



UWL REPOSITORY

repository.uwl.ac.uk

Comparing abuse profiles, contexts, and outcomes of help-seeking victims of domestic violence: Part III – LGBT clients

Hine, Ben ORCID: <https://orcid.org/0000-0001-9732-4631> (2023) Comparing abuse profiles, contexts, and outcomes of help-seeking victims of domestic violence: Part III – LGBT clients. Partner Abuse: New Directions in Research, Intervention, and Policy (Partner Abuse), 14 (1). ISSN 1946-6560

<http://dx.doi.org/10.1891/PA-2022-0019>

This is the Accepted Version of the final output.

UWL repository link: <https://repository.uwl.ac.uk/id/eprint/9421/>

Alternative formats: If you require this document in an alternative format, please contact: open.research@uwl.ac.uk

Copyright: Creative Commons: Attribution-Noncommercial-No Derivative Works 4.0

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy: If you believe that this document breaches copyright, please contact us at open.research@uwl.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.

Abstract

The present study represents the third part of an exploration into the demographic characteristics, context and outcomes of abuse, and outcomes of service engagement for users of specialist Domestic Violence and Abuse (DVA) services in the United Kingdom (UK; see Hine, Bates, Mackay et al., 2022 and Hine, Bates, Graham-Kevan, et al., 2022 for parts I and II respectively). It delivers on a commitment made in those parts to provide an examination of LGBT clients (including in comparison to the cisgender, heterosexual or ‘cishet’ clients examined in parts I & II, hereby known as ‘non-LGBT’). The current study utilised a large-scale quantitative data set of 35,882 clients presenting to specialist DVA services within the UK between 2007 and 2017, including 34,815 non-LGBT and 1,067 LGBT clients. Several areas of similarity between the two subsamples were identified, including some of the types of abuse reported, referral routes, and outcome upon exit from services. Significant differences were also found. For example, the LGBT subsample was found to be significantly more likely to present to services with substance use and mental health issues (including self-harm) and were also more likely to have their case progressed by the Crown Prosecution Service (CPS). The findings are discussed along with recommendations for future research and practice, centred around the provision of gender and sexuality-inclusive provision which acknowledges differential risks of LGBT clients, and how these reflect their experiences as a ‘minority’ population (i.e., so-called ‘minority stress’).

Keywords: domestic violence; LGBT; help-seeking; service engagement; service provision; gender and sexuality inclusivity

Introduction

The present study represents the third part of a detailed exploration of domestic violence and abuse (DVA) victimisation, specifically intimate partner violence (IPV), and service use, with the aim of informing gender and sexuality-inclusive provision. Parts I (Hine, Bates, Mackay, et al., 2022) and II (Hine, Bates, Graham-Kevan, et al., 2022) of this investigation found many similarities between cisgender, heterosexual (or ‘cishet’) male and female clients but also important differences including differential risk probabilities for male versus female clients. In both parts, the need for an examination of LGBT clients was identified, and upcoming work was promised, as very little is known about LGBT victim presentation and engagement with services, and to what extent their needs differ from ‘cishet’ victims. Indeed, LGBT victims are generally under-represented in IPV research more broadly (Morin, 2014), including studies exploring service needs (Bates & Douglas, 2020). The current paper therefore explores the needs of self-identified LGBT victims¹ upon presentation to, and exit from, services. We also explore the extent to which services appear effective at meeting their LGBT clients’ needs, as well as criminal justice outcomes (both independently of, and in comparison to, the ‘cishet’ clients examined in parts I & II).

Research examining available DVA provision in the UK suggests that there exists a distinct lack of effective and specialist and/or tailored support for LGBT clients (Bates & Douglas, 2020). For example, Donovan et al. (2021) found only thirteen organisations within England and Wales that identified as providing support to LGBT+ individuals, with some geographical regions containing no such service (e.g., the South West, North East of England, and the entirety of Wales). Moreover, some of these services failed to meet one or more of the authors’ 11 identified criteria of LGBT+ inclusion. Four of the identified services (30%) were so called ‘VAWG/DA organisations (as opposed to ‘By and For’ services), and on every measure of inclusion where a discrepancy was registered between these two types of service, VAWG/DA organisations scored lower (e.g., with 0% of these services asking service users for their pronouns compared to 88% of ‘By and For’ services). It can therefore be argued that even though specialist provision exists within the UK, it is extremely limited, and even when created with an LGBT client population in mind, may still not be rigorously inclusive. Moreover, where provision in the UK is provided by so-called ‘generic’ services,

¹ For reference, throughout this manuscript, this term captures clients who self-identified as LGBT when presenting to services, without any delineation regarding the structure of their relationship in relation to gender identity and sexual orientation (i.e., it refers both to LGBT clients in relationships with other LGBT individuals and those in relationships with those identifying as heterosexual)

which include LGBT IPV victims within existing service frameworks typically developed for ‘cishet’ female victims (an approach consistent with most mainstream healthcare provision; Parameshwaran et al., 2017), this is likely to not meet important inclusivity criterion. Moreover, the feminist philosophies of most DVA service provision may be problematic, particularly for trans victims (Jordan et al., 2020), as they represent and reinforce extant stereotypes which characterise IPV as exclusively perpetrated by ‘cishet’ men towards ‘cishet’ women (Cannon, 2015; Dobash et al., 1992; Hine, 2019) which further exclude LGBT victims from support and this area of provision more broadly. As a result, it could be argued that the majority of services in the UK are currently unlikely to be engaging with, or meeting the needs of, non ‘cishet’ female victims without significant adaptations to both direct service provision, but also organizational culture and core values (Furman et al., 2017).

The necessity of such services cannot be understated when exploring data revealing the prevalence of violence within LGBT relationships, their unique experiences of violence and associated needs, and the various help-seeking issues experienced by this population. Within the United Kingdom (UK) an estimated 2.7% of the population aged 16 and over identify as lesbian, gay or bisexual (LGB) (Office for National Statistics, 2021), increasing from 1.2 million in 2018 to 1.4 million in 2019². There is currently no reliable data on the prevalence of transgender identities in the UK, though this information was collected in the 2021 census for England and Wales and should be available later in 2022 (the current estimate stands at between 200,000 and 500,000; Government Equalities Office, 2018). IPV is generally found to be more prevalent in LGBT populations (e.g., Burke & Follingstad, 1999; Harland, Peek-Asa & Saftlas, 2021; Stonewall, 2012), for example bisexual women are nearly twice as likely to have experienced abuse from their partner as heterosexual women (10.1% compared with 6.0%) (Office for National Statistics, 2019a) and transgender IPV prevalence rates may be as high as 50% (Langenderfer-Magruder et al., 2014). However, despite this higher prevalence only 3% of the IPV research explores these populations (Calton et al., 2016; Harland et al., 2021; Morin, 2014).

Within the research that has explored violence in relationships involving LGBT individuals, several important areas of convergence and divergence are identified. For example, Calton et al., (2016) found that LGBT victims experience similar types of IPV to ‘cishet’ victims, but that relationships involving LGBT individuals are more likely to be

² However, it is worth noting here that official estimates relating to sexual orientation are likely to be an under-representation due to under-reporting relating to stigmatisation and concealment).

bidirectionally abusive than heterosexual relationships (Edwards et al., 2015). LGBT victims also experience additional *types* of abuse such as ‘outing’ and disclosure of sexual identity, limiting or controlling access to LGBT spaces or resources, producing reliance on the abusive partner due to a lack of social support or acceptance for the LGBT victim, and general identity-related abuse, such as ‘dead-naming’ (Brown, 2011; Galop, 2019b; Halpern et al., 2004; Magić & Kelley, 2018; Safelives, 2018; Stokes, 2021b). In relation to risk factors predictive of victimisation, LGBT victims appear to share many of these with ‘cishet’ victims including racial minority status, lower socioeconomic status, younger age, deaf or hard of hearing, substance use/abuse/dependence, binge-drinking, low self-esteem, risky sexual behaviour, victim blaming attitudes, lack of power in relationships, attachment anxiety, child abuse, witnessing IPV as a child, experiencing familial abuse, experiencing homelessness, victimization in peer networks, psychological and physical health problems, history of sex work, and history of incarceration (Edwards et al., 2015; Langenderfer-Magruder et al., 2016). However, there are also risk factors that are more prevalent in LGBT victims (i.e., HIV status, substance use/misuse, mental health issues) or unique to this population (internalised homophobia/internalised homonegativity, transphobia, and ‘bisexual invisibility’/biphobia; Edwards et al., 2015; Galop, 2019b, 2019c; Safelives, 2018; Stokes, 2021a, 2021b). It can thus be argued that LGBT victims occupy a position in relation to non-LGBT victims similar to that of ‘cishet’ male victims in relation to ‘cishet’ female victims – as ‘same but different’ (Hine et al., 2021), meaning that both groups share many needs, as well as face gender and sexuality-specific challenges.

Interestingly, Edwards et al., (2015) commented “... it appears that one’s own feelings regarding one’s orientation are more strongly linked to victimization than the feelings of others” (p.114). This suggests that victim’s identities and experiences as LGBT individuals are strongly tied to their experiences of IPV specifically, a position supported by Calton and colleagues, who found that LGBT victims of IPV experienced additional stress from being minorities in terms of their sexuality. This is supported by Meyer’s (2003) Minority Stress Theory, which proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization (Marshall et al., 2008; Meyer, 2003) and may ultimately impact access to care. What’s more, this so-called ‘minority stress’ was particularly acute in those clients who belonged to other recognised ‘hidden’ victim groups (e.g., male and/or ethnic minority background victims),

suggesting the need for an intersectional awareness of needs and barriers to engagement (Hine, Bates, Mackay, et al., 2022; Hine et al., 2021).

The more holistic recognition of the influence of the lived experiences of LGBT individuals on their experiences of IPV specifically is reflected in work attempting to understand barriers to service engagement. For example, Calton et al., (2016) found that LGBT victims faced significant barriers to help-seeking represented by a limited understanding of LGBT IPV specifically, as well as the more generalised stigma associated with the LGBT community, and the systemic inequalities experienced by this population (Calton et al., 2016; Galop, 2019a; Safelives, 2018). There is also a reported lack of general awareness of LGBT experiences of IPV within service providers (Furman et al., 2017; Laskey & Bolam, 2019; Safelives, 2018), which may further undermine LGBT victims' faith in reaching out for support. Crucially, the lack of awareness described above also translates to policy frameworks and associated funding (particularly in an economy operating within austerity measures; Donovan & Durey, 2018), with a chronic lack of specialist service provision (Donovan et al., 2021; Tesch & Bekerian, 2015) resulting in exacerbation of visibility issues (i.e., if services aren't available for victims to engage with, they remain invisible, resulting in a lack of commissioned services and so on) as detailed above. Edwards et al (2015) supports these findings, identifying several barriers to formal help seeking, including: lack of tailored services available, a lack of awareness of services, worries regarding the sensitivity of service providers to LGBT issues, not being 'out', silencing within the LGBT community, distrust regarding providers, concerns around their use of defensive aggression being interpreted as primary perpetration, shame regarding their sexuality, concerns around not being taken seriously, and the fear that their children could be taken (a concern exacerbated by the stringent policy and assessments in place around adoption by LGBT couples). Indeed, analyses by Donovan and Barnes (2020) have demonstrated how both cisgendered heteronormativity and LGBT invisibility permeate help-seeking experiences at individual, interpersonal and socio-cultural level, and thus provide multiple barriers for LGBT victims to overcome. It is also worth noting that engagement with specialist services can often involve evoke simultaneous engagement with law enforcement agencies, with which the LGBT community has a complicated and largely negative history (Dwyer, 2014; Knight & Wilson, 2016; Owen et al., 2018), and avoidance of these institutions may provide a strong motivator for low engagement. Among victims who do seek formal support, it is frequently reported that a lack of tailored provision results in their needs not being met to the extent that the experience is described as unhelpful or even harmful

(Edwards et al., 2015), particularly when reactions from services were overtly or indirectly negative or discriminatory (i.e., through macro or microaggressions). Within small, close-knit LGBT communities, it is also distinctly possible that an individual's negative experience could be transferred to others through 'vicarious trauma' (Branson, 2019), and discourage further help seeking.

