

# LGBT+ victim-survivor views on interventions for those who cause harm in their relationships

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# Foreword

“It took me a long time to realise that I had been in a highly abusive relationship, rather than a bad one, and it took being thumped for me to decide to leave my partner. I strongly believe that if this had happened in a heteronormative relationship, I might have seen what was happening and recognised it as domestic abuse – but it didn’t (my ex was a woman) – and I didn’t.

Since leaving the relationship, it has been my mission to do what I can to help raise awareness of the danger and prevalence of domestic abuse in the LGBTQIA+ community. As a result, I was delighted to work alongside Alex Irving throughout the preparation of this vital survey.

In so doing, I learned a lot. Prior to my involvement in the process, I could not have been more cynical about working with perpetrators – a view entirely based on my own lived experience and the character of my ex. Now, however, I totally see that – if a perpetrator is able to recognise their behaviour as abusive and is willing to work hard – the work done by Drive can be highly effective in bringing about sustainable change.

The findings of this fantastic survey give an invaluable insight into a seriously under-researched area of Domestic Violence and Abuse in the LGBTQIA+ community and couldn’t be more welcome”.

**by Jessica, SafeLives Pioneer**

# Acknowledgements

The Drive Partnership is extremely grateful to all the victim-survivors who shared their experience with us throughout this process. We would like to give special thanks to a survivor who gave their time and experience to help co-design this consultation. Their contribution was invaluable and allowed this work to flourish. We are also grateful to the professionals who took the time to support the development and distribution of this consultation. Without this support, this work would not have been possible.

## Language

LGBT+ is an umbrella term to describe people of all minority sexual orientations and gender identities.

Within The Drive Partnership, the term “LGBT+ communities” is used to acknowledge the need for solidarity and the recognition that LGBT+ people are not a homogenous group.

The term “people who cause harm” is the preferred terminology used throughout this report; this is used interchangeably with the term “perpetrator”. The Drive Partnership recognises that the term “perpetrator” can act as a barrier to accessing services, particularly for those from racialised and minoritised communities, due to its links with over criminalisation of these groups. We also note and recognise that there are higher rates of “mutual abuse” claims as well as increased instances of incorrect identification of the “primary perpetrator” by professionals in LGBT+ relationships (particularly towards those in same-sex relationships). Therefore, the term “people who cause harm” will try to be used as much as possible when discussing those who cause harm from the LGBT+ community to reduce the risk of incorrect labelling<sup>1</sup>.

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<sup>1</sup> Luke Kendall; Managing counter-allegations (2018)

# Introduction

## The Drive Partnership

The Drive Partnership, formed by Respect, SafeLives and Social Finance, is working to transform the national response to perpetrators of domestic abuse. Together, we developed our flagship Drive Project to address a gap in work with high-harm, high-risk perpetrators of domestic abuse. We also advocate for systems and policy change – to develop sustainable, national systems that keep victims safe by responding more effectively to all perpetrators of domestic abuse, including those from LGBT+ communities, are being challenged and supported.

One of the Drive Partnership's national systems change strands is focused on improving responses to those from LGBT+ communities. Beginning in 2020, this work sought to better understand the experiences of these communities and provide opportunities to upskill professionals on the issues faced by LGBT+ communities.

## Research

This research's primary aim is to better understand LGBT+ victim-survivors' views on:

1. How we can address behaviours used by those who cause harm, with the aim of increasing safety and wellbeing for LGBT+ survivors and their dependents
2. What provision should look like for people who cause harm from LGBT+ communities and what should sit alongside this to support victim-survivors.

However, this can only be done within the context of understanding LGBT+ victim-survivors' experiences of abuse and support. This is explored first in this report. The report then explores respondents' feedback regarding behaviour change interventions and what victim-survivors think is needed to develop responses for LGBT+ communities.

This report will inform the next phase of the Drive Partnership's national systems work regarding LGBT+ communities. This will include the development of interventions and approaches for working with those causing harm from LGBT+ communities, with the aim of increasing the safety and wellbeing of survivors. LGBT+ victim-survivor voice will be central to this work, with ongoing co-production informing this process to create lasting and truly impactful change.

