

Understanding **LGBT+** experiences of domestic abuse in Kirklees



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PARTNERSHIP
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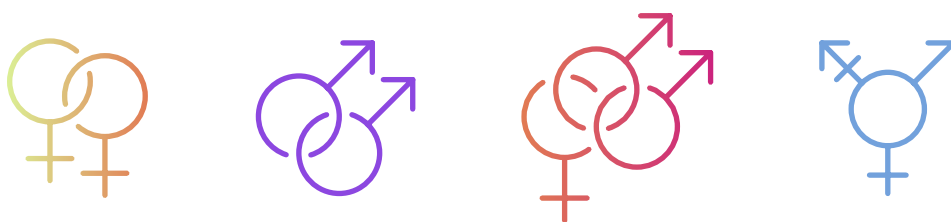
Dedication & Commitment

This report is dedicated to the survivors who generously shared their experiences, and whose journeys to seek safety from domestic abuse are documented throughout.

We also dedicate this report to the memory of victims, both adults and children, who did not survive their experiences of domestic violence and abuse, whether through the tragic consequences of domestic homicide or completed suicide. It is our hope that this report serves to act as the foundation upon which we all build a better response to, and pathways out of, domestic violence and abuse for all those who experience it.

We would like to thank the specialist LGBT+ and domestic abuse services in Kirklees, who work tirelessly to support survivors to leave, and live their lives free from, domestic violence and abuse.

A special thanks to the staff at The Brunswick Centre, Pennine Domestic Abuse Partnership and Kirklees Council, whose wealth of knowledge and experience were crucial in building understanding of local provision.



If you suspect you or anyone you know is experiencing domestic violence or abuse, [Victim Support](#) signpost to a number of support organisations who are there to help.

In an emergency, always call 999.

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Report Authors

The body of initial evidence behind this report has been developed in the following stages by:

1. An independent consultant, [Luke Martin](#)
2. Secondary research completed by PDAP and The Brunswick Centre

1. Introduction

1.1 Purpose

The government produced in the form of the [Domestic Abuse Act 2021 Statutory Guidance](#) to strengthen responses across services and statutory authorities. However, of 163 pages (59,946 words), only 341 words (0.6%) relate to LGBT+ Domestic Violence and Abuse (DVA).

Through a collaborative partnership, Kirklees Metropolitan Borough Council recognised a need to learn more, and that there was a need for services and partners to reflect on recommendations around inclusion to support future service development.

Taking the above into account, the purpose of this report is to therefore review the current provision for LGBT+ adults who are, or have, experienced DVA and are living or working in Kirklees.

At the outset of this report, it is important to acknowledge the hard work that takes place across Kirklees, day-in, day-out, by professionals who strive to make a difference in the lives of those who need support as a result of DVA.

The learning from this research is intended to foster the creation of safe and reflective spaces where the system can come together to learn and reflect on how to improve the support available for LGBT+ people who are experiencing DVA.

1.2 Terminology

Domestic Violence and Abuse (DVA):

DVA is the term used in this report to describe any (and all) acts of omission or commission, which cause harm or distress, and can be physical, emotional (also referred to as psychological), financial, sexual, coercively controlling and/or digital.

Survivor:

Throughout this report the authors have, following careful reflection and consultation, opted to use the term “survivor” to represent those who have lived and living experience of DVA. We have adopted the term “survivor” as a strengths-based term that recognises the strength of the person with lived experience and the healing journey they have embarked upon. The term victim is occasionally used if quoting other research or online/interview respondents that used that terminology..

LGBT+:

The authors of this report fully acknowledge that individuals, groups and communities have a rich diversity and, subsequently, differing preferences for abbreviations with refer to their community. However, for consistency and continuity, throughout this report we use the term LGBT+.

Appendix 3 provides further information on DVA and LGBT+ definitions.

1.3 Objectives

To best achieve our aims for better outcomes for people in Kirklees, a set of objectives were identified and agreed from the outset:

1. To establish what advice, information and support is available to LGBT+ communities from specialist Domestic Abuse (DA) services, and associated, generic community, health, social care and statutory agencies.
2. To determine what additional information and support these agencies need in order to improve their responses.
3. To engage with groups and individuals from within the LGBT+ community to establish the level of knowledge and understanding of domestic abuse.
4. To establish among LGBT+ community members needs and ways of working that respond to the complexity and uniqueness of their situation.
5. To develop an outline model of service provision that will integrate with the emerging Kirklees DA strategy and that contributes to fulfilling obligations under the Domestic Abuse Act.
6. To outline a research methodology that models best practice for engaging with the LGBT+ community that can be carried over into service provision.

R

Throughout the report there are highlighted recommendations on identifying LGBT+ needs and how services and commissioning authorities* must address them. **Look for the highlighted panels and ‘R’ symbol.**

* Such as Kirklees Council, NHS Kirklees, NHS West Yorkshire Integrated Care System, Office of the West Yorkshire Mayor – Policing & Crime, as well as wider funding bodies.

1.4 Methodology

To best achieve our aims, a mixed methodology approach was adopted:

1. An online survey for adult survivors
2. Adult survivor interviews
3. Interviews with professionals from specialist and non-specialist DVA services
4. Desktop Review of existing literature on LGBT+ DVA

(see Appendix 4 for both the online survey and interview schedules)

The first phase of research did not result in enough data from a sufficient pool of respondents to be able to draw any meaningful conclusions.

As a result of this, and the inherent complexities in understanding both the prevalence and impact of domestic violence and abuse on the LGBT+ communities, the research team undertook a second phase to broaden our understanding of the LGBT+ lived experience.

Over the summer of 2023, we promoted the research through targeted social media posts, speaking to local LGBT+ community assets, and via local networks and strategic meetings. Surveys were also undertaken at Kirklees and Batley Prides allowing for direct engagement with community members.

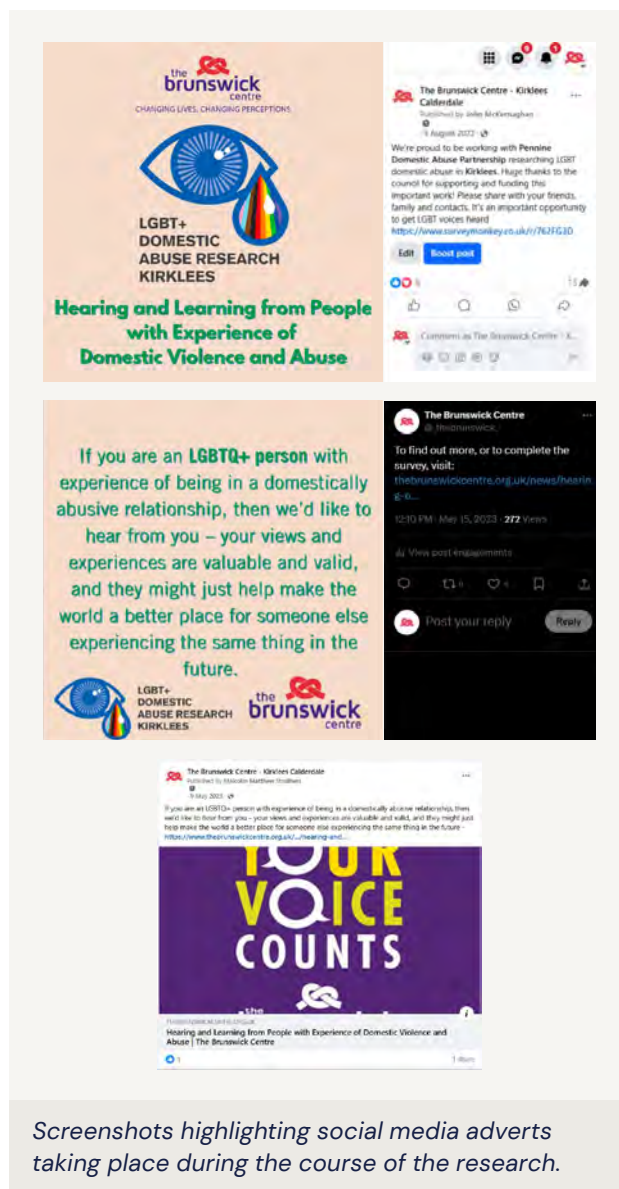
A Freedom of Information request was made to West Yorkshire Police requesting the number of recorded crimes of DVA where survivors or perpetrators identified as LGBT+. This was declined, with the Police stating they do not record this information.

Approaches to engaging and learning from survivors

Taking into account the lack of localised datasets for LGBT+ DVA, it was agreed to open up to respondents based on self selection, in other words those individuals who came forward after seeing information pertaining to the research.

This saw 47 community members coming forward. Detailed information on the demographics of the community members who took part in this research can be found at Section 2, page 10.

Recruitment was undertaken through a variety of methods – word of mouth through partner agencies and targeted online social media advertising. Inclusion criteria was anyone of any age who identifies as LGBT+ and who lives or works in Kirklees.



Screenshots highlighting social media adverts taking place during the course of the research.

R

A recommendation from the outset of this report is that equality-based monitoring is undertaken to build a picture of LGBT+ DVA (and DVA experienced by other minority and marginalised groups if they are not monitored). NHS England has produced a sexual orientation monitoring [information standard](#), which will guide those looking towards a more inclusive and equalities-focused way of monitoring those accessing their services. Furthermore, it is essential that West Yorkshire Police implement equality-based training and support for officers and staff centred around understanding the importance of collecting protected characteristic monitoring data so that it is carried out sensitively and correctly.

1.5 Ethics

Appropriately engaging individuals (and offering support where necessary) was a key consideration in undertaking this research. For this reason, The Brunswick Centre and Pennine Domestic Abuse Partnership (PDAP) employed named staff to work on the research programme.

This report includes information from interviews and surveys with professionals across Kirklees and survivors of DVA. All data is held securely and anonymously in line with GDPR requirements.

The survey included information for participants which stated that *'The information you provide in this survey is completely confidential and will remain anonymous unless you choose to provide your name and contact details on the last page of the survey. If you do give your details, these will only be used to contact you about follow-up focus groups or to keep you informed of how the research is coming along. You will not be identified in any reports arising from the data collected through the consultation.'*

Survey respondents were asked to consent to their information being stored and used for research via a tick box.

The research project was advertised widely across Kirklees to both professionals and survivors. A QR code was used to advertise the survey on leaflets and posters as well as targeting key contacts in services across Kirklees via email. Both PDAP and The Brunswick Centre shared the research project regularly via Facebook and X (formerly known as Twitter) and information about the research was included on The Brunswick Centre website. Those that wanted to take part in interviews had the opportunity to be interviewed by the original researcher (during phase 1) or by a member of the research project team (during phase 2), and were able to choose whether this be someone from PDAP or The Brunswick Centre. In light of the sensitive nature of this research, information was provided to both survey respondents and interview participants which detailed support available locally and nationally for those experiencing DVA. This included specialist LGBT+ organisations.

