An author's version of the paper that was published as: 'Intimate partner violence within the LGBT Community: What is the UK situation?' *Psychology of Sexualities Review,* 3 (1), August 2012, pp. 71-88.

Intimate partner violence within the LGBT Community: What is the UK situation?

Intimate partner violence (IPV) is known to occur within lesbian, gay, bisexual and transgender (LGBT) relationships. The aim of this paper is to examine and consolidate the UK literature and empirical base to provide information about the current LGBT IPV situation in the UK. The review starts by drawing on international literature to provide a theoretical explanation of IPV. The focus then becomes specific to material, research projects and developments conducted within the UK with perceived knowledge gaps being identified. This review hopes to inform practice and facilitate the development of services for this client group.

Keywords: *IPV, LGBT community, UK.*

To date, there is no published review of IPV within the UK LGBT community. Whilst this may in part be due to a lack of empirical work conducted specifically within the UK (Rowlands, 2006), this paper has been written as it is felt that a review of the development and status of the empirical work in this area is timely. Much of the UK research into this phenomenon has been conducted at a local-level (primarily due to the way in which services gain funding in the UK) so this literature review does not limit itself to empirically peer-reviewed work but also draws on information from a range of sources including that from statutory agencies, academic institutions, the voluntary sector and campaigning organisations. The paper begins with a theoretical

overview of IPV (informed from an international literature base) before moving on to consider the UK situation in which the types of abuse experienced, prevalence rates, risk factors and the current status of support (policing, housing and therapeutic) for this client group are considered. It concludes with a critique of the UK situation and identifies areas for future work such as the need to move away from the application of heterosexual models of support.

Domestic violence (hereafter DV) is a social problem that occurs throughout the world (Watts, 2002) and comes with a history that is said to be as old as civilisation itself (Davidson, 1977). It was only in the 1970s, as a result of the feminist movement and a subsequent increase in public awareness, that DV became recognised as a problem that needed to be stopped (Burke, & Follingstad, 1999; Chan, 2005; Donovan, Hester, Holmes & McCarry, 2006; Lockhart, White, Causby & Issac, 1994; Renzetti, 1988). The research history of LGBT IPV has a much shorter history than that of DV in heterosexual relationships. Subsequently the understanding of IPV has evolved from the heterosexual literature on domestic abuse/violence. Ristock & Timbang (2005) posit that the marginalized features of minority communities are not well-reflected in the prevalent anti-violence literature. This holds implications for the development of LGBT sensitive interventions and potentially presents significant access barriers for those individuals in need of help and support.

DV is known to span across all major racial groups, ages and social classes (Berrios & Grady, 1991; Browne & Law, 2007; McDermott, 2011; Stets, 1988). Currently, many definitions of ‘domestic violence’ in exist; the variation of which seems dependent upon organisational manifestos. Much of the literature to be reviewed here gives reference to the definition of DV as stipulated by the United Kingdom (UK) Government: “Any incident of threatening behaviour, violence or abuse

[psychological, physical, sexual, financial or emotional] between adults who are, or have been intimate partners or family members, regardless of gender or sexuality" (The Home Office, 2005, p.7). Upon closer inspection of the definition, whilst exclusive in its application to adults, the range of relational contexts in which DV can occur is broader than could originally be assumed. In particular, the reference to 'gender or sexuality' acknowledges that DV does occur outside of heterosexual relationships (this is something which is further attributed to by the Domestic Violence, Crime & Victims Act, (2004) which extends the availability of injunctions to same-sex couples).

Alternatives to heterosexual relationships, specifically membership of the LGBT community, marks individuals and their relationships as a minority group in relation to the socially constructed heterosexual norms of society. This review draws on a socially constructed perspective of IPV for which a critical stance has been fostered towards taken-for-granted knowledge (which is culturally and historically specific) and recognises that the knowledge of IPV is sustained by social processes and action (Burr, 2004). The review is UK specific as whilst cross-cultural contextual comparisons of IPV has had claims of appropriateness (Burke, Jordan & Owen, 2002), the difference in socio-political cultures and "…global imbalances of wealth and power" (Sinfield, 1997, p.203) makes cross-cultural parallels questionable. This is a stance supported by The Scottish Executive (2002) who claimed that similarities of abusive experiences between men living in the UK cannot be drawn between North American or Australasian males.

Considering this incompatible stance on cross-cultural comparisons, the appropriateness of making comparisons between member groups of the LGBT community has since been questioned. Within this review it is recognised that

varying quantities of research have been conducted for different member groups and that perhaps the LGBT community should not be considered as a homogeneous group; they do not see themselves as having a common identity (Dollimore, 1997; Prosser, 1997) and tensions between the member groups have been highlighted (Breitenbach, 2004; West, 2000). However, due to the community's contrary position to heterosexual norms, and the application of Queer theory within critical analysis, this literature review will consolidate the UK information available for *all* group members of the LGBT community but remains aware of a caveat for generalizability. Further support for an all-inclusive review is presented when considering the inclusion of transgender IPV literature. Whilst this group is concerned with gender identity rather than sexual orientation, the UK transgender community is thought to be very small so transgender individuals associate with lesbian, gay and bisexual communities (Breitenbach, 2004); to omit this member group from inclusion in this review may lead to anomalous analyses.

The theoretical development of intimate partner violence

The literature demonstrates that there is no "typical" experience, "victim" or "perpetrator" of DV. Common forms of abuse that may be experienced include: constant criticism; threats; insults; being slapped, kicked, punched; having something thrown at them; attacked with a weapon; injury with a weapon; inflicting cuts, bruises or broken bones; being humiliated; rape; and murder (Walsh, 1996).

Reflecting on these forms of abuse, people often question why a person would remain in an abusive relationship; why don't they just leave? Whilst this topic is outside the scope of this review, the 'Cycle of Violence', is a concept that would be useful for consideration. Within this cycle, there is a gradual increase in the

frequency and severity of the abuse over time with each abusive episode interspersed with periods of loving behaviour. Whilst established to explain the pattern of violent behaviour within heterosexual relationships, the 'Cycle of Violence' has gained support as being demonstrative of the pattern of abuse that also occurs within same-sex relationships (McClennan, Summers & Vaughan, 2002; Richards, Noret & Rivers, 2003).

Many theories on domestic violence/abuse exist but one that considers the socio-cultural implications of power and control within LGBT relationships has developed from Pence & Paymar (1993). Whilst originally developed for women of heterosexual relationships, the theory posits that perpetrators of DV in heterosexual relationships attempted to gain power and control over their partners. This validates the idea that coercion and control of one partner over another is key to the process of DV; the liberty and autonomy of the "victim" is jeopardised and progressively reduced (Stark, 2007). This framework has received support for application to LGBT IPV (Morrow & Hawkhurst, 1989; Whiting, 2007). However, research developments into the concepts of power and control within male gay relationships (same-sex relationships have been portrayed as holding more closely with equalitarian ideals [Clark, Burgoyne & Burns, 2005] meaning that more equal divisions of power and control exist), has suggested that it is the *division* of power, rather than an imbalance which is a factor for vulnerability to IPV (Landolt & Dutton, 1997). The concept of power in any form for lesbian IPV is less conclusive (Bologna, Waterman & Dawson, 1987). Perhaps the concepts of power and control need to be reframed for their application to the LGBT community? Crucial to this process is the consideration of the concepts of heterosexism and homophobia.

Heterosexism and homophobia – accounting for difference

The literature does indicate that there are similarities in the experience of heterosexual domestic abuse/violence and LGBT IPV (Donovan et al. 2006; Renzetti, 1989; Richards et al. 2003). However, the differences are said to be located within LGBT individuals' experience of heterosexism and homophobia. Heterosexism '…describes the process whereby heterosexual norm and behaviours are maintained as the dominant way of understanding the world" (Dodds et al. 2005, p.2). The impact of heterosexism and homophobia, and its resultant oppressive culture for LGBT members, is thought to cause 'minority stress'. Minority stress refers to the additional stressors a person will encounter as a direct result of minority group membership and refers specifically to the experiences of stigmatisation and discrimination (Balsam et al. 2005). For example, the threat of social isolation on a grand level for LGBT individuals experiencing IPV is vital for informing formulations and interventions offered to an individual (Brown, 2008). Taking the concepts of heterosexism and homophobia into consideration has enabled the development of one of the most commonly cited profiles of LGBT IPV abuse the 'Lesbian/Gay Power and Control Wheel' (Roe et al. 1995), which captures how these concepts facilitate a perpetrator's attempt to have control and power over their partner.