The victim-survivors who completed the survey raised both general and LGBT+ community-specific concerns regarding interventions aimed at addressing the behaviour of those who harm. Despite these concerns, half of respondents said they would have felt safer if the person who had caused them harm attended a behaviour change intervention. Victim-survivors identified several ways that organisations can build their confidence in behaviour change interventions and highlighted ways to ensure these services are suitable for those from LGBT+ communities.

### **Key Themes:**

- Visibility and accessibility of services – this is in terms of geographical access to LGBT+ specific support, as well as considerations as to how and where these services are advertised.
- Truly and actively inclusive services for LGBT+ communities, and ensuring this is not presented as, or treated as tokenistic. This includes specialist LGBT+ service provision for survivors with intersecting minoritised identities.
- Questions regarding behaviour change programmes' effectiveness in general, and specifically their effectiveness and ability to work with marginalised communities. Feedback highlighted the need for interventions to build confidence and feelings of safety for survivors. Feedback to address this included ensuring any interventions are co-produced with LGBT+ communities and building clear quality assurance protocols that prioritise LGBT+ victim-survivors' voices and safety at all levels.
- Training and awareness on what abuse looks like in LGBT+ relationships for both the community and professionals. This

should encompass how different identities may interconnect and intersect. In addition, respondents highlighted the need for increased education for professionals on issues affecting LGBT+ communities more widely.

# Survey

## Methodology

The survey used to inform this report was open between March–May 2023 and received 38 responses. Information was gathered using an online survey aimed at LGBT+ victim–survivors aged 16 or over from England and Wales who have experienced or were still currently experiencing domestic abuse from an intimate partner or family member.

The survey was co–designed by two members of the Drive Partnership alongside an LGBT+ survivor of domestic abuse to ensure victim–survivor voice was at the core of this work. The LGBT+ working group, facilitated by The Drive Partnership, were also consulted on this survey. The working group consists of a range of domestic abuse organisations, including specialist LGBT+ by–and–for organisations amongst its membership.

Content analysis was used to analyse the qualitative responses within this survey. Answers to the following research questions were sought:

1. What are LGBT+ victim–survivors' experiences of domestic abuse?
2. What is needed to address people who use harmful behaviour to increase the safety and wellbeing of LGBT+ survivors and their dependents?
3. What should provision look like for LGBT+ people who use harm in their relationships, and what should sit alongside this to support victim–survivors?

## Who responded to the survey?

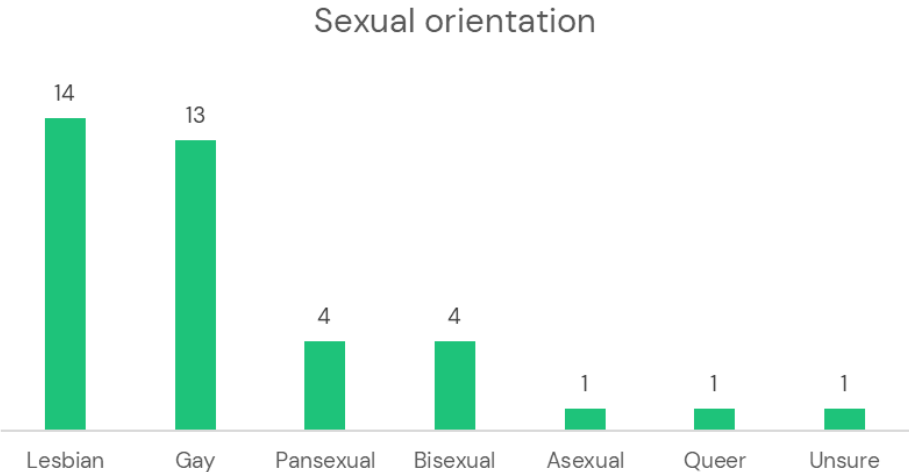
This section provides an overview of the demographics of respondents to this survey.