Reassuringly, when services are tailored to LGBT needs, victims report feeling that engagement was generally helpful, with positive features of these services being; directly addressing IPV, being knowledgeable, resourceful, non-judgmental, non-heterosexist, and focused on self-empowerment (Donovan et al., 2021; Safelives, 2018; Santoniccolo et al., 2021). This is particularly evidenced in LGBT individuals that still 'fit' the overarching characteristics of the 'cishet' female clients who typically use these organisations, for example, bisexual and transgender women, who generally report that engagement has a positive impact on their lives (Stokes, 2021a, 2021b). Such findings reinforce observations that DVA service provision is still largely 'cishet' female-centric, and support the burgeoning literature suggesting that specialist provision structured around gender and sexuality-based needs is critical (Bates & Douglas, 2020; Hine, Bates, Mackay, et al., 2022; Hine et al., 2021).

As argued in parts I and II, a lack of service data on the characteristics, needs, and outcomes of client groups engaging with services, particularly in direct comparison with one another, may form part of the limiting factors in developing effective provision. This is no more so the case than with LGBT clients, who are chronically under-represented in research on IPV. As such, the current study sought to explore the experiences of LGBT victims who presented to, and exited from, UK DVA services between 2007 and 2017 (both independently, and in comparison to, the 'cishet' clients examined in parts I and II).

Method

The data for the present study is generated from the same dataset utilised in parts I and II, exploring the profile and needs of clients abused by opposite-sex partners upon initial presentation to, and exit from, services (Hine, Bates, Graham-Kevan, et al., 2022; Hine, Bates, Mackay, et al., 2022). A full overview of the origin and preparation of that dataset can be found in those publications. However, in brief, the dataset for the present study was provided by a nationwide charity in the UK dedicated to ending DVA for all persons. The charity gathers data from DVA charities and organisations across the UK who work with

predominantly ‘high-risk’³ clients through a dedicated portal, collected from victims by service providers upon their engagement with, and exit from, frontline DVA services between 2007 and 2017. Services providing data are located across the UK, with most being in England and Wales (with the highest concentration in Northwest and Northeast of England). Data was mostly collected by independent domestic violence advisors (IDVAs⁴), or other outreach professionals, including those working at refuge services. For most of the variables, including questions around mental health, a combination of professional assessment by the caseworker and specific reporting by the client was utilised to make a judgement as to whether the client is suffering from issues in this area (formal tools for example mental health assessments were not routinely utilised). All services providing data were frontline DVA services, including refuge and outreach services, and many worked exclusively with ‘cishet’ female clients (and that these were typically services originally commissioned for ‘cishet’ women in the first instance).

Preparation of Sample

In parts I and II (Hine, Bates, Graham-Kevan, et al., 2022; Hine, Bates, Mackay, et al., 2022), several exclusions were applied to a large-scale dataset to generate a sample of cisgendered, heterosexual male or female clients abused by opposite-sex partners (hereby known as the ‘non-LGBT’ sample, and which constitutes the comparative group in the analysis described below). This included steps such as removing clients where no perpetrator gender was provided, and where ‘Don’t Know’ responses were provided for key variables (such as client gender). This process included excluding clients who explicitly identified as being lesbian, gay, bisexual (LGB) and those who reported a differing gender assigned at birth to current gender identity (i.e., transgender, T; there were no Intersex clients)⁵. This group now constitute the subsample of interest in this study. As such, out of an original sample of $N = 64,111$ cases, for analysis on presentation to services, a ‘non-LGBT’ subsample ($n = 34,815$) and LGBT subsample ($n = 1,067$) were generated. For exit from services, the subsamples were $n = 27,876$ and $n = 843$ respectively.

³ In the UK, a designation of ‘high-risk’ is predominantly made in response to a client achieving a certain threshold on a version of the Domestic Abuse, Stalking and Honour-Based Violence (DASH) checklist. This can either be through achieving an objective number of ‘ticks’ in response to questions (most commonly 14), or through a combination of said ticks and an overall professional assessment by the professional completing the DASH. Please see Part I for a detailed discussion regarding the efficacy of the DASH assessment process.

⁴ An Independent Domestic Violence Advisor (IDVA) is a specialist professional who works with a victim of domestic abuse to develop a trusting relationship. This role is designed and commissioned to work predominantly with high-risk clients.

⁵ Gender and sexuality identities were self-reported by clients. For sexual orientation, clients were asked to choose their identity from a list of options, including ‘Prefer not to say’ (and these clients were subsequently excluded. For gender identity, two questions were asked. Gender identity at birth, and whether this was different now. Those who answered yes to the latter were included as transgender clients. Of course, clients could belong to both the LGB and T groups, and were included if they belonged to one of or both of these groups.

Analytic Plan

A similar analytic approach is taken to parts I & II, with several focused areas of analysis, split across three areas of interest, a) presentation to services, including the demographic characteristics, routes of referral into service, context of abuse, reported abuse types, and outcomes and risk factors of abuse, b) exit from services, including a re-assessment of the above alongside further service outcomes and engagement with other services, and c) criminal justice outcomes. Within each of these areas (and associated tables), descriptive data is first described, followed by relevant inferential analysis assessing differences between non-LGBT and LGBT clients.

Again, further information on the types of data and associated analyses can be found in parts I and II. However, in brief, for continuous data (i.e., measurement scores), independent sample *t*-tests were conducted, with significant results showing that one group scored more/less on a particular measure. For categorical data (i.e., with a yes/no outcome) binary logistic regressions were conducted, with significant results suggesting a higher probability of the presence of a particular case characteristic or factor for one group. The reference category was always the group showing the lower frequency of the two (as indicated below tables) with significant odds ratios suggesting a higher probability of the presence of a particular case characteristic or factor for the last category. It is worth noting that, even though the non-LGBT and LGBT subsamples are unequal, binary logistic regression is appropriate when subsamples constitute more than 1% of the overall sample (King & Zeng, 2001). For some questions, sub-samples fell below this threshold, and analysis was not conducted in these cases. Some questions allowed clients to provide multiple selections (e.g., Sustainability in reduction in Risk, Confidence in approaches other services for support). For these questions, it was not possible to conduct an analysis of distribution (i.e., Chi Square) as counts could appear in multiple cells and skew results. Instead, binary logistic regressions were conducted on each answer option, and results should therefore be interpreted with caution. Some questions were single selection multiple-choice questions (i.e., with more than just a yes/no option). For these variables, additional dummy variables (1 = yes, 0 = no) were created for each selectable option to allow for inferential analysis (and options such as 'Don't Know' were recoded as missing data).

Effect sizes are reported throughout, with Cohen (1962) outlining that small effect sizes ($d = .2$) *would not* be readily perceptible to an observer; medium differences ($d = .5$) would be large enough to be noticeable to someone looking for the difference; and a large effect size ($d = .8$) would be “so obvious as to virtually render a statistical test superfluous”

(p. 150). For effect sizes to interpret *t*-test analysis, Cohen's *d* is appropriate. In terms of interpreting the clinical significance of the odds ratios (OR), Chen, Cohen and Chen (2010) suggest that authors could interpret OR by relating it to differences in a normal standard deviate calculated from the respective probabilities being compared. Therefore, where OR justify this, effect sizes will be calculated using the Chen et al. (2010) method. As in part I (Hine et al., 2021), where differences are highly significant, but effect sizes are very small (i.e., $< .2$) these are noted in the tables but will not be discussed in the results or discussion in detail as the effects are likely to be clinically meaningless. For Chi Square analyses, Cramer's $V (\Phi_c)$ will be reported. Values fall between 0 and 1, with the higher the value indicating greater effect size, and 0.1 representing a minimum value to demonstrate a meaningful relationship between the two variables (Cramér, 1999). All values will be reported, with observations of strength noted.

Results

Demographic Data

Demographic data from the non-LGBT subsample is described in parts I and II of this investigation. For the LGBT subsample, the mean age was 32.72 years old (min = 16, max = 83, SD = 10.33) with LGBT clients being significantly younger than non-LGBT clients, $t(35880) = 3.42, p < .001$ (though the effect size was negligible, $d = .11$, and age ranges were very similar). Eighty-eight percent of the clients identified as White with the remaining 12% identifying from a wide range of different ethnic backgrounds including Other White Backgrounds (2.4), African (1.4), Asian/Asian British (1.2), and Black/Black British (1.0). This compared to 90% of the non-LGBT subsample.

There were more women (891) than men (176), with 127 (14%) of those women and 6 of those men (3.4%) identifying as transgender women and men. In terms of sexual orientation, 513 (48.2%) identified as bisexual, 263 (24.6%) as lesbian, and 165 (15.5%) as gay. One Hundred and twenty-four (11.6%) identified as heterosexual and these were exclusively individuals who also identified as transgender (See Table 1). Interestingly, some cisgender individuals chose categories that were seemingly contradictory (i.e., cisgender male client identifying as lesbian). However, this is most likely reflective of either a) queer individuals in the sample who one of these more restrictive categories offered but do not rigidly identify using these labels, or b) participants using sexual orientation labels to describe the gender they are attracted to, not necessarily in *relation* to their identified gender.

[INSERT TABLE 1 ABOUT HERE]

For descriptive purposes only, the LGBT sample was further split by client gender and perpetrator gender (see Table 2). The three largest groups were bisexual women with male perpetrators (40.8%), lesbian women with female partners (19.4%), and heterosexual transgender women with male perpetrators (14.4%). These figures reflect the information presented above that the services providing data for this study work with and were predominantly designed for women (particularly ‘cishet’ or ‘cishet presenting’ women), and should be taken into considering when interpreting the statistical analyses hereafter.

[INSERT TABLE 2 ABOUT HERE]

Referral into Service

Most clients came to their service through either a police referral or self-referral (see Table 3). LGBT clients were more likely to be referred from another DVA/SV Service or through housing routes, and less likely to come through children’s services (though these effects were negligible). More than half of the clients were explicitly identified as high-risk, with no differences found between subsamples. Around half of the sample met the MARAC⁶ threshold, with LGBT clients more likely to do so. Small percentages of the sample had no recourse to public funds⁷, an indefinite leave to remain⁸ application required, or an interpreter required (LGBT clients were less likely to need the latter, but again effects were negligible).

[INSERT TABLE 3 ABOUT HERE]

Context of Abuse (Presentation)

There were generally low levels of additional vulnerability within the sample, though LGBT clients were significantly more likely to have physical, learning, or other needs, as well as simply having an additional need overall (see Table 4). It is important to note that this may be a reflection of how additional vulnerabilities make clients more visible to services and provide additional entry points, rather than an objectively higher prevalence of these traits within this population. Most of the sample was not employed, and this was significantly more likely for LGBT clients, though subsamples did not differ on financial situation. LGBT clients were significantly less likely to have children living in or visiting the households, with a moderate effect size. They were also significantly less likely to be pregnant, and none of the LGBT subsample had received involvement from child/youth protection services (CYPS).

⁶ In the UK, the Multi-Agency Risk Assessment Conference (MARAC) is a monthly risk management meeting where professionals from various organisations and/or services share information on high-risk cases of domestic violence and abuse and put in place a risk management plan.

⁷ When granted a residence permit in the UK, it may include the condition that the individual has no recourse to public funds – meaning that they will not be able to claim most benefits, tax credits or housing assistance that are paid by the state.

⁸ Indefinite leave to remain (ILR) or permanent residency (PR) is an immigration status granted to a person who does not hold the right of abode in the United Kingdom (UK), but who has been admitted to the UK without any time limit on their stay and who is free to take up employment, engage in business, self-employment, or study. When indefinite leave is granted to persons outside the United Kingdom it is known as indefinite leave to enter (ILE).

[INSERT TABLE 4 ABOUT HERE]

Most clients were abused by an ex-partner, with LGBT clients more likely to be abused by an intermittent intimate partner. Around half of abusers had a criminal record and had been abusive in other contexts. Most clients were not living with their abusive partner, but this was slightly less likely for LGBT clients, and clients in this subsample were more likely to have multiple perpetrators. There were low levels of risk for forced marriage (FM) or honour-based violence (HBV), with no differences observed (though this may be related to the sample relating exclusively to IPV, rather than familial abuse as the context in which these abusive behaviours are more likely to manifest). Interestingly, LGBT clients were less likely to report having been previously abused (as represented by a categorical yes/no variable) but had no differences in the summed total amount of previous abuse experienced (and it should be noted that all effect sizes were negligible except for findings on pregnancy, which were moderate).

