Barriers to Support in LGBTQ+ populations

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The experiences of heterosexual female victims of intimate partner violence (IPV) are well documented in research and policy (Langenderfer-Magruder, Whitfield, Walls, Kattari & Ramos, 2016). In addition, heterosexual men are starting to receive more research attention in terms of their victimisation experiences (e.g. Hines & Douglas, 2011; Próspero & Kim, 2009). In terms of gender and sexuality, the LGBTQ+ community is severely underrepresented in IPV research, policy, and victim support provision (Morin, 2014). It is this victim support provision that is most crucial to this community; there is little point in raising awareness of IPV victimisation in the LGBTQ+ community through research and policy change, if the support for victims is inadequate or unavailable.

IPV is a significant and damaging experience for all victims, regardless of gender or sexuality. Victims can experience a wide range of different types of abuse from their partners including physical, psychological, emotional, sexual, and financial abuse (Centers for Disease Control and Prevention, 2017). Abusive behaviours can range from the overt punching, kicking, or pushing (Jaffe & Schub, 2011), to the more covert behaviours such as isolation, threats, or stalking (Grose & Cabrera, 2011). Traditionally, IPV has often been framed within a gendered, or feminist model, with men being perpetrators and women being victims (Graham-Kevan, 2007). However, as research and practice in the field of IPV moves forward, it is becoming clearer that violence within an intimate relationship is far more complex than was once thought. Importantly, IPV is found outside of the traditional male perpetrator-female victim conceptualisation. This implies that it is unlikely that gender and sexuality are the causes of IPV, rather their prominence may be attributable to the nature of the

relationships within which it occurs, an intimate relationship. With this in mind it is important that research and practice are focussed on all victims of IPV, rather than the majority group of women in heterosexual relationships.

This chapter aims to highlight the issues surrounding IPV in the LGBTQ+ community and the barriers this community face when accessing support. In light of the unique issues that are associated with different members of the LGBTQ+ community, this chapter will discuss LGB victims and transgender victims separately. This is to make the distinction clear between sexuality and gender, as often the two are conflated within the literature. While transgender people can be LGB, and people who are LGB can be transgender, we assert that it is important to discuss sexuality and gender separately so that each population receives adequate attention.

History of LGB Relationships

Over the past few decades a strong gay and lesbian movement has been forged and more recently this has expanded to include bisexual and transgender communities. This movement has been significant within Western society. These communities helped many who identified as LGBTQ+ find acceptance, whereas in the past members of this community frequently reported extreme isolation and no sense of belonging, as well as an absence of social support (e.g., family, friends, peers) as a result of their sexual orientation or gender identity (Harper & Schneider, 2003). This movement has paved the way for a significant shift in the level and availability of support for the LGBTQ+ community. Support services emerged, including local and national agencies which worked hard to support the LGBTQ+ community and helped to increase understanding and acceptance (e.g. Stonewall, Albert Kennedy Trust, GLAAD). These organisations helped improve social, legal and political

relationships; which in turn resulted in a shift in recognition of the human rights issues previously faced by members of this community.

Agencies created support and awareness of the innumerable forms of LGBTQ+ related oppression and discrimination that members of this community faced on a regular basis (Dworkin, 2003). Organisations were finally able to help this minority community who were previously 'hidden' and whose 'voices' were silenced. The LGBTQ+ community had experienced oppression and misconceptions causing high levels of stigmatisation. Events such as the Stonewall riot in 1969 have been recognised as pivotal in starting the process of social and political change (Poindexter, 1997). Harper and Schneider (2003) reported that the threat of violence during this period was a part of the everyday lives of members of the LGBTQ+ population, especially for those in younger groups. Research, such as that conducted by Edwards and Sylaska (2013), found significant reports of bullying, harassment and physical violence within multiple settings (e.g., home, school, friendships, and romantic relationships).

Members of the LGBTQ+ community have historically experienced harassment and violence within many aspects of their lives. A situation that was compounded further by active discrimination and stigmatisation in areas such as employment, housing, education and human services. During the time when this LGBTQ+ movement was emerging and gathering momentum, these negative behaviours were frequently left unchallenged in law, with little legislation available to acknowledge and contest the discrimination and stigmatisation faced by individuals within this population (Harper & Schneider, 2003).