Half of the respondents to this survey identified as a woman (n=19), followed by 12 people who identified as a man, four as non–binary, one as Queer, one as a Genderqueer man and one person identified as human. 71% (n=27) of respondents identified with the sex observed at

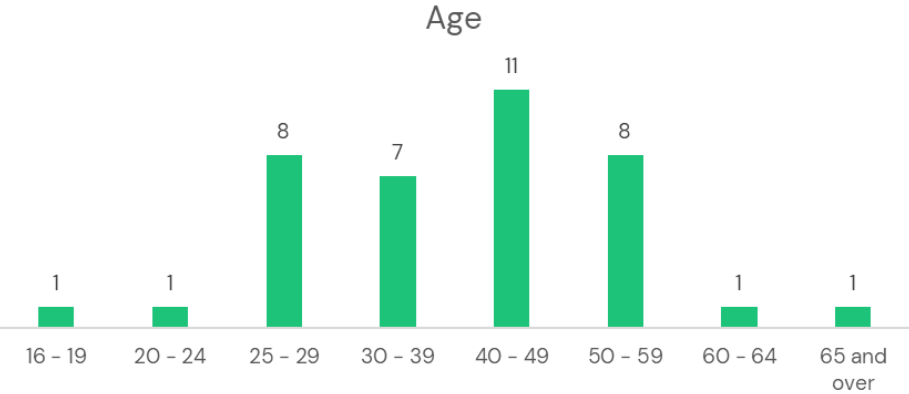


birth. Seven people didn't identify with the sex they were observed at as at birth, three people were unsure, and one person preferred not to say.

The most common response regarding sexual orientation was lesbian (n=14), followed by gay (n=13) and pansexual (n=4). A breakdown of respondent's sexual orientations can be found below.



Most respondents fell between the ages of 25 – 59, with the most common age bracket being 40 – 49.

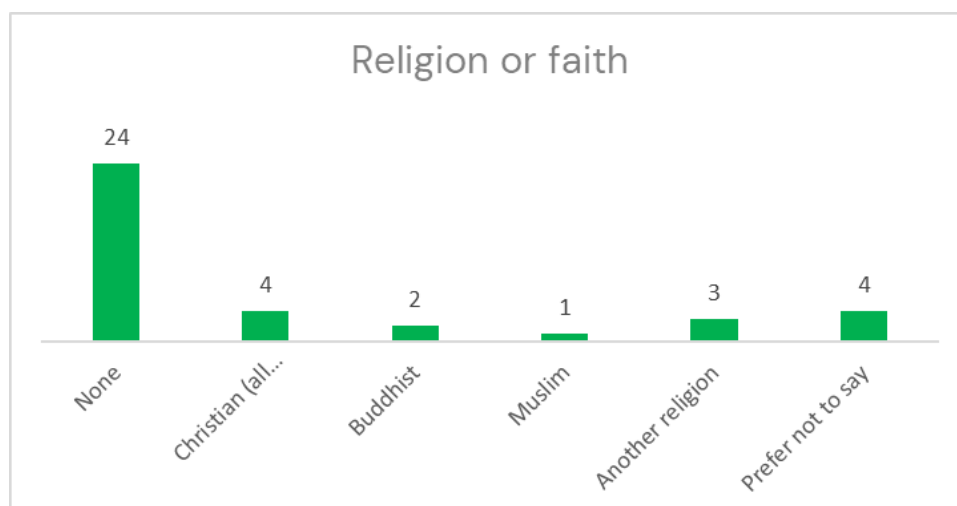


Just under half of respondents (n=17) considered themselves a disabled person. 16 people didn't consider themselves a disabled person, two people were unsure and three people preferred not to say.

Most respondents were White (n=34). 29 of whom were White British, two were White Gypsy or Irish Traveller, one was White Irish, and one person was from another White background not identified. Two respondents were of Mixed or Multiple ethnicities, of which one person was Asian and White and one person was Asian, African and White Irish.