Profile of Abuse (Presentation)

When examining occurrence (see Table 5), physical abuse and harassment/stalking followed similar patterns, with just over one third of clients describing the incidence as ‘high’, whilst another third stated that this type of abuse had not occurred. For jealous/controlling abuse, reporting for ‘high’, ‘moderate’, and ‘standard’ were all slightly higher, with a much lower percentage reporting ‘none’. The lowest frequencies were for sexual abuse, with three quarters of clients reporting ‘none’. Reporting across all types of abuse was broadly similar for non-LGBT and LGBT clients, however chi square analyses revealed that variations were significant. For example, LGBT clients had higher reporting rates in the ‘high’ and ‘moderate’ categories, and lower reporting rates in the ‘none’ category, for both physical ($\chi^2(3) = 35.09, p < .001, \Phi_c = 0.03$) and sexual abuse ($\chi^2(3) = 25.24, p < .001, \Phi_c = 0.03$). However, patterns for harassment/stalking and jealous/controlling abuse were not significantly different, and all effect sizes were small.

[INSERT TABLE 5 ABOUT HERE]

Table 6 provides further information regarding the occurrence and nature of the abuse. Specifically, approximately two thirds of clients had experienced some form of physical or harassment/stalking abuse in the last three months (regardless of severity). This was higher for jealous/controlling behaviours (approx. 80%) and lower for sexual abuse (approx. 20%). LGBT clients were significantly more likely than non-LGBT clients to have physical abuse ($d = .19$) and sexual abuse recorded ($d = .16$) (though it should be noted that effect sizes are very small). No differences were found in the frequency of reported

harassment/stalking or jealous/controlling behaviours. Most cases were current (approx. 90%), and there was no difference between subsamples. The average length of abuse was just over five years ($M = 5.32$, $SD = 12.65$), and LGBT clients reported a significantly shorter abuse length ($M = 3.94$, $SD = 5.28$) than non-LGBT clients ($M = 5.36$, $SD = 12.79$), $t(35750) = 3.54$, $p < 0.001$, $d = 0.14$.

[INSERT TABLE 6 ABOUT HERE]

Outcomes of Abuse and Risk Factors (Presentation)

Approximately three quarters of clients had attempted to leave their abuser in the previous 12 months (see Table 7), with no differences found in the amount of times this had occurred (around twice). Just under 20% of clients had made a trip to an Accident and Emergency (A&E) department (as a result of their abuse), with LGBT clients more likely to have done so ($d = .16$), and to have made around double the amount of trips ($t(927.83) = 2.75$, $p < 0.01$, $d = 0.11$). Three quarters had made a call to the police, and just under 70% of clients had been to their general practitioner (GP; for any reason) or accessed a specialist domestic violence service, with no differences found between sub-samples apart from the number of times clients had visited the GP, which was greater for LGBT clients ($M = 4.1$, $SD = 6.65$) than non-LGBT clients ($M = 3.32$, $SD = 5.97$, $t(832.68) = 3.28$, $p < 0.001$, $d = 0.12$).

[INSERT TABLE 7 ABOUT HERE]

When assessing clients reports of abuse outcomes and risk factors, consistent patterns emerged. For example, most participants reported not having issues with drugs or alcohol, although LGBT clients were significantly more likely to report these issues than non-LGBT clients ($d = .55$ for both). Of those with drug and/or alcohol issues, most (~75%) accessed an appropriate support service. Many more clients (~40%) reported issues with their mental health with LGBT clients significantly more likely to report this than non-LGBT clients ($d = .34$), but less likely to access an associated service ($d = 0.12$). Furthermore, approximately 15% of clients reported thinking about or attempting suicide and engaging in self-harm, with LGBT clients significantly more likely to have done so ($d = 0.55$ for both). Finally, when asked to rate their physical and mental health overall, clients gave an average rating of seven and six out of ten respectively, with LGBT clients reporting significantly worse physical health ($M = 6.74$, $SD = 1.97$) than non-LGBT clients ($M = 7.11$, $SD = 1.94$, $t(32015) = 5.06$, $p < 0.001$, $d = 0.19$), as well as worse mental health ($M = 5.53$, $SD = 1.89$) compared to non-LGBT clients ($M = 5.98$, $SD = 2.02$, $t(32082) = 5.95$, $p < 0.001$, $d = 0.23$).

Context of Abuse (Exit)

Table 8 provides data on the broader life context for those leaving their service. Similarly to presentation, just over half of clients identified themselves as unemployed, however in a reversed pattern from intake LGBT clients were now less likely to be unemployed than non-LGBT clients ($d = .28$). Reassuringly, just over 80% of participants reported that they were no longer living with their perpetrator. However, LGBT clients were marginally less likely than non-LGBT clients to say that they were not living with their abuser (but this difference was negligible, $d = 0.04$). There were also no differences in the reasons why clients were not living with their perpetrator, with most not providing a specific reason. Just over 40% of clients reported ongoing contact with their perpetrator, even though they were not living together, with non-LGBT clients significantly more likely than LGBT clients to report this ($d = .19$). Finally, of reasons given for ongoing contact, LGBT clients were significantly less likely than non-LGBT clients to say this was due to children ($d = .31$).

[INSERT TABLE 8 ABOUT HERE]

Profile of Abuse (Exit)

Tables 9 and 10 provide descriptive statistics regarding the occurrence, and changes in severity and frequency, over the previous three months for clients upon exit⁹. When examining occurrence (see Table 8), reassuringly, physical, and sexual abuse followed similar patterns, with between 80 and 94% of the sample reporting no abuse in the previous three months. This was lower for harassment/stalking and jealous/controlling abuse, with approximately 62-68% of clients saying there had been no abuse occurring. Reporting across all types of abuse was broadly similar for non-LGBT and LGBT clients, however chi square analyses revealed that variations were significant for physical abuse (though effect sizes were negligible for all). Specifically, a similar number of non-LGBT and LGBT clients reported ‘standard’ levels, with LGBT clients reporting more ‘moderate’ and ‘high’ levels, but also more ‘lower’ and ‘none’ levels ($\chi^2(3) = 9.66, p < .05, \Phi_c = 0.02$).

[INSERT TABLE 9 ABOUT HERE]

Table 10 provides further information regarding the occurrence of abuse. Specifically, 83-94% of participants reported that they had not experienced physical or sexual abuse at any level in the previous three months. This reduced for harassment/stalking and jealous/controlling abuse but was still around two thirds of clients. Interestingly, LGBT clients were significantly more likely than non-LGBT clients to report physical abuse ($d = .12$) and sexual abuse ($d = .16$), but it should be noted that these differences are negligible.

⁹ Abuse type and severity were determined by the caseworker in conversation with the client

No differences were found in the frequency of reported sexual or harassment/stalking behaviours.

[INSERT TABLE 10 ABOUT HERE]

Outcomes of Abuse and Risk Factors (Exit)

Mean values for case workers' assessments of risk of further harm suggest that a moderate to significant reduction of risk was achieved for the sample as a whole. Specifically on a scale of 0 'Significant reduction in harm' to 4 'no reduction in harm', there was a mean value of 2.18 for the whole sample ($SD = 1.19$), with no significant differences between subsamples. There were also no differences found in the longevity of this reduction, with most falling into the medium or long-term. When assessing client safety, clients reported feeling 'slightly' to 'much' safer on average than when they engaged with the service, with no differences between subsamples, and clients also reported feeling that, on average, their quality of life had improved a little to a lot as a result of service provision (again, with no differences found). In reference to accessing further help and support, most clients felt very confident or confident, with a similar pattern reported across subsamples. Finally, clients reported generally good mental and physical health, however, LGBT samples reported lower physical ($M = 7.48$, $SD = 1.78$) and mental health ($M = 6.92$, $SD = 1.74$) than non-LGBT clients upon exit ($M = 7.77$, $SD = 1.63$, $t(504.64) = 3.68$, $p < .001$, $d = 0.17$ and $M = 7.18$, $SD = 1.68$, $t(23175) = 3.39$, $p = 0.001$, $d = 0.15$ respectively).

Engagement with other Services (Exit)

Clients received an average of 15 contacts, though this was greater for non-LGBT ($M = 15.48$, $SD = 25.25$) than LGBT clients ($M = 12.97$, $SD = 17.25$, $t(946.11) = 4.07$, $p < 0.001$, $d = 0.12$). Clients were also reviewed by MARAC an average of six times (if MARAC was accessed), with non-LGBT clients receiving a higher number of reviews ($M = 6.64$, $SD = 2.96$) than LGBT clients ($M = 6.01$, $SD = 2.85$, $t(13884) = 4.12$, $p < 0.001$, $d = 0.22$). Table 11 provides information on the further services accessed by clients. Most clients had a safety plan written for them, with this dropping to approximately one third of clients assessed at MARAC and support with the police. Other frequently accessed services were those to do with housing, health, and children/young persons (CYP). Other more specialist services (e.g., HBV/FM) were accessed by a small minority of clients. Interestingly, there were differences in how frequently these services were required, with non-LGBT clients more likely to access civil justice and CYPS support, and LGBT clients more likely to have a safety plan and require health support (but all effect sizes were negligible).

[INSERT TABLE 11 ABOUT HERE]

Criminal Justice Outcomes

Of clients asked about a criminal justice outcome of any kind ($n = 11,461$), most clients made a report to the police about the abuse perpetrated against them, with non-LGBT clients more likely to have made a report (see Table 12). Only cases where a report has been made were then included for further analysis of criminal justice questions ($N = 9604$, non-LGBT $n = 9356$, LGBT $n = 248$).

When a report was made, subsamples had similar probabilities of arrest and domestic violence notices being applied for and issued. The most likely outcome as a result of report was that the perpetrator was charged (around two thirds of cases), with no differences found between subsamples. Interestingly, whilst the Crown prosecution Service (CPS) proceeded with around 85% of cases charged, *all* cases involving LGBT clients were progressed – a much higher likelihood than non-LGBT clients. Once actioned however, the CPS subsequently authorised the charge the majority of the time and did so at similar levels for non-LGBT and LGBT clients. When charged, perpetrators were released on bail in around two thirds of cases, and cases were likely to be heard in a special domestic violence court (SDVC) in around 65% of cases for both subsamples. Only around one third of cases progressed to crown court, and victims were rarely present at trials, with specialist services frequently attending in lieu. LGBT perpetrators were more likely than non-LGBT perpetrators to attend the trial ($d = .16$). Most cases did not request special measures, and when they were, they were granted (with no differences found; see Table 13).

[INSERT TABLES 12 AND 13 ABOUT HERE]

Discussion

Building upon analyses utilising cisgendered, heterosexual (or ‘cishet’) clients abused by opposite-sex partners (see parts I and II; Hine, Bates, Graham-Kevan, et al., 2022; Hine, Bates, Mackay, et al., 2022), this study sought to explore the demographic characteristics, reported abuse context and type, and outcomes of LGBT service users accessing specialist DVA services in the UK between 2007 and 2017, both independently, and in comparison to, ‘non-LGBT’ clients. To the authors’ knowledge, this is the largest LGBT service user dataset to be examined in the UK, amassed over several years from several service providers. Importantly, whilst data showed that LGBT clients constituted the minority of clients, many of the characteristics assessed carried similar risk probabilities for both subsamples. In contrast, whilst several characteristics carried differential risk probabilities with low effect sizes, certain characteristics (e.g., substance use and misuse at presentation) demonstrated greater differences (i.e., with medium effect size). Such findings further demonstrate the

utility of conducting comparative analyses which control for frequency of presentation and provide critical evidence in support of the creation of appropriate, intersectional, inclusive provision for abused LGBT men and women.

