

P PREJUDICE POWER AND IDENTITY CONTEXT

Internalised stigma

- Internalised homophobia, biphobia, transphobia, lesbophobia, acephobia, arophobia or intersex stigma can turn prejudice into self-doubt, shame or a belief that abuse must be tolerated.
- A survivor may question whether they are 'queer enough', 'really' bi, trans or nonbinary, or entitled to safety, privacy, family life and affirming care.
- Past rejection, concealment or conversion practices may make control feel familiar and disclosure feel dangerous.

Externalised prejudice

- A person causing harm may express or weaponise homophobia, biphobia or transphobia through slurs, ridicule, misgendering, deadnaming, outing, erasure, threats or attacks on the survivor's body and identity.
- Family, community, faith settings, institutions or professionals may reinforce the abuse, minimise risk or pressure the survivor to change, suppress or conceal who they are.
- Externalised prejudice from professionals may be overt or subtle. Misgendering, intrusive questions, disbelief, visible discomfort or treating identity as the problem can reduce trust, disclosure and continued engagement.
- Prejudice may come from within and outside LGBTQIA+ communities.

Identity breadth and intersectionality

- Use the survivor's own terms. LGBTQIA+ includes diverse lesbian, gay, bi, trans, queer or questioning, intersex, ace and other identities, including pansexual, polysexual, nonbinary and gender-diverse people.
- Two-Spirit is a culturally specific identity used by some Indigenous peoples of North America; it is not a generic synonym for LGBTQIA+.
- Intersectionality recognises that identities and structural inequalities interact. Explore how sexuality, gender and sex characteristics combine with race, disability, neurodivergence, age, poverty, faith, migration, HIV or other health needs, language and geography.
- These intersections may change who holds power, what the survivor depends on, how their account is interpreted and which sources of safety are accessible.

R RELATIONSHIPS AND ROUTES OF HARM

Partners and ex-partners

- Abuse can occur in same-gender, different-gender, trans-inclusive, monogamous, polyamorous or other relationships; relationship structure does not determine risk.
- Do not assume who is harmed or causing harm from gender, presentation, size, transition history, sexual role or who contacted services first.

Family members and multiple perpetrators

- Parents, carers, siblings, adult children, grandparents, extended family or several relatives may cause harm. The survivor and family member do not need to live together for risk to be serious.
- Family abuse may involve rejection, isolation, forced marriage, 'honour'-based abuse, financial control, confinement or conversion practices.

Community and professional routes

- Faith or community leaders, practitioners, housemates or others may participate in conversion practices, sexual violence, harassment, hate crime or identity-based abuse.
- Some conduct may sit outside a domestic abuse definition but still requires safeguarding, criminal justice, health or specialist support. Do not withdraw help because one label does not fit.

I IDENTITY-BASED AND INTERLOCKING ABUSIVE STRATEGIES

Outing and privacy

- Threatening or disclosing sexuality, gender history, sex characteristics, HIV status, intimate images or relationship information without consent; controlling who is told, when and how.

Identity invalidation and erasure

- Misgendering, deadnaming, denying pronouns or identity, calling bisexuality a phase, treating pansexual or polysexual identity as promiscuity, or insisting an ace or aro person must be 'fixed'.

Bi-invisibility and bi-erasure

- Treating a bi person as straight or gay according to their current partner; excluding them from support or community; accusing them of inevitable cheating; sexualising them or demanding proof of identity.

Conversion practices

- Actions intended to change, 'cure' or suppress sexual orientation or gender identity, including coercive religious, cultural, psychological, medicalised, physical or sexual practices and deprivation of autonomy.

Body, disability and affirming care

- Targeting genitals, chest or surgical sites; withholding hormones, medication, mobility or communication aids, binders, prosthetics or records; blocking essential or affirming care; exploiting dysphoria, disability or intersex medical history.

Isolation and community control

- Blocking LGBTQIA+ spaces, chosen family or specialist services; policing clothing, expression, relationships or community contact; using racism, faith, immigration or local reputation to deepen isolation.

Sexual and reproductive harm

- Coerced or forced acts; sexual violence framed as punishment or 'correction'; reproductive coercion; sabotaging contraception, HIV medication, PrEP or safer-sex choices; using sexual role stereotypes to deny consent.

Interlocking domestic abuse

- Threats, stalking, surveillance, sleep disruption, economic abuse, child or pet-related control, counter-allegations and post-separation abuse may combine with identity-based tactics.

Professional prejudice

- Misgendering, deadnaming, disbelief, intrusive questioning, inappropriate curiosity or assuming identity caused the abuse may reproduce shame and make further disclosure less likely.

Single-sex and gendered spaces

- Trans and nonbinary survivors may fear being challenged, outed, excluded, placed unsafely or required to justify their identity when seeking refuge, health care, toilets, changing facilities or gender-specific support.

Intersectional and institutional gatekeeping

- Binary or inaccessible forms, racist or ableist assumptions, no safe interpreter, incorrect records, repeated identity checks or staff debates about eligibility may delay help or lead the survivor to disengage.

Family and community reinforcement

- Relatives or community members may validate the person causing harm, pressure professionals, supply information, undermine chosen family or present control and conversion practices as protection.