Participants in the interviews were provided with a cash payment as a thank you token for taking part and sharing their lived experiences.

1.6 Areas for exploration

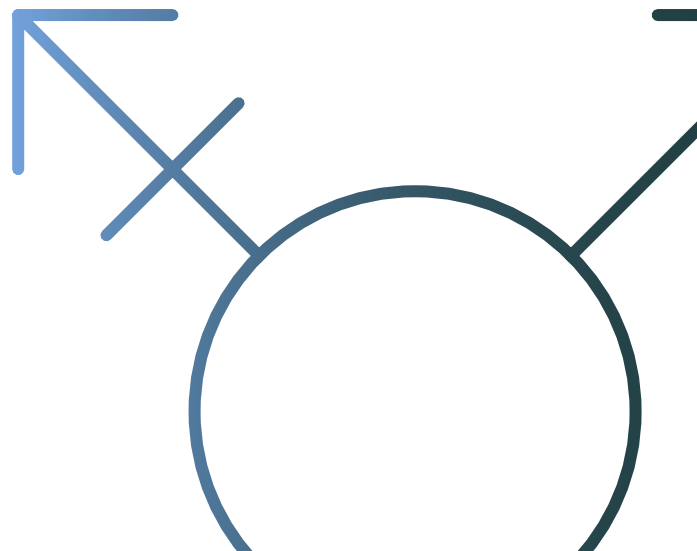
As summarised in section 1.1., this work sought to illuminate gaps in knowledge and support, and to develop an evidence-based way forward, ensuring that local agencies, professionals, and community members could contribute to long-term, meaningful developments in services for individuals who identify as LGBT+ who are in abusive relationships. Section 1.3. outlines the objectives agreed between partners.

Central to this process was an extensive engagement plan, designed to capture the perspectives of both specialist and generalist services. The research team reached out to domestic abuse agencies, statutory bodies such as housing services and the police, and numerous LGBT+ specific support organisations.

Equally important was the inclusion of LGBT+ communities themselves—youth provisions, Pride committees, local social groups, and educational settings—via tailored approaches that guaranteed confidentiality and safety. In doing so, the project not only gathered data on existing services but also aimed to leave a legacy of informed LGBT+ community members more aware of the signs, risks, and avenues for help around DVA.

An additional dimension involved drawing on national expertise: the research team drew from the work undertaken by national organisations outside Kirklees that provide specialist support to LGBT+ survivors and those who run national helplines. By learning from their successes and intelligence, the project gained insights that could be adapted locally. This broader lens ensured recommendations would be both context-specific and grounded in best practice.

Ultimately, it is hoped that this report will be the groundwork that can see us develop a blueprint as to how we can respond to DVA among LGBT+ people, fostering a more inclusive and effective response for better outcomes for our Kirklees residents.



1.7 National Data

The 2021 Census records a UK population of 59.6 million. Among them, 262,086 individuals (0.4%) identify as not being cisgendered (i.e. they do not identify with the gender identity assigned to them at birth) and 1,536,557 (2.5%) people identify as the Census definition of "Lesbian, Gay, Bisexual, or Other (LGB+)", which for the purposes of this report, will be treated as LGBT+.

The Crime Survey for England and Wales (March 2022) estimated that 5.0% of adults aged 16 years and over (2.4 million) had experienced DVA in the last year. An important point to note is that DVA is underreported, this figure is unlikely to reflect the actual level of DVA.

The number of adults who have experienced DVA in their lifetime is estimated to be 1 in 5 (1 in 4 women and 1 in 6–7 men).

2021 Census Records

UK Population

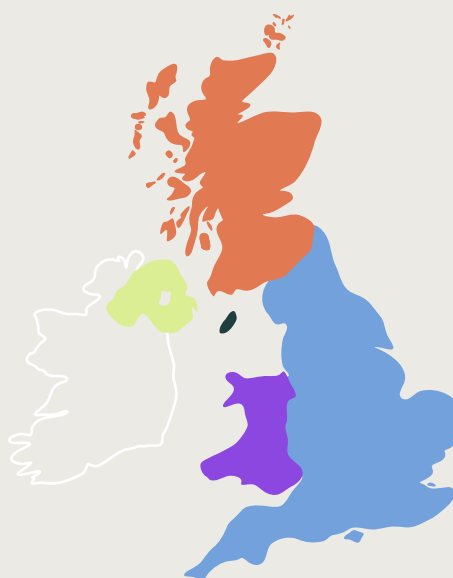
59.6m

262,086

identify as not being cisgendered

1,536,577m

identify as being LGBT+



2022 Crime Survey for England and Wales

5%

of adults age 16 or over
(2.4 million) are estimated
to have experienced DVA in
the last year.

As DVA is underreported, this
figure is unlikely to reflect the
actual level of DVA



1 in 5

adults are estimated
to have experienced DVA
in their lifetime



1 in 4

Women



1 in 6–7

Men

1.8 Kirklees Demographics and Population

As of 2021, Kirklees has
an observed population of

433,200

with

9,032

identifying with a sexual orientation
other than heterosexual and

1,630

identifying their gender identity
as **other than cisgendered**

This represents a total
population of

10,154*

accounting for

2.3%

of the population.

*With some overlap of **508 individuals**
who identify as **both non-cisgendered**
and non-heterosexual.

These figures must be caveated with known
underreporting of sensitive identifiers

Although there are limitations and
some caution needed with regard to
under-observed figures, the National Crime
Survey's estimate suggests that

508

LGBT+ people in Kirklees
experience DVA in any one year and

2,031

LGBT+ people experience DVA
in their lifetime

The total number of

10,756

recorded DVA incidents by
West Yorkshire police make up

16%

of all reported crime, which sees growth
year on year. The ONS data highlights that
the prevalence of DVA-related crimes is

18 per 1,000
population

It is established that the prevalence of DVA
among LGBT+ communities is similar to that
of cisgendered heterosexual people, at 5%.



2. Local Research findings

Findings from the Kirklees Research

A total of
47
community
members and
professionals
took part in the research



23
LGBT+ survivors
took part in an online survey

A set of 23 blue person icons. The first row contains 15 icons and the second row contains 8 icons, totaling 23 icons.

Additionally,
12
professionals
took part in in-depth interviews



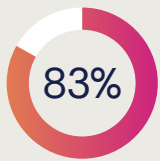
It must be noted that community members who participated in the research are not fully representative of the diverse LGBT+ population within Kirklees (see Appendix 5). However, it is an important first step to hearing directly from the community and the thoughts feelings and lived experience of LGBT+ individuals.

Nevertheless, important themes and recommendations emerged within the data collected, as detailed in section 2.1.

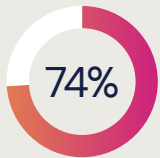
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Further work needs to be done to understand **LGBT+ survivor experiences** and both commissioners and providers should lead this if they are to meet the needs of LGBT+ survivors and their community.

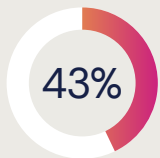
2.1 Summary of survivor online questionnaire



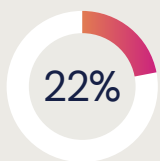
Experienced emotional abuse



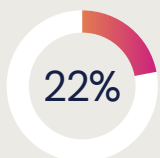
experienced coercive and controlling behaviour



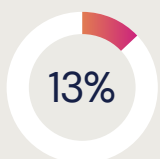
Experienced physical abuse



experienced financial abuse

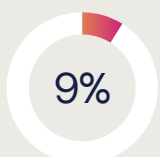


Experienced sexual abuse



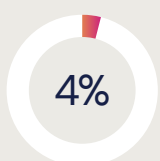
Threats to be outed

(About their sexual orientation, gender identity or HIV status)



Experienced threats in relation to children

(e.g. Withholding contact, threatening to remove or causing harm or distress)



Experienced honour based violence

Perpetrators

Respondents reported that perpetrators of their DVA were;



intimate (or ex-intimate) partners



a parent/guardian/caregiver



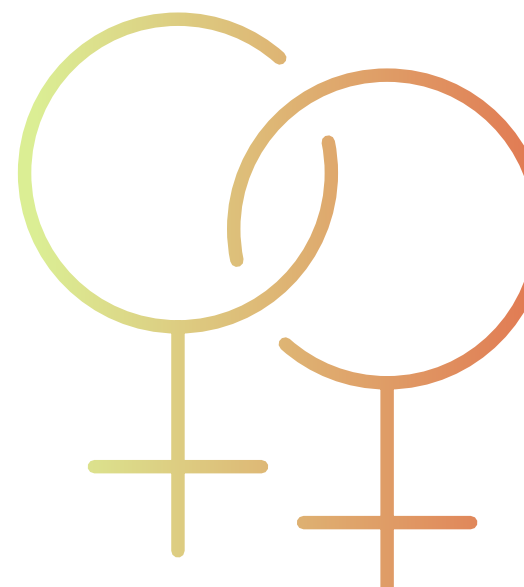
an extended family member



and/or an other known adult

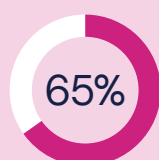


a child (either children or adults)

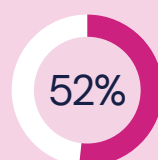


2.1 Summary of survivor online questionnaire (continued)

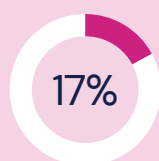
LGBT+ survivors



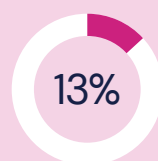
said they disclosed the abuse they were experiencing to someone else



of LGBT+ survivors said they needed support, while;



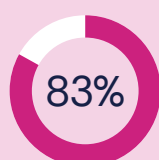
stated that they did not disclose to anyone



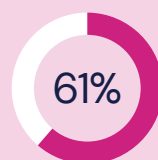
stated that they did not

Of those who disclosed;

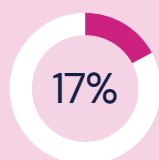
Of those who needed support;



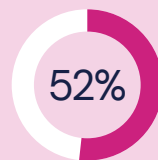
disclosed to family and friends, (61% to friends and 22% to their family)



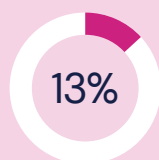
said they needed emotional support, and;



disclosed to the police

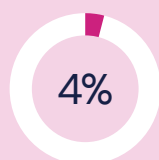


stated they needed support to leave the DVA environment

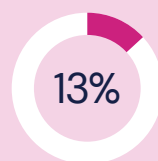


disclosed to their GP, and;

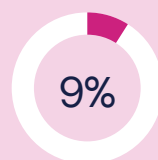
Other support noted included: non-emergency housing options, emergency housing or accommodation, safety planning, financial support and support with reporting to the police (**17% for each**).