Frequency of Presentation

The LGBT subsample constituted just under 3% of the sample overall (2.9%); slightly higher than the estimated proportion of the population identifying as LGB (2.7%; ONS, 2021). Whilst this preliminarily suggests that services are accessible to these populations, consideration must be given to the increased risk of violence within this population (Harland et al., 2021; Safelives, 2018), and that a simple comparison to national figures may therefore be overly simplistic. This is particularly pertinent in light of literature consistently suggesting a multitude of barriers to accessing effective support for this population (Calton et al., 2016; Edwards et al., 2015; Galop, 2019a, 2019b; Safelives, 2018) that this data goes directly against. It is also important to note that any comparisons cannot be fully actualised until reliable recording of transgender identities is implemented in the UK (due imminently as a result of the 2021 census of England and Wales). Considerations must also be given to the composition of the LGBT subsample itself. Specifically, in terms of sexual identity, the largest proportion identified as bisexuals (typically more likely to be women, Office for National Statistics, 2021), followed by lesbians, gay men, with heterosexual transgender clients constituting the smallest group. Moreover, there is a particular under-representation of specific sub-groups, with only 16% of the sample identified as men (14% gay men), and transgender women outnumbering transgender men at a 3:1 ratio. This is likely a reflection of the fact that services providing information for this study predominantly support female clients, particularly those who are ‘cishet’ (and were designed to do so; reflective of part I of this analysis; Hine, Bates, Mackay et al., 2022), and supports previous observations that the sector is primarily orientated towards ‘cishet’ female clients of IPV (regardless of sexuality; Hester et al., 2012). These observations therefore suggest that the apparent accessibility of services to LGBT clients (if measured in relation to national prevalence) is only supported when the majority of these clients have a demographic profile proximal to ‘cishet’ females, and that overall services may still be less accessible when considering the higher likelihood of violence in LGBT relationships.

Similarly, the percentage of non-White LGBT clients, consistent with the non-LGBT sample, was reflective of ethnic minority percentages from the 2011 census, initially suggesting that services are accessible for minority communities, including those identifying as LGBT. However, it can similarly be argued that a) services may still currently not be

engaging sufficiently with these populations when considering the increased risk of IPV for ethnic minority groups (Office for National Statistics, 2019a), and b) that accessibility may principally be determined by identified gender (i.e., female) rather than ethnicity, and further that particular intersectional sub groups (i.e., non-White, GBT men) may still have difficulty accessing services. Taken together, these findings highlight the need for further inquiry into the intersectional needs of service users, and for services to carry a similar awareness when attempting to increase accessibility.

Shared Characteristics between LGBT and Non-LGBT Clients

With the above issues relating to sampling noted, there were several areas where no significant differences were found in the frequency of characteristics presenting in LGBT and non-LGBT clients, with some notable examples. For example, both demonstrated similar frequency of referral from the police, which may be considered surprising considering the chequered history surrounding the relationship between LGBT communities and the police (Owen et al., 2018). There were also similarities found for some types of violence – jealous/controlling behaviour and harassment/stalking – suggesting that whilst the LGBT community may experience sexuality-specific examples of these behaviours (e.g., outing; Edwards et al., 2015), Calton et al.’s observations that LGBT individuals experience similar types of violence to non-LGBT individuals also holds. Indeed, these are not mutually exclusive, as victims in LGBT and non-LGBT relationships may experience the same broad *type* of violence (as Calton et al. argue) but that within these broad types, *specific* forms of abuse emerge (as Edwards et al. observe). Several areas of convergence are also found for outcomes of abuse, including the number of times that the client had attempted to leave their abuser, calls to the police, and access to a GP or specialist service, suggesting that violence within LGBT relationships is no less serious than that within same-sex relationships and that both groups reach out for support (though it is worth highlighting here that this sample consists of clients experiencing high-risk abuse, and therefore may be more visible to these referral routes regardless of their identity as LGBT or not).

Interestingly, one of the areas of greatest convergence was around outcomes upon exit from services. Specifically, no differences between the two sub-samples were found for improvement outcomes (i.e., reduction of harm, quality of life etc), suggesting that services were equally effective at supporting these groups. At first examination, this would go against the substantial literature highlighting the lack of effective support available to the LGBT community (Donovan et al., 2021; Edwards et al., 2015; Galop, 2019a; Safelives, 2018), which suggests that non-tailored support traditionally constructed for ‘cishet’ women (as the

majority of services contributing to this data set are) is ineffective and inaccessible (Furman et al., 2017; Parameshwaran et al., 2017). However, it should again be noted that this sub-sample, although from the LGBT community, was still predominantly female (with most of these women abused by male perpetrators), and therefore may have viewed the almost exclusively female-centric services contributing data to this study as fundamentally accessible and effective in meeting their needs. Moreover, services may have responded to these women more positively as they fulfilled some or enough of the 'cis het' female stereotype or profile that services fundamentally expect and/or are constructed to support. It is also worth noting that referral services will also mirror these expectancies, leading to higher levels of referrals of women overall to specialist DVA services. More information is therefore needed from male GBT clients on their outcomes from engagement with services, as well as more qualitative information on LGBT experiences in engaging with these organisations, beyond basic quantitative measures of improvement/satisfaction, to assess whether positive service outcomes are reflective of all LGBT clients.

Sexuality-specific Case Characteristics and Risk Factors

Several key areas of divergence also emerged, however, many of these differences (e.g., presence of additional vulnerabilities, type of violence reported, living arrangements, and several outcome measures) had only negligible effect sizes. As discussed in parts I and II (Hine, Bates, Graham-Kevan, et al., 2022; Hine, Bates, Mackay, et al., 2022), these results should therefore be interpreted with extreme caution, as they may have resulted purely as a function of the substantial sample size. Instead, we discuss here areas of difference that recorded moderate effect sizes (i.e., a Cohen's *d* value around 0.5) as none were large (0.8).

Results revealed that the LGBT sample were significantly less likely to have children living in or visiting the household, and is likely to be a function of the lower likelihood of children in LGBT homes more generally (Office for National Statistics, 2019b). This is important to acknowledge within a service provision context as, whilst children may of course sometimes be witness to violence within LGBT relationships, the results from this study suggests this represents a reduced risk when compared to 'cishet' clients, and that various stereotypes surrounding parenting and post-separation abuse involving children which complicate the abusive experiences of 'cishet' men and women may be less prevalent (though it should be noted that the 40% of the LBGT+ subsample identifying as bisexual women abused by men may be carry such vulnerabilities; Hine, Bates, Graham-Kevan, et al., 2022; Hine, Bates, Mackay, et al., 2022). Differences were also found for frequency of living intermittently with the abuser, with LGBT clients more likely to report this abuse context characteristic. This may be explained by observations that members of the LGBT community are less likely to expect monogamy or see it as an important issue (Klesse, 2007), which may expose them to violence by more intermittent or casual partner(s). This is further supported by significant results (though with a small effect size) showing that LGBT clients are more likely to be referred through housing services, alluding again to a potential correlation between the more unstable nature of both LGBT relationships and increased family conflict, and housing instability resulting in IPV victimisation (Hicks, 2015; Wilson et al., 2020).

The largest differences however were found for several outcomes of abuse upon presentation to services, specifically relating to substance use and misuse, and mental health. Specifically the LGBT subsample were significantly more likely to present to services with drug and alcohol issues, supporting previous findings relating to both greater use of substances within the LGBT community relating to 'minority stress' (Livingston, 2017; Meyer, 2003), but also specifically in relation to coping with abuse (Bacchus et al., 2017). This potential 'mirroring' of generalised and abuse-related experiences was also seen in

relation to mental health issues and self-harm practices, which both showed significantly higher prevalence in the LGBT subsample compared to the non-LGBT sample, and which again reflects the higher rates of mental health issues within older (Yarns et al., 2016) and younger LGBT communities (Russell & Fish, 2016) more broadly. It is also worth noting that the LGBT subsample reported significantly lower physical and mental health overall, again as a potential reflection of both minority stress (Dürbaum & Sattler, 2020; Meyer, 2003), and in their exposure to sexuality-specific abuse (Miller & Irvin, 2017).

Some significant differences were also found in relation to criminal justice measures, but again where differences were found these were mostly of negligible effect size. However, one result of note is the progression of cases by the Crown Prosecution Service (CPS), as 100% of cases were progressed for LGBT clients, as opposed by 86% of cases involving non-LGBT clients. As noted above, it is surprising to see a difference in this direction, considering the generally negative perceptions of the criminal justice system held by the LGBT community (Nadal et al., 2015), and research cataloguing their negative experiences with police officers (Owen et al., 2018; Stoudt et al., 2012). It is therefore unclear as to why LGBT clients may have better outcomes on this measure. It may be that the particular characteristics of this subset of cases ($n = 118$) were viewed as conducive to successful prosecution, for example, because of the additional vulnerabilities associated with this population as described above. Indeed, LGBT clients were more likely to report more ‘visible’ and ‘evidenced’ forms of abuse (physical and sexual) which might help enable prosecution. However, evidence from the sexual violence literature suggests that at least some of the elevated risks carried by this group (i.e., mental health issues, substance use) in fact lead to poorer prosecutorial outcomes (Hohl & Stanko, 2015). Alternatively therefore, it may be that previous findings around LGBT perceptions of the criminal justice system are only partially representative, and that these studies have focused heavily on perceptions and engagement with police officers, rather than the later stages of the justice process. Evidently further research is needed to explore why this particular population of high risk, LGBT clients have their cases advanced at such high rates, especially within the context of coercive and controlling behaviour legislation in England and Wales introduced towards the end of this dataset range (in 2015) which would have increased the visibility to this type of abuse to prosecutors.

Implications

Taken together, results from this study support the observation that, in relation to non-LGBT clients, LGBT clients occupy a position similar to that of ‘cishet’ male clients (in

relation to ‘cishet’ female clients) as ‘same but different’ (Hine et al., 2021), in that they both share many needs, as well as face gender/sexuality-specific challenges. The increased prevalence of substance use and mental health needs within the LGBT subsample are of particular note, as these effect sizes were some of the largest across this exploration (including parts I & II), suggesting that these are genuine differences worthy of significant attention. It is therefore argued that services should seek to construct their provision in line with both the IPV-specific and more generalised needs of this community, as their presentation as a result of IPV victimisation appears to mirror their broader lived experiences as LGBT individuals. Specifically, services should develop awareness of the pressures and subsequent outcomes of ‘minority stress’ within the LGBT population (such as that relating to substance use and mental health), and how these experiences may become exaggerated in response to IPV.

The central recommendation is therefore that specialist LGBT services are absolutely required, both to encourage and facilitate engagement by LGBT victims of IPV, and to remedy the barriers experienced by this community in seeking support, revealed both in this analysis and previous research (Bates & Douglas, 2020; Donovan et al., 2021; Galop, 2019a, 2019b; Harvey et al., 2014; Safelives, 2018). These services should follow the model provided by other so-called ‘By and For’ services (e.g., organisations like Galop in the UK), which utilise the lived experiences of targeted clients in the generation of provision, to ensure needs are fully and inclusively met (Magić & Kelley, 2018, 2019). If LGBT provision is instead provided ‘within’ services originally designed for other populations (typically ‘cishet’ females), this provision must be gender/sexuality-inclusive, and acknowledge and fully meet the specific needs of this community (Bates & Douglas, 2020). Crucially, such provision must acknowledge the broader experiences of this ‘minority’ community, as well as their intersectional gender/sexuality-specific experiences as victims of IPV.

Limitations

The statistical limitations that exist for this data set mirror those described in parts I and II of this analysis (Hine, Bates, Graham-Kevan, et al., 2022; Hine, Bates, Mackay, et al., 2022). For example, it is acknowledged that the dataset in question comes from services that work predominantly with high-risk clients, and that the interpretations offered above may only be relevant for this type of client (and that low-risk non-LGBT and LGBT clients may have differing patterns of vulnerability that are worthy of investigation). Moreover, many of the clients in this sample came to services via the police, and thus represent a particular subgroup of LGBT individuals who have also engaged with law enforcement and subsequently

been referred to a specialist DVA service. Within the context of the chequered LGBT-police relationship outlined earlier in this manuscript, it is likely that other LGBT individuals (especially those from other marginalised groups – i.e., people of colour) are therefore likely to be under-represented in this sample due to their lower likelihood of engagement with police. Moreover, large datasets provide greater statistical power, but hide crucial nuance within the data. Such considerations are particularly relevant for the LGBT subsample utilised in this piece, as, due to the statistical power required to conduct comparative inferential analyses, this subsample could not be split into further, distinct sexuality/identity groups; groups which experience diverse and specific forms of abuse (Galop, 2019b). This is particularly important when considering the dominance of females, and particularly bisexual females, within this LGBT subsample. As noted above, the services in this study principally support ‘cishet’ women (and were designed to do so), and it could therefore be that some of the LGBT sample, notably bisexual women in relationships with men (41%), would likely fulfil (at least superficially) the profile of client which these services expect to support. By extension, it may be the case that an LGBT subsample inclusive of a greater proportion of gay men for example, as the opposite of this typical profile, might generate alternative patterns of differential risk or mirror those above to a greater or lesser degree. It is also worth noting the very small number of transgender individuals within this sample, as these individuals often constitute the most stigmatised and at-risk group within the broader community, particularly in relation to intimate partner violence (Peitzmeier et al., 2020). Future research should therefore consider seeking out quantitative datasets relating to these groups in particular, to provide a more nuanced insight into the needs to both the LGBT community at large, but the subgroups therein (if indeed these do differ).