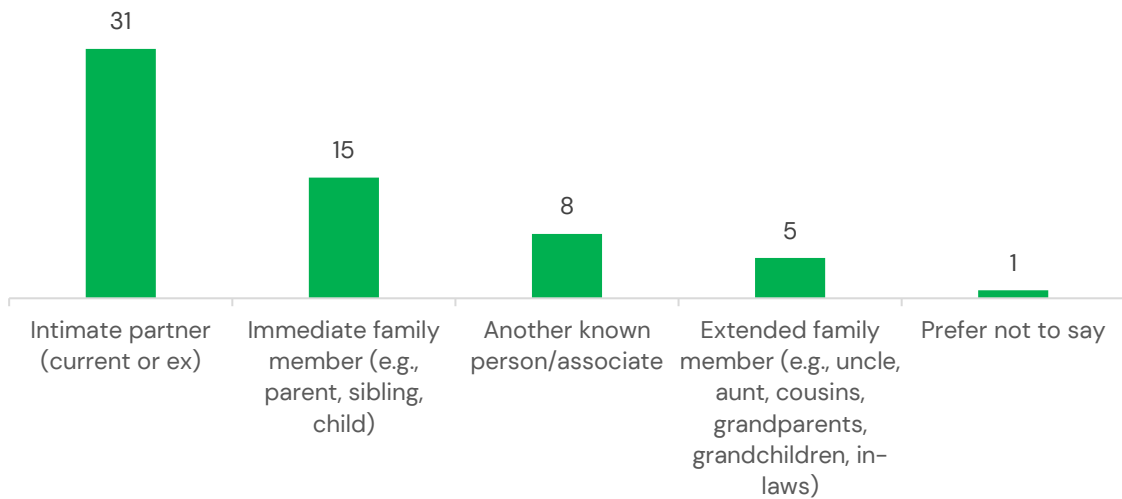
Finally, one respondent was East African, and one person preferred not to say their ethnicity.

63% of respondents were not religious (n=24). The remaining respondents followed a range of different religions or faiths as identified below.



92% (n=35) of respondents were not currently experiencing domestic abuse at the time of answering this survey but previously had and three people were currently experiencing domestic abuse. 66% (n=25) of victim-survivors had experienced domestic abuse from more than one person. Most respondents (n=31) had experienced abuse from an intimate partner (either a current or an ex-intimate partner). The second most common experience of abuse was via an immediate family member such as a parent, sibling, or child (n=15).

## Relationship status



The majority of respondents (76%; n=28) said the person/people responsible for their experience of domestic abuse were also a member of the LGBT+ communities. Only one of those 28 people said the person responsible for their abuse had accessed support for their abusive behaviour.

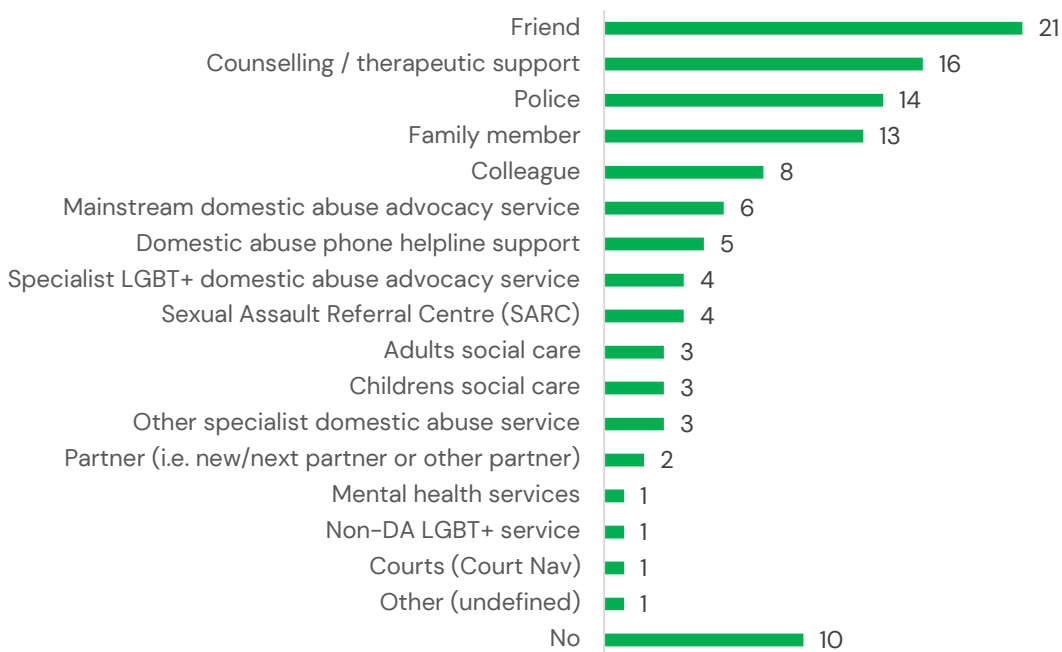
# Findings

## LGBT+ victim-survivors' experiences of domestic abuse

This section explores LGBT+ victim-survivors' experiences of receiving support and their feedback on how that support should look.