In line with aspects of power and control in abusive LGBT relationships, the feminist perspective has been imperative in the development of the knowledge base of LGBT IPV. This perspective posits that domestic violence occurs as a result of male oppression on women within a patriarchal system (Dobash et al. 1979; Walker 1979). Such a gender-based perspective sees the power imbalance between men and women as key to understanding both the violence and the inability for women to extricate themselves from the situation. It could be argued that this heteronormative gender model compounds society's norms and positions same-sex partners as less

able to harm each other as significantly as opposite sex partners (Barnes, 2008; Seelau, Seelau & Portman, 2003et al. 2003). Although, by arguing that gender is a socially constructed concept, the application of this model (which ultimately projects the idea that one member of an intimate couple seeks to dominate another within a patriarchal system) to same-sex IPV is possible. The application of the gender model to LGBT (and heterosexual) intimate relationships needs to be made with caution as ideas about who can be the “perpetrator” and the “victim”, have the potential to make obsolete an individual’s experience of IPV (or DV). This may result with some individuals not being able to identify their experience appropriately (Barnes, 2008; Walsh, 1996; Whiting, 2007).

The application of the normative gender basis for understanding intimate LGBT relationships is questionable. For instance, for the lesbian and gay community, it was found that homogenous selection was a key defining feature of their relationships, i.e. individuals were attracted to those that exhibited a similar degree of masculinity or femininity to themselves (Harry, 1984; Landolt et al. 1997). For transgender individuals, who have non-binary genders, they are at particular risk of their identity being invalidated (and possibly their ability to identify their experience of IPV) as society posits that only two genders exist (Devor, 1993; Roch, Ritchie & Morton. 2010).

The majority of literature that does exist on same-sex partner abuse has focused on lesbian relationships. Literature regarding IPV amongst gay males is less prevalent (Seelau et al. 2003). One of the reasons may be that the feminist perspective has lent itself to the academic development of Women’s Studies, which in turn has given rise to Lesbian Studies. Comparatively, there is a real lack of international literature that specifically focuses on bisexual and transsexual IPV. With respect to the UK

situation, there is a curiosity as to whether the evidence base mirrors the international picture or if it differs and if it does, how?

The UK LGBT Community & IPV

Within the UK population, there is wide speculation as to the size of the LGBT community (Breitenback, 2004; Purdam, Wilson, Afkhami & Olsen, 2008) which amongst other things, is hindered by the UK Census not asking questions about sexual orientation. Recently, the Office for National Statistics (Joloza, Evans & O'Brien, 2010) conducted a survey which found that almost three-quarters of a million adults identified themselves as gay, lesbian or bisexual. This equates to 1.5% of the total UK population. This estimate has been contested by the charity Stonewall (2010) who suggested that the actual figure is likely to be higher. Prior to this survey, the Government estimated that the size of the LGB community was between 5-7% of the population. Currently, there is no substantive knowledge on the number of people in the UK who identify as transgender or have other gender identities. For instance, Press for Change (cited in Whittle, Turner & Al-Alami 2007), referred to the 1,660 individuals awarded a Gender Recognition Certificate (which allows for the creation of a modified birth certificate to reflect the holder's new gender) to provide an estimate. The variability within these population estimates demonstrates that, despite Government efforts, there is still broad speculation as to the actual size of the UK LGBT community (perhaps indicating that this is work that may be better conducted by a non-Government organisation). Something to consider is that the socio-political environment that currently exists in the UK (and the consequences this may have for individuals when declaring their sexual orientation) may make the reality of obtaining an estimate of the UK LGBT community impossible at this (or any) time.

One could argue that without the knowledge of a UK LGBT population estimate, it is impossible to identify the LGBT level of need for IPV service support. IPV has been estimated to affect 1 in 4 people who are members of the lesbian and gay community in the UK (Henderson, 2003), a figure equivalent to that found for members of the general public (British Crime Survey, 2009/10). A national level prevalence estimate for the occurrence of IPV within bisexual and transgender populations is currently unavailable. The cost of DV within the general population for the state, employers and victims has been conservatively estimated (through the implementation of the Home Office framework for costs) to be around £23 billion a year (Walby, 2004). Despite concerns raised about funding restrictions impacting on DV services (Tesch, 2010), in 2010 the Home Secretary allocated more than £28 million for specialist services to tackle sexual and domestic violence against women and girls until 2015. There is however no mention of lesbian or female bisexual specific support services being developed from this funding. A similar occurrence was seen in Northern Ireland, where the Government attributed £1.26 million pounds towards the development of two additional DV refuges. None of this funding was allocated to the development of services for gay/bisexual males who had experienced IVP (Knox, 1999). Perhaps this is indicative of how Government organisations are orientated towards heterosexism (Dodds, Keogh & Hickson, 2005). Not all organisations are culpable of this approach: Women's Aid (2007) spoke about the need to secure a funding framework for the provision to all adult and child services of domestic violence/abuse. Women's Aid suggested that the current commissioning service, which allocates funding at a local level, places specialist DV services under threat due to under-representation of women's services on Local Strategic Partnerships. In parallel, for the development of LGBT specific services,

there needs to be sufficient representation at local-level decision-making bodies so that the needs of the LGBT community can be recognised in planning and funding strategies. This representation may be lacking as Broken Rainbow (cited by Limbrick, 2003) posits that IPV is concealed to protect the LGBT community; members do not wish to make obvious the relationship difficulties that can be experienced, to a homophobic/heterosexist society.

There are claims that the pervasive heterosexual public story of DV has prevented many LGBT individuals from recognising their experiences as ones of IPV (Barnes, 2008; Donovan et al. 2006). Of particular concern is that this may prevent individuals from engaging with help-seeking behaviours (Donovan et al. 2006) because for someone to recognise that they are experiencing IPV, they need to name the experience as such (Donovan & Hester, 2010).

Having considered the societal context in the UK for LGBT IPV, and with the view to informing our knowledge about the abusive behaviours present within the phenomenon, the review will now consider material that looks specifically at prevalence rates and types of abuse LGBT individuals' experience.

Abuse experienced and prevalence rates

It has been acknowledged that the language of heterosexual DV does not map onto the experience of IPV within the LGBT community (Rowlands, 2006). This is possibly due to the labels used ("victim" and "perpetrator") not matching with the self-perception held by LGBT members (Barnes, 2008; Donovan et al. 2010). Further research to specifically identify the terminology members of the LGBT community use to explain and describe their experience of IPV is needed. The inability to label IPV as such is further compounded by the Home Office (HO) who defines DV in

terms of physical or sexual assault. This is problematic for the LGBT community as the most reported form of IPV experienced is emotional abuse (Browne et al. 2007; Donovan et al. 2010; Hunt & Fish, 2008; Roch et al. 2010; Rowlands, 2006). It has been found that as with female victims of heterosexual violence, the incidence of identifying their experience as one of IPV increased when the abuse was physical rather than emotional (Donovan et al. 2006). At a societal level this perception of IPV needs to adjust and one way to facilitate this may be for the HO (and other public agencies and organisations) to align their definition of DV more closely to the range of abusive behaviours an individual can be subject to.

It is the abusive behaviours carried out in incidences of IPV that are considered to be unlawful (Domestic Violence Crime & Victims Act, (2004)). Therefore, in the UK crime surveys, the British Crime Survey (BCS) 2009/10 has included self-completion questions regarding DV yearly since 2004. With minimal explanation of the calculations conducted and consideration of the caveat that the results incorporated combined data from 2007/08 and 2008/09 (including respondents who were unable or refusing to answer the question on sexual orientation), the 2009/10 BCS reports that people who were lesbian, gay or bisexual were nearly three times more likely to experience DV in the last twelve months than heterosexual individuals. This result was attributed to the younger age profile of respondents identifying themselves as lesbian, gay or bisexual as the highest risk age for DV. However, it is possible that younger people feel more able to openly state their sexual orientation than older generations which may explain this result. Other crime surveys conducted in the UK (Scottish Crime and Justice Survey, 2008/09; Domestic Abuse Recorded by the Police in Scotland, 2009-10 and the Northern Ireland Crime Survey, 2006/07) did not

seek to identify the sexual orientation of the participant or their partner; all of the findings in these samples were applicable to the 'general population'.