There is also no qualitative information available to support interpretation, or any opportunity to engage in additional data gathering, as this was a secondary analysis of previously recorded. Arguably, additional, detailed, qualitative inquiry should be considered, both in relation to services that are and are not specifically ‘designed’ for members of this community, as well as covering services which engage with low(er) risk clients, to explore whether their needs are met (including their satisfaction with provision, above and beyond the basic measures of outcome like improvement in quality of life). Indeed, since the end point of this dataset, awareness of LGBT needs in the context of IPV has been growing, both in academia and policy. Thus updated, mixed-method inquiry, with data both from organisations that have adapted provision for LGBT individuals and ‘by and for’ services, would be welcome.

Conclusion

As the third part of a large-scale analysis exploring the profile and needs of DVA service users in the UK, the present study has highlighted further areas of heightened risk for specific sub-samples of clients (e.g., LGBT) presenting to specialist services, whilst controlling for overall frequency of presentation. The findings from this analysis, particularly in relation to substance use and mental health, reinforce recommendations that services should be constructed with intersectionality as a central focus, and in a way which acknowledges the lived experience of the various populations they support (in this case, the so-called ‘minority stress’ experienced by the LGBT community). This constitutes the central and concluding message of this three-part examination; that services should be gender and sexuality responsive, with tailored provision to the benefit of all clients approaching DVA services for support.

References

- Bacchus, L. J., Buller, A. M., Ferrari, G., Peters, T. J., Devries, K., Sethi, G., White, J., Hester, M., & Feder, G. S. (2017). Occurrence and impact of domestic violence and abuse in gay and bisexual men: A cross sectional survey. *International Journal of STD & AIDS*, 28, 16-27. <https://doi.org/10.1177/0956462415622886>
- Bates, E. A., & Douglas, E. M. (2020). Services for domestic violence victims in the United Kingdom and United States: Where are we today? *Partner Abuse*, 11, 349-381. <https://doi.org/10.1891/PA-2020-0019>
- Branson, D. C. (2019). Vicarious trauma, themes in research, and terminology: A review of literature. *Traumatology*, 25, 2-10. <https://doi.org/10.1037/trm0000161>
- Brown, N. (2011). Holding tensions of victimization and perpetration: Partner abuse in trans communities. In J. L. Ristock (Ed.), *Intimate partner violence in LGBTQ lives*. Routledge.
- Burke, L. K., & Follingstad, D. R. (1999). Violence in lesbian and gay relationships: Theory, prevalence, and correlational factors. *Clinical Psychology Review*, 19, 487-512. [https://doi.org/10.1016/S0272-7358\(98\)00054-3](https://doi.org/10.1016/S0272-7358(98)00054-3)

- Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence, & Abuse*, 17, 585-600. <https://doi.org/10.1177/1524838015585318>
- Cannon, C. (2015). Illusion of inclusion: The failure of the gender paradigm to account for intimate partner violence in LGBT relationships. *Partner Abuse*, 6, 65-77. <https://doi.org/10.1891/1946-6560.6.1.65>
- Chen, H., Cohen, P., & Chen, S. (2010). How big is a big odds ratio? Interpreting the magnitudes of odds ratios in epidemiological studies. *Communications in Statistics - Simulation and Computation*, 39, 860-864. <https://doi.org/10.1080/03610911003650383>
- Cramér, H. (1999). Mathematical methods of statistics. In. Princeton University Press.
- Dobash, R. P., Dobash, R. E., Wilson, M., & Daly, M. (1992). The myth of sexual symmetry in marital violence. *Social problems*, 39, 71-91. <https://doi.org/10.2307/3096914>
- Donovan, C., & Barnes, R. (2020). Help-seeking among lesbian, gay, bisexual and/or transgender victims/survivors of domestic violence and abuse: The impacts of cisgendered heteronormativity and invisibility. *Journal of Sociology*, 56, 554-570. <https://doi.org/10.1177/1440783319882088>
- Donovan, C., & Durey, M. (2018). “Well that would be nice, but we can’t do that in the current climate”: Prioritising services under austerity. In P. Rushton & C. Donovan (Eds.), *Austerity policies: Bad Ideas in Practice*. Springer International.
- Donovan, C., Magić, J., & Galop. (2021). *LGBT+ domestic abuse service provision mapping study*. <https://galop.org.uk/wp-content/uploads/2022/02/Galop-LGBT-Domestic-Abuse-Service-Provision-Mapping-Study-Final.pdf>
- Dürrbaum, T., & Sattler, F. A. (2020). Minority stress and mental health in lesbian, gay male, and bisexual youths: A meta-analysis. *Journal of LGBT Youth*, 17, 298-314. <https://doi.org/10.1080/19361653.2019.1586615>

- Dwyer, A. (2014). Pleasures, perversities, and partnerships: The historical emergence of LGBT-police relationships. In D. Peterson & V. R. Panfil (Eds.), *Handbook of LGBT communities, crime, and justice* (pp. 149-164). Springer.
- Edwards, K. M., Sylaska, K. M., & Neal, A. M. (2015). Intimate partner violence among sexual minority populations: A critical review of the literature and agenda for future research. *Psychology of Violence*, 5, 112-121. <https://doi.org/10.1037/a0038656>
- Furman, E., Barata, P., Wilson, C., & Fante-Coleman, T. (2017). "It's a gap in awareness": Exploring service provision for LGBTQ2S survivors of intimate partner violence in Ontario, Canada. *Journal of Gay & Lesbian Social Services*, 29, 362-377. <https://doi.org/10.1080/10538720.2017.1365672>
- Galop. (2019a). *Barriers faced by Lesbian, Gay, Bisexual and Transgender + (LGBT+) people in accessing non-LGBT+ domestic abuse support services*. <https://galop.org.uk/resource/resource-f/>
- Galop. (2019b). *Domestic violence and abuse, and the Lesbian, Gay, Bisexual, and Transgender + (LGBT+) community*. <https://galop.org.uk/resource/resource-g/>
- Galop. (2019c). *Myths and stereotypes about partner abuse among lesbian, gay, bisexual, and transgender (LGBT+) people*. <https://galop.org.uk/resource/resource-d/>
- Government Equalities Office. (2018). *Trans people in the UK*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf
- Halpern, C. T., Young, M. L., Waller, M. W., Martin, S. L., & Kupper, L. L. (2004). Prevalence of partner violence in same-sex romantic and sexual relationships in a national sample of adolescents. *Journal of Adolescent Mental Health*, 35, 124-131. <https://doi.org/10.1016/j.jadohealth.2003.09.003>

- Harland, K. K., Peek-Asa, C., & Saftlas, A. F. (2021). Intimate partner violence and controlling behaviors experienced by emergency department patients: Differences by sexual orientation and gender identification. *Journal of Interpersonal Violence*, 36. <https://doi.org/10.1177/0886260518812070>
- Harvey, S., Mitchell, M., Keeble, J., McNaughton Nicholls, C., & Rahim, N. (2014). *Barriers faced by lesbian, gay, bisexual and transgender people in accessing domestic abuse, stalking and harassment, and sexual violence services.*
- Hester, M., Williamson, E., Regan, L., Coulter, M., Chantler, K., Gangoli, G., Davenport, R., & Green, L. (2012). *Exploring the service and support needs of male, lesbian, gay, bisexual and transgendered and black and other minority ethnic victims of domestic and sexual violence.* www.bristol.ac.uk/sps/research/projects/current/rk6812/domesticsexualviolencesupportneeds.pdf
- Hicks, H. (2015). It's all in the family: LGBT Youth homelessness and family conflict intervention. *Alabama Civil Rights & Civil Liberties Law Review*, 7, 311.
- Hine, B. A. (2019). 'It can't be that bad, I mean, he's a guy': Exploring judgements towards domestic violence scenarios varying on perpetrator and victim gender, and abuse type. In E. A. Bates & J. C. Taylor (Eds.), *Intimate Partner Violence: New Perspectives in Research and Practice* (pp. 43-57). Routledge.
- Hine, B. A., Bates, E. A., Graham-Kevan, N., & Mackay, J. (2022). Comparing the demographic characteristics, and reported abuse type, contexts and outcomes of help-seeking heterosexual male and female victims of domestic violence: Part II – Exit from specialist services. *Partner Abuse*.
- Hine, B. A., Bates, E. A., Mackay, J., & Graham-Kevan, N. (2022). Comparing the demographic characteristics, and reported abuse type, contexts and outcomes of help-seeking heterosexual male and female victims of domestic violence: Part I – Who presents to specialist services? *Partner Abuse*, 13, 1. <https://doi.org/10.1891/PA-2021-0009>

- Hine, B. A., Wallace, S., & Bates, E. A. (2021). Understanding the profile and needs of abused men: Exploring call data from a male domestic violence charity in the United Kingdom. *Journal of Interpersonal Violence*.
https://doi.org/10.1177_08862605211028014
- Hohl, K., & Stanko, E. (2015). Complaints of rape and the criminal justice system: Fresh evidence on the attrition problem in England and Wales. *European Journal of Criminology*, 12, 324-341. <https://doi.org/10.1177/1477370815571949>
- Jordan, S. P., Mehrotra, G. R., & Fujikawa, K. A. (2020). Mandating inclusion: Critical trans perspectives on domestic and sexual violence advocacy. *Violence Against Women*, 26, 531-554. <https://doi.org/10.1177/1077801219836728>
- King, G., & Zeng, L. (2001). Logistic regression in rare events data. *Political analysis*, 9, 137-163. <https://doi.org/10.1093/oxfordjournals.pan.a004868>
- Klesse, C. (2007). *The spectre of promiscuity*. Routledge.
- Knight, C., & Wilson, K. (2016). *Lesbian, Gay, Bisexual and Trans People (LGBT) and the criminal justice system*. Palgrave Macmillan.
- Langenderfer-Magruder, L., Eugene Walls, N., Whitfield, D. L., Brown, S. M., & Barrett, C. M. (2016). Partner violence victimization among Lesbian, Gay, Bisexual, Transgender, and Queer youth: Associations among risk factors. *Child and Adolescent Social Work Journal*, 33, 55-68. <https://doi.org/10.1007/s10560-015-0402-8>
- Langenderfer-Magruder, L., Whitfield, D. L., Eugene Walls, N., Kattari, S. K., & Ramos, D. (2014). Experiences of intimate partner violence and subsequent police reporting among Lesbian, Gay, Bisexual, Transgender, and Queer Adults in Colorado: Comparing Rates of Cisgender and Transgender Victimization. *Journal of Interpersonal Violence*, 1, 17. <https://doi.org/10.1177/0886260514556767>

- Laskey, P., & Bolam, L. T. (2019). Barriers to support in LGBTQ+ populations. In E. A. Bates & J. C. Taylor (Eds.), *Intimate Partner Violence: New Perspectives in Research and Practice* (pp. 73-86).
- Livingston, N. A. (2017). Avenues for future minority stress and substance use research among sexual and gender minority populations. *Journal of LGBT Issues in Counselling, 11*, 52-62. <https://doi.org/10.1080/15538605.2017.1273164>
- Magić, J., & Kelley, P. (2018). *LGBT+ people's experiences of domestic abuse: a report on Galop's domestic abuse advocacy service*. http://www.galop.org.uk/wp-content/uploads/Galop_domestic-abuse-03a-low-res-1.pdf
- Magić, J., & Kelley, P. (2019). *Recognise & respond: Strengthening advocacy for LGBT+ survivors of domestic abuse*. http://www.galop.org.uk/wp-content/uploads/Galop_RR-v4a.pdf
- Marshall, M. P., Friedman, M. S., Stall, R., Kling, K. M., Miles, J., Gold, M. A., & Morse, J. Q. (2008). Sexual orientation and adolescent substance use: A metaanalysis and methodological review. *Addiction, 103*, 546-556.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674-697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Miller, B., & Irvin, J. (2017). Invisible scars: Comparing the mental health of LGB and heterosexual intimate partner violence survivors. *Journal of Homosexuality, 64*, 1180-1195. <https://doi.org/10.1080/00918369.2016.1242334>
- Morin, C. (2014). Re-traumatized: How gendered laws exacerbate the harm for same-sex victims of intimate partner violence. *New England Journal on criminal and civil confinement, 40*, 477.
- Nadal, K., Quintanilla, A., Gowick, A., & Sriken, J. (2015). Lesbian, Gay, Bisexual, and Queer people's perceptions of the criminal justice system: Implications for social

services. *Journal of Gay & Lesbian Social Services*, 27, 457-481.