Most respondents had received some type of support for the domestic abuse they experienced (73%; n=27). The most common form of support was informal support via a friend (n=21), followed by counselling/therapeutic support (n=16). Only four respondents had received support from a specialist LGBT+ domestic abuse service and ten people hadn't received any form of support.

Support received by LGBT+ victim-survivors



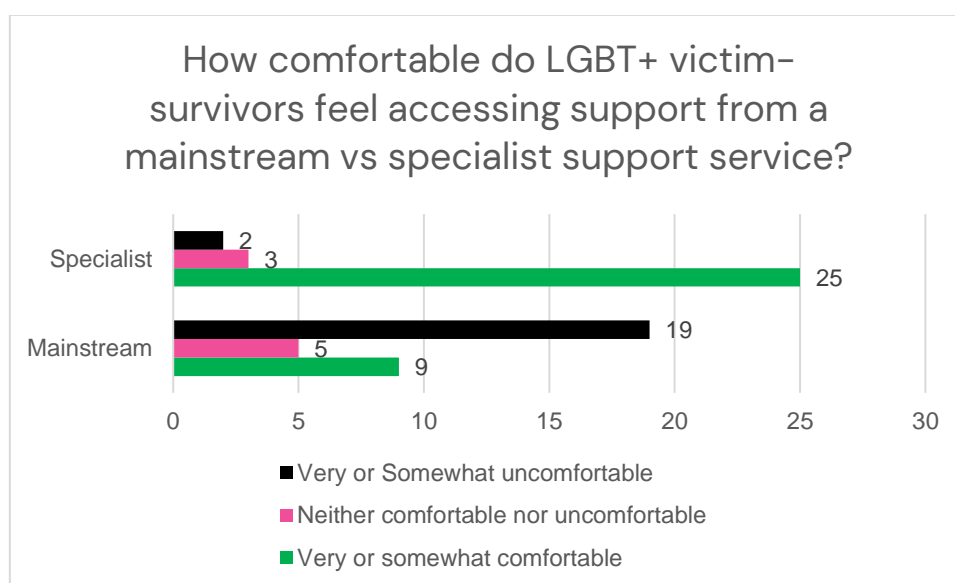
These findings are mirrored within wider research, including in *Queering The Narratives of Domestic Violence and Abuse*, which found that LGBT+ people experiencing domestic abuse are most likely to approach family & friends for support, followed by therapeutic services as opposed to mainstream domestic abuse services<sup>2</sup>. This also reflects

<sup>2</sup> Donovan & Barnes; *Queering the Narratives of Domestic Violence and Abuse* (2020)

recent research by Galop which found that 6 in 10 victim-survivors within their research did not receive any kind of formalised support<sup>3</sup>.

Respondents were asked how comfortable they would feel accessing support from a mainstream domestic abuse service versus a specialist domestic abuse service. Mainstream services were defined as services designed for all victims of domestic abuse. Specialist services were defined as services designed to meet the needs of specific victim-survivors who face additional barriers such as those from LGBT+ communities, racialised communities or disabled communities.

The majority of respondents reported that they were more likely to feel comfortable accessing an LGBT+ specialist domestic abuse service, and more likely to feel uncomfortable accessing a mainstream victim support service. Four respondents were unsure either way.



## LGBT+ victim-survivors' views on support

When asked what was important to be included within a domestic abuse support service specifically for LGBT+ victim-survivors, respondents emphasised the importance of services having LGBT+ specialist knowledge and understanding. This was noted to be key to help build trust between victim-survivors and services, and increased feelings of safety. Respondents said that professionals working within services should understand intersectionality, have in-depth knowledge

<sup>3</sup>Galop; "An Isolated Place" LGBT+ domestic abuse survivors' access to support (2023)

of the communities they are working with, and know the additional barriers those from the LGBT+ communities may face.

*“A complete understanding of the specific issues facing LGBTQI+ victims of DVA, including particular sensitivity around reporting in the first place, and knowledge about forms of abuse specific to the LGBT+ community” – victim-survivor*

Services raising awareness and visibility within the community were also identified as a theme by six respondents. Many stated that it would be useful if services provided information on what abuse can look like to support victim-survivors with *“recognising the problem”*. They also noted the need for clear advertising, so victim-survivors know where to access support and know that the spaces available are safe for LGBT+ communities. One respondent also highlighted the need for visibility of services for victim-survivors who don't access 'LGBT+ spaces' as this may mean they would miss opportunities to hear about the type of support available to them.