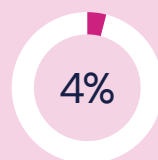
disclosed to a counsellor, employer or intimate partner



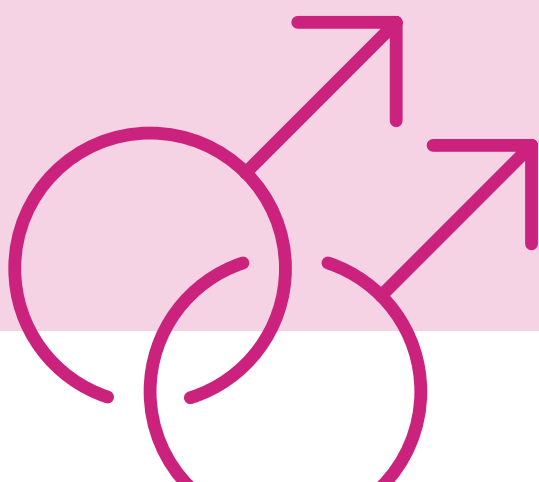
needed sexual health support



needed support with DVA specific emergency housing or accommodation, and;

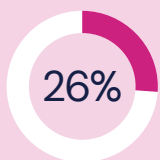


needed support with civil protection orders

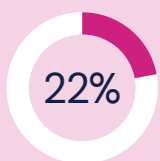


2.1 Summary of survivor online questionnaire (continued)

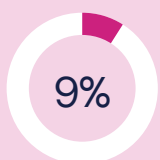
The support LGBT+ survivors accessed around their DVA varied, with;



saying they accessed mental health support



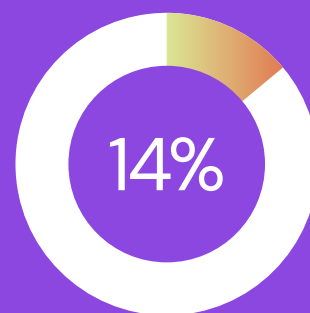
accessed a national helpline, and;



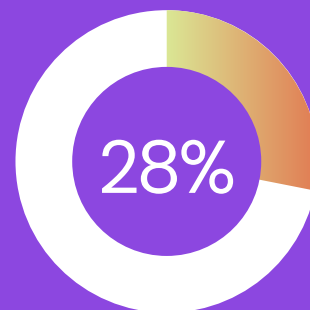
accessed DVA specialist service
(for practical and other support), police, GP, housing (not DVA related)

individual respondents also accessed LGBT+ specific advice services, A&E, emergency housing, sexual health support, Samaritans and financial support for legal fees (such as legal aid).

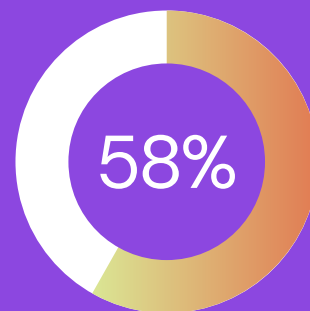
Of those who accessed DVA specific support:



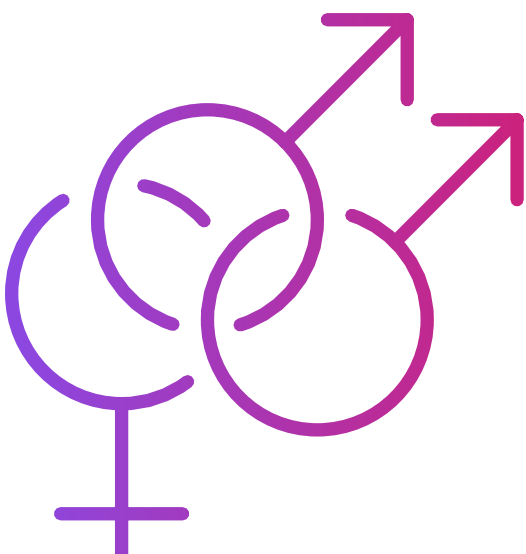
found the support they received extremely effective



found it somewhat effective, and



said it was not effective at all



2.1 Summary of survivor online questionnaire (continued)

LGBT+ survivor comments on the support they accessed;



I tried calling a helpline numerous times without success. I experienced a mental health crisis and was left to manage it by myself. I had called to request a visit from a crisis team yet was told I didn't qualify for them to send one despite me telling them I was suicidal. I ended up admitting myself to a psychiatric unit for my safety and also because I had no other option as I had to flee my abuser's house. I am lucky that I have the means to go elsewhere and was able to flee to where I was able to receive better care/help



"Support wasn't timely"



"The support helped me realise that I did not need to live like that. It helped me to build strength to leave the abuse"



"Felt continuously failed by the systems"



"Found it difficult to open up"



"Specialist LGBT+ support was well informed on DA in LGBT+ relationships"



"Wasn't able to speak to someone with the experience of LGBT+ issues"



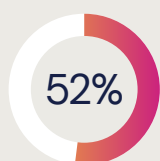
"No follow on support after accessing emergency accommodation"

2.1 Summary of survivor online questionnaire (continued)

LGBT+ survivors were asked if there were any barriers preventing them from accessing support.



When asked about discrimination from services,



either did not answer the question, or said they were unsure whether they had experienced any

It is important to note that a lack of certainty as to whether discrimination has happened is not an assertion that it has not.

Just over **1 in 4 (26%)** said they **had experienced it**, and only **1 in 5 (22%)** were clear that they had not.

Respondents who felt support was effective shared that the specialist LGBT+ knowledge within the DVA support service was a key factor in its impact.

Contrary to this, 4% of respondents did not feel that they were able to speak to someone with specialist LGBT+ DVA knowledge and 4% also stated that they felt continuously failed by the systems in place.

What local LGBT+ survivors told us largely aligns with national research, as highlighted in the research on LGBT+ experiences of DVA section above. Locally, LGBT+ survivors are telling us they experience different forms of DVA, and that they don't always reach out or know about what services are available to them.

When they do reach out for support, survivors provided valuable insight about what this looked like for them. They also report experiences of discrimination, poor service responses and barriers preventing them from accessing support, and that these experiences can intersect with racial and/or religious identities as well.

Discrimination experienced

Assuming gender (of both victim and perpetrator)

Lack of refuge accommodation for non-binary/trans people

Ignorance around trans people

Ableist environment/not appropriate to neurodivergent people

Homophobic comments from professionals and/or other members of the public

Assumption of sexual orientation

Housing Officer said '**stop acting so gay**', and '**you are upsetting local neighbours by being visible**'

Inappropriate terminology/language

Lack of understanding about sexual orientation from professionals

Judging sexual and/or relationship behaviour

2.1 Summary of survivor online questionnaire (continued)

Reflections from survivor online questionnaire

R

It is recommended that quality LGBT+ cultural competency training be made available across Kirklees, and that it is a mandatory requirement within service settings.

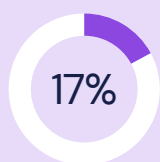
In addition, a carefully planned community led awareness campaign must be delivered, raising awareness of LGBT+ DVA among professionals and the LGBT+ community (including their friends and families, given that 83% of survivors disclose to them).

Services need to be proactive in welcoming and making their provision visible to LGBT+ survivors. This can be achieved with welcoming and inclusive messages on websites and in buildings, along with attending community events, such as local Prides, offering some sponsorship as a way of promoting provision and allyship. However, this should only ever be done if all staff have undertaken LGBT+ awareness and/or LGBT+ cultural competency training. 22% of LGBT+ survivors said services need to be easier to access and less judgemental in their approach.

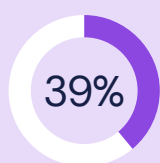
Commissioners must embed intentional consideration of the needs of LGBT+ survivors and ensure monitoring is inclusive of, and reports on, sexual orientation and gender identity service uptake and engagement. Building this in as a key performance indicator sends a clear message of commitment. Questions must be asked of any service or practitioner asserting that LGBT+ survivors are 'hard to reach'. For example:

- **what have they done to reach and engage the community?**
- **Are they monitoring service uptake?**

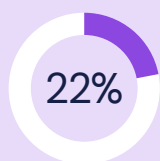
LGBT+ survivors



Highlighted quality LGBT+ cultural competency training as important to them



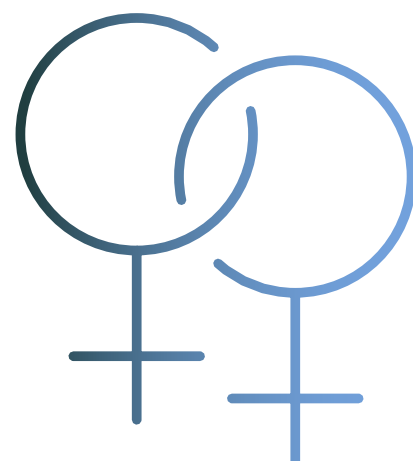
Agreed that a community led awareness campaign must be delivered, raising awareness of LGBT+ DVA and promoting services and support available



Commented that services need to be easier to access and less judgmental in their approach

Now would be the time to undertake coproduction, getting LGBT+ community members and survivors to be part of the process so that services are designed with them in mind and to better meet their needs. Services must reach out and engage with LGBT+ community assets, build trusting partnerships. By doing so, they will benefit from the experience, knowledge and understanding of the community and reach community members and LGBT+ DVA survivors.

All of the above is achievable with minimal investment. It is about all of us, services, commissioners, managers and frontline staff working smarter rather than harder. It is about equality and fairness and seeing all LGBT+ DVA survivors deserving of support and being kept safe from harm.



2.2 Summary of survivor interviews

Participation in all research was completely voluntary. Survivors who participated in one element of the research did not have to go through any other element. Those who completed the online survey were offered the opportunity to take part in an in-depth interview.