<https://doi.org/10.1080/10538720.2015.1085116>

Office for National Statistics. (2019a). *Domestic abuse victim characteristics, England and Wales; year ending March 2019*.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019#age>

Office for National Statistics. (2019b). *Families and households in the UK: 2018*.

Office for National Statistics. (2021). *Sexual orientation, UK: 2019*.

Owen, S. S., Burke, T. W., Few-Demo, A. L., & Natwick, J. (2018). Perceptions of the police by LGBT communities. *American Journal of Criminal Justice*, 43, 668-693.

<https://doi.org/10.1007/s12103-017-9420-8>

Parameshwaran, V., Cockbain, B. C., Hillyard, M., & Price, J. R. (2017). Is the lack of specific lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) health care education in medical school a cause for concern? Evidence from a survey of knowledge and practice among UK medical students. *Journal of Homosexuality*, 64, 367-381. <https://doi.org/10.1080/00918369.2016.1190218>

Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agénor, M., & Reisner, S. L. (2020). Intimate partner violence in Transgender populations: Systematic review and meta-analysis of prevalence and correlates. *American Journal of Public Health*, 110, e1-e14.

Russell, S. T., & Fish, J. N. (2016). Mental health in Lesbian, Gay, Bisexual, and Transgender (LGBT) youth. *Annual Review of Clinical Psychology*, 12, 465-487.

<https://doi.org/10.1146/annurev-clinpsy-021815-093153>

Safelives. (2018). *Free to be safe: LGTB+ people experiencing domestic abuse*.

<https://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf>

- Santonniccolo, F., Trombetta, T., & Rollè, L. (2021). The help-seeking process in same-sex intimate partner violence: A systematic review. *Sexuality Research and Social Policy*, 1-21. <https://doi.org/10.1007/s13178-021-00629-z>
- Stokes, N. (2021a). *Comparison of Bisexual and Heterosexual women's experiences of domestic abuse*. <https://safelives.org.uk/sites/default/files/resources/Briefing%20-%20Comparison%20of%20Bisexual%20and%20Heterosexual%20Womens%20Experiences%20of%20Domestic%20Abuse%20Final.pdf>
- Stokes, N. (2021b). *Transgender victims' and survivors' experiences of domestic abuse*. <https://safelives.org.uk/sites/default/files/resources/Briefing%20-%20Transgender%20Victim-Survivors%27%20Experiences%20of%20Domestic%20Abuse%20Final.pdf>
- Stonewall. (2012). *Domestic abuse*. https://www.stonewall.org.uk/system/files/Domestic_Abuse_Stonewall_Health_Briefing_2012_.pdf
- Stoudt, B. G., Fine, M., & Fox, M. (2012). Growing up policed in the age of aggressive policing policies. *New York Law School Review*, 56, 1331-1370.
- Tesch, B. P., & Bekerian, D. A. (2015). Hidden in the margins: A qualitative examination of what professionals in the domestic violence field know about transgender domestic violence. *Journal of Gay & Lesbian Social Services*, 27, 391-411. <https://doi.org/10.1080/10538720.2015.1087267>
- Wilson, B. D., Choi, S. K., Harper, G. W., Lightfoot, M., Russell, S., & Meyer, I. H. (2020). *Homelessness among LGBT adults in the US*.
- Yarns, B. C., Abrams, J. M., Meeks, T. W., & Sewell, D. D. (2016). The mental health of older LGBT adults. *Current Psychiatry Reports*, 18, 60. <https://doi.org/10.1007/s11920-016-0697-y>

Tables*Table 1. Client Gender and Sexuality (Split by Cis versus Transgender Identity)*

	Heterosexual	Bisexual	Gay	Lesbian
Transgender				
Male	4 (0.4% ¹)	0 (0.0%)	2 (0.2%)	0 (0.0%)
Female	120 (11.2%)	2 (0.2%)	0 (0.0%)	3 (0.3%)
Cisgender				
Male	0 (0.0%)	18 (1.7%)	151 (14.2%)	1 (0.1%)
Female	0 (0.0%)	493 (46.2%)	12 (1.1%)	259 (24.3%)

¹ % of total sample (n = 1,067)*Table 2. Client Sexuality and Perpetrator Gender (Split by Client Gender – inclusive of Transgender Identities)*

	Heterosexual	Bisexual	Gay	Lesbian
Male Client (n = 121)				
Male Perpetrator	1 (0.1% ¹)	6 (0.8%)	104 (13.0%)	0 (0.0%)
Female Perpetrator	3 (0.4%)	6 (0.8%)	1 (0.1%)	0 (0.0%)
Female Client (n = 676)				
Male Perpetrator	115 (14.4%)	325 (40.8%)	6 (0.8%)	22 (2.8%)
Female Perpetrator	5 (0.6%)	43 (5.4%)	4 (0.5%)	155 (19.4%)

n_{miss} = 268¹ % of total available sample (n = 797)

Table 3. Descriptives and Inferential Comparisons for Service Referral Routes and Characteristics (Presentation)

	Whole Sample		Non-LGBT		LGBT						
	N	%	N	%	N	%	B (SE)	Wald	Odds Ratio	95% CI	Effect Size (<i>d</i>)
Referral Route											
Police [±]	14100	39.3	13688	39.3	412	39.2	.03 (.06)	0.22	1.03	[0.91, 1.17]	
MARAC	1491	4.2	1446	4.2	45	4.3	.02 (.16)	0.01	1.02	[0.75, 1.38]	
Self [±]	8145	22.7	7927	22.8	218	20.7	.14 (.08)	3.22	1.15	[0.99, 1.34]	
Health [±]	2833	7.9	2743	7.9	90	8.6	.07 (.11)	0.44	1.08	[0.87, 1.34]	
DVA & SV Services	3457	9.6	3333	9.6	124	11.8	.22 (.09)*	4.97	1.24	[1.03, 1.50]	0.09
Housing	908	2.5	864	2.5	44	4.2	.53 (.16)***	11.06	1.69	[1.24, 2.30]	0.25
CYPS [±]	2959	8.2	2899	8.3	60	5.7	.42 (.13)***	9.86	1.52	[1.17, 1.98]	0.19
Specialist Services [±]	747	2.1	727	2.1	20	1.9	.11 (.23)	0.23	1.12	[0.71, 1.75]	
Other	1227	3.4	1188	3.4	39	3.7	.07 (.17)	0.19	1.07	[0.78, 1.49]	
High Risk?											
Yes	20168	56.2	19564	56.2	604	56.6					
No	15714	43.8	15251	43.8	463	43.4	.02 (.06)	0.07	1.02	[0.89, 1.15]	
Do they meet MARAC Threshold?											
Yes	17913	50.1	17388	49.9	525	56.8					
No	17825	49.9	1746	50.1	399	43.2	.28 (.07)***	16.91	1.31	[1.16, 1.51]	0.12
Does client need an interpreter? [±]											
Yes	1165	3.3	1148	3.3	17	1.6					
No	34391	96.7	33351	96.7	1040	98.4	.75 (.25)**	9.14	2.11	[1.29, 3.41]	0.34
No recourse to public funds [±]											
Yes	1915	5.5	1860	5.5	55	5.3					
No	33029	94.5	32043	94.5	986	94.7	.04 (.14)	0.08	1.04	[0.79, 1.37]	
Application for indefinite leave to remain needed?											
Yes	792	2.3	764	2.2	28	2.7					
No	34215	97.7	32043	97.8	1010	97.3	.19 (.19)	0.91	1.21	[0.82, 1.77]	

Note. *= $p<0.05$, **= $p<0.01$, ***= $p<0.001$ [±]Reference category is LGBT. No symbol indicates reference category is non-LGBT.

Missing values are only provided for variables where more than 5% of total sample is missing

Table 4. Descriptives and Inferential Comparisons for Abuse Context (Presentation)

	Whole Sample		Non-LGBT		LGBT						
	N	%	N	%	N	%	B (SE)	Wald	Odds Ratio	95% CI	d
Additional Vulnerability ^o											
Physical	1965	5.7	1893	5.7	72	7.2	.42 (.07)***	33.44	1.54	[1.33, 1.77]	0.19
Learning	827	2.4	791	2.4	36	3.6	.36 (.11)***	10.42	1.43	[1.15, 1.77]	0.16
Visual	79	0.2	79	0.2	0	0.0					
Hearing	236	0.7	225	0.7	11	1.1					
Other	1172	3.4	1118	3.3	54	5.4	.53 (.13)***	16.31	1.71	[1.32, 2.21]	0.25
Multiple	271	0.8	256	0.8	15	1.5					
Yes (Any)	4550	13.2	4362	13.1	188	18.8	.43 (.08)***	27.12	1.54	[1.31, 1.81]	0.19
No	29842	86.8	29028	86.9	814	81.2					
Employment ^o											
Yes – paid [±]	11469	32.5	11237	32.6	232	29.3	.53 (.07)***	50.31	1.69	[1.46, 1.96]	0.25
Yes – voluntary	175	0.5	169	0.5	6	0.8					
Yes – Education/Training	1475	4.2	1422	4.1	53	6.7	.25 (.14)	3.32	1.28	[0.98, 1.68]	
No - Retired [±]	352	1.0	345	1.0	7	0.9					
No	20806	59.0	20334	59.0	472	59.5	.58 (.06)***	84.90	1.78	[1.58, 2.01]	0.28
Don't Know	962	2.7	939	2.7	23	2.9	.27 (.21)	1.63	1.31	[0.87, 1.99]	
Financial Situation ¹											
Struggling to pay for essentials	3513	23.3	3409	23.2	104	27.5	.23 (.12)	3.75	1.25	[0.99, 1.58]	
Managing to pay for essentials – nothing left	6279	41.7	6114	41.7	165	43.7	.08 (.11)	0.59	1.08	[0.88, 1.33]	
Managing to buy occasional treat or save [±]	3750	24.9	3672	25.0	78	20.6	.25 (.13)	3.79	1.28	[0.99, 1.65]	
Managing regular treats and saving [±]	654	4.3	643	4.4	11	2.9	.43 (.31)	1.89	1.53	[0.84, 2.80]	
Comfortably managing – don't have to worry [±]	851	5.7	831	5.7	20	5.3	.07 (.23)	0.09	1.08	[0.68, 1.69]	
Are there children in household or who visit regularly? [±]											
Yes	24650	68.7	24187	69.5	463	43.4	1.09 (.06)***	299.71	2.97	[2.63, 3.36]	0.55
No	11232	31.3	10628	30.5	604	56.6					
How many children live in the household full time? ²											
None	73	0.3	0	0.0	73	17.9					
1-2	19452	78.1	19182	78.4	270	66.3					
3-4	5355	21.5	5304	21.6	51	12.5					
5 or more	13	0.1	0	0.0	13	3.3					
Is the client pregnant? [±]											
Yes	2454	6.9	2401	6.9	53	5.0	.30 (.14)*	4.46	1.35	[1.02, 1.79]	0.12
No	32717	91.4	31769	91.4	948	89.5					
Don't Know or N/A	637	1.7	579	1.7	58	5.5					