Whilst differences in prevalence according to gender were less pronounced than that in heterosexual populations, females were still found to experience a higher prevalence rate of IPV than males (excluding Henderson, 2003 – see Table 1).

Study	Female (%)	Male (%)	Other** (%)
Limbrick (2002)	35	30	-
Limbrick	29	26	-
Donovan et al. (2006)*	40.1	35.2	-
Browne et al. (2007)	36	27	40
Limbrick (2005)	35	24	-
Henderson (2003)*	22	29	-
Limbrick (2005)	29	26	-

* denotes a national scale study
** the term "other" refers to those who identified with a gender other than male/female

Table 1: Studies that record the prevalence of IVP according to gender

From Table 1, it is evident that even with the two national scale studies there was considerable discrepancy between prevalence rates. This may be explained by a development in the social acceptance of the LGBT community over the passing of time (McDermott, 2011; Stonewall, 2007; Stormbreak, 2000), reflected by the later study consisting of participants who felt more able to be open about their relationship experiences. A result that warrants further investigation comes from Browne et al.,

(2007) who found that the identification of one's gender as "other" places an individual at the highest level of risk for IPV.

Across studies, the three most common forms of IPV experienced by members of the LGBT community were emotional, physical and sexual abuse (Donovan et al. 2006; Henderson, 2003; Hunt et al. 2008; Limbrick, 2007; Morton, 2008; Roch et al. 2010; Rowlands, 2006), often with multiple forms of abuse within a relationship (Limbrick, 2005). Other common experiences of IPV for members of the LGBT community were isolation from family and friends and being monitored or persistently checked-up on (Henderson, 2003). Sexual assault was reported as high for both males and females (Henderson, 2003), which runs counter to heterosexist assumptions. Barnes (2010) claims that the greatest silence in lesbian relationships is that which surrounds sexual violence by female perpetrators of IPV. These results identify the forms of abuse within UK LGBT IPV relationships and should be used to inform how services develop their interventions, as well as highlighting areas for the training of service staff so they are better positioned to help support the needs of individuals who are experiencing IPV.

With regard to specific forms of abuse encountered according to sexual orientation, research showed that gay males were more likely to report having their spending controlled and experience post-separation abuse (Donovan et al. 2006). Financial control may be a factor specific to abusive male gay and bisexual relationships as typically, lesbians are found to keep their finances separate (Blumstein & Schwartz, 1983; as cited in Clarke et al. 2005). Evidence for power and control in lesbian and bisexual women's relationships have been closely associated with individuals having their sexuality used against them (Donovan et al, 2006); therefore, a greater degree of "outness" can act as a protective factor against IPV. For the LGBT population it

was a person's sexual orientation that was the determining factor in the prevalence and type of IPV they experienced, not a person's gender. This is perhaps indicative that researchers should move away from the gender-model of domestic violence when collecting information on IPV (something which is yet to happen).

Whilst comparisons across studies need to be done with caution, the material suggests that transgender individuals have a much higher risk of IPV than any other LGBT group member (Browne, et al. 2007; Roch et al. 2010). Standing Together Against Domestic Violence (2010) reported that one in three transgender people will report experiencing IPV at some point in their life. The three most common forms of abuse reported by transgender individuals were transgender emotional abuse; controlling behaviour from their partner; and sexually abusive behaviour (Morton, 2008; Roch et al. 2010). Of particular relevance for applied psychologists is the consideration of the impact of emotional abuse on transgender individuals, as the reaction of others to the individual's transgender identity has been identified as contributing to a 7.7% higher suicide rate than that of the general population (Whittle et al. 2007). However, due to a scarcity of research within the UK exploring the epistemological and phenomenological experience of IPV amongst transgender individuals, few conclusions about the experience and impact of IPV can be made.

Risk factors for IPV

A comprehensive list of risk factors for domestic violence within the general population of England and Wales is provided by Walby (2004). Factors such as socio-economic status, household income and social class (amongst others) were explored. The scope of this work highlights the paucity of parallel empirical work conducted for the LGBT community. Whilst Donovan et al. (2006) found that the vast

majority of their respondents did not think there were any differences between domestic abuse in same sex and heterosexual relationships, discrepancies were acknowledged around factors of heterosexism and homophobia (internal and external). This implies that the factors identified by Walby (2004) need to be investigated for application to the LGBT community. However, Donovan's work has identified some IPV LGBT specific risk-factors such as the first LGBT relationship. This situation creates a particular circumstance in which abuse may occur, as the first relationship is key for confirming (or not) a person's sexual identity and sense of self as an LGBT individual. It is at this stage that a person develops their confidence in what behaviours are acceptable in intimate LGBT relationships. Assuming a lack of entrenchment within LGBT friendships or community networks in which to air their concerns, new members may not be informed of other, more positive LGBT relationship models, or be aware of how or where to seek support in addressing the abuse that they may be experiencing.

IPV according to sexuality and risk factors specific to the LGBT community have been explored. It seems that whilst some similarities exist, clear phenomenological differences have been identified between LGBT and heterosexual IPV. Adopting this stance of "difference", questions about how services support LGBT individuals who experience IPV arose: are adaptations made to the services in existence for this client group or are services in the UK providing a "one size fits all" strategy to IPV support (which may be problematic due to the differences in IPV experience according to sexual orientation)? The prevalence of IPV found to occur within the LGBT community demonstrates not only that the phenomenon exists but in line with the Equality Act, (2010) demands that services address the difficulties experienced by this client group. The material reviewed validates the need for sexual orientation

specific services; not gender specific as with heterosexual individuals. This holds implications for staff training as different abusive behaviours and patterns, such as gay males being at higher risk of experiencing repeat abuse in a relationship than lesbians (Henderson, 2003), are experienced across the LGBT community. Awareness of these differences amongst staff would help with the early identification, validation and the provision of support for an individual who is experiencing IPV. Considering these findings, the review will now reflect on material that has identified those services available to LGBT individuals who have experienced IPV to investigate how these services have been experienced by the LGBT community and highlight potential areas for development.

The current support situation

Before individuals are able to approach therapeutic services, practical issues such as housing, finances and feeling protected by the law, can be fundamental for enabling a person to be in a position where they feel able to leave an abusive relationship. Surprisingly, it has been found that many police, domestic abuse agencies, GPs and LGBT services do not have coordinated responses for responding to domestic abuse in same sex relationships (Donovan et al. 2006). Arguably, this compounds the perception within the LGBT community that public agencies are not able to respond appropriately to the needs of those in same sex relationships (Weeks, Heaphy & Donovan. 2001). No information was available to indicate why coordinated responses for the LGBT community were unavailable. Consequently, it became important to consider the experience of those in the community who try to leave an abusive relationship; what sort of practical support can they expect?

In the UK, relationship breakdown has been recognised as one of the three top causes of homelessness. Consequently, the Government is making an increasing link between DV within the general population and repeat homelessness (Pawson, Netto & Jones. 2006). In the study conducted by Browne et al. (2007), a third of LGBT respondents had been made homeless at some point in their lives, as a direct result of DV from family members and IPV. However, within the community, there is a perception that LGBT individuals are invisible to housing and homelessness services (Women's Resource Centre, 2010). There is a lack of understanding into the support needs required which only leads to increased vulnerability (O'Connor & Molly. 2007). Considering the heteronormative nature of society, it is suggested that LGBT individuals feel safest "at home" (Ahmed, 2004), so when home is no longer safe, where can LGBT individuals go? There are currently over 500 refuge and support services in the UK for women who experience DV. Very few are services specifically designed for lesbian and bisexual women and even fewer for transgender women (Browne et al. 2007). Respondents reported this as being problematic they felt excluded or uncomfortable in mainstream services due to homophobia (Broken Rainbow conference, 2002; as cited in Chan et al. 2005). Considering similar prevalence rates for lesbian, bisexual and heterosexual women's experience of IPV/domestic violence (Hunt et al. 2008; Kershaw, Nicholas & Walker, 2008) the greatly reduced levels of refuge services specific for the female lesbian and bisexual populations, is evidence of discrimination and ignorance towards non-heternormative needs. Of further concern, is that even though prevalence rates are similar for males and females, refuge provision specifically for gay males within the UK was virtually non-existent; in 2001 only 18 bed spaces were available (Broken Rainbow conference, 2002; as cited in Chan et al. 2005).