12 LGBT+ survivors took part in interviews

Analysis of the transcripts highlighted similarities with the online survey:

- 74%** experienced coercive and controlling behaviour
- 43%** experienced physical abuse
- 13%** stated the abuse was directly related to their identity
- 57%** of survivors experienced abuse from a partner or ex-partner, with;
- 31%** saying they were abused by a family member
- 46%** of respondents disclosed that they did not access support, and;
- 30%** stated that they were able to access support (23% did not explicitly comment on whether they accessed support)

Reasons for not accessing support included:

- not knowing that support was available
- not feeling comfortable to ask for support due to discrimination
- fear of accessing support due to living locally

Female-identifying respondents accessed support the least. Half of the survivors who took part in an interview stated where they access support from, including the following:

38% accessed support through a DVA service. 4 survivors accessed this support in Kirklees, 3 accessed national organisations (including one who specifically identified Galop, the national LGBT+ DVA service)

52% of interviewees stated they needed support to leave the relationship safely

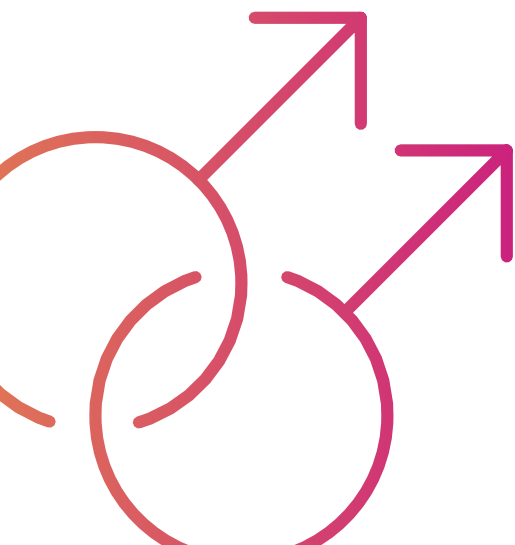
61% needed emotional support, with 2 respondents saying they had received support around healthy LGBT+ relationships, which they had not received prior to entering relationships

No survivors mentioned accessing refuge support, but some discussed being supported with temporary accommodation.

For some, this did not feel a safe option as they had been placed in hostels. It should be noted that this may be historical experience as it is not current practice to place survivors in hostel accommodation.

Survivors said that the support they received was often good, but the quality of the support diminished and became less consistent the more other services became involved. Comments included:

- not feeling supported
- services not having local knowledge
- professionals projecting heteronormative assumptions
- judgemental support



2.2 Summary of survivor interviews (continued)

61% of interviewees said they had experienced some sort of barrier to accessing support.

This included:

- Working locally in a professional setting where colleagues may have access to case notes
- Not being out and local services are often staffed by local people
- Being outed felt more of a risk than the DVA being experienced
- Having to first disclose sexual orientation to professionals before being able to access relevant support
- Fear of discrimination from professionals and others using the services
- For some, the intersectionality of their race and/or religion and not speaking English added to the difficulty in accessing services. Being new to the UK and being unfamiliar with services meant, for some, they were left isolated not knowing where to go for support

R

Services developing LGBT+ cultural competency, using communications and marketing to show inclusivity, promoting that provision is confidential and being able to see survivors in other settings and venues would help reduce some of the anxieties described.

One survivor reinforced there is a problem with *"representation and that there is still a gap in campaigns, nationally and locally"*.

Another survivor commented that, *"Funding may not be possible for specialised LGBT+ support, however, specialised training for professionals is essential to ensure that victims receive appropriate support and are not traumatised further"*.

R

A number of survivors who were interviewed suggested a specific drop-in session or group programme for LGBT+ survivors of DVA, which may help make people feel safe, although there was acknowledgement that there may be reluctance from some people as the local LGBT+ community is small, and people often know each other. However, this is worth exploring as an option as commissioners and services improve their LGBT+ community engagement and coproduction.

R

There are issues to consider for those survivors who work locally in professional settings. This is unlikely to be an issue for LGBT+ survivors alone but any developments around this must give intentional consideration to LGBT+ survivors.



2.3 Summary of professional interviews

Twelve professionals were interviewed as part of the research, providing valuable perspectives on how LGBT+ provision was viewed by those who took part. This group also gave suggestions and solutions.

- 58%** of professionals were from statutory services, and;
- 42%** were from third sector services
- 42%** of professionals worked directly with LGBT+ survivors of DVA
- 25%** of professionals stated that they were unaware of any data around LGBT+ survivors in their service, or that it was not collected

One professional stated that they were aware their service had supported 10 LGBT+ survivors in a 12-month period. One professional suggested that DVA is high within the HIV population. Whether these were accurate observations is unknown, but highlights a need for greater awareness.

It is noted by UNAIDS that gender-based violence increases risk of HIV infection and further exploration of this locally would help all survivors and the services that support them.

75% of professionals interviewed felt the support service landscape worked well in Kirklees with;

33% saying that partnership working was a positive experience

R

Recommendation to increase intelligence around LGBT+ experiences of domestic abuse from all services, particularly those providing DVA services within their communities.

17% of professionals felt that the introduction of a specialist service for LGBT+ survivors would be a positive step, but they were unsure whether funding would be available for it

One professional said,

"I think in an ideal world, there would be a specialist/by and for LGBT+ DVA service in Kirklees. However, with ongoing funding cuts nationally, this doesn't seem like a likely or sustainable option. I think what is needed right now, is not just more training but a willingness from professionals to learn and be reflective on potentially harmful views towards the LGBT+ community. I think if we can have a shift in attitudes, DVA support provided to LGBT+ communities will become more meaningful rather than harmful".

16% of professionals felt that networking opportunities in Kirklees enable professionals to raise the profile of specialist support to both LGBT+ survivors and professionals

Again, this is helpful for any service developing support for LGBT+ survivors.

Kirklees Better Outcomes Partnership (KBOP) was mentioned as useful support that could work well for LGBT+ survivors in Kirklees as the service provision is able to be fully inclusive.

A review of the website shows it is a useful resource, but there are no LGBT+ inclusive messaging or images, which are also limited on the partner agency websites.

R

It is recommended that the KBOP and partner agencies review their websites so they are LGBT+ inclusive, given the higher risk of homelessness among the community.

Professionals suggested that the perception that DVA support was only available for women (25%) was a barrier for some LGBT+ survivors, with 25% citing structural racism/homophobia/transphobia creating barriers. It was also suggested that lack of capacity and LGBT+ visibility within local services was an issue.

2.3 Summary of professional interviews (continued)

A barrier to support raised by LGBT+ survivors (and not by professionals) was the fear of being outed by professionals or having to come out to professionals. This finding highlights the complexities that LGBT+ survivors may have to consider when accessing support, but also shows that professionals may not be aware of this as a barrier.

R

Quality LGBT+ awareness and cultural competency training would counter barriers, as would community engagement. A coproduction approach could be deployed to ensure the right engagement and impact.

17% of professionals felt that there were gaps in provision for LGBT+ survivors, with only one person interviewed, 8.3% stating there were no gaps in support provision

Given LGBT+ survivors' experience of services, it should be of concern that nearly one in ten professionals working in DVA services are of the opinion that there are no gaps in the support provision.

Of those who did outline gaps, these included:

- **LGBT+ relationships and DVA not being raised in schools**
- **A lack of understanding among professionals of LGBT+ DVA**

R

Professionals were keen to see improvements made for LGBT+ survivors with 50% of those interviewed suggesting training that included lived experience being made widely available.

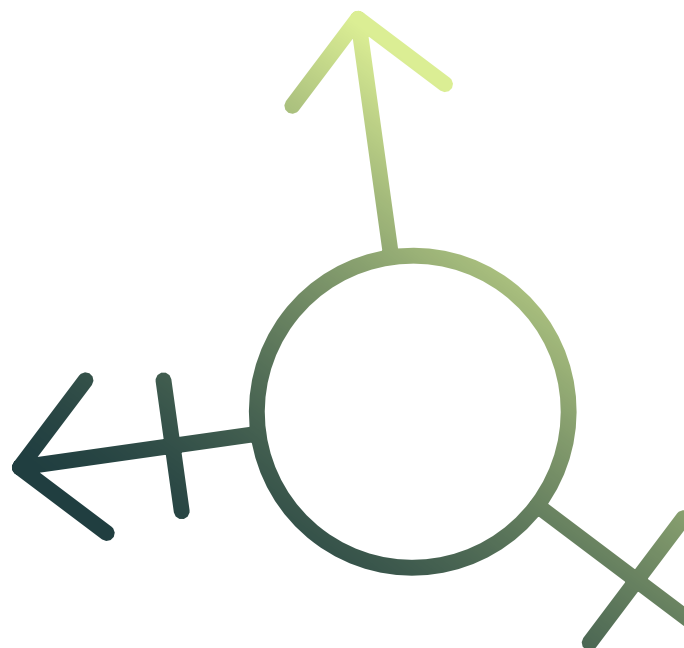
42% of professionals suggested a specialist LGBT+ IDVA/ champion role would improve the support locally, with;

17% stating that this must not be tokenistic

As one professional said *'we have to go beyond displaying pride flags with no deeper conversations'*.

R

Other suggestions include developing a network of practitioners who are skilled in LGBT+ DVA, who can be easily identified and contacted, and a need to conduct further consultations with LGBT+ survivors. These suggestions warrant further exploration and like many other recommendations do not necessarily need to cost a lot of money.



2.3 Summary of professional interviews (continued)

Kirklees DVA Strategy

As part of this research, the draft Kirklees DVA Strategy was provided for review. It is noted that at no point in this strategy is there explicit mention of the support needs, provision or commissioning of a service to work with LGBT+ communities. **This confirms the lack of intentional inclusion of LGBT+ survivors and reinforces the invisibility of some of our Kirklees community.** Throughout the strategy there is opportunity to include LGBT+ experiences. For example, the strategy makes reference, in priority two, to supporting perpetrators to change behaviour. There is no suggestion that the current offer be widened to support anybody other than heterosexual cisgender men.