Note. *= $p<0.05$, **= $p<0.01$, ***= $p<0.001$ [±]Reference category is LGBT. No symbol indicates reference category is non-LGBT.^oQuestion allowed for multiple choices; percentages are given in reference to the whole sample as a proportion that ticked the option versus those who did not¹58.1% missing data for the whole sample (57.9 for non-LGBT, 64.6% for LGBT)²30.6% missing data for the whole sample (29.7 for non-LGBT, 61.9% for LGBT)

PART III: LGBT CLIENTS & DVA SERVICES

	Whole Sample		Non-LGBT		LGBT		B (SE)	Wald	Odds Ratio	95% CI	d
	N	%	N	%	N	%					
Is there Child/Youth Protection Services Involvement? ¹											
Yes	12126	38.9	12126	38.9	N/A						
No	19070	61.1	19070	61.1							
Perpetrator Relationship to client											
Intimate Partner	10914	30.4	10572	30.4	342	32.1	.08 (.07)	1.39	1.08	[0.95, 1.23]	
Ex-intimate Partner [±]	24131	67.3	23453	67.4	678	63.5	.17 (.07)**	6.85	1.18	[1.04, 1.34]	0.04
Intermittent Intimate Partner	837	2.3	790	2.3	47	4.4	.69 (.15)***	19.95	1.99	[1.47, 2.68]	0.34
Does perpetrator have a criminal record? [±]											
Yes	19325	54.7	18922	54.8	403	50.9					
No	15993	45.3	15605	45.2	388	49.1	.16 (.07)*	4.63	1.17	[1.01, 1.34]	0.04
Has perpetrator been abusive in other contexts? ²											
Yes	16325	69.0	15966	68.9	359	74.2					
No	7328	31.0	7203	31.1	125	25.8	.26 (.11)*	6.11	1.29	[1.06, 1.59]	0.12
Living Arrangement											
Living Together	7313	20.4	7073	20.3	240	22.5	.14 (.08)	3.43	1.15	[0.99, 1.33]	
Living Together Intermittently	1237	3.4	1187	3.4	50	4.7	.34 (.15)*	5.23	1.40	[1.05, 1.87]	0.16
Not Living Together [±]	27224	75.9	26457	76.0	767	71.9	.19 (.07)**	7.47	1.21	[1.06, 1.39]	0.09
Multiple Perpetrators											
Yes	2711	7.6	2589	7.5	122	11.6					
No	32814	92.3	31887	92.5	927	88.4	.48 (.09)***	24.07	1.62	[1.34, 1.97]	0.22
Risk of Forced Marriage											
Yes	223	0.6	217	0.6	6	0.6					
No	35323	99.4	34273	99.4	1050	99.4					
Risk of Honour-Based Violence											
Yes	1109	3.1	1076	3.1	33	3.1					
No	34283	96.9	33260	96.9	1023	96.9	.00 (.18)	0.00	1.00	[0.71, 1.43]	
Exposure to previous abuse [±]											
Yes	15289	42.6	14906	42.8	383	35.9					
No	20593	57.4	19909	57.2	684	64.1	.29 (.06)***	20.14	1.38	[1.18, 1.52]	0.16

Note. *= $p<0.05$, **= $p<0.01$, ***= $p<0.001$

[±]Reference category is LGBT. No symbol indicates reference category is non-LGBT.

¹13.1% missing data

²34.1% missing data (33.5 for non-LGBT, 54.6% for LGBT)

Table 5. Descriptive statistics for Abuse Occurrence (past 3 months) (Presentation)

	High		Moderate		Standard		None	
	N	%	N	%	N	%	N	%
Physical								
<i>Non-LGBT</i>	11830	34.2	5401	15.6	2826	8.2	14518	42.0
<i>LGBT</i>	415	39.4	197	18.7	95	9.0	347	32.9
<i>Whole Sample</i>	12245	34.4	5598	15.7	2921	8.2	14865	41.7
Sexual								
<i>Non-LGBT</i>	2805	8.4	2442	7.3	2589	7.7	25662	76.6
<i>LGBT</i>	119	11.7	92	9.1	93	9.2	712	70.1
<i>Whole Sample</i>	2924	8.5	2534	7.3	2682	7.8	26374	76.4
Harassment/Stalking								
<i>Non-LGBT</i>	11815	34.5	7472	21.8	4233	12.3	10768	31.4
<i>LGBT</i>	350	33.2	231	21.9	149	14.1	324	30.7
<i>Whole Sample</i>	12165	34.4	7703	21.8	4382	12.4	11092	31.4
Jealous/Controlling								
<i>Non-LGBT</i>	14456	41.9	9030	26.1	4904	14.2	6147	17.8
<i>LGBT</i>	459	43.5	290	27.5	134	12.7	172	16.3
<i>Whole Sample</i>	14915	41.9	9320	26.2	5038	14.2	6319	17.8

High = Occurrence of severe acts (i.e., burns or broken bones for physical abuse, serious sexual assault for sexual abuse), Moderate = Occurrence of serious acts (i.e., shallow cut for physical abuse, frequent phone calls or texting for harassment/stalking, increased control over client time for jealous/controlling), Standard = Occurrence of low-level acts (i.e., sexual insults for sexual abuse, made to account for time for jealous/controlling behaviour)

Table 6. Descriptives and Inferential Comparisons for Abuse Occurrence and Characteristics (Presentation)

	Whole Sample		Non-LGBT		LGBT						
	N	%	N	%	N	%	B (SE)	Wald	Odds Ratio	95% CI	d
Experiences of Abuse (in last 3 months)											
Physical											
Yes	20764	58.3	20057	58.0	707	67.1					
No	14865	41.7	14518	42.0	347	32.9	.39 (.07)***	34.19	1.48	[1.29, 1.68]	0.19
Sexual											
Yes	8140	23.6	7836	23.4	304	29.9					
No	26374	76.4	25662	76.6	712	70.1	.34 (.07)***	23.12	1.39	[1.22, 1.60]	0.16
Harassment/Stalking											
Yes	24250	68.6	23520	68.6	730	69.3					
No	11092	31.4	10768	31.4	324	30.7	.03 (.07)	0.21	1.03	[0.90, 1.18]	
Jealous/Controlling											
Yes	29273	82.2	28390	82.2	883	83.7					
No	6319	17.8	6147	17.8	172	16.3	.11 (.09)	1.57	1.11	[0.94, 1.31]	
Is the case...?											
Historical	4118	11.9	4021	11.9	97	12.3					
Current	30439	88.1	29745	88.1	694	87.7	.03 (.11)	0.09	1.03	[0.83, 1.28]	

Note. *= $p<0.05$, **= $p<0.01$, ***= $p<0.001$

±Reference category is LGBT. No symbol indicates reference category is non-LGBT.

PART III: LGBT CLIENTS & DVA SERVICES

Table 7. Descriptives and Inferential Comparisons for Abuse Outcomes and Risk Factors (Presentation)

	Whole Sample		Non-LGBT		LGBT						
	N	%	N	%	N	%	B (SE)	Wald	Odds Ratio	95% CI	d
Has an attempt to leave been made? [±]											
Yes	24836	69.2	24095	79.5	741	78.7					
No	6421	17.9	6221	20.5	200	21.3	.04 (.08)	0.30	1.05	[0.89, 1.23]	
Has a visit to A&E been made?											
Yes	5961	18.9	5745	18.8	216	23.9					
No	25500	81.1	24811	81.2	689	76.1	.30 (.08)***	14.58	1.35	[1.16, 1.58]	0.16
Has a call to the police been made? [±]											
Yes	24679	74.1	23981	74.2	698	71.1					
No	8611	25.9	8327	25.8	284	28.9	.16 (.07)*	4.91	1.17	[1.02, 1.35]	0.04
Has a visit to the GP been made?											
Yes	18793	68.4	18245	68.4	548	68.9					
No	8669	31.6	8422	31.6	247	31.1	.02 (.08)	0.09	1.02	[0.88, 1.19]	
Has a visit to a specialist DV service been made? [±]											
Yes	7530	24.5	7366	24.5	164	23.8					
No	23267	75.5	22743	75.5	524	76.2	.03 (.09)	0.14	1.04	[0.87, 1.24]	
Problem with drugs?											
Yes	2380	6.9	2217	6.6	163	16.2					
No	32036	93.1	31193	93.4	843	83.8	1.00 (.09)***	128.34	2.72	[2.29, 3.24]	0.55
Specialist drugs service accessed? [±]											
Yes	1151	76.1	1101	76.4	50	70.4					
No	362	23.9	341	23.6	21	29.6	.31 (.27)	1.29	1.36	[0.80, 2.29]	
Problem with alcohol?											
Yes	3421	10.0	3196	9.6	225	22.6					
No	30835	90.0	30064	90.4	771	77.4	1.01 (.08)***	167.52	2.75	[2.36, 3.19]	0.55
Specialist alcohol service accessed? [±]											
Yes	1550	75.5	1481	75.6	69	75.0					
No	502	24.5	479	24.4	23	25.0	.03 (.25)	0.02	1.03	[0.64, 1.67]	
Problem with mental health?											
Yes	13930	40.6	13346	40.1	584	57.8					
No	20341	59.4	19915	59.9	426	42.2	.72 (.07)***	122.41	2.05	[1.80, 2.32]	0.34
Specialist mental health service accessed? [±]											
Yes	8509	86.3	8245	86.4	264	82.5					
No	1354	13.7	1298	13.6	56	17.5	.29 (.15)*	3.95	1.35	[1.00, 1.81]	0.12
Ever planned/attempted suicide?											
Yes	5384	16.2	5046	15.6	338	35.2					
No	27859	83.8	27238	84.4	621	64.8	1.08 (.07)***	241.79	2.94	[2.57, 3.37]	0.55
Ever engaged in self-harm?											
Yes	5427	16.8	5056	16.2	371	39.4					
No	26813	83.2	26243	83.8	570	60.6	1.22 (.07)***	316.29	3.38	[2.95, 3.86]	0.55

Note. *= $p<0.05$, **= $p<0.01$, ***= $p<0.001$, [±]Reference category is LGBT. No symbol indicates reference category is non-LGBT.

PART III: LGBT CLIENTS & DVA SERVICES

Table 8. Descriptives and Inferential Comparisons for Abuse Context (Exit)

	Whole Sample		Non-LGBT		LGBT						
	N	%	N	%	N	%	B (SE)	Wald	Odds Ratio	95% CI	Effect Size (Cohen's d)
Employment [◊]											
Yes – paid [±]	9330	32.5	9137	32.8	193	22.9	.49 (.08)***	35.75	1.64	[1.39, 1.93]	0.22
Yes – voluntary [±]	205	0.7	201	0.7	4	0.5					
Yes – Education/Training	834	2.9	807	2.9	27	3.2	.10 (.19)	0.28	1.11	[0.75, 1.64]	
No - Retired [±]	267	0.9	264	0.9	3	0.4					
No [±]	15949	55.5	15601	56.0	348	41.3	.59 (.07)***	69.58	1.81	[1.57, 2.08]	0.28
Don't Know [±]	1482	0.9	1449	5.2	33	3.9	.29 (.18)	2.73	1.35	[0.95, 1.91]	
Living Arrangements at Exit											
Living Together [±]	3197	11.1	3093	11.1	104	12.3	.11 (.10)	1.17	1.12	[0.91, 1.37]	
Living Together Intermittently	596	2.1	577	2.1	19	2.3	.09 (.24)	0.14	1.09	[0.69, 1.73]	
Not Living Together [±]	23661	82.4	22989	82.5	672	79.7	.18 (.08)*	4.27	1.19	[1.01, 1.42]	0.04
If not living together, which of the following apply? [◊]											
Client in refuge	1082	3.8	1047	3.8	35	4.2	.10 (.18)	0.35	1.11	[0.79, 1.57]	
Perpetrator in jail [±]	1883	6.6	1832	6.6	51	6.0	.09 (.15)	0.36	1.09	[0.82, 1.46]	
Serious illness or death of perpetrator [±]	104	0.4	102	0.4	2	0.2					
Other circumstances [±]	7473	26.0	7261	26.0	212	25.1	.05 (.08)	0.34	1.05	[0.89, 1.23]	
None of the above [±]	12370	43.1	12026	43.1	344	40.8	.09 (.07)	1.82	1.10	[0.96, 1.27]	
If not living together is there ongoing contact? ^{1, ±}											
Yes	9122	41.3	8914	41.5	208	33.7	.34 (.09)***	15.29	1.40	[1.18, 1.66]	0.19
No	12950	58.7	12540	58.5	410	66.3					
If ongoing contact, why? [◊]											
Children [±]	6782	23.6	6664	23.9	118	14.0	.66 (.10)***	43.03	1.93	[1.58, 2.35]	0.31
Family and social networks	512	1.8	494	1.8	18	2.1	.19 (.24)	0.61	1.21	[0.75, 1.94]	
Legal proceedings [±]	918	3.2	901	3.2	17	2.0	.48 (.25)	3.8	1.62	[0.99, 2.64]	
Financial Arrangements [±]	430	1.5	420	1.5	10	1.2	.24 (.32)	0.57	1.27	[0.68, 2.39]	
Ongoing abuse by perpetrator	1338	4.7	1292	4.6	46	5.5	.17 (.15)	1.24	1.19	[0.88, 1.61]	
Ongoing intimate relationship [±]	428	1.5	418	1.5	10	1.2	.24 (.32)	0.54	1.26	[0.68, 2.38]	
Other	738	2.6	706	2.5	32	3.8	.42 (.18)	5.14	1.52	[1.06, 2.18]	

Note. *= $p<0.05$, **= $p<0.01$, ***= $p<0.001$

[±]Reference category is LGBT. No symbol indicates reference category is non-LGBT.