SAFETY IMPACT AND RESPONSE

Expanded practice context for cumulative harm, entrapment, disclosure and effective support

RESOURCE FOR LGBTQIA+ PEOPLE
Impact | Barriers | Response

S SAFETY IMPACT ENTRAPMENT AND DISCLOSURE BARRIERS

Cumulative impact

- Overlapping tactics can make daily life conditional and organised around avoiding consequences.
- Fear, hypervigilance, injury, sleep loss, trauma, depression, anxiety, substance use or suicidality may develop or worsen.
- Housing, work, money, parenting, health care, education and community connection may be disrupted.

Identity and entrapment

- The survivor may fear losing family, children, chosen family, faith or cultural community, immigration status, affirming care or the only LGBTQIA+ network available locally.
- Apparent compliance, concealment, placating, returning, self-defence or violent resistance may be survival responses and do not establish mutual abuse.

Recognition and disclosure

- They may name conflict, family pressure, discrimination, dysphoria or stress rather than domestic abuse.
- Fear of outing, misgendering, racism, ableism, immigration action, disbelief, arrest, retaliation or being blamed for family shame may delay help-seeking.
- Bi, pansexual, polysexual, ace, aro, intersex and nonbinary survivors may not see themselves represented in services.

Service and system barriers

- Forms and pathways may force binary gender, presume heterosexuality or treat a current partner's gender as proof of orientation.
- Professionals may minimise same-gender or family abuse, collude with conversion practices, misidentify the primary victim, contact unsafe relatives or communicate discomfort about the survivor's identity.
- Fear of being misgendered, outed, challenged or excluded from single-sex or gendered spaces may prevent trans and nonbinary survivors from approaching services at all.
- Inclusion requires accessible information, reasonable adjustments, culturally safe practice, safe interpretation and clear referrals.

PROFESSIONAL BARRIERS INTERSECTIONALITY AND ACCESS

How professional prejudice is experienced

- Externalised homophobia, biphobia, transphobia, lesbophobia, acephobia or intersex prejudice may appear through language, tone, avoidance, disbelief, excessive scrutiny, unsafe curiosity or a refusal to recognise identity.
- One poor response can confirm previous fears and reduce disclosure, attendance, trust and willingness to accept referral or follow-up.

Trans and nonbinary access concerns

- Survivors may worry about refuges, toilets, changing facilities, hospital wards, custody settings, sexual-harm services or gender-specific groups.
- They may anticipate being challenged, placed according to sex recorded at birth, outed to other residents, denied privacy or required to explain their body, documents or transition history.

Intersectional risk and access needs

- Race, disability, neurodivergence, age, poverty, faith, migration, health, language, care needs and geography can combine with LGBTQIA+ identity to shape risk, dependence and available options.
- Ask who controls care, communication, mobility aids, medication, money, documents or interpretation. Agree reasonable adjustments, accessible information, independent communication support and culturally safe referrals.

M MEANINGFUL RESPONSE AND FOLLOW-THROUGH

Recognise and affirm

- Take the account seriously. Use the survivor's name, pronouns and identity terms; do not require disclosure or proof.
- Identify pattern, context, intent, fear, impact and primary victimisation. Ask how prejudice, erasure or family pressure is being used.
- Do not assume risk, perpetration or consent from identity, body, race, disability, culture, faith, age, migration status, relationship type or sexual role.

Ask and assess

- Ask who causes harm, who supports it and who knows about the survivor's identity. Include partners, ex-partners, family and multiple perpetrators.
- Explore identity-based tactics alongside sexual harm, strangulation, stalking, suicide, weapons, children, immigration, racism, ableism, care dependency, communication needs and access to essential or affirming care.
- Build a timeline across first, last, worst and typical incidents, escalation and separation.

Safeguard without outing

- Agree safe names, pronouns, contact methods, messages and records. Explain confidentiality and information-sharing before naming identity to another person or agency.
- Plan for accessible communication, care and mobility, technology, housing, documents, medication, money, children, pets, travel, community networks and post-separation change.
- Do not contact relatives, faith leaders, interpreters or community members without checking safety and consent unless a lawful safeguarding duty requires action.

Connect and follow through

- Offer warm referrals to LGBTQIA+ by-and-for domestic abuse support and relevant IDVA, sexual harm, health, housing, legal, immigration, forced marriage, mental-health or safeguarding services.
- Check referrals are inclusive and accessible across identity, race, culture, disability, language, health and care needs. Agree reasonable adjustments rather than transferring the burden to the survivor.
- Record actions, rationale and ownership. Agree safe follow-up rather than relying on a single referral.

RESPOND URGENTLY WHERE REQUIRED

Follow emergency, medical and safeguarding procedures for immediate danger, serious injury, breathing restriction or non-fatal strangulation, sexual violence, weapons, stalking, threats to kill, suicide risk, forced marriage, planned travel, conversion practices involving coercion or harm, and danger to children or adults with care and support needs.

Where the survivor is under 18, follow child safeguarding procedures. In England and Wales, abuse involving a 16- or 17-year-old may require both domestic abuse and child safeguarding responses.