R

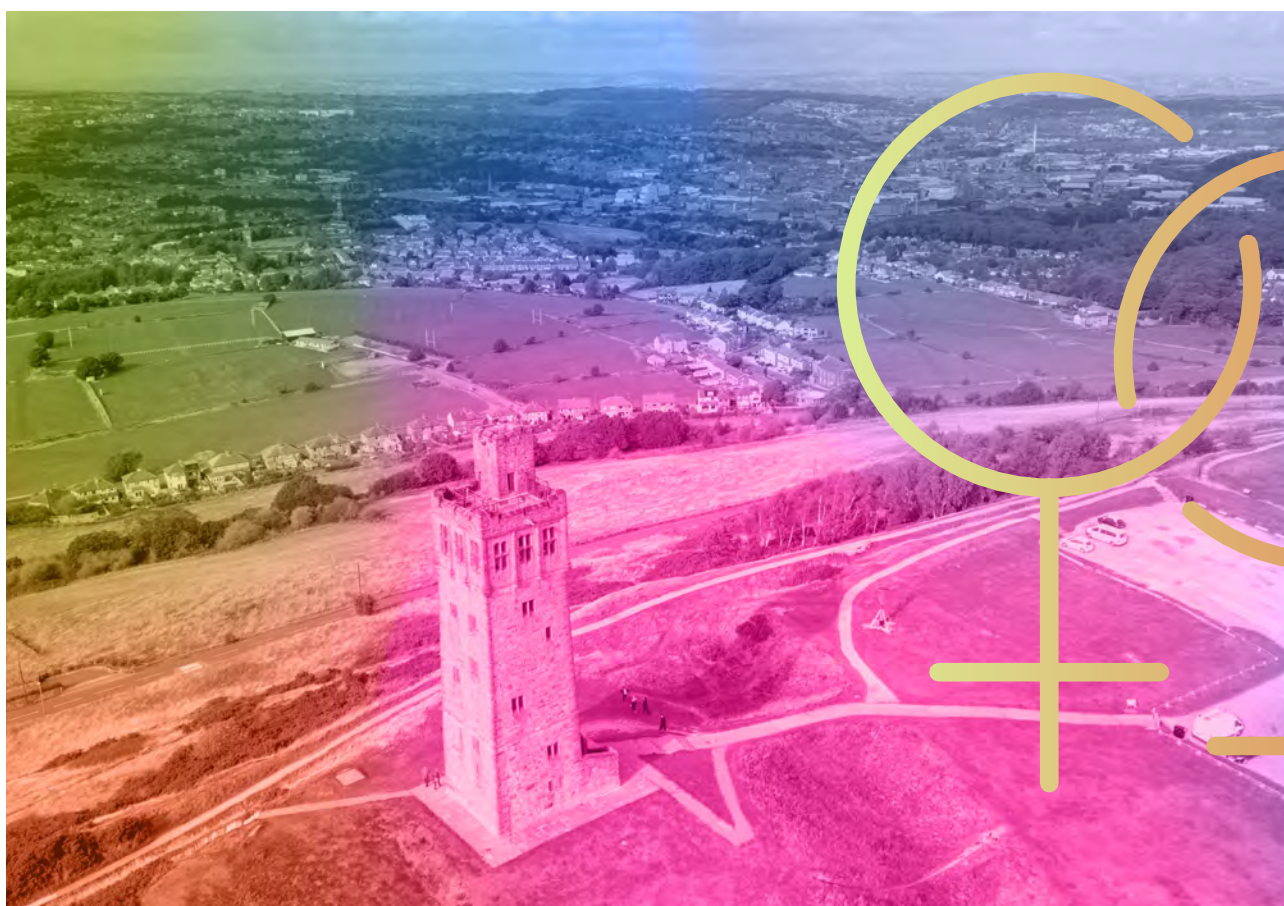
The Kirklees Domestic Abuse Strategy needs an urgent review if it is to be inclusive and meet the needs of all DVA survivors.

The strategy also refers to supporting survivors with multiple needs and/or protected characteristics. At no point does it make explicit reference to sexual orientation or gender identity, which is vital for inclusivity and visibility. Communities must be named if they are not to be hidden amongst a generic notion of protected characteristics.

The strategy does note that a working group will be established by the Kirklees DVA Partnership to explore and address the experiences of those with protected characteristics. A number of meetings did take place, but the working group had not convened for well over 12-months.

R

It may be helpful to revive the Protected Characteristics Working Group working group as part of a wider inclusivity agenda and to help drive forward the recommendations in this report, or to make clear why it isn't to be reconvened, and how the recommendations will be taken forward.



3. Conclusion

Kirklees is fortunate to have amazing, dedicated professionals and community assets which can be drawn upon to make improvements for LGBT+ DVA survivors. Indeed, the professionals interviewed highlighted that partnership and working locally is a positive experience.

Across Kirklees, people who are LGBT+ continue to experience DVA at rates comparable to their heterosexual and / or cisgender peers. Yet specific barriers faced by LGBT+ survivors—such as fear of being outed, reduced family support, and encountering service providers who unintentionally assume heterosexual or cisgender norms—often remain overlooked.

Throughout this research, participants shared accounts of physical, emotional, and financial harm that, in some cases, intersected with racism, ableism, or other forms of discrimination.

Professionals interviewed underscored the dedication and passion within existing DVA services, highlighting strong partnerships as a local strength. However, they also revealed significant gaps, from inconsistent data collection on sexual orientation or gender identity to limited cultural competency in frontline settings. LGBT+ survivors described the need for trauma-informed approaches that acknowledge the complexities of coming out or living in “small” communities, where confidentiality concerns can be acute. Some survivors avoided local services altogether, fearing further stigma or breaches of privacy.

Despite these challenges, there are clear pathways forward. Whilst professionals across Kirklees are hard-working, passionate and committed to supporting LGBT+ people experiencing DVA, we have – as a system – acknowledged that we can, and will, improve the way the LGBT+ people access, and experience our services.

Participants emphasized that effective support depends on inclusive practices, from mandatory LGBT+ cultural competency training to welcoming service environments—where simple changes, such as inclusive language or visible LGBT+ allyship symbols, can help survivors feel safer. Several voiced a desire for specific LGBT+ groups and champion roles within mainstream DVA services, acknowledging that not everyone requires an entirely separate service, but rather a network equipped to respond knowledgeably and sensitively to the realities of LGBT+ survivors.

To truly transform outcomes, we must unify around a shared purpose: ensuring no one is turned away or left unseen because of their sexual orientation or gender identity. Commissioners, voluntary organisations, social services, and other statutory agencies all have a part to play in embedding intersectional thinking and dismantling the silences that have long concealed LGBT+ people’s experiences of DVA.

Successful outcomes for people experiencing DVA depend on a diverse, dynamic range of interconnected services, each ready to listen, learn, and act. By coproducing solutions with those who have lived experience, we can forge a stronger and more responsive system. Let us come together—professionals, community advocates, and survivors alike—to create a future in which every LGBT+ person in Kirklees feels seen, heard, and supported. Our collective commitment will light the way to meaningful, lasting change.



No organisation can make a difference on their own... we all need to give the same level of service to the LGBT+ community.

Professional interviewed

This report highlights both lived and living experience and professional insights into DVA for individuals within LGBT+ communities. Furthermore, it outlines support recommendations which are aimed at enhancing the support available for LGBT+ survivors. For ease of reference, these recommendations are summarised at Appendix 6.

We acknowledge, however, that this report is only a beginning – bringing together national, regional and local strategies and experiences into one reference point where reflections can now be made, specifically in Kirklees.

Much more now needs to be done to ensure equitable provision and service access for LGBT+ survivors – the conversation begins here, and must move into a space when there is a better understanding of outcomes for LGBT+ people experiencing (and who have experienced) DVA.

From the above, commissioning, services and evaluation must take an iterative approach to ensuring there are safe, relevant and impactful services that LGBT+ people can, and do, turn to when they are experiencing (including dealing with the after effects of surviving) DVA.

This report is an invitation: to come together, explore, learn and to ultimately make sure we all, as one system, come together to ensure there is equitable and affirmative access to services for all who experience DVA in Kirklees.



Appendix 1. Additional information on DVA prevalence within LGBT+ community

There is emerging research into the experiences of LGBT+ DVA which adds to our body of knowledge and understanding. Largely driven by LGBT+ organisations, it is less clear if this influences commissioning, design and delivery of services at the local level. One of the professionals interviewed confirmed this as a concern, stating that;

"You can attend DVA strategic or operational MDT meetings and you will never hear reference to LGBT+ survivors or perpetrators, it's like they don't exist. I don't know of any other social group who gets ignored like this when their needs are known about".

Others, such as Stonewall, demonstrate that DVA directed towards men is worryingly high, noting that; *"A greater number of gay and bisexual men have experienced DVA from a family member or partner since the age of 16 than both men and women in general."*

Their finding shows that, of **gay and bisexual men**, half (49%) report that they have experienced at least one incident of DVA from a family member or partner since the age of 16. One in six men (17%) in general have experienced DVA from a family member or partner since the age of 16¹.

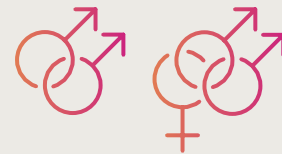
One in four **lesbian or bisexual women** have experienced DVA in a relationship. Two thirds of those say the perpetrator was a woman, one third a man.

Four in ten (39%) **lesbian or bisexual women** with a disability have experienced DVA in a relationship. More than four in ten (44%) of women who identify as lesbian or bisexual have experienced DVA for more than one year.



A greater number of gay and bisexual men have experienced DVA from a family member or partner since the age of 16 than both men and women in general.

Stonewall



49%

Gay and bisexual men and

17%

men reported **at least 1 incident of DVA** from a **family member or partner** since aged 16



1 in 4

lesbian or bisexual women have experienced DVA in a relationship

4 in 10

lesbian or bisexual women with a **disability** have **experienced DVA** in a relationship

44%

lesbian or bisexual women have **experienced DVA for more than one year**

1. Guasp, A., and Taylor J. (2014) Domestic Abuse: Stonewall health briefing, Stonewall

Appendix 2. Additional factors and intersectionalities experienced by people who identify as LGBT+

While LGBT+ survivors experience many of the same behaviours perpetrated towards heterosexual and/or cisgendered survivors, including forced marriage and honour-based violence, there are specific tactics used against LGBT+ survivors.

Galop² highlight³:

- threatening to disclose a person's sexual orientation and/or gender identity
- pressuring someone to keep sexual orientation and/or gender identity secret or to suppress it
- isolating someone from the LGBT+ community and events
- undermining romantic sexual orientation and/or gender identity
- trying to change sexual orientation and/or gender identity
- threatening to disclose/make public someone's HIV positive status, withholding HIV medication
- unwanted sexual contact
- corrective rape
- intentional exposure to HIV and sexually transmitted infections

Additionally trans people face having their birthnames used to refer to them; have the wrong pronouns used; be forced to perform a gender stereotype they do not wish to; forced to transition; assault of altered body parts, ridicule or exotification of the body and withholding treatment and/or controlling hormone for gender affirming medication.

Moreover, it is also worth noting that unlike cisgendered heterosexual people, LGBT+ people can (while also experiencing DVA) be subjected to hate crime, harassment, rejection, violence, and discrimination in public settings and within institutions (e.g. education, faith organisations and workplaces) where others, quite rightly, expect to be safe and welcomed.

On top of all this, Galop also points out that LGBT+ perpetrators often manipulate their victims into believing that there is no support for them and reinforce the notion that what is happening is not DVA.

The above is not an exhaustive list and this nuanced detail is what every DVA practitioner needs to have an understanding of when interacting with LGBT+ people experiencing DVA.

R

It is recommended that sourced training covers additional vulnerability factors around DVA that are experiences by the LGBT+ community.