Taking this context into account, violence between partners within the LGBTQ+ community may involve similar experiences of abuse, but could also include different power dynamics; this was a particularly common finding of research conducted in the 1980s and 1990s. Some LGBTQ+ individuals who had 'come out' were ostracised from their family,

lost their employment, and also found friendships were terminated. Some were thrown out of their homes and would move in with their partners; in a violent relationship, this was reported to exacerbate any imbalances of power and created opportunities to exert control. With the fear of homelessness, many victims of IPV would not leave their partner despite this abuse. This may also be true for individuals losing their employment; where the unemployed partner may lose financial independence and so become vulnerable to abuse involving financial control (Renzetti, 1992).

For LGBTQ+ intimate relationships, harassment and violence in their lives may cause additional strain on their relationships. These extant strains were found to be greater where drug and alcohol use were prominent (Renzetti, 1992); indeed, substance abuse has been found to be associated with increased risk of IPV (Halpern, Young, Waller, Martin & Kupper. 2004), therefore agencies offering support to members of the LGBTQ+ population may need to recognise and address such issues, constructing these factors as potentially precipitating violence.

Prevalence of Intimate Partner Violence in Same-Sex Relationships

Halpern et al. (2004) reported prevalence rates for IPV in LGB relationships in the United States at around 25%, with 1 in 10 reporting acts of physical violence. IPV data collected by SafeLives (an IPV charity based in the UK), found that within their LGB sample, 69% of participants had experienced some form of IPV. More recent research such as Carvalho, Lewis, Derlega, Winstead and Viggino (2011) found prevalence rates ranging from 25% and 50% in gay and lesbian relationships. Bartholomew, Regan, Oram and White (2008a) found 41% of GB males reported being a victim of at least one incidence of physical abuse; 35% reported to reacting violently to these behaviours; 12% of participants reported that they were both the perpetrator and victim of abuse; this indicates that bidirectional

violence was clearly present within some of the relationships reported by this study. This finding supports work investigating bi-directional violence within opposite-sex relationships (Bates, 2016), suggesting similar patterns of behaviour within intimate relationships regardless of the gender and sexuality of those involved. These prevalence rates suggest that IPV is indeed a serious societal problem for LGBTQ+ communities.

Considering behaviours beyond physical abuse, a relatively large-scale study by Turell (2000) found that the rates for a myriad of abusive acts were high. Monetary abuse was found to be reported by 40% of the sample of 492 individuals; coercive abuse was found to be high with 51% reporting this behavior. Victims also reported the perpetration of shaming abuse in 70% of the sample and threatening behavior at 52%. Physical abuse was reported at a level of 50%. Telesco's (2001) research on psychological abuse found high prevalence rates including: 71% reported angry stares, and name calling was reported at 55%. Jealous behaviour was found to be prevalent within 41% of relationships. Furthermore, Frankland and Brown's (2014) study, which featured coercive control within same-sex IPV, found that forms of dominance and emotional control were most commonly reported using the Controlling Behaviour Scale (CBS-R; Graham-Kevan & Archer, 2005).

Similarly, Halpern et al. (2004) found that a progressively common form of coercive control within a same-sex relationship was 'outing'. 'Outing' refers to someone intimidating their partner by threatening to reveal their sexual orientation and relationship status to family, friends, peers and employers who are unaware of their sexuality. Halpern et al.'s (2004) research reported that bisexual men were five times more likely than lesbian women and gay men to be victims of the controlling behaviour in the form of 'outing', and bisexual women were found to be 4 times more likely to be threatened with 'outing'. Maladaptive behaviours in relationships are becoming what IPV researchers argue as a 'norm' within abusive

relationships regardless of gender and sexuality (Bartholomew, Regan, Oram & White, 2008b; McHugh, 2005).

These statistics reveal how prevalent the issue of IPV is within this minority population and that it is just as common, if not more so, within LGB relationships, however, it is under-reported and sometimes ignored due to the dynamics of the relationships. For example, police classing acts of physical violence within a same-sex relationship as cases of non-intimate aggression due to the nature of the relationship (Pattavina, Hirschel, Buzawa, Faggiani & Bentley, 2007). There is also a reported common misconception, that violence within same-sex relationships is always bidirectional (West, 1998).