*“How would I find out about it? I don't inhabit night clubs and other 'LGBT venues' [...] I only realised that I was in an abusive relationship when I went to a doctor's surgery about a different issue and saw a poster there. Being in relatively good health, I go for periods of years without visiting such a venue” – victim-survivor*

Six respondents raised points regarding inclusive vs. exclusive spaces. As part of this, the need for services to be an inclusive space for LGBT+ communities was highlighted. Many victim-survivors noted the value of services being *“actively inclusive”* and not tokenistic.

*“Not to just stick a rainbow on a flyer and make out that it's a LGBTQ+ service because that isn't inclusivity” – victim-survivor*

Within this, some respondents noted they felt it was important to ensure the space is specifically safe for transgender victim-survivors to ensure they *“aren't discriminated against or prevented from getting support”*. In addition, one respondent fed back the need for safe, exclusive single-sex spaces, and woman-only services.

Another key theme raised by six respondents was the need for LGBT+ representation and voice, both amongst professionals working within these services and in the co-production of services with LGBT+ community members with lived experience.

*“However supportive or knowledgeable you may be – there is only so much you can learn in theory without having the lived experience of an LGBTQ+ person” – victim-survivor*

Five respondents raised the importance of services to listen and take victim-survivors seriously, particularly when this may not have been their experience prior to accessing a support service. Many highlighted the need for victim-survivor voice to be centred within these services and core to any work delivered.

### **Interventions for those who cause harm**

This section explores LGBT+ victim-survivors’ views on behaviour change interventions for those who cause harm. Behaviour change interventions work with perpetrators of domestic abuse to keep survivors safe by holding the person causing harm accountable for their behaviour whilst offering them meaningful opportunities to change.

Over half of respondents said they would feel safer if the person responsible for their abuse completed a behaviour change programme (n=21). 11 people said they wouldn’t feel safer, and six were unsure.

The survey then explored what elements of a programme would or wouldn’t make the survivors feel safer if the person using harm attended a behaviour change programme.

Some respondents raised concerns regarding the potential lack of knowledge from professionals regarding LGBT+ experiences.

*“Would the people from the service even know how to address LGBT+ abuse?” – victim-survivor*

8 respondents also raised concerns regarding the quality of some interventions, including questions about how any sustained change would be monitored.

***“It’s easy to pass a course or programme, it would need monitoring post completion, and an authority which could act such as the police which carry actual consequence” – victim-survivor***

Another theme noted by eight respondents was a lack of faith in the person causing harm’s ability to change. One respondent noted that although they saw benefits in behaviour change interventions for that cause harm, they were still unsure of an intervention’s ability to change a person’s behaviour.

***“It wouldn’t make me feel like he will stop. But it would make me feel like there’s more oversight of him and therefore more timely responses to disrupt him.” – victim-survivor***

Some respondents reported questions about how earnestly the person causing harm would engage with a programme, with feedback that they felt the person responsible for causing them harm wouldn’t take it seriously and would ***“continue to behave the same regardless”*** (victim-survivor). Two victim-survivors noted the risk that professionals could collude with those who cause harm in their relationships and three respondents fed back that they felt an intervention could potentially be used by those who cause harm as a tool for manipulation, including that the person would learn to hide their behaviours better or learn additional tactics for abuse.

***“That it will teach perpetrators to be better behaved but no change their underlying need to control and manipulate, meaning abuse just becomes more covert” – victim-survivor***

***“If my perpetrator had attended such a programme, it would only be to see what they could get out of it.” – victim-survivor***

There were also questions regarding how the programme would work with those causing harm who did not accept that their behaviour has been harmful.

Three respondents also fed back that they didn’t feel a behaviour change programme could work to improve their safety, as for them it



ultimately didn't change the past or the harm that has already been caused to them.

*“It doesn't change what has already happened” – victim-survivor*

Finally, a sense of hopelessness that change was not possible was expressed by some victim-survivors:

*“I don't know. The problem gets moved around which changes nothing.” – victim-survivor*

Victim-survivors raised similar reservations regarding behaviour change interventions in a previous piece of research conducted by the Drive Partnership. That research found that 60% of victim-survivors would have liked the person who caused them harm to attend a behaviour change programme, however, some concerns were raised which echo concerns identified within this survey. For example, the need for high-quality interventions which centre victim-survivor voice and doubts regarding the ability or willingness of some perpetrators to change. Additionally, there were questions raised regarding the suitability of generic programmes for every perpetrator.<sup>4</sup>

## **LGBT+ specific interventions for those who cause harm**

This section explores how the respondents would feel about a LGBT+ specific intervention.