[◊]Questions allowed for multiple choices; percentages are given in reference to the whole sample as a proportion that ticked the option versus those who did not

¹23.1% missing data for the whole sample (23.0% for non-LGBT, 26.7% for LGBT)

PART III: LGBT CLIENTS & DVA SERVICES

Table 9. Descriptive statistics for abuse occurrence (past 3 months) (Exit)

	High		Moderate		Standard		None	
	N	%	N	%	N	%	N	%
Physical								
Non-LGBT	1860	6.9	1276	4.8	1291	4.8	22796	83.5
LGBT	68	8.4	54	6.7	39	4.8	649	80.1
Whole Sample	1928	7.0	1330	4.8	1330	4.8	23018	83.4
Sexual								
Non-LGBT	393	1.5	472	1.8	736	2.8	24950	94.0
LGBT	17	2.1	17	2.1	33	4.1	740	91.7
Whole Sample	410	1.5	489	1.8	769	2.8	25690	93.9
Harassment/Stalking ¹								
Non-LGBT	2297	8.7	2377	9.0	3739	14.1	18017	68.2
LGBT	70	8.7	74	9.2	110	13.7	549	68.4
Whole Sample	2367	8.7	2451	9.0	3849	14.1	18566	68.2
Jealous/Controlling ²								
Non-LGBT	2661	10.0	2640	10.0	4471	16.9	16712	63.1
LGBT	88	10.9	97	12.0	121	15.0	502	62.1
Whole Sample	2749	10.1	2737	10.0	4592	16.8	17214	63.1

¹5.2% missing data for the whole sample (5.2% for non-LGBT, 4.7 for LGBT)

²5.0% missing data for the whole sample (5.0% for non-LGBT, 4.2 for LGBT)

Table 10. Descriptives and Inferential Comparisons for Abuse Occurrence (Exit)

	Whole Sample		Non-LGBT		LGBT		B (SE)	Wald	Odds Ratio	95% CI	Effect Size (Cohen's d)
	N	%	N	%	N	%					
Experiences of Abuse (in last 3 months)											
Physical											
Yes	4588	16.6	4427	16.5	161	19.9					
No	23018	83.4	22369	83.5	649	80.1	.23 (.09)*	6.36	1.25	[1.05, 1.49]	0.12
Sexual											
Yes	1668	6.1	1601	6.0	67	8.3					
No	25690	93.9	24950	94.0	740	91.7	.34 (.13)**	6.99	1.41	[1.09, 1.82]	0.16
Harassment/Stalking [±]											
Yes	8667	31.8	8413	31.8	254	31.6					
No	18566	68.2	18017	68.2	549	68.4	.01 (.08)	0.01	1.01	[0.87, 1.17]	
Jealous/Controlling											
Yes	10078	35.1	9772	36.9	306	37.9					
No	17214	63.1	16712	63.1	502	62.1	.04 (.07)	0.32	1.04	[0.90, 1.20]	

Note. *= $p < 0.05$, **= $p < 0.01$, ***= $p < 0.001$

[±]Reference category is LGBT. No symbol indicates reference category is non-LGBT.

PART III: LGBT CLIENTS & DVA SERVICES

Table 11. Descriptives and inferential comparisons for further support accessed (Exit)

	Whole Sample		Non-LGBT		LGBT						
	N	%	N	%	N	%	B (SE)	Wald	Odds Ratio	95% CI	Effect Size (Cohen's d)
Has safety plan been accessed?											
Yes	22504	78.4	21794	78.2	710	84.2					
No	6215	21.6	6082	21.8	133	15.8	.39 (.09)***	17.39	1.49	[1.24, 1.79]	0.19
Has MARAC been accessed?											
Yes	11519	40.1	11157	40.0	362	42.9					
No	17200	59.9	16719	60.0	481	57.1	.12 (.07)	2.89	1.13	[0.98, 1.29]	
Has liaison/support with Police been accessed?											
Yes	10532	36.7	10199	36.6	333	39.5					
No	18187	63.3	17677	63.4	510	60.5	.12 (.07)	2.99	1.13	[0.98, 1.30]	
Has support with criminal court been accessed? ±											
Yes	6263	21.8	6080	21.8	183	21.7					
No	22456	78.2	21796	78.2	660	78.3	.01 (.09)	0.01	1.01	[0.85, 1.19]	
Has liaison/support with Probation been accessed?											
Yes	1023	3.6	984	3.5	39	4.6					
No	27696	96.4	26892	96.5	804	95.4	.28 (.17)	2.85	1.33	[0.96, 1.84]	
Has support with civil justice orders been accessed? ±											
Yes	4680	16.3	4566	16.4	114	13.5					
No	24039	83.7	23310	83.6	729	86.5	.23 (.10)*	4.88	1.25	[1.03, 1.53]	0.12
Has support with housing been accessed?											
Yes	11883	41.4	11517	41.3	366	43.4					
No	16836	58.6	16359	58.7	477	56.6	.09 (.07)	1.49	1.09	[0.95, 1.25]	
Have financial/benefits advice and support been accessed?											
Yes	5560	19.4	5389	19.3	171	20.3					
No	23159	80.6	22487	80.7	672	79.7	.06 (.09)	0.48	1.06	[0.89, 1.26]	
Has support with immigration been accessed?											
Yes	396	1.4	384	1.4	12	1.4					
No	28323	98.6	27492	98.6	831	98.6	.03 (.29)	0.01	1.03	[0.58, 1.84]	
Has support with health/wellbeing been accessed?											
Yes	17855	62.2	17263	61.9	592	70.2					
No	10864	37.8	10613	38.1	251	29.8	.37 (.08)***	23.70	1.45	[1.25, 1.68]	0.19
Has support with CYP been accessed? ±											
Yes	9104	31.7	8919	32.0	185	21.9					
No	19615	68.3	18957	68.0	658	78.1	.51 (.08)***	37.39	1.67	[1.42, 1.97]	0.25
Has support with HBV/FM been accessed?											
Yes	163	0.6	155	0.6	8	0.9					
No	28556	99.4	27721	99.4	835	99.1					

Note. *= $p<0.05$, **= $p<0.01$, ***= $p<0.001$

±Reference category is LGBT. No symbol indicates reference category is non-LGBT.

PART III: LGBT CLIENTS & DVA SERVICES

Table 12. Descriptives and inferential comparisons for criminal justice outcomes I

	Whole Sample		Non-LGBT		LGBT						
	N	%	N	%	N	%	B (SE)	Wald	Odds Ratio	95% CI	Effect Size (Cohen's d)
Was there a report made to the police? [±]											
Yes	9226	83.8	8987	83.9	239	78.6					
No	1786	16.2	1721	16.1	65	21.4	.35 (.14)*	6.07	1.42	[1.42, 1.07]	0.16
When was the report made? [±]											
Before engagement with service	7649	85.4	7506	85.4	143	83.6					
After engagement with service	1308	14.6	1280	14.6	268	16.4	.14 (.20)	0.49	1.15	[1.15, 0.77]	
Was the perpetrator arrested? [±]											
Yes	7433	82.8	7292	82.8	141	79.7					
No	1548	17.2	1512	17.2	36	20.3	.17 (.19)	0.80	1.19	[0.82, 1.72]	
Was a domestic violence protection notice issued?											
Yes	486	5.6	474	5.6	12	6.9					
No	8210	94.4	8049	94.4	161	93.1	.19 (.30)	0.40	1.21	[0.67, 2.19]	
Was a domestic violence protection notice order applied for?											
Yes	442	5.2	431	5.2	11	6.7					
No	8070	94.8	7917	94.8	153	93.3	.24 (.32)	0.55	1.27	[0.68, 2.35]	
Did the CPS proceed with the case?											
Yes	5298	86.5	5180	86.2	118	100.00					
No	832	13.5	832	13.8	0	0.0			N/A		
Was the case passed to crown court?											
Yes	1562	28.8	1531	28.8	31	30.4					
No	3860	71.2	3789	71.2	71	69.6	.04 (.22)	0.03	1.04	[0.68, 1.59]	
Who attended? [◇]											
Victim	86	1.5	81	1.5	5	3.8	.17 (.14)	1.58	1.19	[0.91, 1.55]	
Perpetrator	1588	28.5	1545	28.4	43	32.6	.32 (.11)*	8.97	1.37	[1.12, 1.69]	0.16
Other [±]	134	2.4	131	2.4	3	2.3	.18 (.24)	0.53	1.19	[0.74, 1.91]	
IDVA [±]	1676	30.1	1644	30.2	32	24.2	.51 (.15)*	11.76	1.67	[1.24, 2.22]	0.25
Witness Service [±]	1239	22.3	1212	22.3	27	20.5	.28 (.19)	3.64	1.45	[0.99, 2.14]	
Don't know	845	15.2	823	15.1	22	16.7	.16 (.21)	0.58	1.18	[0.77, 1.79]	

Note. *= $p<0.05$, **= $p<0.01$, ***= $p<0.001$

[±]Reference category is LGBT. No symbol indicates reference category is non-LGBT.

[◇]Questions allowed for multiple choices; percentages are given in reference to the whole sample as a proportion that ticked the option versus those who did not

Table 13. Descriptives and inferential comparisons for criminal justice outcomes II

	Whole Sample		Non-LGBT		LGBT	
	N	%	N	%	N	%
What action was taken against the perpetrator?						
<i>Cautioned</i>	405	4.6	394	4.5	11	5.4
<i>Fixed Penalty Notice</i>	18	0.2	18	0.2	0	0.0
<i>Charged</i>	5656	63.7	5522	63.7	134	65.7
<i>No further action</i>	2264	25.5	2219	25.6	45	22.1
<i>Don't know</i>	536	6.0	522	6.0	14	6.9
What action did the CPS take?						
<i>Authorised charge</i>	5278	71.6	5183	71.7	95	69.9
<i>Further enquiries</i>	293	4.0	288	4.0	5	3.7
<i>No further action</i>	1296	17.6	1269	17.5	27	19.9
<i>Don't know</i>	501	6.8	492	6.8	9	6.6
Was the perpetrator?						
<i>Released on bail</i>	4405	68.6	4323	68.6	82	71.3
<i>Remanded in custody</i>	1438	22.4	1416	22.5	22	19.1
<i>Don't know</i>	576	9.0	565	9.0	11	9.6
Where did the case initially proceed?						
<i>Magistrate – SDVC</i>	3948	65.3	3857	65.4	91	61.9
<i>Magistrate – Other</i>	1348	22.3	1309	22.2	39	26.5
<i>Don't Know</i>	747	12.4	730	12.4	17	11.6
Special Measures?						
<i>Not requested[±]</i>	2880	53.0	2814	53.1	66	52.0
<i>Granted</i>	1600	29.5	1563	29.5	37	29.1
<i>Denied</i>	41	0.8	39	0.7	2	1.6
<i>Don't Know</i>	908	16.7	886	16.7	22	17.3