Exploration of the housing needs of the LGB community in Wales high-lighted the discrimination, harassment and homophobic encounters many LGB individuals experienced (Stonewall Cymru, 2006). When engaging with housing services, it was found that disclosing sexual orientation or gender may be a barrier for members of the LGBT community as when people are in fear of rejection or discrimination, they are less likely to seek support and, therefore, leaving an abusive relationship becomes even harder (Stonewall Scotland, 2009). In response to the question posed earlier, no one seems to know where LGBT individuals' who experience IPV go, as the current options available seem to produce (rather than reduce) difficulties.

In the past, the Home Office has acknowledged that some police forces in the UK have failed to provide an adequate service to the LGBT community (as cited in HM Inspectorate of Constabulary, 1999). The majority of individuals who have experienced IPV have not reported the incidences to the police (Bates, 2000; Hunt et al. 2008). Of those that have, the levels of dissatisfaction were high (Hunt et al. 2008). Some reasons for low-level reporting to the police may be due to members of the LGB community experiencing two types of police discrimination: feeling unprotected and harassed or discriminated against (Williams & Robinson, 2004).

Improvement in service delivery for policing LGBT matters has received support since the introduction of the Equality Act 2010. Police forces in the UK have been provided with an equality standard by ACPO and the National Policing Improvement Agency (in consultation with a National Working Group of equality specialists), that they are required to meet. UK police forces are provided with guidance for their constabularies but they are expected to consult with their community to produce policing practices to meet the needs of their area (personal communication with ACPO, March 2012). In applying this approach, it is recognised that geographical

variations in the policing of the lesbian, gay and bisexual community exist. The equality standard in relation to LGBT individuals is yet to receive inspection (although some forces have gained recognition for their initiatives) but improved police support for LGBT communities is possible as better working relations between the police and the LGBT community is evident in the Brighton and Hove area, where high levels of reporting of IPV to the police were found (Browne et al. 2007) and is indicative of what is required to inform police practice.

What type of support is needed?

Across the UK, whilst still underreported, the majority of LGBT individuals who experience IPV report their experience solely to friends (Limbrick, 2002, 2003, 2005; and Donovan et al., 2006). The literature demonstrates that there exists a strong preference for LGBT specific services amongst the community, yet details about what LGBT IPV specific services would actually consist of, remains unexplored. Limbrick (2002) found that in a discussion group of gay and lesbian people, it was acknowledged that gay people might not want or feel able to access mainstream services for support with IPV. Specific barriers have been identified as follows: real or perceived homophobia from service providers; the need to "out" oneself to access services; internalised homophobia; a lack of appropriate or specialist services; a lack of training in relation to LGBT domestic abuse (including a failure to screen for perpetrator or victim status); the myth of "mutual battering"; and that experiences are undocumented and ignored by mainstream services (Quiery, 2002; Robinson & Rowlands, 2006). The Northern Ireland Human Rights Commission study (as cited by Breitenbach, 2004) found that in relation to health services, young LGB people encountered prejudice, abuse of human rights (in particular breeches of privacy and confidentiality), and a lack of responsiveness to their needs. Browne et al. (2007)

found that LGBT individuals who had experienced IPV wanted LGBT specific counselling support, police officers and safe housing services, as it was believed that LGBT specific services would be more likely to be aware of and consider concepts such as homophobia, heterosexism and minority stress. With such barriers, it is possible to argue that in trying to leave an abusive relationship, LGBT individuals simply face exchanging one oppressive environment for another (Knox, 1999).

Transgender individuals may be at enhanced risk to experiencing this oppressive environment as, due to their transgender identity, individuals are typically more isolated than other LGB individuals and report having a small support circle on which to draw from when facing difficulties (Roch et al. 2010). Despite the Gender Recognition Act, (2004) calling for the public sector to meet service responsibilities to the transgender community, it was found that nearly a quarter of transgender individuals who had experienced IPV did not report the abuse to anyone (Roch et al. 2010). Just over half of those experiencing IPV sought support from a friend, relative, neighbour or colleague, although the most common service to be contacted were mainstream counselling services. Many transgender individuals claimed not to approach DV support services as they expected to face prejudice and a lack of understanding. Research should play an important part in challenging the failure of accessibility in public and voluntary sector services for transgender individuals who experience IPV. In the absence of this work, transgender individuals remain at a high risk for IPV as they may remain in an abusive relationship for longer than if they had access to the support they needed to leave.

In recognition of the differences of IPV experience within the LGBT community, the development of sexual orientation specific strategies has been recommended by Women's Aid Wales (2010). It has been posited that gay and bisexual males require

specific referral routes, risk assessments and long-term counselling (Rowlands, 2006); as yet these areas remain unexplored for UK lesbian, female bisexual and transgender individuals. Some other things to consider are that whilst less willing to recognise or disclose their abuse, gay men are more likely to accept services and express desire for long-term support and advocacy than their heterosexual counterparts (Robinson et al. 2006). Building on heterosexual and LGBT differences for support, it is suggested that further work needs to be conducted to reveal the differences in barriers to support for all LGBT member groups. Consequently, services may find that they have to develop specialist knowledge to cater for all member groups of the LGBT community.

Even within LGBT services, gender inequalities have been found to exist. For instance, it has been claimed that gay males receive numerous opportunities to participate in workshops on 'healthy relationships', whereas such offerings are rare for lesbians and bisexual women (Barnes, 2010). Lesbian feminism (if reasserted in a more applied way) could play a large role in educating young lesbians about mutual negotiation and equality in relationships and make them aware of the warning signs of oppressive behaviours. This could be of particular importance in reducing the level of risk to IPV within first lesbian and bisexual women's relationships.

Once an LGBT individual has gained access to support, the importance of competence in LGBT specific counselling was demonstrated by the finding that therapists who were able to put issues of lesbian and gay sexuality 'on the agenda' had clients report a more positive experience of psychotherapy Malley (2001; as cited in Malley & Tasker, 2004). One area which has received attention for LGBT research is that of systemic therapy (Malley et al. 2004). Many systemic therapists expressed an anxiety about their self-perceived lack of knowledge in the area (as

they had received little formal training) of lesbian and gay male sexual identity, and consequently, their ability to work competently with this client group. Anxieties could be further compounded by practice guidelines lacking substantive research (Robinson et al. 2006). The ability to work well with transgender individuals was found to be of particular importance when considering family relations as it has been found that just over three quarters of the children of transsexual parents listed marital conflict as their most common type of family problem (Freedman, Tasker & Ceglie, 2002). Whilst the work did not specifically relate to IPV, it did recommend that systemic work needs to be considered for transsexual individuals to help them work towards improving family relationships in ways appropriate to their particular family context. In relation to IPV, and considering the types of abuse transgender individuals' experience, positive family dynamics may lead to a reduction in the number of transgender individuals experiencing IPV. There is an absence of UK-based studies that explore the therapeutic experience of LGBT individuals who have experienced IPV.

Remaining with the therapeutic context and considering the discussions presented here, it may be advantageous for therapeutic work to draw from additional models and perspectives (alongside heterosexual models) when working with LGBT individuals who have experienced IPV. For instance, it would be important to consider and work with both the socio-political climate LGBT members experience as well as that of their internal world. This particular approach may cause a sense of tension within practitioners as responding to political material while engaged in a therapeutic encounter has been found to be problematic (Milton & Legg, 2000). One reason for the tension of contemplating the political world could be a result of the conscious and unconscious processes that socio-political factors can trigger in any

individual. Applied psychologists will need to be aware that these processes may play out within the therapeutic relationship and possibly evoke feelings of aggression or anger towards the abused client (which will conflict with the ideals of a person-centred approach). Incorporating the external world of a client (and so providing a more holistic picture) into formulations and reflections, may prove useful for a clinician when they consider such dynamics.