A key theme identified was around how information about the service would be distributed, including wider feedback regarding the lack of availability and accessibility of services:

*“As it is now, the support for LGBT+ people is London centric in general and also geared to larger cities. This isolates the victims more, making it harder to see, support” – victim-survivor*

This theme was also identified in Galop's LGBT+ Domestic Abuse Service Provision Mapping Survey which mapped 13 services and found that across these, there was a total of 3.5 full-time specialist LGBT+ IDVAs, and that these are all based in major cities (London, Birmingham, and

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<sup>4</sup> The Drive Partnership (2022). *Survivor views and experiences of perpetrator interventions*. [online]

Manchester). Galop noted that this effectively creates a postcode lottery, with services being based around cities that are known to have over-representations of LGBT+ people, with no LGBT+ specialist support being available outside of these areas<sup>5</sup>.

One theme that emerged was around how the service would be able to understand the experiences of LGBT+ people and their positions within society. Many noted a risk of stereotyping, or homogenisation of LGBT+ people.

*“It could treat us as one group (probably concentrating on male perpetrators and women would lose out on their specific needs. Being ‘LGBT’ specific should not come at the expense of the quality of the programme or facilitators.” – victim-survivor*

Related to this, some respondents also questioned how the programme would work logistically considering the range of identities and experiences that sit under the LGBT+ umbrella.

*“How the gender and sexuality dynamic would work logistically (e.g., would it be group work, 1-1?)” – victim-survivor*

Another key theme was around concerns regarding LGBT+ abuse not being taken seriously. Comments regarding this were focused on the ways professionals respond to abuse, as well as feedback regarding a general lack of interest from wider society in issues affecting LGBT+ communities. Several respondents noted the anti-LGBT+ rhetoric in the media and wider society and expressed concerns for how an intervention for LGBT+ people would be received.

*“There is already an issue of anti-LGBTQ+ groups and Individual’s promoting the ‘groomer’ narrative and portraying LGBTQ+ people (and specifically trans/non-binary people) as predatory and dangerous online, in the media and in government.” – victim-survivor*

*“I fear how this could be portrayed as ‘see we told you – they’ve had to make a specific programme for the queers – this is*

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<sup>5</sup> Galop; “An Isolated Place” LGBT+ domestic abuse survivors’ access to support (2023)

*obviously an issue, we were right' [...] and that being used to further abuse and stigmatise LGBTQ+ people" – victim-survivor*

One participant also questioned how specific barriers that affect LGBT+ people could effectively be addressed, such as internalised homophobia.

*"Conversations around shame and control should be at the forefront, not simply the behaviours themselves (especially in regards to internalised homophobia)" – victim-survivor*

The range of feedback that LGBT+ victim-survivors provided emphasises the need for a nuanced approach which acknowledges that victim-survivors have questions about the effectiveness and safety of behaviour change programmes as well concerns around specific barriers that will need to be addressed for the programmes to be effective.

This reflects established research, including the concept of the 'trust gap', a sociological concept about the space between an individual's lived experience of state / professional interventions and how much they would trust services to support them appropriately.

## **Moving forward**

Respondents were then asked what would give them confidence in a programme designed specifically for LGBT+ people who cause harm to address their behaviour.

The 5 most common answers selected were:

1. Professionals delivering the programme having a thorough understanding of how some specific forms of domestic abuse could present in an LGBT+ relationship (n=18)
2. Professionals delivering the programme having a broader understanding of LGBT+ identities and how LGBT+ identities intersect with other minoritised identities (i.e., intersectionality) (n=17)

3. The programme being run/delivered by people from LGBT+ communities (n=15)
4. Professionals delivering the programme having confidence and knowledge about issues affecting LGBT+ communities (n=12)
5. The environment feeling safe for a LGBT+ person (n=12)

# Conclusion

Overall, the findings from the survey both reflect and add to the growing evidence base of research in this area. This includes a noted disparity between the services LGBT+ victim-survivors require and the services they can access or receive. The feedback supports wider sector calls for increased availability of services designed by and for LGBT+ communities.

## **Support for LGBT+ survivors**

Regarding support they had received or would want to receive, 73% of respondents noted they had received some type of support for the domestic abuse they experienced, with the most common form of support being informal. The majority also noted that they were more likely to feel comfortable accessing an LGBT+ specialist domestic abuse service compared to a mainstream victim support service.

Another key theme highlighted for this area was the need for the support services to have specialist knowledge about what abuse looks like in LGBT+ relationships, a robust understanding of intersectionality, and in-depth knowledge of issues affecting LGBT+ communities. They also noted the importance of how and where these services raised awareness regarding domestic abuse for the LGBT+ community and the services' visibility and availability within the community. The majority also highlighted the desire for these to be genuinely inclusive spaces for all members of LGBT+ communities, and for these services to be both led by and informed by LGBT+ voices. And, crucially, feedback highlighted the need for services and the wider community to listen to LGBT+ survivors and take their experiences of abuse seriously.

## **Interventions for those who cause harm**

Whilst over half of respondents said they would feel safer if the person responsible for their abuse completed a behaviour change programme, a key theme that emerged from the survey feedback was around a lack of faith in services responding to those who cause harm, and the person causing harm's ability to change. This reflects similar concerns that have

been raised in other pieces of research relating to mainstream behaviour change programmes.

Respondents emphasised the importance of specialist knowledge and understanding of domestic abuse in LGBT+ communities, as well as concerns regarding the potential lack of knowledge from professionals regarding wider LGBT+ experiences. These factors contribute to respondents' lack of trust and confidence in mainstream services to provide appropriate support. In relation to this, some respondents questioned how services would measure the quality of a response for LGBT+ people who cause harm, including how sustained behaviour change would be monitored as there may be relevant factors beyond the parameters of existing quality assurance measures.

Several respondents questioned the person using harm's ability to change, given previous experience of them not changing in the past. Respondents were also sceptical about the level of meaningful engagement those using harm would have with a programme. These concerns are often reflected by non-LGBT+ victim-survivors and emphasise the importance of working closely with victim-survivors to keep them informed and monitor risk reduction throughout the course of an intervention.

### **LGBT+ specific interventions for those who cause harm**

When asked about LGBT+ specific interventions for those who cause harm, many similar themes emerged, including around availability, access to, and accessibility of services, as well as the training and knowledge of services with regards to LGBT+ experiences of abuse and within anti-LGBT+ rhetoric within the media and wider society.

In addition, within this many noted the risk of stereotyping, or homogenisation of LGBT+ people. Many also noted concerns regarding LGBT+ abuse not being taken seriously. Respondents also fed back concerns around public perceptions of LGBT+ people, noting that a lack of visibility affects their ability to access support, and risk of domestic abuse within LGBT+ relationships not being visible in mainstream domestic abuse discourse or across wider society and concerns about

stereotyping and harmful tropes of the community. Due consideration is needed to decide how best to use any findings from the programme to raise the issue of LGBT+ domestic abuse further within national domestic abuse discourse without causing harm or contributing to negative stereotyping.

The majority of respondents expressed that their confidence in an LGBT+ specific intervention would increase if the programme was delivered by professionals who possessed a comprehensive and broad understanding of how specific forms of domestic abuse might manifest within LGBT+ relationships. They also cited a need for practitioners to be familiar with the range of LGBT+ identities, and an awareness of the barriers and how to effectively work with intersectional minoritised communities. Additionally, respondents highlighted that having individuals from the LGBT+ communities involved in running and delivering the service would contribute to increased confidence.

### **Next steps**

Following the publication of this report, The Drive Partnership will continue its commitment to addressing systemic gaps in responses to those who cause harm, including our work with LGBT+ communities. This will be done in partnership with by-and-for services and in consultation with victim-survivors to better address the behaviours of those who cause harm to increase victim-survivor safety and wellbeing.

The Drive Partnership again thanks all the victim-survivors who took part in this, as well as the LGBT+ working group for their input. We are grateful for all victim-survivors who shared their lived experience including their experiences of abuse, support services, and their concerns. The need to get service delivery right for both victim-survivors and those who cause harm was evident throughout the responses received.

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