2. Galop - the LGBT+ anti-abuse charity. https://galop.org.uk/wp-content/uploads/2021/05/Galop_domestic-abuse-03a-low-res-1.pdf

LGBT+

- Isolation
- Harassment
- Disclosure
- Manipulation
- Hate Crime
- Outing
- Using birth name
- Corrective rape
- Discrimination
- Pressure
- Rejection

Victims of crimes captured in the Ending VAWG Strategy will experience and respond differently depending on their unique experiences. It is important that LGBT+ people are not seen as a single homogenous group, and nor should it be assumed that LGBT+ people experience or perpetrate DVA in the same way as heterosexual, cisgender people.

Outing/Outed

The single form of abuse used solely towards LGBT+ people is threatening to disclose somebody's sexual orientation (or sometimes HIV positive status) to friends/family/colleagues/workplace/pupils. For some this can be detrimental to both personal and professional relationships and is more likely to impact older people or those in close-knit communities who may be ostracised as a result of being outed.

HIV status

Knowledge of a survivor's HIV positive status (and other sensitive medical data) can be used by perpetrators as a threat or to actually out someone's HIV status. In addition, and though treatment for HIV has advanced significantly so that transmission risk is greatly reduced from someone who is on effective treatment, the threat of transmission from a positive partner to a negative one can be an emotional and physical form of abuse.



Safety Considerations for Trans and Non-Binary individuals who are experiencing DVA

Although there has been some research published looking specifically at same-sex DVA and the prevalence rate of DVA for lesbians, gay men and (to a lesser extent) bisexual people, there has been almost no published research focused solely on transgender people's experiences of DVA in the UK. Of the research that has been undertaken it is estimated that 73% of transgender people have experienced transphobic harassment³ and the Scottish Transgender Alliance found that 46% of transgender respondents to their 'Transgender Experiences in Scotland' survey had experienced transphobic abuse within a domestic relationship⁴.

Although trans people will experience many of the same tactics used by perpetrators who are heterosexual and/or cisgender, there are also several risk factors which are more common or solely experienced by trans people. The examples given below have been evidenced in the academic research of Catherine Donovan⁵, research by organisations such as Stonewall, and the anecdotal evidence of the author.

Physical abuse

Perpetrators can physically assault somebody's surgically altered body parts, for example, assaulting the chest after top surgery.

Misgendering

Misgendering occurs when someone intentionally or unintentionally refers to or relates to a person or uses language to describe a person that doesn't align with their affirmed gender. For example, referring to a woman as "he" or calling her a "guy" is an act of misgendering.

A perpetrator can also use deadnaming. This is the act of referring to a transgender or non-binary person by a name they used prior to transitioning, such as their birth name.

It is important to acknowledge that, whilst the term "deadnaming" is controversial, it is still used by many within the trans community to describe the intentional use of the name assigned at birth to harass or cause distress to a trans person."

Financial dependence

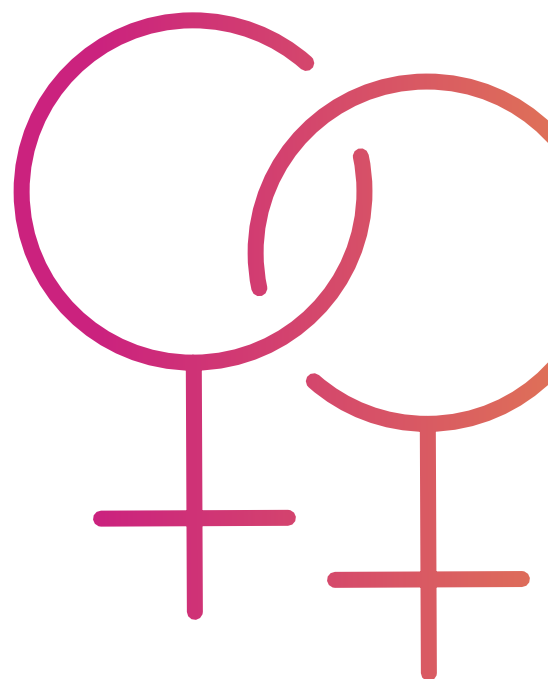
Research suggests that trans people are less likely to be in employment and are therefore far more likely to be financially dependent on a partner. As part of the transitioning process the person transitioning is expected to present as the gender they identify as. If the perpetrator withholds money, the trans person may not be able to buy clothes, wigs, makeup, binders, etc, which help with people's transition.

Isolation

Trans people may already experience increased isolation from friends or family once they have come out as trans and may have limited support networks. They may also not feel comfortable interacting with professionals or members of the community because of stigma, discrimination (perceived and actual), harassments, and hate crime. This can serve as a survival tactic, but it often leaves transgender individuals isolated and vulnerable within domestic abusive relationships.

Surgery

A perpetrator can force the victim to have surgeries that they have chosen on behalf of the victim, to make them look as the perpetrator wishes, especially if the perpetrator is financing the surgery. For trans people who do not have an income this creates an additional dependency as the power lies with the perpetrator.



3. Whittle, S., Turner, L. and Al-Alami, M. 2007 "Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination." The Equalities review.

4. Morton, J. 2008 "Transgender Experiences in Scotland." Scottish Transgender Alliance.

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

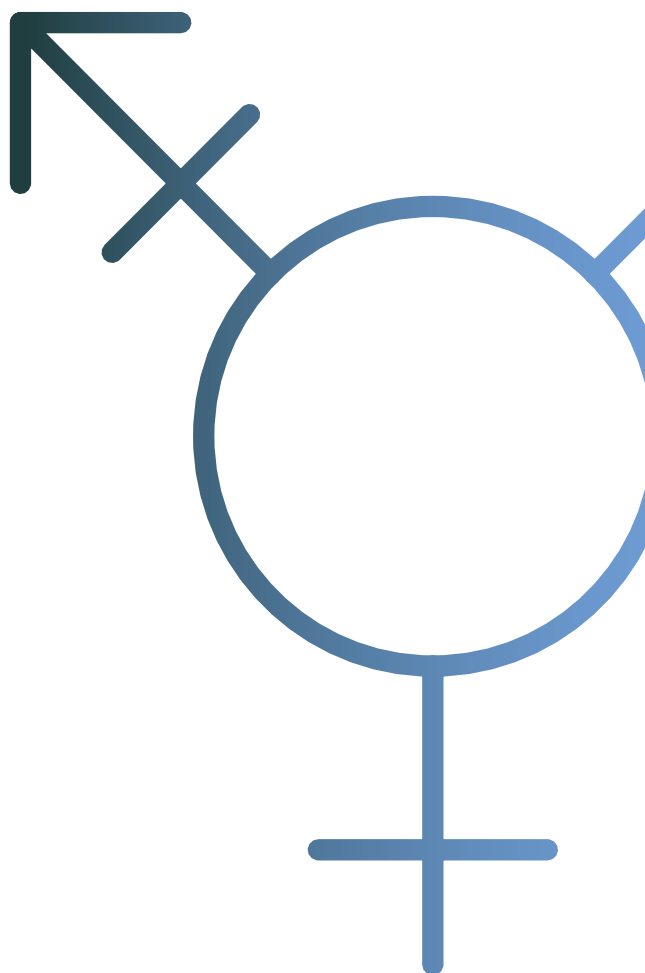
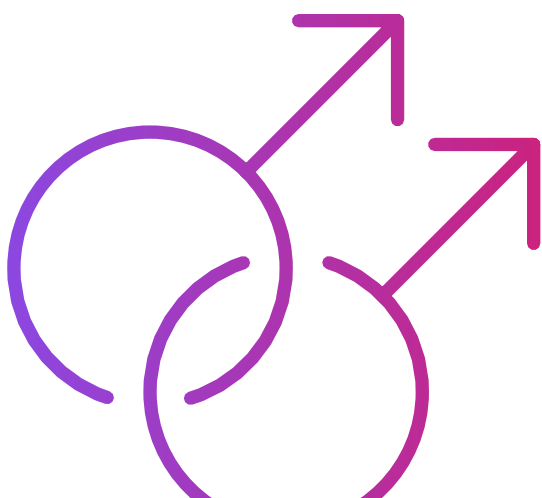
Honour Based Violence

Honour-based violence and/or abuse linked to LGBT+ people can happen if family/community members disapprove of a person's sexual orientation or gender identity, feeling that it brings 'shame' on their family or community. Honour-based abuse can take the form of a range of abusive behaviours and practices and is seen as restoring or correcting the status of the family/community to others. It is not endorsed by any religious institution and is often more culturally motivated. However, it is often linked to faith and belief, and also involves forced marriage, so-called 'corrective rape', kidnap, false imprisonment and even murder. The abuse often involves a number of family/community members, can be perpetrated by both men and women, and can be committed with or without the knowledge or approval of the wider family or community.

There is limited provision, locally and nationally, to explore intersectionality within the LGBT+ community. London holds examples of best practice such as [Imaan](#), an LGBT+ Muslim provision and [Sarbat](#), a social and support group for LGBT+ Sikhs. However, some black and brown people have experienced racism within the LGBT+ community, which might be a barrier to further engagement. [Stonewall](#) found that 51% of black and brown LGBT+ people experienced racism from the LGBT+ community.

Anti-LGBT+ honour-based abuse happens in all cultures, nationalities, faith groups, and communities.

Honour-based abuse is serious but the risks for LGBT+ children and adults are often not assessed properly. It is a more widespread problem for LGBT+ children and young adults than is currently acknowledged.



Appendix 3. Definitions

Definition of support

The following types of DVA support will be provided through the duty on local authorities in England and Wales under the DVA Act 2021:

- **Advocacy support** – development of personal safety plans, liaising with other services (for example, GPs and social workers, welfare benefit providers)
- **DVA prevention advice** – support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online) and to prevent re-victimisation
- **Specialist support** – for victims with specific protected characteristics and/or complex needs, for example, interpreters, faith services, mental health advice and support, drug and alcohol advice and support, and immigration advice
- **Children’s support** – including play therapy and child advocacy
- **Housing-related support** – providing housing-related advice and support, for example, securing a permanent home and advice on how to live safely and independently
- **Counselling and therapy** – for both adults and children

It is noted that the DVA Act does not make explicit reference to LGBT+ survivors, but speaks of this provision being made available for all survivors

Definition of DVA

For the purposes of this report, DVA is fundamentally understood to be about the misuse of power or control over someone else. This can be by family member (spouse, sibling, parent, or child, etc) or intimate partner (including ex-partners).

However, it is also important to identify the legal definitions. When referencing DVA throughout the Report, the definition of DVA used will be that of The DVA Act 2021, which defines DVA as follows:

(2) Behaviour of a person (“A”) towards another person (“B”) is “DVA” if—

- (a) A and B are each aged 16 or over and are personally connected to each other, and*
- (b) the behaviour is abusive.*

(3) Behaviour is “abusive” if it consists of any of the following—

- (a) physical or sexual abuse*
- (b) violent or threatening behaviour*
- (c) controlling or coercive behaviour*
- (d) economic abuse*
- (e) psychological, emotional or other abuse*
- (f) female genital mutilation*
- (g) honour-based violence*
- (h) forced marriage*

and it does not matter whether the behaviour consists of a single incident or a course of conduct.

