've got access to this, I think that's important, that social media is utilised to the best of its ability.*

Social media was seen as a potentially accessible source of support that would enable some anonymity, removing the barrier of identifiability in small, tight-knit communities.

This solution was seen as potentially particularly helpful for trans people, since online self-presentation could remove some of the specific barriers to group work for this population:

*I can't imagine a peer support group for trans people experiencing this in a kind of physical space. I mean, there's lots of evidence, isn't there, about peer support groups online for people that are trans, but I think maybe there's something to think around.*

The online group would enable participants to manage voice and visual image to prevent any disharmony between identity and presentation, which was seen as potentially support participation in group work. At the same time, focus group participants voiced concerns about some of the inherent limitations and risks involved in doing online work with people who have behaved abusively:

*It's the monitoring, I suppose, isn't it, because you don't know who else is in the room potentially, you'd have to have... I'm not great with tech, so I'm just thinking how would that work, would it be like... if it's an online forum, you could have all kinds of things going on. You could have a perpetrator posing as someone that's not perpetrating to the level that they are, you could have like you're saying, the collusion thing, like kind of prison mentality.*

Thus the advantages of online group work – the anonymity and the ability to manage self-presentation – were also seen as a potential risk in work with those who behaved abusively. The potential for people to disguise their identity, manipulate and deceive was seen as a significant risk. Participants also suggested that there might be something necessary about the material and embodied space of the group, which enabled closer and more immediate contact with others:

*I think even psychoeducational stuff, like for me, it would lose its impact if it wasn't as part of a discussion where you could hear what other people were saying, and then ask questions, and then get challenged on things, and so much gets lost when you type something.*

Whilst this might be addressed through the use of synchronous rather than asynchronous modes of delivery online (e.g. use of video conferencing software rather than message

boards), the sense of immediacy and community that is built in a face to face group might be difficult to replicate online. This is why group-based face-to-face provision remains the favoured mode of delivery for domestic abuse perpetrator work. It is essential to recognise that the evidence base for the potential efficacy of online interventions for people who behave abusively is minimal.

In their consideration of group provision, participants highlighted the crucial importance of recognising that the LGBTQ+ 'community' is not homogenous. Setting up a programme for those who behave abusively in intimate relationships for the LGBTQ+ community would potentially involve mixing people with significantly different identities, needs, values and experiences. For this reason, specialist services oriented to victims/survivors tend to offer one to one provision. Whilst groups aimed at heterosexual men also need to address diverse populations in terms of race, class, politics and values, as well as levels of risk relating to the abuse itself, the greater diversity of relational, gender and sexual identity amongst people who are LGBTQ+ presents a significant challenge to the idea of group-work. Individuals belonging to a non-homogenous group, as the LGBTQ+ community is, may not have the same needs or might hold opposite views on sensitive issues and might feel embarrassed or not understood in a mixed group.

*You've got to think about the LGB and T ... it's very difficult, because you don't want to separate that... But at the same time, it's about acknowledging the difference of need, if you're going to do something specialist.*

Participants did raise concerns that the specific needs of trans individuals might be obscured in groups, and that there was some potential for anti-trans prejudice to be an issue in group contexts. However, at the same time, value was seen in mixed groups in terms of inclusiveness and a sense of community.

Some participants suggested that single-sex groups were adequate, whilst others were concerned they were appropriate for LGBTQ+ individuals:

*And would you have groups for example, for victim support, but in mixed gender, because again you're incorporating gay men in same sex relationships, gay*

*women in same sex relationships, and that experience is going to be quite different, even in terms of the risk factors and how it's perpetrated.*

It is clear that there was no single position on these issues in the consultation groups, with these questions around sex and gender being offered as complexities that need fuller consideration. It was also seen as important to consider that some people may not have come out yet as members of the LGBTQ+ community, or might not identify themselves as part of the LGBTQ+ community, but may be experiencing abuse in their intimate relationships. Accessing a space that is reserved for perpetrators of abuse in the LGBTQ+ community would mean doing a double coming-out, which could be too challenging to face.

*It will have to be considered, because if you have an LGBTQ+ physical space, then you're just targeting out LGBTQ+ people, because otherwise as soon as they walk through the door, they're outing themselves as a perpetrator and someone that's from the LGBTQ+ community.*

**Key points:**

Participants recognised the value of group based interventions. However, group based delivery was seen as presenting significant challenges for interventions as sensitive and complex as Make a Change. Participants noted that LGBTQ+ communities were often quite small and within geographic areas the chances of individual group participants being known to each other were high. This presented a significant barrier to participation.

LGBTQ+ communities are not homogenous, and relational practices, needs and values, as well as gender identities are diverse, and relationship issues are therefore difficult to address in a single unitary group.

It is important to consider how services might be made accessible for those who are not out, or not out in all contexts.

It was suggested that the specific needs of trans individuals might be obscured in homogenous groups, and that there was a risk they might be subject to discriminatory behaviour.

Some participants suggested that online delivery might resolve these challenges, whilst others felt that there were significant risks associated with this model.

## Workforce representativeness

Participants felt that it was important that LGBTQ+ individuals be represented in the workforce and that programme facilitators had a lived understanding of LGBTQ+ experiences, to facilitate the intervention effectively and build supportive relationships with those seeking help:

*...a lot of people presume I'm not part of the community when I first start supporting them and then they realise that I am, I do notice a difference in the way that they would respond to me. I think that that can be really valuable, particularly when you're asking people to be quite vulnerable and to be quite honest and quite raw. And it has such an impact, if it was a healthy eating course it might be different, but this is all about their position within the community and their relationships that they have within it, so I think that it would be quite important for them to be members of the community.*

This participant, who had experience in delivering domestic abuse support, noted that being LGBTQ+ made a critical difference in building trust and enabling support and challenge in the groups that she ran. At the same time, it may be helpful to consider the points raised in the previous theme that LGBTQ+ is not a homogenous community, and therefore no individual facilitator will have shared experiences with all members of a group. Thus whilst facilitators must be LGBTQ+, the limitations of 'matching' facilitators to the population they serve must also be acknowledged.

Several focus group participants felt that peer networks were the optimal way to provide support for people who were LGBTQ+, and that these should be considered in planning any adaptation of MAC for this population. Participants noted the value of community-driven efforts to address issues that are intrinsic to the community itself, and peer-to-peer support was seen as a key way of ensuring those delivering a programme on abuse in relationships would understand the issues that LGBTQ+ individuals might face.

*And a lot of people, this way, believe in peer support groups, and the advice of peer support groups, are very important, for anything to do with any kind of trauma care.*



These participants suggested that providing a specific service to address domestic abuse in LGBTQ+ relationships and run by members of the local LGBTQ+ community is necessary to help people feel connected and understood in their lived experience.

*So we need to reach into the community, and train up facilitators, and make sure people from those communities then have groups, so the safe space is led by a person from that community, they have the community's trust, they're in that space.*

Other participants felt that a volunteer facilitated service might not be appropriate, given the complexity of work with people who use abuse.

*It's just sometimes I think peer support or volunteering is seen as kind of like a low cost option, that you have one person that kind of coordinates it, but actually the work's done by people who are volunteering, but to do it right and to do it properly, I think it takes a huge amount of resource to make sure that they're all well supported and they're in the right place to be doing that work, if that makes sense.*

*So even if they are in a good space to provide kind of sound safe advice to people, is that... are they being supported and protected enough in terms of like re-traumatisation about their own experiences?*

Participants recognised the highly skilled work involved in supporting and challenging people who behave abusively and providing integrated service for victims/survivors and people who have behaved abusively. De-professionalisation of such services is risky, and any peer support provided would require significant training and very close supervision at a level that is not coherent with a peer support model.

*I think with my risk head on I would worry about survivors working with perpetrators just because of you don't know... for some people that's going to be completely fine for them, for other people that might bring up unknown triggers, you don't know, only that person can tell you, only that person will know, but it's just how would you risk assess that and then ensure that that person and the people in the group, that isn't causing any re-traumatisation for anybody.*

However, this does not rule out the possibility of recruiting LGBTQ+ community members and training them to work professionally in this context. Donavon and Barnes (2015) identified the importance of increasing representation of LGBTQ+ individuals in the workforce, developing and providing programmes for domestic abuse perpetrators, indicating that this might be a factor in the low levels of provision for LGBTQ+ individuals who behave abusively.

It was suggested that, if a voluntary peer-led approach were considered, there would need to be a careful assessment of volunteers to ensure that they were suitable to provide such support:

*I think that process of training which is obviously really important just for being facilitators but also for identifying where people are at on their recovery journey and whether they feel confident that they could deliver that.*

A hybrid model of professional and peer support was proposed as one way of providing a well-rounded service.

*I think this is where I was talking about before about collaboration and I think representatives from the peer side and representatives from the professional side come together, collaborate and maybe design a benchmark standard to work from.*

*I think it's a mixture, to be honest. If you integrate with professionals, and peers, you can give the professionals the understanding and passion of how to make change from a strategic point of view. Whereas, peers, they can be more on a level with other peers, to help support while things get put in place, you know.*

However, it was also noted that a voluntary peer-led approach might further compound the problems of anonymity and identifiability discussed above, and that this might present insurmountable barriers to access in small communities.

**Key points:**

It was seen as important that facilitators of a Make a Change type intervention adapted for LGBTQ+ individuals should themselves be members of the LGBTQ+ community.

Some participants felt that a peer support model should be deployed to ensure that the programme was suitable to the population.

For some participants, this was conceptualized as a volunteer based model. However, this was not a view shared by all participants, with some suggesting that domestic abuse work was highly specialised and that deprofessionalising the intervention was not appropriate.

Some participants also noted that using peer support might compound challenges around working in small communities and maintaining anonymity.

The key point on which the participants agreed was the importance of recruiting and training facilitators and programme developers from the LGBTQ+ community, to ensure the programme is appropriate in design and delivery.

# Key findings and recommendations

Based on this consultation, several key findings can be identified. The limited literature on LGBTQ+ experiences suggests the need for a better response to those who behave abusively (Donavon & Barnes, 2015, 2016, 2019). Our consultation suggests that an integrated service for LGBTQ+ people, which addresses the needs of both victims/survivors and those who behave abusively, would be acceptable. An early response approach was seen as appropriate for adaptation for use with the LGBTQ+ population. However, it was not seen as appropriate to extend services oriented to heterosexual people to the LGBTQ+ population.

Representation is necessary, and it was seen as crucial that facilitators be members of the LGBTQ+ population. It was suggested that this would help in the development of more appropriate service response, as well as in offering scope for effective role modelling for

Significant challenges have been highlighted concerning the group delivery of interventions for those who behave abusively. These include the diversity of LGBTQ+ individuals, complexities involved in gender mixing, and the specific needs of trans men and women. Besides, it was felt that, in small LGBTQ+ communities, anonymity and identifiability would become an issue and that there was a risk that individuals might be stigmatised.

Some participants suggested online group delivery as a solution to the practical challenges of group delivery, but others felt that this had more risks associated with it than advantages. The evidence base for online delivery of perpetrator programmes is under-developed, and this would present further challenges in the development and delivery of an appropriate programme. Participants recognised that there were therapeutic advantages to group delivery. This insight reiterates Donavon and Barnes' (2015) finding that group work supports the behaviour change process and helps avoid some of the

problems inherent in working with perpetrators in a one to one setting (e.g. the risk of inadvertent collusion with the perpetrator).

Participants felt that it was important that LGBTQ+ individuals develop and deliver any proposed programme. Peer support was seen as a potentially effective approach by some focus group participants. Some participants felt that a voluntary peer support model would increase risk and that the work needed for this kind of intervention was highly specialist and best met by a professional workforce.

Participants were concerned about the risk of double stigmatisation as both LGBTQ+ and as ‘perpetrator’ or ‘victim’. They felt that the language of ‘perpetrator’ was inappropriate in this context. In general, it was felt that the programme needed to be framed to ensure that those who behave abusively were not excessively stigmatised, but were still positioned as accountable for their actions. For this reason, participants also supported the idea of an early intervention approach that addressed abusive behaviours before they reached the threshold for criminal justice involvement or other publicly visible intervention. It was also seen as necessary not to present abuse as an ‘LGBTQ+ issue’, as there was concern this would play into existing cultural stereotypes about LGBTQ+ identities.

## Recommendations

Based on this consultation, the following recommendations are made:

- An integrated, early response to abusive behaviour in intimate relationships was seen as appropriate for the LGBTQ+ community.
- In designing and delivering such a programme, it is crucial to consider the diversity of the target population.
- Involvement of LGBTQ+ organisations and community representatives in the design, development and delivery of the adapted programme is recommended.
- There are complexities around the group delivery of the programme that need careful consideration.
- Careful attention should be paid to the risk of ‘double stigmatisation’ in the design, delivery and marketing of any future programme.

## **Limitations and future research**

The focus groups were conducted in a single area (Brighton and Hove) which has a large LGBTQ+ community. Findings may, therefore, not be transferable to other areas of the United Kingdom. Participation was requested from a broad range of organisations providing services and support to the LGBTQ+ community and those providing domestic abuse services. Participants were self-selecting, and this should be considered in interpreting the findings.

The evidence base around intervention for LGBTQ+ individuals who behave abusively is very under-developed. If interventions for this population are developed, they should be developed in an iterative manner that involves regular consultations with the LGBTQ+ community. Such interventions should be carefully evaluated, to begin to provide an evidence base on interventions with this population.

# References

Barnes, R. (2008). "I still sort of flounder in a sea of non-language": The constraints of language and labels in women's accounts of woman-to-woman partner abuse. In K. Throsby & F. Alexander (Eds.), *Gender and interpersonal violence: Language, action and representation*. Basingstoke: Palgrave Macmillan.

Burman, E. and Chantler, K., (2005). Domestic violence and minoritisation: legal and policy barriers facing minoritised women leaving violent relationships. *International journal of law and psychiatry*, 28(1), pp.59-74.

Donovan, C. and Barnes, R. (2019). 'Domestic violence and abuse in lesbian, gay, bisexual and/or transgender (LGB and/or T) relationships', *Sexualities*, 22(5–6), pp. 741–750. doi: 10.1177/1363460716681491.

Donovan, C. and Hester, M. (2011). Exploring emotion work in domestically abusive relationships. In: Ristock JL (ed) *Intimate Partner Violence in LGBTQ Lives*. Abingdon: Routledge, pp. 55–76.

Donovan, C. and Hester, M. (2014). *Domestic Violence and Sexuality: What's Love Got to do with it?* Bristol: Policy Press.

Callaghan, J. (2015). Mothers and children? Representations of mothers in research on children's outcomes in domestic violence. *Psychology of Women Section Review*, 16, 2-5.

Cannon, C.E.B. (2019). What Services Exist for LGBTQ Perpetrators of Intimate Partner Violence in Batterer Intervention Programs Across North America? A Qualitative Study. *Partner Abuse*, 10 (2): 10.1891/1946-6560.10.2.222

Magić, J. & Kelley, P. (2019). *Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse*. Galop, the LGBT+ anti-violence charity. London, UK. October 2019.