Exposure to IPV has been reported to increase a number of adverse outcomes related to health (Ard & Makadon, 2011). One such health risk that can affect both IPV and mental health outcomes, is internalised homophobia and internalised transphobia, which can arise from attitudes towards the LGBTQ+ population; these views can be shaped by family, friends, other peers and outlets such as the media. This can be attributed to the misconception that being heterosexual or being cis-gendered is 'normal', and that being a part of the LGBTQ+ community is somehow 'different' or 'not normal'. This attitudinal bias may be responsible for young people and adults experiencing high rates of bullying, and can result in the individual developing their own form of internalised homophobia/transphobia and self-dislike (Carvalho et al. 2011). This negative view that having a LGBTQ+ identity is somehow 'not normal' can increase issues such as depression and self-injury (Frost & Meyer, 2009; Igartua, Gill & Montoro, 2009).

Barriers to Support for LGB Victims

Calton, Cattaneo and Gebhard (2016) argue that there are three main barriers to victims seeking help for IPV in LGBTQ+ relationships. The first being that there is a limited

understanding of IPV within these groups which creates significant issues in developing tailored support services. Consequently, appropriate training could be costly which has led to calls on pragmatic grounds for LGBTQ+ individuals to use services already available to support non-LGBTQ+ victims. In addition to potential costs incurred for additional training there will be methodological considerations needed to ensure that future research to underpin these services is both robust and relevant to the LGBTQ+ populations. In particular, measures should be tailored to ensure nuances of abuse within LGBTQ+ relationships are captured.

The second barrier identified was the stigma associated with being part of the LGBTQ+ community as well as being a victim of IPV. This was found to be a particular issue for gay men who reported that they were reluctant to seek support because they felt embarrassed or ashamed of the abuse (Simmons, Farrar, Frazer & Thompson, 2011). Turell and Cornell-Swanson (2005) found LGBTQ+ IPV survivors reported being very dissatisfied with formal support services. These services included domestic violence agencies, shelters, crisis lines and the Criminal Justice System (Turell & Cornell-Swanson, 2005; Merrill & Wolfe, 2000). The National Transgender Discrimination Survey reported 19% of respondents were refused care by professionals because of their gender identity. Whilst difficult to defend this may be a consequence of confusion over where these victims should go to receive support.

Calton et al. (2016) stated that the third barrier was systemic inequities. They argued that if LGBTQ+ IPV survivors do not feel comfortable seeking support from an agency, they will not reach out for help in fear of discrimination. Whilst some services include help providers such as victim advocates, the victims may not seek help from the organisation due to links with official agencies (e.g. government agencies), and an associated fear or lack of faith in how the Criminal Justice system has contributed to oppression within these groups.

Charities such as SafeLives report that LGB individuals are underrepresented within partner violence services for a range of reasons: they do not identify with the stereotype of IPV, they do not believe the services are aimed at them, a lack of trust in mainstream agencies such as the Criminal Justice System, and a fear of 'outing' themselves in order to make use of such services. Examining the situation in Wales, Harvey, Mitchell, Keeble, McNaughton-Nicholls and Rahim (2014) found that LGBT people who experience domestic and sexual violence may face specific barriers to accessing support services. These included "individual barriers" related to their knowledge and perceptions, "interpersonal barriers" related to control and abuse from/by other people on the basis of their sexual orientation and gender identity, and "structural and cultural barriers" that related to the way existing services have been designed with the needs of heterosexual women in mind. Relating to the latter, Houston and McKirnan (2007) found that gay men have a reluctance to seek help from agencies because they are typically used by heterosexual female victims. Within this study, gay men reported feeling that they are not a priority within these services and some gay men seek help for their abuse via mental health services instead, due to their abuse compromising and significantly impacting on this aspect of their health and well-being. Mental health practitioners have reported in some instances that whilst they are experienced in supporting victims of IPV, they may be inexperienced responding to LGB victims.; this is also reported by community therapists. This knowledge can ultimately discourage LGB victims from seeking help.

The barriers affecting victims from seeking help and accessing care and support can cause many issues with the victims of abuse who feel they do not have anywhere to turn to. These feelings can be exacerbated by the stigma of LGB relationships, discrimination, lack of understanding in services such as the Criminal Justice System (Letellier, 1994) and what can be argued as a general cultural insensitivity towards LGB people who are abused within their

relationships (Houston & McKirnan, 2007). Lie and Gentlewarrior (1991) surveyed over 1,000 lesbians asking whether they would be likely to use a service for IPV, (this was whether they identified as a perpetrator or victim), and if they perceived they were both accessible and available. Over two thirds of the sample reported that they would not use a service or support agency. Similarly, Renzetti (1989) also found low rates of help seeking from services. This trend is not found just within the lesbian population. Island and Letellier (1991) found gay men were reluctant to seek help from legal and social agencies in relation to partner violence.