Further guidance on the definition of economic abuse (personally connected and child) are available in the Act.

DVA and gender

The Report acknowledges and recognises the following:

- that a gendered analysis of abuse does not exclude men
- that women and girls are disproportionately affected by these particular forms of violence because of their gender
- a significant number of men and boys experience violent and abusive crimes that are captured within the Violence Against Women and Girls crime types such as:
 - DVA
 - all forms of current and historic sexual violence
 - stalking, and so-called ‘honour based’ violence/abuse (HBV/A), including forced marriage, as well as the risks and harms associated with prostitution and sex work

Kirklees is committed to preventing all forms of gender-based violence and addressing it wherever and however it occurs. We know that these crimes disproportionately affect women and girls (Violence Against Women and Girls – VAWG), which is why these crimes are captured within the cross-government [Ending VAWG Strategy and why they are acknowledged in the Kirklees VAWG Strategy](#), awaiting publication.

Appendix 4. Online survivor survey questions, survivor interview questions and professional interview questions

Online survivor survey

This survey makes reference to LGBT+ people. In this context LGBT+ stands for lesbian, gay, bisexual and transgender/transsexual people. However, it is recognised that those four letters do not necessarily include all those whose sexual orientation is not heterosexual, or whose gender identity is not based on a traditional gender binary. The '+' symbol is therefore used to include people whose identities do not fit typical binary notions of male and female, or who decide to identify themselves using other categories to describe their gender identity or their own understanding of their sexual orientation. This will include, for example, people who identify themselves as queer (a general term describing people not fitting into existing norms), questioning (people who explore their sexual orientation or/and gender identity), or pansexual (people who are attracted to all sexes and genders). It should be remembered, however, that some people may not want to identify themselves with any existing category.

- ☐ Please tick this box to confirm you are over 16 years old.
- ☐ Please tick this box here to consent to the information you provide being stored and analysed by Martin Training and Consultancy. The information collected will be used solely to inform the development of service delivery. Information will be stored for 2 years before being destroyed.
- ☐ Please tick this box here to confirm you understand that the information you provide is confidential and will be anonymised in any reports arising from the consultation.

You have the right to withdraw from the consultation at any point and have any information you have given destroyed.

Survivor survey questions:

- Do you identify as lesbian, gay, bi, trans, queer or other non-heterosexual identity?
- What age group do you fall within?
- Gender: How do you identify?
- Is the gender you identify with the same as you were assigned at birth?
- What is your sexual orientation?
- Are you a person living with a disability?
- What is your ethnicity?
- What is your current religion, if any?
- What age group (or groups) have you been within during the time or times of the abuse? Please select all that apply.
- Who was or were the perpetrator(s) of the abuse (the person or people who did the abuse)?
- What were the types of abuse that you experienced (please tick all that apply)
- Did you disclose the abuse to anyone (either during or after)?
- Who did you tell?
- Why didn't you tell anyone?
- Did you feel you needed any support for domestic abuse or violence issues either during or after you experienced it?
- What support did you need? Please select all that apply.
- What support did you access during or after the abuse?
- What, if anything, made it easy to access support?
- What, if anything, made it difficult to access support?
- How effective was the support provided?
- Please tell us a bit about why you felt the support was, or wasn't effective.
- Do you feel you have been discriminated against when accessing (or trying to access) support services for domestic violence or abuse?
- If there is anything more you'd like to say about your experience of discrimination in domestic violence or abuse services, please tell us here.
- What do you feel there needs to be more of for people experiencing LGBT+ abuse? This might be support services, or anything else.
- How would you improve support available for people experiencing or who have experienced domestic violence and abuse?

Survivor interview questions/guide for discussions:

As the questions were semi-structured, the below questions were used as a guide. However, the conversations were led by the participants.

- Introduction of participant, researcher and project
- Types of abuse experienced
- Available support
 - Who was the support?
 - How easy was it to access support?
 - Are you aware of any available support?
 - Where was the support?
 - How useful was the support?
 - Experiences within support
- Barriers to and gaps in support
- Recommendations for support
- Questions for the interviewer

Professional interview topics/guide for discussions:

As the questions were semi-structured, the below questions were used as a guide. However, the conversations were led by the participants.

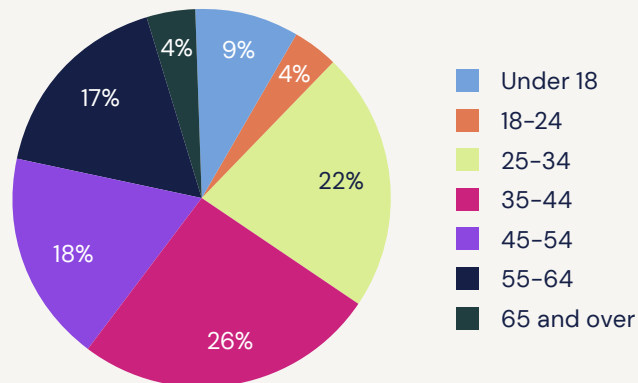
- Introduction of participant and their role and they work they do in Kirklees
- Are you aware of any specialist LGBT+ DA services locally?
- What is working well in Kirklees in relation to LGBT+ domestic abuse support?
- Do you think there are any voices within LGBT+ communities whose experiences around DVA are not often heard?
- What could be improved within Kirklees support?



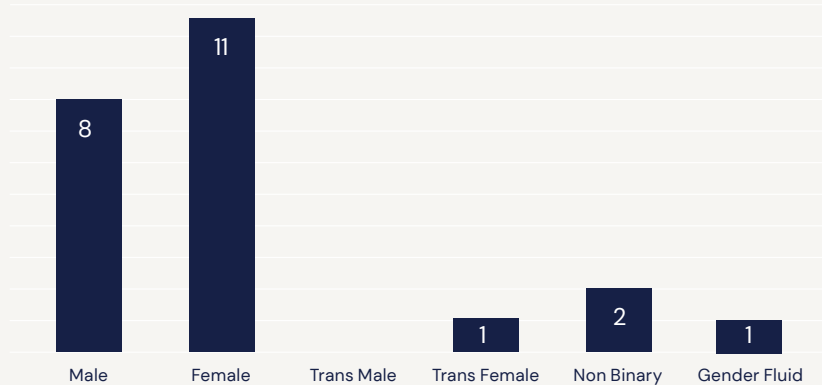
Appendix 5. Survivor demographics – online questionnaires and interviews

23 respondents to the survey who identified as LGBT+ people experiencing DVA.