Difficulties in the therapeutic relationship may be encountered with LGBT individuals who have experienced IPV, as it has been found that this client group is less likely to report current or most recent relationships as 'good' or 'satisfactory' compared with those who have not experienced IPV (Browne et al. 2007). This may have implications for the process of therapy and could be useful for psychologists to consider when they initially start working with LGBT individuals who have experienced IPV.

Service provision for the LGBT community is inconsistent across the UK but tends to be more prominent where there is an urban, well-established LGBT community (Women's Resource Centre, 2010). Isolation and lower levels of service support have been found to be common for LGBT individuals living in rural/areas of a lower LGBT population (YWCA, 2004; as cited in Women's Resource Centre, 2010). Therefore, it is possible to argue that the level of service support available is a result of a lottery postcode or requires that LGBT individuals locate themselves in an area where the LGBT community is well/better established. Unfortunately, this may not be an option available to all.

From the material reviewed here, there is certainly a sense that what most LGBT individuals experience when seeking help for IPV is the offer of mainstream services.

Whilst not discounting the work and support these services may offer LGBT individuals, many felt that as a result of the discrimination and ignorance to the LGBT situation, mainstream service support that considers LGBT specific needs, such as gay, bisexual and transgender men needing services which accommodate the leaving of one's home to feel safe (whereas heterosexual males prefer outreach services) (Women's Aid England, 2007), may greatly improve on the support that they currently offer. Collaborative work with community members and the public sector, in the development of LGBT specific services would certainly be informative and may even help distribute the information amongst the community that such services exist. Additionally, the branding of service stationery to inform people services are LGBT friendly is worth considering as this may reduce concerns about discrimination and rejection so facilitate the initial help-seeking process. If individuals know where to go for help and are able to access the support that they need, they may be sufficiently empowered to leave an abusive relationship sooner.

Future work

In line with earlier findings of the UK literature on IPV (Rowlands, 2006), current work in the UK falls predominately into two categories: political and local-level. However, since 2006, there have been research developments within the area which have resulted in national scale surveys and in-depth local-level studies. However, the majority of the UK material focuses on prevalence rates and service review; qualitative studies are slower to emerge. The empirical work is still far from providing a baseline of knowledge about the individual LGBT experience of IPV, and in comparison with that from America, demonstrates that there are many unchartered areas for development for all member groups of the UK LGBT community. For instance, the British Medical Association (BMA) Board of Science (2007) recognises

that there is a need for research into the prevalence and experiences of gay male and transgender individuals who have experienced IPV. International literature suggests that transgender people may well experience IPV in different ways and have to deal with different challenges when accessing services (ACON 2004; as cited in Chan, 2005). Scotland seems to be the current UK leaders on research in this area.

Unfortunately, the BMA's acknowledgement that DV against women is well researched, hints at the complacency for IPV literature to be based on heterosexual literature. The literature on the UK IPV lesbian and female bisexual and transgender experience is still lacking. Assumptions about the non-violence of women remains pervasive in society; demonstrated as lesbians reported being shocked that they were being or had been abused by a woman (Barnes, 2010).

Material on the bisexual community is absent in UK IPV LGBT literature; not a single piece of work has been designed which specifically explores their experience. Is this due to biphobia within the LGBT community as suggested by Dollimore (1997) or perhaps, if in practice, it is considered appropriate for the theoretical position adopted to be dependent on the sexual orientation of a bisexual individual's partner? The absence of work is not indicative of an absence of bisexual IPV experience. Material, whilst not specific to bisexual IPV, hints that bisexuals are in fact at high-risk to IPV. For instance, alcohol use has been identified as a risk factor for IPV (Limbrick, 2003). This is of particular concern for bisexual individuals as it has been found that within the LGBT community, bisexual individuals are the most likely to experience substance and alcohol abuse problems (Fish, 2007). Without investigation, bisexual individuals' needs cannot be known so informed services cannot be developed.

Reflecting on the socio-political environment LGBT individuals experience, something that warrants further investigation in the UK, as identified by McDermott (2011), are class resources. As an additional axis for future empirical work on IPV, it may well be important to focus on how social class and sexuality interact to position some LGBT people unequally and unjustly. The exclusion of class may raise epistemological questions about whose experiences are being used to generalise understandings of LGBT intimate life.

No work was found to look specifically at IPV within ethnic minorities that identify themselves as LGBT individuals. Whilst in Brighton it was found that British minority ethnic (BME) and traveller communities were found to have a higher prevalence rate of IPV for individuals who identify as LGBT (Browne, et al. 2007), further work is required to provide information at a national level. It is possible that IPV from within BME and traveller perspectives come with additional factors that have not yet been considered or recognised. The unknown predicament for BME or traveller LGBT individuals who experience IPV warrants further investigation.

Whatever approach is taken, future work needs to acknowledge the biases in self-selecting samples. Nevertheless, there needs to be a drive for work to be published in peer-reviewed articles as LGBT research participants often feel that there is little point in taking part in research as there tends to be a lack of action following research recommendations (Breitenbach, 2004). Is the lack of publications connected to the belief that the experience is not one that will interest journals (as many other countries are further advanced in their exploration of this field) or if there is a lack of funding or resources available for anything to be done with the research information beyond the service development stage? These queries remain unanswered here.

Despite efforts to conduct a comprehensive and complete UK literature review (through the use of databases such as PsychInfo., extensive Internet searches and personal communications with academics and organisations in the field), the low level of peer-reviewed academic publications (and so limitations to accessibility to some material), will mean that there may be some research and work that has been undertaken which will have been omitted from inclusion in this review.

Conclusion

Queer culture finds significance in different language and in different places than heterosexual society (Ahmed, 2004). The “not fitting” or absence of models and or services specifically orientated towards LGBT IPV in the UK does not equate to the absence of the potential for models or services to be developed. As with other LGBT concerns, it is perhaps this very discomfort of “not fitting” that has facilitated the opportunity for the community to open up and create possibilities. The goal of collaborative work between the community, academics and the Government needs to be orientated towards developing a place in society where LGBT IPV difficulties can fit.

The prevalence figures of IPV within the UK LGBT community demonstrate the continued need to highlight IPV as a social problem. In Australia, ACON (2006) posits that within the LGBT community, IPV is the third most severe health problem following HIV/AIDS and substance abuse. Services cannot be complacent with the level of services they offer. The recorded prevalence of IPV within the community is already believed to be under reported and as the LGBT community becomes more accepted in society, the invisibility cloak will disappear; services need to be prepared for this eventuality.

The UK Government acknowledges that a lack of research in this area has lead to the assumption that LGBT IPV does not exist and subsequently a culture of complacency towards IPV (and has prompted the National Domestic Violence Delivery Plan 2007/08 to prioritise the commissioning of research on LGBT IPV for that year). Considering this acknowledgement, it makes questionable the recent Government claim that the UK is "…a world leader for lesbian, gay and bisexual equality" (HM Government 2010a, p.1). Since completing this review, it is apparent that these claims are unsubstantiated. For members of the UK LGBT community who experience IPV, discrimination is frequently found to be present at every level within society. The UK Government needs to take this into consideration before they consult as experts for other countries.

References

ACON (2006) Fair's Fair. Retrieved from http://acon.sitbacksolutions.com.au/sites/default/files/ACON-Fairs-Fair.pdf [March 2012]

Ahmed, S. (2004). *The Cultural Politics of Emotion*. Edinburgh: Edinburgh University Press.

Balsam, K.F. (2005). Relationship quality and domestic violence in women's same-sex relationships: the role of minority stress. *Psychology of Women Quarterly*, *29*, 258-269.

Barnes, R. (2008). 'I still sort of flounder around 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* (pp. 29-43). Basingstoke: Palgrave.

Barnes, R. (2010). 'Suffering in a silent vacuum': Woman-to-woman partner abuse as a challenge to the lesbian feminist vision. *Feminism & Psychology, 21 (2),* 233-239.

Bates, V. (2000). Speaking Out: Violence against the Lesbian and Gay Community in Portsmouth 1999/2000. Portsmouth: Portsmouth and South East Gay Men's Health Promotion Service. Retrieved from www.portsmouth.gov.uk/media/crime_homophobic_so.pdf [March 2012]

BBC News UK (2010). UK gay, lesbian and bisexual population revealed. Retrieved from http://www.bbc.co.uk/news/uk-11398629 [March 2012]

Berrios, D.C. & Grady, D. (1991).Domestic violence – Risk Factors and Outcomes. *Western Journal of Medicine*, *155 (2)*, 133-135.

Bologna, M.J., Waterman, C.K., & Dawson, L.J. (1987). Violence in gay male and lesbian relationships: implications for practitioners and policy makers. Paper presented at the Third National Conference for Family Violence Researchers, Durham, NH. Retrieved from http://www.broken-rainbow.org.uk/research/Violence_and_Abuse.pdf [March 2012]

Breitenbach, E. (2004). Researching lesbian, gay, bisexual and transgender issues in Northern Ireland. OFMDFM Equality Directorate. Retrieved from www.ofmdfmni.gov.uk/research.pdf [March 2012]

Broken Rainbow (2002). Conference Report. London: Broken Rainbow.

Broken Rainbow (2005). Annual Report 2004-2005. London: Broken Rainbow.

Brown, C. (2008). Gender-Role Implications on Same-Sex Intimate Partner Abuse. *Journal of Family Violence*, *23*, 457-462.

Brown, N. (2007). Stories from Outside the Frame: Intimate Partner Abuse in Sexual-minority Women's Relationships with Transsexual Men. *Feminism & Psychology*, *17*, 373-393.

Browne, K. & Law, A. (2007). *Count Me In Too: LGBT Live in Brighton & Hove. Domestic Violence & Abuse – Additional Findings Report*. University of Brighton & Spectrum. Retrieved from http://www.countmeintoo.co.uk/domestic_violence.php [March 2012]

Burke, L.K. & Follingstad, D.R. (1999). Violence in lesbian and gay relationships: theory, prevalence and correlational factors. *Clinical Psychology Review*, *19 (5)*, 487-512.

Burke, T., Jordan, M.L. & Owen, S.S. (2002). A Cross-National Comparison of Gay and Lesbian Domestic Violence. *Journal of Contemporary Criminal Justice*, *18 (3)*, 231-257.

Burr, V. (2004). *Social Constructionism*, (2nd ed.). London & New York: Routledge.

Chan, C. (2005). Domestic Violence in Gay and Lesbian Relationships. Australian Domestic & Family Violence Clearinghouse. Retrieved from http://www.broken-rainbow.org.uk/research/domestic%20violence%20in%20gay%20and%20lesbian%20relationships.pdf [March 2012]

Clarke, V., Burgoyne, C. and Burns, M. (2005). For love or money? Comparing lesbian gay and heterosexual relationships. *The Psychologist, 18 (6*), 56-58.

Cowan, K. (2007). *Living together: British attitudes to lesbian and gay people.* Stonewall. Retrieved from http://www.schools-out.org.uk/furthertools/docs/living_together_final_web.pdf [March 2012]

Coy, M & Kelly, L. (2011). *Islands in the stream: An evaluation of four London independent domestic violence advocacy schemes: Final report.* Child & Woman Abuse Studies Unit, London Metropolitan University. Retrieved from www.cwasu.org/filedown.asp?file=IDVA+Main+Report(1).pdf [March 2012]

Cowan, K. (2007). Living Together: British attitudes to lesbian and gay people. Stonewall. Retrieved from

http://www.stonewall.org.uk/documents/living_together_final_web.pdf [March 2012]

Crockett, A. & Voas, D. (2003). A Divergence of Views: Attitude change and the religious crisis over homosexuality. *Sociological Research Online*, *8 (4).* Retrieved from http://www.socresonline.org.uk/8/4/crockett.html [March 2012]

Davidson, T. (1977). Wifebeating: A recurring phenomenon throughout history. In M. Roy (Ed.). *Battered women: A psychosociological study of domestic violence* (pp. 2-23). New York: Van Nostrand Reinhold Co.

Dempsey, B. (2010). Trans People's Experience of Domestic Abuse. *SCOLAG Journal*, *396*, 208-212.

Devor, H. (1993). Sexual Orientation Identities, Attractions, and Practices of Female-to-Male transsexuals.*The Journal of Sex Research, 30 (4*), 303-315.

Diamond, M. (2002). Sex and Gender are different. Sexual Identity and Gender Identity are Different. *Clinical Child Psychology and Psychiatry*, *7*, 320-334.

Dobash, R.E. & Dobash, R.P. (1979).*Vioence against wives*. New York: Free Press.

Dodds, C., Keogh, P. & Hickson, F. (2005). *It makes me sick: Heterosexism, homophobia and the health of Gay men and Bisexual men.* Sigma Research. Retrieved from http://www.acon.org.au/sites/default/files/ItMakesMeSick.pdf [March 2012]

Dollimore, J. (1997). Bisexuality. In A. Medhurst & S.R. Munt (Eds.), *Lesbian and Gay studies: A critical introduction* (250-260). London & Washington: Cassell.

Donovan, C., Hester, M, Holmes, J, & McCarry, M. (2006). Comparing Domestic Abuse in Same Sex and Heterosexual Relationships. University of Sunderland & the University of Bristol. Retrieved from http://www.broken-rainbow.org.uk/cohsar_report.pdf [March 2012]

Donovan, C. & Hester, M. (2008). 'Because she was my first girlfriend, I didn't know any different': making the case for mainstream same-sex/relationship education. *Sex Education*, *8 (3)*, 277-287.

Donovan, C. & Hester, M. (2010). 'I Hate the word "Victim"': An Exploration of Recognition of Domestic Violence in Same Sex Relationships. *Social Policy & Society, 9 (2)*, 279-289.

Fish, J. (2007). Bisexual people's health. Personal communication.

Freel, R. & French, B. (2008). Experience of Crime: Findings from the 2006/07 Northern Ireland Crime Survey. Research and Statistical Bulletin 1/2008. Statistics and Research Branch. Retrieved from http://www.nio.gov.uk/07_northern_ireland_crime_survey-2.pdf [March 2012]

Freedman, D., Tasker, F. & Di Ceglie, D. (2002). Children and Adolescents with Transsexual Parents Referred to a Specialist Gender Identity Development Service: A Brief Report of Key Developmental Features. *Clinical Child Psychology & Psychiatry, 7*, 423-432.

Gadd, D., Farall, S., Dallimore, D. & Lombard, N. (2002). *Domestic Abuse Against Men in Scotland*. Central Research Unit: Scottish Executive. Retrieved from http://www.scotland.gov.uk/Publications/2002/09/15201/9609 [March 2012]

Gagnon, J.H. & Simon, W. (1973).*Sexual conduct: The social origins of human sexuality.* Chicago: Aldine.

Gelles, R.J. (1997). *Intimate Violence in Families* (3rd edition). Thousand Oaks: Sage Publications.

George, C. (2007). 'Domestic Abuse': A Report from the BMA Board of Science. Retrieved from http://www.bma.org.uk/health_promotion_ethics/domestic_abuse/domesticabuse.jsp [March 2012]

GLADD (2004). *Dignity at work for Lesbian and Gay doctors and dentists, medical and dental students.* London: The Gay and Lesbian Association of Doctors and Dentists. Retrieved from http://www.gladd.co.uk/site/PDFs/iwl_guid.pdf [March 2012]

Hall, P. (2011). Intimate violence: 2009/10 British Crime Survey. In K. Smith (Ed.), *Homicides, Firearm Offences and Intimate Violence 2009/10.* Supplementary Volume 2 to Crime in England and Wales 2009/10. London: Home Office. Retrieved from http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/hosb0111/ [March 2012]

Harry, J. (1984). *Gay Couples*. New York: Praeger Publishers.

Hart, B. (1986). Lesbian battering: An examination. In K. Lobel (Ed.), *Naming the violence* (pp.173-189). Seattle: Seal Press.

Henderson, L. (2003). *Prevalence of domestic violence among lesbians and gay men.* Data report to Flame TV. London: Sigma Research. Retrieved from www.sigmaresearch.org.uk/files/report2003.pdf [March 2012]

HM Government (2004). *Gender Recognition Act*. Retrieved from: http://www.legislation.gov.uk/ukpga/2004/7/contents [march 26, 2012]

HM Government (2007). *Domestic Violence, Crime & Victims Act 2004.* Retrieved from http://webapps01.un.org/vawdatabase/uploads/United%20Kingdom%20-%20Domestic%20Violence%20Crime%20and%20Victims%20Act%20%282004%29.pdf [March 2012]

HM Government (2007). *National Violence Domestic Delivery Plan: Annual Progress Report 2007/08*. Retrieved from http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/31_10_08domesticviolence.pdf [March 2012]

HM Government (2010a). *Working for Lesbian, Gay, Bisexual and Transgender Equality.* Retrieved from http://www.homeoffice.gov.uk/publications/equalities/lgbt-equality-publications/lgbt-action-plan?view=Binary [March 2012]

HM Government (2010b). *Equality Act 2010*. Retrieved from http://www.legislation.gov.uk/ukpga/2010/15/contents [March 2012]

HM Government (2010c). *Equality Act 2010: The Public Sector Equality Duty. Promoting equality through transparency. A consultancy.* London: Government Equalities Office. Retrieved from http://www.equalities.gov.uk/pdf/402461_GEO_EqualityAct2010ThePublicSectorEqualityDuty_acc.pdf [March 2012]

HM Inspectorate of Constabulary (1999). *Police Integrity: Securing and Maintaining Public Confidence*. Home Office: London.

Home Office (2005). Domestic Violence: A National Report. Retrieved from: http://www.broken-rainbow.org.uk/research/domesticviolence51.pdf [March 2012]

Home Office (2010). Coalition Government will tackle violence against women and girls. Retrieved from: http://www.homeoffice.gov.uk/media-centre/press-releases/violence-against-women [March 2012]

Hunt, R. & Fish, J. (2008). *Prescription for Change: Lesbian and bisexual women's health check.* London: Sigma Research. Retrieved from http://www.stonewall.org.uk/documents/prescription_for_change.pdf [March 2012]

Joloza, T., Evans, J. & O'Brien, R. (2010). Measuring Sexual Identity: An Evaluation Report. Office for National Statistics: Newport. Retrieved from http://www.ons.gov.uk/ons/rel/ethnicity/measuring-sexual-identity---evaluation-report/2010/index.html [March 2012]

Jordan, K.M. & Deluty, R.H. (1998). Coming out for lesbian women: Its relationship to anxiety, positive affectivity, self-esteem and social support. *Journal of Homosexuality, 35*, 41-63.

Kershaw, C., Nicholas, S. & Walker, A. (2008). Crime in England and Wales 2007/08: Findings from the British Crime Survey and police recorded crime. London: Home Office. Retrieved from http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/17_07_08_crime_statistics_200708.pdf [March 2012]

Knox, J. (1999). Domestic Violence: A Submission by The Rainbow Project. Belfast: The Rainbow Project. Retrieved from http://www.equality.nisra.gov.uk/Rainbow_Project.pdf [March 2012]

Landolt, M.A. & Dutton, D.G. (1997). Power and Personality: An analysis of Gay Male Intimate Abuse. *Sex Roles*, *37 (5-6)*, 335-359.

Limbrick, G. (2002). A Matter of Trust. Birmingham Police Forum for the Gay Community. Retrieved from http://www.word-works.org/reports/MOT.pdf [March 2012]

Limbrick, G. (2003). Same Sex Domestic Violence Counts: An examination of the declared incidence of same sex domestic violence and domestic abuse in Birmingham (unpublished dissertation). Birmingham University, Birmingham.

Limbrick, G. (2005). *LGBT Census Wolverhampton: Reaching the parts other surveys do not reach. The findings of research into the needs of Wolverhampton's lesbian, gay, bisexual and trans communities.* Wolverhampton LGBT Network. Retrieved from www.word-works.org/reports/Wolves.pdf [March 2012]

Limbrick, G. (2007). *Revealing Islington: Lesbian gay bisexual trans.* Word Works. Retrieved from http://www.islington.gov.uk/DownloadableDocuments/CommunityandLiving/Pdf/revealing_islington.PDF [March 2012]

Lockhart, L.L., White, B.W., Causby, V. & Isaac, A. (1994). Letting Out the Secret: Violence in Lesbian Relationships. *Journal of Interpersonal Violence*, *9*, 468-492.

MacLeod, P., Kinver, A., Page, L. & Iliasov, A. (2009). 2008-09 Scottish Crime and Justice Survey - Partner Abuse. The Scottish Government. Retrieved from http://www.scotland.gov.uk/Publications/2009/12/14103249/0 [March 2012]

Malley, M. & Tasker, F. (2004). Significant and other: systemic family therapists on lesbians and gay men. *Journal of Family Therapy*, *26*, 194-212.

McClennen, J.C., Summers, A.B., & Vaughan, C. (2002). Gay Men's Violence in relationships: Synamics, help-seeking behaviours, and correlates. *Journal of Gay & Lesbian Social Services: Issues in practice, policy & research, 14*, 23-49.

McDermott, E. (2011). The world *some* have won: Sexuality, class and inequality. *Sexualities*, *14 (1)*, 63-78.

McPhail, B.A., Busch, N.B., Kulkarni, S. & Rice, G. (2007). An Integrative Feminist Model: The Evolving Feminist Perspective on Intimate Partner Violence. *Violence Against Women*, *13 (8)*, 817-841.

Milton, M. & Legg, C. (2000). Politics in psychotherapy: therapists' responses to political material. *Counselling Psychology Quarterly*, *13 (3)*, 279-291.

Morris, J.F., Waldo, C.R. & Rothblum, E.D. (2001). A model of predictors and outcomes of outness among lesbian and bisexual women. *American Journal of Orthopsychiatry, 71*, 61-71.

Morrow, S.L. and Hawxhurst, D.M. (1989). Lesbian Partner Abuse: Implications for Therapists. *Journal of Counselling& Development*, *68*, 58-62

Morton, J. (2008). *Transgender Experiences in Scotland. Research Summary: Key research findings of the Scottish Transgender Alliance Survey of transgender people living in Scotland.* Edinburgh: Scottish Transgender Alliance. Retrieved from http://www.scottishtrans.org/Uploads/Resources/staexperiencessummary03082.pdf [March 2012]

O'Connor, W. & Molloy, D. (2002). *Hidden in Plain Sight: Homelessness Amongst Lesbian and Gay Youth, National Centre for Social Research*. Stonewall Housing: London. Retrieved from http://www.natcen.ac.uk/media/664766/fef35200-8882-404a-a8e5-9cefac019d77.pdf [March 2012]

Pawson, H., Netto, G. & Jones, C. (2006). *Homelessness Prevention: A Guide to Good Practice*. Homelessness & Housing Support Directorate, Department for Communities and Local Government, DCLG Publications. Retrieved from www.communities.gov.uk/documents/housing/pdf/150973.pdf [March 2012]

Pence, E. & Paymar, M. (1993). *Education groups for men who batter: The Duluth model*. New York: Springer Publishing.

Povey, D., Coleman, K., Kaiza, P. & Roe, S. (2008). *Homicides, Firearm Offences and Intimate Violence 2007/08 (Supplementary volume 2 to Crime in England and Wales 2007/08)*. Home Office Statistical Bulletin. Retrieved from http://ndvf.org.uk/files/document/1346/original.pdf [March 2012]

Prosser, J (1997). Transgender. In A.Medhurst & S.R.Munt (Eds.) *Lesbian & Gay Studies – A critical introduction*, (pp. 309-326). London: Cassell

Purdam, K., Wilson, A.R., Afkhami, R. & Olsen, W. (2008). Surveying sexual orientation: asking difficult questions and providing useful answers. *Culture, Health & Sexuality, 10 (2), 127-41.*

Quiery, M. (2002). A Mighty Silence: A Report on the Needs of Lesbians and Bisexual Women in Northern Ireland. Lesbian Advocacy Services Initiative.

Retrieved from http://www.lasionline.org/PDFs/A_MIGHTY_SILENCE.pdf [March 2012]

Renzetti, C.M. (1988). Violence in Lesbian Relationships: A Preliminary Analysis of Causal Factors. *Journal of Interpersonal Violence*, *3*, 381-399.

Renzetti, C. M. (1989). Building a Second Closet: Third Party Response to Victims of Lesbian Partner Abuse. *Family Relations*, *38 (2)*, 157-163.

Richards, A., Noret, N. & Rivers, I. (2003). *Violence & Abuse in Same-Sex Relationships: A Review of Literature.* York St John, College of the University of Leeds. Retrieved from http://www.broken-rainbow.org.uk/research/Violence_and_Abuse.pdf [March 2012]

Ristock, J. & Timbang, N. (2005). *Relationship Violence in Lesbian/Gay/Bisexual/Transgender/Queer [LGBTQ] Communities: Moving Beyond a Gender-Based Framework*. Violence Against Women Online Resources . Retrieved from http://www.mincava.umn.edu/documents/lgbtqviolence/lgbtqviolence.pdf [March 2012]

Robinson, A.L. & Rowlands, J. (2006). The Dyn Project: Supporting Men Experiencing Domestic Abuse. Final Evaluation Report. Cardiff University & The Dyn Project. Retrieved from www.cardiff.ac.uk/socsi/resources/Dyn_Final_Evaluation_Report.pdf [March 2012]

Roch, A., Ritchie, G. & Morton, J. (2010). *Out of sight, out of mind? Transgendered People's Experiences of Domestic Abuse*. LGBT Youth Scotland & Equality Network. Retrieved from http://www.scottishtrans.org/Article.aspx?id=60 [March 2012]

Roe & Jagodinsky (1995). Lesbian/Gay Power and Control Wheel. Retrieved from http://www.broken-rainbow.org.uk/Lesbian%20and%20Gay%20Power%20&%20Control%20Wheel.pdf [March 2012]

Rowlands, J. (2006). *Domestic Abuse among Gay and Bisexual Men: An Exploratory Study in South Wales*. Norwich: Social Work Monographs.

Scottish Executive (2002). *Domestic Abuse Against Men in Scotland*. Central Research Unit. Retrieved from http://www.scotland.gov.uk/Publications/2002/09/15201/9609 [March 2012]

Seelau, E.O., Seelau, S.M. &Poorman, P.B. (2003). Gender and role-based perceptions of domestic abuse: Does sexual orientation matter? *Behavioural Sciences and the Law*, *21*, 199-214.

Sinfield, A. (1997). Identity & Subculture. In A.Medhurst & S.R.Munt (Eds.) *Lesbian and Gay Studies* (pp.201-214). London: Cassell.

Soothill, K., Francis, B., Ackerley, E. & Collett, S. (1999) Homicide in Britain: A Comparative Study of Rates in Scotland and England & Wales, Scottish Executive Central Research Unit: Edinburgh. Retrieved from http://www.scotland.gov.uk/Publications/2000/03/2ff917ae-270d-47d9-acd0-f89c30688868 [March 2012]

Standing Together Against Domestic Violence (2010). LGBT Factsheet. Retrieved from http://www.standingtogether.org.uk/fileadmin/user_upload/standingUpload/Publications/pub-LGBT-factsheet.pdf [March 2012]

Stark, E. (2007). *Coercive control: How Men Entrap Women in Personal Life*. Oxford: Oxford University Press.

Stets, J. E. (1988). *Domestic Violence and Control*. New York: Springer-Verlag.

Stonewall Cymru (2006). The housing needs of lesbian, gay and bisexual (LGB) people in Wales. Stonewall: Cardiff. Retrieved from www.stonewallcymru.org.uk/other/startdownload.asp?openType... [March 2012]

Stonewall Scotland (2009). Understanding the housing needs and homeless experiences of lesbian, gay, bisexual and transgender (LGBT) people in Scotland: A guide for social housing providers and homelessness services. Stonewall: Scotland. Retrieved from http://lx.iriss.org.uk/content/understanding-housing-needs-and-homeless-experiences-lesbian-gay-bisexual-and-transgender-lg [March 2012]

Stonewall's response to ONS survey retrieved from http://www.bbc.co.uk/news/uk-11398629 [March 2012]

Stormbreak (2000). The Gay Life & Style New Millennium Survey. Retrieved from: http://www.gaytoz.com/StormbreakSurvey.pdf [March 2012]

The Scottish Government (2010). Statistical Bulletin: Crime and Justice Series: Domestic Abuse Recorded by the Police in Scotland, 2009-10. Retrieved from http://www.scotland.gov.uk/Publications/2010/11/11095346/32 [March 2012]

Tesch, B. (2010) Fears for domestic violence services. *The Psychologist*, *23 (11),* 868-869.

Walby, S. (2004). *The Cost of Domestic Violence: Research Summary*. Women & Equality Unit. Retrieved from http://www.equalities.gov.uk/pdf/Summ%20cost%20of%20domestic%20violence%20Sep%2004.pdf

Walker, L. (1979). *The battered woman.* New York: Harper & Row.

Walsh, F. (1996). Partner Abuse. In D.Davies & C.Neal (Eds.) *Pink Therapy* (pp. 188-198). Buckingham: Open University Press.

Watts, C. & Zimmerman, C. (2002). Violence against women: global scope and magnitude. *Lancet, 359 (9313*), 1232–1237.

Weeks, J., Heaphy, B. & Donovan, C. (2001). *Same Sex Intimacies. Families of Choice and other life experiments*. London: Routledge.

West, D.J. (2000). Homophobia: Covert & Overt. In G.C. Mezey & M.B.King (Eds.) *Male Victims of Sexual Assault* (2nd ed., pp. 17-35). Oxford: Oxford University Press.

Whiting, N. (2007). A Contradiction in Terms?: A Gendered Analysis & Same Sex Domestic Abuse. Scottish Women's Aid. Retrieved from http://www.scottishwomensaid.org.uk/assets/files/publications/practitioners_briefings/SWA_LGBT_Topic_Paper.pdf [March 2012]

Whittle, S., Turner, L. & Al-Alami, M. (2007). *Engendered Penalities: Transgender and Transsexual People's experiences of Inequality and Discrimination.* The Equalities Review. Retrieved from http://www.mendeley.com/research/engendered-penalties-transgender-transsexual-inequality-discrimination/ [March 2012]

Wilton, T. (1999). Towards an understanding of the cultural roots of homophobia in order to provide a better midwifery service for Lesbian clients. *Midwifery, 15 (3)*, 154-164.

Wise, A.J. & Bowman, S.L. (1997).Comparisons of beginning counselors' responses to lesbian vs heterosexual partner abuse. *Violence and Victims, 12 (2)*, 127-137.

Wlash, F. (1996). Partner abuse. In D. Davies & C. Neal (Eds.) *Pink Therapy: a guide for counsellors and therapists working with lesbian, gay and bisexual clients*, (pp. 188-198). Buckingham: Open University Press.

Women's Aid (2007). Women's Aid Federation of England Briefing on Safeguarding Survivors and Services. Retrieved from http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200210002&itemid=1196 [March 2012]

Women's Aid Wales (2010). Male Victims of Domestic Abuse. Welsh Women's Aid Briefing. Retrieved from http://www.ccrm.org.uk/index.php?option=com_content&view=article&id=90&Itemid=112 [March 2012]

Women's Resource Centre (2010). *LBT Women and housing and homelessness*. Lesbian, bisexual and trans women services in the UK: Briefing 14. Retrieved from http://www.wrc.org.uk/includes/documents/cm_docs/2010/h/housing.pdf [March 2012]

Women's Resource Centre (2010). LBT women's services across the UK. Lesbian, bisexual and trans women services in the UK: Briefing 18. Retrieved from http://www.wrc.org.uk/includes/documents/cm_docs/2010/s/services.pdf [March 2012]

Zimmerman, B. (1997). Feminism. In A. Medhurst and S. R. Munt (Eds.) *Lesbian and Gay Studies: a critical introduction* (pp. 147-159). London: Cassell.