Pagelow (1981) argued that feelings of shame and a fear of retaliation may prevent all victims from seeking help. For LGB groups, there were reported concerns over revealing their sexual or gender orientation to service providers, as well as family, friends and peers due to fear of personal repercussions (Calton et al., 2016). Homophobia and discriminatory practices were argued to still be apparent in services for the wider community and therefore the LGBTQ+ community reported a need for specific services. Renzetti (1989) found many lesbians reported that agencies refused to help victims; whilst laws have been implemented to stop this type of discrimination, there have also been reports of support services denying the seriousness of violence within a same-sex relationship. Gay men have also reported these issues when seeking help from professionals.

West (1998) stated that services for same-sex IPV are needed to create an appropriate assessment tool for measuring abuse within a same-sex relationship. For example, within the LGBTQ+ community there are some unique forms of violence that can be used within this type of relationship dynamic, such as the prevalence of homophobic control which includes 'outing' which can have severe consequences for individuals. Furthermore, the presence of a HIV-positive status can be used as a form of control or emotional abuse within the relationship. Assessments would also be advised to measure the influences of homophobia

within relationships, both societal and internalized. Current assessment tools are not designed to measure the prevalence and effects of these behaviours within same-sex relationships. Without appropriate assessment tools for this community, specific support services cannot be created, impacting on the health of individuals within the LGBTQ+ community when exposed to IPV.

Transgender People and Intimate Partner Violence

The needs of transgender people tend to be little understood by both healthcare providers and the general public (Winter et al., 2016). Transgender is an umbrella term which refers to anyone whose gender identity or gender expression is different from the gender associated with the sex that they were assigned at birth (Hughto, Reisner & Pachankis, 2015). For clarity, gender identity is an individuals' sense of their own gender, and gender expression is how someone chooses to express their gender identity through behaviour and appearance. Some examples of the gender identities and gender expressions that are included under the transgender umbrella are as follows: Male-to-female (MTF) transgender, female-to-male (FTM) transgender, drag king and drag queen, genderqueer, non-binary, androgyne, and bigender (Beemyn & Rankin, 2011). There are many more identities and expressions than this but they all share the central characteristic of being different to the binary (male and female) sex that was assigned at birth.

Often, transgender people face oppression and marginalisation in their everyday lives, and historically transgender people have not always been accepted in society (Lombardi, Wilchins, Priesing & Malouf, 2001). Transgender people can face a wide variety of hostility throughout their lives, from their family not accepting their gender identity or gender expression, to being a victim of hate crime from strangers (Stotzer, 2009). Notably, they can even experience marginalisation from sexual minority cultures, who would be expected to be

supportive (Levitt & Ippolito, 2014). This is concerning as it is thought that the presence of multiple oppressed identities (e.g. transgender and sexual minority) can lead to mental health issues as a result of cumulative burden (Bariola et al., 2015). Further to this, there is evidence that these minority groups of transgender people face a greater risk of being discriminated against (Shires & Jaffee, 2015). Further discrimination is seen through opposition of the transgender population from feminist practitioners who believe that transgender people (especially MTF transgender people) are a threat to their "women only" spaces (Elliot, 2016). Janice Raymond (1994) has been particularly vocal about the fact that transgender people are not "real" men and women. She has also stated that she believes that a man who wishes to be the opposite sex is the ultimate manifestation of a man possessing a woman within a patriarchal society. Such opposition from these supposedly supportive groups can only add to the pervasive discrimination transgender people experience on a regular basis. When this everyday discrimination is then paired with an abusive relationship, the difficulties of a transgender person are further exacerbated.

There is a limited amount of research concerning transgender people and IPV victimisation (Whitton, Newcomb, Messinger, Byck & Mustanski, 2016), however, what research there is suggests that transgender people can experience more IPV than their cisgender (meaning those whose gender identity corresponds with the sex they were assigned at birth; Chakraborti & Garland, 2015) counterparts (Langenderfer-Magruder et al., 2016). One particular report, which examines transgender peoples' experience of IPV in Scotland, provides useful prevalence rates which have relevance more widely here in the UK (The Scottish Trans Alliance, 2010). The report used a relatively small sample (n=60 for some of the analysis, n=45 for the remaining analysis), but it is one of the only pieces of research that has examined transgender peoples' experiences of IPV victimisation specifically. Eighty percent of the respondents stated that they had experienced emotional, physical, or sexual

abuse by a partner. However, only 60% of these people actually recognised the behaviour as IPV. When looking at specific types of abuse the report states that the most common type of abuse was transphobic emotional abuse (73% of participants reported this). In terms of the impact that this abuse had on the participants, the majority of respondents to this part of the survey (98%) reported experiencing at least one negative effect on their wellbeing; the most common negative effect experienced was psychological or emotional problems (76%). These results demonstrate the significant impact IPV has on these transgender victims, but also highlights the fact that not all of them recognise their partner's behaviour as abuse. For this to change, greater emphasis needs to be placed on investigating IPV in transgender populations, as often the unique experiences of this victim group are amalgamated into studies on LGBTQ+ IPV victimisation in general.

As stated earlier in the chapter, transgender people experience unique issues when facing IPV. When transgender people are on the receiving end of IPV they experience types of abuse that other victim groups experience, but some abuse can be targeted specifically at vulnerabilities that are associated with the person's gender identity (Brown, 2011). Some of these abusive tactics can include using inappropriate pronouns, telling the victim that they are not a "real" man/woman, ridiculing the victim's gender identity, denying access to medical treatment such as hormones, hiding tools that enable the person to express their gender identity, and threatening to "out" the victim to their family and friends (FORGE, 2011). There are also examples of an abuser taking advantage of the everyday difficulties a transgender person can experience; for example, transgender people can face employment discrimination and can therefore be financially dependent on their partner which can lead to the abuser demanding "compensation" in the form of forced participation in activities such as prostitution or the drug trade (Goldberg, 2003). It is clear that, while transgender victims of IPV experience abuse that other victim groups experience, some abuse tactics exploit the

vulnerabilities that this population already struggle with daily. This reinforces the need for specialised support for this victim group, which is equipped to deal with the distinctive issues they face.

Barriers to Support for Transgender Victims

Regardless of whether a transgender person is the victim of IPV, access to support systems generally for the transgender population is challenging. There can often be a stigma associated with being transgender, and this can result in transgender people being reluctant to disclose their gender identity. They can even be reluctant in disclosing their gender identity to healthcare professionals because of a fear that they will be the victim of discrimination (Roberts & Fantz, 2014). Even though the transgender community is growing globally, there can still be a distinct lack of knowledge or awareness in healthcare professionals. In fact, there is evidence that there can be resistance from clinicians in treating transgender people, and some can be abusive and discriminatory (Shuster, Reisner & Onorato, 2016). This kind of discrimination is not only perpetrated by staff in healthcare settings; Criminal Justice professionals can also be responsible. When transgender people report crime victimisation, they are often concerned about being treated with respect, or about whether their case will be handled appropriately; there can also be cases of revictimisation at the hands of Criminal Justice professionals as a result of discrimination (Stotzer, 2014). This is important when considering the barriers to support for IPV victimisation because if a transgender person has experienced discrimination from help providers in the past, then they are unlikely to seek help for abuse in their relationship because of mistrust and fear (Bradford, Reisner, Honnold & Xavier, 2013).

As with LGB victims, transgender victims of IPV also experience significant barriers when attempting to access support for victimisation. Similar to the abuse they experience, the problems they face when accessing support for their victimisation are more often than not as

a result of their gender identity or gender expression. The main issue with the currently available support for transgender victims of IPV, is that it is simply not adequate or appropriate for the distinctive issues this population experience. In the UK, most of the current support provision for transgender victims of IPV is limited to organisations that are aimed at female victims in heterosexual relationships, organisations that are specific to the LGBTQ+ community but are not victims' services, and services which offer helplines that have time constraints (Walker, 2015). In fact, the large majority of victim support provision in the UK is aimed at heterosexual women. While female victims of male violence may be seen to represent the majority of IPV victims, this does not justify the lack of services for other victim groups. Further to this, transgender victims could be less likely to report their abuse because they do not see themselves represented in IPV policies, campaigns and support services (Bornstein, Fawcett, Sullivan, Senturia & Shiu-Thornton, 2006), therefore the true prevalence rates of abuse suffered by transgender people may not be known. All of this points to a lack of services that are equipped to specifically help the transgender population with the complex issue of IPV victimisation.

Even with the paucity of IPV victim services available to them, transgender people still encounter barriers when they are able to engage with support. These barriers can be different depending on the transgender person's gender identity or gender expression, but they have the common characteristics of being directly linked to their gender identity not matching the sex they were assigned at birth. One major barrier facing MTF transgender victims of IPV when accessing support is how much they "pass" as their gender identity when attempting to access women's organisations (Goldberg & White, 2011). However, even this does not account for the rest of the transgender community (e.g. FTM transgender people, or people who do not identify with a gender binary) trying to access support for IPV victimisation. Support for male victims of IPV is not widely available and most of the

available support is based on a victim being either male or female. Sometimes FTM transgender victims of IPV have the choice of risking further harm within the male shelter system, or having to hide their gender identity to be able to use the female shelters (Brown, 2011). This relates back to a previous point of, if transgender people do not feel as though the support available is meant for them, they are probably less likely to seek any support (Walker, 2015). Other barriers to transgender victims seeking help include not wanting to seek help out of a fear of creating negative views towards the transgender community (Walker, 2015), the disclosure of a person's birth name during criminal proceedings (Brown, 2011), and the fact that they may have to undergo a medical examination with a medical professional who has little knowledge of transgender people (Goldberg, 2003). All of these barriers are likely to be addressed with increased knowledge on the part of medical and Criminal Justice personnel and on the part of society in general.

If help for IPV victimisation continues to be framed using the gender binary, then many victims are still without the support they need. It has been suggested by some that a sense of community within the transgender population (Nuttbrock et al., 2015) or seeking help from friends (Guadalupe-Diaz & Jasinski, 2017) can counteract the mental health issues associated with being a victim of abuse; however, this may not be an option for many transgender victims if their abuser has isolated them from both the transgender community and their friends (Bornstein et al., 2006).This also does not replace effective transgender-specific support which addresses victims' individual needs. Currently, transgender people can often face the difficult decision of choosing to stay in a violent relationship or accessing support systems which have a high possibility of being discriminatory (Yerke & DeFeo, 2016). For this reason, it could be argued that it is crucial for appropriate support services for transgender victims to be put in place to help this often-forgotten population. This can only be done by raising awareness of the unique issues that transgender victims of IPV experience.

In fact, Merrill (1996, p.20) challenged researchers to develop "theories which explain phenomena for every group that experiences it, not only the majority group". This can also be extended to the provision of support services to IPV victims.

Conclusion

It is clear that the needs of the LGBTQ+ community are complex and varied, both in everyday life and as IPV victims. Indeed, LGBTQ+ people can face harassment and discrimination on a daily basis. When combined with an abusive relationship, their issues can only increase. From the evidence presented in this chapter, it can be seen that the prevalence rates of IPV in LGBTQ+ relationships are equal, if not significantly higher, than their heterosexual, cisgender counterparts. This is in obvious opposition to the traditional view of IPV presented by the feminist perspective, and certainly warrants further investigation. However, further investigation may prove to be problematic, as IPV in LGBTQ+ relationships is not fully understood, and currently there is no specific assessment tool that incorporates the unique abuse tactics (e.g. "outing") that people from this population can face. What is needed is research that investigates both prevalence rates of IPV in LGBTQ+ relationships on a large-scale, and also further examines the abusive behaviours that are unique to this population. This in turn can only strengthen any attempt at creating and sustaining IPV victim support services that are tailored to the LGBTQ+ community.

In addition to highlighting the experiences of LGBTQ+ IPV victims, this chapter has also discussed some of the issues this population can experience when seeking support for abuse in their relationship. Before victims from the LGBTQ+ community even access support they face barriers, most notably the fear of discrimination. It has been found that this fear of discrimination may not be unfounded, as health professionals, Criminal Justice personnel, and support services may not have the appropriate knowledge of this population in order to provide satisfactory, non-discriminatory support. LGBTQ+ victims of IPV can often not

recognise their experiences as abuse, which is further compounded by the fact that they do not feel as though support services are aimed at them. Unfortunately, this can result in LBTQ+ IPV victims choosing between an abusive relationship and discriminatory support services that are often not equipped to help them. Moving forward from here it is important to acknowledge that understanding the experiences of all victims of IPV, regardless of gender or sexuality, are paramount when developing support services. Only then can support for IPV victims be truly inclusive.

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