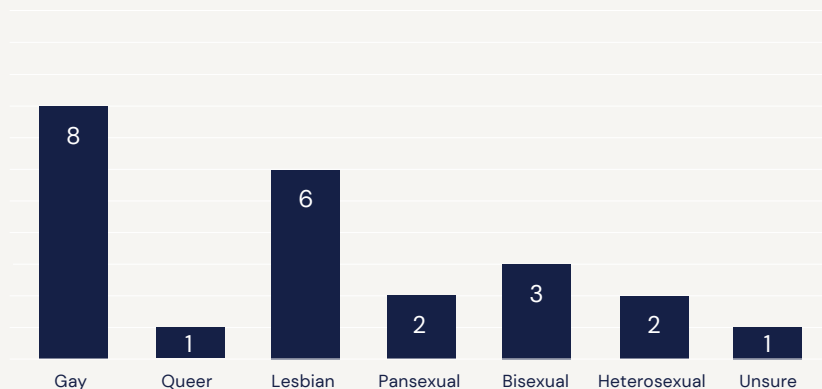
Age of respondents



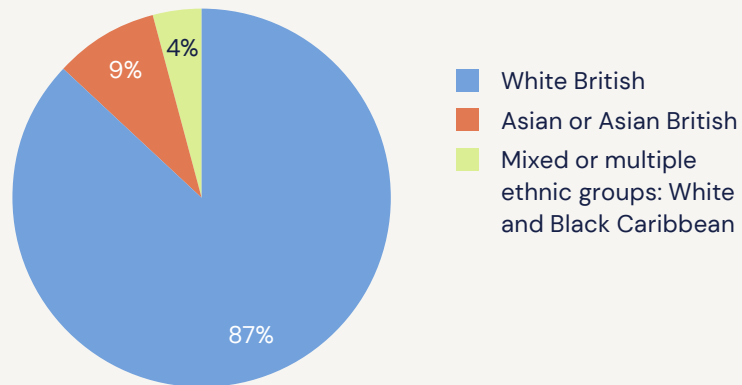
Gender of respondents



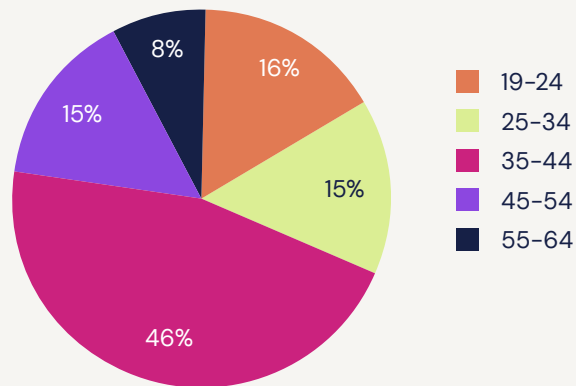
Sexual orientation of respondents



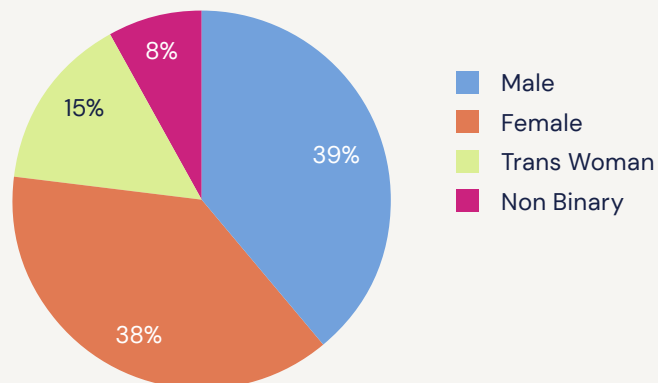
Ethnicity of respondents



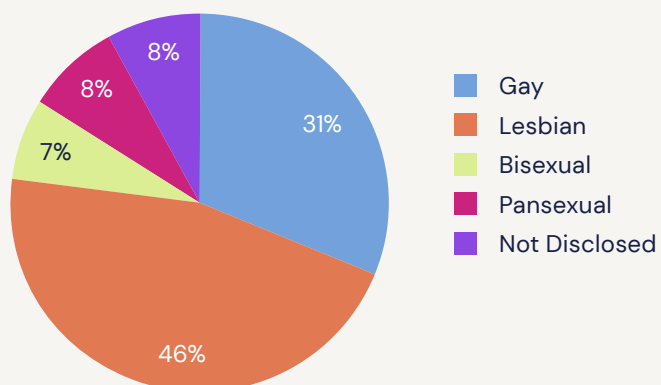
Age range of respondents



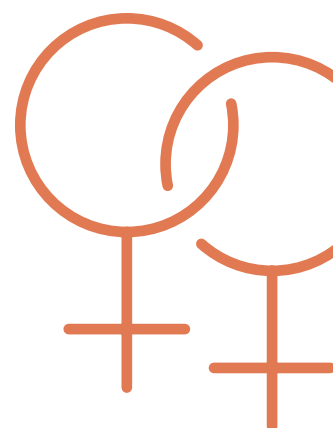
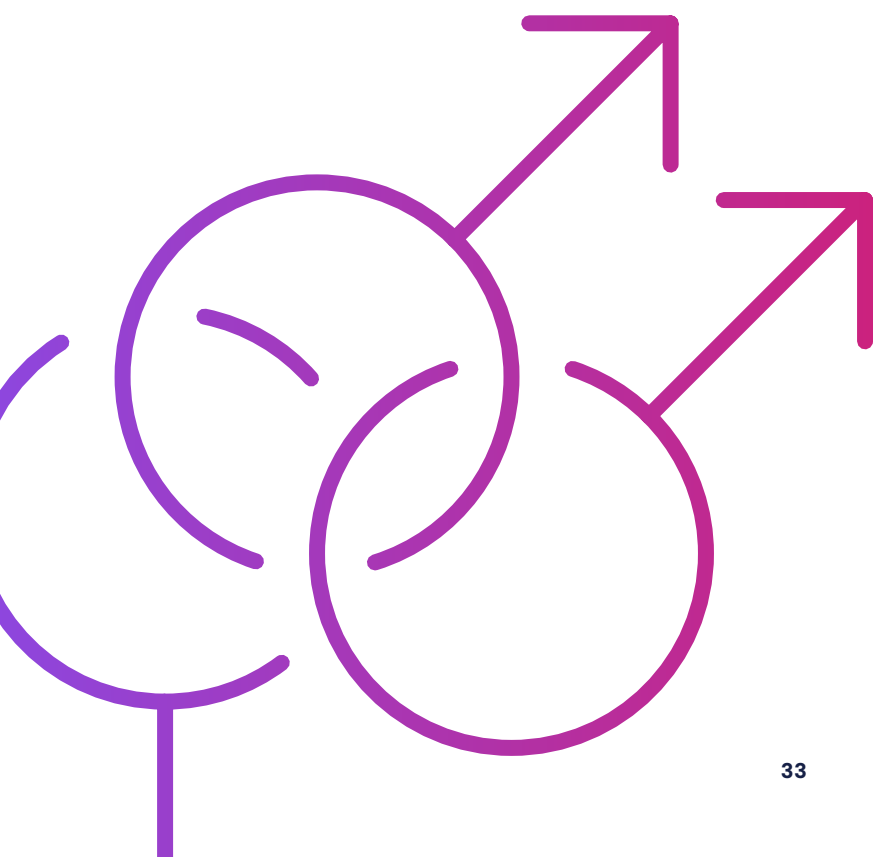
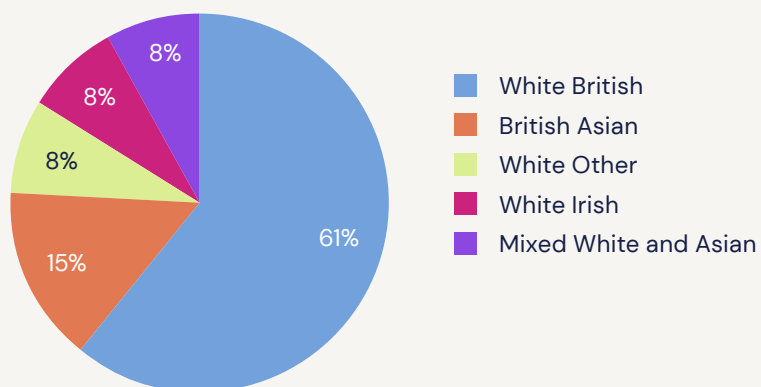
Gender of respondents



Sexual orientation of respondents



Ethnicity of respondents



Appendix 6. Summary of recommendations

R

A recommendation from the outset of this report is that equality-based monitoring is undertaken to build a picture of LGBT+ DVA (and DVA experienced by other minority and marginalised groups if they are not monitored). NHS England has produced a sexual orientation monitoring [information standard](#), which will guide those looking towards a more inclusive and equalities-focused way of monitoring those accessing their services. Furthermore, it is essential that West Yorkshire Police implement equality-based training and support for officers and staff centred around understanding the importance of collecting protected characteristic monitoring data so that it is carried out sensitively and correctly.

R

Further work needs to be done to understand **LGBT+ survivor experiences** and both commissioners and providers should lead this if they are to meet the needs of LGBT+ survivors and their community.

R

It is recommended that quality LGBT+ cultural competency training be made available across Kirklees, and that it is a mandatory requirement within service settings. In addition, a carefully planned community led awareness campaign must be delivered, raising awareness of LGBT+ DVA among professionals and the LGBT+ community (including their friends and families, given that 83% of survivors disclose to them).

R

Services developing LGBT+ cultural competency, using communications and marketing to show inclusivity, promoting that provision is confidential and being able to see survivors in other settings and venues would help reduce some of the anxieties described.

R

A number of survivors who were interviewed suggested a specific drop-in session or group programme for LGBT+ survivors of DVA, which may help make people feel safe, although there was acknowledgement that there may be reluctance from some people as the local LGBT+ community is small, and people often know each other. However, this is worth exploring as an option as commissioners and services improve their LGBT+ community engagement and coproduction.

R

There are issues to consider for those survivors who work locally in professional settings. This is unlikely to be an issue for LGBT+ survivors alone but any developments around this must give intentional consideration to LGBT+ survivors.

R

Recommendation to increase intelligence around LGBT+ experiences of domestic abuse from all services, particularly those providing DVA services within their communities.

R

It is recommended that the KBOP and partner agencies review their websites so they are LGBT+ inclusive, given the higher risk of homelessness among the community.

Quality LGBT+ awareness and cultural competency training would counter barriers, as would community engagement. A coproduction approach could be deployed to ensure the right engagement and impact.

R

Professionals were keen to see improvements made for LGBT+ survivors with 50% of those interviewed suggesting training that included lived experience be made widely available.

R

Other suggestions include developing a network of practioners who are skilled in LGBT+ DVA, who can be easily identified and contacted, and a need to conduct further consultations with LGBT+ survivors. These suggestions warrant further exploration and like many other recommendations do not necessarily need to cost a lot of money.

R

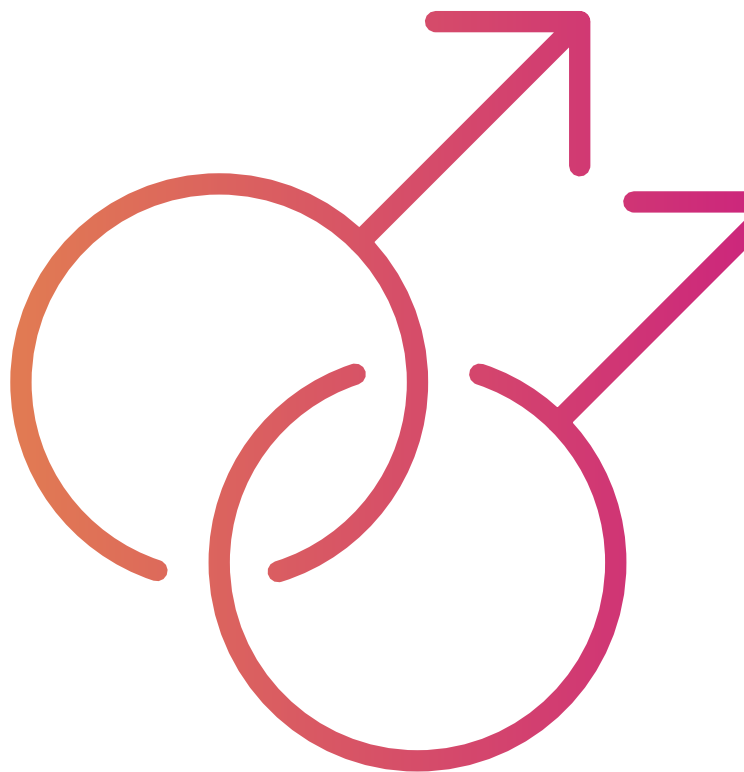
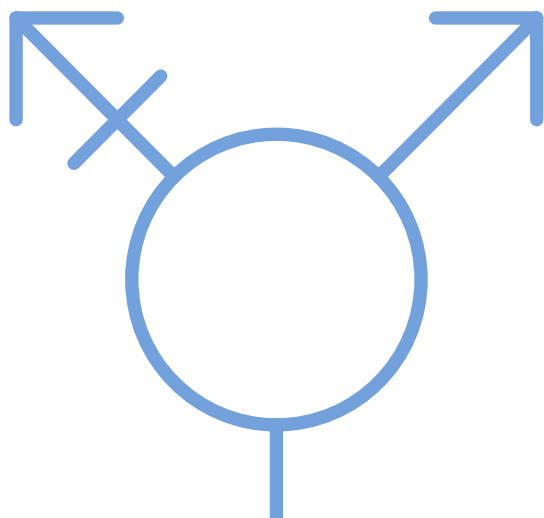
The Kirklees Domestic Abuse Strategy needs an urgent review if it is to be inclusive and meet the needs of all DVA survivors.

R

It may be helpful to revive the Protected Characteristics Working Group working group as part of a wider inclusivity agenda and to help drive forward the recommendations in this report, or to make clear why it isn't to be reconvened, and how the recommendations will be taken forward.

R

It is recommended that sourced training covers additional vulnerability factors around DVA that are experiences by the LGBT+ community.



Working together, to
explore, to learn, and to
ultimately make sure we
all, as one system, come
together to ensure there
is equal and affirmative
access to services for all
who experience Domestic
Violence Abuse in Kirklees.

thebrunswickcentre.org.uk

01484 469691

pdap.co.uk

0800 052 7222

WORKING IN
PARTNERSHIP
WITH:

