

The Centre for Age Gender and Social Justice

A Good Practice Guide

**WORKING WITH OLDER LGBTQ+  
VICTIM-SURVIVORS OF  
DOMESTIC ABUSE**

Written by:

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Many of the images used in this toolkit have been downloaded from Ageing Better.



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## About Dewis Choice

*Dewis Choice is a Welsh Initiative based at the Centre for Age, Gender and Social Justice at Aberystwyth University. Established in 2015, the Initiative uniquely combines a co-produced service with research on domestic abuse in later life.<sup>1</sup>*

*The bespoke service has been co-produced 'by and for' older victim-survivors of domestic abuse, offering long-term intensive support for up to three years and providing a service for all older people, except for those receiving in-hospice care. As such, it represents a response to the gap in service provision for this age group.*

*Dewis Choice is the first longitudinal prospective study globally to examine the decision-making processes of older victim-survivors as they seek help and access to justice.<sup>2</sup> Dewis Choice has highlighted the diverse 'lived experiences' of 131 women, men and non-binary people aged 60 years and over who have experienced abuse from intimate partners and/or adult family members.<sup>3</sup> The Dewis Choice team recognised that there were very few older people in their service and research who were identifying as Lesbian, Gay, Bisexual, Trans, Queer or questioning (LGBTQ+) and wanted to explore why this demographic group was not accessing current services.*

*Dewis Choice is led by Sarah Wydall, Elize Freeman and Rebecca Zerk. Please see our website for further information about the team and the work they are involved in: <https://dewischoice.org.uk>.*

*With funding from the National Community Fund, the Dewis Choice team aimed to examine help-seeking experiences of older LGBTQ+ victim-survivors of domestic abuse. The research had three core stages, first, designing and facilitating two practitioner workshops in England.<sup>4</sup> The workshops explored the barriers older LGBTQ+ victim-survivors faced when accessing help, support, and justice. Twenty-eight practitioners participated in the workshops. The practitioners were from a range of backgrounds including health, age, domestic abuse and LGBTQ+ specialists.*

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<sup>1</sup> Wydall, S., Clarke, A., Williams, J. and Zerk, R. (2019). Dewis choice: A Welsh initiative promoting justice for older victim-survivors of domestic abuse. In *Violence Against Older Women, Volume II* (pp. 13-36). Palgrave Macmillan, Cham. DOI: 10.1007/978-3-030-16597-0.

<sup>2</sup> Wydall, S., Freeman, E. and Zerk, R. (2020). Transforming the Response to Domestic Abuse in Later Life: Dewis Choice. Llandysul, Gomer Press.

<sup>3</sup> Wydall, S. & Freeman, E. (2020). Domestic Violence in Health Contexts: A Guide for Healthcare Professionals. McGarry, J. & Ali, P. (eds.). Switzerland: Springer Nature. Visit our website for practitioner toolkits at: <https://dewischoice.org.uk/information-and-advice/resources/>

Wydall, S., Freeman, E. and Zerk, R. (2022) Domestic abuse and the co-existence of dementia [online] available at: [https://dewischoice.org.uk/wp-content/uploads/2022/02/Dewis-Choice-Dementia-and-DA\\_COMPRESSED.pdf](https://dewischoice.org.uk/wp-content/uploads/2022/02/Dewis-Choice-Dementia-and-DA_COMPRESSED.pdf)

<sup>4</sup> Workshops were facilitated by James Rowlands, an LGBTQ+ specialist in the field of domestic abuse.

Second, Dewis Choice co-produced a short film 'Do You See Me?'<sup>5</sup> with older LGBTQ+ people. Part of the film-making process involved conversations with fourteen older LGBTQ+ people, who shared their experiences of help-seeking and their perspectives about different relationships across the life course. They also discussed how the societal response to their gender identity and/or sexuality impacted on how they saw themselves and how they interacted with the outside world, particularly in relation to their relationships with their intimate partners, family, community, and services. Of the fourteen people involved in this piece of work, twelve of them had disclosed they had experienced domestic abuse.

The final stage of the research involved creating a practitioner film, 'Hidden Victims'.<sup>6</sup> Working alongside specialist LGBTQ+ organisations, Galop, LGBT Foundation and Opening Doors, Dewis Choice produced a short film that raises awareness of domestic abuse within older LGBTQ+ relationships. The film provides practical advice for practitioners on how to respond appropriately to older LGBTQ+ victims.

This toolkit has been produced from the research findings, alongside data drawn from older LGBTQ+ clients engaging with the Dewis Choice Initiative. The toolkit outlines the nature and prevalence of domestic abuse in LGBTQ+ relationships, using case study examples to illustrate abuse dynamics.

The toolkit explores barriers to accessing help, support and justice provision, drawing on practitioner and older LGBTQ+ perspectives. Guidance is provided on how practitioners can respond to older LGBTQ+ victim-survivors on an individual and organisational level. The last section of the toolkit discusses the value of adopting a multi-agency approach to support the needs and uphold the rights of older LGBTQ+ victim-survivors.

The overall aim of the toolkit is to increase the knowledge and understanding of practitioners working with older LGBTQ+ victim-survivors. The key principles underlining the toolkit are to promote inclusivity, equality, and wellbeing. Guidance is given on 1) how practitioners can create and promote a safe space for inclusivity, and 2) how to provide equality of opportunity as service providers irrespective of age, gender identity or sexual orientation.



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<sup>5</sup> [Do You See Me?](#) is a short co-produced documentary exploring the lived experiences and first-hand accounts of older LGBTQ+ people who are victim survivors of domestic abuse. Gordine, C., [Wydall, S.](#), [Zerk, R.](#), [Chapman, T.](#), Joiner, A., Craine, J., Mitchell, X. & Bulman, R., 17 Nov 2020, The Centre for Age, Gender and Social Justice.

<sup>6</sup> Hidden victims a short film exploring practitioners' responses to older LGBTQ+ victim-survivors of domestic abuse. Gordine, C., Wydall, S., Zerk, R. March 2022, The Centre for Age, Gender and Social Justice. Available at: [https://www.youtube.com/channel/UCm3YK\\_wYUbpXo0RO87w0EA](https://www.youtube.com/channel/UCm3YK_wYUbpXo0RO87w0EA)

## Terms of reference

In this document, the term 'older person' is used to refer to a person aged 60 years and over. Victim-survivor is used to describe a person who has experienced domestic abuse. The term encompasses 'victims', 'survivors' 'client' and 'service user'.

LGBTQ+ is an acronym used to collectively describe a wide range of sexualities and gender identities that fall outside of normative societal constructs of heterosexuality and cis gender: namely Lesbian, Gay, Bisexual, Transgender, Queer or Questioning.

We recognise that using the acronym LGBTQ+ risks 'homogenising' the experiences of individuals who fall under this umbrella term and that this is problematic when examining specific experiences, needs and barriers faced by each group. Throughout this toolkit, where we have the data available, we have separated the data to discuss our findings and wider research based on individual gender identity and sexual orientation. However, this is challenging given the paucity of research in this field. We invite practitioners and academics to develop this area of research further, in the hope of developing a more nuanced understanding of the diverse experiences across genders and sexualities in later life. Further research is crucial in shaping legislation, policy and practice to offer protection for older LGBTQ+ victim-survivors of domestic abuse.

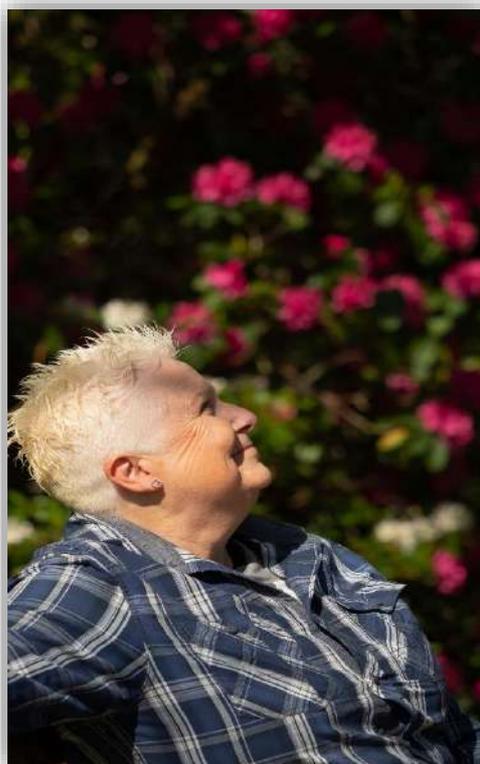


## Older LGBTQ+ people

For LGBTQ+, heterosexual and cis-gendered people, the primary focus of interest in gender and sexuality is often centred on younger people, often ignoring older people's experiences in relationships. There is also a tendency to 'desexualise' older people and not give adequate consideration to relationships, sexuality and/or gender identity for people aged 60 years and over in the provision of services and support. As a result, older LGBTQ+ people are often overlooked in terms of improving understandings around their individual identities and their lived experiences of relationships in later life. This invisibility means that the additional barriers older LGBTQ+ victim-survivors may face to accessing and engaging with services may not be recognised.

The LGBT rights charity, Stonewall (2011)<sup>7</sup> commissioned a survey of people who are LGB and aged over 55 years. Stonewall found that there were differences in the later life experiences of older LGB people, compared to those who are heterosexual. For example, older people who are LGB are:

- More likely to be single, with gay and bisexual men almost three times (40%) more likely to be single than heterosexual men (15%);
- More likely to live alone, with 41 per cent of older lesbian, gay and bisexual people living alone compared to 28 per cent of heterosexual people;
- Less likely to have children. Just over a quarter of gay and bisexual men, and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women;
- Less likely to have regular contact with their biological family or family of origin;
- More likely to have a history of mental ill health and have more concerns about their mental health in the future.



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<sup>7</sup> Stonewall. (2011). *Lesbian, Gay and Bi-sexual people in later life* [online] available at: <https://www.stonewall.org.uk/resources/lesbian-gay-and-bisexual-people-later-life-2011>

The findings from Stonewall suggest that older people who are LGB are far less likely to have informal support networks, especially in rural areas, compared to their heterosexual counterparts.

As a result of these needs, older LGB people are more likely to have a heavier reliance on formal services such as health and social care provision. But at the same time, past experiences of discrimination can make them more fearful of engaging with services and the response of service providers. This includes a reluctance to approach generic domestic abuse service provision through concerns that services would be ill-equipped to understand and respond to their needs.

Research focusing on older trans people identified that:

- 16.9 per cent of older trans women attending gender reassignment clinic reported non-suicidal self-injuries, which is three times higher than average among the general population;<sup>8</sup>
- Older trans people are more likely to have a history of poor mental health and be concerned about mental health in later life;<sup>9</sup>
- Older transgender people have poorer relationships with health-care providers are more concerned about the possibility of needing personal care if their bodies are congruent with a binary gender identity;<sup>10</sup>
- Older trans people often have unsupportive (biological) family relationships, particularly if they are transitioning in later life.<sup>11</sup>

In recent years, statutory services have made advances in their policies to improve their response towards LGBTQ+ people, however, the everyday practices of individual professionals still require development. A survey by Stonewall (2015)<sup>12</sup> identified discriminatory responses towards LGBT amongst health and social care. Stonewall's survey of over 3,000 health and social care professionals reported that 25 per cent of respondents had overheard colleagues making negative remarks about LGBT people. 57 per cent of respondents stated they did not feel a person's sexual orientation was relevant in accessing health and social care provision.

The process of "coming out" is continuous, as every time a person meets someone new, they have to make a decision whether or not to disclose their gender identity or sexuality. Practitioners told the researchers at Dewis Choice that as a protective strategy, some older people reported 'going back in the

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<sup>8</sup> Bouman, WP, Claes, L, Marshall, E, Pinner, GT, Longworth, J, Maddox, V, Witcomb, G, Jimenez-Murcia, S, Fernandez-Aranda, F and Arcelus, J (2016) Sociodemographic variables, clinical features, and the role of preassessment cross-sex hormones in older trans people. *Journal of Sexual Medicine*, 13, 711–719.

<sup>9</sup> Kneale, D., Henley, J., Thomas, J. and French, R., 2021. Inequalities in older LGBT people's health and care needs in the United Kingdom: a systematic scoping review. *Ageing & Society*, 41(3), pp.493-515.

<sup>10</sup> *Ibid*

<sup>11</sup> Westwood, S (2017 c) Religion, sexuality, and (in) equality in the lives of older lesbian, gay, and bisexual people in the United Kingdom. *Journal of Religion, Spirituality & Aging* 29, 47–69.

<sup>12</sup> Stonewall (2015) Unhealthy attitudes report, [online], available at: <https://www.stonewall.org.uk/resources/unhealthy-attitudes-2015> (accessed on 18 March 2022).

closet' and hiding their sexuality or gender identity as they feared experiencing hate and discrimination. There was a sense that this was particularly the case if the older person required a carer in their own home, or they were moving to residential care. A social care practitioner said:

*They [older people] are not 'out' to their carers because of the fear of repercussion [from service providers] from the person who is going into their home every day. So, they are even more isolated because the services that are supposed to be freeing them from being isolated, actually, are putting that barrier in.*

Social Care Professional: 1

Previous exposure to negative responses from practitioners in health and social care services, and in the criminal justice system may inhibit the disclosure of gender identity or sexual orientation. Researchers from Dewis Choice were told how one older gay man with care and support needs had removed personal possessions, including photographs, from his home in an attempt to conceal his sexuality and avoid homophobic discrimination from his carers.

*There's often a reluctance to disclose information about their partnerships, let alone abusive partnerships, because they're experiencing a lifetime of violence and discrimination and they're often apprehensive or frightened about disclosing that kind of abuse to statutory or voluntary services. For example, carers or social services, because they're worried that they're going to lose their independence and they're going to perhaps go into social housing or sheltered housing and they're 'going to be back in the closet,' as it were.*

Specialist LGBTQ+ Domestic Abuse Practitioner: 1

A knowledge of the socio-legal and historical context of older LGBTQ+ people's lives is key to understanding their victimisation experiences and the barriers they face when accessing help and support. The next section will examine the historical context of older LGBTQ+ people, discussing the social and legal developments over the past century, which will help develop understanding of their life course experiences.

## Historical Experiences of Discrimination and Marginalisation

This section will explore the historical experiences of discrimination and marginalisation faced by older LGBTQ+ people. It will refer to historical conditions including the social and legal responses to LGBTQ+ people to highlight how the past influences the present perceptions of older LGBTQ+ people.

Historically, LGBTQ+ couples have been denied the same rights and privileges as heterosexual married couples. The relationships of LGBTQ+ people have been excluded from areas of United Kingdom legislation and policy that were designed to offer protection and promote health and social welfare. Attempts to achieve equality through amending existing legislation have been criticised for not reflecting the diversity of the relationship practices of LGBTQ+ people, instead requiring them to mould their relationships to fit heterosexual normative models.<sup>13</sup>

The experiences of older lesbian, gay, bi, trans and queer people, whilst connected, are historically different. There are also differences across the three generations of older people based on the age group in which they belong. For example, an older LGBTQ+ person who is currently sixty years of age will have grown up in a very different socio-historical climate to an LGBTQ+ person who is eighty years of age. For gay men who are aged 70 years and over in 2022, they would have grown up in a time where their sexual practices were criminalised.

Furthermore, for gay men who are aged between 50 and 60 years, they will have lived through the HIV AIDS crisis during the 1980s and 1990s which disproportionately affected gay and bisexual men. The media and government stigmatised gay and bisexual men, this led to many gay and bisexual men not seeking help as the AIDS crisis was considered a taboo subject. For many older gay and bisexual men, they continue to carry the trauma through loss of friends and survivor guilt into their later life.<sup>14</sup>



<sup>13</sup> Hammack, P.L., Frost, D.M. and Hughes, S.D., 2019. Queer intimacies: A new paradigm for the study of relationship diversity. *The Journal of Sex Research*, 56(4-5), pp.556-592.

<sup>14</sup> Baird, K., Wolfe, J. and Davies, R., 2020. The traumatic sequelae of surviving the AIDS crisis: A case report. *Journal of Gay & Lesbian Mental Health*, 24(4), pp.423-433.

Below is a timeline of some of the key legislative events that have occurred since 1885 that have had significant impact on older gay and bisexual men.

- 1885** 'Criminal Law Amendment Act 1885 made all sexual acts between men, in the private or public space, subject to criminal prosecution.
- 1967** The Sexual Offences Act 1967, legalised same sex acts, carried out 'in private,' between men aged over 21 years of age in England and Wales, followed by Scotland and Ireland in the early 1980's, implicitly signalling that young men need protection from older gay men and same sex relationships should be hidden. The UK Government lifts the ban on lesbians, gay men and bi people serving in the armed forces.
- 1980** Conversion therapy was no longer available on the NHS in the UK. In this context, conversion therapy is a practice that has been used as an attempt to stop or suppress someone from being gay
- 1992** World Health Organization removed homosexuality as a category of mental illness.
- 2000** The Sexual Offences Act was amended to equalise the age of consent for same-sex relations between men to 16 in line with the heterosexual age for consent\*
- 2013** The Marriage (same-sex couples) Act 2013 enabling same sex couples to access the same legal rights and protection, attained through marriage, as heterosexual couples. \*
- 2017** The Government issues a posthumous pardon to all gay and bi men who were convicted under pernicious sexual offences laws in the last century which enabled police to criminalise people for being gay or bi. \*
- 2021** As part of the State Opening of Parliament, Queen Elizabeth stated that the UK planned to ban conversion therapy aimed at altering sexual orientation.

\*Information taken from Stonewall website: <https://www.stonewall.org.uk/key-dates-lesbian-gay-bi-and-trans-equality>

As illustrated in the timeline above, the development of legislation and policy promoting equality for the relationships of LGBTQ+ people has been slow.

Whilst sexual activity between men was viewed as needing legislative intervention, the historical landscape for lesbians was different. The Sexual Offences Act was only applicable for gay men and therefore, the sexuality of

lesbian women was not subjected to the same criminalisation. There were, however, attempts made to create an offence of “gross indecency between females,” by the Association for Moral and Social Hygiene, through the Criminal Law Amendment Bill 1921. The motion failed in part due to an inability by the feminist movement to respond, and parliament to debate, the subject of lesbianism as it was “considered publicly unspeakable.”<sup>15</sup>

This meant that although lesbians were not subjected to the same hostility and criminalisation as gay men, they were rendered ‘invisible’ in terms of social policy and discourse which failed to acknowledge their relationships at all. Therefore, lesbians who are today aged between 70 and 90+ years old and would have experienced extreme levels of invalidation of their sexuality and relationships.

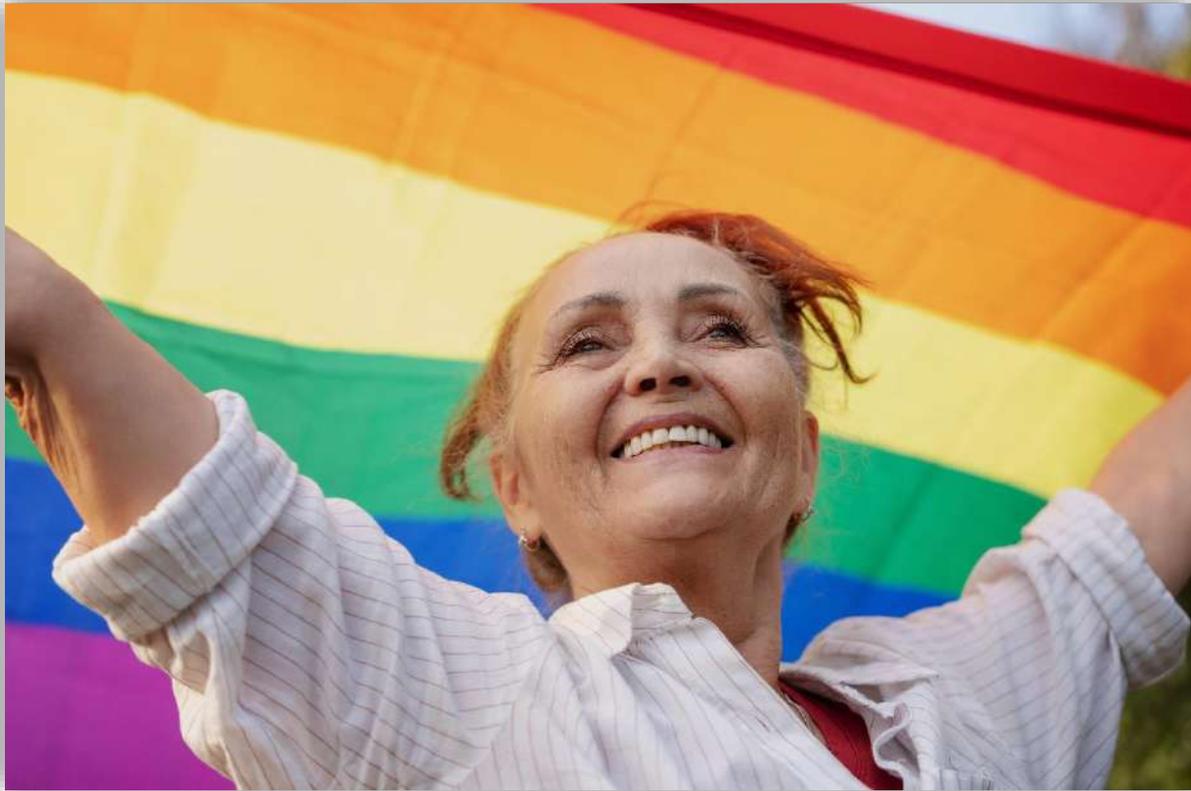
*You didn't talk about it [lesbianism]... I suppose my mum was in the silent generation, and she could just never say the word lesbian. She used to mouth it... it was okay that two women ran the sweet shop together because you could think they were sisters or friends. And you didn't have to think about the fact there was anything else going on. In all likelihood they probably had separate bedrooms anyway just in case somebody came to visit. You just didn't talk about it. It was just silenced.*

*LGBT+ Housing Practitioner: 1*



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<sup>15</sup> Derry, C. (2018). Lesbianism and Feminist Legislation in 1921: the Age of Consent and “Gross Indecency between Women” - Open Research Online. *Open.ac.uk*. [online] Available at: <http://oro.open.ac.uk/55535/> (accessed 3<sup>rd</sup> January 2021).



A timeline of key events for lesbian and bisexual women is presented below.

- 1975** 'Action for Lesbian Parents' was founded after three high profile custody cases where lesbians were refused custody of their own children.<sup>16</sup>
- 1983** The UK's first national lesbian and gay TV show, One in Five, is shown on Channel 4.
- 2000** The UK Government lifts the ban on lesbians, gay men and bi people serving in the armed forces.
- 2002** Equal rights are granted to same-sex couples applying for adoption
- 2004** The Civil Partnership Act 2004 is passed, granting civil partnership in the United Kingdom. The Act gives same-sex couples the same rights and responsibilities as married straight couples in England, Scotland, Northern Ireland and Wales.

Information taken from Stonewall website: <https://www.stonewall.org.uk/key-dates-lesbian-gay-bi-and-trans-equality>

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<sup>16</sup> Opening Doors (2018) UK LGBT timeline, given as a handout at a training course entitled 'understanding the lives of older LGBT people.'

Historically, trans people have been subjected to a deeper layer of invisibility than any other gender identity or sexuality. The progression of lesbian, gay and bisexual rights, discourse and stigma have until recently excluded trans voices. For example, trans gender was not removed as a mental health condition by the World Health Organisation until 2019 - 27 years after homosexuality was removed. The stigma for trans has been longer lasting and there continues to debate about trans status in the United Kingdom. It can be argued that trans people experience double marginalisation as they have to explain both their gender identity and their sexual orientation.

A timeline is illustrated below indicating the key events for trans people in the United Kingdom.

- 1951** Roberta Cowell made history as the first known British trans woman to undergo gender-reassignment surgery.
- 1970s** The Corbett v Corbett divorce case established a precedent that a person's sex cannot legally be changed from that which is assigned at birth.
- 1986** Mark Rees, a trans-man, brings a case to the European Court of Human Rights, stating that UK law prevented him from gaining legal status recognising him as male. The case was lost but the court noted the seriousness of the issues facing trans people.
- 2004** The Gender Recognition Act 2004 was passed giving trans people full legal recognition in their gender. The Act allows trans people to acquire a new birth certificate, although gender options are still limited to 'male' or 'female'.
- 2007** *'Engendered Penalties Transsexual and Transgender People's Experience of Inequality and Discrimination'* was published. This is instrumental in ensuring the inclusion of trans people in the remit of the UK's new Commission for Equalities and Human Rights.
- 2010** The Equality Act 2010 officially adds gender reassignment as a protected characteristic.

Information taken from Stonewall website: <https://www.stonewall.org.uk/key-dates-lesbian-gay-bi-and-trans-equality>

The brief summary of LGBTQ+ history presented above illustrates how older LGBTQ+ people have lived through a time of significant changes in how the law, public and media have viewed gender identity and sexual orientation. Historically, older LGBTQ+ people have been marginalised, stigmatised and in some cases deemed mentally ill or criminalised. Furthermore, non-heterosexual relationships have been labelled 'less than', a sin or an illness which has led to internalised homophobia, biphobia, transphobia and this feeling of shame and guilt. Gaining a historical context is important as it helps to position older people's perceptions of self, their experiences and their relationships. The next section will explore the nature, dynamics, and prevalence of domestic abuse within LGBTQ+ relationships.



## Nature of Domestic Abuse in LGBTQ+ relationships

### What is domestic abuse?

In England and Wales, domestic abuse is defined by the Domestic Abuse Act 2021 as:

*'a single incident or course of conduct between those who are aged 16 years or over who are, or have been, intimate partners or family members.'*<sup>17</sup>

Domestic abuse consists of physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic, psychological, emotional or other abuse.

Domestic abuse can be a one-off incident; however, it is typically part of a pattern of coercive and controlling behaviour. Victimisation studies show that domestic abuse victims are more likely to experience X assaults before disclosing the abuse.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Age-related factors such as, health conditions, disability, care needs and levels of social contact can be manipulated by an abusive partner or family member to increase control and dependency including:

- constantly criticising, humiliating and dehumanising you, treating you as worthless or useless.
- jealous or possessive behaviour, for example, frequent phone calls to check where the victim is and what they are doing, or checking activity on the victim's phone or e-mail; intercepting communications, e.g. letters, messages or phone calls;

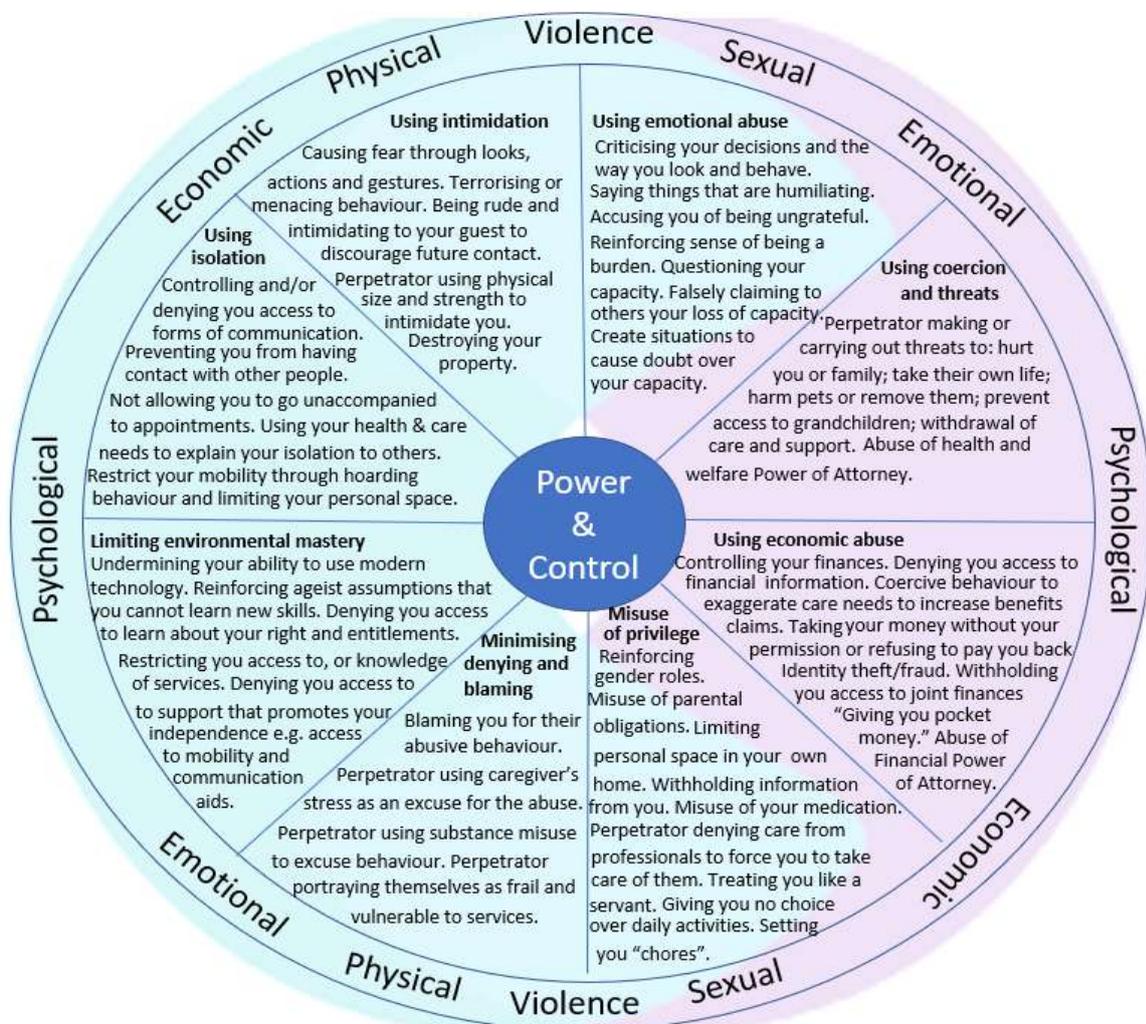
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<sup>17</sup> Domestic Abuse Act 2021 [online] available at: <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted> (accessed on 28<sup>th</sup> February 2022)

- threats of suicide/homicide/familicide/self-harm. Domestic homicide reviews show high rates of homicide-suicide, particularly in cases where the victim is an older person.<sup>18</sup>

Coercive control can also involve threats to harm much loved pets, which can create an added barrier to leaving safely if the older person cannot secure accommodation that allows pets.

Dewis Choice have produced a power and control wheel, adapted from the Duluth model, based on the research findings from their longitudinal study into the lived experience of older victim-survivors of domestic abuse. The wheel details abusive behaviours described by older survivors supported by the initiative, forming patterns of power and control, perpetrated by intimate partners and adult family members. The Dewis Choice Wheel is provided below.



"All rights reserved © 2020 Dewis Choice"

<sup>18</sup> Bourget, D., Gagné, P. and Whitehurst, L. 2010. Domestic homicide and homicide-suicide: the older offender. *Journal of the American Academy of Psychiatry and the Law Online*, 38(3), pp.305-311.

An older person may have experienced coercive control for decades in an intimate relationship, which will significantly influence their sense of self-identity and confidence in their ability to make decisions for themselves. Perpetrators who use coercive and controlling behaviours can affect all areas of an individual's life and will often target aspects of the person's identity where it will achieve maximum impact on the person's sense of self.



Although older LGBTQ+ people experience many of the same types of abusive behaviours as heterosexual, cis-gendered people, they can also experience abuse targeted specifically at their sexuality and gender identity, including:

- Controlling someone by threatening to “out” them, revealing their sexual orientation or gender identity family, friends or community without their permission;<sup>19</sup>
- Experiential abuse: manipulating an older LGBTQ+ partners lack of relationship experience to create a false sense of what is acceptable behaviour in a relationship;
- Identity abuse tactics: purposely using the wrong pronouns, undermining, attacking, or denying a partner's identity as an LGBTQ person;<sup>20</sup>
- Questioning a person's gender or sexuality, for example claiming a person is not a real lesbian or gay man;<sup>21</sup>
- Manipulating marginalised characteristics, for example, ethnicity, age, disability and needs for care and support;
- Threatening to reveal a person's HIV or AIDS status;
- Denying access to LGBTQ+ communities;
- Threatening to damage or sever contact with family networks and friends.

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<sup>19</sup> Head, S. and Milton, M., 2014. Filling the silence: Exploring the bisexual experience of intimate partner abuse. *Journal of Bisexuality*, 14(2), pp.277-299.

<sup>20</sup> Guadalupe-Diaz, X.L. and Anthony, A.K., 2017. Discrediting identity work: Understandings of intimate partner violence by transgender survivors. *Deviant Behavior*, 38(1), pp.1-16.

<sup>21</sup> Donovan, C., Hester, M., Holmes, J. and McCarry, M., 2006. Comparing domestic abuse in same sex and heterosexual relationships. *United Kingdom: University of Sunderland and University of Bristol*.

What would happen is say I told you something I'd say 'I have an appointment on the 17<sup>th</sup>' and you would say 'okay' and then if you said to me 'when's your appointment?' and I'd say 'it's on the 17<sup>th</sup> I told you last week' 'no you didn't' so I got that whole denial thing that whole 'no no no it's your chemo brain, you're crazy' or being laughed at because I had forgotten something.

**Lesbian woman**

"It was basically the ignoring. The living his life in orbit with me but as if I wasn't there. So yes. I became suicidal, started taking long walks in the middle of the night usually down to the river where I would consider jumping off"

**Queer man**

Looking back on it whilst it was never physically violent his vulnerability became something that meant by design or by default manipulated me so I felt very quickly that if I upset him, if I got something wrong it could have disastrous effects on him and here I was I was okay.

**Gay man**

I was actually defining myself as polyamorous at the time although I had no other lovers... I wasn't saying it was going to be an exclusive relationship and she said "oh that's fine I'm polyamorous too" which wasn't actually true. As soon as a I became involved with her she became very possessive...as it [the relationship] went on I felt more and more emotionally pressurised and over demanded...she was jealous of any time I spent with other people.

**Bisexual women 2**

I sold my other house and I've leant her a lot of money. She's managed to wangle the whole 90 thousand odd out of me, plus other money that she owed me anyway...She's just squandered the lot and ended up with nothing and she's said she is going to pay me back but it's not going to happen. The police are involved and everything now so. They are all saying I was very gullible, family and friends. Even the trans community cut me off.

**Trans woman 1**

Chemsex – Practitioners should be aware of the risks of abuse connected to Chemsex. Chemsex involves the use of drugs, primarily: crystal methamphetamine, GBH or Mephedrone, to enhance sexual arousal and reduce inhibition. Drugs can be taken orally, snorted in powder form or injected. A 2014 study<sup>22</sup> of over one thousand gay men in London found one fifth had had Chemsex in the previous five years. It is acknowledged by groups working to support gay men that Chemsex is an issue across the UK. Abuse related to Chemsex can include:

- Loss of ability to consent to sex, consent to specific sexual practices, or withdraw consent to sex
- Increased exposure to HIV and STI's through unprotected sex and/or needle use
- Coercion to take part in Chemsex
- Administration of Chemsex drugs without a person's knowledge or consent.
- Risk of overdose or adverse reaction to substances, which may be fatal

Victims may be reluctant to disclose abuse related to Chemsex through fears of prosecution for drug use. However, the police response is that people will not be arrested for disclosing that they have used and encourage individuals to feel confident in reporting sexual assault.

According to Galop, while trans and cis-gendered people may face similar patterns of abuse, many trans victim-survivors face specific forms of abuse targeted at their trans identity. The following examples of abuse can be experienced by all trans people irrespective of age:

- 'Dead naming': deliberately using the gendered name assigned at birth
- Refusing to use the correct pronouns, purposely misgendering
- Withholding hormone medication, or preventing treatment related to a person transitioning.
- Preventing a person from telling people about their trans history or identity.
- Controlling a person's gender presentation<sup>23</sup>
- Transmisogyny

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<sup>22</sup> Boourne, A., Reid, D., Hickson, F., Rueda, S.T. and Weatherburn. (2014). The Chemsex Study: drug use in sexual settings among gay and bisexual men in Lambeth, Southwark & Lewisham [online] available at: <https://sigmaresearch.org.uk/projects/item/project59?chemsex> (accessed on 30th March 2022)

<sup>23</sup> Gillum, T.L. and DiFulvio, G., 2012. "There's So Much at Stake" sexual minority youth discuss dating violence. *Violence Against Women*, 18(7), pp.725-745.

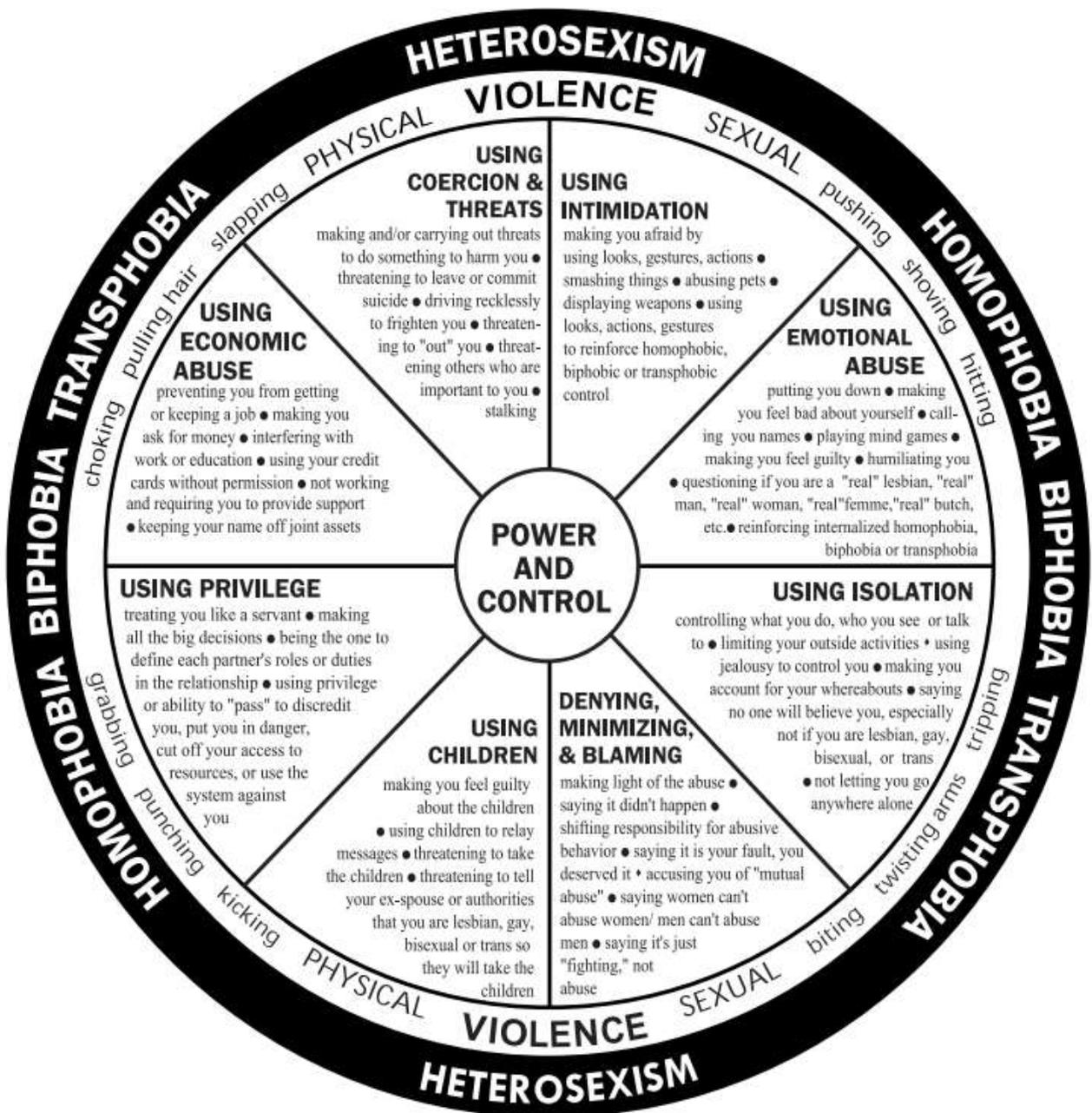
A case study example of Jean, an older trans woman is provided below to illustrate the abuse she endured from her sister.

Jean, aged 71 years

*I didn't want to come out before my father died, I didn't want to disappoint him too much. But I'm still having trouble with my family. My sister won't accept it. She still thinks it's wrong if you get me. Her husband especially thinks it's wrong. We were very close yeah. But everything changed as soon as I came out as transgender. She insists on calling me by my male name still even after all this time. My sister just shouts at me all the time 'why do you want to be like this for why can't you be like your old self' she wants me to go backwards but I can't and I've tried to make it clear to her this is the real me and the me that was inside all along. She doesn't talk to me at all at the moment so...I've tried to, but she won't talk back. It doesn't make me feel good. But never mind that's water under the bridge and I hope we will get back together but I have got my doubts. I thought things were getting better for all of us but then I found out that for myself it didn't actually get better.*



The original Duluth Power and Control Wheel, developed by Ellen Pence, Michael Paymar and Coral McDonald in the early 1980s was adapted by Roe and Jagodinsky to explore LGBTQ+ experiences of coercive control. The segments of the wheel represent the various tactics that a perpetrator might use to establish and maintain a dynamic of power and control over a victim-survivor.



Developed by Roe & Jagodinsky

Adapted from the Power & Control and Equity Wheels developed by the Domestic Abuse Intervention Project • 206 West Fourth Street • Duluth, Minnesota 55806 • 218/722-4134

## Prevalence

Evidence suggests LGBT people are at an increased risk of being a victim of crime compared to the general population of the United Kingdom, including victimisation through domestic violence and abuse.<sup>24</sup> Despite growing recognition of LGBT people as victims of domestic abuse, data shows they are particularly 'hidden' in both the criminal justice system,<sup>25</sup> statutory services and generic domestic abuse service provision, including services for victim-survivors assessed as at high-risk of serious harm and homicide.<sup>26</sup>

There is limited data on the prevalence of domestic abuse experienced by LGBTQ+ people as the sexual orientation and gender identity of victim-survivors are not consistently recorded. However, the data available evidence that:

- LGBTQ+ people as a group experience abuse at the same rate or higher rates than heterosexual people;<sup>27</sup>
- More than one in four gay men and lesbian women report experiencing at least one form of domestic abuse since the age of 16;
- Lesbian women report experiencing domestic abuse at comparable levels to heterosexual women, whilst bisexual women are twice as likely to disclose intimate partner violence compared to heterosexual women
- Gay men and bisexual men are also twice as likely to experience domestic abuse compared to heterosexual men;<sup>28</sup>
- Transgender people indicate significantly higher victimisation than any other gender or sexuality. 80 per cent of trans people reporting experiences of domestic abuse, which includes abuse from intimate partners and family members.<sup>29</sup>

The Crime Survey for England and Wales (2021) reports that LGBTQ+ people experience higher rates of sexual violence than heterosexual and cis-gendered people. With bisexual women reporting particularly high levels of sexual violence. Unfortunately, the Crime Survey for England and Wales (2021)

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<sup>24</sup> Government Equalities Office. (2019) Research and analysis National LGBT Survey: Summary report [online]

<https://www.gov.uk/government/publications/national-lgbt-survey-summary-report/national-lgbt-survey-summary-report> (accessed on 18 March 2022)

<sup>25</sup> Donovan, C., Barnes, R. and Nixon, C., 2014. The Coral Project: Exploring abusive behaviours in lesbian, gay, bisexual and/or transgender relationships: Interim report.

<sup>26</sup> SafeLives (2018) Free to be safe: LGBT+ people experiencing domestic abuse [online] available at:

<https://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf> (accessed on 16 March 2022).

<sup>27</sup> Magić, J. and Kelley, P., 2019. Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse. *Galop, LGBT+ anti-violence charity, London.*

<sup>28</sup> Stonewall. (2012). Domestic abuse health briefing. (n.d.). [online] Available at:

[https://www.stonewall.org.uk/system/files/Domestic\\_Abuse\\_Stonewall\\_Health\\_Briefing\\_\\_2012\\_.pdf](https://www.stonewall.org.uk/system/files/Domestic_Abuse_Stonewall_Health_Briefing__2012_.pdf) (accessed on 2nd January 2021).

<sup>29</sup> Roch, A., Ritchie, J.N.G. and Morton, J., 2010. *Out of sight, out of mind?: Transgender people's experiences of domestic abuse.* LGBT Youth Scotland.

does not report on trans status in relation to sexual violence but Stonewall (2018) reported a high prevalence of sexual violence amongst trans.

Domestic abuse victimisation is also under reported by LGBTQ+ people with between 60-80% of cases going underreported.<sup>30</sup> According to SafeLives (2018) data, only 2.5% of all survivors accessing domestic abuse services in England and Wales identify as LGBTQ+.

The UK Equalities Report identified that domestic abuse and sexual violence services are designed to respond to heterosexual, cis-gender women. Amongst LGBTQ+ people there is a reluctance to approach generic services through concerns that services would not reflect diversity and would be ill-equipped to respond to their needs. These concerns were reinforced by past experiences of discriminatory responses from generic services providers.<sup>31</sup> The UK Equality Report stated that for LGBTQ+ people there was a preference for specialist LGBT service provision. However, specialist services are significantly underfunded and are not comparable to generic domestic abuse services; there are currently no funded LGBTQ+ domestic abuse services in South West and North East of England, or in Wales.<sup>32</sup>

When adding the intersection of age, older LGBTQ+ people are invisible in services. Galop,<sup>33</sup> the United Kingdom's LGBTQ+ anti-abuse charity, reported



<sup>30</sup> Magić, J. and Kelley, P., 2019. Recognise & Respond: Strengthening advocacy for LGBTQ+ survivors of domestic abuse. *Galop, LGBTQ+ anti-violence charity, London.*

<sup>31</sup> Hudson-Sharp, N. and Metcalf, H., 2016. Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence. *London: National Institute of Economic and Social Research.*

<sup>32</sup> Donovan, C., Magić, J. and West, S. (2021). LGBTQ+ Domestic abuse service provision mapping study, [online] available at: <https://domesticabusecommissioner.uk/wp-content/uploads/2021/11/Galop-LGBT-Domestic-Abuse-Service-Provision-Mapping-Study-Final.pdf> (accessed on 16 March 2022).

<sup>33</sup> Magić, J. and Kelley, P. (2018). LGBTQ+ people's experiences of domestic abuse: a report on Galop's domestic abuse advocacy service. *Galop, London.*

that only 12% of their services users were aged 50 years or over and noted that their numbers significantly dropped for those 65 years and over age group.

### Who can be perpetrators of domestic abuse?

Domestic abuse can occur in a range of different relationships that are either intimate or familial. There is often the misconception that the victim and the perpetrator must reside together for the behaviour to be deemed domestic abuse, however, this is not the case. In reality, perpetrators may live separately from the victim, and it is common for abuse to continue post separation. Below presents a table of a range of relationships in which domestic abuse may occur.

#### Intimate Partner/s (IPV)

- New relationship
- Long term – abuse has always been a feature
- Later Life relationship
- Later onset
- Same sex relationships
- Monogamous
- Polyamorous
- Changes in behaviour due to illnesses or diseases affecting the brain (capacity)
- Abuse escalated or changed with age

#### Family Member/s (AFV)

- Adult son or Daughter (son-in-law daughter-in-law)
- Adult Grandchild
- Parent to Adult Child
- Siblings
- Multiple Family Members
- Family of Choice

In later life there's an increase in male victim relationships with care dynamics

## Intimate partner(s)

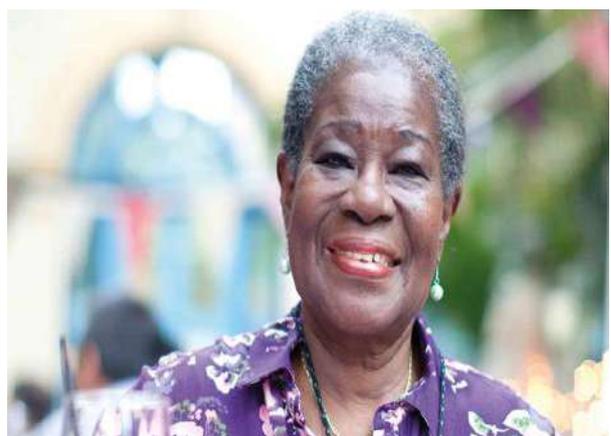
In a long-term intimate relationship, abuse may have been feature from the beginning. It is important to recognise that abusive behaviours can fluctuate and alter in nature over the course of a relationship, and this can be the case in both long-term and new relationships that form in later life.

Practitioners should be wary not to assume a person's sexual orientation based on their relationship history. An older lesbian woman, gay man or bi-sexual person may have a relationship history that suggests they are heterosexual, for example, they may have been married to someone of the opposite sex. An older LGBTQ+ person may have experienced domestic abuse within an opposite sex or same sex relationship.

*This assumption, this belief, that LGBT people can't be in abusive relationships, it's two men having a fight, two women having a fight, there's no power imbalance there. How can that be domestic abuse? This can lead to negative consequences when we're looking at the identification of that crime. So, the crime has been identified as common assault or grievous bodily harm rather than domestic abuse ... If they are deemed as not a victim of domestic abuse but a victim of common assault, then that can mean that they are less likely to acknowledge themselves as a victim again, leaving them less likely to report in the future.*

LGBTQ+ Domestic Abuse Specialist: 2

Additionally, there are a range of intimate relationships that fall outside of a monogamous relationship. For example, polyamorous relationships, or open relationships, where there is consent for multiple partners. In responding to abuse, practitioners then need to be mindful that, where there is more than one intimate partner, there could potentially be more than one person perpetrating the abuse, and each individual may be abusive in different or similar ways. In addition, it is possible that there may be more than one victim in the relationship dynamic.



## Adult family members

Our research with older people has highlighted that, they are as likely to experience abuse from adult family members as they are intimate partners, - a finding supported by SafeLives (2015-16).<sup>34</sup> Abuse from family members can include, parents, siblings, adult children and grandchildren, and in-laws. An older LGBTQ+ person may have experienced abuse by family members, targeted at aspects of their sexuality and gender, in childhood and adulthood. Conversely, an older LGBTQ+ person may be targeted in later life for financial abuse by family members.

In addition, Dewis Choice data has showed numerous examples where older victims experience abuse from both an intimate partner and adult family member/s, either concurrently or at different points in the life course.

## A family of choice

When considering older LGBTQ+ people it is important to note that the perpetrator can also be a member of the older person's 'family of choice'. A family of choice is when an individual forms close bonds and relationships with people who are not related to them biologically, or through marriage, but forms very similar relationships. For an older LGBTQ+ person, their family may consist wholly or partly of a family of choice. For example, there might be somebody that the person forms a close bond with that becomes like a child or a grandchild to them. Although families of choice fall outside of the statutory definition of domestic abuse, practitioners should be aware that abuse within this dynamic can carry the same risks and impacts as familial abuse within the definition.

## Responding to complexity: An intersectional approach

Advances to improve inclusivity and visibility of older LGBTQ+ victims in domestic abuse responses must ensure an intersection approach is adopted. There are risks of 'homogenising' the experiences of older people within the umbrella LGBTQ+ acronym, when falling outside of heterosexual and cis gendered constructs may be the one commonality they share.

Homogenising lesbian, gay, bi-sexual and transgender people is problematic in understanding the specific experiences, needs and barriers faced by each group in the context of domestic abuse. Similarly, homogenising older victims based on their age fails to take into account generational differences within the age range.

An older LGBTQ+ victim's response to domestic abuse and seeking help and support will also be heavily influenced by the multiple intersections unique to

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<sup>34</sup> SafeLives (2016). Safe Later Lives: Older people and domestic abuse, [online] available at: <https://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse> (accessed on 18 March 2022)

that individual, for example, race, ethnicity, disability, class, faith and education.

Below a practitioner describes a case of an older gay man who experienced abuse from his intimate partner and how his multiple intersections were used as a means to coerce and control him.

*We were working for a long time with an older gay gentleman who was in his 60s and who had a much younger partner. His younger partner was extremely abusive. So that older man experienced a range of abusive behaviours, including physical violence, including threats and abuse, economic control and coercive control. So, things like denying him access to his HIV medication or other forms of medication. He was extremely vulnerable. He had a number of physical and mental vulnerabilities. And the perpetrator really exploited that, those vulnerabilities.*

*LGBT+ specialist domestic abuse practitioner*

The example above illustrates how age, gender, sexual orientation and illness intersect to create unique experiences for LGBTQ+ victims.



## Barriers to accessing help and support

Our research at Dewis Choice has highlighted barriers that older LGBTQ+ victim-survivors of domestic abuse can face when accessing help and support. The research included: 14 interviews with older LGBTQ+ victim-survivors; focus group sessions with 27 practitioners working with LGBTQ+ victim-survivors, older LGBTQ+ people's organisations, domestic abuse and criminal justice. The data identified individual, organisational and systemic barriers older LGBTQ+ people experienced, when accessing help and support, due to their sexual orientation and gender identity. From our data we have provided an overview of the barriers identified.

### Individual Barriers

#### Lack of trust in services

For older LGBTQ+ people, the legacy of past experiences of discrimination can lead to mistrust of service providers.<sup>35</sup> Fear of discriminatory responses can reduce confidence and the willingness to disclose domestic abuse to health, social care and third sector practitioners.

*For many older people, they may have grown up experiencing hate crime and discrimination based on their gender or sexual orientation, even from within their own family and communities. When you face a life where you've been discriminated against and now you're experiencing domestic abuse, to have the trust to access services when these very services have discriminated against you in the past is very difficult.*

*LGBTQ+ Specialist Domestic Abuse Practitioner: 2*

Despite significant legislation and policy reform, the history of criminalisation and inequality has meant that, for some older LGBTQ+ people, there is deep distrust of the police and justice systems. Legal routes for victim-survivors of domestic abuse to seek protection would have been closed off to LGBTQ+ people in the past whose relationship practices were either deemed illegal or not recognised. Additionally, social policy that promoted heterosexual

<sup>35</sup> Stonewall. (2011). Lesbian, gay and bisexual people in later life, [online] available at: <https://www.stonewall.org.uk/resources/lesbian-gay-and-bisexual-people-later-life-2011> (accessed on 18 March 2022).

relationships and categorised people who were LGBTQ+ as mentally ill has created fear about being “out” in health and social care settings.

*I think there are specific suspicions around statutory services, particularly the criminal justice system. And that cuts across all LGBT people. So older gay men who have may have been criminalised in the past. Older lesbian and bi-sexual women who are suspicious of police and social services and trans people for the same reason who are suspicious of services in general, health care professionals.*

Older LGBTQ+ Specialist Practitioner

### Reduced social connectedness - Isolation

Older LGBTQ+ people are more likely to be isolated from social networks, including family of origin, service providers and the wider community in comparison to older heterosexual and cisgendered people.<sup>36</sup> Social isolation minimises the chances of abuse being identified by others and reduces opportunities for the victim to disclose, which can significantly increase an older person’s vulnerability to abuse.

*Older LGBT people tend to have fewer links in the wider community. So, some of those things that I would call kind of LGBT infrastructure. So, community groups, social scenes, family extended networks are less readily available to older LGBT people than perhaps their heterosexual or CIS gender counterparts. And that means that they have fewer people to discuss abuse with, fewer kind of networks to lean on. And that does lead them into more vulnerable situations.*

LGBTQ+ Specialist Domestic Abuse Practitioner 1

Our research identified that older people may not disclose abuse through fear that they will become ostracised from social spaces which may be the only place they feel they belong and feel safe.

*I know of people who have been in a relationship with someone quite dominant in that [Gay] community. So, there is no way you are going to talk about what has happened because that would mean you can't go in that pub and it is the only gay pub, or you can't go to that club.*

Specialist Domestic Abuse Practitioner 3

<sup>36</sup> Stonewall. (2011). Lesbian, gay and bisexual people in later life, [online] available at: <https://www.stonewall.org.uk/resources/lesbian-gay-and-bisexual-people-later-life-2011> (accessed on 18 March 2022).

As LGBTQ+ people get older they can also find themselves unwelcome in spaces they used to inhabit within the LGBTQ+ community. Ageism from younger LGBTQ+ people can lead to exclusion from elements of the gay scene, further increasing levels of isolation.

### Lack of self-identification as a victim of domestic abuse

Our research has found that there can be a lack of identification by older victims that what they are experiencing is domestic abuse. For older LGBTQ+ people this is compounded by a distinct lack of reference points whilst growing up, as to what healthy LGBTQ+ relationships looked like.

Growing up in a society that stigmatised LGBTQ+ relationships led to some older LGBTQ+ people hiding their sexuality or gender identity throughout their life course and only feeling able to “come out” in later life. Therefore, they may have less relationship experience and be ill-equipped to recognise abusive behaviours.

*I think behind us there is still that shame about our sexuality how together we are... so, I think, there are many, many reasons why people end up in abusive relationships because their need to be loved clouds their ability to see who is walking through the door.*

*Gay Male Victim-Survivor 1*

### Social expectations “letting the side down”

When domestic abuse was recognised within relationships there were fears that to disclose the abuse would be letting the LGBTQ+ community down. There was a sense that LGBTQ+ people had fought hard to have their relationships recognised, and to expose negative behaviours within their relationships would reinforce past stigma.

*By saying something is bad within your same sex relationship you would kind of be letting the side down. Because we want everyone to think being gay is great and happy and we are just the same as you guys. So, actually if you opened that dirty secret and say, actually no it is not so good, then you have let the side down. So, a lot of people would keep quiet rather than share that.*

*Specialist Domestic Abuse Practitioner 3*

*Maybe not wanting to hang our dirty washing out in public too because we are... we are already battling to get 'good image of ourselves out there' and this doesn't add up to that and it doesn't surprise me it's one of the untold stories in the gay world.*

*Gay Male Victim-Survivor 1*

There is some evidence that being part of a subculture of the LGBT community may offer support for victim-survivors.<sup>37</sup> However, belonging to a subculture may also present barriers to accessing generic services and support through fears of exposing the LGBT community to negative scrutiny a legacy of past discrimination.<sup>38</sup>

### Shame and self-blame

Experiences of discrimination and marginalisation across the life course can significantly impact on a person's sense of self-worth, leading to feelings of shame and self-blame. Internalised transphobia/homophobia/biphobia can leave older LGBTQ+ people with low self-esteem, lack of confidence and the belief that they do not deserve better.

*Everything is there 'this is wonderful, I feel so affirmed in who I am and I needed that affirmation so much and when it starts to go wrong I'm not going to acknowledge it, I'm going to suffer in silence and I'm going to assume it's to do with me, and I'm just, it's me that's wrong, it's me that hasn't got it right'. Just like, it happened to me and I wasn't in an abusively violent relationship but I think there is that thing of, if I leave this am I going to find anyone to love me again?*

*Gay Male Victim-Survivor 1*

### Having to 'out' themselves

There is a common misconception that when people are 'out' with their gender or sexuality, they are 'out' in all areas of their lives. However, for a lot of older LGBTQ+ people, they may be 'out' in some settings and not in others. For example, they may be 'out' to some family members, but not all family members. Or they may be 'out' to friends but not work colleagues.

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<sup>37</sup> Ohms, C., 2008. Perpetrators of violence and abuse in lesbian partnerships. *Liverpool Law Review*, 29(1), pp.81-97.

<sup>38</sup> *Ibid*

There can be a continuous process of “coming out” every time the victim-survivor engages with a new service which can act as a deterrent to disclosure given the history of stigmatisation of LGBTQ+ individuals.

*It's very hard, I think, particularly within the lesbian communities or bi communities for those women to come forward and actually disclose, you know, that they're coming out, as you know, once in their lives as lesbian or bi, but they're coming out again as survivors.*

LGBTQ+ Mental Health Worker

Some older LGBTQ+ people reported ‘going back in” and hiding their sexuality or gender identity because of fear of discriminatory treatment when engaging with services.

*Other peers, other women, they may even work in a domestic abuse sector or other kind of voluntary or statutory sectors where it's, it's kind of very difficult to talk about same sex abuse. For example, because of the stigma and shame surrounding those things and the idea that, you know, women can be violently abusive to other women. And if you've grown up in that kind of feminist kind of background, that can be very difficult to disclose.*

Lesbian Victim-Survivor 1

The process of disclosing domestic abuse involving an intimate partner(s), can also mean the person has to disclose their sexuality or gender identity. For older LGBTQ+ people, the fear of having to ‘out’ themselves if they disclose the abuse may override their need to seek support.

*You are constantly deciding whether you are going to come out. And you are sick of it because mainly your experiences have been very negative to coming out. So, you know, it is kind of like, can you be arsed to explain that actually I am a trans woman? Can you expose yourself? Also, when you are totally possibly dependant on those people you come out to.*

LGBTQ+ Support Organisation Professional

For some, disclosing domestic abuse can mean that they have to explain their former and current identities, which they may not want to do. For example, an older trans person may have transitioned several years ago and be living within the gender they have always known themselves to be.

## Not knowing what services are available for them

Most of the older LGBTQ+ people we spoke with as part of the research were not aware that there were dedicated domestic abuse services available for them or that generic services would also provide help and support. Whether this was a generational issue, or simply a lack of appropriate or targeted advertising by services, the knowledge simply was not there.

Older LGBTQ+ victims face multiple barriers in accessing domestic abuse service provision due to lack of knowledge of services, lack of service provision designed to meet the needs of older victims and lack of specialist LGBTQ+ domestic abuse services. For older trans people, they may experience additional barriers to accessing gender appropriate support.

*Look at where she is in her transition. She may have been prevented from transitioning earlier in life. Few trans women would go to a service for men and so, because a lot of services are fairly heavily gendered, there can be a thing about, 'well there simply isn't a service for me.' I think that is an important thing of services making it clear of who can use them.*

*Legal Expert in Gender Identity*

The location of services can also present a barrier to older LGBTQ+ people who have reduced mobility, as services are often based centrally in towns and in cities. There are six specialist LGBTQ+ domestic abuse services in England, and one in Wales,<sup>39</sup> all of which are city based.

## Heterosexism in service responses

The development of social policy and services in the United Kingdom has historically been underpinned by heterosexism: the assumption that heterosexuality is the normal sexual orientation. Although considerable progress has been made to ensure services are inclusive of LGBTQ+ people, this does not always translate to equality of provision. For example, generic domestic abuse services are primarily designed on research into heterosexual relationships, which doesn't adequately reflect abuse perpetrated in LGBTQ+ relationships.

*I think out there in the world, domestic abuse is seen as predominantly a straight thing. And man against a woman. I think that still filters into our own community, people don't think, 'Oh no that can't happen to me.'*

*LGBTQ+ Domestic Abuse Specialist 2*

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<sup>39</sup> The [Dyn Project](#) based in Safer Wales supports male victim-survivors only who are heterosexual, gay, bisexual and trans.

*So, what's the public story of domestic abuse? It's often around a heterosexual cis gendered woman. And that's understandable given the proportionality and what we know about the nature of gender-based violence. But the problem for older LGBT people is they're often invisible. So, they're often invisible not only in their own communities, but they're also invisible to services.*

*LGBTQ+ Specialist Domestic Abuse Practitioner 1*

The UK Equalities Report by Hudson-Sharpe and Metcalf (2016)<sup>40</sup> found that often LGBT people do not access generic domestic abuse services because they are not considered appropriate to addressing their unique needs. Generic domestic abuse services and practitioner tools, including risk assessment models are not equipped to respond to LGBT relationships and practitioner training is primarily focused on heterosexual relationships.

Heterosexist assumptions and unconscious bias by practitioners can also lead to missed opportunities to create a safe space, where an older LGBTQ+ victim can feel confident to disclose abuse.

*The things about visibility of people's awareness and confidence to ask questions, they immediately assumed I was heterosexual. So, I said, 'No you mean **him**', referring to my partner. It is just a very awkward silence. By that point they had lost me.*

*Queer Victim-Survivor 1*

Practitioners can also mistakenly assume sexual orientation or gender identity based on a victim-survivor's past relationship history. For some older LGBTQ+ people, who have "come out" later in life, their past relationships may have conformed to societal norms.

*The absence of information and the pressure you grow up in, if you are a boy, you grow up to marry a woman, have children and you have a house. That was your life.*

*Gay Male Victim-Survivor 2*

### **Lack of reference points**

All of the LGBTQ+ older people we spoke with as part of the research shared how the legal, social and cultural environment has changed in the past six decades. Reflecting back on their social and cultural upbringing and their experiences with their parents and community, the older LGBTQ+ people said

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<sup>40</sup> Hudson-Sharp, N. and Metcalf, H., 2016. Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of evidence. London: National Institute of Economic and Social Research.

they grew up feeling how they 'did not fit in' to the dominant heterosexual or cis gendered mould.

*I remember things from school like "You have to pretend to not be as intelligent as your boyfriend" and "Plain girls are the ones who get married." Now I mean all these sort of things made me feel as though the whole thing [marriage] was a bit of a farce and sort of just horrible and that I would never conform to that kind of thing, and I would never get a boyfriend and I saw myself as living rather isolated life in my forties*

*Lesbian Victim-Survivor 1*

Older LGBTQ+ people told Dewis Choice researchers how from a young age, particularly during adolescence, they felt they were different to their peers, either in their gender performance and/or their sexual identity. Until recently, societies have been heterosexist and overlooked the diversity of sexuality and gender expression. This negatively impacted on older LGBTQ+ people in their formative years, as there was no language or symbolic references points in the media, education system or role model to draw on that were reflective of their sexuality or gender identity.

*I knew from childhood that there was something wrong with me. Well, not wrong with me but knew I was different, but I couldn't understand it. In my generation there was no help whatsoever ... and words like transvestite which was the only words and I hadn't really heard of that were almost on the same level as saying paedophile and it was just not talked about. Both my parents knew but they never acknowledged or talked to me about it or attempted to understand it... it was like 'oh it's just a stage he's going through' and that was that.*

*Trans Woman 2*

The barriers to accessing help and support can intersect to create multiple barriers, which require specialist knowledge and understanding in practitioners and services to overcome.

*"I think behind us there is still that shame about our sexuality how together we are. ...So, I think there are many, many reasons why people end up in abusive relationships because their need to be loved clouds their ability to see who is walking through the door. And maybe you are in a situation where you haven't even acknowledged the relationship to other people anyway. So maybe you are closeted. Because it feels impossible to come out anyway so here you are in an abusive relationship with someone, you are being worn down by it and yet to turn to someone would be acknowledging your sexuality, would be acknowledging the relationship problem and in years gone by in certainly my generation and older can remember this 'who are you*

*going to go to?’ are you going to go to the police? Well they will arrest you. Just because the law has changed doesn’t mean that’s not the immediate response. Authority equals oppression equals danger.*

*Gay Male Victim-Survivor 1*

### **Learnings from a domestic homicide review- MR C<sup>41</sup>**

A domestic homicide in Brighton, involving an older gay man highlighted key learnings that should be given consideration when thinking of the barrier’s older LGBTQ+ victim-survivors face on an organisational and structural level. These learnings included:

- There is a significant lack of understanding of older LGBT+ people’s relationships, especially relationships involving domestic abuse.
- Ageist and heteronormative assumptions mask the identification of LGBTQ+ relationship. In the case of Mr C, there was an age difference between the perpetrator and the victim which led professionals to assume that their relationship was one of caregiver and care receiver as opposed to an intimate relationship. This in turn hindered the recognition of domestic abuse.
- Mr C made a number of disclosures to formal services, including three in one day to separate people however, his disclosures were dismissed and attributed to his substance abuse. Abusive behaviours and injuries were masked and excused by the substance use. However, research shows a strong link between alcohol misuse and victimisation. In addition, there was less value placed on Mr. C’s narrative and what he was saying compared to the younger perpetrator.

The case of Mr C demonstrates how ageism obstructs the identification and personal safety of older victim-survivors.



<sup>41</sup> Croom, L. (2014) Domestic Homicide Review (Mr C), Brighton and Hove Community Partnership and Standing Together Against Domestic Violence [online] <https://www.safeinthecity.info/sitc-document/dhr-mr-c-executive-summary-final-anon-for-publication> (accessed on 18 March 2022)

# Enablers to accessing help, support and justice for older LGBTQ+ people

## Individual practitioner responses

*People need to talk about it. We need to acknowledge abuse, violence and we need to be ready to listen, understand and support ourselves as well as anything else.*

*Gay man, Dewis Choice*

### ✓ Gender neutral terms

Gender and sexuality always matter regardless of age or background. Avoid making assumptions about people's lives and experiences. Avoid using gendered language, such as husband or wife, and pronouns, such as he or she, until you have established sexuality, gender and relationship status. Instead use neutral terms, such as, 'partner' and 'they'.

Bear in mind that referral information may be incorrect, or information may not have been gathered, so ensure you check and record data on sexuality and gender accurately.

### ✓ Use the correct pronouns

You should always ask what pronouns people want to use and what they use themselves. Not everyone feels comfortable with the traditional she / he pronouns and may wish to use other pronouns such as they or ze. Use of the pronoun that a person states best reflects their identity is considered respectful, and the use of other pronouns could be disrespectful and lead to disengagement.

### ✓ Be aware of deadnaming

Deadnaming is calling someone by a previous name assigned to them at birth when they have changed their name. This term is often associated with trans people who have transitioned and changed their name as part of this process to reflect their gender identity. The use of a deadname, either directly to the individual or when referring to them, is considered disrespectful and invalidating.

✓ Identify harmful and positive social connections

Recognise that older LGBTQ+ people can experience domestic abuse from intimate partner(s), adult family members and/or families of choice. It is possible likely that an older LGBTQ+ person has experienced abuse from family members and intimate partners either co-currently or sequentially. Knowledge of this will help to identify which social inhibit the victim-survivor in their help-seeking. Conversely, exploring positively social contacts can identify possible sources of ongoing support.

Remember that abuse can happen in any relationship, regardless of whether there is one partner, two partners or in some cases more. In polyamorous relationships it is likely that there can be multiple victim-survivors or multiple perpetrators, and this should be explored.



✓ Don't assume an older person who is LGBTQ+ is "out" in all areas of life

An older person may be 'out' in some areas of their life and not in others. For example, they may be 'out' to close friends but not to family, or in certain social settings. If you are unsure, ask, this could be vital to their safety. For example, if you are discussing them visiting their GP, check their GP knows, or if they feel comfortable to disclose their sexuality and relationships to the GP.

Remember, some older people who are LGBTQ+, who were previously 'out', feel they have to go back 'into the closet' when engaging with care provision, both in their own homes and in residential care. Offer support and connections with services that can assist with securing care where they can feel confident in their sexuality and gender identity, but ultimately ensure you respect their choice.

✓ **Person-centred approach**

Remember that advice given to one victim-survivor may not be applicable to another. For example, the person may not initially wish to leave the perpetrator, especially if they have been in the relationship for several decades. Respect the person's choices and explore ways that they can keep themselves safe in that relationship.

*We need to do is give people the right kind of advice to give them choices and decisions and to be led by them, but primarily to keep them safe too, from that abuse and to recognise that what they're experiencing is abuse.*

*LGBT+ Specialist Domestic Abuse Practitioner*

Remember, people are not fixed in their decision-making. As victim-survivors build confidence and become aware of the options that are available to them, they may change their help-seeking goals. It is important to revisit options, decisions, and choices over time.

- ✓ **Be aware of the additional unique forms of abuse an older person who is LGBTQ+ may experience as outlined on pages 28 to 36.**



✓ Believe, listen and validate – “*this is not your fault*”

... it's that sense of self-worth that goes. You lose your self-respect you lose your self-worth, I lost that, I lost a sense of being me.

Gay Male Victim-Survivor 1

Look for signs of abuse and give the person space to talk and discuss what is happening at their own pace. Do not make assumptions or rush to give advice. Always check the individual is safe and safe to talk- “*is there someone there with you at the moment?*” Ask the person “*do you feel safe? How does their behaviour make you feel?*” “*tell me what happened.*”



Debunk myths and stereotypes around LGBTQ+ relationship “*This behaviour is wrong.*” It is common for victim-survivors to position blame with themselves for the abuse or to minimise the impact of abusive behaviour. Always place the blame with the person causing harm. Abuse is not right or justifiable in any relationship.

✓ Do not underestimate the value of listening

Victim-survivors often seek help multiple times before taking action to leave or make significant changes. Be ready to listen to the person’s concerns without judgement or pressure to make a certain decision. Remember that your role is to help people make informed choices about how they want to navigate the relationship with their family member or intimate partner(s).

### ✓ Promote informed decision-making

Ask individuals what they need and be open and honest about the support you and others can offer them. Be aware of specialist LGBTQ+ support available and offer assistance to access specialist services. See below for LGBT organisations. Seek advice from specialist LGBTQ+ services to improve your practice and enhance the support you can offer older LGBTQ+ victims.

Provide the person with a range of support and justice options including civil and criminal and let them know how these can be accessed. This will equip the victim-survivor with the knowledge to make informed decisions in the future.

Examples of questions to ask may include:

- *What help would you like? (be mindful that they may want help for the abuser)*
- *“What do you want/don’t want?”. Sometimes it’s easier for the victim-survivor to state what they do not want rather than what they do.*
- *“This is the help that is available...”*

You could also ask the person about their future and help them to think of a new alternative future free from violence and abuse. This alternative can help to encourage the person to seek help. It can also help you as a practitioner find the right services/options for the person to work towards them achieving their future goals.

### ✓ Follow your organisation's safeguarding policies and procedures

Your organisation will have its own policies and procedures for protecting people and safeguarding them. You should familiarise yourself with these and they should always be followed. Your organisation's policy should clearly provide guidance on how to protect people from harm, raise a safeguarding concern, how to handle allegations or incidents and respond by reporting to relevant authorities.

## On an organisational level

*“People often think, ‘Well, why do I need to make inclusive spaces? Why do I need to up space specifically for LGBT plus people? I’m just gonna treat everyone the same.’ But they are not all the same. People’s histories are very, very different”*

*LGBTQ+ specialist practitioner*

- ✓ Ensure any data collection methods used are inclusive of diversity, including gender and sexuality.

Gather the relevant information so that you can provide that wrap-around support that is in tune and tailored for that individual’s specific needs and risks.

Ensure you are monitoring and capturing all demographic information about service users. To do this you need to make sure you are asking the right questions. I.e., questions about people’s sexual orientation, gender identity, trans status? This information will help to provide a wrap-around support service and facilitate a service user led approach.

- ✓ Be more inclusive of older LGBTQ+ victim-survivors in your marketing materials and resources

Typically, domestic abuse services represent white, middle class heterosexual females who are under the age of 70 years in their marketing materials. This signals to older people, particularly older LGBTQ+ people that the service is not suitable for them to access. Other intersections of disability, sexuality and ethnicity also need greater attention. To our knowledge there has never been a public campaign that has examined the intersections of age and sexuality with violence against women, domestic abuse and sexual violence.

Older LGBTQ+ people need to see themselves reflected in service marketing whether that’s generic or professional to know that the service is suitable for them. Include a rainbow flag on your website or on your resources to signal that you are an LGBTQ+ friendly organisation. However, some practitioners noted that older generations of LGBTQ+ people may not recognise the rainbow badge. A senior Social Worker said:

*We had the rainbow badge, but then there was quite a lot of discussion about, would older generations potentially recognise the rainbow badge. Our workers have the rainbow on their lanyards, but they felt potentially*

*there may be older groups that wouldn't know what that meant, in terms of, can I relate to this person etc. That language and signs.*

*Senior Social Worker at Adult Social Care*

Practitioners can also signal they are LGBTQ+ friendly on their signature strip for emails include "my pronouns are..." statement. You can make your service visible to LGBTQ+ victim-survivors through inclusive imagery and language.

*What pictures do you have up? What language are you using? Are you always asking about kids? Are you always asking about marriage? Are you asking pronouns? That means a lot for an LGBT victim. Even as simple as put in a rainbow flag on your website or making sure that we're having resources which include same sex relationships. That could mean that they see that and they know that they're included and that they can approach you.*

*Older LGBTQ+ Specialist*

When representing older age be mindful not to project ageist stereotypes that negatively impact on people's attitudes towards ageing. Our consultation with over 1,700 older people in Wales shows that they feel that images of older people across all sectors are ageist and rarely depict welsh culture and welsh diversity. Furthermore, the older person is often seated (suggesting mobility issues) with a professional resting a hand on the shoulder of the older person. A significant number of older victim-survivors we consulted with felt that the



images were patronising, and older LGBTQ+ survivors would like to see some reference to LGBTQ support for people in later life included rather than separate to heterosexual images where possible.

The Older People's Commissioner for Wales report<sup>42</sup> found that two-thirds of news stories analysed portrayed older people in a negative way. Images often depicted ill-health or a burden on society. Age Scotland<sup>43</sup> have produced a guide to help organisations improve how they discuss and project older people which can be accessed [here](#).

- ✓ Are your marketing strategies and media campaigns accessible to three generations of older people?

When sharing your media campaigns and marketing your services, consider your target audience and how accessible these are to older people. Domestic abuse campaigns and marketing are often disseminated via social media, posters in bars/clubs and more recently, helpline numbers on shopping receipts. However, many older people may not see these campaigns due to digital isolation or limitations on accessibility, for example, impaired eyesight or hearing.

We also know that older people experience higher rates of isolation than any other age group. Our research shows us that older people are more likely to come into contact with services through a third party who can play an important role in helping victims access safety. Marketing and campaigns could be targeted at organisations and individuals who are having regular contact with older people to raise awareness of the issues and encourage them to seek free and confidential advice (for example, live fear free if in Wales) if they feel something is not right. Third parties may include family, friends, or service providers such as: chiropodists, pharmacies, opticians and audiologists.

- ✓ Are your policies up to date and inclusive?

The legal rights of LGBTQ+ people in the United Kingdom are protected by the Equality Act 2010. Legislation, policy and provision of health and social care in the United Kingdom must comply with the Act, which protects groups of people who are defined as having protected characteristics. The nine protected characteristics are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and

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<sup>42</sup> Older People's Commissioner for Wales (2021) Portrayal of older people in the news media [online] available at: [https://www.olderpeoplewales.com/Libraries/Uploads/Portrayal\\_of\\_Older\\_People\\_in\\_News\\_Media.sflb.ashx](https://www.olderpeoplewales.com/Libraries/Uploads/Portrayal_of_Older_People_in_News_Media.sflb.ashx) (accessed on 16 March 2022).

<sup>43</sup> Age Scotland (2020) Making ageism old news: reporting on older people guide, [online] available at: <https://www.ageuk.org.uk/globalassets/age-scotland/media/media-documents/making-ageism-old-news---age-scotland-media-guide-to-reporting-on-older-people.pdf> (accessed on 16 March 2022).

sexual orientation. Protection includes not being discriminated against in employment, accessing public services, and purchasing goods and services from private and third sector organisations.<sup>44</sup>

The Equality Act also places a general equality duty on public bodies, and organisations carrying out the functions of public bodies.<sup>45</sup> The general equality duty requires public bodies to be proactive in ensuring policies promote equality, and eliminate discrimination, for staff and service users. Public bodies are required to evidence their adherence to the general duty by monitoring for inequality and discrimination in service provision.<sup>46</sup>

Public Authorities often carry out Equality Impact Assessments to ensure the development of new policies do not inadvertently impact on equality for groups with protected characteristics. Although this is not a specific requirement of the Equality Act, it is good practice for organisations to adopt Equality Impact Assessments in the development of policies and service provision to ensure their services are inclusive of LGBTQ+ people.



Ask yourself:

- Does your organisations equality, diversity and inclusion policy, include all sexual orientation and gender identities?
- Does your organisations confidentiality policy include the Gender Recognition Act 2004?

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<sup>44</sup> Legislation.gov.uk. (2022). *Equality Act 2010*. [online] Available at: <https://www.legislation.gov.uk/ukpga/2010/15/contents> (Accessed 21 March 2022).

<sup>45</sup> Social Care Institute for Excellence (SCIE). (2012). *Equality Act 2010 - overview for social care*. [online] Available at: <https://www.scie.org.uk/key-social-care-legislation/equality-act> (accessed on 18 March 2022)

<sup>46</sup> *Ibid*

Check if you have a zero-tolerance policy that specifically states homophobia, bi-phobia, transphobia. If you do, consider whether staff are equipped to acknowledge bi-phobia, homophobia, transphobia and if they are confident enough to challenge these in an appropriate way.

Encourage your employees to challenge inappropriate or discriminatory responses from other practitioners and promote institutional advocacy by demonstrating a positive response to disclosures. Often employees will recognise that what they have heard or witnessed is wrong, but do not necessarily know how to respond to these instances. It would be helpful to create a flowchart<sup>47</sup> on what individuals can do when they are faced with bigotry.

Be aware that older LGBTQ+ people may also be living with dementia at the time of experiencing domestic abuse and that your organisations policies should reflect this. Research by the Alzheimer's Society (2019) estimated there were approximately 850,000 people in the UK living with dementia. The figure is expected to rise to over 1.5 million people by 2040. For older victim-survivors, a diagnosis of dementia for either the victim-survivor or the person causing harm, can cause additional complexities in terms of managing risks and limiting opportunities to help-seek. Dewis Choice have produced guidance for



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<sup>47</sup> Dewis Choice have created flowcharts that organisations can utilise as a model. See website page: <https://dewischoice.org.uk/information-and-advice/resources/>

practitioners responding to the co-existence of dementia and domestic abuse, which can be accessed at: <https://dewischoice.org.uk/information-and-advice/resources/>

The Alzheimer's society also provide a guide information for LGBTQ+ people with dementia about their rights to equal treatment and access to support, which can be accessed at: [Your rights as an LGBTQ+ person with dementia | Alzheimer's Society \(alzheimers.org.uk\)](https://www.alzheimersociety.org.uk/your-rights-as-an-lgbtq-person-with-dementia)



#### ✓ Access training

Be aware of your own organisational skills and competencies and what you feel confident to provide. If there is funding available, access training for staff.

Ensure training packages are inclusive of all LGBT people, and this includes all sexual orientations all gender identities as well as trans status, intersex identities.

Alongside the production of this toolkit, Dewis Choice have co-produced two short films exploring domestic abuse in older LGBTQ+ relationships. These films can be accessed via the website at Centre for Age, Gender and Social Justice <https://dewischoice.org.uk/information-and-advice/resources/>

Galop offer a range of CPD accredited courses, both online and in-person. Training includes LGBTQ+ experiences of domestic abuse. For more information on Galop training options visit: <https://galop.org.uk/training/>

Opening Doors offer a suite of training including 1) understanding the needs of older LGBTQ+ people 2) personalising care for older LGBTQ+ people and 3) managing service delivery to older LGBTQ+ people. For more information on Opening Doors training visit: <https://www.openingdoorslondon.org.uk/training-for-professionals>

- ✓ Adopt a coordinated community response and partner with specialist LGBTQ+ organisations that are available to offer support

Create opportunities to network with other organisations by making sure you are aware of your local LGBT services, where they are, what help and support they can offer and how you can signpost to those services. If you can develop a relationship with the organisation, a direct contact would be beneficial. This will help to discuss referrals and for you to name an individual to the victim-survivor to alleviate some uncertainty.



Generic domestic abuse services should partner with LGBT specialist organisations for the purpose of ensuring they are visible to, and are there to support, LGBT victim-survivors. Partnering with other organisations will help to effectively support the holistic needs of older victim-survivors.

### Galop

Galop is the UK's LGBT+ anti-abuse charity. They work with and for LGBT+ victims and survivors of interpersonal abuse and violence.

Galop works directly with thousands of LGBT+ people who have experienced abuse and violence every year. They specialise in supporting victims and survivors of domestic abuse, sexual violence, hate crime, and other forms of abuse including honour-based abuse, forced marriage, and so-called conversion therapies. They are a service run by LGBT+ people, for LGBT+ people, and the needs of our community are at the centre of what they do.

National LGBT+ Domestic Abuse Helpline: 0800 999 5428

LGBT+ Hate Crime Helpline: 020 7704 2040

National Conversion Therapy Helpline: 0800 130 2040

[help@galop.org.uk](mailto:help@galop.org.uk)

## Opening Doors

Opening Doors is the largest UK charity providing activities, events, information and support services specifically for lesbian, gay, bisexual, trans, queer, non-binary or gender fluid (LGBTQ+) people over 50 years. Opening Doors also offer specialist training for statutory and voluntary organisations, such as care homes, housing associations and hospitals, to help them understand the needs of older LGBTQ+ people.

Website: <https://www.openingdoorslondon.org.uk/>

Call: 0207 183 6260.

[info@openingdoorslondon.lgbt](mailto:info@openingdoorslondon.lgbt)

## Stonewall

Established in 1989, Stonewall are an organisation that campaign for the rights of LGBTQ+ people. Their work helps create transformative change in the lives of LGBTQ+ people across communities in the UK.

Website: <https://www.stonewall.org.uk/>



## Conclusion

The overall aim of this toolkit has been to assist practitioners in developing their knowledge and understanding of the needs and rights of older LGBTQ+ victim-survivors to promote inclusive practice. To improve the experience of seeking help and justice was also the main reason older LGBTQ+ victim-survivors shared their lived experiences with researchers at Dewis Choice. We are deeply grateful to them for their selflessness, courage and commitment to working with Christian Gordine, the filmmaker and the rest of the team to create these resources.

As one interviewee said, 'Growing up I knew who I wasn't, not who I was.' Sadly, when growing old, many LGBTQ+ people do not feel in a position to share their sexual orientation and/or gender identity, because imagery and text is often heterosexist. When an older victim-survivor does disclose, it is vital they are given the opportunity to say who they are and how the domestic abuse and coercive control is impacting on their safety, quality of life and wellbeing.

Heterosexist discourse needs to be challenged in and across sectors. We need to talk about perpetrators using domestic abuse and violence in LGBTQ+ relationships. We need to be ready to listen and improve our understanding of the needs of all older people and improve the range of support available.

We hope that this toolkit helps practitioners and the services they work for create equality of opportunity for all irrespective of age, gender identity and sexual orientation. Providing a safe space and using language that is inclusive is key to transformative practice.

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## Further Reading

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## Glossary of terms

**Ally:** Typically, this is a heterosexual and/or cis person who supports members of the LGBTQ+ community.

**Bisexual:** an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender.

**Heterosexual:** refers to a woman who has a romantic and/or or sexual orientation towards men or a man who has a romantic and/or or sexual orientation towards women. Also known as straight.

**Homophobia:** the fear or dislike of someone based on prejudice or negative attitudes about being lesbian, gay, or bi.

**Civil Justice:** The system of enforcement through a civil court that does not seek to criminalise. For example, the seeking and imposition of a non-molestation order or occupation order, or process and granting of divorce.

**Cis gendered:** some whose gender identity is the same as the sex they were assigned at birth.

**Coming out:** when a person discloses their gender identity or sexual orientation to someone else.

**Co-ordinated community response:** Joins multidisciplinary community partners to provide interagency, coordinated responses to domestic violence and abuse. Through collaborative working victim-survivors achieve a holistic approach that meets their individual needs. Emphasis is placed on safety, prevention and long-term support for victim-survivors.

**Criminal justice:** The system of law enforcement, involving police, lawyers, court, and corrections, used for all stages of criminal proceedings and punishment.

**Deadnaming:** calling someone by their name assigned at birth rather after they have changed their name. This term is often associated with trans people who have transitioned and changed their name as part of this process.

**Domestic Violence Protection Notices (DVPN):** An emergency non-molestation and eviction notice which can be issued by the police, when attending to a domestic abuse incident, to a perpetrator. Because the DVPN is a police-issued notice, it is effective from the time of issue, thereby giving the victim-survivor the immediate support, they require in such a situation.

**Domestic Violence Protection Order (DVPO):** Within 48 hours of the DVPN being served on the perpetrator, an application by police to a magistrates' court for a DVPO must be heard. A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim-survivor for

up to 28 days. For guidance on DVPO and DVPN see Sections 24-33 Crime and Security Act 2010.

**Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Indicator Checklist (DASH RIC):** A consistent and simple tool for practitioners who work with adult victim-survivors of domestic abuse, stalking and harassment and honour-based violence to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk.

**Gay:** used to describe a man who has a romantic and/or sexual orientation towards men. It can also be used as a generic term for lesbian and gay sexuality. Some non-binary people may also identify with the term.

**Gender identity:** refers to a person's innate sense of their own gender.

**Family of origin:** refers to the significant caretakers and siblings that a person grows up with or first social group they belong to which is often a person's biological family or adoptive family.

**Family:** A person who is a spouse, former spouse, child, stepchild, grandchild, parent, stepparent, grandparent, niece, nephew, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother, sister, brother-in-law, or sister-in-law.

**Family of choice (LGBTQ+ chosen family):** A person, or group of people, who are not related through a biological or adoptive connection, that an individual sees as significant in their life.

**Fluid:** Some people do not identify as lesbian, gay, bisexual, heterosexual or transgender, viewing sexuality as fluid: in that sexuality can change over time, and rejecting binary male/female notions of gender.

**Lasting Power of Attorney (LPA):** A legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

**Lesbian:** refers to a woman who has a romantic and/or or sexual orientation towards women. Some non-binary people may also identify with the term.

**Local Authority:** A county or county borough council.

**Monogamous relationship:** the practice of having only one partner at one time, as opposed to having multiple partners at one.

**Multi-Agency Risk Assessment Conference (MARAC):** A meeting where information is shared on high-risk domestic abuse cases between representative of local police, health, child and adult protection, housing, Independent Domestic Violence Advisors, probation and other specialist service. The aim of the MARAC is to produce a co-ordinated action plan to safeguard the adult (and their children) and manage the behaviour of the perpetrator.

**Older people:** There is no official definition of an older person. However, for the purpose of the Dewis Choice initiative and the initiatives funding bodies, older people are defined as those aged 60 years of age and over.

**Older victim-survivor:** A term used to describe an older person, aged 60 years and over, who has experienced domestic violence and abuse. The term encompasses 'victims', 'survivors' 'service user'.

**Outing / outed:** when someone else reveals a person's sexual orientation or gender identity without their consent.

**Polyamorous relationship:** practicing or being open to intimate relationships with more than one person

**Queer:** a term used by people who want to reject specific labels of gender identity, sexual orientation or romantic orientation. Some people, particularly the older generations may view the term as a slur as it was used negatively to direct hate towards gay people. In the late 1980's it became reclaimed by the queer community who have embraced it.

**Safeguarding (process):** The processes in place to protect the health, wellbeing, and human rights of adults at risk, enabling them to live free from abuse and neglect.

**Safeguarding Officer, Local Authority:** A designated officer appointed by a local authority to fulfil the local authority's statutory responsibility to protect the health, wellbeing and human rights of adults at risk.

**Sex:** Assigned to a person based on their sex characteristics (genitalia) and reproductive functions.

**Sexual orientation:** refers to the sexual attraction to other people, or lack thereof.

**Trans:** An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

**Transitioning:** the steps a trans person may take to live in the gender with which they identify.

**Transphobia:** the fear or dislike of someone based on prejudice or negative attitudes about being trans. The transphobia may be targeted at those who are, or perceived to be trans.