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Intimate partner violence: the second pandemic? A feminist exploration of sexual-minority intimate partner violence amidst COVID-19 in Scotland.

MILLER, L.R.

2024

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Intimate Partner Violence:	The Second Pandemic?	A Feminist Exploration of
Sexual-Minority Intimate	Partner Violence Amidst	COVID-19 in Scotland.

BY

Leia Rose Miller

Thesis submitted in partial fulfilment of the requirements of the degree of Doctor of Philosophy in Applied Social Sciences

The Robert Gordon University

May 2024

Abstract

Heteronormative narratives of intimate partner violence compound the invisibility of sexual-minority survivors, who are marginalised in public discourse, academia, and service provision. Sexual-minority invisibility extends to the COVID-19 pandemic. During this period of world-wide turmoil, little attention has been allocated to their lived experiences, particularly within the Scottish context. Whilst the COVID-19 pandemic undeniably shaped the experiences of survivors from this community, the more prominent issue was the presence of sexual-minority status and how this amplifies complexities in navigating difficult circumstances when compared with heterosexual peers. This study employs a feminist methodological approach, with the inclusion of a participatory element, in which sexual-minority participants shaped the research instruments used for qualitative interviews, allowing them to be co-constructors of knowledge relevant to their community.

Sexual-minority experiences of intimate partner violence predominantly mirrored those of their heterosexual counterparts, struggling to cope when faced with isolation and increased proximity, surveillance, and control. Additional challenges emerged where different narratives and tactics infiltrated their experiences of abuse. In their help-seeking endeavours, heteronormativity, homophobia, and stereotypes around masculinity and femininity limited their ability to receive adequate support, especially where the system was at a lockdown related stand-still. However, survivors were able to reap some benefits from informal and privatised avenues of help-seeking, which can be used to make changes to the IPV landscape. Although the pandemic undoubtedly shaped the way power and control was imposed on sexual-minority survivors, the lack of understanding and societal resources tailored to their needs presented as a more significant issue. Therefore, fundamental changes must be made to increase the visibility of sexual-minority communities and to help overcome the challenges they face amidst times of crisis.

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Chapter One: Introduction

Research Topic and Background

Intimate partner violence (IPV) is a deep-rooted issue in contemporary society, with many individuals being subjected to varying levels of maltreatment in their intimate relationships. This maltreatment consists of behaviours from both partners and ex-partners that is abusive and coercive in nature, including physical, psychological, financial, and emotional forms of abuse (World Health Organisation 2012).

Despite the prevalence and growing understanding of IPV across society, difficulties persist in reaching a conclusive definition. Variations in defining IPV have been recognised by academics (Donovan & Hester 2010; Lombard & Whiting 2018), with institutions operating their own interpretations of what they deem IPV to be. Thus, IPV tends to be viewed differently from organisation to organisation. For instance, variation can be noted in the definition used by Police Scotland and the Crown and Procurator Fiscal Service (COPFS) when compared with the definition used by Women's Aid. Police Scotland and the COPFS (2021a) define IPV as:

"Any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct and which takes place within the context of a relationship. The relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere including online" (Police Scotland 2021a).

Whereas Women's Aid (2022a) define IPV as:

"An incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer. It is very common... Domestic abuse can include, but is not limited to, the following: coercive control, psychological and/or emotional abuse, physical or sexual abuse, financial or economic abuse, harassment and stalking and online or digital abuse." (Women's Aid 2022a).

Although the two definitions recognise that IPV is not limited to physical acts of violence and can also involve a range of emotionally abusive behaviours, what differentiates the two is the focus on patterns of coercive and controlling behaviour. Although the Domestic Abuse (Scotland) Act 2018 has made coercive control a prosecutable offence, the Police Scotland (2021a) definition fails to capture this aspect of IPV, only providing a list of behaviours deemed as a criminal offence in the eyes of the law.

Donovan and Hester (2010) consider the work of both Stark (2007) and Johnson (2006) in their research, recognising the importance of concepts like intimate terrorism and coercive control to understand and define IPV. Stark (2007) suggests that attention should be allocated to perpetrators' patterns of coercive and controlling behaviour, rather than the type of abusive behaviour inflicted upon survivors. Where the Police Scotland (2021a) definition could be perceived as an incident-based understanding of IPV, this includes instances of what Johnson (2006) defines as 'situational couple violence', which are not rooted in control. Although such behaviour is not condoned based on its violent nature, it differs from that of 'intimate terrorism' that consists of both violence and control.

As argued by Donovan and Hester (2010), the consideration of the concepts outlined above can help us to understand that IPV is a pattern of coercive and controlling behaviours. As noted by Women's Aid (2022a), these are not inherently physical and vary in nature. Therefore, while the list of behaviours and contexts outlined in the Police Scotland (2021a) definition will be reflected upon, the definition set out above by Women's Aid (2022a) will be used for the purpose of my research. This is because the focus on patterns of abusive behaviour is deemed more appropriate to reflect survivors' experiences of controlling and coercive behaviour. Although they are a violence against women organisation, Scottish Women's Aid (2023a) recognises that, regardless of demographic characteristics, any person can experience IPV. Given the focus on intersectionality and sexual-minority identities in this thesis, this is also central to my research.

There are no limitations on who can and cannot be a victim of IPV, as it has a direct impact on individuals from a range of different ages, classes, sexual orientations, ethnicities, religions, and genders (United Nations 2022b). However, empirical evidence has demonstrated that women are disproportionately affected by IPV (Safe Lives 2015a; EVAW 2021; Scottish Government 2021a). Figures highlight the pervasiveness of IPV in contemporary society - 1 in 3 women across the globe will experience IPV at some point in their lifetime (World Health Organisation 2021). This violence can unfold alarmingly early, with statistics suggesting that 25 percent of women between the ages of 15 and 24 will have experienced IPV by their mid-twenties (World Health Organisation 2021). Disturbingly high levels of violence against women are also evident in the Scottish context, as 1 in 5 women living in Scotland will experience IPV throughout their lives (Gender Matters Roadmap 2022).

As a result of the violence against women endemic, research into this area predominantly focuses on a gendered narrative of IPV, based on the notions of hegemonic masculinity and patriarchy, in which women are survivors subjected to abuse at the hands of male

perpetrators (Dobash & Dobash 1992). This has generated a large amount of academic literature relative to this relationship dynamic. In turn, it can be argued that IPV discourse largely operates within a heteronormative framework based on women's disproportionate exposure to this social issue (Donovan & Hester 2014). Based on this idea of gender asymmetry around IPV, it is suggested that the experiences of those who do not conform to a heterosexual identity face exclusion at the hands of heteronormative bias (Rogers 2019), despite societal awareness that IPV does infiltrate the lives of individuals from this community (Donovan & Hester 2011).

Even though scholarly attention largely focuses on male perpetrated IPV against female survivors, there is a small pool of literature that discusses the experiences of individuals who do not conform to the dominant heterosexual narrative. From this literature, we can gather a sense of how IPV is experienced by sexual-minority survivors, including the nature of IPV in these relationship dynamics, the unique types of IPV experienced by these individuals, and what help-seeking behaviours are displayed by those from this community.

Developments in recent years have caused crisis on a world-wide scale, as the COVID-19 pandemic compounded survivors' experiences of IPV during this time. Amidst government-imposed periods of lockdown, 'stay at home' orders created harmful environments for survivors of IPV. Although the government were somewhat aware of the issues that would arise as a consequence of lockdown, the need to flatten the curve of the virus took precedence. This decision ultimately contributed to a surge in IPV incidences that arose from the enforcement of lockdown and social distancing (Kofman & Garfin 2020).

Aims and Objectives

Overall, this thesis explores the lived experiences of sexual-minority survivors during the COVID-19 pandemic, specifically in the Scottish context, which is yet to be covered in academia. Second-wave feminism paved the way for contemporary feminism as it stands today, however its single-faceted focus on the patriarchy can be considered problematic in dealing with sexual-minority survivors as they do not conform to the heteronormative stance of the public story and 'perfect' victim narratives (Donovan & Hester 2014; MacDowell 2013). Therefore, an intersectional lens can be considered to be a more suitable approach to investigate the intersecting factors that have influenced the experiences of Scottish IPV survivors during the pandemic.

A qualitative approach was utilised for the study, which existing literature on this subject has failed to do thus far. Therefore, this thesis aims to fill a gap in literature, fight the multi-directional hegemony experienced by survivors from this group in Scotland and to provide

them with a voice in a space in which they do not often get the opportunity to speak their truth.

To achieve these aims, the key objectives and questions that will be addressed by this study have been formulated and detailed in Table 1.1.

Table 1.1: Breakdown of Research Aims and Objectives

Research Aims		Research Objectives	
1.	To sociologically explore the lived experiences of sexual-minority Scottish survivors who faced IPV during the COVID-19 pandemic.	•	To explore how sexual-minority survivors experienced IPV and its repercussions during the COVID-19 pandemic. To explore how and to what extent sexual-minority survivors were impacted by IPV during the COVID-19 pandemic.
2.	To provide a voice for survivors who do not conform to heteronormative IPV narratives and are often marginalised in research.	•	To explore the impact and repercussions of IPV on sexual-minority survivors. To explore how intersecting aspects of identity influence the experiences of IPV for sexual-minority survivors.
3.	To examine the help-seeking behaviours of sexual-minority survivors during the COVID-19 pandemic and beyond.	• -	To explore the help-seeking behaviours of sexual-minority survivors during the COVID-19 pandemic. To examine how beneficial different support avenues were based on survivor's experiences during the pandemic. To use the views of sexual-minority survivors to make recommendations for policy and practice so that the system is more effective in supporting survivors from this background beyond the pandemic.

Types of Abuse

As noted in the definitions above, IPV encompasses a broad range of behaviours inflicted by perpetrators. As a result, experiences of IPV can manifest in many ways for survivors.

Traditionally, criminalisation of IPV focused mainly on physical means of abuse. However,

as time has progressed, attention has been drawn to the different means of abuse experienced by survivors and subsequently accounted for through changes in legislation. These changes in legislation include more hidden forms of abuse, such as emotional and psychological abuse, which are now criminalised under the Domestic Abuse (Scotland) Act 2018.

Physical Abuse

Traditionally understandings of IPV centred around physical elements of abuse, which is evident through the earlier terms used to describe IPV, such as 'wife beating' and 'wife battering'. Although these understandings have developed over the course of time to encompass more concealed forms of IPV, physical abuse arguably remains one of the more recognisable elements due to its more visible nature.

Physical abuse relates to non-consensual violent behaviours that affect a person's physical body, including but not limited to pushing, grabbing, shoving, slapping, hitting, biting, choking, and kicking (Outlaw 2009). The nature of physical abuse varies on a case-by-case basis; however, it has been suggested that in many cases it increases in severity and frequency (Howarth & Robinson 2015). An online survey completed by 15,000 Australian women suggests that this was the case during the COVID-19 pandemic, with over half of respondents experiencing an increase in severity and frequency during this time (Boxall, Morgan & Brown 2020).

Beyond physical injury, it has been suggested that physical abuse can have psychological implications for survivors, with exposure to physical abuse correlating with increased likelihood of depression and anxiety, emotional distress, and suicidal tendencies (Rakovec-Felser 2014). Survivors of physical abuse have also been suggested to display issues around alcohol and drug usage, physical inactivity, and self-harm, amongst other harmful consequences (Plichta 1996).

Sexual Abuse

Much like physical abuse, perpetrators can employ tactics of sexual abuse to gain control and power over survivors. Sexual abuse can be physical or non-physical in nature but consists of any non-consensual sexual behaviour directed towards another person. Some examples of sexually abusive behaviours include non-consensual sexual contact, sexual coercion, sexual assault, and rape (Logan, Walker & Cole 2015). These behaviours are considered to be a criminal offence regardless of relationship status with the perpetrator, as being in a relationship with another person does not equate to automatic consent.

Where sexual abuse takes place in the context of an intimate relationship, survivors may find it hard to identify themselves as someone who has been subjected to sexual violence. This is not surprising, as historically marital rape did not face any legal penalty (Russell 1990) and it was only when the Women's Liberation Movement arose that marital rape was identified as a serious human rights issue requiring legal reform (Basile 1999; Brownmiller 1975). In fact, marital rape was not considered a criminal offence in Scotland until as late as 1982 (Scottish Government 2020a). The marital rape exemption however still applied to couples who were living together at this time, meaning that the change in legislation only applied to those who were separated and no longer co-habiting (Kangas 1990).

In 1989, this exemption was overruled in a decision in Scottish court, stating that matrimonial consent no longer applied, as under no circumstance would a wife consent to a sexual assault being inflicted upon her without her consent (Williamson 2017). These legislative changes varied between English and Scottish law, with English courts only criminalising marital rape in 1991 (Williamson 1991). As the legal system has previously failed to criminalise sexual abuse in intimate relationships, it is no surprise that survivors may also struggle to recognise that any sexually abusive behaviours they have been subjected to are criminal.

Emotional/Psychological Abuse

Whilst IPV tends to be associated with acts of physical violence, societal and legal understandings of IPV have developed to incorporate more disguisable and concealed forms of abuse. In Scotland, policy and legislative reviews around IPV have categorised emotional and psychological forms of IPV as a criminal offence. Such behaviours are now accounted for under the Domestic Abuse (Scotland) Act 2018, making emotional abuse a prosecutable offence as of April 2019, where previous legislation presented challenges in doing so (Scottish Government 2023a). These changes account for the psychological harm experienced by survivors in an area where physical injuries were prioritised (Safe Lives 2020a).

There is a broad spectrum of emotionally abusive behaviours that are used by perpetrators to target survivors' mental and psychological wellbeing (Karakurt & Silver 2013). Some examples of emotional abuse identified by IPV services include verbal abuse, stalking, disregarding feelings, humiliation, gaslighting, continuous criticism, the silent treatment, regulation of activities and continuous cheating accusations (Scottish Women's Aid 2023a). This list should not be considered as complete, since perpetrators have a variety of emotionally abusive tactics at their disposal.

One unique characteristic of emotional abuse is that it can be hard to recognise. Where physical and sexual abuse are more easily identifiable because they are defined by a physical action or actions, the same cannot be said for emotional abuse which does not leave survivors with physical injuries and is more subtle in nature. Additionally, perpetrators tend to display inconsistencies in their behaviour by intertwining emotionally abusive behaviours with love and affection. Where perpetrators do this, it can entrap survivors because they believe their partner could change or that the good times outweigh the bad (Rakovec-Felser 2014).

Coercive Control

Emotional abuse consists of coercive and controlling behaviours, which has been granted significant attention in recent years. In line with the legislative changes brought in by the Domestic Abuse (Scotland) Act 2018, coercive and controlling behaviour has also been recognised as a criminal offence punishable by law (Scottish Government 2023a). Coercive control relates to any behaviour or pattern of behaviours that make a person feel controlled, regulated, monitored, isolated, frightened, or dependent. This includes behaviours like isolating survivors from their family and friends, using children as a means of control, threatening to hurt themselves or commit suicide, monitoring location and time, and setting limitations on where someone can go, who they can spend time with and what they can wear (Safe Lives 2020a; Scottish Women's Aid 2023a; Women's Aid 2022b).

Whilst coercive control is largely recognised as an emotional tactic, it is important to note that coercive control can also encompass physical and sexual violence. Where these threats and actions are imposed by perpetrators, they can instil a 'generalised sense of fear' in survivors. This causes survivors to feel anxious about the repercussions of their actions and face difficulties around decision-making, even when it is concerned with the most mundane of tasks, like what they decide to wear that day (Safe Lives 2020a). As survivors question their every move, this limitation to autonomy can ultimately impact on their identity and overall sense of self (Williamson 2010).

Economic/Financial Abuse

Financial abuse has been described as a pattern of behaviour in which a perpetrator deliberately uses or misuses money in a way that inhibits their partner's financial circumstances and freedom (Outlaw 2009; Women's Aid 2022a). The terms financial abuse and economic abuse are often used synonymously. However, distinctions can be made between the two, as economic abuse refers to abuse that is centred around an individual's economic resources, such as accommodation, transport, and employment, whereas

financial abuse is centred around a person's money (Sharp-Jeffs 2015). This type of abuse has recently been described as 'economic coercion', where perpetrators exhibit controlling behaviours that impact their partner's capacity to obtain, utilise and preserve monetary assets (Yount, Krause & VanderEnde 2016).

There are a variety of measures embraced by perpetrators to exert financial control on their partners. Postmus et al. (2012) categorised these measures into three sub-groups that demonstrate the different forms of financial abuse: financial control, financial exploitation, and financial sabotage. By exerting financial control, perpetrators engage in tactics that ensure that their partner is financially dependent on them (Postmus et al. 2018). For instance, they may demand information on expenditure, control where finances are spent, and limit access and knowledge of savings (Stark 2007; Postmus et al. 2012). Additionally, perpetrators may engage in financial exploitation as they employ tactics like using credit cards without consent, accumulating debt in a partner's name, and refusing to contribute towards life expenses, such as bills (Postmus et al. 2012; Stark 2007; Sharp 2008; Women's Aid 2022a). Finally, perpetrators may engage in methods to purposefully sabotage and obstruct their partner's attempts to gain financial independence. For instance, perpetrators may limit access to employment or education, cause disruption to employment through harassment at work and make deliberate efforts to affect their partner's performance (Postmus et al. 2012; Conner 2014). Ultimately, financial and economic abuse can have catastrophic consequences for survivors as it contributes towards entrapment in abusive relationships, limiting survivors' financial security to achieve freedom from their abusers (Conner 2014).

Rationale

Sexual-Minority Survivors

The IPV landscape has undergone transformation that recognises this social issue as not only being experienced by women and perpetrated by men. Rather, it has been suggested in statistics that sexual-minority survivors have a similar level of prevalence to their heterosexual counterparts (Donovan et al 2006; Henderson 2003; Office for National Statistics 2016). However, despite the growing recognition that sexual-minority populations experience alarming levels of IPV, they remain an arguably invisible population in academia.

In comparison to heterosexual populations, there has been significantly less research into sexual-minority IPV. This is not surprising considering the disproportionate impact that IPV has on the lives of women and girls, particularly at the hands of male perpetrators (World Health Organisation 2021). Whilst the focus on sexual-minority populations is limited in

comparison, the amount of research concerned with survivors from this community is growing. At the time of commencing this research, the most prominent UK-based study concerned with IPV in LGBTQ+ populations was that of Donovan and Hester (2014). Their large-scale mixed-methods approach not only allowed for exploration of abusive relationships within this population, but also allowed for comparison to be made between heterosexual and same-sex relationships.

Donovan and Hester (2014) further draw attention to the public story of IPV, which suggests that it is a problem mainly experienced in the context of heterosexual relationship dynamics. This narrative, alongside the 'ideal victim' narrative which suggests that heterosexual, white, middle-class women are the group who are 'worthy' of victim status (MacDowell 2013), continues to invade IPV discourse. Arguably, such narratives continue to compound the invisibility of sexual-minority survivors. Their outsider position in dominant IPV narratives can impact their ability to seek support, as their help-seeking is hindered by heteronormativity, homophobia, and an overall invisibility in service provision (Calton, Cattaneo & Gebhard 2016; Donovan & Barnes 2019; Donovan & Barnes 2020a; Magić & Kelley 2019).

Given the presence of such harmful narratives and the repercussions they have for sexual-minority survivors, the rationale for focus on this community is driven by the desire to increase their visibility in discussions around IPV and across the IPV sector. It is recognised however that the hidden nature of sexual-minority populations poses methodological problems. For instance, it is impossible to recruit randomised, representative samples (Donovan & Hester 2014), and those from this community may not wish to 'out' themselves based on societal discrimination and prejudice (Donovan et al. 2006; Hester, Donovan & Fahmy 2010; Savin-Williams 2001; Walby 2010). Nonetheless, although this study cannot claim to be representative, the decision to focus specifically on this population is driven by the desire to provide a qualitative insight into their lived experiences of IPV; something which has received limited attention in previous studies.

A small body of research about sexual-minority lived experiences has been published very recently (Turner & Hammersjö 2024; Ummak, Turken & Akin 2024), however these studies are situated in other European countries and do not focus on the context of the pandemic. In a broader sense, research that focuses on members of this population predominantly focuses on those with explicitly same-sex attraction or in a same-sex relationship dynamic. Head (2020) argues that the current nature of IPV literature contributes to the overlooking of the experiences of bisexual survivors. Moreover, Head and Milton (2014) highlight that there are further intersecting factors, such as the sex of the perpetrator, that must be considered when exploring IPV perpetrated against bisexual survivors. Thus, this research is grounded

in intersectionality to take into consideration the array of factors that shape sexual-minority survivors' experiences of IPV.

Finally, this research has been further driven by a desire to approach data collection in an original way that caters to the needs of sexual-minority survivors. Informed by feminist participatory action research methods, data collection was approached in a manner that valued empowerment over oppression. Participants were therefore involved in the creation of research instruments, which allowed them to play a key role in the co-construction of knowledge relative to their own identities and experiences (Johnson & Flynn 2020).

COVID-19

The COVID-19 pandemic is an extraordinary circumstance, which has been labelled by the World Health Organisation (2022) as "the most significant health challenge the world has confronted in over 70 years". At the time of starting this research, very little was known about the pandemic. This was a huge motivating factor to situate the research in the context of the COVID-19 pandemic. Over the last few years, different studies have attempted to address the role of the pandemic where IPV is concerned (Bradbury-Jones & Isham 2020; Brodie et al. 2022; Kofman & Garfin 2020; Lyons & Brewer 2021; Piquero et al. 2021; Ridsdale, Usmani & Hanson 2020; van Gelder et al. 2020; Women's Aid 2020a), however, this study intends to explore the pandemic from a lived experience perspective; something which had not been qualitatively captured in 2020. Given the turmoil experienced on a worldwide scale, and the notable impact that the pandemic has had for survivors of IPV, this formed the rationale for conducting this research in the context of the COVID-19 pandemic.

Employing a qualitative stance to explore participants' lived experiences of the pandemic, this research therefore intends to make recommendations with reference to policy, service provision and legislation with the goal of improving the safety, well-being, and visibility of sexual-minority survivors. Considering that the research is situated within the context of the pandemic, an argument could be made that the study is confined to a specific period and set of circumstances. Regardless, this would not have been considered as a deterrent for the focus on this context, as recommendations could be used to guide responses in the instance of another global crisis like the one that we have just witnessed. However, given the nature of responses given by participants, the recommendations made by this thesis, drawn from lived experiences situated within a global pandemic, have been framed in a manner that is applicable beyond times of crisis and can be used to improve the experiences of sexual-minority survivors in a more general sense.

Scotland

Historically, academics have drawn attention to the absence of Scotland in feminist literature (Breitenbach 1990; Breitenbach, Brown & Myers 1998; Browne 2014). Specifically in reference to the Women's Liberation Movement, the argument is that the invisibility of Scotland is compounded by the concept of 'Britishness', which fails to differentiate between the different nations of the United Kingdom, provides mere tokenistic mentions of Scottish contributions, and ultimately marginalises nations by focusing on the English experience as opposed to Britain as a whole (Breitenbach, Brown & Myers 1998).

However, since the advent of devolution in 1999, specific scholarly attention has been allocated to the distinct experiences of Scottish feminists, the role they played in advocating for a devolved nation, the role of feminism in the Scottish political arena, and Scotland's gendered framing of IPV (Barker & Jurasz 2022; Charles & Mackay 2013; Lombard & Whiting 2018; Mackay 2010; Morrison & Gibbs 2023). Scottish Affairs, Scotland's most extensive journal on political and social issues, has recently produced an entire special issue on women in civic life in Scotland (Scottish Affairs 2024). Although the breadth of literature pertinent to the Scottish context is clearly evolving, this thesis acknowledges the arguable invisibility of Scottish feminist voices previously identified by Breitenbach, Brown and Myers (1998), and therefore intends to provide another contribution to Scottish literature, particularly concerned with lived experience.

The focus on Scotland for the purpose of this study is further driven by the unique national and legal contexts that distinguish Scotland from other nations in the United Kingdom. These differences will be captured and explored throughout the literature review, with differences in government remit, geography, the justice system, and national strategy for IPV being identified. Although there are parallels that evidently will exist between Scottish individuals and their peers across the rest of the United Kingdom, this thesis intends to avoid the perception of the United Kingdom being a homogenous nation. In addition, given the devolved nature of Scottish government that allocates decision-making powers for key sectors that shape the lives of survivors of IPV, this means that valuable recommendations can be made based specifically on uniquely governed sectors in Scotland without being diluted by the governance of other nations. However, whilst the recommendations of this research are distinct to Scottish policies and practice to some extent, some recommendations can be considered and applied by other governments.

Terminology

Consideration with regard to language is fundamental when it is concerned with sensitive topics such as IPV, particularly in relation to vulnerable populations. In this section, I outline

the key terminology used. These terms will be used predominantly throughout the thesis; however, there may be instances where other terminology is used, such as reference to other literature or in line with participant contributions.

Intimate Partner Violence

There are varying terms that are used interchangeably in the exploration of IPV, including domestic violence, gender-based violence, domestic abuse, family violence, spousal abuse, and violence against women. Recent findings of the Safe Lives Project (2020b) which investigated domestic abuse provision amongst young people in Aberdeen found that they were less likely to use terms like domestic violence when talking about their experiences of abuse. Rather, young people tended to use terms like 'toxic', 'controlling' and 'manipulative' relationships in discussions with their peers about their own experiences of IPV. This is important to note, as some individuals may not recognise that what they are experiencing can in fact be considered as IPV.

As the purpose of the research is to provide a more inclusive approach to the exploration of this topic, the term 'intimate partner violence' will be used as it is the most gender-neutral and all-encompassing term. The term intimate partner violence is also used by other researchers focused on similar demographics (see Head 2020; Jeffries & Ball 2008; Poon 2011; Sanger & Lynch 2016; Santoniccolo, Trombetta & Rollé 2021; Scheer, Martin-Storey & Baams 2020; Simpson & Helfirch 2005; Walters 2000). Other terms such as violence against women, domestic abuse, and gender-based violence tend to have gender connotations attached to them. These terms are necessary in order to recognise the patriarchal structures and deep-rooted gender inequality that contribute to women being disproportionately subjected to violence in their intimate relationships. However, the use of such gender-specific terms contributes to the perception that the male population is rarely exposed to IPV. As a result, they can be considered somewhat dismissive of male survivors, including gay and bisexual men (Goldscheid 2015).

The use of the term 'domestic' insinuates that partners should be living together at the time the abuse unfolded. It is recognised that IPV can unfold in relationships where individuals are not living together, therefore this study does not require survivors to be living with their perpetrators. Additionally, the focus of the study is on abuse that occurs in intimate relationships between two partners, whereas domestic abuse is inclusive of all abuse that takes place within the domestic setting, including between members of a family unit (United Nations 2022b). Whilst this is an important issue that requires scholarly attention, family dynamics will not be included for the purpose of this research. Therefore, the decision to

move away from the term 'domestic abuse' accommodates the experiences of the survivors in this research who do not live with their perpetrators.

It is further recognised that violence can unfold in a variety of ways between intimate partners. In an exploration of heterosexual intimate partner violence data, Johnson (2006) categorised intimate partner violence using four distinct categories: intimate terrorism, mutual violent control, situational couple violence, and violent resistance. Each of these categories were shaped by the motives behind abusive and controlling behaviours, with Johnson (2006) arguing that each type has different causes, patterns, and consequences. 'Intimate terrorism' describes a relationship dynamic in which one partner imposes violent and controlling behaviours on their non-violent or violent and non-controlling partner which often result in physical injury. Less commonly, 'mutual violent control' depicts the same violent and controlling behaviours, except both partners are violent towards one another. In the instance that violence surfaces in intimate relationships (typically as a result of conflict between two partners), but is not associated with control, this is referred to as 'situational couple violence'. Finally, 'violent resistance' refers to violence inflicted by a non-controlling partner in response to a partner who is violent and controlling (Johnson 2006).

As argued by Donovan and Hester (2014), the context in which abusive behaviours unfold is essential to determine the type of intimate partner violence that has taken place. For the purpose of this research, the use of the term intimate partner violence is concurrent with violent and controlling behaviours categorised under 'intimate terrorism' (Johnson 2006). Therefore, instances of mutual violent control, situational couple violence, and violent resistance/self-defense will not be considered under this term in this thesis. Although the term uses the word violence, instances of emotional, psychological, and financial abuse will also be considered under the umbrella of intimate partner violence, due to the coercive and controlling nature of such behaviours. The use of the term violence in this case is deemed appropriate, as it captures the intensity of such abusive behaviour experienced by sexual-minority survivors in this research.

'Victim' versus 'Survivor' Paradox

In IPV literature, a common debate is around the terminology used to describe an individual who has endured IPV (Schwark & Bohner 2019; Shalini & Tushar 2019). At the centre of this debate is whether 'victim' or 'survivor' is the most appropriate term. There are different reasonings behind the use of each term, as certain connotations are attached to each. On a context-dependent basis, these terms can be considered somewhat harmful for those who have experienced IPV.

The term 'victim' has a long history in IPV literature. This is the term that is utilised in the context of the criminal justice system to illustrate that the individual who has faced IPV has had a crime committed against them that has caused them significant harm (Donovan & Hester 2010; United Nations 2022a). Whilst the use of the term 'victim' is common practice by the police and in legal settings and arguably suggests that an individual is not responsible or to blame for the abuse they have endured (Thompson 2000), this term has been socially constructed to be associated with negative undertones of blame, guilt, and shame (Forhing 2018). Moreover, it has been suggested that the term insinuates vulnerability, weakness, and lack of power (Thompson 2000). Subsequently, the connotations attached to the term can have an adverse effect on how individuals perceive themselves in the aftermath of IPV (Baker 2008). As a result, those who have experienced IPV may choose to detach themselves from the term 'victim'. This is supported by Donovan and Hester (2010) who found this to be particularly the case for members of the LGBTQ+ community, as the dominant heterosexist narratives evident in IPV discourse contribute to their estrangement from the term.

Whilst the term 'victim' has been seen as referencing passivity and weakness in abused individuals, the term 'survivor' lies on the other end of the spectrum. This term, which surfaced in 1980s feminist discourse, implies a more positive perspective in which the abused individual is an active agent who is coping and surviving in the aftermath of their ordeal (Kelly 1988). This term has been adopted by support organisations, including Rape Crisis Scotland (2022), who strive to empower their service users and support them in gaining control of their lives. However, whilst this term serves to empower, it can come with negative consequences for some individuals. It has been argued that the use of the term can minimise the impact of the trauma in specific contexts by suggesting that the abused person has 'overcome' their experience of IPV (Thompson 2000). As a result, the responses they receive in discussions of their trauma are based around the idea that they have recovered. In turn, individuals may feel the need to adopt a 'victim' stance again so that their experiences can be met with a sympathetic response when required, which can adversely impact their self-perception (Thompson 2000)

Ultimately, the terms 'victim' and 'survivor' hold different meanings for different people on an individual basis. Each individual experiences IPV in unique ways, and according to their circumstances, they may choose to align themselves with one particular term. Therefore, it is fundamental that the individual who has experienced abuse is the decision-maker in the terminology used. For the purpose of this thesis, participants were asked about their preferences around terminology during the participatory element of the research process.

Survivor was the favoured term by all participants because of the empowering connotations they attached to it. Therefore, for the purpose of this research, with the exception for discussions around the 'ideal victim' narrative and associated 'victim worthiness' later in the thesis (Christie 1986; MacDowell 2013), the term survivor will be utilised. However, it is important to note that many of the participants did not reject the term 'victim', they just deemed the term 'survivor' to be more fitting.

Sexual-Minority

Initially this thesis set out to explore the lived experiences of all members of the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community; however, as the recruitment process unfolded, it did not produce any transgender participants. Further discussion around the recruitment process is discussed in Chapter Three of this thesis. Based on the lack of transgender inclusion, I decided to move away from the term LGBTQ+ and opted for a different descriptive term for my participant sample. As sexual orientation falls within the LGBTQ+ bracket, LGBTQ+ literature is reviewed for the purpose of this study. However, the term I selected to describe participants due to its appropriateness was 'sexual-minority'.

The term sexual-minority refers to individuals in society whose sexual practices, identities, and orientations deviate from the dominant heterosexual identity (Math & Seshadri 2013). At the centre of my research were individuals who did not conform to a heterosexual identity; therefore, I selected the descriptive term sexual-minority as the most appropriate to reflect the range of identities possessed by participants involved in the study, which were inclusive of lesbian, gay, bisexual, and pansexual orientations.

Although the term 'LGB' has been frequently used in research (MacQueen 2016; Miller & Irvin 2017; Moradi et al. 2010), I did not view this acronym to be fully reflective of my participant sample, as it is not inclusive of pansexuality. Similarly, I did not deem the term 'same-sex' to be appropriate, despite its common use in IPV literature (Donovan & Hester 2014). The inclusion of bisexual and pansexual survivors ruled out this term to describe the dynamic of their relationships, as not all of them shared the same sex as their perpetrators. Whilst the term same-sex will be used where appropriate to describe the relationship dynamics of some of the participants, the participant sample as a whole will generally be referred to as sexual-minority survivors throughout the thesis.

Thesis Overview

This thesis has begun with an introduction to the research topic, which captures the context, definitions, aims and objectives central to the research. The rationale has also been outlined, as well as the terminology that will be used throughout the thesis.

Chapter Two focuses on existing IPV literature that accounts for sexual-minority survivors of IPV. The research is situated within an intersectional theoretical framework, influenced by the work of Crenshaw (1991). It draws on the history and recognition of IPV as a social issue experienced by women, and how this expanded to recognise survivors beyond a heterosexual identity. Key theoretical concepts are also identified, which play a role in how IPV is experienced by individuals from this community and the public story and 'ideal victim' narratives are discussed. Moreover, the prevalence of IPV for sexual-minority survivors is established, as well as the narratives imposed on this population. Research around how these aspects impact sexual-minority survivors is referred to, and how they feed into their formal and informal help-seeking behaviours. Ultimately, this chapter concludes by framing the context of the COVID-19 pandemic, the research that has been conducted in this area thus far and the gaps that need to be addressed.

Chapter Three outlines the key methodological decisions central to the research, reviewing the ontological, epistemological, and methodological choices. In particular, it focuses on the application of a feminist participatory element to qualitatively explore the lived experiences of survivors involved in the research. The use of semi-structured interviews is justified and decisions around participant recruitment, ethics and the research process are detailed, specifically describing how the participatory element of the research unfolded. The chapter concludes with reflections on the research process. These reflections are both from a personal level, and from the perspectives of participants.

Key findings of the research are presented in the next four chapters. Chapter Four – the first chapter of research findings – explores the overarching theme 'Behind Closed Doors', which encapsulates the reality of being a sexual-minority survivor of IPV amidst the isolating circumstances of the COVID-19 pandemic. This chapter pays particular attention to the unique conditions of the pandemic that fed into the lived experience of IPV during this time, with many sexual-minority experiences of lockdown reflecting those of their heterosexual counterparts. Distinctions in the sexual-minority experience of the pandemic could be made from the unique aspects of abuse centred around the possession of sexual-minority identity. Chapter Five, 'Under the Surface', investigates the internal turmoil experienced by sexualminority survivors, looking at the more subtle tactics employed by perpetrators. This chapter also focuses on how survivors internalise these experiences, reflecting how the abuse they have endured has affected them on a personal level. Despite the pandemic, findings suggest that it was participants' identity as sexual-minority survivor that was the main challenge they faced. Chapter Six goes on to explore the distinct barriers that face sexualminority survivors where help-seeking is concerned. More specifically, it captures the characteristics that inhibit recognition of sexual-minority IPV, as well as the systemic barriers that form an additional layer of difficulty around help-seeking. Once again, whilst the pandemic was reflected upon in some cases, it seemed that help-seeking in a broad sense was challenging for participants regardless of the presence of a global pandemic. The final chapter of the findings, Chapter Seven, focuses on the more positive aspects of sexual-minority help-seeking. It highlights avenues of support that survivors from this population deemed to be helpful, emphasises the importance of validation in the wake of IPV, and assembles the suggestions of sexual-minority survivors, focusing on the changes they would like to see in the IPV landscape to improve help-seeking and visibility.

Chapter Eight concludes this thesis, illustrating the overarching findings that emerged from the study and how these answer the research aims and objectives. In particular, it draws attention to the unique contributions of the study, focusing specifically on the challenges sexual-minority survivors face in times of crisis. It highlights that the presence of a sexual-minority identity appears to amplify complexities in dealing with issues, such as IPV, as societal resources, policies, and institutions tend to not be equipped to address the unique needs of survivors from this population. Correspondingly, valuable recommendations are made for policy, practice, and education. The chapter concludes with limitations of the study and suggests direction for future research.

Chapter Two: Literature Review

Chapter Overview

To set the scene for my research, this chapter reviews existing literature in the IPV domain. Firstly, the theoretical framework is established, which explores the sexual-minority experience of IPV from an intersectional perspective. Drawing on the work of Crenshaw (1991), her argument is used to support the recognition of the multi-directional vulnerabilities experienced by survivors from this community. The historical background that recognised IPV as a social issue is then established, revealing how public attitudes shifted to recognise sexual-minority survivors. Relative to the recognition of sexual-minority experiences, important concepts that shape their experiences of IPV are addressed, as well as the pervasive public story and 'ideal victim' narratives in IPV discourse. From here, second wave and contemporary literature is drawn upon to capture the unique forms, characteristics, and narratives of IPV that shape sexual-minority experiences of IPV. This literature sets the scene for how the lives of sexual-minority survivors are impacted by IPV and establishes a contextual background that explains their help-seeking behaviours. Ultimately, the discussion of literature feeds into the contemporary context of how the COVID-19 pandemic and associated lockdown restrictions have shaped the lived experiences of survivors from this community.

Overall, this chapter draws on some of the key second wave and contemporary literature concerned with IPV experienced by sexual-minority survivors. In turn, it highlights the difficulties faced by these survivors, which are only increased during times of crisis. Thus, the literature discussed aims to address the gaps in literature that fail to account for survivors from this community, specifically in the Scottish context, and provides a basis for the research aims and objectives to be met.

Literature Review Approach

The literature review in this thesis adopts a narrative approach. This approach was employed so that a wide range of sources could be explored to provide a comprehensive overview of the research topic (Sukhera 2022). Narrative literature reviews summarise and describe the content of publications, typically providing a condensed overview of research findings (Renner, Müller & Theissler 2022). This feature of narrative reviews vastly differs from the approach taken in systematic literature reviews, with selection of publications being based on the subjective choice of researchers, as opposed to the clearly defined queries, explicit methods for extraction, and comprehensive search to identify all relevant publications present in a systematic literature review (Ferrari 2015).

Although researcher subjectivity in selection of publications is a recognised limitation of the narrative literature review (Ferrari 2015; Randolf 2009), which will be discussed at the end of this chapter, this approach was valued over the systematic review given the vast subject area to explore in relation to IPV. The defined scope of systematic literature reviews was considered too limited in the exploration of the research topic. In addition, Sukhera (2022) argues that a narrative approach is particularly useful in the exploration of under-researched research topics, making such an approach beneficial for the research topic at hand given the marginalised nature of sexual-minority communities and the recent phenomenon of the COVID-19 pandemic.

Literature searches were conducted through Web of Science, Google Scholar and the Robert Gordon University Library. Additional articles were identified from the reference lists of included sources. Further searches were undertaken on Google search engine where necessary to gather information from government, charity, and third-sector organisations. IPV was the main focus of the literature review, specifically in its relation to sexual minority populations. Subsequently, sources were selected according to their relevance and how beneficial they were in providing a detailed account of the research topic. To be included in the review, sources were required to be published in English language. Sources dating back to 1970 were included for the purpose of the review so that papers on the grassroots of the feminist movement could be included. Peer-reviewed journal articles and books were used as far as possible, however grey literature and in some cases, webpages were also included. Limitations around selection of sources can be found at the end of this chapter.

Quantitative and qualitative studies were also included, as well as systematic reviews and meta-analyses. Articles including heterosexual populations were not excluded because of the valuable context they can provide for comparison to sexual-minority populations, especially where existing research has not provided an insight into sexual-minority communities. Correspondingly, multiple search terms were used, including but not limited to 'intimate partner violence', 'domestic abuse', 'sexual minority', 'same-sex', 'LGBT', 'lived experience', 'COVID-19' and 'lockdown'. These search terms, amongst others, were combined to draw results in different contexts and areas. Studies that only focused on familial abuse were excluded given the focus on intimate relationships within this research.

Theoretical Framework

Societal awareness that IPV is not a problem exclusively experienced by women in heterosexual relationships has allowed for the recognition of survivors from a variety of backgrounds, including those from sexual-minority communities (Lockhart & Mitchell 2010). Theoretical recognition has accordingly been allocated to the intersecting factors that shape

a survivor's experience of IPV, which intertwine and ultimately exacerbate one another based on power relations (Carbado et al. 2013). Whilst Mackay (2015) argues contemporary feminism promotes the flexibility, fluidity, and inclusivity which are essential characteristics in the exploration of IPV amongst sexual-minority communities, the initial discourses set out by second-wave feminist scholars fail to address fundamental issues around intersectionality. Therefore, this research is grounded in an intersectional theoretical framework to enable a more comprehensive, nuanced understanding of sexual-minority IPV.

Origins of Intersectionality

The term 'intersectionality' was coined by Kimberlé Crenshaw (1991) in her paper 'Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color.' Crenshaw (1991) used this term to identify the differences in oppression experienced by African American women in comparison to White women. In her endeavour to investigate how sexism and racism interact with one another in relation to employment discrimination, Crenshaw (1991) argued that intersectionality provided further use in the realm of IPV. Her argument was that, in the face of different identities, African American women are not only discriminated against because they are women, but also because they are Black, therefore the intersection of race and gender for these women is argued to make their experiences of violence qualitatively different from white women (Crenshaw 1991).

In her work, Crenshaw (1991) discusses the unequal treatment of Black women when compared to their White counterparts. She details how the multiple forms of oppression simultaneously experienced by Black women impact their experiences and opportunities in the face of violence. In a broad sense, Crenshaw argues that the services and agencies that manage the immediate needs of women are largely underfunded and subsequently unable to deal with the significant needs of minority women (Crenshaw 1991). She further discusses inefficiencies of rape crisis centres in supporting Black women, with allocated resources being spent in areas that do not address the unique needs of non-White women. Providing survivors with someone to accompany them to court is an area of spending identified by Crenshaw (1991), as despite Black women being recognised to experience higher levels of violence than White women, they are less likely to report or have their cases pursued by the justice system; thus, rendering this funding allocation inefficient of their intersectional needs. Therefore, where funding allocation does not consider intersectional contexts, the ability to provide appropriate interventions and support for Black women is arguably inhibited. Where these women do engage with the justice system, Crenshaw (1991) notes that their cases are less likely to result in a conviction, with harmful stereotypes of Black women being provocative and hypersexualised skewing jurors' opinions. Furthermore, in the instance that

a conviction is made, the perpetrators of Black women are likely to receive a significant sentence than the perpetrators of White women (Crenshaw 1991).

Whilst Crenshaw (1991) initially set out to examine how gender and race interrelate with one another, the term intersectionality has come to be used to identify other aspects of an individual's identity that contribute to systems of discrimination and privilege. Therefore, intersectionality has transformed to not only accounting for the relationship between race and gender, but also includes other aspects, including socio-economic background, gender identity and sexual orientation. Intersectionality is therefore related to the multi-dimensional nature of oppression, as hooks (1981) highlights that all aspects of identity interact with one another; thus, the discussion of sexism would be inaccurate if it did not take into consideration how the previously mentioned aspects interplay with one another. Failure to recognise multiple structures of oppression in turn can generate inaccurate standardised, misleading accounts for ostracised social groups, which as a result prioritises those from more privileged backgrounds (King 1988). Subsequently, the multi-dimensional approach provided by intersectionality is considered beneficial in providing a comprehensive understanding of sexual-minority IPV.

Intersectionality and Sexual Orientation

The perception that sexual-minority survivors are a homogeneous group is a common characteristic of scholarly literature, despite this being inaccurate (Donovan & Barnes 2020b). In the exploration of lived experiences of IPV, intersectionality is a fundamental concept to consider as it highlights the diverse nature of experiences of those who do not conform to a heterosexual identity. By overlooking this notion, it creates a risk of compounding experiences for these individuals as one, rather than recognising the distinct experiences of those who fall under specific sub-groups (Tant & Samuels 2021).

The application of an intersectional lens in my research is particularly important as those who are part of this community are susceptible to a variety of risk factors and vulnerabilities (Magić & Kelley 2018). Donovan and Hester (2014) advocate the use of an intersectional approach in the exploration of IPV for sexual-minority communities. Although it can be argued that traditional feminist ideology is bound up with heterosexist ideas of gender and power, ideas around power and control can be explored in the context of other relationship dynamics under an intersectional lens. This is because intersectionality considers any additional factors that influence the experiences of sexual-minority survivors and result in them experiencing IPV in different ways. For instance, the experience of a gay male is likely to be qualitatively different to the experience of a lesbian female given the intersecting

factors of gender and sexual orientation influence their lived experiences, treatment by others, and access to resources.

Beyond sexual orientation and gender, there are other intersecting factors of identity that influence experiences of IPV and how it unfolds in intimate relationships (Poon 2011). Such factors include, but are not limited to, age, class, race, education, and income. A clear example that addresses the importance of an intersectional approach to IPV is age and how it intersects with sexual orientation to shape experiences of IPV. Research has suggested that experiences of IPV are more intense for survivors in younger age groups, specifically those under the age of 25 (Donovan & Hester 2014; Hester 2010). As these young people embark on a journey of self-discovery and come to terms with their sexual orientation, there are a variety of factors that make people from this age group particularly susceptible to IPV (Donovan & Hester 2008).

Young people who possess same-sex attraction may not recognise IPV in the context of their first identity-affirming relationship. There is the potential for this relationship to be placed on a pedestal, with young people believing this milestone is central to the coming-out process and establishment of their sexual orientation (Donovan & Formby 2008; Donovan & Hester 2014). With their younger age comes lack of experience and knowledge, therefore young people are placed in a position of vulnerability as they do not possess an awareness of what constitutes a healthy relationship. As a result, they may not recognise patterns of abuse, or may remain in abusive situations to maintain security around their sexual identity (Donovan & Hester 2014). This risk is further compounded when young people are not surrounded by examples of what a healthy same-sex relationship should look like (Donovan & Hester 2008). Age and sexual orientation being central in this example demonstrates the importance of an intersectional approach since looking at sexual orientation as an isolated factor fails to recognise multi-directional vulnerabilities experienced by survivors from this community.

Thus looking at the intersections of identity allows for a more comprehensive understanding of social reality and how things come into being (Nixon & Humphreys 2010). Just as Crenshaw's (1991) argument uses intersectionality to capture the unequal treatment of Black women in comparison to their White counterparts, a similar theoretical lens is employed in relation to gender and sexual orientation to consider how such factors, amongst others, interact and influence lived experience for sexual-minority survivors. Other intersecting factors that have been addressed include age, ethnicity, geographical area, education, parent status, and perpetrator identity. It is important to note however that some

of these factors have been explored in more depth in this study according to relevance to the participant sample.

Bisexual Invisibility

As argued by Tant and Samuels (2021), there is a risk that sexual-minority experiences will be compounded into one overarching understanding if they are viewed as a homogenous group. This risk is particularly prominent where bisexual survivors are concerned. Literature and research around IPV tend to understand sexual-minority experiences as a collective population or by only looking at IPV from a same-sex relationship perspective. This dichotomous understanding contributes to the unique experiences of bisexual survivors being overlooked, as they are either considered to have the same experiences as their lesbian and gay counterparts or disregarded entirely (Head 2020). Statistics suggest that bisexual people are at the most risk of IPV (Office for National Statistics 2016; Office for National Statistics 2018), therefore, the invisibility of their experiences is concerning as this population demonstrates significant vulnerability in their intimate relationships.

The application of an intersectional approach is particularly important to address bisexual erasure from the IPV landscape and account for their unique experiences of IPV. This consideration of intersecting factors of identity has been advocated by academics in this field (Cannon, Lauve-Moon & Buttell 2015; Head 2020). Beyond the intersecting factors noted earlier in this chapter, there are additional layers that need to be considered where bisexual survivors are concerned. such as the sex of their perpetrator (Head & Milton 2014). It has been suggested in research that bisexual individuals are at the highest risk of IPV where their perpetrator is of the opposite sex from themselves (Barrett & St. Pierre 2013). Moreover, bisexual survivors, like other sexual-minority individuals, are frequently exposed to unique forms of IPV centred around their sexual orientation (Woulfe & Goodman 2018). Therefore, it is important to look at their experiences under an intersectional lens so all relevant factors that shape their experiences are considered.

Recognition of Intimate Partner Violence

In the 1970s, widespread concern around violence against women as a social and political issue was brought to the forefront of feminist discourse by second-wave feminists. This period witnessed more and more women express their anger about the inequalities they faced in their everyday lives. Prior to this time, 'wife battering' was considered as the norm as it was deemed socially acceptable for men to control their wives through the use of violence (Loseke 1992). This, however, began to change, as violence against women became a topic of feminist enquiry in the efforts to achieve women's liberation (Toffanin

2012). It was during this time that enough momentum was gained to recognise violence against women as the serious problem it is, with a rising number of women speaking out to raise awareness of this form of violence. In turn, the second wave of feminism strived towards a goal of unity, as women were supporting other women facing the same experiences (Kelly 2015).

Feminists of this era engaged in many tactics to tackle and undo the patriarchal structure of society. These women took to the streets in protest, handing out leaflets and pamphlets to get their message across (Baxandall & Gordon 2002). Many women of this era also entered feminist scholarship, as they examined IPV under a whole range of disciplines that would have been considered unfathomable in earlier years, including anthropology, criminal justice, medicine, psychology, and sociology (Wilson 1980). This transformed public perceptions of IPV, as feminists demanded a shift away from the victim-blaming attitudes of law enforcement towards women who had experienced rape and IPV. Simultaneously, shelters and crisis helplines were established for affected women to use (Baxandall & Gordon 2002).

Women's Liberation Movement

In Britain, women's liberation groups surfaced throughout the 1970s as women from all over the nation were swept up by the Women's Liberation Movement (Browne 2014). British women of this time engaged in activism to strive for the rights of women and to fight back against the patriarchal system that dominated their lives, whilst commencing movements that focused on sexuality and acknowledged specific ethnic, cultural, and national identities (Owens 2013). The campaign and protest efforts made by women of this decade transformed the British political sphere as they set out seven demands of the Women's Liberation Movement at conferences between 1971 and 1978 to fight female oppression (Mackay 2014). Amongst these demands were 'equal pay, equal education and job opportunities, free contraception and abortion on demand, free 24-hour nurseries for children, legal and financial independence and the right to a self-defined sexuality' (Jolly 2019). The final of the demands was that women would be freed from the shackles of violence and aggression perpetrated by men against women (Rees 2010).

Although the demands set out by the Women's Liberation Movement drew some attention to sexual orientation, dominant heteronormative narratives were evident in second wave feminist ideologies as they focused on the inequalities that exist between men and women. Therefore, little attention was allocated to alternate relationship dynamics in the exploration of IPV. The focus of the movement was rather tailored towards white, middle-class, heterosexual women based on what was deemed as an 'acceptable representation' of a

female survivor (Duke & Davidson 2009; Walters 2011); thus, contributing to further marginalisation for those in minority groups (Sokoloff & Dupont 2005).

Scottish Feminism

Despite common misconceptions that the Women's Liberation Movement was exclusively metropolitan, researchers have identified the presence of women's liberation groups in urban, rural, and island communities throughout Scotland (Breitenbach 1990; Browne 2014). Although women in Scotland shared the same appetite for liberation as women in other British nations, it has been argued that, during this time, Scottish women were increasingly marginalised, with Breitenbach, Brown and Myers (1998) suggesting that they faced domination from two directions: male hegemony and English hegemony.

In her work exploring the Women's Liberation Movement in Scotland, Breitenbach (1990) makes the argument that, whilst parallels exist between Scottish efforts and those of other British nations, feminist writers of this era adopted a British stance, with effectively no reference to the practical and ideological contributions of Scottish feminism. The later work of Breitenbach, alongside colleagues, draws attention to the concept of 'Britishness' to explain the frequent confusion of Britain with England, the failure to differentiate between distinct parts of the United Kingdom, and ignorance of the Scottish experience beyond tokenistic mentions (Breitenbach, Brown & Myers 1998). Breitenbach, Brown and Myers (1998) further provide examples of key feminist texts that fail to refer to unique Scottish contexts and efforts, often alluding to what was specifically happening in England and evidencing English statistics. Ultimately, they suggest that the supposed British feminism of this time was instead English feminism (Breitenbach, Brown and Myers 1998).

It is suggested that a distinctive Scottish Women's Liberation Movement surfaced in the 1980s and 1990s, with Breitenbach (1990) highlighting the perceived harmful impact of Thatcherism and mobilisation of Scottish constitutional reform as drivers for difference in Scotland's approach. Informed by the two previous decades of women's liberation, the Zero Tolerance campaign was established in Edinburgh in 1992. This groundbreaking initiative is distinctive for its radical approach to challenging power relations and evoking social change, use of empowering imagery, categorisation of emotional abuse as violence, and feminist analysis which associates violence with the abuse of male power (Mackay 1996). Zero Tolerance went on to conceptualise the 3 Ps (protection, provision, and prevention), which have become central to Scotland's stance on IPV (Lombard & Whiting 2024), and which will be discussed in more detail later on in this chapter.

Other feminist initiatives that emerged in the 1990s include Engender, which was set up to enable women to have a voice in policy development, and which has now established a foothold as a national entity to coordinate women's voices on feminist issues (Barker & Jurasz 2022). The presence and efforts of Engender and Zero Tolerance have been commended by Barker and Jurasz (2022), who argue that these organisations have 'spearheaded change' at a national level and provided a foundation for women's issues to be mapped on the political agenda. It is important to note, however, that the close relationship between these organisations and the Scottish Government have been criticised by academics, particularly for their symbiotic nature. In their investigation of the policy network between policymakers, academics, and interest groups, Cairney and Rummery (2018) suggest that policy initiatives were required to be framed in line with the ideological and strategic stance of the Scottish Government, thus calling into question the Scottish Government's reputation for transparency in policymaking.

Unique Scottish Context

As indicated in the rationale, the focus on Scotland for the purpose of this study is driven by the unique national and legal contexts that distinguish Scotland from other parts of the United Kingdom. The Scottish Parliament was established in 1999, as devolution granted Scotland decision-making power on a range of matters without the consent of Westminster being required (The Scottish Parliament 2024a). Devolved matters Scotland has the power to develop laws on include, but are not limited to, education, local and government elections, health, housing, justice and policing. However, some issues, remain within the remit of Westminster. Reserved matters include issues such as defence, foreign affairs, and immigration, amongst others (The Scottish Parliament 2022b). Granting Scotland this power has allowed for distinctions in some Scottish policies and laws when compared with Westminster. Some examples of Scottish divergence that have emerged in the wake of devolution include the removal of university tuition fees for Scottish citizens, decreasing the voting age to 16 years-old, the introduction of devolved Scottish benefits through Social Security Scotland, the removal of prescription fees, and the introduction of specific laws around the purchase of alcohol (Scottish Government 2022a).

The electoral system in Scotland differs from the first-past-the-post system used in English elections, by which votes are cast based on voters' preferred candidate and the candidate with the majority of votes wins (UK Parliament 2024). For Scottish Parliament elections, the additional member system requires voters to cast two votes. These votes include a constituency vote and a regional vote, whereby constituency votes are counted based on the candidate with the majority of votes, and regional votes are calculated from a formula that

allocates seats that are representative of the percentage of votes a party received (The Scottish Parliament 2024c). Since 2007, the political arena in Scotland has vastly differed from that of Westminster in the rise of the Scottish National Party (SNP). Although the party won based on a minority vote at the time, this changed in the 2011 election where they gained significant popularity and won a majority of Scottish votes (Scott & Wright 2012). The party has since remained in power, winning against political competitors for four successive terms (Baldi 2022), and have even achieved an independence referendum that took place in 2014. Despite the SNP's attempts to campaign for Scotland's independence as a nation, this campaign was ultimately unsuccessful, with the country remaining a part of the United Kingdom (Dardanelli & Mitchell 2014).

Scottish Geography

In terms of its geographical landscape, Scotland's land area is overwhelmingly rural and remote, with 98 percent of Scotland's surface area being categorised as remote or accessible rural (Scottish Government 2021). Based on the Scottish Government Urban Rural Classification 2020, remote rural areas are defined as those with populations of less than 3,000 people situated in a drivetime of more than 30 minutes from a settlement in surplus of 10,000 people. Accessible rural areas possess the same characteristics but are situated within a 30-minute drivetime (Scottish Government 2022b). The most recent population estimates released by the Scottish Government (2021) suggest that 17 percent of Scotland's population inhabit these rural areas. Given that only around one-fifth of the Scottish population occupy areas that make up 98 percent of Scotland's land mass, this is indicative of how dispersed population distribution is across Scotland.

Scotland's vast geographic landscape is a characteristic that has been acknowledged in IPV literature. In a qualitative exploration of partnerships between the police and IPV service providers in remote, rural and island Scotland during the pandemic, Pedersen, Mueller-Hirth and Miller (2023b) suggest that the geographical difficulties in policing these communities were exacerbated by lockdown and social-distancing measures. Given that policing such a vast geographical area is already physically challenging without the influence of a global pandemic, the closure of vital air and ferry services and staffing shortages in the police force inhibited officers' abilities to be present and respond to domestic incidents in remote, rural, and island communities. Although mediated using a flexible approach to policing and the movement to videoconferencing for support, these findings suggest that additional measures must be adopted to effectively support survivors in rural Scottish communities (Pedersen, Mueller-Hirth & Miller 2023b).

Scottish Justice System

Unlike England and Wales, there is no Ministry of Justice in Scotland. Rather criminal justice in Scotland has historically been suggested to be a process as opposed to a system. This argument is formed on the basis that Scottish criminal justice is comprised of different institutions that are responsible for distinct stages of the process (Duff & Hutton 2019). Since devolution, this perception has somewhat changed, as the constitutional power allocated to Scotland has been argued to have enabled a closer working relationship between the institutions involved in criminal justice (Scott 2012).

The Procurator Fiscal has the responsibility for prosecution in Scotland (Lombard & Whiting 2018). Public interest and sufficiency of evidence shape the decision to prosecute, with evidence being required to prove a crime has been committed 'beyond all reasonable doubt'. Based on the often discrete and private nature of IPV, the need for two pieces of evidence (one of which must be corroborative of a survivor's statement) can be particularly challenging (Lombard & Whiting 2015; Scottish Government 2017). For rape cases, further evidence was required to prove specific elements of this crime, with two pieces of evidence also being required to corroborate that penetration took place. However, as of October 18th 2023, this has changed so that corroboration is only required to prove that a crime took place and that the accused is who committed the offence (Crown Office & Procurator Fiscal Service 2023; Rape Crisis Scotland 2023).

Unique to Scotland, where corroboration is required for a perpetrator to be convicted, the prosecution can use mutual corroboration as part of their case. This is achieved through what is known as the 'Moorov doctrine' (Scottish Government 2017). In Scottish criminal law, the Moorov doctrine considers the credible evidence of different witnesses to be mutually corroborative of one another where they are similar in nature, time, and circumstances (Scottish Law Commission 2012). For IPV, rape and sexual assault cases, which often occur in private settings, this allows a pattern of behaviour to be established where two or more survivors have experienced violence at the hands of one perpetrator. The 'Howden doctrine' also applies in Scottish criminal law in the instance that a perpetrator has been charged with two offences, yet the evidence has stronger weighting for one of them. If it is believed that the perpetrator must have committed one offence beyond reasonable doubt, they can be found guilty of both (Scottish Law Commission 2012).

Another distinct characteristic of the Scottish justice system is that there are three potential verdicts available at the disposal of the jury. While in England the jury is made up of 12 jurors, Scottish juries are made up of 15 (Curley et al. 2021a). Available verdicts include the standard verdicts of guilty and not guilty, but also a third option known as the 'not proven'

verdict (Scottish Government 2021b). Although labelled a separate verdict in its own right, the not proven verdict has the same outcomes as the not guilty verdict, with accused parties being acquitted and unable to be tried again for the same charge (Curley et al. 2021a).

It is important to note however that this does not mean that juries hold the two verdicts in the same light, with arguments being made that the not proven verdict is often chosen to suggest guilt of the accused while the evidence does not meet the requirement of proof beyond all reasonable doubt (Chalmers, Leverick & Munro 2022). The option to use a not proven verdict has stirred significant debate, with the suggestion being made that this verdict is used disproportionately for offences heard in the high court, such as murder and rape (Curley et al. 2022). Consequently, organisations like Rape Crisis Scotland and Scottish Women's Aid have supported the removal of this verdict as part of the Victims, Witnesses, and Justice Reform (Scotland) Bill, believing it will positively impact the experiences of women and girls subjected to gender-based violence (Rape Crisis Scotland 2024; Scottish Women's Aid 2023b).

Scottish Approach to Intimate Partner Violence

Scottish devolution offered the opportunity to drive fundamental change concerned with IPV policy development, arguably making the Scottish political landscape unique and somewhat progressive when compared to the rest of the UK (Lombard & Whiting 2018). Placing IPV on the public agenda, Scotland was amongst the first countries globally to initiate a national strategy for IPV. Although the Labour government in Westminster at the time acknowledged the scale and impact of IPV, as well as the shortfalls of service provision and the justice system, no national strategy was launched in England, nor the wider United Kingdom (Mackay 2010). Mackay (2010) further noted that, at the time of writing, national strategic planning and direction remained somewhat rare where the UK government was concerned, despite efforts to implement IPV policies and legislation.

The Scottish national strategy, now known as 'Equally Safe' was formerly known as the 'National Strategy to Address Domestic Abuse in Scotland'. This strategy was developed by the Scottish Partnership on Domestic Abuse (SPDA) in 1998 in anticipation of devolution, before being formally implemented in 2000 (Mackay 2010). Central to the strategy were three main principles designed by Zero Tolerance: Provision, Protection, and Prevention (Lombard & Whiting 2018). These principles guided key transformations, including but not limited to improved service provision and policing, the establishment of an IPV helpline, secure funding, increased access to civil and legal support for survivors, campaigning, and outreach work (Charles & Mackay 2013). In the years following the launch of the national

strategy, the Scottish legislative and policy landscape surrounding IPV transformed, with the developments being applauded (Mackay 2010).

What made Scotland's strategic approach to IPV unique was that it adopted a feminist framing, situating IPV as a gendered social problem and recognising the role of gender inequality where IPV is concerned (Friskney, Brooks-Hay & Burman 2021). Despite this stance, the Scottish Government at the time recognised that men in relationships with women and those in same-sex relationships can also experience IPV, but due to the disproportionate impact of IPV on women, they remained their main focus (Scottish Executive 2003). Scotland's current national strategy 'Equally Safe', which was launched in 2014, maintains this gendered analysis of IPV in the endeavour to prevent and eradicate violence against women and girls (Lombard & Whiting 2018; Scottish Government 2023). It is recognised in the Scottish context that, in order for incidents of IPV to be reduced, the position of women in society must change, thus separating Scotland's stance from other governmental bodies in the UK that adopt a gender-neutral position (Home Office 2024; Lombard & Whiting 2018).

Prior to 2019, IPV-related charges tended to be prosecuted under various categories according to the nature of abusive behaviour, with some cases recognising that domestic abuse was an aggravator (Friskney, Brooks-Hay & Burman 2021). This changed in line with the introduction of the Domestic Abuse (Scotland) Act 2018, which allowed for perpetrators to be prosecuted specifically for IPV as a criminal offence in its own right (Friskney, Brooks-Hay & Burman 2021). The Act further fortified the criminalisation of emotional and psychological forms of IPV, focusing on coercive and controlling behaviours, and recognised IPV as a pattern of abusive behaviours (Domestic Abuse (Scotland) Act 2018). Subsequently, Scotland as a nation has been widely recognised as a leader in tackling IPV through its strategic direction, legislation, and policy (Brooks-Hay, Burman & McFeely 2018; Mackay 2010; Lombard & Whiting 2018).

LGBTQ+ Inclusion?

As noted above, the Scottish Government has adopted a gendered approach to IPV in its policies since devolution (Friskney, Brooks-Hay & Burman 2021). Although Scotland has been commended for its approach to tackling violence against women and girls (Brooks-Hay, Burman & McFeely 2018; Mackay 2010; Lombard & Whiting 2018), Dempsey (2011) argues that this approach lacks sensitivity to abusive relationship dynamics that do not consist of a female survivor and male perpetrator. Rather, they argue that the Scottish policy context is detrimental for individuals who are in same-sex relationships and experience IPV.

Whilst the Scottish Government's Equally Safe Strategy, which aims to prevent and eradicate all forms of violence against women and girls, does acknowledge that women across all protected characteristics, including those with sexual-minority identities, can experience IPV (Scottish Government 2023b), LGBTQ+ identities are scarcely mentioned in the overall strategy. Only once throughout the whole document are lesbian, bisexual, or transgender women referred to, with little light shed on their experiences of IPV, thus indicating to a cis-heteronormative stance on IPV. Dempsey (2011) notes a similar pattern in older approaches taken by the Scottish Government, where limited reference was made to same-sex relationships, but the narrative immediately returned to focus on women in heterosexual relationships. Although violence against women at the hands of male perpetrators has rightly been identified as a fundamental issue that must be eradicated, this arguably compounds the invisibility of survivors who exist out with this dynamic.

This thesis does not intend to dismiss Scotland's national strategy, especially given the disproportionate impact that IPV has on the lives of women and girls at the hands of male perpetrators globally (World Health Organisation 2021). It is fundamental that governments worldwide have robust strategies that aim to tackle this issue. What it does argue is that the national strategy and subsequent policies should adopt a more inclusive stance on IPV, which acknowledges and incorporates all survivors and relationship dynamics, whilst maintaining the focus on violence against women and girls. Arguably, the Scottish Government has continued to construct dominant narratives of a male perpetrator and female survivor throughout time (Dempsey 2011), compounding the public story identified in the work of Donovan and Hester (2014). Therefore, it can be argued that Scotland's stance on IPV is very limited in terms of LGBTQ+ inclusion.

Beyond Heterosexual Survivors

Public Attitudes

Despite the efforts made by the Gay Liberation Front in 1970 to fight for the rights of all members of the LGBTQ+ community, and the United Kingdom's first Pride march in 1972 (Merritt 2023), prejudice against this group remained a deep-rooted issue. The HIV/AIDS epidemic contributed to homophobic attitudes at this time, as the gay lifestyle was publicly stigmatised. This was due to the social factors that contribute to the transmission of the disease, such as unsafe sexual practices, substance abuse and the difficulty in maintaining homosexual relationships (DiClemente, Crosby & Sims 2019). Despite higher prevalence of HIV/AIDS amongst the population of men having sex with men, lesbian women were also subject to homophobic attacks based on their sexuality (Altman 1996). This occurred as the epidemic was categorised as a 'gay plague'. In turn, this served to justify homophobia and to

further oppress gay individuals as they were deemed accountable for the transmission of the disease (Tatchell 2012).

Right-wing government legislation during this period ensured further oppression of these individuals. Section 28 of the Local Government Act 1988 imposed by Margaret Thatcher's Conservative Government prohibited the deliberate promotion of homosexuality. Specifically, Section 28 stated that local authorities should not teach or publish any materials that purposely promoted homosexuality or accepted homosexuality as a pretended family relationship (Legislation.gov.uk 1988). The influence of Section 28 was evident across sex education in British schools. Teachers and governors responsible for the delivery of sex education lessons were required to educate pupils on the importance of heterosexual, nuclear family dynamics and practices, excluding the promotion of homosexual activities that were viewed as deviant and perverted (Moran 2001). Therefore, under Thatcherism, members of this community lived in an era of government-imposed homophobia that served to marginalise members of this community further, deeming their intimate lives as unnatural and immoral.

Lesbian Battering

During this period of oppression and discrimination against sexual-minority individuals, members of this community began to draw attention to their experiences of IPV. Recognition of same-sex IPV in the United Kingdom was ignited by the lesbian community as discussions emerged surrounding female-perpetrated IPV against female partners (Donovan & Barnes 2016). Lesbian feminism during the 1980s set out to empower women to explore their sexuality without the need to conform to 'compulsory heterosexuality' (Rich 1980), which in turn constructed a notion that intimate relationships between two women were liberating and comparable to 'utopia' (Barnes 2010).

With this notion in mind, attitudes during this time were somewhat ignorant of violence in lesbian relationships. Some feminists argued that these relationships were favourable based on the power dynamic that exists between two women, as opposed to a woman and a man (Hester 1992). Arguably, this was based on the belief that women are inherently less violent than their male counterparts (Ristock 2002), which in turn meant there was little understanding of the inequality, violence and exploitation that can unfold in lesbian relationships (Barnes 2010). As a result, these ideas lingered in discussions around IPV, making it hard for lesbians to discuss their experiences of violence in their intimate relationships, with lesbians often fearing that they would not be believed because of dominant feminist discourse (Barnes 2010; Ristock 2002). Subsequently, it can be argued

that the movement failed to account for the multi-directional oppression faced by lesbian women. On one hand, they faced the patriarchal constraints of living as a woman in society and on the other hand, they were dominated by heterosexist ideology because of their sexual orientation (Calhoun 1994). Therefore, the combination of lesbian feminist ideology paired with the homophobic political stance of the Conservative Government, made it hard to draw attention to lesbian IPV as the serious social problem it is.

Despite the barriers faced by the lesbian community in the 1980s, the similarities between IPV in lesbian relationships and heterosexual relationships began to be addressed by activists (Lobel 1986). The population of lesbian survivors of IPV gained more visibility during this period, as they sought support for their trauma from domestic violence and rape organisations that were particularly tailored towards heterosexual relationships (Donovan & Hester 2014). However, whilst organisations and shelters did not explicitly exclude women from sexual-minority groups from their services, they did often fail to acknowledge the unique circumstances experienced by lesbian women. Arguably, the dismissal of their needs meant that women from this community were somewhat invisible (Stark 2007).

Research into lesbian IPV around this time begun to explore the contributing factors to violence between women in same-sex relationships, as it was suggested that there was a correlation between violence and the high dependence of abusers on their partners (Renezetti 1988; Waldner-Haugrud, Gratch & Magruder 1997). Additionally, it was argued that violence was more likely to unfold in the instance that one party was more 'invested' in the relationship than the other (Myers 1989), or where a power imbalance could be perceived between two female partners (Renzetti 1988). However, Ristock (1991) notes that non-random samples and self-reporting measures were common features of research at this time, making it hard to address the realities of lesbian IPV.

Intimate Partner Violence Against Gay Men

Once the lesbian community began to draw attention to their experiences of IPV, focus shifted onto the gay male community in the years following (Waldner-Haugrud, Gratch & Magruder 1997); however, this attention was arguably less prominent at the time due to the focus on the HIV/AIDS epidemic (Elliot 1996).

Much like lesbian relationships, the relationships between two men do not conform to dominant feminist patriarchal ideology, which consists of female survivors and male perpetrators (McLennen 2005; Schneider 1992); thus, little scholarly attention was paid to IPV in gay male relationships. The notion that survivors of IPV are female (Browne 1987), paired with the persisting homophobic attitudes towards gay males in relation to the AIDS

crisis were suggested to make gay men reluctant to share further experiences that could contribute to their oppression (Elliot 1996).

Although research focusing on the gay and bisexual male experience was limited at this time, some efforts were made to address the realities of sexual-minority men. It has been suggested that there was a common narrative amongst gay and bisexual men who experienced IPV, in which their male identity did not correspond with victimisation; therefore, they did not consider themselves to be survivors of IPV (Letellier 1994). Not only this, but it has also been argued that gay or bisexual men are likely to only see themselves as survivors of abuse in the instance that they are subjected to significant physical injury (Letellier 1994). Moreover, research into the male experience of IPV suggested that men were disinclined to disclose their experiences of IPV as they associated this with weakness and vulnerability (Maxfield 1984; Stanko & Hobdell 1993).

Key Theoretical Concepts

With the experiences of sexual-minority survivors being central to my research, it is important to address some of the key theoretical concepts that ultimately shape their experiences as survivors of IPV. Some of these concepts have been addressed above in relation to the history and recognition of IPV amongst this population, however, to enable a more comprehensive understanding, it is important these concepts are discussed in depth to establish their relevance to contemporary IPV survivors.

Heteronormativity

One of the main influences that has contributed to the comparative invisibility of IPV survivors beyond heterosexual women, both historically and in contemporary society, is heteronormativity. Rooted in a view that sexual orientation is a fixed concept where individuals are either heterosexual or homosexual, the term heteronormativity is used to capture societal ideas that the heterosexual identity and associated relationships are the norm (Barker 2014). This binary way of thinking about sexual orientation has been argued to contribute to the erasure of other sexual orientations, like bisexuality, as bisexual people are rendered invisible because they do not fit into this dichotomous understanding (Barker 2014). Based on this idea, individuals in society are expected to conform to a masculine or feminine identity which aligns with their biological sex and operate within a binary system where the norm is to display an attraction to individuals of the opposite sex (Ferrari, Imperato & Mancini 2021). Heteronormativity therefore operates on the belief that the default sexual orientation is heterosexuality (Butler 1990).

Although the term heteronormativity gained traction from the work of Warner (1991), scholarly contributions to this area can be dated to earlier studies (Marchia & Sommer 2019). The roots of heteronormativity can be dated back to the work of Foucault (1978), who in his work explored the operation of power and how this influences the oppression experienced by homosexual people in society. From here, the work of other 20th century academics attempted to conceptualise sexual-minority oppression. Rich (1980) coined the term 'compulsory heterosexuality' to capture the ways that society enforces heterosexuality onto women to maintain male dominance and the patriarchy. The work of Rubin (1984) then went on to theorise a hierarchy of acceptability around sexual orientation, in which heterosexual, married, reproductive couples were placed at the top of the hierarchy, and those who do not conform to a heterosexual identity and engage in diverse sexual practices were placed at the bottom. Finally, Butler (1990) conceptualised the idea of presumptive heterosexuality, in which the body is viewed as a fixed concept that assumes a particular sexual orientation. These contributions arguably constructed the foundations that the term heteronormativity was built upon to explain the social reality of being a sexual minority (Barker 2014).

Heteronormativity is woven through the fabric of everyday life, as heterosexuality is embedded in the foundations of society and culture. As a result, heteronormative practices are ingrained into and maintained by social structures, like the family and marriage (Herz & Johansson 2015). This example is evident as marriage between same-sex partners has required legalisation to be accepted, and in some countries continues to be illegal, therefore upholding the idea that heterosexual relationships are the norm (Martin 2009; Ward & Schneider 2009). This position held by heterosexuality in society as a dominant aspect of the human experience maintains the belief that heterosexuality is normal and natural (Martin 2009), and subsequently places those whose sexual orientation aligns this way in a position of privilege (Myers & Raymond 2010). This privilege is frequently overlooked, when the reality is heterosexual people do not have to justify their sexual orientation. Moreover, heteronormative language, images and representations infiltrate the human experience and contribute to automatic assumptions that all people are heterosexual as it is the norm (Barker 2014).

Coming Out

The unconscious practice of assuming everyone has a heterosexual orientation has unfavourable outcomes for those who do not identify this way. The suggestion that any sexual orientation that deviates from heterosexuality is abnormal adds to the oppression of sexual-minority individuals (Jackson 2006). This contributes to a sexual hierarchy which is

defined by the exclusion and repression of sexual minorities (Seidman 1991). The circumstances faced by individuals whose sexual orientations deviate from societal norms can determine whether they choose to 'come out' to those around them.

Coming out refers to the process sexual-minority individuals go through in which they disclose their sexual orientation to those around them (Pistella et al. 2016). For sexualminority individuals, coming out is not defined by one singular event, but is rather an ongoing process that has to be carried out throughout life, in different contexts and with different people. This coming-out process is held central to identity formation, as it promotes the development of a true and secure sense of self for sexual-minority individuals (Ragins 2004). Although research has suggested that coming out is associated with positive mental health outcomes (Jordan & Deluty 1998), the heteronormativity that pulses through contemporary society can hinder individuals' abilities to come out, as they fear that disclosure of their sexual orientation will be met with stigma, rejection, and discrimination (Legate, Ryan & Weinstein 2012). These negative repercussions are not something that their heterosexual counterparts experience, as the normalisation of heterosexuality does not require them to announce their sexual orientation because it is already viewed and widely accepted as the norm. Therefore, the societal requirement to come out and disclose a sexual-minority orientation further reinforces heteronormativity as it compounds heterosexual dominance and feeds into the oppression of sexual-minority identities (Khuzwayo 2021).

Heteronormativity and The Public Story

Heteronormative understandings of IPV contribute to the invisibility of sexual-minority survivors as they are situated out with the public story of IPV (Donovan & Hester 2014). Donovan and Hester (2014) draw attention to the public story, which situates IPV as a problem that unfolds in the context of heterosexual relationship dynamics and focuses on physical forms of abuse. The public story sees IPV through a gendered lens, viewing the survivor-perpetrator dynamic from the perspective of IPV being perpetrated against a smaller, weaker woman at the hands of a larger, stronger man (Donovan & Hester 2014). This presentation of gender in the public story presents implications for those who do not conform to such dynamics.

Donovan and Barnes (2020a) develop this argument further, suggesting that not only should the male/female binary of the public story be critiqued, but also the ideal victim/perpetrator binary, especially considering that this binary can inhibit survivors from recognising that they are a survivor of IPV. They argue this because the latter binary constructs an extremist perception of what IPV should look like, with heterosexual, cisgendered women who are

categorised as the ideal victim expected to also be blameless and defenceless (Donovan & Barnes 2020a). Subsequently, the specific characteristics of this ideal victim/perpetrator binary can be argued to situate many survivors out with the public story, and thus impact on recognition of victimisation.

The heteronormative public story can be argued to contribute to the oppression of sexual-minority communities, as they are not able to align themselves with the heteronormative IPV stereotypes that shape this narrative (Donovan & Barnes 2020a). Moreover, where heteronormativity places increased value on the heterosexual identity in society, this creates the potential for unique tactics of IPV to be inflicted upon sexual-minority survivors, known as identity abuse (Donovan & Barnes 2020a; Woulfe & Goodman 2018). These tactics, as well as the public story, will be referenced throughout the rest of the thesis as they possess great significance in the experiences of sexual-minority survivors.

Additionally, the pervasive force of heteronormativity further infiltrates the relationships of sexual minorities, having an influence on how same-sex couples are perceived in society. With the view that heterosexuality is the norm, the existence of same-sex relationships is frequently viewed under a heteronormative lens, in which one partner is viewed as the masculine partner and the other is viewed as the feminine partner (Little & Terrance 2010). Therefore, where IPV is recognised out with heterosexual relationships, these views can have implications, as the heteronormative view that IPV is a phenomenon exclusively experienced by women and perpetrated by men can influence the responses of law enforcement and the criminal justice system. For instance, research has suggested that, in lesbian relationships, responding officers may consider who they believe is 'the man' of the relationship is and subsequently view them as the perpetrator (Hodges 1999). Viewing IPV under a heteronormative lens can be misleading as masculinity does not immediately equate to perpetration of violence. Therefore, upholding this view when responding to IPV incidents could result in the wrong party being accused.

Homophobia

Where IPV is investigated from the perspective of sexual-minority survivors, it is fundamental to consider the unfortunate realities experienced by survivors from this population that are linked to homophobia. The roots of the term homophobia originate from 1970s America, as Weinberg (1972) coined the term to capture the horror of sharing a space with homosexuals experienced by members of the heterosexual population (Rosik, Griffith & Cruz 2007). In line with this, homophobia has been used to describe the irrational fear and hateful attitudes towards the identities, preferences, and behaviours of real or perceived gay and lesbian individuals (Stonewall 2023). Similarly, the term 'biphobia' relates to the same

prejudicial and discriminatory attitudes, except directed at the bisexual population (Ochs 1996). These attitudes can have devastating consequences for individuals who identify or are perceived to identify this way, with homophobia sometimes manifesting in the form of verbal abuse, physical assault, and in extreme cases, rape, and murder (United Nations 2017).

Homophobia is not a one-dimensional phenomenon, but rather one that operates at different levels. These varying levels of homophobia can play an influential role in experiences of IPV. From a wider perspective, heteronormativity constructs a foundation upon which homosexuality is discriminated against. Societal homophobia subsequently relates to societal attempts to uphold traditional values (Stein 2005), as homophobic attitudes infiltrate institutions like education, business, the media, religion, the family, and the government (Dreyer 2007; Eguchi 2006). As this societal homophobia feeds into institutions and cements itself into laws and policies (Dreyer 2007), this can impact the way that individuals with sexual-minority orientations are treated when they reach out for help, which will be covered later in this thesis.

Where societal homophobia exists, this creates the potential for sexual-minority individuals to experience negative feelings about their romantic and sexual preferences. This is because societal heterosexist ideas that uphold discrimination against sexual-minorities, honour heterosexuality, and suggest everyone should identify as heterosexual may be absorbed by members of sexual-minority communities (Barker 2014). The process of turning homophobic attitudes inward to be directed at the self is known as internalised homophobia (Meyer & Dean 1998), which results in stigmatised individuals experiencing constant feelings of self-loathing and shame around their sexual orientation (Moss 2003). Where an individual experiences internalised homophobia, this can feed into their experiences of IPV. For instance, perpetrators can employ abusive tactics that target feelings of internalised homophobia, known as identity abuse (Wolfe & Goodman 2018). Therefore, as noted throughout this section, the combination of societal and internalised homophobia feed into different aspects of survivor's experiences and even intensify issues in their romantic relationships (Donovan & Hester 2014). Thus, homophobia must be considered in the exploration of IPV for this community to establish its impact.

Masculinity And Femininity

As noted above, ideas around masculinity and femininity play an influential role in understandings of IPV. In the exploration of gender relations, masculinity and femininity denote the gendered roles, attributes and behaviours that are deemed as characteristics of being a man or a woman in society (Kimmel 2001; Kimmel & Bridges 2011). Such

characteristics do not rely on biological sex alone, as they focus on social and cultural influences as well, rather than just biological make-up. Fundamentally, heterosexuality is central to the gendered expectations of men and women in society, which ultimately feed into understandings around masculinity and femininity (Donovan & Hester 2014). These concepts further feed into the heteronormative lens that IPV is viewed under and influence the experiences of survivors.

Masculinity

In the exploration of gender relations, masculinity denotes gendered roles, attributes and behaviours that are deemed to be the characteristics of being a man (Kimmel & Bridges 2011). Pivotal work by Connell (1995) explored the notion of masculinity, arguing that there are a variety of masculine identities which can be ranked in order of hierarchy. Correspondingly, masculinities are perceived as a set of practices that are adopted by groups across society to assume a position of power and social status (Connell 2000).

The notion of hegemonic masculinity preserves gender inequality as it is concerned with the societal structure in which men dominate women, as well as marginalised groups of men (Connell 1983; Jewkes et al. 2015). Hegemonic masculinity therefore is argued to be profoundly heterosexual (Donovan & Hester 2014), with subsequent masculinities to hegemonic masculinity being subordinated in a hierarchy of power based on the status held by specific sub-groups of men (Connell 2005). As men embody hegemonic masculinity, this has been suggested to legitimise the subordinate position of women and other groups of men, as Connell (1987) argues that all forms of femininity are inferior.

Heteronormative bias is evident in this hierarchy as under hegemonic masculinity, gay men take their place on the hierarchy based on their sexual preference. As a man, the possession of a gay or bisexual orientation is associated with femininity, which in turn violates the expectations of hegemonic masculinity; thus placing their masculinity in a subordinate position to that of heterosexual masculinity (Connell 2005; Kay & Jeffries 2010). In relation to IPV, hegemonic masculinity can be perceived to create a space for abuse to unfold between two male partners (Connell 2005; Jeffries & Ball 2008). A study by Kay and Jeffries (2010) suggested that as gay men strive for hegemonic masculinity, this can create a power dynamic between partners in which violence is used as a tool to overcome their perceived subordinate identity. However, as gay men are categorised as weak and sensitive under hegemonic masculinity, IPV in the context of their relationships may be viewed less seriously (Elliot 1996). As noted above, regardless of their subordinate position, male survivors from their community struggle to situate themselves as survivors because of their male identity and ideas of masculinity (Duke & Davidson 2009; Letellier 1994). Therefore, it

is important to consider how masculinity paradoxically contributes to and silences IPV amongst gay men in intimate relationships.

Female Masculinity

Although masculinities are predominantly used to describe the characteristics of being a man, a link has been established between masculinities and the lesbian identity. Halberstam (1998) established the term 'female masculinity' to capture the idea that masculinity can be performed by females and therefore can exist without men. With this idea in mind, female masculinity refers to the ways that females present themselves in a manner that is typically ascribed to men (Love 2016). Subsequently, female masculinity should not be viewed in opposition to female femininity, but rather viewed to challenge traditional ideas of what femininity is. Additionally, it is not the female equivalent of male masculinity, but rather a separate union of masculinity and femaleness (Halberstam 1998).

The lesbian identity is something that has transformed over the course of time. Traditionally, homosexuality was not recognised as a central aspect of identity, but rather a medical diagnosis attached to specific behaviours (Love 2016). This shift in how homosexuality was viewed by society can be traced back to the Second World War, as communities of women who expressed sexual attraction to other women emerged from the war efforts that required women to engage with one another, rather than being confined to the domestic sphere (Kennedy & Davis 1993). At this time, sexual attraction was viewed in a dichotomous way with individuals being perceived as either heterosexual or homosexual (Love 2016). This dichotomy extended to the lesbian community, with lesbian women being categorised under one of two categories: 'butch' or 'femme'. It has been argued that heteronormativity influenced dichotomous understandings of lesbian identity, as lesbian women categorised themselves in way that reflected the dynamic of heterosexual couples (Faderman 1991). Therefore, where they could not conform to the roles of man and woman, one partner would be masculine and the other feminine.

The idea of females conforming to a masculine or 'butch' identity is something that has been the subject of substantial controversy in academia. It has been argued that female masculinity contributes to the patriarchy, oppresses women, and upholds heteronormativity, whilst also allowing masculine women to experience power and privilege like their male counterparts (Ngyuen 2008). This has been contested by different scholars; however, the existence of these arguments contributes to stereotypes that masculine women in lesbian relationships possess a dominant role, as they are perceived to be strong and aggressive in line with their masculine identity (Little & Terrance 2010). This view of female masculinity

has been argued to contribute to masculine partners being blamed as perpetrators of IPV (Rollè, Santoniccolo & Trombetta. 2021), which will be discussed later in this thesis.

Femininity

Contrary to the idea of masculinity, femininity refers to the gendered roles, attributes and behaviours that are deemed as characteristics of being a woman (Windsor 2015). While ideas around masculinities have been conceptualised, explored, and widely disseminated (Connell 1995; Connell 2005), ideas around femininities have not received as much scholarly attention. Initially Connell (1995) aimed to explore the idea of 'hegemonic femininity', which was renamed as 'emphasised femininity', in parallel with the work on masculinities. The concept of emphasised femininity relates to women's acceptance of their subordination and efforts to appease the desires of men (Connell 1987); however, Connell (1987) implies that just like masculinities, there are also multiple femininities. These varying forms of femininity are not limited to accepted subordination, but also demonstrate resistance and non-compliance to oppression. Despite Connell's (1987) suggestion that multiple femininities exist (Schippers 2007), the focus on femininity was overshadowed by the focus on masculinity (Connell & Messerschmidt 2005).

Although it has been recognised that femininity is not a fixed concept, traditional ideas attach connotations of submissiveness, dependency, passivity, softness, and care to femininity. Arguably, these connotations suggest that the very nature of femininity makes feminine women intrinsically non-violent. Beyond gender, femininity can be explored in relation to sexual orientation. The connotations attached to femininity tend to be associated with a heterosexual identity, whereas lesbian women tend to be viewed as masculine (Little & Terrance 2010). This has been suggested to be especially true in the instance that they adopt a 'butch' identity as noted above. However, whilst 'butch' presenting women tend to be associated with masculinity and subsequent ideas of patriarchy, aggression, and power (Ngyugen 2008), it is argued by Butler (2004) that masculine lesbians do not adopt an antifeminine stance, as their romantic preference and attraction centres solely around the feminine.

Just like masculinity, femininity plays an influential role where IPV is concerned. It has been argued that where female survivors do not conform to heteronormative IPV expectations, they are required to validate their experience as someone who is worthy of being a survivor (Renzetti 1992). This relates to IPV stereotypes of what the 'ideal victim' looks like, which is discussed in the section below. However, it has been suggested that support is offered more willingly where survivors display traditional ideas of femininity (Ristock 2002; Hassouneh & Glass 2008). Despite this, where traditional ideas of femininity imply that feminine women

are inherently non-violent, this can infiltrate IPV discourse and hinder the credibility of survivors in the context of lesbian relationships, as societal ideas around femininity make it difficult to envision a woman as a perpetrator (Hodges 1999).

The 'Ideal Victim' Narrative

Although historical efforts have paved the way for IPV to be recognised as a social issue experienced by individuals from all backgrounds, there are distinct differences in the way survivors are viewed based on stereotypes. As time has progressed, there are ideas that linger concerning survivors, as there are particular characteristics that are considered to make up the 'ideal victim'. Derived from the ideas of Christie (1986), the 'ideal victim' is an individual whose identity legitimises their victim status when they experience a crime. This idea is closely related to power, which determines whether a person is recognised as a victim (Donovan & Barnes 2018). Christie (1986) argues that the 'ideal victim' is an older woman who conforms to specific feminine ideals where she is perceived as weak, passive, and respectable in the eyes of society.

Principal ideas of who the 'ideal victim' is shapes the experiences of IPV survivors, with these ideas contributing to the formation of stereotypes. Ultimately, these stereotypes play a fundamental role in survivors' abilities to be recognised as a person who has experienced IPV and have their stories heard (Donovan & Barnes 2018). In relation to IPV, the 'ideal victim' stereotype has been constructed to be a white, heterosexual, middle-class woman who plays a passive role in the abuse she experiences from her male perpetrator (MacDowell 2013). Therefore, the heteronormative position of the 'ideal victim' creates difficulties for sexual-minority survivors, both on a personal and societal level, as dominant, heteronormative ideas inhibit their own and wider societal recognition of someone who has been subjected to IPV (Donovan & Barnes 2018).

In contemporary society, the media play a key role in how the public view survivors as media coverage contributes to societal ideas of how survivors should behave and present themselves. These framings subsequently shape public opinions about which individuals are 'worthy' of victim status when they experience IPV (Johnson & McConnell 2014). Current research findings suggest that dominant narratives of heterosexual male perpetrators and heterosexual female survivors in the media impact the public's ability to situate individuals who share the same sex as their perpetrators as an 'ideal victim'. This is because lesbian and bisexual women who are abused by female partners are not subjected to IPV at the hands of male perpetrators, and gay and bisexual men are not considered to be as worthy of victim status as women are (Savage, Scarduzio & Milne 2022). Therefore, as sexual-minority individuals deviate from the norms of the 'ideal victim', they can be perceived

differently upon disclosure their experiences. This is because they do not conform to the identity of the blameless and defenceless heterosexual woman (Donovan & Barnes 2020b), which can subsequently place them in a disadvantaged position.

Intimate Partner Violence and Sexual-Minority Populations

Prevalence of Abuse

Despite the heteronormative lens that typically dominates IPV research, evidence suggests that similarities exist between heterosexual and sexual-minority populations where IPV is concerned (Donovan et al. 2006; Field & Rowlands 2020; Magić & Kelley 2018). However, what is lacking from the IPV landscape are reliable statistics that illustrate the extent of this problem for members of sexual-minority communities, with current national statistics providing limited data concerned with sexual orientation (Magić & Kelley 2018).

Current statistics released by the Office for National Statistics (ONS) do not indicate how members of the LGBTQ+ community are impacted by IPV (Wellock & Tarpey 2023). However, a one-off publication released by the ONS in 2018 on the women most at risk of experiencing IPV in England and Wales suggests that, when compared with heterosexual peers, bisexual women were almost twice as likely to have experienced IPV in the last year (Office for National Statistics 2018). Further estimated data taken from the Crime Survey for England and Wales suggests that more than one in three bisexual people and more than one in four gay men and lesbian women report at least one experience of IPV since the age of 16 (Office for National Statistics 2016). These publications have not since been updated.

ONS statistics around IPV relate to England and Wales only and there is a lack of similar data for Scotland. Of the 64,807 incidents of IPV reported to Police Scotland between 2021 and 2022, 4 percent of these were where the survivor and perpetrator shared the same gender. However, no further detail is provided on the sexual orientation of those who have reported IPV to the police (Scottish Government 2022c). In a 2020 Equality Impact Assessment, the Scottish Government acknowledged the lack of robust data around the extent to which lesbian, gay and bisexual people are at risk of IPV (Scottish Government 2020b). It is thus very difficult to establish the true extent of the problem.

Where gaps exist in sexual-minority prevalence statistics, research has attempted to provide data in this area. It is important to note though that difficulties exist in establishing the prevalence of IPV based on a variety of factors. Such factors include what definitions of IPV are used, the representativeness of samples, and what participants consider to be IPV (Dempsey 2011).

It has been suggested that those in same-sex relationships experience IPV at a similar rate to heterosexual women, with 1 in 4 probably being subjected to IPV at some point during their lifetimes (Henderson 2003). From commissioned research conducted by Sigma Research agency, Henderson (2003) suggests that 22 percent of women had been subjected to physical, sexual, or psychological abuse, with 19 percent experiencing recurrent abuse compared to 29 percent of men, 24 percent of whom had experienced recurrent abuse. It is important to note, however, that, despite the arguable robustness of this sample, it is based on data collected over 20 years ago.

Donovan et al. (2006) conducted a non-randomised survey across the United Kingdom. More than a third of the 746 usable responses indicated that the respondent had experienced IPV at the hands of a same-sex partner, with women in same-sex relationships being more likely to state that they had been subjected to IPV than their male counterparts. As acknowledged by Donovan et al. (2006), given the non-randomised nature of this survey, it cannot be considered representative of the prevalence of sexual-minority IPV. The fact this research was published in 2006 must also be taken into consideration. What it does indicate, however, is that IPV is a considerable issue for members of sexual-minority communities in the United Kingdom. In addition, data that has been published by Safe Lives (2018a) indicates that there is an increased risk for sexual-minority individuals of being subjected to abuse by more than one perpetrator in comparison to their heterosexual equivalents. Although this is concerning, this data is from Safe Lives' own database of service users and has not been subject to academic scrutiny. It is thus important to note that this may not be representative of sexual-minority communities as a whole.

The figures around sexual-minority IPV that have been released into the public domain suggest that IPV is experienced by individuals from this community at an alarming rate. However, as noted above, there is a lack of reliable statistics that illustrate the extent of the problem. Moreover, as survivors from this community are less likely to seek support or report their experiences, it can be assumed that this issue is experienced at a much higher rate than is accounted for in statistical data (Magić & Kelley 2018). Where IPV is significantly underreported by members of this community, this can have drastic implications for sexual-minority survivors, as the lack of a true reflection of their experiences compounds their invisibility and reduces the likelihood of their needs being addressed (Masri 2018).

Experience of Abuse

Beyond the similarities in prevalence of IPV for heterosexual and sexual-minority populations, the nature of the abuse endured by sexual-minority communities often mirrors the experiences of their heterosexual counterparts (Ristock & Timbang 2005). Similarities

can be identified from experiences of emotional, physical, sexual, and financial abuse (Magić & Kelley 2019).

It is important to note that whilst similarities exist, these individuals experience IPV in different ways, with suggestions being made that certain sub-groups are more likely to be exposed to some forms of abuse than others. For instance, Magić and Kelly (2018) suggest that, from Galop's casework dataset comprised of 626 LGBT+ survivors in the Greater London region, it appears that lesbians present higher levels of financial, verbal, and emotional abuse, whereas men who identified as gay disclose a higher prevalence of physical and sexual abuse. Where sexual-minority men are exposed to physical violence, findings from a study conducted by Roch (2012) suggest that perpetrators will inflict physical abuse in locations on the body where injuries can be hidden from other people. Donovan et al. (2006) further support the argument that gay men are increasingly exposed to sexual abuse. Those who identified as bisexual faced equal levels of sexual abuse to that of gay men, whilst also facing increased levels of harassment and stalking from their abusers (Magić & Kelley 2019). Moreover, it has been suggested that bisexual women are at an increased risk of emotional abuse, whereas bisexual men are at an increased risk of physical violence (Head 2020).

Whilst it is evident that similarities exist around experiences of IPV, it has been argued in research that sexual-minority survivors believe that the differences lie in how their experiences are viewed by society. These perceived differences are centred around the concealed nature of IPV in this group, which receives less recognition and attention (Donovan et al. 2006), the invisibility experienced by different sexual-minority survivors (Head 2020), and the unique forms of abuse they experience (Woulfe & Goodman 2018).

Identity Abuse

Whilst there are identifiable parallels in experiences of IPV regardless of sexual orientation, there are additional elements of abuse evident in non-traditional relationship dynamics (Galop 2022). The possession of a sexual orientation that deviates from a heterosexual one creates the potential for individuals from this group to be exposed to abuse centred around their identity, known as identity abuse. Identity abuse is made possible by discriminatory and prejudicial attitudes that are normalised in society towards this community (Donovan & Barnes 2020b). This type of abuse can manifest in different ways, but typically centres abusive behaviours around heterosexism and how it can be used as a weapon against survivors (Woulfe & Goodman 2018).

These tactics are frequently employed by individuals who also possess a sexual-minority identity, as their own negative sense of self has been suggested to influence abusive behaviour against their partners (Scheer, Woulfe & Goodman 2018). Although there is little research that quantifies the frequency of identity abuse for sexual-minority survivors, research has been carried out that highlights the unique abuse experienced by people from this population. Woulfe & Goodman (2018) highlight four unique forms of identity abuse experienced specifically by sexual-minority survivors: outing, attacking sexual identity, identity-centred hateful language, and isolation from others in the same community.

Outing

One specific tactic of identity abuse for those with sexual orientations is the threat to disclose or actual disclosure of one's sexual identity to parties who did not know beforehand, such as friends, family, and employers (Whiting 2007). This is commonly known as 'outing'. Such behaviour can be used as a tool of control where survivors are still 'in the closet', struggle with their sexual orientation and fear public disclosure of this identity (Ard & Makadon 2011; Woulfe & Goodman 2018).

For sexual-minority individuals, the decision to disclose their identity can depend on a variety of social and contextual factors. This is determined by the potential risks that can arise in situations where a person makes themselves visible as someone who does not conform to a heteronormative identity. Such risks include rejection, discrimination and in some cases, violence (Braga et al. 2018; Orne 2012). By employing this abusive tactic, perpetrators can manipulate and control their partners through outing or threats to out their partner to family, friends, or employers, which can have emotional, social, safety, and economic consequences for survivors. In turn, this can present as a preventative measure of them reporting the abuse or seeking support due to fear (Carvalho et al. 2011).

Attacking Sexual Identity

Another dimension of identity abuse manifests in the form of attacking one's sexual orientation, where perpetrators deliberately target, attack, and belittle survivor's identities (Scheer, Martin-Storey & Baams 2020). By attacking their partner's identity and making accusations centred around their sexual orientation, perpetrators can use this as a tactic to inflict further control on survivors. This occurs as they generate doubt around survivor's sexual identity by making them question the authenticity of their sexual orientation or by making accusations that isolate individuals from those to whom they could have potential attraction based on their own insecurities (Bornstein et al. 2006).

An example of this abusive behaviour can be linked to bisexual survivors, who according to research experience the highest level of identity abuse (Woulfe & Goodman 2018). For people who identify as bisexual, there is an additional layer of vulnerability, as they are exposed to two-directional discrimination. This discrimination is experienced from both the heterosexual community, but also from other sexual-minority individuals (Todd, Oravecz & Vejar 2016). Rather than considering bisexuality a valid sexual orientation, discriminatory attitudes diminish bisexuality as it is argued that this sexual orientation is merely a phase between heterosexuality and homosexuality, in which an individual will eventually align themselves with one or the other; thus, insinuating this sexual orientation does not exist (MacDonald 1981; Ozalas 2020). This is further reinforced by society as the bisexual identity of a person tends to be minimised or forgotten about altogether in the instance that they are in a monogamous relationship. Instead they tend to be categorised by the sexual orientation associated with their relationship dynamic (Klesse 2011).

The term 'biphobia' has been coined to explain the prejudicial and discriminatory behaviours displayed towards the bisexual community (Ochs 1996). Biphobic attitudes contribute to the misconception that healthy relationships cannot be formed with bisexual people as they are oversexualised and subsequently categorised as promiscuous (Klesse 2011). In turn, bisexual individuals are perceived to be unfaithful partners who are untrustworthy, likely to spread sexually transmitted infections and lack sexual responsibility (Brewster & Moradi 2010; Garelick et al. 2017).

These harmful attitudes extend to intimate relationships, as a study by Li et al (2013) uncovered some of the relationship insecurities experienced by bisexuals, where accusations were made that they would leave for someone of the opposite sex when they were in a same-sex relationship but would not be trusted around people of the same sex when in a relationship with someone of the opposite sex. Where such attitudes exist, this creates room for IPV to unfold, as research has found that bisexual survivors experience an alarming level of emotional abuse and coercive control, as well as verbal, physical, and sexual abuse because of their partner's insecurities about their sexual orientation (Head & Milton 2014).

Hateful Language

The internalised homophobia experienced by many sexual-minority people can be exploited by perpetrators as a further attack on identity, with hateful language being used as a weapon to further diminish survivors' self-esteem (Smith et al. 2023). Such language includes deprecating terms that verbally attack an individual's sexual orientation and contribute to a negative sense of self (Woulfe & Goodman 2018).

Whilst there is no literature that explores the impact that hateful identity-centred language has in the context of intimate relationships for sexual-minority individuals, research has accounted for the impact verbal abuse can have on individuals from this community. Where an individual does experience hateful language from those around them, such as homophobic slurs, this has been suggested to negatively impact mental health and well-being, with exposure to such language increasing the likelihood of depression, anxiety, substance misuse and suicide (Rinehart, Espelage & Bub 2017; Tucker et al. 2016). Moreover, it has been argued to have an impact on feelings of safety (Norris, McGuire & Stolz 2018). Therefore, these findings are indicative of how this tactic can have an impact on survivors.

Isolation from Community

Regardless of sexual orientation, isolation is a common characteristic of IPV; however, isolation is particularly harmful for sexual-minority survivors when they are separated from their community (Woulfe & Goodman 2018). The lack of support from those in their immediate circles frequently experienced by survivors from this community has been suggested to impede their ability to escape IPV (Walters 2011); therefore, survivors from this community may feel more comfortable seeking support from those who share a minority status like their own. However, with the intimate and close-knit nature of this community, sexual-minority survivors are likely to face further isolation as they share the same community as their perpetrators who can employ isolation tactics to further hinder their access to support (Bergen 1998; Bornstein et al. 2006).

Other Harmful Narratives

Beyond identity abuse, there are other circumstances and narratives that can surface where IPV is experienced by a sexual-minority individual. Perpetrators are able to spin these narratives as further tactics of abuse, which ultimately impact survivors' abilities to leave abusive relationships. It is recognised that these narratives are not limited exclusively to the context of sexual-minority relationships, but can be present in any abusive relationship regardless of the dynamic. However, for the purpose of this literature review, these narratives will be explored in relation to sexual-minority survivors and the impact that they can have in this context.

Denial of Abuse

A common narrative that is woven through abusive relationships for sexual-minority survivors is the idea that abuse does not exist in these relationship dynamics, particularly where it is concerned with partners who share the same sex. As noted earlier in this chapter, Donovan and Hester (2014) suggest that the public story situates IPV as a problem that

unfolds in the context of heterosexual relationship dynamics. This public story places emphasis on physical violence, as it constructs an account of a strong male partner who inflicts physical violence on his weaker female partner; thus indirectly implying that males do not experience abuse, and females do not inflict abuse (Donovan & Barnes 2017).

This widespread narrative is so pervasive that it hinders those who do not conform to this dynamic from being able to recognise their experiences of IPV, as they struggle to position themselves in line with the public story (Ristock 2002). Moreover, in lesbian relationships, research argues that society finds it hard to fathom IPV occurring where two female partners are concerned (Sanger & Lynch 2017). These attitudes, which are founded upon outdated ideas that lesbian relationships are equal, and women cannot inflict serious harm, contribute to the harmful myth that women cannot be perpetrators of IPV and subsequently creates room for IPV to be denied in the context of lesbian relationships (Walters 2011). Therefore, where a sexual-minority individual is unable to align themselves with the public story of IPV, this can increase their susceptibility to denial of abuse. Perpetrators can exploit this public story in their favour, specifically in same-sex relationships, to make their partners believe that they are not being abused, implying that IPV can only take place where a man is inflicting violence on a woman.

Normalisation of Abuse

On the other hand, perpetrators may choose to take a different route altogether by convincing their partner that abuse is a normal characteristic of relationships (Rogers 2020). As heteronormative bias lingers in society, individuals with sexual-minority identities may experience stigma and shame relative to their sexual orientation as their relationships are associated with dysfunctionality and lack of longevity. Such experiences impact individuals who identify in this way, contributing to the possibility for poor relationship prospects and normalisation of abuse (Donovan & Barnes 2020a).

This idea of IPV being a 'normal' characteristic of relationships has been highlighted in empirical research (Freeland, Goldenberg & Stephenson 2018; Morgan et al 2016; Oliffe et al. 2014). Morgan et al. (2016) found that abusive behaviours in relationships are perceived as the status-quo, particularly for gay men in the study who viewed aggression as the norm where two males are in a romantic relationship. These views are further argued to be held by bisexual men, whose beliefs that violence is a normal characteristic of their relationships are shaped by ideas of masculinity (Oliffe et al. 2014).

The normalisation of abuse has the potential to create harmful narratives for sexual-minority survivors because it has been suggested that experiences of IPV are fused with love (Donovan & Hester 2014). This notion is founded upon the idea that abusive behaviours are

intertwined with concern and care, thus where a perpetrator engages in such behaviours, it shows how strongly they feel towards their partner (Sanger & Lynch 2017). Donovan and Hester (2014) explore the ways in which abusive behaviours have come to be normalised, both in heterosexual and sexual-minority relationships. They identify different narratives that fuel the normalisation and tolerance of abuse, and ultimately influence survivors to remain in abusive relationships. These narratives are centred around love; that if you love someone you should remain committed, you should stay with them throughout the good and the bad, and that love can help to overcome abusive behaviours. Donovan and Hester (2014) further suggest that dependency, possessiveness, and jealousy are common characteristics that those in abusive relationships may consider to be indicative of being in love. If such beliefs are held that coercive and controlling behaviours fuelled by jealously constitute love and are normalised as a result, this can be especially damaging for survivors of IPV, regardless of sexual orientation.

If the normalisation of abuse is present in the context of relationships for sexual-minority individuals, survivors may not deem their experiences of IPV to be 'serious' enough to engage with the criminal justice system. As a result, this has been argued to produce the risk that survivors opt out of reporting their experience to law enforcement and build up a tolerance towards abusive behaviours instead (Browne, Bakshi & Lim 2011). Donovan and Hester (2014) therefore argue that societal conversations about practices of love and what a loving relationship looks like should refrain from the normalisation of feelings like jealousy, possessiveness, and dependency. In doing so, such behaviours can be challenged when they surface, and ideally minimise the risk of survivors being confined to abusive relationships.

The Notion of 'Mutual Abuse'

Unlike IPV in heterosexual relationships, where the power dynamic between men and women is considered explainable as to why IPV can unfold, the power dynamics for those with sexual-minority identities can be viewed as more complex. For sexual-minority survivors, specifically those who are in relationships where both partners share the same sex, power dynamics are not perceived in such a clear-cut manner. This skewed perspective is based on the perception that same-sex partners can often have a similar build and level of physical strength to one another (Donovan & Hester 2014; Ristock & Timbang 2005). Subsequently, this goes against the grain of the heteronormative public story of IPV, which views IPV as unfolding where partners are not equally placed against one another. As a result, IPV in same-sex relationships can be perceived to be not as serious or to present as much risk as it would if it were to be where IPV is inflicted by a male perpetrator against a

female partner (Donovan & Hester 2014; Renzetti 1992). This arguably creates room for IPV to be considered as equal or mutual in the context of same-sex relationships (Galop 2019).

The idea of mutual abuse is arguably influenced by the lack of patriarchal and heteronormative inequalities in the context of same-sex relationships (Donovan & Barnes 2020b). Where these inequalities are absent, it generates the assumption that IPV is experienced mutually by both parties in a relationship. As noted earlier, there exists a common belief that lesbian relationships are egalitarian, as women are not perceived to be inherently violent. As a result, the suggestion has been made that physical acts of IPV where it concerns two female partners are often minimised and categorised as 'cat fights' (Hassouneh & Glass 2008), rather than being taken seriously for what it is; thus contributing to the idea that IPV in lesbian relationships is mutual. On the contrary, where a male is experiencing IPV at the hands of another male partner, violence is frequently viewed to be mutual because of the physical strength associated with men and the aforementioned normalisation of violence as a means of conflict resolution (Rollè et al. 2018). Therefore, given that men are socialised to view physical aggression as a means to defend themselves, it contributes to the assumption that IPV is experienced mutually by both parties in a gay male relationship based on the belief that survivors will fight back.

Despite the presence of these narratives in IPV discourse, research has addressed the idea of mutual abuse, with most scholars ruling it as a myth (McClennen, Summers & Vaughan 2002; McClennen 2005). Donovan and Barnes (2020a) explored this idea of mutual abuse in the context of same-sex relationships, coining the term 'space for reaction' to capture the behaviours survivors engage in as a response to the IPV they experience. Space for reaction encompasses survivors' reactions and retaliations to abusive behaviours inflicted by their perpetrators, as they attempt to defend themselves, equalise the power dynamic of their relationship or resist control. These reactions can be both violent and non-violent in nature on a relationship-dependant basis. Many sexual-minority survivors have admitted that they have engaged in physical self-defence tactics or retaliation against their perpetrators (Ristock 2002). As the aforementioned 'ideal victim' narrative and ideal victim/perpetrator binary implies survivors should be passive and blameless (Donovan & Barnes 2020a; MacDowell 2013), self-defence tactics immediately separate these survivors from the stereotype of what society believes they should be (Bosma, Mulder & Pemberton 2018). However, whilst survivors engage in such tactics and take a step away from playing a passive role, this does not mean that abuse is mutually experienced in these relationships, as self-defence and retaliation are immensely different to abusive and controlling behaviours (Renzetti 1992).

The indication that IPV is mutual in the relationships of those with sexual-minority identities has substantial implications for survivors. Research has suggested that for lesbian and bisexual survivors, this can impact on their likelihood of disclosure based on concerns that their experiences of IPV will be perceived to be mutual by their peers, family, and law enforcement (Turell & Herrman 2008). These concerns are justified as the misconception that abuse is mutual has been found to influence service providers responses to same-sex survivors (Simpson & Helfrich 2005). An undesired consequence of this is that survivors may begin to believe themselves that they are a perpetrator of IPV, when the reality is that they are merely trying to defend themselves in the situation they are in (Parry & O'Neal 2015). Moreover, perpetrators may take advantage of mutual abuse discourse where it is more difficult to identify the abused party by making claims that they are the one who has been abused, or they may manipulate survivors into staying in an abusive relationship by denying their role as the perpetrator and convincing the survivor that they are guilty instead (Poon 2011).

As highlighted above, the myths around mutual abuse in same-sex relationships can create challenges for survivors. These challenges are based upon the way they are perceived by wider society, their own beliefs about their role in the abusive relationship, and how perpetrators can utilise these myths as a form of manipulation and control. In turn, research suggests this can increase the longevity of survivor's experiences of IPV, with such beliefs inhibiting their ability to leave (Duke & Davidson 2009).

Impact of Intimate Partner Violence on Sexual-Minority Survivors

The negative impact that IPV has on heterosexual, female survivors is well-established in academia. Scholars throughout time have drawn significant attention to the implications that arise where IPV is perpetrated against these women (Adams & Beeble 2019; Gerlock 1999; Golding 1999; Humphreys & Thiara 2003; Sanderson 2008). Only in more recent years has attention turned to sexual-minority survivors and the impact that IPV has on their lives.

Akin to their heterosexual counterparts, the emotional and social well-being of sexual-minority survivors suffers when they are exposed to IPV (Irwin 2008; LGBT Youth Scotland 2011). Research has suggested that survivors from sexual-minority communities display increased levels of risk in comparison to their heterosexual counterparts. For example, research carried out by Safe Lives (2018a) suggested that sexual-minority survivors in their caseload were more likely to engage in self-destructive behaviours like self-harm, substance abuse and alcohol abuse. It has also been argued that gay and bisexual men who have experienced IPV have an increased likelihood of partaking in substance and alcohol abuse, as well as unsafe sexual practices, such as unprotected intercourse or using substances

during intercourse (Houston & McKirnan 2007). Engaging in such behaviours has been identified as a coping strategy adopted by members of this community to distract themselves from the abuse they endure at the hands of their perpetrators (Cruz & Peralta 2001; Ristock 2002).

The experience of IPV has also been argued to contribute to poor mental health, with survivors from this community displaying an increased risk of suicide (Magić & Kelley 2018). Browne (2007) uncovered that in the Brighton and Hove area, 35 percent of sexual-minority survivors had contemplated suicide, with more recent research by Safe Lives (2018a) suggesting survivors from this population are twice as likely to have attempted suicide than heterosexual survivors. However, it is important to note that this is from their database of service users and is not random and cannot claim to be representative. Specifically in the Scottish context, LGBT Youth Scotland (2011) uncovered that 30 percent of sexual-minority respondents to their survey had engaged in self-injury or attempted suicide in the aftermath of IPV. This finding is also captured in qualitative research, as survivors have reflected upon attempts to end their lives to escape perpetrators (Irwin 2008). Moreover, risk of homelessness is exacerbated where individuals from this community have been exposed to IPV (Browne 2007). Although this risk is felt by survivors across the board, sexual-minority survivors may feel the impacts of homelessness more, as they may lack familial support and specific sources of refuge to turn to because of their sexual-minority status (Safe Lives 2018b).

Based on these findings, it can be argued that sexual-minority survivors experience significant complex needs where they have been exposed to IPV, with many survivors displaying a variety of different complex needs by the time they reach out for support (Magić & Kelley 2019; Safe Lives 2015b). Where these complex needs are present, survivors from this community indicate that they possess low self-esteem and lack trust in other people (LGBT Youth Scotland 2011). The increased risk and unique forms of abuse experienced by these individuals arguably places them in a vulnerable position, which needs to be accounted for and addressed through the means of support they seek (Safe Lives 2018a).

Help-Seeking Behaviours

Whether formal or informal, support is considered fundamental for survivors to recover from and lessen the adverse impact of IPV (Carlson et al. 2002). As noted earlier in this chapter, the lived experiences of sexual-minority survivors are influenced by a number of factors and circumstances. Amongst these influential forces is the fact that individuals from this community are situated in a society that operates on predominantly heteronormative understandings of IPV, which their identities do not conform to (Island & Letellier 1991). As

these individuals deviate from what is considered to be the norm in society, they can face direct and indirect discriminatory and prejudicial attitudes and behaviours. Indeed, the same can be said for their experiences of help-seeking in relation to IPV, as these individuals face multi-directional oppression (Donovan & Barnes 2019), and do not comply with ideas of what society deems to be the 'ideal victim' based on their sexual and romantic preferences (Donovan & Barnes 2018; MacDowell 2013); thus posing difficulties in the instances when they do choose to seek help.

Mainstream Intimate Partner Violence Service Providers

Although there are various IPV service providers that exist across the nation to support survivors and address their needs, a gap exists where sexual-minority survivors are concerned as they are primarily excluded from service guidance and practice (Field & Rowlands 2020). Based on this lack of inclusion, it comes as no surprise that sexual-minority individuals have been found to shy away from mainstream services because they feel these organisations cater specifically towards heterosexual relationships, and therefore believe they cannot provide a suitable service to them based on heteronormative understandings of IPV and service delivery (Donovan & Barnes 2020; O'Halloran 2015; Turell & Herrmann 2008). This is understandable as support for these individuals is arguably just an 'add-on' feature of these services (Field & Rowlands 2020), which tends to only be publicised when Pride events are taking place and may perhaps have only one specific worker who is trained in this area for 'diversity' purposes (O'Halloran 2015). This is opposed to support for this community being an integral part of organisation's service delivery (Field & Rowlands 2020).

Not only are these services argued to be tailored towards heterosexual relationship dynamics, but often they operate on the assumption that all service users are heterosexual as well (Magić & Kelley 2019). This is compounded by the heteronormative language used by these services (Ristock & Timbang 2005; Turell & Hermann 2008). Thus, the heterosexism that infiltrates mainstream service providers can be categorised as a barrier where help-seeking for this community is concerned (Donovan & Hester 2014). Where heteronormativity presents a significant barrier, this could provide an explanation as to why bisexual survivors are suggested to be more likely to seek formal support than their gay and lesbian peers, as they are more able to situate themselves in this narrative when they are in a relationship with someone of the opposite sex (Martin, Gover & Langton 2023). Head and Milton (2014) support this conclusion, finding that bisexual survivors in relationships with those of the opposite sex were able to reap the benefits of mainstream IPV service providers, as their relationship dynamic fit with heterosexist assumptions and did not generate any questions concerned with their sexual orientation. Moreover, these services are argued to display bias particularly towards female survivors who have been subjected to

IPV at the hands of a male perpetrator (Safe Lives 2018a). The ability to position oneself as heterosexual despite being bisexual however could present extremely harmful consequences for bisexual survivors. The Office for National Statistics (2018) provide a breakdown for the types of abuse experienced by women overall, suggesting that when compared to heterosexual women, bisexual women are twice as likely to have experienced non-physical abuse and five times more likely to have experienced sexual abuse. Therefore, lack of disclosure around sexual orientation could result in identity-based aspects of their experience of IPV being overlooked by service provision, which is a real error given what statistics tell us.

Beyond heteronormativity, further barriers contribute to the avoidance of mainstream service providers exhibited by sexual-minority survivors. Research suggests that structural barriers pose a significant deterrent for sexual-minority populations to engage with mainstream services. In this context, examples of structural barriers include poor representation and visibility of sexual-minority experiences in their resources, websites and in physical spaces, limited referral routes and partnerships with relevant communities and organisations, and lack of awareness around dynamics of IPV and specific abusive tactics experienced by survivors from this community (Magić & Kelly 2019). Harvey et al. (2014) argue that mainstream services frequently assume heterosexuality in survivors, display insufficient levels of diversity, knowledge, and skills amongst staff, minimise sexual-minority experiences of IPV, and impose single-sex restrictions on their services. These single-sex services pose particular challenges for gay and bisexual male survivors who are limited in terms of services they can access (Harvey et al. 2014). In addition, Roch (2012) suggest that ideas of masculinity obstruct gay and bisexual men from accessing mainstream IPV services, as societal ideas around the male identity contribute to narratives that they should be able to 'handle' IPV themselves.

Where these barriers exist, it can create negative experiences for survivors and instil fears and anxieties when it comes to formal help-seeking from IPV service providers. For instance, sexual-minority survivors experience worries that staff employed by mainstream IPV service providers will lack understanding of their identities due to heterosexual hierarchy (Donovan & Barnes 2020a). As sexual orientation is integral to unique forms of abuse experienced by this population, such as previously mentioned identity abuse, it is important that staff possess knowledge in this area to be able to provide sufficient support to survivors. There are also other unique circumstances that infiltrate the experiences of survivors from this community, such as ideas of 'mutual abuse'. If a service provider does not possess the skills, knowledge and understanding essential to support survivors who identify this way, then it can further impede survivors' abilities to receive effective support around their

experience (Robinson & Rowlands 2006). All of this contributes to survivor's concerns that they will not be believed when they disclose IPV, especially in instances where perpetrators could be perceived to conform traditional ideas of femininity and be viewed as weaker than the survivor (Donovan & Barnes 2020a).

Stigma also presents itself as a barrier with sexual-minority survivors worrying that they will be met by homophobic and biphobic attitudes from staff of mainstream service providers (Calton, Cattaneo & Gebhard 2016; Harvey et al. 2014; Renzetti 1996; Turell & Hermann 2008). This fear is not unwarranted, as it has been suggested that homophobia is present in mainstream IPV service providers (Hassouneh & Glass 2008; Simpson & Helfrich 2005). Where discriminatory attitudes are experienced by survivors during help-seeking, it has been suggested that this can create difficulties around getting the support they require (Ristock & Timbang 2005). This can be especially challenging if it is paired with the intersection of racism for Black, Asian and Ethnic Minority survivors (Magić & Kelley 2019), or internalised homophobia that is experienced by many sexual-minority individuals (Robinson & Rowlands 2006). Some survivors from this community have also been found to experience concerns around confidentiality, as they worry that data and information around their situation will not remain private (Harvey et al. 2014; Renzetti 1992). As survivors from this community may not be publicly 'out' in terms of their sexual orientation, the belief that confidentiality may be breached could result in avoidance of support from this avenue altogether because they do not want their identities and experiences to become public knowledge.

Specialist Intimate Partner Violence Service Providers

Empirical evidence has suggested that the shortfalls of mainstream IPV service providers can be met in the instance that sexual-minority survivors are offered specialised support that caters to their identity. Individuals from this community have indicated that they find these more specific services increasingly helpful and would opt for this avenue over mainstream IPV organisations that they perceive to be heteronormative (Bornstein et al. 2006; Freeland, Goldenberg & Stephenson 2018; Irwin 2006; Roch 2012; Merill & Wolfe 2000). Despite the desire for IPV services that specifically address their experiences and needs, the existence of these services is marginal (Field & Rowlands 2020; St. Pierre & Senn 2010).

A research study undertaken by Donovan, Magić and West (2021) investigated IPV service provision on behalf of Galop, the national anti-abuse charity for members of the LGBTQ+ community. This research aimed to map specialist services in England and Wales that cater to the experiences and needs of sexual-minority survivors. They found that there were few IPV services that are tailored to this population, with services that do exist being based in Birmingham, Brighton and Hove, London, Manchester, and Sheffield. Further services have

been established as an extension of mainstream service providers; however, these are lesser in scale. Of the services that do address the needs of this population, these are underdeveloped, are small in scale, do not have well-defined partnership working, and lack emergency accommodation. Shortages in lack of emergency accommodation are particularly apparent where gay and bisexual men are concerned as they have limited services that can be used at their disposal (Donovan, Magić & West 2021).

A similar pattern is present in the Scottish context, with IPV services being primarily tailored towards the experiences of heterosexual survivors. This is with the exception of some services that provide specific support in their service delivery. Of the extremely limited support available specifically for this population in Scotland, what is available tends to be in the form of hotlines. This is problematic as it means that survivors do not have any casework or continuation of support from the same case worker, do not have the option of face-to-face support, and can only make contact during limited set opening hours (LGBT Domestic Abuse Scotland 2021).

The lack of specific services for individuals from this population has been linked to austerity, as mainstream service providers tend to generalise survivor needs and brand them as homogeneous, which in turn contributes to the invisibility of sexual-minority needs and help-seeking practices (Donovan & Durey 2018; Donovan & Hester 2014). This is felt by sexual-minority survivors as they may feel that there are no formal avenues that they can approach which are representative of their needs. Therefore, where there is a lack of services aimed to support these individuals, mainstream IPV service providers need to move away from homogenous processes that assume IPV is experienced in the same way by all survivors (Ristock & Timbang 2005).

Therapists and Counsellors

Although research suggests that sexual-minority survivors are more likely to be deterred from approaching formal support avenues based on the substantial barriers they face (Barnes & Donovan 2018), this is not the case across the board. Rather, some survivors from this population approach formal support in a different manner, as they have a preference for more discrete and private forms of support, such as therapists or counsellors (Barnes & Donovan 2018; Hardesty et al. 2011). Santoniccolo, Trombetta and Rollè (2021) suggest that this is the formal resource most widely used by members of this community; however, further research suggests this preference is displayed more by female survivors, in particular lesbians, who are more likely to use these services than gay men (Turell & Cornell-Swanson 2005).

According to a survey conducted by Donovan and Hester (2014), the use of a counsellor or therapist is the second most common help-seeking behaviour exhibited by sexual-minority survivors, with 33 percent of respondents indicating a preference for this support avenue. Further research into the help-seeking behaviours of lesbian survivors found that where these women received positive responses from a counsellor, they considered this help-seeking avenue to be 'empowering' and supportive in making positive steps forward in their lives (Irwin 2006). This is further supported by Merrill and Wolfe (2000) whose findings indicate that gay and bisexual men perceived counsellors to be one of the most helpful avenues of support around their experiences of IPV.

It has been suggested that survivors prefer more privatised help-seeking avenues based on beliefs that counsellors and therapists will respond in a more sympathetic way towards their situation than public mainstream services. However, sympathy does not always guarantee positive outcomes for survivors, as not all therapists and counsellors specialise in IPV (Donovan et al. 2006). This lack of specialised training and knowledge can limit the support these avenues provide. Qualitative research conducted by Bornstein et al. (2006) aimed to address the realities for survivors where therapists lacked essential knowledge around IPV. They found that negative experiences arose as therapists were unable to recognise abusive behaviours, minimised instances of IPV, and pushed responsibility onto survivors for the abuse they endured. To ensure issues like this do not arise, professionals providing therapeutic support should be equipped with essential knowledge around those for whom they are providing treatment. Island and Letellier (1991) investigated the use of counsellors for male survivors who have been abused by a male perpetrator, concluding that in order to provide an effective service to this population, therapists and counsellors should be well-informed and sensitive to the unique experiences and issues that gay men face.

It is also important to note that in the same way as staff from mainstream IPV services can, private therapists and counsellors can also apply heteronormative understandings to the relationship dynamics of individuals from this community (Donovan & Hester 2014) and display real or perceived homophobic attitudes towards survivors (Island & Letellier 1991). Where therapists apply a heteronormative lens in their support, this can reinforce the invisibility of sexual-minority survivors as heteronormative understandings of IPV contribute to failure to recognise abuse. This negligence has the potential to compromise survivor's safety if they stay in abusive relationships which professionals have failed to identify as IPV (Irwin 2006). In their investigation into lesbian help-seeking behaviours, Irwin (2006) notes that if counsellors and therapists respond negatively to survivors and compound the invisibility of IPV amongst sexual-minority communities, lesbian survivors may perceive this to be societal homophobia and ultimately refuse to seek further support for their experience.

The Police

As noted throughout this section, sexual-minority survivors lack confidence and trust in formal services. This 'gap of trust' has been suggested to be particularly prominent between survivors and the police, as distrust and doubt in law enforcement discourages sexual-minority survivors from reporting their experiences of IPV (Donovan 2010; Donovan & Hester 2011). Subsequently, survivors from this community are more likely to seek support from other help-seeking avenues instead of approaching the police. Research with gay men and lesbian women has highlighted their preference for other means of support, with survivors who have engaged with law enforcement considering the police to be unhelpful (Merill & Wolfe 2000; Renzetti 1992; Ristock 2002).

Akin to other formal avenues of support, the common theme that IPV is understood from a heteronormative perspective extends to the police, as survivors believe that the police may not categorise their experiences as IPV (Harvey et al. 2006). This does not come as a surprise, as the relationship dynamics of those from this community typically do not comply with the public story of IPV (Donovan & Hester 2014). As a result, the invisibility of survivors from this community is compounded where the police fail to recognise their experiences of IPV or take them seriously when they are called out to an incident (Donovan 2010; Harvey et al. 2006); thus supporting previous findings that suggest the police are unhelpful in dealing with sexual-minority survivors (Merill & Wolfe 2000; Renzetti 1992).

Donovan (2010) investigated the barriers when making referrals for sexual-minority survivors to multi-agency risk assessment conferences (MARAC). For context, a MARAC involves various representatives, including the police, to risk assess the situation of survivors who are perceived as significantly high risk (Safe Lives 2014). From this research, Donovan (2010) uncovered that responding officers may lack sensitivity when faced with IPV between two partners who do not conform to a heterosexual identity, especially in the instance that they do not recognise that the incident they are responding to is concerned with two intimate partners. If survivors do not 'come out' to police, it may be assumed that they are merely two friends fighting. As people from this community tend to have a mistrust in law enforcement. based on fears they will not be taken seriously or that they will be met with institutionalised homophobia (Duke & Davidson 2009; Harvey et al. 2014; Simpson & Helfrich 2005), they may not choose to disclose their sexual orientation as they worry that they will not be sympathised with. This fear is not unjustified, as a recent review of Police Scotland unearthed that discrimination, bullying, and homophobia are embedded in the culture of the police (Scottish Police Authority 2023). Ultimately, where survivors do not feel safe to disclose their sexual orientations, this can result in survivors from this community being handled incorrectly by the police (Donovan 2010).

Where survivors from this community choose to engage with the police as part of their helpseeking behaviour, further implications arise in the instance that police do recognise the incident as IPV yet apply a heteronormative understanding of IPV regardless. As noted in the discussion around masculinity and femininity, these concepts feed into understandings of IPV and as a result, can influence police responses. It has been suggested that support is offered more willingly to survivors who display traditional ideas of femininity (Ristock 2002; Hassouneh & Glass 2008). Correspondingly, it can be argued that responding officers tend to arrest the partner who they consider to be 'the man' of the relationship (Merill & Wolfe 2000). This is problematic, as the relationships of individuals from this community often consist of two same-sex partners, meaning their relationships are made up of two men, or no men at all where lesbian and bisexual women in same-sex relationships are concerned. This argument therefore relates to aforementioned ideas around masculinity, as police have been suggested to rely on size, often categorising the bigger, more 'masculine' partner as the perpetrator (Donovan & Barnes 2020a; Hassouneh & Glass 2008). This is problematic, as perceived masculinity does not always equate to the role of perpetrator, which can lead to the wrong partner being accused or arrested.

On the contrary, if police are unable to distinguish who the perpetrator is due to beliefs that the power dynamic is equal between both partners, this can contribute to the myth that abuse is experienced mutually by individuals in this community (Merill & Wolfe 2000). Where the police minimise the experiences of sexual-minority survivors, this can pose threats to survivors if police fail to establish who the abused party is and allow abuse to continue. Pattavina et al. (2007) found that, unless a serious violent offence is committed in the context of a male same-sex relationship, it is unlikely that an arrest will be made. This can be related to ideas that men are socialised to use physical aggression to defend themselves and resolve conflict (Merill & Wolfe 2000; Rollè et al. 2018). Where the police uphold such beliefs, it implies that perpetrators who inflict abuse of any nature upon male survivors from this community will not face any legal repercussions. Therefore, if police only respond when violence becomes extreme, the safety of sexual-minority survivors can be jeopardised.

The suggestion that police may not respond to sexual-minority IPV appropriately is concerning, as it has been suggested that sexual-minority survivors only report IPV to the police in the instance that the abuse has become so severe that it is instilling significant fear in them (Donovan & Hester 2014). Additionally, Harvey et al. (2014) suggest that survivors would only come forward to the police in the instance that they had physical evidence to support their case, as they believed a lack of physical evidence would result in them not being taken seriously. Given that survivors from this community tend to approach the police when their experience of IPV has become unbearable, this suggests that by the first contact

with law enforcement, survivors are already at really high risk (Donovan 2010). Therefore, if responding officers fail to recognise their abuse or take it seriously, this can have serious implications for survivors which pose a threat to their safety.

Friends and Peers

As this section discusses the significant barriers faced by sexual-minority survivors in terms of formal help-seeking, it is not surprising that research identifies a preference confide in informal means of support as their first port of call (Donovan & Hester 2011; Irwin 2006; Roch 2012; Santoniccolo, Trombetta & Rollè 2021). More specifically, a systematic review carried out by Santoniccolo, Trombetta and Rollè (2021) uncovered that of these informal means of help-seeking, friends have remained as the most common help-seeking avenue for this community across different decades. In terms of prevalence, Donovan et al. (2006) found that from a UK-wide survey of 800 sexual-minority participants, over half of respondents sought help from their friends.

As noted earlier in this chapter, there are specific narratives and circumstances that feed into the experiences of sexual-minority survivors, including the denial of abuse, normalisation of abuse, and myth of mutual abuse (Donovan & Hester 2014; Donovan & Barnes 2020b; Freeland, Goldenberg & Stephenson 2018; Morgan et al 2016; Oliffe et al. 2014). Correspondingly, survivors from this community may face difficulties in identifying themselves as someone who has experienced IPV or recognising their experience as a problem. Bornstein et al. (2006) suggest that help-seeking from friends can be viewed as a fundamental mechanism for the recognition of IPV, as friends support and enable survivors to distinguish their experiences as IPV. In particular, research has found that friends who also possess a sexual-minority identity can help survivors recognise the unique characteristics of IPV experienced by sexual-minority communities, unravel the intricacies of more hidden forms of IPV, and assure survivors that perpetrators are liable for their own abusive behaviours (Bornstein et al. 2006). From the benefits that like-minded friendships and peers provide, it is not unanticipated that survivors desire support from other members of their community (Turell & Hermann 2008).

Beyond emotional support and reassurance, survivors have suggested that friends provide a distraction from their difficult realities. Qualitative research conducted by Freeland, Goldenberg & Stephenson (2018) found this to be a coping strategy employed by gay and bisexual male survivors. It has also been suggested that support from friends can manifest physically (Irwin 2008). For example, friends can support survivors in their decisions to leave abusive relationships, by physically helping them to move out of their homes shared with perpetrators or assisting them in finding temporary accommodation (Renzetti 1989). Whilst

this can be viewed as beneficial for survivors, it is important to note that the power and control that is imposed on survivors by perpetrators can limit their access to their friends and peers, as abusive tactics isolate survivors and can result in them losing their informal support networks (Donovan et al. 2006). Therefore, survivors may not always have somewhere to turn to in their times of need if perpetrators have segregated them from those who they rely on for support (Bornstein et al. 2006).

Whilst the benefits of help-seeking from friends and peers have been addressed, it is important to note that this help-seeking strategy is not inherently positive. It has been suggested by Ristock (2002) that lesbian survivors who have sought support from friends have been met with discouraging responses that minimise their experiences of abuse. It was concluded that this response was motivated by the desire to not paint lesbian relationships in a negative light. As survivors often do not disclose their experiences of IPV for the same reason (Iwrin 2006), it is not surprising that sexual-minority friends have been found share the same feelings. Moreover, the close-knit nature of sexual-minority communities arguably feeds into help-seeking and poses as a barrier to support where survivors and perpetrators share the same social circles (Duke & Davidson 2009). This issue is particularly evident amongst younger survivors as their relationships tend to be bound up with their friendships (Donovan & Hester 2008). As their relationship and friendships are fused, it has been suggested that survivors are anxious that they will not be believed by their friends, especially if their perpetrators are popular members of the community (Bornstein et al. 2006).

Unfortunately, the risk of receiving a negative response is not eliminated by confiding in those who do not share the same sexual-minority status. Although friends tend to have good intentions when providing support to survivors, the informal nature of this help-seeking behaviour means that survivors are often confiding in people who are not equipped with the expert knowledge required for the management of IPV as a sexual-minority person (Santoniccolo, Trombetta & Rollè 2021). Their suggestions may overlook the complex nature of IPV experienced by sexual-minority survivors, advocating that they just walk away from the abusive situation (Freeland, Goldenberg & Stephenson 2018). In instances where survivors managed to leave an abusive relationship temporarily, but then returned to their abuser, it has been found that survivors were disinclined to confide in their friends again due to feelings of shame and embarrassment (Donovan & Hester 2014). As a result, friends well-intended suggestions may be impractical to sexual-minority survivors (Santoniccolo, Trombetta & Rollè 2021), which further limits their ability to flee abusive relationships and intensifies feelings of isolation (Renzetti 1989). Whilst research has indicated that sexual-minority survivors face these barriers in their help-seeking behaviours, these issues may

also extend to the heterosexual population; thus these are not problems exclusively felt by sexual-minority communities.

Family

Although research suggests that sexual-minority survivors are more likely to confide in privatised means of support, like friends and family (Donovan et al. 2006; Freeland, Goldenberg & Stephenson 2018; Merill & Wolfe 2000; Ristock 2002), it has been suggested that survivors are less likely to confide in family members (Browne 2007; Donovan & Barnes 2020; Donovan & Hester 2014; Irwin 2008). Evidence suggests that survivors are able to flee abusive relationships sooner in the instance that they have a supportive family unit to rely on (Renzetti 1989), however the unfortunate reality is that survivors from this community may have complex relationships with their families or be alienated from them altogether because of their sexual orientation (Bornstein et al. 2006; Donovan & Barnes 2020).

As family members have been argued to be more likely to harbour negative feelings around a survivor's sexual orientation, it is common that relatives are unaware of abusive relationships, thus inhibiting survivor's likelihood of confiding in them (Irwin 2008). For bisexual survivors in particular, the biphobic attitudes present in society deter many bisexual people from 'coming out' to their families (Head & Milton 2014). As they conceal their sexual orientations, many bisexual survivors may also conceal their experiences of IPV from their families out of fear they will be met with a negative response (Taylor, Fraser & Riggs 2019).

Hardesty et al. (2011) argue that only where survivors have received positive reactions to 'coming out' from their families are they likely to have beneficial help-seeking experiences with family members. Where these positive relationships are present, survivors from this community may be able to rely on family members for refuge and childcare, as well as financial and emotional support (Calton, Cattaneo & Gebhard 2016). However, like the support provided from friends, family members may not consider the unique experiences of sexual-minority survivors. As a result, emotional support from family members may be encased with unhelpful solutions on how to deal with abusive relationships that do not benefit survivors (Freeland, Goldenberg & Stephenson 2018). In instances that survivors do not take onboard the advice of their families to leave their relationships, family members may sever ties with survivors as they are frustrated that they are not listening to them (Donovan & Hester 2014), when the reality is that it is not as simple as just walking away. If survivors experience rejection from their family members in their endeavours to seek help, this can have devastating consequences as survivors may feel more isolated, internalise blame for the abuse, and minimise the abusive nature of their relationships (Donovan & Hester 2014).

Dealing with Intimate Partner Violence Alone

As noted at the beginning of this section, sexual-minority survivors face significant barriers around help-seeking as they are situated in societies that are bound up with heteronormativity and homophobia. The unfortunate reality for these survivors limits their access to social and institutional support networks that are widely available to heterosexual survivors, which are not as accommodating to sexual-minority populations and experiences of IPV (Bornstein et al. 2006). As survivors from this community are faced with social and institutional isolation, research suggests that they may internalise their experiences of IPV and deal with it on their own as they do not feel they have anywhere to turn to (Donovan & Barnes 2020).

This idea of dealing with experiences of IPV alone has been captured in existing research. In a comparison between same-sex and heterosexual IPV, Donovan et al. (2006) found that more than one-fifth of their 800 survey respondents in the United Kingdom had not sought any support for their experiences of IPV and had instead dealt with it on their own. When looking at the intersection between gender and sexual orientation, Turell and Cornell-Swanson (2005) propose that male survivors are less likely to seek support than their female counterparts. To break this down further, lesbian survivors have been found to be more likely than gay men and bisexual people to seek support for their experiences (Turell & Cornell-Swanson 2005). However, a study investigating the experiences of lesbian survivors in Italy found that most women in their study kept their experiences of IPV to themselves, with lack of disclosure and help-seeking being more prevalent in lesbian survivors with higher frequencies of abuse (Battista et al. 2021). Moreover, a further study by Hardesty et al. (2011) found that one of the main variations of help-seeking displayed by sexual-minority mothers was dealing with IPV alone. These mothers were predominantly 'closeted' as they lived in rural communities that displayed homophobic attitudes. As a result, they refrained from disclosing the abuse to anyone, and managed it with the resources they had available to themselves.

The idea of survivor self-reliance is reinforced by Donovan and Hester (2014); however, they suggest that the public story of IPV contributes to dealing with IPV alone. As survivors do not consider their experiences to be IPV given that they do not conform to dominant narratives in this area, they tend to consider their situation as an unhealthy relationship that they should manage themselves. In addition, a survivor's decision to deal with IPV in isolation may be motivated by other factors. For instance, survivors from this community may refrain from help-seeking as they do not want to further contribute to negative perceptions of their sexual orientation and reinforce societal homophobia and biphobia (Renzetti 1989; Iwrin 2006; Gillum & DiFulvio 2012). This isolation from support, whether deliberate or not, is

problematic for survivors as the lack of affirming and positive help-seeking responses has been suggested to hamper their ability to flee IPV and enable the cycle of abuse to persist. This is true for all sexual-minority subgroups, including lesbians, gay men, and bisexual men and women (Borstein et al. 2006; Head & Milton 2014).

COVID-19

The unprecedented outbreak of COVID-19 has been shown to have had catastrophic consequences on a worldwide scale. The coronavirus, which originated from Wuhan city in China, was declared a public health emergency of international concern by the World Health Organisation on 30th January 2020. Since then, statistics highlight that an excess of 6.7 million lives have been lost at the hands of COVID-19 (World Health Organisation 2023). Not only has the virus been accountable for the lives of many individuals across the globe, but further implications have arisen as countries entered government-enforced lockdowns to manage the transmission of COVID-19. Subsequently, the impact of the coronavirus goes beyond mortality, as the endeavour to prevent the virus from spreading further has had a substantial impact on everyday life.

Nicola et al. (2020) highlight that not only have individuals been required to isolate in their homes to flatten the curve, but the impact of COVID-19 has caused economic turmoil on a global scale and has caused immense strain on healthcare services in caring for those impacted by the virus. This time of uncertainty and fear increased anxiety levels across the globe, as concerns around general health, education, employment, finance, and confinement due to the virus had a substantial effect on mental health and well-being (Bradbury-Jones & Isham 2020; Warburton & Raniolo 2020).

Lockdown and Intimate Partner Violence

During the lockdown period, it was advised that staying at home was the safe alternative to save lives; however, this presented unfavourable outcomes for survivors of IPV. Although governments did have some idea of the issues that lockdown would bring, they ultimately made the decision that these measures were necessary to manage the major public health concern. In parallel to the enforcement of lockdown and social distancing, there was a surge in IPV incidents amidst the pandemic (Kofman & Garfin 2020).

With IPV being an issue that occurs behind closed doors, the lockdown measures that were imposed to manage the spread of the virus caused individuals who are survivors or at risk of IPV to be in a dangerous position as they were cut off from the rest of society (Bradbury-Jones & Isham 2020). Under these circumstances, the pandemic amplified the risk of all forms of IPV, including physical, sexual, emotional, and financial abuse, as well as

contributing to the increased severity of IPV and transformation from more emotional forms of IPV to physical acts of violence (Piquero et al. 2021).

The impact of the pandemic became apparent as organisations began to release statistics around IPV. It was reported by the World Health Organisation that amongst member states, the number of emergency calls made by women who had experienced IPV had soared. Statistics highlighted that these calls had increased by 60 percent when compared to the previous year (United Nations 2020). IPV service providers also reported an influx of contact with their services, as figures show that there was an increased need from survivors to get support for instances of IPV. Refuge (2021), which is the UK's most well-established IPV service provider, released statistics around the increased demand for their service. This surge in demand witnessed the average number of calls escalate from 8,176 calls per month, to 13,162 calls per month once lockdown and social distancing measures had been imposed. To build on this, the website traffic to Refuge's online homepage increased by seven-fold in the months following the government-imposed lockdown (Refuge 2021). A similar pattern was recorded by another leading IPV charity, Respect, who noted a 97 percent increase in calls, 185 percent increase in emails and a 581 percent increase in website traffic at the beginning of lockdown (Respect 2020).

Although the statistics noted above largely focus on IPV perpetrated against female survivors, statistics also indicate an increase in IPV experienced by male survivors at the beginning of the pandemic as well. The ManKind Initiative (2020) experienced a 35 percent increase in calls from male survivors at the beginning of lockdown, with the helpline reaching its full capacity. They also noted that by May 2020, visits to their website were 3 times higher than what they were pre-pandemic. Although these figures are significantly lower, there could be underlying reasons as to why male survivors have been less likely to reach out, which is an area that requires further attention. This increased need to account for the experiences of male survivors is supported by Warburton and Raniolo (2020) who argue that, whilst IPV perpetrated against men is less recurrent than IPV perpetrated against female survivors, this does not mean that the IPV they experience is less severe; thus, a zero-tolerance attitude to IPV is necessary that encompasses the experiences of all survivors.

Implications of Lockdown and Social Distancing

In parallel with the need to flatten COVID-19 transmission rates, van Gelder et al. (2020) found that the extreme efforts employed to minimise the risk of further infection presented social, economic, and psychological implications. Social distancing and lockdown measures

inevitably promoted isolation, which in turn created a harmful environment for IPV to unfold as perpetrators were able to take advantage of these conditions to inflict further abuse on their partners. Where social-distancing measures limited the ability to engage with those out with the immediate household, perpetrators were able to take advantage of these rules and coerce survivors to move in with them. In doing so, perpetrators were still able to spend time with survivors without breaking the law in the process (Johnston & Hohl 2021; Women's Aid 2020a). This increased time spent indoors and closer proximity to partners has been suggested to present further opportunities for control and monitoring. Additionally, perpetrators were able to use and weaponise the virus and associated restrictions against survivors (Bradbury-Jones & Isham 2020; Lyons & Brewer 2021).

Where individuals were restricted on their time spent outdoors, perpetrators were able to use these rules to confine survivors to their homes and threaten legal consequences in instances where they did choose to go outside (Johnson & Hohl 2021). They were also able to limit survivors' financial independence where pandemic-related employment issues arose and use the virus to make threats around infection (Ridsdale, Usmani & Hanson 2020). These abusive behaviours were all able to be carried out in a more concealed way because social-distancing measures provided a veil for the IPV that took place behind closed doors, which ultimately perpetrators utilised to intensify the abuse they inflicted (Johnston & Hohl 2021). Survivors endured these intensified levels of abuse during a time where normal day-to-day occurrences were disrupted, rendering them unable to use daily tasks, such as employment, to escape abusive situations for a portion of their day (Leigh et al. 2023). Moreover, respite was limited as a consequence of the pandemic because social-distancing measures imposed constraints on both survivors and their abusers that limited their ability to leave the house in the aftermath of an incident (Brodie et al. 2022; Women's Aid 2020a).

Government Response

Although the impacts on survivors of IPV were not prioritised when lockdown measures were first imposed in March 2020, later policy statements identified IPV as a legitimate reason for people to leave their homes amidst the stay-at-home orders. Based on the apparent impact these restrictions were having on survivors, the UK government informed the public that COVID-19 isolation was not applicable in the instance that a person needed to escape their home because of IPV (GOV.UK 2020). Specific COVID-19 related guidance was made publicly available by the Home Office (2020) to inform survivors of the various avenues they could use for support during this isolating time.

In line with devolution, Scotland was able to make fundamental decisions around policy during the pandemic that deviated from those drawn up by Westminster (Soremi & Dogo

2021). Whilst there were differences in how Westminster and Holyrood managed the transmission of the virus through variations in restrictions (Cameron-Blake et al. 2020), the Scottish government took the same stance as Westminster in relation to IPV. The Justice Secretary, Humza Yousaf, acknowledged the challenges experienced by survivors during this time, stating that stay-at-home orders did not inhibit the need to leave home for urgent help, support, and advice. It was also emphasised that survivors should not feel that lockdown restrictions prohibited their ability to report IPV to the police (Scottish Government 2020c). A similar message was shared by Police Scotland, who collaborated with national and local media channels to inform survivors that it was not illegal to leave home to escape IPV (Pedersen, Mueller-Hirth & Miller 2023b). Therefore, whilst the pandemic undoubtedly shaped the lives of survivors during this time, clear efforts were made by the governments in the United Kingdom to acknowledge the impact of IPV and encourage survivors to seek safety.

Help-Seeking During the COVID-19 Pandemic

As the pandemic created an unnatural environment that segregated survivors from their everyday lives, this was found to seriously limit their ability to seek help and support from others (Bouillion-Minois, Clinchamps & Dutheil 2020). The legal requirement to spend time at home left survivors with little to no opportunities to reach out to both formal and informal means of support in the depths of lockdown because of the increased surveillance that they were under (Ridsdale, Usmani & Hanson 2020). It has been suggested that this left many sexual-minority survivors feeling isolated and alone, as the pandemic cut them off from their usual support and help-seeking avenues (Women's Aid 2021).

Formal Support

In line with the closure of what the government perceived to be non-essential institutions, IPV service providers across the globe were required to shut their doors in the endeavour to flatten the curve of COVID-19 infection rates. Correspondingly, there was a need for IPV service providers to rethink their service delivery amidst the pandemic so that they could continue to provide support to IPV survivors during this increased time of need. As the pandemic prohibited face-to-face contact, service providers embraced alternative communication channels to maintain contact with survivors whilst respecting social-distancing requirements (Cortis et al. 2021). This new way of working witnessed IPV service providers embrace technology, as they offered their support services through means like telephone, videoconference, email, and webchat (Williamson, Lombard & Brooks-Hay 2020). Pre-pandemic, these remote services were offered on an optional basis alongside face-to-

face support; however, debates existed around whether these modes of communication were sufficient as a standalone delivery of support (Cortis et al. 2021).

Although digital service delivery has been largely accepted and welcomed by IPV service providers during the pandemic (Pedersen, Mueller-Hirth & Miller 2023a; Storer & Nyerges 2023), there were some unavoidable circumstances that encumbered formal help-seeking for survivors. Firstly, the increased demand for their services meant that IPV service providers were often running on full capacity, limiting survivors' access to support organisations that had enlarged caseloads (Pedersen, Mueller-Hirth & Miller 2023a; Women's Aid 2021). In addition, where survivors lived with their perpetrators, this limited their ability to reach out to organisations as they were under increased surveillance. These conditions meant that survivors had less alone time to seek help as they were unlikely to be able speak freely out with the earshot of their perpetrators (Leigh et al. 2023).

In the instance that survivors were able to find time, space, and privacy to confide in a support service, this was found to present safety risks as service providers expressed fear for survivors' safety if a perpetrator were to find out that they had sought support (Women's Aid 2020b). Service providers have also suggested that the need for survivors to find time and space away from perpetrators often resulted in conversations being rushed out of fear that a perpetrator would walk in (Leigh et al. 2023). Ultimately, the transition to digital support during the COVID-19 pandemic could reap benefits for survivors where they had the opportunity to engage safely with IPV service providers, however safety concerns and fear of perpetrators finding out imposed serious implications and restrictions around help-seeking (Safe Lives 2020c).

Informal Support

As noted earlier in this chapter, survivors of IPV may not always choose to seek formal support regarding their experiences of abuse. Unfortunately, the preference to seek support from informal avenues, like family and friends, was also impeded amidst the depths of the COVID-19 lockdown. Research suggests that survivors perceive informal support to be more accessible than formal support (Gregory & Williamson 2022); however, this accessibility to family, friends, and other social support networks was found to be diminished at the hands of lockdown due to the limitations it imposed on socialising with others (Brodie et al. 2022). Consequently, the legal requirement to only have contact with those in your immediate household ceased the ability for survivors to physically visit their chosen support avenues.

Just as technology has facilitated IPV service providers in service delivery, technology can also be used to maintain informal support relationships between survivors and their friends

and family (Slakoff, Aujla & PenzeyMoog 2020). However, contact between survivors and informal support systems was also found to be impacted by the increase in surveillance during lockdown. Perpetrators could monitor or confiscate communication devices entirely, like phones and laptops, to stop survivors engaging with the outside world (Pfitzner, Fitz-Gibbon & Meyer 2021; Ridsdale, Usmani & Hanson 2020). Additionally, family and friends of survivors found it difficult to provide support based on the strain of lockdown as they had their own difficult circumstances to navigate through beyond being able to provide support to survivors (Gregory & Williamson 2022). Where lockdown limited or removed altogether the option to confide in friends and family, research suggests that this can delay survivors from receiving formal support that enables them to flee abusive relationships (Brodie et al. 2022), as constructive informal support is believed to be a catalyst in starting this process (Goodman et al. 2005).

COVID-19 and Sexual-Minority Survivors

The statistics referred to at the beginning of this section indicate a surge in IPV prevalence and help-seeking from IPV service providers, however they do not note any information about the sexual orientation of survivors using these services. Correspondingly, further attention is required to establish the impact that the pandemic has had for sexual-minority survivors. Where statistics indicate that individuals from this community are greatly affected by IPV (Donovan et al 2006; Henderson 2003; Office for National Statistics 2016), it comes as no surprise that sexual-minority survivors felt the effects of the pandemic. The LGBT Foundation (2020)¹ noted that calls to their helpline increased by 38 percent and website traffic increased by 820 percent. Of this alarming increase in website traffic, 340 percent were new viewers who had never visited the website before, which suggests that IPV was not only being experienced by individuals who were subjected to abuse prior to the pandemic, but also by individuals who had not experienced it before (LGBT Foundation 2020).

While the COVID-19 pandemic has had an obvious impact on sexual-minority survivors, there has been a limited amount of research into the experiences of individuals from this community. A collaborative report collated by various IPV service providers in the United Kingdom suggested that around 1 in 5 sexual-minority survivors had concerns around their safety during lockdown based on who they were living with, and a further 1 in 3 felt that the abuse they had endured had intensified because of the pandemic (Women's Aid 2021). In the Scottish context, it has been suggested that young sexual-minority survivors have faced

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¹ The LGBT Foundation are a national LGBTQ+ charity in the United Kingdom. They provide direct support and resources to members of the LGBTQ+ community through their helpline and counselling, sexual health, and well-being services.

significant levels of homelessness during the lockdown period, however this was as a result of familial abuse, rather than abuse at the hands of an intimate partner (Homelessness Network Scotland 2020).

In parallel with elevated experiences of IPV, survivors from this community were also found to have faced additional barriers as the 'stay at home' orders impeded their ability to seek support. Although this was the case for all survivors regardless of sexual orientation (Ridsdale, Usmani & Hanson 2020), sexual-minority survivors tend to confide in informal social support networks based on limitations of who they feel they can turn to based on their sexual-minority status (Merrill & Wolfe 2000). The pandemic and associated restrictions therefore meant that survivors were cut off from their already limited avenues of support (McAulay 2020).

Chapter Summary

This chapter has provided an overview of literature relative to IPV and sexual-minority survivors. Contextual background has been established, as reference to the historic origins of the feminist movement illustrates how IPV was theorised as a gendered social problem experienced by women, and how this gendered understanding expanded to include survivors in same-sex relationships into the IPV arena. Key concepts that shape the experiences of sexual-minority survivors have also been recognised, such as heteronormativity, homophobia, and understandings of masculinity and femininity.

From a contemporary standpoint, the prevalence of sexual-minority IPV has been established. However, it has been noted that IPV amongst this community is a largely underreported issue that requires further attention, particularly under an intersectional lens that accounts for the intersecting factors that feed into the experience of IPV. Moreover, the unique forms of IPV experienced by this community have been addressed and how they add an additional layer to the abuse endured by sexual-minority survivors and contribute to the overall impact of IPV on this population. Insight has also been provided around the help-seeking behaviours of sexual-minority survivors. From what is already captured in scholarly literature and research, these individuals arguably face additional barriers where help-seeking is concerned and these stand in the way of survivors receiving positive support outcomes. Although academia has widely recognised the personal and structural barriers that obstruct sexual-minority survivors, these barriers continue to persist. This suggests further attention is required to guide policy, practice, and legislation for sexual-minority survivors and improve their experiences of help-seeking, which this study aims to explore.

Throughout each of the areas outlined, a recurring theme of sexual-minority invisibility lingers. This invisibility extends to the recent COVID-19 pandemic, as further scholarly attention is required to address the lived experiences of survivors during this time of worldwide crisis. From the literature and research that already exists, we know that experiences of sexual-minority survivors widely differ from their heterosexual counterparts who have been granted significantly more attention in the IPV arena. My research therefore aims to sociologically explore the unique lived experiences of survivors from this community, taking into account intersecting factors of identity that shape their experiences, with the ultimate goal of filling gaps around an issue that is significantly underreported. This is with the intention of shedding a spotlight on sexual-minority survivors who are marginalised at the hands of dominant heteronormative IPV narratives (Donovan & Hester 2014; MacDowell 2013) and providing a qualitative perspective into the pandemic.

Finally, from the literature that already exists it is clear gaps are present where geographical location is concerned, particularly related to the Scottish context. Although it is acknowledged that Scotland has become more visible in an area that have previously suggested to be rendered somewhat invisible (Breitenbach, Brown & Myers 1998), there is only a miniscule fragment of literature that focuses on IPV in Scotland during the COVID-19 pandemic. Of the literature that does exist, this focused on familial abuse or was conducted from an organisational perspective (Homelessness Network Scotland 2020; Pedersen, Mueller-Hirth & Miller 2023a; 2023b). Thus, scholarly attention needs to be allocated to the lived experiences of Scottish survivors during the pandemic, as this is something that is yet to be accounted for in academia. To address these gaps, the next chapter in this thesis outlines the key methodological decisions central to the research.

Limitations

Although this literature review covers a breadth of literature across the IPV landscape, there are various limitations that must be acknowledged. Since this literature review does not employ a systematic approach, this thesis does not claim to include all literature surrounding the research topic. It is likely that there are other key areas of exploration relative to the research topic that have not been covered in this review.

It is further recognised that narrative literature reviews are likely to be influenced by subjectivity, with reviews on the same topic frequently reaching completely different conclusions (Randolf 2009). This is argued to be one of the biggest limitations of narrative literature reviews because their subjective nature can result in potential biases. Narrative literature reviews cannot be reproduced by other researchers as selection of included sources is once again subjective (Ferrari 2015). However, a systematic approach was

deemed to be too limited in the exploration of this research topic, hence the selection of a narrative literature review which facilitates engagement with a wide range of sources to provide a comprehensive overview (Sukhera 2022).

The use of grey literature is also recognised as a potential limitation of this review. Based on the nature of the research, it was necessary for contextual background to be established to ensure a comprehensive understanding of the research topic. In addition, there were cases where there was often no academic literature current enough. Thus grey literature from sources such as the government, the third sector and charities was included in this review. Such resources included reports, evidence reviews, and in-house and commissioned research. The inclusion of webpages might also be seen as a limitation of this review; however, these are mostly drawn from reputable sources such as government or IPV services. Academic literature has been used as far as possible, but these webpages have been used in addition to gather definitions and explain policies that respondents would have understood, engaged with, and be educated by.

In terms of the quality and robustness of the sources selected, it is recognised that grey literature has not been peer-reviewed and ultimately does not have to meet the same criteria as peer-reviewed articles (Hoffecker 2020; Pappas & Williams 2011). It is therefore acknowledged that the quality and robustness of the grey literature included may not be to the same standard of peer-reviewed journal articles. It is also acknowledged that grey literature may originate from organisations who are subjective and campaigning on specific issues. However, in support of the inclusion of grey literature, academics argue that, despite not having scholarly standing, grey literature tends to be produced by experts in a specific subject area (Pappas & Williams 2011). Moreover, organisations often have their own quality assurance processes prior to publication, including internal reviews, input from advisory boards, or review from an external board (Lawrence et al. 2014). Regardless, the lack of methodological consistency in the absence of the peer-review process is acknowledged (Hoffecker 2020).

Chapter Three: Methodology

Chapter Overview

In this chapter, I reflect on the key methodological decisions that shape the overall nature of this study. Characteristically, methodology chapters tend to adopt a passive voice to capture the methodological judgements made by researchers (Silverman & Marvasti 2008). However, with individual accounts and subjective experiences of IPV being integral to the current study, I have approached the methodology chapter in a formal, yet reflexive manner to produce an appropriate narrative of my overall research approach and design.

I review my chosen research paradigm, as well as the ontological, epistemological, and methodological choices in this chapter. Additionally, I discuss the methods utilised for the research, highlight why a qualitative approach was most suitable for the research topic, and outline the innovative participatory element of data collection that is informed by feminist participatory action research. Further attention is allocated to participant recruitment and ethics. Finally, I conclude with reflections on the research process, drawing on my own personal reflections, a reflexive consideration of my insider positionality, and finally participant reflections on the research.

Recap of Research Aims and Objectives

Prior to the discussion of the methodological contents of this thesis, it is valuable to reiterate the research aims and objectives. The research is comprised of three principal aims:

- To sociologically explore the lived experiences of sexual-minority Scottish survivors who faced IPV during the COVID-19 pandemic.
- 2. To provide a voice for survivors who do not conform to heteronormative IPV narratives and are often marginalised in research.
- 3. To examine the help-seeking behaviours of sexual-minority survivors during the COVID-19 pandemic and beyond.

A further seven research objectives were developed from these overarching aims, which were:

- To explore how sexual-minority survivors experienced IPV and its repercussions during the COVID-19 pandemic.
- 2. To explore how and to what extent sexual-minority survivors were impacted by IPV during the COVID-19 pandemic.
- 3. To explore the impact and repercussions of IPV on sexual-minority survivors.

- 4. To explore how intersecting aspects of identity influence the experiences of IPV for sexual-minority survivors.
- 5. To explore the help-seeking behaviours of sexual-minority survivors during the COVID-19 pandemic.
- 6. To examine how beneficial different support avenues were based on survivor's experiences during the pandemic.
- 7. To use the views of sexual-minority survivors to make recommendations for policy and practice so that the system is more effective in supporting survivors from this background beyond the pandemic.

Research Paradigm

With the research being centred around the lived experiences of IPV survivors, I was required to establish a research paradigm, comprised of my ontological and epistemological position, methodology and methods in relation to the research topic. The selection of an appropriate research paradigm ensured that my approach facilitated survivors' ability to have their narratives expressed in an area in which they are often overlooked, whilst also protecting both participants and myself as a researcher in the discussion of such a sensitive and difficult topic. The following section outlines the decisions I made in respect of my own philosophical position.

Blaikie and Priest's (2017; 2019) widely accepted typology has guided my selection of an appropriate research paradigm. Central to their discussion of social research are three research paradigms – Neo-Positivism, Critical Realism and Interpretivism – with each of the paradigms adopting different theoretical, ontological, and epistemological assumptions.

The Neo-Positivist paradigm assumes social reality to have an independent existence of the human mind. Based on this assumption, Neo-Positivism produces provisional theories based on a trial-and-error process that ultimately tests explanatory ideas against empirical evidence. Under this paradigm, knowledge should therefore be based on observable phenomena and their underlying regularities, rather than on speculation or subjective experience. Critical Realism operates on the assumption that, whilst an observable reality exists, this is only a partial view of social reality as a whole. Instead, Bhaskar (1979) theorises reality to not be restricted to observable, experienced events, but also consisting of events that occur whether experienced or not, and of the underlying mechanisms that produce such events. These mechanisms are believed to exist at a 'deeper' level of reality, therefore Blaikie and Priest (2019) argue that this paradigm views causality in a unique way, suggesting that patterns emerge in specific social and cultural contexts. Critical Realism

therefore takes observable phenomena and works backwards to make assumptions about the mechanisms that may have produced a particular reality. Finally, Interpretivism explores social reality from an insider perspective, suggesting that conclusions can be drawn from participants' understandings of their social worlds. Under this paradigm, it is therefore argued that knowledge in the social sciences must be drawn from the accounts of social actors (Blaikie & Priest 2019).

Given the focus on lived experience in my research, interpretivism has been selected as the most appropriate paradigm. It is argued by interpretivists that reality is not a singular concept, but rather that multiple realities are born out of social construction (Rehman & Alharthi 2016). By taking the multifaceted nature of social reality into account, Interpretivist research integrates both ontology and epistemology so that issues that are not explicable through a definitive social answer can be explored. Interpretivists subsequently value a subjective approach in the endeavour to explore and understand social reality through the eyes of those immersed in it (Chowdury 2014). This is achieved through the utilisation of participants' experiences and opinions regarding the research topic, alongside information that already exists within the field (Thanh & Thanh 2015).

For the purpose of this study, Interpretivism was valued over Neo-positivism and Critical Realism as the lens it explores the social world under was deemed most appropriate to address my research aims and objectives. The Neo-Positivist paradigm was not considered appropriate as the aim of this research was not to test hypothesises or collect quantitative data to produce generalisable theories about the social world (Blaikie & Priest 2017). Rather, the research intended to provide a more comprehensive understanding of sexual-minority IPV during the COVID-19 pandemic through the use of participant interpretations and meanings; something that could not be achieved using a Neo-Positivist paradigm. It is acknowledged that more robust statistical data is required relative to sexual-minority communities to achieve a more representative understanding of the issues they face, however this is challenging given the 'hidden' nature of sexual-minority populations and the methodological implications this poses in reaching a random and representative sample (Donovan & Hester 2014). Although this is desirable, statistical insight is not what my research set out to achieve, hence my decision to not use a Neo-Positivist paradigm.

Moreover, Critical Realism was not selected in the exploration of sexual-minority IPV given the focus it places on causal explanation. Where a Critical Realist paradigm prioritises uncovering the underlying structures and mechanisms that shape observable phenomena (Blaikie & Priest 2019), this was not the main priority of my research. Although this paradigm could have been useful to explore aspects of sexual-minority experiences, such as access to

mainstream services, my research wanted to explore lived experience of IPV more broadly, with help-seeking being investigated as an extension of this lived experience. Therefore, the Interpretivist paradigm was deemed more appropriate to look at sexual-minority subjective experiences from a more holistic perspective based on what participants deemed relevant for discussion.

By situating this research in the interpretivist paradigm, this allowed for attention to be allocated to the distinct subjective experiences of sexual-minority survivors. Given the devastating consequences that are experienced by those who are subject to IPV, it was deemed appropriate to respect their subjective perceptions of their experiences and provide a sense of empowerment in their disclosure. Arguably, this focus on subjective perceptions and experiences as part of the interpretivist research paradigm can raise questions around 'truth' and validity, which tend to be associated with positivist research (Golafshani 2003). It is important to note however that, in line with the ontological and epistemological assumptions of this research (which will be explored in the next sections), it does not intend to establish whether social reality has an independent existence, nor does it claim that there is one ultimate truth in respect of this research topic (Blaikie & Priest 2017; 2019). Rather, this approach intends to uncover how social actors make sense of their own social realities, which in this case relates to sexual-minority survivors' lived experience of IPV and subsequent help-seeking behaviours.

Donovan and Hester (2014), who are leading researchers in the subject of LGBTQ+ IPV in the United Kingdom, discuss their own stance on validity and truth when conducting research of this nature. Although they do not employ the same overall research paradigm as my research, Donovan and Hester (2014) argue that, where selectiveness, memory and hindsight can be suggested to hinder an absolute sense of 'truth', the overall damaging consequences of abuse are likely to be significant in the minds of survivors, and therefore can be considered as 'authentically representative of a relationship experience'. With this in mind, although the adoption of an interpretivist paradigm does not seek to establish an absolute 'truth' in relation to social reality (Blaikie & Priest 2017; 2019), it does take into account the interpretations of sexual-minority survivors in respect of their own realities. Whilst it could be argued that an interpretivist approach can raise issues around whether a survivors' truth is the correct truth and that this approach allocates as much credibility to perpetrators based on their own subjective experiences, this wider interpretivist approach is underpinned by feminist principles, which are reflected on in the following sections of this chapter. Therefore, this research has not set out to prove an objective, correct, and absolute

truth, but places belief in the contributions of participants and uses them to make valuable recommendations across the IPV sector in respect of their population.

Ontological Position

Ontology is concerned with the nature of reality and social existence, as it makes claims about the existence, conditions, and relatedness of social phenomena (Blaikie & Priest 2019; Ormston et al. 2014). Therefore, ontological position defines beliefs about reality and whether this exists exclusively from human practice and understanding or that reality and human practice cannot be considered separately. It has been argued by some academics that ontological assumptions operate on a continuum comprised of three core positions: relativism, critical realism, and realism (Braun & Clarke 2013). However, Blaikie (2007) provides a more comprehensive overview of ontological assumptions that comprises six types. These six ontological assumptions have been developed in recent years to consist of: shallow realist, conceptual realist, cautious realist, depth realist, idealist, and subtle realist (Blaikie & Priest 2019). Given the broader, detailed and more refined approach taken by Blaikie and Priest (2019), this formed the rationale to adopt their typology. According to this, I have adopted an idealist ontology as part of my wider interpretivist approach.

From an idealist ontological position, the interpretations produced and reproduced by social actors in their everyday lives are assumed to shape social reality. Contrary to a realist ontology that tends to assume reality to exist beyond human consciousness, idealism varies in its consideration of an external reality and how it restricts or promotes social activity (Blaikie & Priest 2019). Rather, idealist ontology assumes that the thoughts and meanings held by social beings construct experiences of reality; thus, as explored earlier in this chapter, there are no absolute truths with respect to the nature of reality and how it is experienced (Hiller 2016). With regards to my research topic, an idealist ontological position allows for the consideration of sexual-minority survivors and how the thoughts, feelings, and meanings they attach to their subjective experiences shape their own realities. Idealism therefore allows for these social beings to be narrators in their own stories of IPV with the understanding that their reality is shaped by how they interpret their interactions as a sexual-minority person with perpetrators, organisations, and others who they choose to disclose their experiences of abuse to.

Epistemological Position

Epistemology is centred around the foundations of knowledge, as it is related to the process of how researchers come to learn and know about reality (Ormston et al. 2014). Thus, epistemology highlights the lens under which researchers look at reality and the ways in

which they intend to uncover knowledge about such reality (Alharahsheh & Pius 2020). Referring back to the work of Blaikie and Priest (2019), a further six epistemological assumptions have been identified: empiricism, rationalism, falsification, neo-realism, constructionism, and conventionalism. To complement the interpretivist research paradigm and idealist ontological position outlined above, my research assumes a constructivist epistemological position. My approach also shared assumptions with feminist postmodernism, despite this not being acknowledged in Blaikie and Priest's (2019) typology.

In constructivism, what is known about social reality is uncovered from the inside and based on the language of those immersed in the social world; therefore, knowledge in the social sciences is produced through a combination of everyday language and social scientific language (Blaikie & Priest 2019). As noted in the rationale, sexual-minority communities tend to be marginalised in academia, with only a small pool of research focusing explicitly on their lived experiences of IPV. Where this research intended to consider the voices and experiences of sexual-minority survivors with paramount importance and amplify the visibility of this population, the constructivist production of knowledge from the inside and focus on language was selected as most appropriate. This epistemological position supported philosophical grounding for choice of research methods, in particular the selection of a participatory element as part of wider data collection, whereby participants were able to use their own language to create topic guides for their interviews and communicate their stories in the way they deemed most valuable.

The constructivist epistemological position further makes assumptions about 'truth', this being that that there are no set criteria that establish whether knowledge can be considered as true (Blaikie & Priest 2019). This assumption is like that of feminist postmodernist epistemology, which also subscribes to the idea that there are no criteria to establish what is true or false. However, as noted in the discussion of a broader interpretivist paradigm, the aim of the research is not to reach a singular objective truth. Similarly, feminist postmodernist epistemology assumes the position that knowledge is not universal, but rather shaped by situational and contextual factors (Blaikie & Priest 2019). The integration of these epistemologies is deemed useful in the comprehensive exploration of sexual-minority experiences that relate to gender, power, and control. In particular, Donovan and Hester (2014) suggest that the focus on situated, contextual knowledge enables the exploration of intersecting identities, which are central to my research. Therefore, the epistemological focus on situated knowledge, alongside the understanding of knowledge through participants' language were considered valuable in the generation of knowledge surrounding marginalised sexual minority lived experiences.

Methodology

As highlighted by Braun and Clarke (2013), the intertwined nature of ontology and epistemology are influential in chosen methodologies in research, as the relationship between the two ties in with methodological approach. Methodology refers to how research should be approached as it guides research decisions around what data is required and how data collection should be approached so that it is appropriate for the topic of exploration (Alharahsheh & Pius 2020; Rehman & Alharthi 2016). Whilst methodology guides data collection, it is important to note that it does not require explicit research methods to be used. Rather, methodology is concerned with the nature of research and how this contributes to meeting objectives (Alharahsheh & Pius 2020).

Feminist Methodology

My research is situated within an interpretivist research paradigm and is underpinned by feminist principles in its methodological approach. This use of an interpretivist paradigm to conduct feminist research has been acknowledged in academia (Kiguwa 2019). The combination of interpretivism and feminist methodologies are considered complementary for the purpose of my research, as it is believed that a feminist interpretivist approach allows for a more nuanced understanding of sexual-minority IPV.

In the feminist arena, the lack of clarification around terms like 'methodology' has been suggested to hinder feminists' ability to fully establish a research approach, resulting in an ongoing debate in this area (Harding 1987; Peake 2017). Whilst feminism itself is arguably not a methodology, the term 'feminist methodology' is used to depict what feminists argue is the most suitable way to approach research, which ensures that participants are respected and recognises the subjective contribution of the researcher simultaneously (Letherby 2003). Feminist sociologists have argued that reflexivity is a fundamental and necessary characteristic of feminist research. Accordingly, discussions around reflexive practice should be a focal theme in the use of feminist methodologies (Ramazanoglu & Holland 2002). Given the emphasis placed on reflexivity by feminist scholars, I reflect on my own process of reflexivity at the end of this chapter, detailing the ways that my own subjectivity and positionality shaped data generation, analysis, and interpretation.

Moreover, Harding (1987) has proposed three characteristics of feminist methodologies: women's experiences should be used for empirical and theoretical knowledge, knowledge should be produced for emancipatory purposes, and researchers should be located in line with the topic of interest. This approach to feminist methodology (1987) has been suggested to be compatible with the interpretivist paradigm. The inclusion of women's voices in this

research, the desire to produce knowledge on a marginalised population, and my insider researcher position therefore adhere to the characteristics outlined above.

Based on the long-standing argument that feminist research should be for and with women (Ramazanoglu & Holland 2002), it is important to establish how feminist methodologies can be applied in relation to my participant sample since it comprised of both sexual-minority women and men. Developments in scholarship have suggested that feminist research can stem beyond women to support the exploration of other marginalised populations, bringing their voices and experiences to scholarly attention in the endeavour for equality and social change (Corsianos 2009). The use of a feminist approach has been discussed by leading scholars in the LGBTQ+ research landscape, suggesting that the consideration of intersectionality and context is facilitated through this approach (Donovan & Hester 2014; Donovan & Barnes 2020a). The approach taken by Donovan and Hester (2014) in particular has enabled the theorisation of the public story of IPV, which is widely referenced and discussed throughout this thesis. The public story focuses on a particular presentation of gender, which ultimately shapes the way that sexual-minority survivors are perceived on a personal, societal and institutional level (Donovan & Hester 2014). Given this focus on gender and the role it plays in sexual-minority lived experiences of IPV, feminist methodologies that shed light on gendered experiences, alongside other intersecting factors, were deemed most appropriate. This approach aligned with my interpretivist paradigm and the subjective nature of reality assumed by this philosophical position (Blaikie & Priest 2019), with the feminist emphasis on intersectionality and context being valued to investigate my participants' experiences.

As discussed in Chapter Two, heteronormative bias is evident in the feminist arena. Arguably, this inhibits the ability to apply a feminist framework to IPV for sexual-minority survivors, specifically in the instance that they are in a same-sex relationship. For lesbian relationships, this barrier is easier to navigate as their gender identity is more compatible with the feminist grassroots that allocated attention to IPV based on patriarchy and sexism (Murray & Mobley 2009). Complexities are more evident when the abused partner is a man due to the focus that is placed on the male domination of women and the social expectation that men should be able to defend themselves (McLennen 2005; Murray et al. 2007). However, the notion of hegemonic masculinity highlighted in Chapter Two suggests that sexual-minority men deviate from traditional ideas of masculinity where they are situated in a subordinate position on the hierarchy of power (Connell 2005). Thus, the experiences of men who fall under this category differ to those in heterosexual relationships and must be considered accordingly due to their minority grouping. Given the heteronormative and

patriarchal framings of masculinities and feminists that have been identified in scholarship thus far (Donovan & Hester 2014; Donovan & Barnes 2020a), the use of feminist methodologies was deemed appropriate due to the focus it places on the gendered experience of IPV and how power and control unfolds for sexual-minority survivors, regardless of their gender. To complement the feminist methodological approach employed in this study, the research methods are outlined accordingly.

Research Methods

Once an appropriate research paradigm and methodology was identified, I was required to select research methods that would both complement the ontological, epistemological, and methodological underpinnings of my research, yet serve to meet my research aims and objectives in a suitable way. Where the methodology has a wider scope, research methods refine how data is collected and analysed to ultimately generate knowledge on specific issues (Alharahsheh & Pius 2020).

Qualitative Research

At the time of data collection, the COVID-19 pandemic was a recent phenomenon. Various statistics around the severity of IPV throughout the pandemic had been released (ManKind Initiative 2020; Respect 2020; World Health Organisation 2020). Whilst the statistics quantified the brutality of the problem, what was missing was a qualitative insight into the lived experiences of survivors during this detrimental time; in particular, those in marginalised communities like sexual-minority populations. Based on the lack of qualitative insight in this area, I employed a qualitative approach as the most suitable method to account for subjective experiences of survivors of IPV in Scotland.

A qualitative approach was beneficial as it works in parallel to my interpretivist research paradigm (Thanh & Thanh 2015). This approach also complemented my feminist position as qualitative methods are favoured by many feminist scholars. Donovan and Hester (2014) acknowledge the feminist argument that qualitative methods are more appropriate, suggesting that the qualitative preference exhibited by feminist researchers is shaped by the ability to gather rich data that uncovers the role of gender in different contexts. Moreover, it has been argued that quantitative methods are not compatible with feminism and feminist aims (Bryman 2008; Mies 1983). Rather, many feminists have argued that quantitative research is androcentric in nature (Blaikie & Priest 2019; Williams & Vogt 2011). This belief is based on the argument that quantitative methods are supportive of what feminists deem to be masculinist knowledge, with the voices of women being suppressed by the very nature of such research (Blaikie & Priest 2019; Oakley 1998). Ultimately, it has been argued that this

contributes to the suppression of women's experiences, as these methods eradicate the contexts that are central to understanding reality (Bohan 1992). Participants have also been considered as comparable to objects in the use of traditional quantitative methods, as they are exploited to reach aims and outcomes (Mies 1993; Unger 1983).

The characteristics of traditional quantitative research methods highlighted by many feminists have been argued to go against the core principles of the feminist movement. On the contrary, many feminists believe that the shortfalls of quantitative research can be mitigated by using a qualitative approach, with these methods allowing for women to have their voices heard, limiting participant exploitation, and reducing the object-like nature of participation based on achieving research aims (Bryman 2008). Whilst this dominant narrative exists in feminist scholarship, it is important to note that it is possible to apply quantitative methods in the feminist realm where appropriate if it is conducted in a non-sexist manner (Letherby 2004; Merrill 1996) as there are instances where a quantitative insight is beneficial (Griffin & Phoenix 1994; Westmarland 2001).

For instance, Oakley (1998) acknowledges the role of quantitative research methods in the second-wave feminist movement and how the large-scale quantitative data collection methods used during this time allowed for women's oppression and structural inequalities to be identified to drive fundamental change. This revelation is not one that could have been achieved exclusively using qualitative methods. She further advocates for movement beyond the 'paradigm war' that situates qualitative and quantitative methods in opposition to one another, suggesting that neither approach is more 'authentically female' than the other (Oakley 2000). With this in mind, there has come to be real engagement with quantitative methodologies in the feminist realm, with developments in feminist scholarship that argue the benefits quantitative methods can offer to feminist research (Spierings 2012). A key example of this engagement in the IPV field is the work of Walby, Towers and Francis (2016) who quantitatively investigate changes in the rate of violent crime from the Crime Survey for England and Wales. Disaggregating results by what they categorise as gender, further work by Walby and Towers (2017) emphasises the importance of gender-specificity in the investigation of violent crime. This feminist stance on power in their quantitative methodology is supported by other academics, despite other critiques of this approach (see Donovan and Barnes 2021).

Regardless of feminist engagement with quantitative research, I still favoured a qualitative approach as my research focused on lived experiences. Qualitative methods were therefore more appropriate as they draw more significance to the voices of participants in the exploration of their subjective lived experiences and considers the importance of context that

is valued by feminism (Fine & Gordon 1989). Overall, qualitative methods served to provide a deeper insight into IPV during the COVID-19 pandemic that cannot be delivered using quantitative methods. This is down to the holistic nature of qualitative research, which explores how various factors interrelate to one another to produce particular outcomes (Creswell & Poth 2016). Additionally, Lincoln and Guba (1985) draw upon four classic criteria for trustworthiness in qualitative research, these being credibility, transferability, dependability, and confirmability. With the nature of the research being so sensitive and personal to the participants involved, it was vital that I provide a trustworthy account of my participants' experiences and emotions to promote change in the future. Thus, I favoured qualitative methods as they are more appropriate in the investigation of such an important issue.

Feminist Participatory Action Research

Based on the sensitive nature of the research topic, the research approach required substantial thought and consideration of the safety and well-being of participants. Sexual-minority individuals can be considered as a minority group that face systemic marginalisation and are often overlooked in literature around IPV. It was imperative that data collection and research outcomes sought to empower this community, rather than dominate them further (Singh, Richmond & Burnes 2013). Correspondingly, I opted to incorporate a participatory element to my data collection that was informed by feminist participatory action research methods.

In line with feminist methodology, my selection of a participatory element in my research methods was motivated by the desire to empower participants. Participatory action research methods have been praised for doing so, as feelings of empowerment have been argued to arise from direct involvement in the research process (Letherby 2003). Traditional participatory action research methods have been critiqued historically, with arguments being made that they promote patriarchal practices and biases, that male-centred language is used which do not focus on the experiences of women, that they present unequal participation opportunities for women, and that they lack attention towards obstacles that impact women's participation (Maguire 1987). Where these views have been held previously, the participatory element I used was informed by a combination of participatory action research and feminism to attempt to overcome issues around power and inequality.

Although feminist research and participatory research action methodologies historically did not have a clear relationship, it can be argued that the similarities between the two approaches mean that they work well alongside one another (Brydon-Miller, Maguire &

McIntyre 2004; Gatenby & Humphries 2000; Maguire 1987; Reid & Frisby 2011). This is largely due to the mutual desire for positive change shared between the two approaches, as Maguire et al. (2004) suggests that both feminist research and participatory action research strive towards the same objective.

The combination of the two approaches thus provides an action-centred framework that unequivocally deals with gendered issues and women's experiences that are overlooked in arguably androcentric participatory action research (Coghlan & Brydon-Miller 2014a). Pioneered by the work of Maguire (1987), who argued that the social existence of women conspicuously differs from their male counterparts, her approach brings gender to the centre of participatory action research. Correspondingly, the ontological and epistemological similarities shared between feminist theory and participatory action research have been combined to create a framework that aids knowledge contribution by overlooking that androcentrism she argues exists and emphasising the importance of participation (Coghlan & Brydon-Miller 2014a).

Feminist participatory action research methods eliminate the traditional researcher-participant power relationship and instead replace it with a collaborative process that is guided by the participants (Godden et al. 2020). Therefore, feminist participatory action research methods allow for participants to be active in the co-construction of knowledge that concerns them as they collaborate with researchers, rather than research being done on their behalf (Johnson & Flynn 2020). In turn, the data produced through feminist participatory action research studies moves away from the patriarchal biases that Maguire (1987) suggests are present in traditional participatory action research, but still allows for rich findings to surface during data collection based on participant's involvement throughout the research process (Singh, Richmond & Burnes 2013).

By bringing gender to the centre of the research framework, this allows for research to be conducted in a way that is inclusive of the experiences of women (Gervais, Weber & Caron 2018). Moreover, Singh, Richmond and Burnes (2013) highlight that feminist participatory action research methods are particularly useful in providing voices for other marginalised groups as well due to its intersectional approach. As a result, this research method informed the approach I took to meet my research aims. Empirical research into the transgender community highlights the benefits of using feminist participatory action research methods with members of minority groups, as a study into the transgender community concludes that this approach tackles oppressive systems and promotes liberation for members of this population (Singh, Richmond & Burnes 2013).

Choice Points of Participation

Although feminist participatory action research methods offer undeniable benefits in the involvement of participants during the research process, this does not exist without challenges that must be taken into consideration. These challenges have ultimately dictated the use of such methods for my research. Central to feminist participatory action research is the notion that participants should be active agents throughout all stages of the research process, including deciding on a research topic, data collection, analysis, and dissemination of findings (Gervais, Weber & Caron 2020; Reid et al. 2006). Where this was not possible, an innovative approach was taken, in which a participatory element was used for data collection.

Whilst a fully participatory approach would have been desired, this was in part obstructed by the nature of doctoral research. Being a PhD student, it was my responsibility from the onset to select a research topic. Thus, the ability to select a research topic alongside participants is instantly obstructed as there was no opportunity for me to collaborate with participants in the initial stages of my research. Whilst this compromised full collaboration between myself and my participants, Vaughn and Jacquez (2020) suggest that participatory research projects have specific choice points where researchers can make decisions around level of participation. Although my decision to use choice points for participation meant that I was using a very limited approach to participatory action research, this was something I deemed necessary for various reasons that will be explored throughout this chapter.

Being a solo researcher, I was not required to answer to stakeholders about their requirements of a research project. Rather, my research aims and objectives sought to raise awareness in an area that I feel extremely passionate about in a way that would evoke positive change for the affected community. In the instance researchers collaborate with non-academic participants, it has been suggested that researchers can make their own decisions around research methods if these methods place emphasis on decision-making and collaboration for participants (Vaughn & Jacquez 2020). Correspondingly, I ensured that my chosen research methods allowed participants to make key decisions relative to data collection in a way that would both keep them safe and empower them as they contributed to co-construction of knowledge. Further detail on participants' involvement in the design of topic guides for data collection can be found later in this chapter. Additionally, as it was only me who was responsible for the conduct of the research, I had to approach my research in a logical manner, being bound by limited resources and time constraints.

Participatory action research is a time-consuming process, which can be difficult to execute in line with timeframes set by universities for doctoral research (Gibbon 2002). Whilst my university granted me a degree of flexibility around timeframes, this was still too limited to involve participants in the process of data analysis and writing up. Subsequently, the selection of my own choice points of participation allowed me to carry out the research in the most reasonable manner based on the limitations I faced, whilst also giving participants a sense of autonomy through their contributions to data collection.

Time constraints, however, were not my main driver for not involving participants in the analysis phase, as I had concerns around risk of harm and anonymity should all participants be given access to interview transcripts. Regardless of the interview transcripts being anonymised, the close-knit nature of sexual-minority communities in Scotland meant that if the participants in my research were allowed access to all the transcripts for analysis purposes, they may have been able to identify the experiences of other participants if they knew them or had knowledge of their experience through external sources. I was aware that some of the participants in my research knew or had connections with one another, which compounded the risk of participant identification further; therefore, I made the executive decision that data analysis was a choice point that should not involve participation (Vaugh & Jacquez 2020).

Ultimately, where the participatory element of my research methods focused only on the design of topic guides, this is a limited approach to feminist participatory action research and therefore does not claim to be as such. What I would argue however is that the approach that was taken was successful, as participants gave positive feedback on the research process which can be found later in this chapter. Although the process I engaged in was not one that was linear and required a further time commitment from myself as a researcher due to the additional roles I had to take (Maguire 1987), I believe that the benefits of a participatory element to research can enrich findings and empower participants, and in my opinion outweigh the challenges. I would argue such an approach should be embraced by researchers conducting lived experience research where possible.

In-Depth Interviews

My decisions around research methods were underpinned by feminist values. These values ultimately guided my choice around the data-collection methods utilised to complement the feminist nature of my research. As stated in the previous section, there are specific choice points in participatory research studies where researchers can make judgements about level of participation (Vaughn & Jacquez 2020). Choice of research methods is a clear example of

where I exerted decision-making because I selected my research method prior to any engagement with participants. Based on literature and prior experience, I concluded that indepth semi-structured interviews would be the most suitable method for my research topic.

In-depth interviews are beneficial in the exploration of research topics as they offer advantageous characteristics that can improve overall research quality. To complement interpretivist research philosophy, this qualitative method adopts a flexible approach that allows participants free rein as they discuss the meanings which they hold central to their emotions, experiences, and behaviours (Rabionet 2011). In-depth interviews have come to be valued by many feminists as they embrace this research method in their endeavour to uncover the diverse realities of women and other marginalised populations to achieve social change (Hesse-Biber 2014).

A strength of this approach is that issues concerning power and mutuality are less prevalent as the adoption of a semi-structured interview structure caters to feminist debates; thus aligning with the feminist stance of my research study. According to Oakley (2016), this is because the conversational nature of semi-structured interviews establishes a good rapport as the relationship between the researcher and the participant is non-hierarchal and non-authoritarian. This is fundamental in research surrounding issues like IPV, as I did not want my role as a researcher to make participants feel that I was dominating the research process, nor that they were just subjects merely there for the purpose of data collection. Rather, I wanted participants to feel valued in their contributions and roles as coresearchers, as I followed the feminist principle that research should be for and with the participants, not just about them (Ramazanoglu & Holland 2002).

Due to the focus that is placed on safety and well-being, I recognised that the in-depth interviews should not overwhelm participants with questions. Rather they should provide the participants with a few broad and open-ended questions that allow them to tell their stories in a manner that does not seem invasive or insensitive (Charmaz 2013). The collaboration between myself and my participants safeguarded against this risk, with participants shaping the nature of their own interviews so they were not met with any questions that could surprise them or risk re-traumatising them. Moreover, qualitative interviews are praised for their rigorous nature, as in-depth interviews have been suggested to promote an honest and truthful account of what is being researched (Marshall 1996). With lived experiences on such a sensitive subject being central to my research, this was something I valued to address the hard truths around IPV for sexual-minority survivors.

As my research was centred around inclusivity, with participants being derived from a variety of socio-cultural backgrounds, this meant that individuality had to be considered. This was especially imperative due to the nature of IPV, as survivors' realities of IPV vary on a context-dependent basis. Ritchie et al. (2014) highlight that the interview techniques utilised in in-depth interviews caters to this individuality and variation in subject matter. A strength of this approach therefore is that researchers have various interview tools at their disposal throughout the duration of the interviews. These include tools such as probing, follow-up questions and asking for specification, which can promote discussion and cater to the needs of the participants on a conversation-dependant basis (Bell 2010). Although the participatory element of the research meant that topic guides were created beforehand with participants, I utilised these tools where consent was granted by participants to ask further questions, but only when necessary. These tools were not used in a manner to extract more data according to what I wanted as a researcher, but rather in a way that supported participants in telling their stories. For instance, I would ask questions in response to what was already being discussed or to seek clarification in specific circumstances.

Whilst in-depth interviews offer many strengths as a research method, they do not exist without limitations. The degree of accuracy given during in-depth interviews must be considered, as there is a possibility that participants may provide an account that is not truly reflective of their social reality (Morris 2015). For instance, should a participant harbour negative feelings around an issue or experience, they may not feel fully comfortable in sharing with an interviewer. Although this is a limitation and a risk, Rubin and Rubin (2012) argue that if a participant feels comfortable in the interviewer-interviewee relationship, they are more likely to provide what they believe is an accurate account of their experience. Given the time spent relationship-building with participants in this study throughout the participatory element of the research process, it is hoped that this promoted feelings of safety for participants that allowed them to provide an honest, accurate account.

Another limitation of in-depth interviews is that the data generated from this research method cannot be generalised to the wider population (Alaawi 2014; Morris 2015). Although the purpose of qualitative research is not to provide generalisable data because it is based on smaller scale studies and subsequent sample sizes, this must be noted as a limitation. Regardless of lack of generalisability, this research method can produce rich, insightful data that is useful to shed light on research topics (Knott et al. 2022), which was deemed particularly valuable to address the research aims and objectives of my research.

Consideration of Focus Groups

Another approach that was considered, but ultimately disregarded, was the use of focus groups as a data-collection method. Focus groups have been framed as both group interviews and group discussions, which essentially bring together a group of participants to answer questions on a specific subject area (Sim & Waterfield 2019; Smithson 2008). Based on the sensitive and intimate nature of my research, this was the main deciding factor as to why in-depth interviews were favoured over group activities like focus groups. The decision to not use focus groups for sensitive subjects is supported by Smithson (2008), who argues that this research method can be viewed as unsuitable where the research topic is concerned with in-depth narratives on personal subjects.

Unlike interviews, which take a substantial amount of time to manage (Alsaawi 2014; Morris 2015), a strength offered by focus groups is that they are less time-consuming on the basis that all research participants are interviewed in a group setting (Smithson 2008). Whilst having more time available at my disposal would have been helpful, focus groups were not deemed appropriate, especially considering that lived experience was central to my research. Had this approach been adopted, the participatory element of this study would not have allowed each individual survivor to discuss their unique experience of IPV comprehensively. Whilst data collection itself would have been more efficient in a group setting, the difficulties in organising, moderating, and analysing are recognised as a challenge of this method (Smithson 2008).

Given the group nature of focus-group discussion, there is also the possibility that some participants may dominate the discussion, creating the risk that other participants do not feel they can speak or put their input across (Smithson 2000). Once again, as the research aims were to provide a voice to marginalised sexual-minority survivors, this was not deemed appropriate for the research. However, by consciously deciding not to select focus groups for data collection, there is a missed opportunity for research participants to develop their ideas collectively with other participants. This is a perceived strength of focus group research methods (Smithson 2008), one which may have been useful for thinking about recommendations on how to support sexual-minority survivors going forward. In addition, given that qualitative research more broadly has been critiqued based on subjectivity and the potential to be influenced by researcher bias (Adams & Cox 2008), the nature of focus groups can be argued to minimise the influence of the researcher during the interview, as they play a less active role in discussion based on the group dynamic.

The main concern with focus groups was that they would take away from the confidentiality and anonymity of participants and could deter them from taking part (Sim & Waterfield 2019). As a sexual-minority individual myself, I recognise that this community is somewhat small and very interwoven, particularly in Scotland, meaning that there was a possibility that participants may know or have mutual connections with one another. Based on the recommendation that focus groups should consist of individuals who are not known to each other (Morgan 1997), there was no way to mediate this until the focus group commenced. Therefore, to safeguard against the potential risk of harm that could arise in the instance that this occurred, I decided to steer away from group methods altogether so that participant safety and well-being was not jeopardised.

Virtual Interviews

The in-depth interviews were conducted virtually, using either Teams or Zoom in line with participant preferences. The nature of living through a global pandemic has witnessed individuals across society engage with these platforms to connect with others during periods of lockdown and social distancing. Correspondingly, the pandemic has resulted in a collective acceptance and usage of online platforms, with individuals being more accustomed to online conversation because of the pandemic. Although based on the content of the interviews, it would have been preferrable to conduct these on a face-to-face basis, however research has emerged following the COVID-19 pandemic to highlight the benefits of virtual platforms for data collection (Boland et al. 2022; Oliffe et al. 2021).

In line with the government-imposed lockdown and social isolation measures that emerged during the COVID-19 pandemic, researchers had to embrace alternate ways to collect data to replace face-to-face methods. Consequently, virtual research methods have established a foothold in the qualitative realm, with researchers embracing such methods to continue research safely (Lobe, Morgan & Hoffman 2020).

With trust and rapport being essential to my research, it was fundamental that these characteristics were central in my approach to data collection. Literature suggests that sites of rapport building are lost where face-to-face methods are not employed, as it is harder for researchers to register participant cues, such as body language, when they do not share the same physical space as their interviewees (O'Connor & Madge 2003). However, as Zoom and Teams were utilised for the purpose of my research, the video facilities on these platforms allowed me to see participants when they decided to turn their cameras on. Where participants did opt to use video, these facilities allowed me to see their faces throughout the discussion. By remaining vigilant, I was able to pick up on any non-verbal cues that

suggested discomfort in my participants and incorporated this into my process of continuous consent by undertaking well-being checks throughout the course of the interviews. However, the decision to utilise video was left to participants according to what made them feel most comfortable.

Giving participants this choice proved to be beneficial, as one participant gave feedback saying: "Teams with the camera off made me more comfortable talking about the topics under discussion. It made it easier to open up and felt more confidential." Therefore, whilst video facilities allow for a more obvious identification of participant discomfort to researchers, the ability for participants to decide whether they were visible to me promoted participant safety and well-being and improved the researcher-participant relationship.

Moreover, empirical findings have highlighted that rapport is established through email correspondence prior to virtual interviews taking place (Seitz 2019). Based on the participatory element included in my research, I conversed with my participants via email prior to any introductory calls as I provided participant information sheets, sought consent, and answered any queries related to my research. The process of building rapport was further facilitated by the participatory element of the research, as I had preliminary discussions and created topic guides with participants prior to collecting any data. Thus, these interactions allowed for fundamental relationship building to take place which created a solid foundation of trust and rapport.

Beyond fundamental relationship building with participants, virtual methods offer other characteristics that were beneficial to my research. Platforms like Zoom and Teams offer audio-recording features at the click of a button, with a transcription service that transcribes interviews concurrently (Lobe, Morgan & Hoffan 2020). Such features improve the efficiency of data collection, as transcripts are generated immediately after the interview, and recordings can be utilised to make any amendments to ensure accuracy. In turn, this makes the process less time-consuming and allows for more time to be allocated to data analysis and writing up. Moreover, the ability to instantaneously connect with participants that is facilitated by virtual interviews has been argued to promote connectivity to diverse populations (Boland et al. 2022) over vast geographical areas (Dodds & Hess 2020). As my research aimed to investigate the lived experiences of Scottish sexual-minority survivors of IPV, virtual methods enabled me to do so smoothly as I was able to connect with individuals across the country who were part of this community. This is not something I would have been able to do so easily if all interviews were conducted face-to-face, especially with the research utilising a participatory element.

Using Different Topic Guides

Participants created their own topic guides for their interviews with my support. As a result, the topic guides were all different from one another based on each participant's input (See Appendix X to Appendix XXII). Participants structured the questions in a way that permitted them to discuss their lived experiences in a way that suited their own narrative. The ability to collaborate on the topic guide also served to protect against potential risk of harm, as participants were able to make fundamental decisions around what would and would not be included. In doing so, this meant that those involved did not have to discuss anything that they deemed too traumatic to talk about.

Although the topic guides were semi-structured in nature, the use of different topic guides is comparable to an unstructured interview. Unstructured interviews operate on the basis that researchers do not approach interviews with a specific structure in mind (Zhang & Wildemuth 2017). Instead, the interactions that take place in the participant-researcher relationship guide the research process (Minichiello et al. 1990). In relation to my research, understanding of reality came through the eyes of participants. The social interactions that took place between myself and my participants in preliminary discussions and sessions were facilitated by a collaborative research relationship. This permitted participants to exercise control in the interview content in line with their meanings, emotions, and experiences relative to their accounts of IPV; thus, there were variations in each of the topic guides constructed by participants. Further information on how these topic guides were created can be found later in this chapter.

Whilst I could not uncover any literature around the use of different semi-structured topic guides with participatory methods, I considered the variations in collected data using different topic guides to be similar to data collected through unstructured interviews, which also have the potential to produce variations in data. Therefore, as unstructured interviews can successfully uncover social reality from the participant perspective despite differences in questioning and collected data (Zhang & Wildemuth 2017), I did not view the use of different topic guides as an issue when investigating survivors' lived experiences of IPV. Fortunate to myself as a researcher, the participants who engaged in the research process were very forthcoming about their experiences of IPV. The participants' willingness to share and be open about their experiences meant that there were many similarities and patterns in the topics being discussed, except for events such as engaging with the police and the justice system for those who chose to do so. The main variation in the interviews was rather timing and phrasing of questions, which was not something that presented challenges during the analysis phase.

Participants

Participant Recruitment

Initially I aimed to recruit participants by utilising gatekeeper IPV organisations to access individuals who have lived experience of IPV during the COVID-19 pandemic. However, this presented significant barriers as access to organisations was not possible due to running at full capacity in the aftermath of the pandemic, rendering them unable to support research at this time. To overcome this obstacle, I conducted research into appropriate methods of recruitment for sexual-minority survivors.

Alongside the barriers relative to access, further literature search suggested that sexual-minority/LGBTQ+ individuals are less likely to access mainstream IPV support organisations as they feel these organisations cater specifically towards heterosexual relationships, and therefore believe they cannot provide a suitable service to them (Donovan & Barnes 2020a; O'Halloran 2015; Rogers 2019). Moreover, in the instance that organisations publicise support for the LGBTQ+ community, it has been argued that this occurs when pride events are taking place and it is only one specific worker who is trained in this area for 'diversity' purposes (O'Halloran 2015). Not only this, but LGBTQ+ individuals have expressed that they find it hard to reach out for support for IPV based on public perceptions and stigma attached to their sexuality and gender identity. It has been suggested that they believe that disclosure of the abuse they experience will be met with homophobic and transphobic responses (Ristock & Timbang 2005).

Based on the literature search, alongside seeking advice from other sexual-minority individuals in the community, it became apparent that the initial recruitment process would not be the most suitable approach to access this population as they are less likely to seek institutional support. Rather, research suggests that these people are more likely to seek support from more informal avenues, such as counsellors, therapists, or their peers (Donovan & Barnes 2020a). Thus, as sexual-minority survivors tend to shy away from mainstream support services for the reasons highlighted above, I argue that this makes the research more valuable as it accounts for the lived experiences of a population who typically fly below the radar. Additionally, by engaging with these individuals, recommendations to mainstream organisations can be made based on participants' contributions. This can be used to suggest how IPV service providers can provide an improved service to sexual-minority survivors, especially after a period of crisis like the COVID-19 pandemic.

Social-Media Recruitment

For the reasons highlighted in the above section, the participant recruitment strategy required further thought. As noted previously, the combination of the hidden nature of the LGBTQ+ community and the sensitivity of IPV produces methodological issues (Donovan et al. 2006). Therefore, it was necessary to find the most appropriate means to access this population.

With this community being a hard-to-reach population, it was fundamental that the recruitment strategy used would permeate spaces occupied by these individuals to capture their attention. From further literature search it became apparent that social media would be an effective tool to reach sexual-minority individuals as it infiltrates everyday life, thus making it an effective tool to meet participant eligibility, access hard-to-reach populations, and allow these individuals to have a voice (Gelinas et al. 2017; Littler & Joy 2021; Russomanno, Patterson & Jabson Tree 2019). Additionally, social-media recruitment has been used successfully by previous researchers investigating IPV amongst the LGBTQ+ community, rendering this approach suitable for the research (Barnes 2013; Donovan et al. 2014).

Social media serves numerous purposes for sexual-minority communities who can utilise online spaces in positive ways. Research in this area has suggested that social media facilitates exploration, connectivity, and communication for those who do not identify as heterosexual as they are able to use the digital sphere for identity discovery and expression (Lucero 2017). This is further supported as the exploration into the lived experiences of transgender individuals suggests that there are online spaces for LGBTQ+ individuals to express their authentic selves, seek support, and feel empowered (Cannon et al. 2017). Moreover, it has been suggested that social media supports the 'coming out' process, self-acceptance, and establishment of positive relationships with others (Craig & McInroy 2014). As these spaces promote participation and connectivity for members of this community, this was considered an effective way to recruit participants for the present study.

Participant recruitment commenced in July 2022. To target participants for this research, I created an overarching graphic aimed at the LGBTQ+ community (See Appendix I), as well as specific graphics for different sub-groups of the LGBTQ+ community: lesbians (See Appendix II), gay men (See Appendix III), bisexuals (See Appendix IV), transgender people (See Appendix V), and non-binary people (See Appendix VI). These graphics each served as a 'call for participants' and contained concise information on the research criteria, what the research would involve, a note on remuneration, and a generic email for participants to

express interest to myself. These graphics were posted on Instagram, Twitter, and Facebook in LGBTQ+ private groups to reach the target population. Additionally, with the support of different LGBTQ+ networks and IPV organisations, the posts were shared to generate further interaction from potential participants.

It is important to note that in these adverts, the term 'intimate partner conflict' was used to describe the research topic. This terminology was later reviewed and changed to the term 'intimate partner violence' as reflected in other ethical documentation. I acknowledge that this could be viewed as confusing, however the terms were used interchangeably in this instance and did not appear to cause any feelings of confusion to my participants who were aware of what the research topic was. Had survivors from this community not viewed the terms interchangeably or felt confused by the word choice, this could have deterred them from participation, but this did not present as an issue with my participant sample.

Potential Risks of Social-Media Recruitment

From an ethical perspective, it was important to consider the dual nature of social media as a recruitment tool. Whilst these platforms allow for individuals with sexual-minority identities to express themselves and network with other members of their community and allies, it was fundamental that the risk of harm present in using social media was considered (Cannon et al. 2017).

To minimise the risk of harm – to both research participants and me as a researcher – that could arise by using social media to recruit participants, various measures were implemented. Firstly, I made separate research-specific accounts on Instagram, Facebook, and Twitter so that my private details were not disclosed to the public. The direct messaging feature of these profiles and any public 'reply' features were disabled to safeguard against negative comments or hate speech that could cause harm to other sexual-minority individuals and myself. However, to ensure the process of informed consent, a research-specific email was created for participants to express their interest in the study based on the social media campaigns. Only in the instance that someone chooses to participate were they provided with my institutional email address for communication.

Whilst a generic, research-specific email for the purpose of communication minimises the risk of sexual-minority survivors seeing negative hate comments and hate speech, a risk of harm remained for myself as a researcher. There was the potential that hateful messages could be directed to the email address that is being used for the purpose of initial communication. This had the potential to cause emotional distress, despite anticipating

responses like this beforehand. Fortunately, this did not occur, but arrangements were made beforehand with my supervisory team for emotional and well-being support if it was required.

Screening Process

To ensure that participants were safeguarded, a screening process was implemented during the recruitment phase when participants expressed interest. This process sought to determine whether participants were suitable for the study prior to any engagement with myself as a researcher.

The screening process was created using Jisc, as this is a GDPR friendly approach to participant screening. For a participant to be deemed appropriate for the study, there were set inclusion criteria that had to be met. These criteria were framed as questions and compiled into Jisc's online survey facilities for potential participants to respond. These inclusion criteria are detailed in the 'Sample' section of this chapter. The link to the Jisc survey was provided with the social-media adverts (See Appendix I to VI). Participants were able to express their interest in taking part by responding to the survey. In the instance a participant did not meet a particular criterion for the study, they were notified and subsequently provided with contact details for relevant LGBTQ+ helplines to seek support should they feel necessary through the email they provided as part of the screening process. Those who did meet the inclusion criteria were contacted via the email address they provided in response to the survey to arrange a preliminary chat to decide whether they would like to participate.

Regarding the screening process, there was the possibility that participants could claim to have received support when they had not. Whilst this posed as a risk, the preliminary discussions in the first phase of the research process safeguarded against this possibility through discussions around help-seeking with the participants to establish whether support had been sought. As a researcher, I did not feel that it was appropriate to ask participants for evidence of the support they received as this could be considered an invasion of their privacy. The research aimed to build a solid foundation of trust and rapport between the participants involved and myself, therefore trust was placed in the participants as to what they perceive to be support as all experiences of IPV and help-seeking vary, especially amongst a community that tend to shy away from mainstream services.

As highlighted above, one of the criteria was that the individual had received support in relation to their experience of IPV. This requirement was implemented to minimise the risk of re-traumatisation. This support could be in a formal or informal capacity based on the previously mentioned point that members of the LGBTQ+ community are less likely to

access support from mainstream services for a variety of reasons (Donovan & Barnes 2020a; O'Halloran 2015; Ristock & Timbang 2005; Rogers 2019). For this study, various support avenues were considered alongside IPV service providers, including counsellors, private therapists, peers, family members, and well-being support at educational establishments or from employers.

Sample

To be deemed suitable for the study, participants were required to meet specific inclusion criteria. This criterion required participants to:

- Be 18 years of age or more.
- Identify as LGBTQ+.
- Live or have lived in Scotland.
- Consider themselves to have experienced IPV during the pandemic.
- Have sought formal or informal support for IPV.

The lack of success generated by the initial recruitment process through IPV organisations caused a substantial delay in data collection. The subsequent reliance on social media to recruit participants was a time-consuming process as different participants came across the post at different times. Additionally, I had to wait for IPV organisations and other LGBTQ+ groups to respond to requests to share the post more widely, which in many cases took a substantial period of time. Despite the participant recruitment process taking longer than anticipated due to the hard-to-reach nature of this community, 24 responses came through from the posts shared on social media. The final cohort however consisted of 14 participants who were interviewed about their lived experiences of IPV and subsequent help-seeking during the COVID-19 pandemic. This was because some individuals either did not reply to my initial contact, were not eligible due to geographical location, and in one case, the participant dropped out of the research process mid-way through.

Whilst the desired sample size was achieved, the recruitment process did not produce any participants who identify as transgender, even though I wanted to provide a voice for members of this community. The lack of trans-inclusion – although not direct – draws attention to difficulties in accessing participants from the LGBTQ+ community, who are often hidden (Donovan et al. 2006). Whilst this was an unfavourable outcome, in retrospect it would be more beneficial to explore the lived experiences of transgender survivors of IPV separately because although the LGBTQ+ community is inclusive of the transgender individuals, this does not mean that one size fits all for all individuals who identify as LGBTQ+ (Barsczewski 2020).

The group of participants comprised of individuals between the ages of 20 and 43, with the group being made up of 10 women and 4 men. These individuals came from a variety of ethnic and socio-economic backgrounds and had unique circumstances that influenced their experiences of IPV during the COVID-19 pandemic. Of the 14 participants, 4 identified as lesbian, 6 identified as bisexual, 3 identified as gay men, and 1 identified as pansexual. Participants experienced differing forms of abuse, with the majority of participants experiencing different forms of abuse simultaneously. For a detailed breakdown of the participant characteristics, please see Table 3.1.

Table 3.1: Detailed Breakdown of Participant Characteristics

Name - Pseudonym	Age	Sexual Orientation	Sex	Ethnicity	Geographical Area	Highest Level of Education	Children	Perpetrator Identity	Living with Partner	Type of abuse experienced
Christina	33	Lesbian	Female	Mixed- Race	Urban	Secondary School	No	Bisexual woman	Yes	Physical, emotional, and economic
Jane	20	Bisexual	Female	White	Rural Island	Secondary School	No	Heterosexual man	No	Emotional and sexual
Rachel	29	Bisexual	Female	White	Sub-Urban	College Education	Yes	Heterosexual man	No	Physical, emotional, sexual, and economic
Sarah	29	Bisexual	Female	White	Rural Mainland	Undergraduate Degree	Yes	Heterosexual man	No	Physical, emotional, and sexual
Jacob	23	Gay	Male	Black	Urban	College Education	No	Gay man	No	Emotional, economic
Robert	21	Gay	Male	White	Urban	College Education	No	Gay man	No	Emotional
Cameron	43	Gay	Male	White	Sub-Urban	Postgraduate Degree	No	Gay man	No	Emotional, sexual, and economic
Emma	21	Lesbian	Female	White	Sub-Urban	College Education	No	Lesbian woman	No	Physical and emotional
Claire	25	Pansexual	Female	White	Rural Mainland	Master's Degree	Yes	Heterosexual, transgender man	Yes	Physical, emotional, economic
Lauren	29	Bisexual	Female	White	Urban	Undergraduate Degree	No	Lesbian woman	No	Emotional
Amelia	22	Lesbian	Female	White	Sub-Urban	Undergraduate Degree	No	Lesbian woman	Yes	Physical, emotional, and economic
Alexandra	26	Bisexual	Female	Black	Rural Mainland	Undergraduate Degree	No	Lesbian woman	Yes	Physical, emotional, sexual, and economic
Kieran	22	Bisexual	Male	White	Urban	Secondary School	No	Heterosexual woman	No	Physical, emotional, and economic
Katherine	25	Lesbian	Female	White	Urban	Undergraduate Degree	No	Bisexual woman	Yes	Physical and emotional

Remuneration

Based on the nature of the research, participants involved in the study were provided with a token of appreciation for their involvement and time. Participants were remunerated as they were given a £20 online Love2Shop voucher upon completion of data collection. This voucher was selected as it allowed for participants to execute choice in where they spend the voucher based on the wide range of retailers that collaborate with Love2Shop.

As my chosen methodology employed a participatory element, the data-collection process required more of a participant's time in comparison to traditional data-collection methods. Participants played a fundamental role in the co-construction of knowledge as they supported me to shape topic guides to suit their own circumstances. This meant that participants were meeting with myself multiple times before data collection was conducted; therefore, it seemed fair to provide participants with a token of appreciation for their efforts. Additionally, it has been recommended that participants should be compensated in IPV research due to the sensitivity of the issue, as this topic can be taxing to discuss, in both a physical and emotional capacity. Therefore, compensation for participation demonstrates respect to those who take part and recognises their willingness to discuss such a sensitive and difficult issue (Sullivan & Cain 2004). Remuneration has been successfully used in previous research around IPV (Hartman et al. 2018; Soler, Vinayak & Quadagno 2000; Weiss et al. 2018); therefore, it seemed appropriate for my research.

Participants were made aware prior to their participation that they would be remunerated. This was detailed on the call for participant posts, which can be seen in the appendices. However, the call for participants did not focus on this incentive being central to participation to safeguard against individuals volunteering on a monetary basis. Moreover, the financial amount of the token of appreciation was not one that would undoubtedly influence an individual to take part for financial gain (Sullivan & Cain 2004; University of Toronto 2019). The funding for the remuneration was allocated by the university and posts were approved prior to being released into the public domain.

Procedure

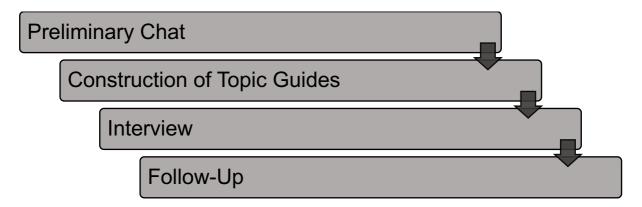


Figure 3.1: Diagram showing phases of the research process

The use of a participatory element for data collection meant that the research process consisted of four different phases. The first three of these phases consisted of three separate meetings to prepare for and conduct data collection: a preliminary chat, construction of a topic guide, and finally the interview itself. The separation of each of these instances served as a safeguard so that participants were not tasked with the creation of research instruments and subsequent discussions around traumatic experiences in one sitting or for a prolonged period. Whilst each meeting was separated, the full process varied in duration across participants according to their own preferences and availability. However, the research process predominantly took place over a one-week timeframe. A further interaction took place for some of the participants as they provided feedback on the process, mainly by email.

Preliminary Chat

Prior to the first phase of the research process, participants were presented with a participant information sheet (see Appendix VII) to ensure transparency that established rapport and trust (Dunscombe & Jessop 2012). The first phase consisted of a preliminary chat which served as an introduction to the research and what it would involve. Emphasis was placed on shared ownership of data collection. Participants were informed of their active role in the creation of research instruments. With this information, the preliminary discussion established participants' willingness and ability to participate in the research. My positionality was also established during this stage, so that participants were aware of my personal stance in relation to their identity and experiences. Allen (2010) highlights that 'insider status' is often considered valuable in research amongst sexual-minority groups based on the notion of shared identity, however this will be reflected on in detail later in this chapter.

Construction of Topic Guides

A second meeting was arranged with participants who indicated a willingness and ability to participate during the preliminary chat and had provided a signed consent form (see Appendix VIII). This meeting was centred around the construction of research instruments used for data collection. Participants led this session with my support as they were encouraged to make fundamental decisions around what questions would be included in the topic guides for the qualitative interviews. This process was completed on the participant's platform of choice, while I typed up the topic guide using screensharing facilities. During this time, they were able to set clear boundaries about areas that they deemed too traumatic to discuss and therefore should not be included in the topic guide.

The process commenced with creating a basic framework of subjects to be discussed, with each participant giving their input of the order of topics. Their chosen order allowed them to tell their own stories with a natural flow and in chronological order if they deemed this necessary. The frameworks created during this stage displayed consistencies across all participants, as all participants indicated a desire to discuss the nature of their relationship, their experience of the pandemic, and their experience of help-seeking. Outliers in discussion were mostly evident across the three participants that decided to engage with the police and the justice system as part of their help-seeking behaviour. Given that one of the aims of this research was to make recommendations to policy and practice, participants were asked whether this is something they would like to discuss as part of their interviews, however not all opted to do so.

Once the basic framework was established, relevant questions were suggested by the participants according to their own circumstances in the wording they preferred. I supported participants in the construction of these topic guides, as I aided the creation of open-ended questions that promote rich data collection and supported word choice where participants were uncertain. In line with this, I sought consent from participants around the use of probing questions where necessary during the interviews to further promote participants' ability to tell their stories effectively. When participants were satisfied with the questions, they were sent a copy via email to review prior to the interview in case they wished to make any amendments and to prepare for data collection.

Interview

As stated previously, interviews took place on Teams or Zoom according to participant preferences. The time of the interview was decided by participants according to when they

could have a safe space for the discussion to take place. The interviews ranged between 45 minutes to an hour in length and the recording facilities on these platforms were utilised for transcription purposes. Although consent has been granted through ethical documentation, I sought verbal consent from the participants at the beginning of the interview. Participants were also made aware that they could pause or take a break if they needed, however all participants completed the interview in its entirety without opting to do so.

These interviews followed the topic guides created by the participants during the participatory process, and probing questions were utilised with participant's consent if further clarification was required. A process of ongoing consent and regular well-being checks were maintained throughout data collection to ensure participants safety and well-being were considered with utmost importance. To conclude, the interviews ended with an open-ended question that allowed participants to add anything further to the interview should they wish to do so. Once the recording was terminated, a final verbal well-being check was conducted with participants to establish their feelings. A debrief form (see Appendix IX) was also provided to participants after the virtual interview with contact details of relevant hotlines they could utilise should they feel distressed.

Follow-Up

Approximately one week after the interview, a follow-up check was carried out for safety and well-being purposes to establish how participants felt after data collection. This follow-up included information about remuneration as participants were provided with vouchers as a token of appreciation for their participation. For those participants who did not give verbal feedback on how they felt the process went, feedback was sought so I could gather a sense of how beneficial participants found the participatory element to be. This feedback is reflected upon later in this thesis.

Data Analysis

Transcription of each of the interviews took place relatively quickly after each of the interviews were complete, as I used the audio recordings to make any amendments to the transcript files that were an output of the Teams or Zoom built-in facilities. However, I did not commence data analysis until data collection was completed in its entirety. As noted earlier in this chapter, although my research employs a participatory element as central to the methodology, data analysis was not a collaborative process due to the importance that is placed on participant safety.

Reflexive Thematic Analysis

The analytical approach I opted for to analyse my research data was reflexive thematic analysis. The origins of reflexive thematic analysis viewed this approach to data analysis to be rather generic; however, in light of the work of Braun and Clarke (2006; 2019; 2021a; 2021b), this method has become much more established.

Despite thematic analysis being an extensively used analytical approach, what it lacked was clear instruction and direction for researchers using this method. To fill this gap, Braun and Clarke (2006) published an article around using thematic analysis in psychology, which is arguably the most definitive reference point for researchers. This paper set out a six-phase approach to data analysis, in which researchers navigate through each phase, often returning to previous phases throughout the process in the endeavour to establish key themes central to their research (Braun & Clarke 2006). These phases have been rearticulated over time, with the most recent phases being outlined as follows:

- Phase One: Data familiarisation and writing familiarisation notes.
- Phase Two: Systematic data coding.
- Phase Three: Generating initial themes from coded and collated data.
- Phase Four: Developing and reviewing themes.
- Phase Five: Refining, defining, and naming themes.
- Phase Six: Writing up (Braun & Clarke 2021a).

Braun and Clarke (2006) suggested that researchers do not have to abide by these phases in a linear fashion. They rather reiterate that earlier phases of data analysis should be revisited in their later articles (Braun & Clarke 2021a). Essentially, this process supports the development, analysis, and interpretation of qualitative data to produce overarching themes that inductively or deductively meet research aims and objectives (Braun & Clarke 2019; 2021a; 2021b). These themes are generated from both semantic and latent coding, with semantic coding referring to more obvious, descriptive messages that are more surface level in nature, and latent coding penetrating this surface to uncover more concealed messages that interpret the data on a deeper level (Bryne 2021).

As Braun and Clarke (2019) have addressed the shortcomings of their initial explanation of thematic analysis, they have drawn on a more specific idea of reflexive thematic analysis. Where they have traditionally labelled this analytical process as 'theoretically flexible' (Braun & Clarke 2006), this has been replaced with the idea that reflexive thematic analysis is 'theoretically informed', as data analysis is constrained by ontology and epistemology, and must align with methodological decisions. With the nature of my research being rooted in the

qualitative realm, reflexive thematic analysis therefore is employed due to its suitability to analyse transcribed qualitative data corpus. Moreover, this analytical approach views social reality from a subjective perspective, which aligns with my relativist and interpretivist ontological and epistemological positions (Braun & Clarke 2013; 2020b). Ultimately, this is rooted in the feminist standpoint and methodology central to my research; therefore, in the context of my research, reflexive thematic analysis is constrained by my philosophical position and feminist methodology.

My role as a researcher required me to play an active role in the construction of themes that captured the subjective truths of my participants, as Braun and Clarke (2019) suggest that themes do not simply emerge. Rather, I was required to meticulously analyse the data to draw out underlying messages that could be developed and constructed into themes (Braun & Clarke 2019; 2020b). At the beginning of the analytical process, I ensured to familiarise myself with the interview data, noting down any thoughts I experienced during this time. From here, I used NVivo to systematically code my data, with some of the codes being semantic and others being latent.

From the coded data, I constructed themes that aligned with my research aims and objectives, moving between stages of coding and development to ultimately refine, define, and label themes. The final themes were predominantly inductive, as they met the research aims and objectives based on the ideas and experiences that surfaced in the raw data, rather than my preconceived ideas as a researcher (Joffe 2012). However, as advocated by Braun and Clarke (2006), research aims and objectives were not met in an explicitly inductive manner, as important theoretical concepts, like heteronormativity, shaped many of the final themes. Joffe (2012) contends that this approach to data analysis can be viewed as good practice that can produce analysis of a high standard.

Throughout this process, I had to ensure that I remained reflexive to assure the quality of my research, as I recognise that qualitative data analysis can be swayed by bias. This is because researcher subjectivity is central to data analysis; therefore, in order to assure the quality of qualitative data, I had to reflect on my role and positionality as a researcher in line with the process of data analysis (Braun & Clarke 2023). Later in this chapter I draw on reflexivity as it is central to this method of data analysis and capture my own thoughts around the role I played as data analysis unfolded.

Ethics

The sensitive and deeply complex nature of IPV requires ethical considerations to be made a priority from the outset of the research process. To enable a sociological exploration of the subject as outlined by the research aims and objectives, I was required to give close and

thoughtful consideration to ethics. The inclusion of IPV survivors can present serious risks if not approached appropriately; thus, the safety and well-being of these individuals – who are exceptionally vulnerable – must be handled with paramount importance to ensure the integrity of the research (Israel 2015). To ensure ethical robustness in my research, I complied with both the guidelines set out by the British Sociological Association (2017) and Scottish Women's Aid (2020). This approach allowed me to consider ethics from both an academic and practitioner's perspective.

British Sociological Association

Given the sociological context of my research, compliance with the standards outlined in the British Sociological Association (2017) was fundamental. These guidelines were used as a basis for my research, with a further, more detailed development to my ethical approach being guided by the framework set out by Scottish Women's Aid (2017).

Relative to professional integrity, I sought to uphold the best interests of those involved and affected by my research. Although an innovative approach to data collection was used, data-collection methods were designed in a way that was both achievable, given my skills as a solo researcher, and appropriate for my research participants given the nature of their experiences. The approach sought to foster a positive relationship with research participants, which placed the utmost importance on their overall well-being and was based on a foundation of trust and integrity. Furthermore, the anonymity, confidentiality, and informed and ongoing consent of participants was maintained throughout the research process. Furthermore, the chosen approach served to minimise the risk of harm for research participants, especially given the sensitive nature of the research topic. Special attention was placed on the anonymity and confidentiality of participants as well. Further detail on each of the guidelines set out by the British Sociological Association (2017) is explored in the next section relating to the Scottish Women's Aid (2020) Research Integrity Framework given the overlap between the two guidelines.

The British Sociological Association (2017) emphasises the importance of data storage when conducting sociological research. Storage of interview data was in compliance with RGU's Information Governance Policy (Robert Gordon University 2022a). All documentation and data concerned with the research was only accessible to me. This included signed consent forms, audio recordings, and interview data and transcripts. As per university policy, all confidential information and documents were transferred and stored on my online university storage drive protected by an institutional firewall. Audio recordings of the interviews were only obtained for the period that they served a purpose and were disposed of after transcription had taken place. Transcripts were anonymised using pseudonyms so

that participants could not be identified. Only anonymised transcripts were utilised for data analysis facilitated by NVivo.

Research Integrity Framework

As the research was conducted in a Scottish context, my research adhered to Scottish Women's Aid's (2020) Research Integrity Framework to ensure best practice. Although not an academic source, their approach to research was deemed valuable for the purpose of my research due to the hands-on experience they have working with survivors of IPV. In addition, despite Women's Aid being organisation aimed towards violence against women and girls (Scottish Women's Aid 2022a), the framework itself adopts an intersectional approach. Therefore, whilst literature suggests that sexual-minority survivors tend to evade mainstream IPV organisations (Donovan & Barnes 2020a; O'Halloran 2015; Rogers 2019), I still deemed this framework appropriate in the context of my research due to the value it places on intersectionality; thus, making it relevant to my choice of participants.

The Research Integrity Framework (Scottish Women's Aid 2020) is comprised of five pillars that set out to improve research in the field of IPV. These pillars consist of:

Pillar One: Safety and Well-Being.

• Pillar Two: Transparency and Accountability.

Pillar Three: Equality, Human Rights and Social Justice.

• Pillar Four: Engagement.

Pillar Five: Research Ethics.

To address my research aims and objectives in the most ethically robust way, I paid close attention to the guidelines set out by this framework, as I ensured that my research complied with each of the five pillars.

Safety and Well-Being

Pillar one of the Research Integrity Framework is concerned with safety and well-being (Scottish Women's Aid 2020). This pillar centres around the principle that no party involved in the research process should face harm. With the research matter being one that involved the discussion of distressing experiences of IPV, I was aware that this could have unfavourable outcomes for participants as they recall traumatic events that in turn could jeopardise their safety and well-being. However, where navigated appropriately, the right safeguards and measures can support research around the realities of vulnerable groups in society if it is conducted in an ethical manner (Liamputtong 2007).

Do No Harm

My choice of methodology served to minimise the risk of potential harm for participants. Guided by the notion of 'do no harm', I recognised that discussions into individuals' experiences of IPV could be harmful if not approached mindfully. However, in line with the Research Integrity Framework (Scottish Women's Aid 2020), whilst discussions around this issue could be distressing for participants, beneficence ensured that the benefits of the study outweighed the negatives as my research aimed to make recommendations that benefit participants and those from the same community in the long-term (Ellsberg & Heise 2002).

Preliminary conversations and later sessions centred around collaboration of interview materials created room for important discussions around the research process and what it would entail. During these interactions, well-being checks were consistently executed as participants set clear boundaries on what topics were up for discussion, and what topics should be avoided. These sessions facilitated the creation of interview topic guides, which served to create a safe space for participants and safeguard them against the risk of harm.

Although participants played the role of an active agent at this stage of the research process, this did not eliminate the risk of harm altogether as there was potential for participants to become distressed during the interview stage. I ensured participants were aware of their right to withdraw should they become distressed during the interview phase, without having to give reason. Withdrawal from studies is made easier using virtual methods as participants can simply disconnect from the interview if they do not feel comfortable (Lobe, Morgan & Hoffman 2020); therefore, this supported my choice to use virtual data collection. However, all participants that made it to the end of the research process completed interviews without withdrawing. Further feedback on participant reflections on the process can be found later in this thesis.

Managing Participant Distress

As the research is centred around sensitive discussions of IPV, it was important to consider the emotional impact this could have on participants as they recall traumatic events (Finkelhor, Hotaling & Yllo 1988). Therefore, considerations were made from the onset on how to manage participant distress. From the beginning of the research process, all participants were provided with the contact details of relevant helplines that they could use at their disposal in the instance that they felt distressed. Although no participants in this study indicated that they utilised the hotlines provided, this provided the option to engage with a professional who is trained in this area (Ellsberg & Heise 2002) as therapeutic support is not an area in which I am qualified.

To further safeguard the potential of distress, participants were made aware that they could take a break or terminate the interview altogether if they became too stressed or overwhelmed by the process as safety and well-being was deemed as a priority over data collection. Again, this was not something that occurred in this research study, but participants were made aware of their options nonetheless.

Confidentiality and Anonymity

Concerned with the right to privacy, pillar one also highlights ethical concerns around confidentiality and anonymity (Scottish Women's Aid 2020). Researchers should ensure they maintain ethical practice in this area throughout the research process so that participants are protected (Coffelt 2017). Whilst anonymity and confidentiality both relate to participants' right to privacy, they are distinct concepts that employ different measures to achieve this (Blaikie & Priest 2019; Wiles 2012).

In the context of research, confidentiality ensures that researchers abstain from sharing content that could make a participant identifiable; thus, researchers have a responsibility to undertake processes that prevent the disclosure of participants' identities to maintain their safety (Wiles 2012). Such processes include the secure storage of data as highlighted by Scottish Women's Aid (2020), as all relevant documentation was stored in compliance with Robert Gordon University's (2022a) Information Governance Policy as noted above. However, there are limits to confidentiality that must be accounted for, as researchers have a duty of care to protect participants. Therefore, confidentiality cannot be guaranteed should a participant indicate that they are at risk of harm (Wiles et al. 2008). Information around confidentiality, including its limits, was included in the participant information sheet given to participants so that they were aware of this and could make their own decisions around participation based on this knowledge.

Anonymity further ensures that confidentiality is maintained as it conceals the identities of those involved so that their identities nor any identifiable characteristics are released into the public sphere (Wiles et al. 2008). This process was facilitated using pseudonyms in both transcripts and research findings to inhibit identity disclosure (Allmark et al. 2009; Wiles et al. 2008). The pseudonyms used to censor participant names are detailed in Table 3.1. However, as evident in this table, I did collect demographic data from participants to promote understanding around their circumstances. As this information was merely collected to provide information, this arguably does not raise any privacy concerns (Coffelt 2017).

One point that is highlighted in the Research Integrity Framework is that participants' names can be disclosed should participants explicitly state that they desire to do so (Scottish

Women's Aid 2020). Whilst Braun and Clarke (2013) suggest that anonymisation can inhibit participants' ability to have a voice, the nature of the research meant that identity disclosure could put participants in a dangerous position as it was concerned with IPV; therefore, participant safety was prioritised. However, all participants in this study expressed their desire for confidentiality and anonymity so this issue did not arise. Had a participant stated that they wanted to use their own name, to ensure both consistency and the safety of participants, I would have explained that this would not have been appropriate given the nature of the research topic.

Risks to Researchers

Whilst I have demonstrated how I approached ethical concerns around safety and well-being for participants, it was crucial that my ethical approach took my own safety and well-being as a researcher into consideration too. With the nature of IPV lived-experience research being intertwined with heinous accounts of abuse and trauma, this creates a further potential risk for researchers (Ellsberg et al. 2005). Data collection in this field is arguably a challenging and emotionally taxing experience because researchers can become overwhelmed as they listen to first-hand accounts of IPV. Moreover, this risk can be further compounded in the instance that a researcher has experience of IPV themselves (Ellsberg & Heise 2002; Fraga 2016).

The Research Integrity Framework also recognises this increased risk that researchers have experience of IPV themselves due to the high prevalence of this issue in contemporary society (Scottish Women's Aid 2020). This was a point that I resonated with as a survivor of IPV myself, therefore the nature of my research arguably hit close to home. Whilst there is no denying that I carry my experience with me every day, I have had support from numerous services that has enabled me to manage my feelings around my experience. This is something I carried into my previous appointments as a research assistant, as these opportunities have provided me with valuable skills that helped me compartmentalise my own feelings in the exploration of this issue. Therefore, whilst the content of the interviews with participants were upsetting to listen to, my recovery journey and previous research experience have prepared me for discussions that may arise when researching IPV, and furthermore supported my ability to conduct research in this area to strive for positive change for other survivors. Despite this, I maintained regular contact with my supervisory team throughout the research process. This ongoing contact served to minimise the risk of harm to myself further as I had a consistent means of support throughout the data-collection process through which I could off-load my own emotions when required.

Transparency and Accountability

Scottish Women's Aid (2020) stress that researchers have a duty to be transparent and must take accountability for the decisions they make throughout the research process. In line with this, I have provided an honest and open account throughout this thesis that incorporates all the decisions I made relative to the research. This transparency and accountability extended beyond writing up, as I adhered to an ongoing process of informed consent for participants.

It was crucial that participants were able to give informed consent that demonstrated their understanding of the research in relation to what it was about, the purpose of the research, and how it would be utilised (British Sociological Association 2017). Participants were provided with a participant information sheet and consent form prior to their participation to adhere to the process of consent. This documentation further included information on potential risks, limits to confidentiality, and their right to withdraw to promote transparency. Having this information from the beginning allowed participants to make an informed decision around their participation (Bryman 2016). It has been argued that 'informed consent' suggests that the process of gaining consent has been fulfilled (Bryne 2001); however, this should not be a one-off occurrence (Miller & Bell 2002). Rather a process of ongoing consent was adopted consistently throughout the duration of the research as a safeguarding measure.

The participatory element of this research facilitated the process of ongoing consent, as my methodological decisions were driven by the desire to allow participants to shape the nature of data collection. The goal of this was to ensure participants felt as comfortable and as safe as possible, with consent being a central concept in participatory sessions. Collaboration between participants and myself was driven by what participants consented to being included in topic guides. In this time, I maintained regular checks to establish if participants continued to be satisfied with the research process.

Although the participatory element of my research created pre-established topic guides, all participants consented to the use of a semi-structured interview format to support them in telling their stories. This created the potential for conversation to arise that was not anticipated beforehand (Braun & Clark 2013). In the instance that research tools, like probing questions, were used in the interviews, I ensured that I sought consent from participants before continuing the discussion. This served to account for any risks of retraumatisation if participants did not want to develop further and gave them the option to decline further discussion in this instance.

Equality, Human Rights and Social Justice

In line with pillar three of the Research Integrity Framework, my research aims and objectives were centred around equality, human rights and social justice. Central to my research was the notion that the sexual-minority survivors should be granted scholarly attention, as I aimed to provide them a voice to discuss their experiences of IPV in an area where the public story and 'perfect' victim narratives often contributes to further marginalisation and oppression of this community (Donovan & Hester 2014; MacDowell 2013).

As my research was underpinned by feminist values, this aligned with the recommendations of the Research Integrity Framework which advocates participant empowerment in the endeavour for equality and social justice (Scottish Women's Aid 2020). My use of a participatory element sought to create a sense of empowerment for participants facilitated by their involvement in the research process (Letherby 2003). This flexibility around data collection was driven by feminist principles that value context in the exploration of social reality (Fine & Gordon 1989). Although participants all possessed a sexual-minority identity, this did not mean that homogeneity would extend to their experiences of IPV, as other intersectional factors, power dynamics and inequalities shape the nature of IPV and subsequent research findings (Scottish Women's Aid 2020). Therefore, participants were given the power to create research questions that capture the contextual factors they hold central to their own stories, making them active agents in the co-construction of knowledge and future recommendations concerning their community.

Engagement

Pillar four of the Research Integrity Framework stresses the value of engagement in the realm of IPV research (Scottish Women's Aid 2020). As my research was intertwined with individuals' personal accounts of IPV, a collaborative approach was implemented so that the knowledge produced was concerned with the needs of individuals who have been directly impacted by this issue. This process is discussed in detail earlier in this chapter under the Procedure section, as participants played an active role in the research process by developing interview topic guides. However, what the Research Integrity Framework highlights is the need for researchers to strike a balance between creating a safe research space and positive participant experience, whilst navigating the risk of harm (Scottish Women's Aid 2020). This relates back to the first two pillars of the framework, as I ensured my research considered participant safety and well-being with paramount importance, while remaining transparent about the process and what it would consist of.

Research Ethics

As highlighted above, research surrounding IPV fosters numerous ethical issues that must be accounted for. In line with pillar five of the Research Integrity Framework, I sought mandatory ethical approval from my university's ethics committee in line with their Research Ethics Policy (Robert Gordon University 2022b). This mandatory review process ensured that my research had made all necessary ethical considerations around impact, procedures, and research quality. I provided the ethics committee with a self-assessment of my research approach centred around the ethical considerations highlighted in this thesis, along with all necessary documentation that supported my proposal. Additionally, ethical approval was sought in light of any developments in my research. For instance, my proposed change to participant recruitment that is highlighted in the methodology chapter required me to undergo ethical review again to ensure this new approach did not present any ethical concerns. Any changes or further considerations highlighted by the committee were revised in line with their suggestions prior to commencing data collection.

Reflexivity

Processes of reflection are a core aspect of qualitative feminist research (Ackerly & True 2008); thus, it was important that I maintained this process throughout my research in line with my feminist position. Researcher reflexivity refers to the awareness exhibited by researchers in relation to the research they are conducting. This awareness considers the research process as it accounts for how the researcher and the research affect one another in a reciprocal manner (Alvesson & Sköldberg 2000). Therefore, feminist researchers are required to reflect on their own positions to promote an understanding of their personal views and views of those around them (Letherby 2003). This is essential as research outcomes are not limited to the voices of those who participate (Reinharz 1992). Rather, these voices are intertwined with researcher input, as it is the researcher who interprets and analyses the data, and ultimately decides what transcript excerpts are utilised when writing up.

As mentioned at the beginning of this chapter, my intention was to provide a reflexive account of how I approached my research in line with the subjective nature of lived experience research. This reflexivity extends beyond a narrative account of how the research was conducted, as I consider my own personal reflections on my approach to data collection and data analysis, my position in relation to the research topic, and reflect on participant feedback as well.

Personal Reflections

Approach to Data Collection

The decision to use a participatory element required me to think reflexively about my role as a researcher in line with my pledge to participation and engagement with participants (Reid & Frisby 2011). There is no denying that as a researcher I had pre-existing ideas around my research, how it would unfold, and what the desired outcomes would be. However, this was something I had to distance myself from so that the knowledge generated from my research emerged from collaboration with my participants, rather than what I desired. Whilst literature offers knowledge on the characteristics of feminist participatory action research methods and its desired outcomes (Godden et al. 2020; Johnson & Flynn 2020), what it lacks is explicit procedural guidance for researchers on how to physically carry out this approach. Subsequently, the research process was an ongoing learning experience for me, especially as a new researcher.

My established experience as a researcher prior to this point was centred around predetermined topic guides in which I played a role or had full control of the questions that were being presented to participants. With the participatory nature of this research, this was something I had to accept was not within my control as it was up to participants what they deemed important to discuss. This was an internal struggle as I had specific areas that I wanted to focus on; however, if I were to force my suggestions onto participants, then this would negatively impact power dynamics emphasised in feminist research by prioritising my desires over participant needs. Therefore, I had to accept that whilst I could not control what participants prioritised as important and therefore included in their topic guides, what I could do was use my instincts to support participants in telling their stories, explain the process effectively, and provide guidance on how to phrase questions if they were uncertain.

Although I had initial anxieties around the process prior to embarking on the research journey and whether it would be successful, I do truly believe that the chosen methodology was beneficial in the exploration of IPV. With the subject being so sensitive and personal to those involved, I valued the needs of my participants as paramount. By prioritising participants in the co-construction of knowledge and valuing them as equal to myself as a researcher in the creation of topic guides, this generated a rich amount of knowledge, including areas that I had not considered initially. Moreover, the feedback I got from my participants upon completion of data collection really reiterated the benefits of using a participatory element for the reasons highlighted later in this section. This consolidated for

me that although my research was personal in the sense that it supported my educational development, it was truly about the survivors involved and held them at its core.

Reflexive Thematic Analysis

As noted earlier in this chapter, I decided to analyse my data through reflexive thematic analysis, using the guidelines set out by Braun and Clarke (2006; 2019; 2021a; 2021b) to do so. Throughout this process, I had to ensure that I remained reflexive to assure the quality of my research, as I recognise that qualitative data analysis can be swayed by bias. As noted earlier in this chapter, my approach to data analysis was predominantly inductive, yet incorporated deductive elements. Where research aims and objectives were outlined in the initial stages of the research process, I recognised that data analysis would not be exclusively inductive, as my research aims and objectives were informed by existing literature and intended to fill gaps in academia. Moreover, important theoretical concepts shaped participants' experiences and were subsequently considered during analysis. Although these concepts were considered, to ensure thematic data analysis primarily constructed themes from the raw data, I made active efforts to navigate away from my own personal biases and assumptions. This was facilitated by a process of revisiting interview data on various occasions to promote new ideas emerging at different times, as well as ebbing back and forth through different phases of data analysis outlined by Braun and Clarke (2021a).

During the process of data analysis, I recognised some difficulties I faced when it came to coding. The subjective self-awareness I maintained as part of continuous reflexive practice facilitated my ability to identify this personal issue, as I noticed that I found it relatively easy to identify sematic codes; however, when it came to latent codes, this was more of a challenge. Subsequently, this was something I explored as part of my reflexive practice.

Being a survivor myself, I find that I have repressed a lot of the emotions and meanings I attach to my own experience of IPV. Subsequently, this difficulty extended to data analysis, as when it came to delving below the surface of the experiences of some of my participants, I found it hard to think analytically about the more hidden messages. To overcome this, I ensured that I allocated a significant amount of time to data analysis so that I could really consider, explore, and uncover the messages that were beneath survivor's contributions to the research. By alleviating the pressure of completing data analysis in a rigid timeframe, this enabled me to revisit the various phases outlined by Braun and Clarke (2006; 2021a) to develop themes that truly captured what the participants were saying. Moreover, the allocation of more time served as a protective measure for myself as I resonated with survivors' experiences and messages on a personal level.

Positionality

Beyond the practicalities of carrying out the research, feminist research places importance on researcher positionality and the influential role this plays in the research process (Potts, Kolli & Fattal 2022); therefore, I was required to consider who I am in relation to my research topic (Herr & Anderson 2015).

Positionality is concerned with how researchers are situated in relation to their research because their stance influences every aspect of the research process (Coghlan & Brydon-Miller 2014b). Consistent with this, identity plays an integral role in research as it shapes the researcher-participant relationship (Corlett & Mavin 2018). In the realm of qualitative research, established debates exist around researcher positionality, specifically around 'insider' or 'outsider' status (Bridges 2017; Chhabra 2020). The insider position is assumed where researchers carry out research on a population that they are a part of and subsequently possess a shared identity with (Asselin 2003; Kanuha 2000). As a lesbian and a survivor of IPV, I possessed an insider status in relation to my research and participants. I presented participants with this information prior to any interactions as it was included on the information page at the beginning of the screening process.

With my research aims and objectives being centred around such a sensitive subject, this guided my decision to disclose my shared identity to participants. In doing so, this provided them with knowledge around where I was situated in relation to their identities and experiences. Whilst the debate around insider and outsider researcher status is an ongoing one, it has been suggested that an insider positionality is valuable for research around sexual-minority individuals (Allen 2010). There are various reasons for this, such as increased likelihood of acceptance, pre-established trust and rapport through shared identity, and increased willingness to share based on commonality (Dwyer & Buckle 2009).

Prior to data collection, I was aware that disclosure of my sexual identity could increase the likelihood that survivors would engage with my research, however this was not my main motivation for disclosure. In my eyes, disclosure of my sexual orientation aimed to create a safe environment for participants in which they felt free from judgement based on a mutual understanding and empathy, whilst assuring participants that my research did not intend to harm the reputation of their community. This disclosure did appear to be beneficial from the feedback from participants after data collection, as one participant said: "There is something about talking about this with someone who understands that makes me feel a relief."

Given that positionality can influence and shape all stages of the research process (Holmes 2020), I had to be mindful of the ways that my insider position influenced how the data was

generated, analysed, and interpreted. Holmes (2020) argues that, adopting a reflexive approach, researchers should acknowledge and take the time to understand how their position shapes their research, rather than trying to eliminate their impact altogether. Being an insider with lived experience of the research topic played a role in how my data was generated. As a survivor myself, I have often found myself in scenarios where my story is bound by the context of who I am disclosing to, rather than being able to freely explain my own narrative. Correspondingly, I wanted survivors in my research to be able to have autonomy in telling their stories of IPV based on their personal experiences. The innovative approach I took to data generation was therefore influenced by my experience, with the process giving sexual-minority participants the power to frame interview questions in their own way, with the intended consequence that they would not feel bound by constraint as I had previously.

Despite the influence my insider status had on how data was generated, the chosen data-collection method helped to safeguard against my positionality shaping what data emerged from the interviews. As acknowledged above, I had pre-existing ideas of topics I would like to cover in my research, especially given my personal experiences related to the research topic. Designing the topic guides based on what I personally wanted to know would have allowed me to specifically explore these areas with participants. However, to ensure my own preferences did not influence the content of the interviews, I employed an approach where it was shaped by a collaborative process between myself and my participants, in which they designed their own topic guides according to their own unique set of circumstances and what was relevant to them.

I had to also take care that my own subjectivity and opinions did not impact the ways in which I responded to participants upon disclosure of their experiences. In discussions with participants – both during the creation of topic guides and their interviews – I worked to remain as neutral as possible and not react in either a positive or negative manner according to the choices they made. Holmes (2020) emphasises the importance of researchers' engagement with self-assessment, suggesting that consideration of one's own views is fundamental in reflexive practice. In my own process of self-assessment, I identified discussions around the police and the criminal justice system as potential triggers for myself and therefore worked to remain as objective as possible in analysis and writing up.

Because of my own decision-making about reporting to the police, I took extra care to be as objective as possible whilst coding transcripts, working to generate codes that aligned with exactly what participants were saying. This careful approach extended to writing up, as I paid close attention to the exact messages being communicated my participants. By

remaining conscious of my own feelings in this area throughout this process, I was able to separate myself from my personal bias and prevent this from surfacing in my findings.

Although O'Connor (2004) contends that an insider position is advantageous based on prior knowledge and contributes to increased reliability in data interpretation, there is a potential risk that interpretive ability is reduced because of familiarity. Correspondingly, I had to consider how my own identity and experience could lead to oversights as I interpreted my data. I shared a common ground with my participants in terms of sexual-minority identity, experience of abuse and even gender where I was talking with women. Subsequently, there was the potential for me as a researcher to make presumptions about what participants were saying based on shared knowledge and experience. Regardless of similarity, I remained conscious that this did not mean I had an automatic understanding of their experience, as insider status does not equate to complete understanding between all parties (Rasmussen 2006). Furthermore, IPV unfolds and manifests in different ways on an individual basis, with no two people experiencing IPV in the exact same way as other aspects of identity play a fundamental role in lived experience, hence the consideration of intersectionality.

To minimise the influence of my positionality as far as possible, I tried to conduct myself in interviews as if I had no prior knowledge of the research topic, asking probing questions, with the consent of participants, to seek clarification and gather further detail, even if I had knowledge of what the participant was talking about. By asking such questions, this minimised the likelihood of personal presumptions about how a participant was impacted or how they felt. This was especially important considering that one of the main critiques of insider positionality is that research participants may not articulate information if they feel that a researcher has knowledge of it already (Holmes 2020). During analysis and writing up, I paid considerable attention to elements of similarity between my personal experience and those of participants, taking the time to thoroughly analyse what they were saying and feeling rather than projecting and associating my own experience with theirs.

Participants' Reflections on the Research

Before I delve into the findings and discussion concerned with my research aims and objectives, I feel that it is important to reflect on participant feedback around the research process and their own participation. As highlighted throughout this chapter, the nature of IPV research presents numerous risks of harm that could jeopardise the safety and well-being of participants. However, the chosen methodology served to minimise this risk using a research approach that reaps the most beneficial outcomes for those involved.

As mentioned earlier in this chapter, feedback was provided by participants on a voluntary basis as they reflected on their own participation and feelings around the research. Based

on the nature of the research topic, what I had anticipated was that participants' reflections would revolve around the difficulties that surround discussions of IPV. However, what I did not expect was that the feedback would be overwhelmingly positive. At the core of this feedback was that participants felt seen and heard, which aligns with one of the principle aims of this research which intended to provide a voice for sexual-minority survivors who are often marginalised in research. One participant stated:

Being a participant discussing these issues actually made me feel seen/heard in the situation I went through with being part of this community experiencing domestic violence. It is not often you come across a lot of people talking about the issues we discussed.

Similarly, another participant highlighted that the process made them feel that they were truly being listened to as they said:

I felt supported throughout the interview for one of the first times since this has happened – I felt that I was understood, and someone was actually listening to my issues rather than feeling judged. I really do appreciate you bringing this topic to light.

As argued by Singh, Richmond and Burnes (2013), this demonstrates how feminist participatory action research methods in practice provide a voice for marginalised groups. Moreover, as participants were able to shape the nature of the research, it was further suggested that the research process facilitated the creation of a safe space for participants to freely discuss their own experiences in their own way. This was especially important since they were often silenced during their experiences of IPV, so they valued being able to take control of their own narratives. This idea was reflected upon by another participant who stated:

You created such a lovely, safe space for me to talk about such a difficult time in my life. Comparing this to other professionals I've spoken with about the same things, I feel like the process really gave me control in how the process went. It was very empowering to feel that I could take control of how I spoke about this time I went through, especially when it was a time I felt I had no power at all... As a bisexual woman I have often found that I don't have a 'safe space' to talk about things I've been through, especially regarding my sexuality and this really felt like one.

Another participant reiterated this point with a focus on their own protection as they expressed:

Making the topic guide together made it easier for me. If you were to approach me with a question I wasn't comfortable with without giving me assurance that I could miss a topic or phrase them in my own way, I probably wouldn't have been able to talk so freely. It would put a lot of constraint on what I was going to say. Being able to make the questions myself allowed me to mentally prepare.

Upon completion of data collection, participants also conveyed a sense of connectedness. One participant reflected upon their contribution to the research and how this contributes to social change for those in their community: "I feel like it makes me feel more connected to the community. I go to Pride and protests, but things don't really seem to change in society or policies." Therefore, they perceived their participation to contribute to positive change for those in similar situations to themselves.

Additionally, although therapeutic outcomes were not claimed from the outset, the participants indicated that their participation supported their healing journeys as they found it beneficial to discuss their experiences of IPV in a research capacity. One participant reflected on their own progress in their feedback as they stated: "Talking about it made me acknowledge that I've been through a lot and now I'm standing here after coming so far."

As participants were given the opportunity to open up in their own way, it allowed them to recognise their own strength and progress around their experiences. Another participant developed on this idea further, stating:

It was cathartic to talk about things and know I wasn't alone, and that you were talking to people in the same situation (or similar). I found this reassuring. It allowed me to reflect and take stock of how far I've come.

This suggested that participation in research around IPV can support survivors in not feeling alone in their experiences, especially for minority groups who are particularly marginalised.

Based on the contributions provided by the participants, this captured the beneficial outcomes of a participatory element in research, particularly for IPV survivors. It was evident from the feedback that the benefits extended beyond an ability to speak their truth, but also consisted of healing outcomes too, which had not been anticipated beforehand; thus, this approach can be praised for benefits beyond rich and detailed data collection, to consist of favourable participant outcomes as well.

Chapter Summary

Overall, the key elements of the methodological approach have been captured in this chapter. My philosophical and methodological position has been established and justified in relation to my participant sample, and the decision to use a participatory element informed by feminist participatory action research methods has been explained in detail. All aspects of participant recruitment for the research have been captured, considering the potential risks of social media recruitment. An explanation of data collection followed from this, as procedure, analysis, and the ethical framework have been covered. Ultimately, the chapter concludes with a reflexive account of the research process in line with feminist methodology.

The following chapters will explore the research findings and discussion relative to the research aims and objectives. Four themes were constructed from the interviews of the sexual-minority participants, which are presented beneath in Figure 3.1:

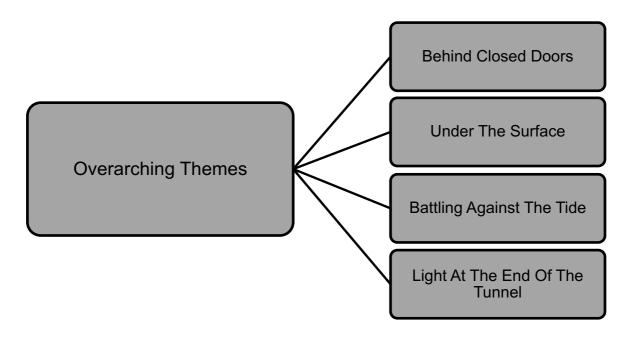


Figure 3.1: Thematic Map of Overarching Themes

Each of the four chapters captures one of the distinct overarching themes from Figure 3.1. These themes were developed during the analysis process and serve to explore and develop on the contributions of the participants, addressing the reality of their lived experiences of IPV amidst the COVID-19 pandemic.

Chapter Four: Behind Closed Doors

Chapter Overview

This chapter captures the first of the three overarching themes outlined in Figure 3.1. This overarching theme explores the lived experiences of survivors as they navigated through the COVID-19 pandemic and associated lockdown and social-distancing measures. The theme of 'behind closed doors' draws attention to the utterly isolating circumstances experienced by sexual-minority survivors as they were confined to their homes and left to deal with their experiences of IPV during a time that further masked their experiences from the outside world. Within this overarching theme, four themes were developed as shown underneath in Figure 4.1:

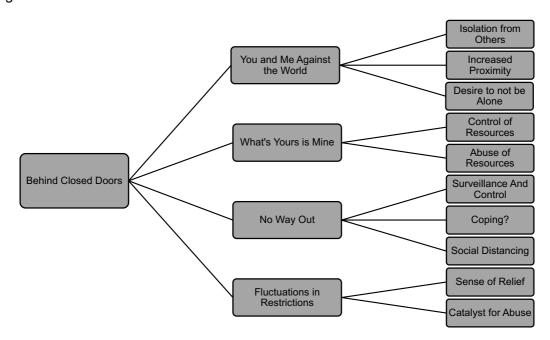


Figure 4.1: 'Behind Closed Doors' Thematic Map

Central to the aims and objectives of this thesis is the desire to explore the lived experiences of sexual-minority survivors in Scotland during the COVID-19 pandemic. This approach intends to uncover how individuals from this community experienced IPV and its repercussions during this time, as well as how the pandemic impacted on their lives overall. This chapter therefore looks at the pandemic in the Scottish context and the hidden nature of IPV during this time of crisis to shed light on sexual-minority survivors. Overall, it details experiences of control, isolation, and manipulation in a time of lockdown and social distancing.

On a macro level, it is understood that IPV is an issue that predominantly takes place privately in the home. This theme takes this idea and looks at it from a micro level, to explore

the personal experiences of the sexual-minority survivors who were interviewed. With this idea in mind, each of these themes were constructed to convey the difficult circumstances experienced by sexual-minority survivors during the COVID-19 pandemic. The first theme, 'You and Me Against the World', explores the circumstances of survivors as they were confined with their perpetrators and secluded from their normal lives. Financial and economic abuse in the context of the pandemic is investigated under the theme of 'What's Yours is Mine', and the lonely and suffocating circumstances experienced by sexual-minority survivors are captured in the theme 'No Way Out'. Finally, the last theme looks at the fluctuations in COVID-related restrictions, and how these presented as a double-edged sword for survivors.

You And Me Against the World

The first theme that was developed from the participant interviews was the notion of 'You and Me Against the World'. Each of the participants who were living with their perpetrators during times of lockdown reflected on this idea of being trapped with their abusive partners whilst they were segregated from the outside world. These circumstances contributed to an isolating dynamic that closed off sexual-minority participants from others, placing these individuals in a particularly vulnerable position during this time.

Isolation from Others

As noted in Chapter Two, the pandemic and associated lockdowns provided perpetrators with a unique opportunity to further isolate survivors from other people in society (Bradbury-Jones & Isham 2020). Isolation from others was a central aspect of the experiences of the participants, as the government-enforced rules and regulations fed into the ways that perpetrators were able to shut survivors off from their loved ones during the pandemic.

Participants in the study used words such as "secluded", "isolated", and "withdrawn" to describe how they felt as their perpetrators closed them off from their family and friends. For example, Amelia reflected upon her own feelings of guilt that arose out of the measures her perpetrator took to isolate her from her friends and family as restrictions eased, stating:

...When I was coming to see my family, she was like 'well, why are you leaving me alone? You shouldn't be leaving me to spend time with them or your friends'...She would make me feel really, really bad for that but done it in a way that was really manipulative, and I actually did feel really guilty for doing that (Interview with Amelia, 26 September 2022).

By manipulating and guilt-tripping Amelia, her perpetrator was able to drive a wedge between her and her family and friends, despite the fact they lived nearby and lockdown restrictions at this point permitted people to see those in their 'social bubbles'. The geographical areas that some of the participants lived in also fed into their experiences of isolation from others, as perpetrators used the distance between urban, sub-urban, and rural areas in Scotland to justify segregation from others at this time. Rachel draws on her experience of this:

She [sister] was part of my bubble, and my nephew was part of it as well, so I wanted to go and see them, and I wasn't allowed to go see them according to him [perpetrator] because it was too far away. She stayed in [urban city] and obviously I stay in [sub-urban town] so it was too far away to go and see my sister. Um, other than speaking to his mum and him, I had absolutely no socialisation with anyone else (Interview with Rachel, 11 September 2022).

Similarly, Katherine was also stopped from seeing her family, as she lived in an urban city and her family lived in a rural area. Despite the distance being within the travel limits imposed during the pandemic, her perpetrator did not allow her to see them, yet continued to see her own family in breach of lockdown rules. On the one occasion Katherine did see her mum socially distanced in the garden, this caused a "massive problem" that led to verbal and physical abuse. Katherine found this particularly challenging, describing her experience of isolation as comparable to "cabin fever" as she was on furlough so did not have anything to do to occupy her time. She was also presented with an ultimatum around her friendships, which led to her having no contact with anyone during this time. Katherine's experience was similar to the experience of Alexandra, who specified:

She would take actions, so like if I texted someone who she didn't let me talk to, she would call the person and threaten them so they would stay away from me. It was that bad (Interview with Alexandra, 9 October 2022).

For Alexandra, her partner took measures into her own hands by also making threats to people with whom she did not want Alexandra engaging. Alexandra said this was particularly evident where she was speaking to male friends, as her perpetrator engaged in tactics of identity abuse based on the biphobic attitudes towards her sexual orientation. This experience reiterates the relationship insecurities projected onto bisexual survivors uncovered by Li et al. (2013), which suggests that where they are in same-sex relationships, bisexual people are likely to not be trusted in the company of those of the opposite sex. Therefore, Alexandra's isolation was compounded by her partner's mistrust of her based on her bisexual identity.

Increased Proximity

Given that survivors were legally required to spend time indoors to slow down the spread of the virus, it was not surprising that participants drew upon the idea of increased proximity in their experiences of IPV. Existing research into heterosexual IPV during the pandemic highlights the tactics employed by perpetrators during this time, as they were able to coerce survivors into moving in with them to overcome the limits to socialising with anyone outside of the immediate household (Johnston & Hohl 2021; Women's Aid 2020a). This is something that was reflected in the interviews of sexual-minority survivors, as a handful of the participants indicated that they had been encouraged to move in with their perpetrators so that they could still spend time together during the time of lockdown.

For Alexandra, the decision to move in with her perpetrator was further motivated by the fact that her family were not supportive of her sexual orientation; therefore, she felt more "comfortable" being with her perpetrator than living under the scrutiny of her family. This complex relationship between Alexandra and her family supports previous findings, which suggest that sexual-minority survivors have an increased likelihood of alienation because of complex relationships with their families centred around their sexual orientation (Bornstein et al. 2006; Donovan & Barnes 2020). This alienation therefore contributed to the increased risk experienced by Alexandra as her family circumstances situated her in closer proximity to her abusive partner. However, not all participants agreed to move in with their perpetrators, despite attempts being made for this to happen. Rachel managed to reject her perpetrator's suggestion to move in together with the justification that changing the mailing address for her GP and daughter's school would be too challenging because she would be required to move to a different jurisdiction.

Participants drew on the lack of separation between themselves and their perpetrators over a long period of time. When describing her situation, Katherine noted that living with another individual is already "hard enough" without being paired with lockdown and social-distancing measures that limited the ability to leave the house. She said this environment really "put everything under a microscope" when it came to her experience of IPV, leaving no room for respite between instances of abuse as the ability to remove oneself from the situation was hindered by lockdown. This idea is captured in existing literature, which accounts for the constraints experienced by survivors who were unable to flee from IPV in the aftermath of an incident (Brodie et al. 2022; Women's Aid 2020a). These circumstances ultimately contributed to IPV becoming more "constant" for survivors: "Just being locked in with someone for that length of time. It's just not normal, like not a normal experience." (Interview with Katherine, 18 October 2022).

Where lack of respite existed, survivors took measures inside the home to diffuse incidents. Both Christina and Kieran discussed their attempts to "remove" themselves and "walk away" from situations by going into another room. Christina labelled this protective measure as "stone-walling", in which she would take herself out of the situation rather than reacting. However, where these participants tended to lean towards flight from IPV incidents, there were instances were increased proximity generated fight responses from participants. For example, Amelia explained that she had to frequently engage in self-defence as the increased proximity did not allow her any room to escape the IPV she was experiencing.

She always made me feel like it was both of us. She still says to people to this day that it was both of us, but I realised it wasn't. She would be hitting me, and I would push her off me as self-defence. It wasn't a case of we were both fighting, I was getting her off me (Interview with Amelia 26 September 2022).

In this instance, Amelia was engaging in what Donovan and Barnes (2020) referred to as 'space for reaction', as she accounted for her retaliation to IPV in the context of increased proximity. It is clear that her perpetrator used the argument of mutual abuse as a tactic to manipulate Amelia into internalising blame. Parry and O'Neal (2015) discuss the undesired consequences of this tactic as survivors question their role in IPV and begin to believe that they themselves are perpetrators. Amelia's experience reflects this internal process because she was led to believe she played an equal role to her perpetrator, despite engaging in what Johnson (2006) theorises as violent resistance; thus, supporting Donovan and Barnes' (2020a) critique of the ideal victim/perpetrator binary, which impacts on survivors' identification of victimisation. Additionally, as co-habiting with a perpetrator during the pandemic inevitably promoted increased proximity, Amelia highlighted another layer of increased proximity between her and her partner during this time:

I was pretty much locked in the house with her all the time... She also, she made me get this job that we both worked for [organisation] so we were in the house together 24/7 just working from home (Interview with Amelia 26 September 2022).

Facilitated by pandemic-related transformation of employment, Amelia's perpetrator was able to coerce her into a work from home position that maintained the proximity between the two of them. The home-based nature of this employment continued even as restrictions eased to allow more time out with the home, meaning that Amelia was still confined indoors with her perpetrator during working hours based on their employment; thus, allowing for the abuse to persist. Leigh et al. (2023) accounts for the disruption to day-to-day life because of the pandemic as it restricted survivors' abilities to escape IPV using daily tasks like employment. However, Amelia's experience indicates that perpetrators were also able to

take advantage of the working environments that gained traction during the COVID-19 pandemic to retain increased proximity and subsequent experiences of IPV.

Desire to not be Alone

One unexpected sub-theme that emerged from the participant interviews was how the desire to not be alone shaped the experiences of sexual-minority survivors amidst the COVID-19 pandemic. Although survivors reflected upon their harrowing experiences of IPV during the pandemic, the desire to not be alone during an already isolating time was a common feeling shared by many of the participants. Where survivors experienced such feelings, this drew attention to the desire to have someone with them, regardless of it being an abusive relationship whilst they navigated through the pandemic:

I should have been more quick to leave, whereas I didn't and looking back on it now I think I saw all the signs, I knew all the red flags, I knew it was a flashing neon sign telling me to leave but I still didn't because I didn't wanna be on my own so I was making excuses for his behaviour (Interview with Rachel, 11 September 2022).

For the survivors that experienced these feelings, they noted that although their intimate relationships were exposing them to abuse, with many of them recognising that what they were experiencing was IPV, their desire to avoid loneliness took precedence over escaping their situations. This feeling was emphasised for Lauren, who was originally from a remote island community in Scotland, but had moved to an urban area to be with her partner. She reflected upon her lesbian identity and her rural upbringing; in particular, how these two intersecting factors made it hard for her to meet someone as there was a "much smaller pool" of potential romantic partners. When asked about her motivating factors to stay in her abusive relationship, she explained:

I think the isolation because of being from such a smaller community and just the kind of feeling that I wouldn't meet someone else again. I guess as well, being from somewhere so remote, I never found the person I was looking for there, so it was that fear of isolation again (Interview with Lauren 24 September 2022).

Another participant, Jane, who was also from a remote island community in Scotland, drew attention to the heteronormative nature of rural life and how this influenced her own relationship dynamics. It has been noted that the very nature of rural life can be particularly patriarchal and conservative in nature (Terry 2020); therefore, as a bisexual woman, Jane predominantly finds herself in relationships with men. This occurrence was influenced by the fact that a heteronormative relationship dynamic was much more accepted in rural communities, with sexual-minority identities being "frowned upon" as they were not the norm. Where heteronormativity suggests that heterosexual identities and relationships are

normal and natural (Martin 2009; Ward & Schneider 2009), it comes as no surprise that feelings of isolation were compounded for Lauren as she grew up in a rural, Scottish community where such relationships were less socially accepted. The experience of these feelings, paired with the pandemic therefore limited Lauren's ability to meet other women, and as a result meant that she found herself remaining in her abusive relationship for longer during the pandemic.

Beyond lesbian and bisexual female participants, the desire to not be alone during the pandemic was expressed by gay male participants as well. Robert had recently come out as gay at the time of the COVID-19 pandemic and found himself in his first same-sex relationship.

I hadn't been in a relationship at this point so I was just like COVID is happening and we could all die so I need to like be with someone and there was more pressure on me I feel like because of drastic things in the world happening and I felt like I hadn't been with someone yet so I felt like this is something I should do before we're all stuck (Interview with Robert, 14 September 2022).

Although he recognised that his partner was "malicious" and "controlling", Robert referred to the pressure he felt to remain in the relationship as this was not something he had experienced in his life thus far. Ristock (2002) and Donovan and Hester (2008; 2014) draw attention to the first identity-affirming relationship for sexual-minority individuals, specifically how young survivors may remain in abusive relationships to establish security around their sexual orientation. Robert's experience supports this idea, as his anxieties around the pandemic and its threat to human life led to him seeking intimate connection during this time, regardless of whether the relationship was healthy or not, again reiterating the idea that avoiding loneliness was viewed as a priority over safety to some of the sexual-minority survivors.

Separate from the participants who were experiencing IPV during the lockdown period, Cameron also reflected upon his own desire to not be alone during the pandemic as he had fled his abusive relationship just prior to lockdown being imposed.

I struggled because obviously I was on my own... Everybody was in their homes, but I remember you know, watching Tik Tok and YouTube and Facebook and everything. Everybody seemed to be having a great time and doing all these silly challenges and you know, having a laugh and all these things and I had nobody to do that with. I love being part of a couple. I love being part of someone else's life and I didn't have that anymore (Interview with Cameron, 21 September 2022).

Despite being relieved that he was able to escape his experience of IPV, Cameron said that being exposed to the relationships of other people on social-media during lockdown made him feel "very cheated" as the lockdown heightened his feelings of loneliness. These feelings were particularly centred around his age, as he did not expect to be single after he had married his partner a few years prior. Therefore, the abundance of time spent indoors during lockdown contributed to Cameron dwelling on his experience, thus taking a toll on his overall mental health and well-being. Where existing research has suggested that the COVID-related disruption to day-to-day life posed a threat to survivors who were unable to escape their perpetrators for a segment of their days (Leigh et al. 2023), it can be argued that these conditions also had a substantial impact on those who had already fled their abusive relationships, as the pandemic provided ample opportunity for them to dwell on their negative feelings and experiences.

What's Yours is Mine

Since the outbreak of the coronavirus, the financial and economic impact of the pandemic has been captured on a macro level (Nicola et al. 2020), with further research suggesting that survivors were exposed to an increased risk of all forms of IPV during this time, including financial and economic abuse (Piquero et al. 2021). Most of the participants emphasised some form of economic or financial abuse in their interviews, with the experiences of this form of IPV during the pandemic falling under one of two categories as shown in Figure 4.2 below.

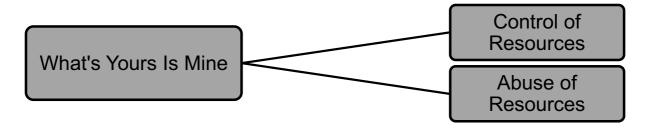


Figure 4.2: 'What's Yours is Mine' Thematic Map

Control of Resources

Participants referred to the ways that their perpetrators controlled economic and financial resources amidst the pandemic. Central to the experiences of sexual-minority participants was the idea of financial dependence, something that Postmus et al. (2018) drew attention to in their research around financial abuse for heterosexual female survivors of IPV. Therefore, it would appear evident that the financial dependence highlighted by Postmus et al. (2018) extends beyond the heterosexual female population and applies to the sexual-minority experience of IPV as well.

The control of resources manifested in different ways for participants, as perpetrators were motivated to impose control in this area for a variety of reasons. Additionally, different demographic characteristics fed into how participants experienced the control of resources during this time. For instance, Claire drew upon her experience of having an older male partner and how her age was initially used as a justification for the control of resources in her relationship.

He was like 'well, we'll put the car in my name since you're young and I'll get it cheaper' and it just kind of built up like that. It got to a point of like 'I don't want you watching TV between these times' or 'we should really change your phone contract into my name because I've got better credit' and before I knew it every single thing was out of my name. We had a joint bank account, and my car was no longer in my name, and it was very much 'well, if you don't do what I want, you will have no money (Interview with Claire, 23 September 2022).

Claire's experience can be related closely to the measures categorised by Postmus et al. (2012) as financial control. Over time, the financial control she experienced became more intense in nature, until she essentially had no control at all over both her finances and other economic resources, such as her transport and accommodation. Previous research into women's experiences of financial abuse aligns with specific milestones, like moving in with a partner (Sharp-Jeffs 2015), which is reflected in Claire's experience. This was particularly concerning as her perpetrator had encouraged her to move out to an extremely remote Scottish community; therefore, the control of her transport really heightened her isolation as her freedom of movement was immobilised. This increased intensity of IPV amidst the pandemic supports the findings of Piquero et al. (2021) which suggested that the conditions of lockdown contributed to experiences of IPV being more extreme for survivors.

Donovan and Hester's (2014) concept of relationship rules can also be applied to Claire's experience of financial control. Their non-heteronormative conceptual framework that explores the dynamic of power and control outlines two rules in abusive relationships. The first being that the perpetrator makes all key decisions, and the relationship is on their terms. The second is that the survivor is responsible for everything including the abusive behaviour and the abusive partner (Donovan & Hester 2014). From the excerpt above, it is apparent that the abusive relationship was on the terms of Claire's partner, as he was solely responsible for how their household money was spent. Thus, Claire's experience demonstrates relationship rule one outlined by Donovan and Hester (2014), suggesting that this framework is a useful way to explore how control is established in sexual-minority relationships.

Although Postmus et al. (2012; 2018) honed in on the experiences of financial abuse for female survivors, male participants in this research also drew upon experiences of financial control. Throughout his interview, Kieran explained how the pandemic posed a barrier to securing employment as he had been let go from his former role. As he was encouraged to move in with his partner, he was unable to get government benefits to support himself due to her income, leaving him feeling "burdened to her" as she kept all their finances in her account and controlled his access to them, once again providing an example of Donovan and Hester's (2014) relationship rule one. This ultimately impeded his ability to leave his abusive relationship, as a lack of financial security limits freedom from experiences of IPV (Conner 2014).

Beyond the measures of financial control, the sub-theme of control of resources can also be linked to measures of financial sabotage (Postmus et al. 2012). Katherine's experience differed from other participants, as she possessed financial independence. However, control of resources fed into her experience as her perpetrator tried to disrupt her employment.

I actually ended up leaving my job because she was unhappy about where I worked. She even emailed HR from my email address and addressed it as me, so I got in trouble at work and ended up leaving that job (Interview with Katherine, 18 October 2022).

As Katherine's perpetrator was no longer able to monitor Katherine's movements upon her return to work, she took active steps to sabotage her employment, which ultimately impacted Katherine's income until she was able to secure another position. Where research suggests that financial sabotage serves to financially isolate survivors (Conner 2014) and the lockdown conditions could be used to limit survivor's financial independence through employment (Ridsdale, Usmani & Hanson 2020), Katherine's experience suggests that financial sabotage has also been used in attempts to maintain monitoring of survivors as pandemic-related restrictions started to ease.

Abuse of Resources

Where financial abuse was evident in the context of sexual-minority experiences, this was not always centred around the control of resources. Participants also indicated that their perpetrators abused financial resources. Closely aligned with these experiences was the idea of financial exploitation (Postmus et al. 2012). For some participants, the occurrence of financial exploitation was more subtle, with both Christina and Lauren stating that although they were "expected to pay for everything", they did not really recognise it as financial abuse at the time. Specifically, Christina expressed that she thought of herself as a "mug" for being

in the position she was in, and Lauren aired that she felt "used" in a financial capacity, rather than being someone who was explicitly exposed to financial abuse.

As the lockdown circumstances persisted and contributed to the worsening of IPV, a few of the participants reflected upon the need to appease their partners through buying material goods. In doing so, these participants noted the impact this had on their own financial circumstances:

She expected me to pay for everything and it got to the point where I had to get credit cards just to try and keep her happy... It fucked up my credit for a bit (Interview with Christina, 27 July 2022).

He wanted me to take him to places and pay for it. I was already in debt from trying to keep him happy, but he didn't seem to understand that with lockdown, there wasn't much I could do (Interview with Jacob, 13 September 2022).

...It started being more financially abusive in the sense that the carpets were the first thing we needed in our house and she said I had to put my name down for it, but she would pay for it but she never ended up paying for it, so now I have a shit credit score because she would say she would pay forf it if I put my name down for it, but she never did (Interview with Amelia, 26 September 2022).

From the participant contributions, it is apparent that the financially abusive tactics employed by perpetrators had a long-term impact on their financial standing, which persisted after they had left their abusive relationships. Moreover, these tactics impacted on the financial security of sexual-minority survivors, which is concerning as financial security supports survivors in being able to flee abusive relationships (Conner 2014). This was made worse in the context of lockdown, where employment was impacted as a result of social distancing measures. The generation of economic costs and accumulation of debt is something that has been captured in research centred around heterosexual female survivors of IPV (Sharp 2008); therefore, the findings of this research can suggest sexual-minority survivors experience similar tactics to their heterosexual counterparts, with an extra layer of difficulty being felt because of the pandemic.

In addition, participants reflected upon feelings of guilt that arose as perpetrators attempted to exploit them financially. For Amelia, the abuse of her own financial resources was intensified by her perpetrator's tactics of guilt-tripping.

As soon as we got our first house, I had to spend all my money on it, like literally she would make me feel really bad if I didn't. She'd be like 'okay, we won't have carpets then, we won't have a fridge then, we won't eat then' as if it was all down to me and

she didn't put anything into it. I had to pay for all the gas and electricity too (Interview with Amelia, 26 September 2022).

Refusal to contribute towards life expenses is a common tactic captured in research surrounding financial abuse (Postmus et al. 2012; Stark 2007; Sharp 2008) and is a feature of rule one in Donovan and Hester's (2014) non-heteronormative conceptual framework. However, the idea of survivor guilt in this area has not been captured thus far where it is concerned with financial exploitation. For Rachel, she also reflected on these feelings of guilt that ascended from her perpetrator's manipulation, however she articulated her further motivations for buying into the manipulation around financial exploitation.

I genuinely thought that if I bought him all that, that he would be so happy and grateful that he wouldn't do anything for a while, like I'd almost get a break from it if I did that, but that wasn't the case. That just didn't happen (Interview with Rachel, 11 September 2022).

Christina also referred to her attempts to reduce the IPV she was subjected to, as she viewed it as a way to "tame any triggers" of abuse. Making the active decision to condone financial exploitation highlights the vast measures sexual-minority survivors were willing to take to reduce their experiences of IPV during the pandemic, especially with this already being a financially strenuous time.

No Way Out

As the conditions of the pandemic left sexual-minority survivors feeling "trapped" in the confines of their homes, participant accounts tended to centre around the idea that there was no way out of the IPV they were experiencing. These feelings were compounded by the nature of the lockdown restrictions imposed upon them, which limited their ability to escape the abuse they were enduring, confide in others, and ultimately cope during this time.

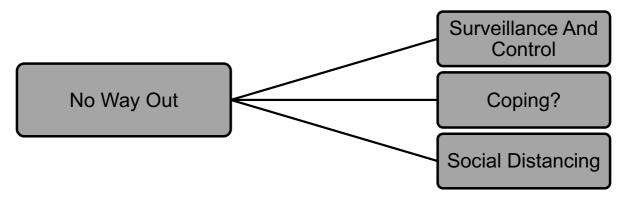


Figure 4.3: 'No Way Out' Thematic Map

Surveillance and Control

It was very debilitating, and I lived like that for almost two years where he practically controlled absolutely every movement that I did and everything that I did at every moment (Interview with Claire, 23 September 2022).

Participants accounted for the "constant" and "suffocating" circumstances that rendered them under the surveillance and control of their perpetrators at all times. In the prepandemic world, Claire stated that she was able to take advantage of her son's sporting activities as a temporary relief from the control of her perpetrator; however, this was no longer an option when lockdown was enforced, leading to her feeling as though her experience of control was "more significant". With the increased opportunities for surveillance and control handed to perpetrators as a result of lockdown (Bradbury-Jones & Isham 2020; Lyons & Brewer 2021), participants emphasised the fact that their perpetrators were "always there" to oversee their every move as they were left with little to no personal space:

...She was furloughed as well so it was a case of she was always there, like if I was in the living room she would be in the kitchen which was conjoined so she could see what I was doing. If I went through to the bedroom, she would come through to the bedroom. Short of going to the bathroom, I had no privacy (Interview with Kieran, 17 October 2022).

This looming presence of their perpetrators left participants feeling on edge, as restrictions were imposed upon them in their abusive relationships that did not even allow them to go for their daily walk alone. Rachel also noted that when her and her perpetrator did venture outside, he dictated what she wore, often making her wear his clothes to cover up her own body. This clear example of coercive control around routine decisions such as clothing left Rachel feeling anxious, supporting the idea of survivors experiencing a 'generalised sense of fear' around the consequences of their own decisions (Safe Lives 2020a). In the rare situation that she was permitted to go out alone, Katherine revealed that her partner monitored her location through mobile tracking, questioning her on where she had been during this time. Therefore, where day-to-day life was disrupted (Leigh et al. 2023), the one element of normality survivors had to venture out of the house was disturbed as it was clouded by surveillance, monitoring, and control.

Both Amelia and Robert noted that their experiences of surveillance and control were intensified in the instance that they had tested positive for COVID-19. The requirement to isolate for 10 days upon a positive test heightened Amelia's experience of being "watched", which ultimately left her feeling "stuck" as she was unable to get out of the house. Similarly,

Robert faced extreme measures of control as his perpetrator confined him to a room for four days without anything for him to sleep on, only engaging with him to direct verbal abuse in his direction and to give him food and water. Thus, these findings reinforce ideas that lockdown could be used by perpetrators to intensify the abuse they inflicted upon their partners (Johnston & Hohl 2021). Moreover, where Robert's perpetrator inflicted verbal abuse because he blamed Robert for transmitting the COVID-19 virus, this can be related to rule two of Donovan and Hester's (2014) relationship rules, as it was suggested that Robert was responsible for his perpetrator's abusive behaviour.

The control and surveillance experienced by participants further extended to the monitoring of their digital devices, as the opportunity for technological monitoring was amplified during the lockdown period (Pfitzner, Fitz-Gibbon & Meyer 2021; Ridsdale, Usmani & Hanson 2020). Participants reflected upon their perpetrators looking over their shoulders as they attempted to communicate with the outside world. This increased monitoring of communication led to Kieran stopping his digital interactions with his loved ones, as he did not feel comfortable being watched. Beyond being watched, both Rachel and Alexandra reflected upon further invasions of privacy imposed by their perpetrators:

She would reply to messages for me, block people unnecessarily, she would even stop me from posting things, like taking pictures in certain ways. She became really, I wouldn't call it protective, I would say she became really suffocating and very, very commanding (Interview with Alexandra, 9 October 2022).

I wasn't allowed to be on the phone. I always had to be on speaker phone, like I wasn't allowed to have my phone up to my ear. It would always have to be on speaker phone. He would make me unlock my phone and go through it. He made me register his fingerprint on my phone so that he could go through it (Interview with Rachel, 11 September 2022).

These experiences are indicative of the extent that perpetrators were able to go to monitor the interactions and movements of their partners, with the experience of surveillance and control being felt across all participants regardless of their sexual orientation or the sex of their partner. However, it is important to note the additional layer of vulnerability experienced by sexual-minority survivors, as the surveillance of mobile devices restricts their already limited ability to seek support from others (McAulay 2020). Where these individuals are more likely to confide in informal support networks, like their friends and family (Merrill & Wolfe 2000), the inability to communicate privately based on the monitoring of such devices isolated these survivors further.

Coping?

Participants reflected upon their own abilities to cope during the lockdown period, with some participants reflecting on negative coping techniques and others positive. For the most part, exposure to IPV during this time jeopardised their overall mental health and well-being. Irwin (2008) accounts for the significant threat that IPV poses to the emotional and social well-being of sexual-minority survivors, which is similar to the experiences of their heterosexual equivalents. Participants described how they were feeling using phrases like "low", "not well", and "a complete mess" to convey their own struggles to cope during the pandemic and their subsequent experiences of IPV.

I was crying every day, like I was crying so much that like you know when the back of your throat starts hurting and your brain goes dry, and you just feel awful all the time. I felt like that constantly. The feeling just wouldn't go away (Interview with Robert, 14 September 2022).

Where participants were feeling this way, they suggested that there was little to no relief from the emotional impact of the IPV they had endured. Emma described this as being "trapped in what I was doing and feeling" because there was no distraction from thoughts racing in her mind with social life being disrupted due to the pandemic. This inability to cope resulted in participants isolating themselves further, sitting with their thoughts, struggling to get out of bed, and falling behind on housework.

In addition, many of the participant accounts indicated that they used what can be perceived as unhealthy and self-destructive coping mechanisms to get through the abuse that they had endured. Research carried out by Safe Lives (2018a) suggests that self-destructive behaviours like self-harm, substance abuse and alcohol abuse were common amongst sexual-minority survivors of IPV in their service user database. Although these findings are non-randomised and non-representative because they are based on use of their service, with which sexual-minority survivors may be disinclined to engage, as suggested by other studies (Donovan & Barnes 2020; O'Halloran 2015; Turell & Herrmann 2008), such behaviours were reflected in the accounts of participants, as their inability to cope led to survivors engaging in these activities. Cruz and Peralta (2001) and Ristock (2002) also suggest that sexual-minority survivors may engage in self-destructive measures as part of their overall coping and distraction strategy, which was the case for most participants. However, where it came to behaviours like self-harm, it was more apparent that these were behaviours that stemmed from the inability to cope, rather than being a coping strategy in itself.

Relative to coping, or more specifically the inability to cope, Amelia, Sarah, and Lauren disclosed that they had attempted to end their own lives because they did not see a way out of how they were feeling. Robert and Claire also noted that they "didn't want to be here anymore". Since research suggests that sexual-minority survivors are at an increased risk of suicide (Magić & Kelly 2018) and are twice as likely to have attempted suicide than their heterosexual counterparts (Safe Lives 2018a), these findings are not unanticipated; however, in the circumstances of these survivors, the lockdown conditions and how they intensified survivors' negative feelings played an integral role in suicidal tendencies.

On the flip side, coping was not an inherently negative experience for all participants. Christina drew on her own experience of using her faith to cope amidst her experience of IPV.

I'm such a believer in everything does happen for a reason and I knew that this had to happen for a reason, so that's what kind of kept me through. I knew that I had the back up of like the universe and you know, the spirits and guardians? I'm such a believer in that. I feel they're present all the time, and I knew I was looked after. I knew I was protected, and good things were coming (Interview with Christina, 27 July 2022).

This idea of faith being used as a coping strategy for IPV has been captured in academia. It has been suggested that faith is used as an integral part of coping and healing from IPV for ethnic minority women (Gillum, Sullivan & Bybee 2006; Zakar, Zakar & Krämer 2012). Similarly, Christina was able to utilise her faith to support herself in getting through her experience of IPV during the pandemic. Moreover, the focus on optimism central to Christina's coping strategy was reflected in Cameron's experience.

Being on my own and having all this time to think gave me a lot of time to kind of reevaluate what I did want and what was important to me. I suppose my way of coping and trying to be positive was by using the time in lockdown to think about building myself up again (Interview with Cameron, 21 September 2022).

Although he had managed to flee his experience of IPV pre-pandemic, Cameron found himself struggling to cope with the aftermath of leaving an abusive relationship during such an isolating time. To manage his feelings and support his own healing, he made attempts to remain optimistic to come back from what he had endured at the hands of his perpetrator. Active attempts to remain optimistic have been suggested to be an avoidant coping technique where it's concerned with IPV, as optimism can deter survivors from accepting the reality of what they have been through (Sinclair, Hart & Lomas 2020). As Cameron recognises the reality of his experience, optimism can be argued to be a positive way of

coping in this context, as his attempts to remain optimistic are centred around the desire to build oneself up after a traumatic relationship, with the reality of his situation being accounted for in the process. However, this coping mechanism may not have been as effective if he were still in a relationship with his perpetrator, as optimism itself cannot overcome the danger and risk that arises at the hands of a perpetrator (Sinclair, Hart & Lomas).

Social Distancing

The impact of social distancing surfaced throughout the participant interviews, particularly how these measures limited participants' access to support and relief from IPV. The abnormal circumstances of the pandemic have been captured in existing literature, specifically how the segregation from others had a knock-on effect on accessibility to support (Bouillion-Minois, Clinchamps & Dutheil 2020). Participants indicated that where they were unable to see their friends, this both limited their ability to leave their abusive relationships and heal from the abuse that they had endured. With support being considered as fundamental to minimise the adverse impact of IPV (Carlson et al. 2002), the incapacity to see their friends was damaging as it left participants remaining in abusive relationships for longer and sitting with their negative feelings in isolation.

Beyond emotional support, participants' abilities to seek physical support from their friends, such as seeking another place to live or stay, was ceased amidst the pandemic. Where friends have been recognised to be able to provide physical support for survivors of IPV (Irwin 2008), this was not possible because of the social distancing measures. This was something Amelia found particularly difficult, as she felt that the option to stay with a friend would provide her with a place of refuge if the abuse became too intense. She also believed that if her perpetrator knew she had the option to stay elsewhere, then she would not have been subjected to such extreme violence as she believed the intensity of her experience of IPV was motivated by the fact her perpetrator knew that she could not escape.

Participants also reflected upon their difficulties in accessing formal organisations and services, including IPV service providers, mental health services, housing, and employability support. Although many mainstream IPV service providers had transformed their service delivery to accommodate social distancing measures (Cortis et al. 2021), Claire noted that she was turned away from a mainstream violence against women service because they did not have capacity to support her. Women's Aid (2021) and Pedersen, Mueller-Hirth and Miller (2023a) account for the increase in demand for IPV service providers; however, these circumstances left Claire in an unfortunate position where she was encouraged to declare herself homeless and take refuge at a homeless shelter instead. Although Claire was

relieved to escape her abusive relationship, she explained that this situation left her in a disadvantaged position where she was required to survive with only a kettle and toaster for six months. Throughout this time, she was encouraged to remain patient as she was told "things would go back to normal" eventually, leaving her feeling very unsupported in the climate of social distancing.

Kieran and Sarah elaborated on the impact of social distancing measures in relation to other services. As Kieran was unemployed, he stressed the need for employability services through the Job Centre so that he could earn money that would support him in escaping his abusive relationship. His claim was closed due to his partner's earnings, so the inability to physically explain his circumstances to someone at the Job Centre left him trapped in his experience of IPV with no income. Given that financial instability obstructs the ability to leave abusive relationships (Conner 2014), the social distancing measures that contributed to the closure of services were damaging for Kieran. Moreover, Sarah explained the challenging circumstances that surrounded escape from IPV where social distancing measures were enforced:

It meant viewing properties without even seeing them, which was difficult. It meant changing my daughter's school during lockdown. After this breakup we changed our whole lives... Everything was more difficult because it was during lockdown. 100 percent. It was really difficult, for me and for her (Interview with Sarah, 12 September 2022).

Being a single mother, Sarah indicated that the social distancing measures not only had an impact on her, but also her daughter. The circumstances required her to move into a new property, without having the opportunity to see if it was suitable for her child beforehand. Additionally, her daughter was required to start a new primary school in a time that she was unable to meet her classmates with education being online. The intersection of sexual-minority status and motherhood has been captured in existing research (Hardesty et al. 2011), yet Sarah's experience accounts for the additional layer of vulnerability experienced by sexual-minority survivors who had to navigate social distancing measures and IPV with their children. These difficulties were heightened for Sarah where she was unable to get mental health support during this time, as these services were limited to emergencies only as lockdown resulted in life being at a "stand-still" (Interview with Sarah, 12 September 2022).

Fluctuations in Restrictions

The fluctuations in COVID-related restrictions played a significant role in the experiences of participants. The experiences of IPV shared by participants tended to shift in line with the

enforcement and easing of social distancing measures, with these restrictions arguably presenting as a double-edged sword. Despite research suggesting that the easement of restrictions was a contributing factor to the amplification of IPV (Johnston & Hohl 2021; Women's Aid 2021), this idea of restrictions being a double-edged sword is drawn from the varying experiences of participants, as the restrictions played a role in both the escalation and decline of IPV on a participant dependent basis.

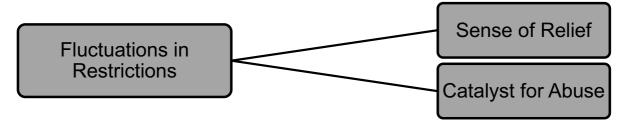


Figure 4.4: 'Fluctuation in Restrictions' Thematic Map

Sense of Relief

As the lockdown restrictions fluctuated, participants accounted for the shifts in their experiences of IPV, as they felt a sense of relief in the context of their abusive relationships according to what restrictions were in place at the time. On one hand, participants communicated that they felt that their experiences of IPV were less severe where full lockdown measures were in place. Although it has been argued that lockdown provided perpetrators with a veiled opportunity to inflict IPV (Johnson & Hohl 2021), participants suggested that the increased proximity contributed to a decline in IPV, as perpetrators were pleased with the restrictions that limited their partners from socialising. This experience was particularly felt by Jane, as she explained that the limits to socialisation made her feel as though she was "finally doing something right for a change". Jane had turned 18 just as the lockdown period was imposed, therefore she never had a chance to legally drink alcohol in a pub or club setting. She explained that her perpetrator was pleased that she was not able to go to such places given that they were closed because of the pandemic.

Additionally, where there were less options to drink alcohol outside of the home, Lauren expressed that the lockdown led to there being "less conflict" between her and her perpetrator, who tended to inflict emotional abuse on her once she had consumed alcohol. This sense of relief during lockdown was also reflected in the experience of Cameron who was no longer in an abusive relationship during the lockdown period. He explained:

...I knew everybody was at home and not out and about and it kind of made me safe if that makes sense because I was in my flat. My flat became my real kind of cocoon like because it was my safe space, and I knew that he couldn't get to me anymore

because we weren't allowed to travel, and we weren't allowed to go out and so that actually helped me quite a lot (Interview with Cameron, 21 September 2022).

Cameron's relief therefore arose from the lockdown restrictions, which assured him that he was out of his perpetrator's reach due to the legal requirement to isolate implemented at this time. He expressed that had lockdown not happened, or had he been locked in with his perpetrator, he believed he "wouldn't have survived".

On the other hand, other participants found that their sense of relief ascended from the easing of COVID-related restrictions. It was suggested by participants that the ability to leave the house posed as a "distraction" from IPV; however, this distraction manifested in different ways. For instance, Amelia explained that although the IPV did not subside when she was at home, the ability for her and her perpetrator to leave the house more frequently meant that there were less opportunities to inflict physical abuse as they were in public. For other participants, they drew upon the fact that they were able to meet their friends and families and how this provided a sense of relief from their experiences of IPV. This taste of normality and relief made Kieran feel particularly hopeful:

We had kind of felt like after the first lockdown was kind of lifted, we were going to be getting back to normal. By that point, her work was doing work from home but there were talks about going back into the office, which made me really hopeful that that would be the thing that would really change things. Her being away, us not just constantly being with each other would kind of make her less tense and angry (Interview with Kieran, 17 October 2022).

Additionally, lockdown restrictions were argued to contribute to survivors remaining in abusive relationships for an extended timeframe (Johnson & Hohl 2021; Women's Aid 2021). This is supported by Christina's experience, as she was only able to flee her abusive relationship once the restrictions had eased. At this time, her partner had flown abroad to see her family as international travel was allowed again. Once her perpetrator had left the country, Christina said this was her "escape" as she told her perpetrator not to return.

Catalyst for Abuse

Although the easing of COVID-related restrictions provided a sense of relief for some of the participants, this was not the case across the whole sample. For the most part, participants noted that where restrictions eased to move towards a sense of normality, this presented as a catalyst for the abuse that they experienced. Participants voiced that the worsening of IPV experienced at this time correlated with perpetrators' loss of control and surveillance. Women's Aid (2021) have suggested that the amplification of IPV imposed by perpetrators was used as a weapon in response to their reduction in control.

She could not have that control anymore that she had during the lockdown because I had to move around and you know, we weren't in the same space all the time. She wasn't there to make every decision for me, and I think it kind of made things worse (Interview with Alexandra, 9 October 2022).

Whenever government announcements were made around the easing of restrictions, Robert communicated that he felt like a "verbal punching bag". His perpetrator focused his anger motivated by the reduction in opportunity for control in his direction. Other participants suggested that the ease in restrictions instilled a sense of panic in their perpetrators caused by the fact that survivors were able to venture out from the confines of their homes to see their friends and family and go to work, no longer under watching eyes of their perpetrators for 24 hours a day. As they attempted to integrate back into the world, participants indicated that they were made to feel guilty, were told they were not allowed to socialise with others and questioned whether they were "horrible" partners.

Existing research has warned about the harm of separation where it is linked with the easing of lockdown restrictions, as this can contribute to a spike in high-risk incidents of IPV (Johnson & Hohl 2021). Katherine explained her experience of IPV escalation as a "shift" and a "jump", as her relationship became particularly violent in line with this change. Where her perpetrator no longer had her "in the house in a little pocket" for extended timeframes, the level of physical violence Katherine experienced when she was at home increased. Jane also explained that the escalation of IPV in line with restrictions being eased left her fearing for her life for the first time, as her perpetrator ramped up the abuse he inflicted. He began to abuse animals to instil a sense of fear in Jane, as well as driving at excessive speeds with her in the car, leaving her worried that she would lose her life at his hands.

The ability to drink alcohol again in pubs and bars also played a role in how the ease in restrictions presented as a catalyst for abuse. The pandemic and its associated stressors have been linked to an upsurge in alcohol intake during lockdown, and how this related to an increase in the gravity of IPV (Hisham et al. 2002). Participants in their interviews highlighted how alcohol fed into their own experiences, as alcohol out with the home tended to instigate IPV. The involvement of alcohol manifested in different ways for participants; for instance, Lauren drew upon her feelings of "dread" that arose as her perpetrator amplified the emotional abuse she was subjected to when alcohol establishments opened again. The sense of relief Lauren felt during lockdown as alcohol consumption was less prevalent was therefore undone where increased opportunities for her perpetrator to drink arose.

Conversely, Jane and Katherine explained that when they had been out drinking with their friends, their perpetrators would show up at the location they were at and force them to

come home, which caused their experiences of abuse to spiral. This experience was compounded particularly by the intersection of Jane's age and bisexual identity. As restrictions eased, this was her first experience of legally drinking alcohol in pubs and bars upon turning 18, which her partner was unhappy about. Layered with her sexual orientation, this caused her perpetrator to wreak alarming levels of emotional abuse and coercive control during this time. Head and Milton (2014) highlight the increased level of abuse experienced by bisexual survivors based on their partner's insecurities and subsequent accusations of unfaithfulness, which for Jane was amplified in the context of COVID-related restrictions lifting. Increased control motivated by biphobia was also drawn upon by Rachel as restrictions eased:

...Beauty salons and that had only just started opening up and I wanted to go get my nails done and my hair done and whatever, and he wouldn't allow me to do that because he thought I was getting myself done up for other people, so that caused a lot of arguments (Interview with Rachel, 11 September 2022).

The idea of bisexual unfaithfulness captured in academia (Brewster & Moradi 2010; Garelick et al. 2017) ran so deeply in Rachel's experience that she was not permitted to make changes to her appearance in line with the beauty industry re-opening. In fact, the control inflicted by her perpetrator at this time was so intense that he only let her dye her hair and do her nails if she were to let him complete the beauty treatments for her at home because he wanted it to be done in an environment under his surveillance. The measures undertaken by Rachel's perpetrator are indicative of the amplified measures of control imposed upon survivors, as perpetrators attempted to overcome the loss of control relative to restrictions easing (Women's Aid 2021).

Chapter Summary

Overall, this chapter encapsulates the lived experiences of sexual-minority participants amidst the pandemic and how the social distancing restrictions led to the already private nature of IPV being further conserved behind closed doors. Where the COVID-19 pandemic and its associated restrictions placed sexual-minority survivors in a vulnerable position, this chapter details participants' experiences of isolation, paying considerable attention to how intersecting factors of identity fed into and subsequently shaped participant experiences.

Perpetrators frequently used the pandemic as a weapon to enforce an additional layer of segregation during the time of social distancing, with geographic location frequently feeding into their justifications for isolation. This isolation took place at a time of increased proximity, where opportunities for respite were eliminated. In addition, sexual-minority survivors referred to their desire to not be alone during this already lonely time and how this fed into

their experiences of IPV. Although existing literature suggests that there was an increased risk across all forms of IPV during this time (Piquero et al. 2021), participants focused closely on their experiences of financial and economic abuse; in particular, how the pandemic contributed to both the abuse and control of resources. These unfortunate circumstances created an overarching feeling across participants that there was no way out, as the lockdown created further opportunities for control and monitoring, encumbered survivors' abilities to cope, and limited their options for support due to social distancing. Finally, where the climate at the time meant that the world was weaving in and out of lockdown restrictions, participants reflected upon periods of relief and amplified IPV in parallel with what restrictions were enforced at the time.

While this chapter accounts for the unique circumstances of lockdown and how this influenced the lived experiences of sexual-minority survivors, the next chapter captures the reality of what happens underneath the surface, as participants reflect upon the nature of the IPV they were subjected to and how this had an impact on them personally.

Chapter Five: Under the Surface

Chapter Overview

This chapter details the second of the overarching themes outlined in Figure 3.1. This overarching theme explores the reality of sexual-minority survivors' experiences, specifically what they feel underneath the surface. Where IPV experienced by sexual-minority survivors is infiltrated by unique forms, narratives, and circumstances surrounding abuse (Donovan & Hester 2014; Rogers 2020; Woulfe & Goodman 2018), this chapter delves into the impact of IPV on survivors from this community, with reference to the types of abuse they experienced. Focus is also placed on how survivors internalise these experiences, reflecting how the abuse they have endured has affected them under the surface. This overarching theme is comprised of three different themes as shown in Figure 5.1 below:

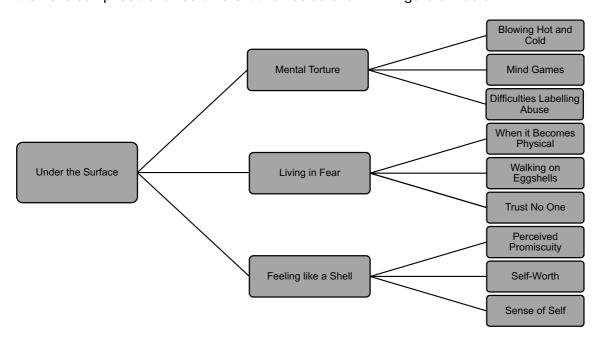


Figure 5.1: 'Under the Surface' Thematic Map

Each of the themes in this chapter have been developed to look at the lived experiences of participants on a deeper level. The first of these themes, 'Mental Torture', captures the psychological turmoil experienced by participants based on the IPV to which they were exposed, and how this influenced the way they perceived their abusive relationships. The theme 'Living in Fear" provides an insight into how IPV transformed over time and shaped the way survivors carried themselves and viewed others in light of the abuse to which they had been subjected. Finally, where participants had been exposed to significant levels of maltreatment at the hands of their intimate partners, the theme "Feeling like a Shell" accounts for the knock-on effect that IPV had on the way they perceived themselves during and in the aftermath of abuse.

In reference to the research aims and objectives, this study intends to provide a voice for survivors who do not conform to the dominant heteronormative IPV narratives outlined in Chapter Two (Donovan & Hester 2014; MacDowell 2013). In the endeavour to shed light on sexual-minority experiences of IPV that are often marginalised in research, this overarching theme also considers different intersecting factors of identity that further feed into, and shape participants' experiences of IPV. An intersectional approach therefore supports the recognition of multi-directional vulnerabilities that infiltrate sexual-minority survivors' social realities where IPV is concerned (Nixon & Humphreys 2010). Overall, this chapter focuses on participants' experiences of manipulation, violence, and fear to shed light on the unfortunate circumstances experienced by sexual-minority survivors of IPV.

Mental Torture

Beyond physical injury inflicted at the hands of perpetrators, participants referred to the consequences of the more subtle forms of IPV that jeopardised their mental well-being. These behaviours, paired with the unique circumstances, and narratives that can be imposed on sexual-minority survivors (Donovan & Hester 2014; Donovan & Barnes 2020a; MacDowell 2013; Woulfe & Goodman 2018) posed a significant issue for participants, generating conflicting emotions in their minds. From their interviews, participants drew upon their own experiences of emotional turmoil, suggesting that their own heads were not a pleasant place to be, with the internal consequences of IPV being comparable to "mental torture" (Interview with Cameron, 21 September 2022).

Blowing Hot and Cold

As participants recounted their experiences of IPV, their revelations tended to centre around inconsistencies in their perpetrator's behaviours. For the most part, participants suggested that there were few issues in the very early stages of their relationships, using terms such as "charming", "kind", and "sweet" to describe the nature of their perpetrators. Although they did not recognise it at the time, some participants indicated that they had experienced "love-bombing" during this period, as their perpetrators went "above and beyond", despite barely knowing them. The work of Donovan and Hester (2010) explores what they define as 'practices of love', where abusive relationships (irrespective of sexual orientation and gender) are intertwined with notions of love and care that promote survivors' emotional investment in the relationship. Where participants were showered with gifts and grand gestures during this period, this created a false sense of security in their relationships.

This misconception was further compounded for Claire as her perpetrator had also formed a close bond with her son at the beginning of their relationship. She shared that, throughout her life, she had been subjected to abuse at the hands of multiple perpetrators, which is a

common experience suggested to be shared by sexual-minority individuals (Safe Lives 2018a). This intersection between motherhood, sexual-minority status, and exposure to multiple experiences of abuse therefore placed Claire in a particularly vulnerable position where she was increasingly susceptible to her partner's tactics of manipulation based on her personal circumstances.

The illusion of a positive and loving relationship created by perpetrators was disrupted after a short period of time, as participants noticed a shift in their personas. Once this shift had taken place, participants accounted for opposing phases in their experience of IPV, where their perpetrators would fluctuate between periods of maltreatment and kindness; thus, supporting this idea that survivors are exposed to contradictory messages in the context of their abusive relationships (Donovan & Hester 2010).

She would go through these spells of being really, really controlling and then she would be fine... There would be periods of time where she was just angry all the time, and then periods of time where she wasn't, and she was happy, and everything was quite mellow (Interview with Katherine, 18 October 2022).

This idea of perpetrators blowing hot and cold can be closely related to Walker's (1979) 'Cycle of Violence'. This cycle – which was initially developed to capture the experiences of heterosexual, female survivors – is comprised of three distinct phases: tension building, acute violence, and reconciliation (Walker 1979). More recently, Harada (2011) has incorporated the same phases of this cycle in a review on same-sex IPV. Throughout their interviews, sexual-minority participants drew attention to their own cycles of abuse. This pattern of behaviour was present regardless of participants' sex, sexual orientation, or the sex of their perpetrators. Therefore, it can be argued from these findings that Walker's (1979) theory is applicable beyond the heterosexual, female population and can be applied to sexual-minority survivors as well.

As participants navigated through phases of tension building and acute violence (Walker 1979), they described the "horrible", "controlling", and "nasty" actions of their perpetrators. However, once these behaviours had reached a peak, a period of calm would follow where their perpetrators appeared to be remorseful for the abuse that they had inflicted. For participants, this phase of reconciliation (Walker 1979) was filled with promises of changed behaviour, in which perpetrators would manipulate survivors into believing that things would be different. Where social services had taken Claire's son away out of fear for his safety, she accounted for her own experience of these tactics:

...At first it was like 'I'll change' and 'we'll get back your son' and 'we'll fight this at all costs' and 'I'm going to get myself better and get on medication' and he did seek inpatient help, but it just got worse though (Interview with Claire, 23 September 2022).

This phase was further filled with apologies for abusive behaviour where perpetrators would imply that their unacceptable behaviours were motivated by love, an idea captured by other scholars (Donovan & Hester 2010; Donovan & Hester 2014; Sanger & Lynch 2017).

...Each time she did it she would say 'sorry, I lose control and I'm sorry, I'm trying to work on myself'. She would blame it on her anger issues. She would blame it on how she just loves me, and it makes her make mistakes, so with time, I don't know if this makes any sense, but with time I began to see it as okay, and I don't know how foolish I was to get to that point. I guess I maybe just hoped she would change (Interview with Alexandra, 9 October 2022).

Where abuse has the potential to be normalised in the context of sexual-minority relationships based on beliefs that IPV is fused with love, concern, and care (Donovan & Hester 2010; Donovan & Hester 2014; Sanger & Lynch 2017), participants accepted their experiences of abuse and built up a tolerance. This is particularly problematic as the view that IPV is a normal characteristic of sexual-minority relationships has been suggested to deter survivors from seeking justice (Browne, Bakshi & Lim 2011). Participants in this sample were not asked whether the beliefs outlined above contributed to deterring them from engaging with the criminal justice system. However, given that only three participants made the decision to report to the police, all of whom were bisexual/pansexual women in relationships with men, this is identified as an area that arguably would benefit from further exploration.

In addition, sexual-minority participants noted that, in the wake of serious incidents of IPV, perpetrators would direct extreme, and sometimes over-bearing amounts of affection their way. Participants used terms such as "suffocating", "fake", and "forced" to describe their perpetrators' actions where they used affection as a tool for reconciliation. This tactic has shown to be particularly harmful, as the combination of emotional abuse and affection can serve to entrap survivors in abusive relationships, fostering the belief that perpetrators may change if survivors hold on to positive times (Donovan & Hester 2014; Rakovec-Felser 2014). However, participants noted that once this "cooling off period" had ended, their experiences of IPV persisted, with the abusive behaviours they were being subjected to getting "progressively worse" over time. Where participants experienced inconsistencies in their perpetrator's behaviours, this left them unsure of where they stood, constantly waiting in anticipation for the next incident of IPV to surface:

There was no real relief from it, even when things were a bit nicer after something had happened and she would be trying to play it off and she would be buddying up to me, that whole time, it just had me on edge (Interview with Kieran, 17 October 2022).

Mind Games

Central to the emotional turmoil experienced by sexual-minority survivors were mind games, as participants drew attention to the manipulative techniques that perpetrators used to torment them. Emotional and psychological abuse has been widely recognised to encompass a broad spectrum of abusive behaviours that target survivors' mental and psychological well-being (Karakurt & Silver 2013). Across the interviews, sexual-minority participants accounted for the unique tactics executed by perpetrators and how they affected them survivors a mental capacity.

Sexual-minority participants reflected upon the efforts employed by their perpetrators to cause further emotional damage in the aftermath of an incident or argument. These efforts consisted of turning off mobile devices to limit communication, making threats of self-harm, and giving survivors the silent treatment. For Lauren, her perpetrator had "by the role of admission" disclosed that she used such tactics as a means of hurting her. Participants also referred to the numerous ways that perpetrators left them questioning their own sanity and the motives of those around them. Upon leaving their abusive relationships, participants were able to recognise that this self-doubt arose from instances of gaslighting.

Gaslighting has been suggested to be explained well under a sociological lens, as the effectiveness of gaslighting is bound with ideas around power, social inequality, gender, and sexuality (Sweet 2019). Where perpetrator's attempts at gaslighting produced a distorted sense of reality for sexual-minority participants, they used terms such as "insane", "crazy", and "psycho" to capture how they felt underneath the surface. These feelings arose from the direct and indirect suggestions of perpetrators who deliberately sewed "seeds of doubt" in their minds.

The presence of mind games in the lived experiences of sexual-minority participants manifested in a variety of different ways; however, one common experience shared by numerous participants were perpetrators' attempts to turn survivors against their loved ones:

She would point out shitty behaviours about my friends and even my family members. She tried to like make up shit about them in my head, like their behaviours and stuff... I was so manipulated into believing that she was right about these certain people, like she made me believe that she was the only one that I could trust, like everyone else was evil (Interview with Christina, 27 July 2022).

...He would make comments about my family and friends that kind of made me think that they were kind of controlling and talking about me behind my back and things like that (Interview with Cameron, 21 September 2022).

Where perpetrators caused sexual-minority survivors to question their relationships with their friends and families, this served to isolate participants from important people in their lives, as they internalised the belief that these individuals were disingenuous and insincere. The impact of gaslighting in this instance was particularly harmful for participants, especially where existing findings suggest positive relationships with friends and family are a fundamental mechanism that supports sexual-minority survivors to identify their experiences of IPV, receive emotional support, and ultimately leave abusive relationships (Bornstein et al. 2006; Hardesty et al. 2011; Renzetti 1989). Therefore, this separation from loved ones initiated from gaslighting can be argued to have left sexual-minority participants in a particularly vulnerable position as they believed that they had nowhere to turn.

Participants further developed on their experiences of gaslighting in their interviews, in which their perpetrators would say or do something hurtful and respond to survivors' reactions by suggesting that it did not happen and was rather a figment of their imaginations. Both Emma and Katherine communicated that they had witnessed text messages which revealed that their partners had been unfaithful to them, yet when they confronted them about this discovery, they were both manipulated into the belief that they had imagined it. This manipulation persevered even after Katherine had physically observed her perpetrator holding hands with someone else. Driven by the suggestions of her perpetrator, Katherine believed insanity was the "only logical explanation" for what she was experiencing during this time; thus, she sought medical advice as her perpetrator forced her to do so:

I think I was in a very weird place so I got prescribed antipsychotics that I never should have been on in the first place, but obviously at the time when I've had that conversation and I think the doctor's seen me in such a manic state and thought it was the right thing to put me on, but not for the right reasons (Interview with Katherine, 18 October 2022).

As the impact of gaslighting ran so deep, Katherine was prescribed medication under false pretences. This experience further compounded her own belief that she had fabricated the circumstances she was subjected to. Interference with mental health service decision-making has been recognised as a tactic employed in heterosexual relationships, as male perpetrators have been found to encourage their partners to engage with these services to reinforce doubts around their own sanity (Sweet 2019). From Katherine's experience, it is

evident that these findings can also be applied in the context of sexual-minority relationships based on the similarity in her experience.

Difficulties Labelling Abuse

One of the most prominent aspects across all the participants' interviews was that they struggled to label their experiences of IPV for what they were. This was an aspect of their experiences of IPV that they found particularly difficult due to their conflicting feelings. The recent findings of Safe Lives (2020a) from a sample in Aberdeen suggest that young survivors are more likely to use descriptive terms like "toxic", "manipulative" and "controlling" to describe their abusive relationships, rather than directly labelling their experiences as IPV. This avoidance to use the term IPV to describe experiences of abuse was also reflected in the interviews of sexual-minority participants, who tended to recognise the unhealthy and problematic nature of their relationships yet did not explicitly label what they were enduring at the time as IPV.

Where sexual-minority participants presented difficulties in labelling the patterns and behaviours in their intimate relationships as abuse, this was influenced by a variety of factors that fed into their experiences. As noted in Chapter Two, sexual-minority individuals are not a homogenous group despite this inaccurate assumption being a common characteristic of scholarly literature (Donovan & Barnes 2020b); therefore, it is important to apply an intersectional approach advocated by Donovan and Hester (2014) to establish the differences evident in their lived experiences. Whilst there are differences surrounding IPV across each of the sexual-minority sub-groups (Donovan & Hester 2014), this difficulty of labelling abuse was present across all sexual-minority participants regardless of their sexual orientation. Rather, differences arose in the underlying factors that influenced how participants defined their experiences.

I knew that it was bad, and I knew that it was toxic, but I thought it was just like a toxic relationship and this happens, and it must just be this way because I'm with a girl because obviously I had been with girls before but not in the sense of a full serious relationship (Interview with Amelia, 26 September 2022).

Whilst in the depths of her relationship, Amelia struggled to recognise that what she was experiencing was IPV. Being a young survivor, her use of descriptive terminology like "toxic" somewhat supports the findings of Safe Lives (2020a). Despite the findings of Safe Lives (2020a) being based on a sample of 13- to 18-year-olds, further research accounts for the vulnerable position held by sexual-minority survivors under the age of 25, as their lack of romantic experience and knowledge limits their ability to recognise and define IPV (Donovan)

& Hester 2014). The interaction between Amelia's age and sexual-minority identity therefore can be argued to have shaped her perception of her experience.

More specifically, Amelia struggled to situate herself as a survivor in the context of her same-sex lesbian relationship. This difficulty extended to other lesbian participants who also expressed an inability to attach the label of IPV to abusive behaviours where they were inflicted by female perpetrators. Where the nature of the public story and 'ideal victim' narrative portrays IPV to be a problem rooted in heterosexual relationship dynamic (Donovan & Hester 2014), with heterosexual, white, middle-class women being deemed as worthy of victim status (MacDowell 2013), it is not surprising that heteronormative understandings presented as a barrier for lesbian participants in labelling their experiences as IPV where they could not align their identities with these pervasive narratives.

Moreover, where heteronormativity has contributed to dichotomous understandings around the lesbian identity (Faderman 1991), Katherine and Christina voiced further difficulties in their own recognition of IPV based on their masculine presentation. Stereotypes surrounding female masculinity contribute to societal ideas that masculine presenting women play a more dominant role in relationships in line with their masculine identity (Little & Terrance 2010). Additionally, the suggestion that feminine women are inherently non-violent based on traditional ideas of femininity pose difficulties in visualising 'femme' partners as perpetrators (Hodges 1999). Where these dominant stereotypes weaved through the experiences of both Katherine and Christina, both women struggled to come to terms with the fact that they were indeed survivors who had experienced IPV. The relationship between masculinity and recognition of IPV also emerged in Kieran's interview. Where Kieran was asked to identify the point that he recognised his experienced as IPV, he responded:

I really didn't want to, like I couldn't accept that it was abuse... I don't think I should be potentially a victim, like when people look at it, I'm a foot taller, like I'm heavier, it shouldn't be that I'm a victim. I couldn't see it like that (Interview with Kieran, 17 October 2022).

Although Connell's (1983; 1987; 1995; 2000) concept of hegemonic masculinity would suggest that Kieran's bisexual orientation is associated with weakness and sensitivity, as his attraction to men places him in a subordinate position in a hierarchy of power, societal expectations of masculinity skewed Kieran's own perception of the IPV to which he was subjected. Based on his male identity, Kieran struggled to label himself as a survivor because he did not associate his gender and related characteristics with the possibility of victimisation. This separation between the male identity and survivor status is captured in existing literature (Duke & Davidson; Letellier 1994). Moreover, where the dominant

narrative of the public story indirectly implies that males do not experience abuse and females do not perpetrate abuse based on presentation of gender, this suggests that men are strong perpetrators and women are weak victims (Donovan & Hester 2014; Donovan & Barnes 2020a), this immediately excludes Kieran from societal recognition as a survivor of IPV based on the sex of both him and his perpetrator. Likewise, as Kieran's gender and sexual orientation deviates from the norms of who is considered as the 'ideal victim' (MacDowell 2013), it is not surprising that he struggled to come to terms with the abuse to which he had been exposed.

Beyond the gender and sexual orientation of the participants, the avoidance of the label IPV was centred around discussions of emotional and psychological abuse. Although legislation has evolved in recent years to consider emotional and psychological forms of IPV as a criminal offence (Scottish Government 2023a), participants tended to minimise their perpetrator's abusive behaviours where it lacked a physical component.

I think sometimes I think I diminish my feelings on it a wee bit because I'm like there's people who have been stuck there like that for so long but in reflection, I realise that I was being abused the full time, but I just wasn't being physically abused. It was just that one day that it was physical (Interview with Emma, 22 September 2022).

As physical abuse takes precedence in the public story of IPV (Donovan & Barnes 2017), this contributes to a societal preoccupation with physical forms of IPV, leading to more discrete forms of IPV being overlooked. In their interviews, participants voiced that they were less likely to use the term IPV where perpetrators employed emotional tactics of abuse. This reluctance to use the term persisted even where participants had been subjected to physical abuse as well.

Participants drew attention to the ways that they excused the behaviour of their perpetrators, as they "brushed it to the side" and "pretended it did not exist". Only after participants had left their abusive partners did they truly begin to recognise and label their experiences for what they were, with many noting that they recognised that they had been subjected to IPV from the onset of their relationships. The contributions of these participants suggest that hindsight is a core aspect of sexual-minority survivors being able to define IPV for what it is. This is enormously problematic as, had survivors been able to recognise the reality of their circumstances earlier, then they perhaps would have been able to walk away sooner. Therefore, participant experiences suggest that the public story of IPV highlighted by Donovan and Hester (2014) needs to undergo significant transformation so that sexual-

minority survivors can situate themselves in this narrative, recognise the abuse to which they have been subjected, and ultimately leave their abusive relationships.

Living in Fear

The constant threat of abuse and violence experienced by sexual-minority participants induced an overall state of fear across their existences. Although the presence of fear was evident throughout the duration of their abusive relationships, the lived experience of fear tended to spike in line with specific turning-points in sexual-minority relationships. Where the lived experience of IPV has been recognised to jeopardise the emotional and social well-being of sexual-minority survivors (Irwin 2008; LGBT Youth Scotland 2011), feelings of fear and distress further compounded the negative repercussions of IPV for participants. Each of the participants accounted for the looming nature of fear, and how it influenced a shift in their own behaviours and beliefs both during and in the wake of IPV.

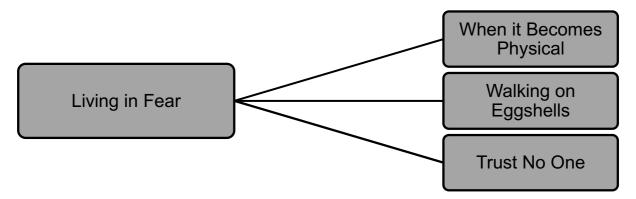


Figure 5.2: 'Living in Fear' Thematic Map

When it Becomes Physical

One prominent turning-point captured in the lived experiences of sexual-minority survivors was the transition from emotional and psychological forms of IPV to physical instances of violence. As noted earlier in this chapter, the presence of emotional and psychological abuse alone had a detrimental impact on sexual-minority survivors; however, where physical forms of abuse seeped into their experiences, this induced significant levels of fear for these participants.

For her to actually go for it and really hit me and it was honest to God like a whole different feeling where I felt like nothing was safe. It took away a safety net for anything that had ever been... I was so scared. That was the worst part of it all (Interview with Emma, 22 September 2022).

In their interviews, sexual-minority participants who had been subjected to physical abuse disclosed their first experiences of physical violence in the context of their abusive relationships. For each of these participants, they noted that the transition from emotional to

physical abuse stemmed from extremely heated arguments between themselves and their perpetrators. In the immediate aftermath of the first experience of physical violence, participants tended to share similar feelings of astonishment, using terms such as "stunned", "numb", and "shocked" to encompass how they felt at this time. Kieran further developed on his own experience, stating:

I didn't know what to do, and to be honest, it was quite triggering for me as I have come from a household where there was domestic abuse quite frequently so it just kind of put me in a trance (Interview with Kieran, 17 October 2022).

Where Kieran had previous lived experience of abuse, the transition to physical violence in the context of his intimate relationship was particularly significant, causing notable levels of emotional distress, which were compounded by the disbelief that he had been exposed to IPV again. These feelings were also present for Emma, who had also been subjected to abuse in her childhood. Based on both Emma and Kieran's experiences, this suggests that multiple exposures to IPV contribute to the magnification of fear where sexual-minority survivors are subjected to physical abuse.

Once the first incident of physical violence had taken place, participants noted an increase in both the frequency and severity of their experiences of physical abuse, which is a recognised pattern in abusive relationships (Boxall, Morgan & Brown 2020). This increased intensity and regularity of physical abuse deepened the fear of sexual-minority survivors. In this participant sample, gay male survivors were not subjected to physical abuse in their relationships. However, female survivors in same-sex relationships found their experiences to be further infiltrated by the harmful and inaccurate narratives around IPV captured in Chapter Two.

Where traditional feminist discourse has cultivated societal ideas that female same-sex relationships are egalitarian, that women are inherently less violent, and that power dynamics are eliminated in relationships between two women (Barnes 2010; Hester 1992; Ristock 2002), perpetrators were able to take advantage of such beliefs as they subjected their partners to physical abuse. This created space for perpetrators to suggest that these women were equally responsible in incidents of physical violence, arguing that their attempts of self-defence were rather mutual abuse, instead of what Donovan and Barnes (2020a) refer to as 'space for reaction'. However, the reality of the situation was that their reactions were motivated by fear and the need to protect themselves. Amelia elaborated on her experience even further, disclosing that her perpetrator downplayed the severe violence to which she subjected her, using statements like "I'm not hitting you, I'm pushing you" to

minimise her feelings of distress. This minimisation of IPV was paired with deliberate measures to hide physical abuse from the outside world:

...She would never punch me in the face ever because I think then she would have realised she was actually battering me but also that other people would realise that she was battering me... Like her thing was choking me, like properly strangling me and it got to the point where I actually passed out (Interview with Amelia, 26 September 2022).

Sarah shared this experience as well, as she disclosed that her male perpetrator would regularly beat her round the body with a belt, so that any marks that were left were hidden beneath her clothing, free from the identification of others. These experiences support existing findings, as Roch (2012) uncovered that this calculated tactic has been employed in the context of male same-sex relationships, with gay and bisexual men being subjected to such tactics as well. In addition, other survivors in this study who had been subjected to physical abuse suggested that the conditions of the pandemic meant that any signs or injuries caused by acts of physical violence could be hidden from others because of the restrictions to movement in place at this time.

In parallel with their experiences of fear, the transition to physical forms of IPV caused participants to question the roles that they played in their abusive relationships and what they had done to provoke their perpetrators to inflict such violence:

I started waking up and thinking how did we get to this point? Surely it didn't just come from nowhere. There must have been stuff that prepared her into thinking that she could then take the evolution step from emotional to physical (Interview with Christina, 27 July 2022).

In addition, where survivors played a passive role – with some participants suggesting that they "condoned" or "allowed" physical violence to persist – the experience of fear was encased with self-blame; an arguably common characteristic of sexual-minority survivors of IPV (Donovan & Barnes 2020a). Moreover, the somewhat acceptance of abuse displayed by sexual-minority survivors was believed contribute to the worsening of IPV. Sanger and Lynch (2017) and Donovan and Hester (2014) draw attention to the harmful narratives present in IPV discourse, in which IPV is implied to be fused with love. Some participants suggested that they endured IPV as they were driven to because of love, with Alexandra directly stating that "love kind of makes you feel like an idiot sometimes". This suggests that not only is IPV fused with love (Donovan & Hester 2014; Sanger & Lynch 2017), but love is a contributory factor that allows IPV to persist in sexual-minority relationships.

Walking on Eggshells

Both during and in the immediate aftermath of an abusive relationship, the sense of fear ingrained in sexual-minority survivors of IPV contributed to the feeling that they needed to walk on eggshells. While in the depths of their abusive relationships, discussions with participants centred around a need to "tread carefully" to stop conflict from boiling over. This idea of walking on eggshells has been frequently captured across IPV literature (Altman 2017; Entilli & Cipolletta 2016; Goodchild 2016; Martin-Denman 2021). However, whilst these sources account for both male and female survivors of IPV, they do so from a heterosexual standpoint. Where sexual-minority participants shared a similar experience to their heterosexual counterparts, they accounted for their cautious movements around their perpetrators. This could arguably be viewed as management of rule two outlined in Donovan and Hester's (2014) relationship rules, with survivors in this study recounting their efforts to minimise abusive behaviours that were deemed their responsibility: "As long as I didn't really push the boat too much in terms of being confrontational or like yeah, speaking my mind, things would be calm." (Interview with Christina, 27th July 2022).

However, whilst sexual-minority survivors deemed these measures necessary to keep the peace, they struggled with their own need for conflict resolution and communication to address any pressing issues or concerns:

...As the relationship went on, I just felt like I couldn't really say or do anything without feeling like I was gonna cause an argument... I couldn't say anything about how I felt because I was deemed as sort of being, you know, looking for fights and stuff and I wasn't at all. Anyone that knows me knows that I'm not confrontational in the slightest. But it just, yeah, I couldn't say anything about how I felt or what my opinion was on something because I was just waiting for it to start (Interview with Lauren, 24 September 2022).

Where the conditions of their abusive relationships shaped the way sexual-minority survivors navigated around their perpetrators, participants used terms such as "weak", "vulnerable", and "timid" to capture how they were feeling. As these feelings intensified in line with amplified experiences of abuse, participants suggested that during this time, the likelihood of them fleeing their abusive relationships seemed like an improbable prospect, as they considered themselves to be too fragile to walk away: "It wasn't as simple as just leaving. I couldn't. I was trauma bonded to the girl. I couldn't just leave and didn't think I was strong enough that I ever could" (Interview with Amelia, 26 September 2022).

Although each of the participants had eventually managed to flee their abusive relationships, the need to walk on eggshells was also woven into their lives post escape. Leaving an

abusive relationship did not instantly eradicate the state of fear experienced by sexual-minority participants, as their cautious approach to life extended beyond their abusive relationships. This behaviour predominantly centred around the real or perceived threat of stalking. Reflective of the findings of Magić & Kelley (2019), who suggested that gay men and bisexual survivors are most vulnerable to stalking from an intimate partner, concerns around stalking were present for participants who identified this way, as well as Claire who identified as pansexual. These participants recounted the measures undertaken by their perpetrators to make their presence known, even though they were no longer together:

...He still kept trying to get in contact with me either through like every time I blocked him on Facebook, he would start a new profile and message me or on Instagram or he would set up fake profiles on Grindr and try and chat to me and things like that, so he still was letting me know that he was there (Interview with Cameron, 21 September 2022).

...He eventually did find out where I lived and kept trying to come to my house and I got CCTV, well the ring camera put on my phone on the front door and I could see that he was coming to my house, and I could see his car coming past and I just thought 'I can't live like this (Interview with Claire, 23 September 2022).

The presence of such scare tactics employed by perpetrators maintained the state of distress and fear born out of the survivors' experiences of IPV, leading participants to take further protective actions. This included measures such as deactivating social media accounts, avoiding certain geographic areas, or even leaving the house entirely. For Claire, this vulnerability and fear was so ingrained that she believed that someone would notice her in a local shop and notify her perpetrator of where she was:

I was in fear of leaving the house to the point where I was getting my shopping delivered. I was scared to even say hi to people in case they recognised me and figured out where my house was and then told him where I was living (Interview with Claire, 23 September 2022).

The feelings of sexual-minority survivors can be perceived as a rational fear of threat, as perpetrators engage in post-separation abuse. Donovan and Hester (2014) discuss this in their work, highlighting the various means undertaken by perpetrators in the aftermath of an abusive relationship. Such measures include attempts to re-engage survivors or persistent attempts to punish survivors for breaking what they define as relationship rules. Claire's experience relates to the latter of these measures and suggests that the belief that one needs to walk on eggshells is heightened in the presence of such abusive tactics, with fear leading to her taking drastic measures to remain out of sight of her perpetrator.

Trust No One

Ability to place trust in others was called into question in the aftermath of fleeing an abusive relationship, as sexual-minority survivors tended to err on the side of caution when it came to trusting other people. LGBT Youth Scotland (2011) have previously argued that there exists a lack of trust in sexual-minority survivors in the wake of IPV. This finding was translated into the interviews of participants in this study, who noted that they were "suspicious", "wary", and "guarded" in their interactions with others, as they had concerns around what their intentions were. The careful and wary approaches adopted by sexual-minority participants ultimately were founded upon the breaches of trust in their abusive relationships, where people who were supposed to love and care for them had rather subjected them to significant levels of abuse and maltreatment.

Participants voiced that the experience of IPV aroused a shift in their views of other people where trust was concerned. These distortions to their perceptions tended to stem beyond those who they shared intimate relationships with:

It changed like my perception on everything, like people who I'd known for longer than her. I never had to worry about trust with them before, but I started not trust them. Even with stuff that doesn't relate to that [IPV]. I didn't trust what people were telling me or if they wanted to hang out with me or if they were just using me (Interview with Emma, 22 September 2022).

These suspicions in the motives of others prevailed even where sexual-minority participants recognised that they could be authentic people:

I don't have any trust, like I have a real problem in trusting people, like in the back of my head even if I can see someone is genuine, I will assume they are lying because my experience doesn't give me anything to believe otherwise (Interview with Katherine, 18 October 2022).

As mentioned earlier in this chapter, many of the participants had been exposed to manipulative tactics, similar to what Donovan and Hester (2010) reference in their discussion around 'practices of love' in the early stages of their abusive relationships. Where intense declarations of love that construct an illusion of care are met by heinous experiences of IPV in short succession, it is not surprising that sexual-minority survivors were sceptical of those around them. This scepticism tended to be more prominent in sexual-minority survivors who had been exposed to IPV at multiple points in their lifetimes, as the patterns in their lived experiences caused them to harbour negative feelings around trust in an intimate capacity. Correspondingly, Rachel articulated the protective measures she felt were necessary to shield herself from further harm and maltreatment:

I don't feel like they [a partner] would get all of me. They would just get a very watered-down version of me... You want to show your partner all those things about you or you want to show a potential partner everything you can be, but you can't show them that because you're absolutely petrified that it will turn out exactly like it was before, so you definitely only give like 40 percent of yourself and keep that 60 percent to yourself to protect yourself from any potential hurt that could happen (Interview with Rachel, 11 September 2022).

In the instance that sexual abuse fed into sexual-minority experiences of IPV, participants also expressed a lack of trust where it was concerned with the physical body. These participants accounted for the difficulties that arose when it came to being intimate with another person, suggesting that they had to "re-train" their minds to not "tar all people with the same brush" due to fears of being subjected to sexual violence again. Statistics suggest that the bisexual population are at most risk of sexual forms of IPV (Office for National Statistics 2018; Magić & Kelley 2019). This finding was reflected in my research, as lack of trust around sexual intimacy was more common in bisexual and pansexual participants who all, bar Kieran, had experienced sexual abuse to some extent. Those who had been subjected to sexual abuse at the hands of a male perpetrator emphasised their "mistrust in men" in the wake of sexual abuse, with the suggestion being made that "learning to trust men again was one of the biggest hurdles" (Interview with Rachel, 11 September 2022).

Beyond fears around breach of trust in personal and intimate relationships, sexual-minority participants also suggested that they struggled to trust others who they confided in about the abuse they had endured. Wariness in these interactions tended to centre around their sexual orientations, with participants fearing that they would be met with negative responses based on their sexual-minority identities. Participants were aware of "heteronormative standards" in IPV discourse, and how heteronormativity feeds into the formation of stereotypes (Donovan & Barnes 2020a). This, alongside the requirement for sexual-minority individuals to justify their sexual orientations in a heteronormative society (Martin 2009; Myers & Raymond 2010), posed difficulties around disclosure of IPV. Where it was necessary for participants to navigate these conditions and they felt that they could not wholeheartedly trust others with the details of their experiences, they faced significant difficulties sharing their stories with other people:

I've always kind of felt like people are like stand offish and not quite believing that I'm bisexual and in general, I feel like I have to not prove myself but validate myself for them for who I am, so it's, it's always been an underlying worry of who I could talk to about it [IPV] because people who I thought I could talk to about it and rely on now

don't speak to me and those were people who I was friends with for years (Interview with Kieran, 17 October 2022).

The excerpt above draws particular attention to the two-directional discrimination experienced by those who identify as bisexual (Todd, Oravecz & Vejar 2016). Where the bisexual orientation is viewed as a transitional phase between heterosexuality and homosexuality, rather than being accepted for a valid sexual orientation in itself (MacDonald 1981; Ozalas 2020), bisexual survivors of IPV struggled to trust others in discussions around their experiences, as harmful beliefs around bisexuality tended to dictate the responses they received upon disclosure of abuse.

Feeling like a Shell

The prolonged periods of torment and suffering had an overwhelming impact on each of the participants, as sexual-minority survivors shared a common ground in which their experiences of IPV left them feeling like a shell of their former selves. This theme signals the idea that sexual-minority survivors viewed themselves in two different lights: the person they were before the abusive relationship, and the person they became because of the abusive relationship. Ultimately, the detrimental aftermath of abuse diminished the way that these survivors viewed and carried themselves, as exposure to such heinous maltreatment had a substantial impact on their own self-worth and sense of self, particularly in the instance that their perpetrators targeted specific aspects of their identity.

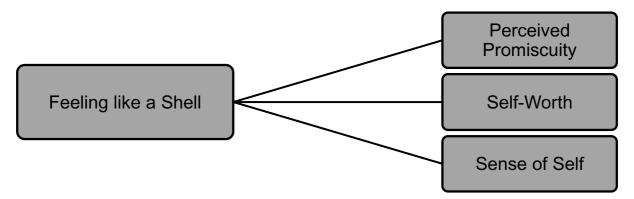


Figure 5.3: 'Feeling like a Shell' Thematic Map

Perceived Promiscuity

One of the most frequent themes that emerged as sexual-minority participants detailed how their experiences of IPV left them feeling like a shadow of their former selves was the notion of perceived promiscuity. IPV motivated by perceived promiscuity was predominantly experienced by bisexual participants, with every bisexual participant accounting for exposure to biphobia at least once in the context of their intimate relationships. Where biphobic attitudes inaccurately categorise bisexual individuals as inherently promiscuous beings

(Klesse 2011), participants drew upon the ways that their perpetrators deprecated their sexual identities.

Assumed promiscuity aligned with the bisexual sexual orientation manifested in different ways for participants, as their experiences were frequently dictated by their own sex and the sex of their perpetrator; thus, highlighting the need for an intersectional approach in the exploration of bisexual lived experience (Head 2020). Sarah explained that her male partner "sexualised" and "belittled" her bisexual identity, a clear example of identity abuse experienced by bisexual people. Where she was objectified by her partner, this fed into her experiences of sexual abuse, having long-lasting repercussions in an intimate capacity:

I have no sexual confidence anymore... For a long time after this, any sex I had I encouraged people to be rough with me because in my mind that was how you had sex with someone who loves you (Interview with Sarah, 12 September 2022).

However, the impact of perceived promiscuity and subsequent biphobic abuse unfolded in a different manner for other bisexual women in opposite sex relationships. These women paid attention to the ways that their perpetrators made them feel ashamed of their bisexual identity. As biphobic attacks were directed their way, these women noted that they internalised their perpetrator's loathing of their bisexual attraction. For Jane, who lived in a rural Scottish community that was less accepting of sexual-minority status, the biphobia-motivated IPV inflicted by her partner further fed into her own insecurities surrounding her sexual orientation, where she begun to believe that she was "disgusting" and "wrong" as a result of directed identity abuse. Distinct from the experiences of bisexual women, Kieran also drew upon his perpetrator's efforts to belittle his bisexual identity:

"... it [the abuse] then started to become very emasculating, like I wanted to just be with men because I wasn't actually a man or because my dad wasn't there that I'm 'looking for a daddy' kind of thing, and it was just always something kind of lingering there, like me liking men made me less of a man." (Interview with Kieran, 17 October 2022).

Where hegemonic masculinity has been suggested to create space for IPV to unfold in the context of male same-sex relationships (Connell 2005; Jeffries & Ball 2008), Kieran's experience suggest that ideas of hegemonic masculinity can influence the IPV inflicted upon bisexual men in opposite sex relationships as well. As Connell's (1983; 1987; 1995; 2000) notion of hegemonic masculinity suggests that gay and bisexual men are inferior to their heterosexual counterparts and are subsequently in a sub-ordinate position in the hierarchy of power compared to heterosexual men, Kieran's perpetrator was able to undermine his male identity through identity abuse. More specifically, the use of sexual identity-orientated

hateful language – which has been recognised to diminish survivors' self-esteem and self-perception (Smith et al. 2023; Woulfe & Goodman 2018) – ultimately warped the way Kieran viewed himself, both as a man and as a bisexual individual.

Moreover, the label of promiscuousness that was attached to bisexual participants by their perpetrators had an impact on their existence as social beings. Although previous findings suggest that bisexual individuals are not trusted in the company of individuals of the same sex when in opposite sex relationships, and not trusted around individuals of the opposite sex whilst in same sex relationships (Li et al. 2013), participants rather suggested that they were explicitly made aware that they were not trusted in the company of anyone, regardless of their relationship dynamic. For bisexual participants, this mistrust was a motivating factor for intense emotional abuse and coercive control, which is experienced at alarming rates by bisexual survivors (Head & Milton 2014). This control limited bisexual survivors from having both male and female friends. They described these restrictions as "exhausting" and "draining" where they were relentlessly accused of being unfaithful to their perpetrators. The persistent exposure to such accusations caused Alexandra to incessantly review her own interactions with others, as she explained:

...At a point, I couldn't even say hi to someone because I felt like I was constrained to always look at her for assurance to even wave to someone or give a person a hug around her. It was seeking validation from her to do things that are normal for humans, and this was a lot for me (Interview with Alexandra, 9 October 2022).

Although existing research has suggested that attacks around sexual orientation segregate sexual-minority survivors from those to whom they could have a potential attraction (Bornstein et al. 2006), the identity abuse experienced in Rachel's relationship caused by perceived promiscuity also had an impact on her daughter. In her interview, Rachel voiced that her partner's insecurities around her sexual orientation ran so deep that he assumed she was sleeping with anyone that she interacted with, including parents dropping their children off at her daughter's school:

My daughter ended up not going to school for the best part of a week because we were staying with him and I said I was going to get up and take my daughter so school and he said 'no, you can't go because you'll be going out and you'll be surrounded by people you fancy, no you're not allowed to go out'... So, she just didn't go to school, and I made up an excuse and emailed the school to say she had chicken pox (Interview with Rachel, 11 September 2022).

As her perpetrator had chipped away at her so deeply, Rachel felt unable to dispute his demands, despite the impact it had on her child's education. In their exploration of lesbian

and bisexual mothers, Hardesty et al. (2011) found that women from this community labelled IPV as intolerable where it impacted their children. Although Rachel mentioned the insufferable identity abuse that affected both her and her child, she had lost so much of herself in the duration of her abusive relationship that she felt that she could not contest against his demands.

Self-Worth

Participants accounted for the gradual downward spiral ignited by their exposure to IPV, and how this experience essentially chipped away at their self-worth and how they felt about themselves over an extended timeframe. Many participants indicated that, prior to their experiences of IPV, they considered themselves to be in a relatively stable place in their lives, had positive support networks, and possessed little concern about their mental-health and well-being despite frequent "ups and downs". Sparked by the abusive behaviours to which these individuals were subjected, a major shift occurred in which sexual-minority survivors viewed themselves in a negative light, with deterioration arising from the tactics employed by their perpetrators.

Central to the decline in self-worth were perpetrators' efforts to belittle sexual-minority survivors. Participants recounted targeted attacks executed by their perpetrators, who deliberately belittled and undermined their partners. Robert and Kieran, who were not in employment in the duration of their abusive relationships, faced constant criticism from their perpetrators who used labels such as "useless" and "waster" to diminish their self-worth. The consistent exposure to such harmful language led these men to harbour negative feelings about themselves, with the following excerpts capturing the devastating impact that verbal abuse had on their self-worth:

It gutted me, like I still kind of feel like I'm a bit hollow from it (Interview with Kieran, 17 October 2022).

It really made me feel crap about myself and like I was worth nothing and was doing nothing good with my life (Interview with Robert, 14 September 2022).

From the interviews, it became apparent that self-perceived power dynamics in their abusive relationships contributed to the likelihood that sexual-minority survivors would internalise abuse and display poor self-worth. In Kieran's relationship, where his female partner was employed and controlled all their finances, this power dynamic further fed into his negative self-perception because his perpetrator was able to use her position of power to demean Kieran. Moreover, Robert – whose partner was over a decade older than him, had been in same-sex relationships before, and had been openly out as gay for a longer period of time – noted how his perpetrator used these circumstances as a justification for the deprecating

language he focused in Robert's direction. Where the first-same sex relationship is recognised as a space of vulnerability, in particular where one partner possesses the characteristics of Robert's perpetrator (Donovan & Hester 2014), Robert's experience indicates how these conditions contribute to eroded self-worth. Similarly, Amelia who was also in her first identity-affirming relationship drew attention to the relationship between powerlessness and lack of self-worth in her own experience:

I felt just that I wasn't in control of myself at all, because after that I was still wanting to be with her because I had some sort of trauma bond to her, so I felt like in myself that I had no control of myself. I felt horrible about myself, like I felt really low, and I felt like I wasn't worth anything at this point (Interview with Amelia, 26 September 2022).

For Amelia, her self-worth was not only diminished by her perpetrator's abusive behaviours, but also by her own longing to remain in a relationship with her perpetrator, regardless of the extreme harm to which she was being subjected. Although a psychological theory, Dutton and Painter (1981) draw attention to the sociological concept of power, in which trauma bonds arise from powerlessness, sporadic abusive behaviours, and subsequent feelings of dependence. Where this dynamic has been suggested to decrease the self-worth of the subordinate party (Dutton & Painter 1981), this is reflected in Amelia's experience, as her inability to walk away from the abusive relationship compounded her own feelings of worthlessness.

Overall, the negative feelings harboured by sexual-minority participants relative to their self-worth moulded the ways in which they carried themselves outwardly. Exposure to IPV has previously been found to have a negative impact on self-esteem (LGBT Youth Scotland 2011); therefore, where these individuals had perceived themselves to have once been "confident" and "social" beings, they suggested that their perpetrator's relentless attacks caused them to become reclusive and solitary, as they no longer felt self-assured enough to mingle with other people.

Sense of Self

Destruction of one's own sense of self was a common outcome of exposure to IPV for sexual-minority participants. In particular, participants in this study felt that their overall identity was impacted by their experiences of IPV. Relative to identity formation, sexual-minority individuals are required to 'come out' to establish a true and secure sense of self (Ragins 2004). Participants reflected upon their own 'coming out' experiences, drawing attention to the intricacies of being a sexual-minority person in a society which operates on heteronormative understandings that are upheld by social structures (Herz & Johansson

2015). Where participants had embarked on a journey of self-discovery and disclosure to feel secure in who they were as sexual-minority individuals, their own sense of selves were called into question and damaged as a consequence of the abuse that they had endured. Jacob expressed: "I feel like the relationship was making me lose myself and question who I am." (Interview with Jacob, 13 September 2022).

The idea that perpetrators moulded sexual-minority survivors into a version of themselves that they did not recognise was a shared experience across each of the participants. This shift in sense of self appeared to manifest in two distinct ways: censorship of sense of self and damage to sense of self. On one hand, participants drew attention to the deliberate measures employed by perpetrators to suppress the identities that survivors had constructed for themselves prior to their abusive relationships:

When I was with him, I wasn't allowed to colour my hair, so I had, you know, kind of rubbish grey hair and I wasn't allowed to wear my contact lenses and he didn't like my tattoos and he didn't like piercings or anything like that (Interview with Cameron, 21 September 2022).

These measures served to impose limitations on characteristics that participants held central to their own identities. As captured in the excerpt above, Cameron draws attention to the restrictions enforced by his perpetrator to censor his sense of self. His perpetrator prohibited him from aligning his physical appearance to reflect who he considered himself to be.

Lesbian and bisexual participants shared this experience, as their perpetrators' coercively controlling behaviours led to them not being allowed to have their hair done, wear certain items of clothing, or wear make-up. This attempt at censorship ran so deep that participants were even forbidden from pursuing activities that they enjoyed or watching specific shows on the television. Williamson (2010) draws attention to the impact of coercive control on the identity and overall sense of self of heterosexual women. From the participant interviews, it can be assumed that this is a shared experience across sexual-minority survivors as well, who suggested that they did not know who they were any more in the wake of these experiences.

Sexual-minority participants further drew attention to the damage to their sense of self prompted by their abusive relationships. Where their perpetrators did not explicitly demand participants to censor themselves, sexual-minority participants accounted for the damage to their own sense of self in line with the abuse they endured. This deterioration to sense of self tended to unfold in more subtle ways, as participants documented a gradual decline in the lens they viewed themselves under, with many of them feeling that they had "lost" themselves entirely. For bisexual participants – both male and female – damage to sense of

self tended to prompt negative feelings around their sexual orientations, particularly for those who struggled to come to terms with their sexual identity. Jane, whose discomfort in her bisexual identity was already intensified by the unaccepting environment of her rural community, expressed that her own self-acceptance and true sense of self was further impaired because of the abuse she had endured. Kieran elaborated on this experience further, stating:

... Everything about who I was and what I had built up of myself just wasn't acceptable and wasn't right. It made me feel ashamed of who I was on every level... It was really difficult because it took me about six or seven years for me to even accept that I really liked men... For someone that I loved to pretty much tell me that they hated that I was like that all the time made me feel like a kid, like a confused kid and maybe I wasn't who I thought I was. Maybe it was just my head being my head and it just stripped me down of who I thought I was (Interview with Kieran, 17 October 2022).

Verbal attacks centred around sexual orientation have been previously recognised to contribute to a negative sense of self for sexual-minority survivors (Woulfe & Goodman 2018). However, the experiences of participants in my research suggest that the combination of abusive tactics and internalised biphobia that arise from biphobic attacks further contribute to the loss of sense of self for bisexual survivors. As these participants had previously grappled to come to terms with their sexual and romantic preferences, the experience of IPV contributed amplified feelings of self-loathing and shame captured by Moss (2003) and ultimately warped the lens under which they viewed themselves.

The need to rebuild oneself and construct a new sense of self in the aftermath of an abusive relationship is a core aspect of the healing journey that has been captured in existing literature (Evans & Lindsay 2008; Javaherian et al. 2007). This is something that was reflected in the experiences of sexual-minority survivors. Although participants recognised this as a time-consuming process with various setbacks and hurdles, it was noted as a time to re-establish control of their own lives, transitioning from an era of distress, uncertainty, and fear to a place where they could heal from their experience and build themselves up again. Self-discovery upon leaving an abusive relationship was not easy for sexual-minority survivors, particularly where these participants had struggled to come to terms with their sexual orientation prior to their experience of IPV; however, coming back to oneself or the formation of a healed sense of self seemed to provide an essence of peace and restoration.

Chapter Summary

Overall, this chapter delves beneath the surface to explore the reality of sexual-minority survivors who have been exposed to IPV. Where survivors from this community are excluded from dominant notions in IPV discourse, such as the public story (Donovan & Hester (2014) and the 'ideal victim' narrative (MacDowell 2013), this chapter sheds light on their experiences, arguably provides sexual-minority survivors with a voice, and draws further attention to intersecting factors that feed into their lived experiences.

As different narratives and tactics of IPV fed into the lived experiences of sexual-minority survivors, participants accounted for their feelings of emotional turmoil inspired by the harmful, calculated, and manipulative behaviours of their perpetrators. Despite being exposed to such detrimental actions, sexual-minority survivors voiced significant difficulties around labelling their experiences for what they were in reality; with lack of experience, inability to align with the 'ideal victim' narrative, and precedence of physical abuse posing as barriers that inhibited recognition of abuse. The horrifying circumstances experienced by sexual-minority survivors ultimately left them living in a constant state of fear that arose from their abusive relationships, specifically where the transition from emotional to physical abuse was made. Moreover, survivors alluded to the need to walk on eggshells, which influenced the way that they carried themselves both during and after they had left their relationships, with their abilities to place trust in others being called into question. Despite the challenges around recognition, sexual-minority survivors voiced that their abusive relationships left them feeling like a shell of their former selves, as their self-worth and overall sense of self were jeopardised. For bisexual survivors in particular, accusations motivated by perceived promiscuity had negative repercussions on personal, social, and sexual dimensions.

Both this chapter and the previous chapter have focused on the abysmal circumstances of sexual-minority survivors as they were exposed to unspeakable levels of IPV. Although the lived experiences were situated in the context of the COVID-19 pandemic, the lack of reference to the pandemic in relation to this chapter arguably emphasises the isolated challenge of a sexual-minority identity when in the face of IPV. The following chapter of this thesis moves on to explore the help-seeking behaviours of individuals from this community, placing a light on their experiences of battling against the tide where barriers stand in the way of support.

Chapter Six: Battling Against the Tide

Chapter Overview

This chapter investigates the third of the overarching themes defined in Figure 3.1. The idea of battling against the tide captures the struggles of sexual-minority survivors of IPV whose help-seeking behaviours were influenced by significant barriers. Existing research has outlined the challenging circumstances faced by sexual-minority survivors where help-seeking is concerned. Their outreach for support has shown to be shaped by real or perceived heteronormativity and homophobia, as well as invisibility in mainstream IPV service provision (Calton, Cattaneo & Gebhard 2016; Donovan & Barnes 2019; Donovan & Barnes 2020; Magić & Kelley 2019). Given that these unfortunate circumstances are experienced by sexual-minority survivors, this chapter looks specifically at the barriers to help-seeking experienced by Scottish survivors from this community with some reference to the conditions surrounding the COVID-19 pandemic. Within this overarching theme are three distinct themes as outlined below:

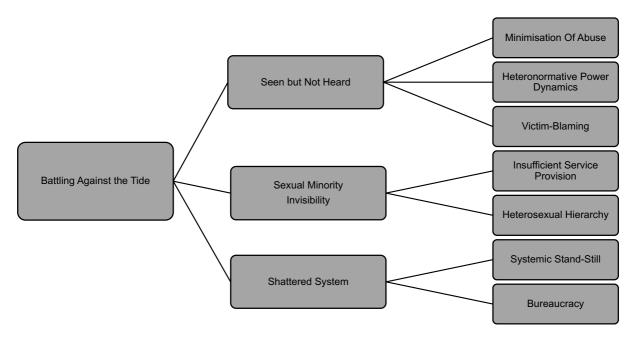


Figure 6.1: 'Battling Against the Tide' Thematic Map

Each of these themes captures distinct barriers to help-seeking experienced by participants in this study. Whilst it was anticipated beforehand that the pandemic would play a central role in issues around help-seeking, participants in this study reflected more extensively on the challenges of being a sexual-minority survivor as opposed to the challenges of the pandemic, hence only one theme being related specifically to these circumstances. Firstly, while sexual-minority participants made themselves known as survivors of IPV, the theme

'Seen But Not Heard' uncovers the unique characteristics of their relationship dynamics and sexual-minority status that inhibit their abilities to have their stories truly heard by others. With survivors placed in a disadvantaged position, "Sexual-minority Invisibility" outlines ideas that sexual-minority survivors are merely an afterthought in the IPV landscape, with dominant perspectives concerned with IPV leading to these individuals fading into the background. Finally, the theme "Shattered System" uncovers the systematic barriers which stood in the way of sexual-minority survivors, some of which arose directly from the pandemic and associated restrictions, to reveal an additional layer of difficulty where formal help-seeking was concerned.

In reference to the aims and objectives of this study, this chapter intends to explore and examine the help-seeking behaviours of sexual-minority survivors during the COVID-19 pandemic. In particular, it focuses on the support avenues chosen by participants and the challenges that hindered support. Overall, this chapter unveils sexual-minority participants' experiences of invisibility and oppression, with specific reference to how dominant narratives and circumstances serve to silence them as survivors of IPV.

Prior to discussions around help-seeking in this chapter, the chosen help-seeking avenues of participants have been outlined in Table 6.1:

Help-Seeking Avenue	No. of Participants Using this Avenue
Mainstream IPV Service	3
Therapist / Counsellor	5
Mental Health Service	2
Police	5 (3 voluntarily) ²
Friends	12
Family	5
University Staff	1
Job Centre Work Coach	1

Table 6.1: Breakdown of Help-Seeking Avenues used by Participants.

2 -

² The survivors who voluntarily engaged with the police were all sexual-minority women in relationships with men.

Seen but Not Heard

Despite sexual-minority participants' efforts to engage in help-seeking and make themselves known as survivors of IPV, they tended to be met with responses that did not make them feel truly heard and listened to. As noted throughout this thesis, both the public story of IPV (Donovan & Hester 2014) and the 'ideal victim' narrative (MacDowell 2013) are so pervasive in IPV discourse that they obstruct sexual-minority individuals from being recognised as survivors. This is because survivors from this community do not align with dominant heteronormative understandings and stereotypes surrounding IPV (Donovan & Barnes 2020a; Donovan & Hester 2014; MacDowell 2013). Consequently, participants found themselves being met with harmful responses that minimised their exposure to abuse, underestimated the dynamics of their relationships, and in some circumstances even considered them blameworthy.

Minimisation of Abuse

Disclosure of IPV prompted responses that downplayed, minimised, or disregarded their experiences of IPV altogether. These harmful, and inaccurate takes on IPV in the context of sexual-minority relationships had negative repercussions for participants, who were left feeling "alone", "misunderstood" and like they were "overreacting" to the horrific abuse to which they had been exposed. Depending on how each of the participants identified, this appeared to play a role in how their experiences of IPV were perceived, both formally and informally, with abuse being minimised for different reasons in different contexts.

Masculinities and femininities have been widely acknowledged in IPV discourse. These concepts have been widely suggested to play a role in how abuse unfolds and is viewed in sexual-minority relationships (Connell 2005; Elliot 1996; Hodges 1999; Jeffries & Ball 2008; Little & Terrance 2010; Renzetti 1992; Ristock 2002). Societal ideas of masculinities and femininities fed into the help-seeking experiences of sexual-minority participants, posing as barriers that shaped responses to disclosure of IPV. As traditional ideas of femininity suggest that women are inherently non-violent and have been argued to diminish the credibility of survivors who have experienced abuse in female same-sex relationships (Hodges 1999), lesbian and bisexual women with female perpetrators in this study felt discouraged or believed they would be discouraged to seek support from mainstream service providers. This was because they felt that such avenues would uphold beliefs that IPV is "less serious" where committed by a woman, or even that it is "impossible" for women to commit such acts of control and violence. Based on traditional ideas of masculinity and

femininity, as well as his own male identity, Kieran discussed his own experience as a bisexual man who had been abused by a female perpetrator:

It's just not a case of we are allowed to be victims. We're not allowed to be vulnerable. I've literally seen other people talk about being hit or seeing women hit men and the man being told to 'man up' because he's complaining, like we should just be taking it. When people think this way, how am I supposed to ask for help? (Interview with Kieran, 17 October 2022).

As a bisexual man, he believed that IPV in the context of his abusive relationship would be trivialised. This concern arose as dominant ideas in society led him to believe formal help-seeking avenues would belittle his experience of abuse where he had a female partner, thus supporting the findings of Donovan and Barnes (2020a) who note the anxieties in sexual-minority survivors whose perpetrators conform to traditional ideas of femininities where formal help-seeking is concerned. Alexandra shared concerns that her experience of IPV would be minimised, and described the thoughts that raced around her mind as she decided who to confide in about her abusive relationship:

Whenever I tried to pick up the phone to someone concerning the situation around me, I would have to first think what the person would think, what kind of conversation we were going to have, how comfortable it is with me talking to the person, and whether they were going to suggest what I had been through wasn't that bad so yeah, it put a lot of strain on who I could tell and who I could not tell (Interview with Alexandra, 9 October 2022).

In support of existing findings that suggest sexual-minority survivors are more likely to engage in informal means of support (Donovan et al. 2006; Freeland, Goldenberg & Stephenson 2018; Merrill & Wolfe 2000; Ristock 2002), participants disclosed their help-seeking efforts to have their experiences validated by their friends and family. Whilst many participants noted the benefits of confiding in their loved ones, this was not a shared experience across the board. For instance, Emma and Alexandra were not met with the responses they had hoped for. Upon confiding in her mother and grandfather, Emma noted that her family members belittled the physical violence she had endured as comparative to a cat fight; an experience that has been suggested in research (Hassouneh & Glass 2008). She voiced her feelings around this minimisation of the abuse:

Even if it was that she just slapped me, it wouldn't be any less bad, do you know what I mean? Like it doesn't matter what the act of violence is, it's still violence and just as bad no matter who it is that's doing it (Interview with Emma, 22 September 2022).

Where Emma was not met with an appropriate response from her family that accounted for the severity of the abuse she had endured, this prevented her from having further discussions about her relationship and ultimately led to her harbouring negative feelings for longer. This experience supports the findings of Donovan and Hester (2014), which suggest that familial rejection of help-seeking contributes to sexual-minority feelings of isolation. In addition, Irwin (2008) has argued that family members can hold negative feelings around survivors' sexual orientations. Because her family possessed such negative attitudes around her bisexual identity, Alexandra refrained from confiding in her family members due to a lack of support; thus reproducing findings that suggest bisexual survivors are motivated to conceal their exposure to IPV from family members out of fear of a negative response (Taylor, Fraser & Riggs 2019).

Unfortunately, the experience of a negative response continued when Alexandra confided in her friendship circle, who did not perceive her experience to be a "big deal" as the abuse was inflicted by a female perpetrator. Her friends suggested that had Alexandra been abused in the context of her previous relationship with a male, this would be more serious, because her female perpetrator was "probably not that violent because she's a girl" (Interview with Alexandra, 9 October 2022). Therefore, where social networks can arguably be less accommodating to sexual-minority survivors (Bornstein et al. 2006), a survivor like Alexandra felt the need to deal with her experience of IPV in isolation.

The idea that IPV is perceived to be less serious when inflicted by a female perpetrator emerged from the interviews of bisexual women in relationships with men, who disclosed that they only came forward about their experiences because their perpetrators were male: "The only reason I said something is because he was a man. If that had been a woman, I can guarantee to you that I wouldn't have reported it because I wouldn't have been taken seriously" (Interview with Rachel, 11 September 2022). Amelia's experience of the justice system substantiates the beliefs exhibited by female bisexual survivors. In the aftermath of her neighbours phoning the police to report her same-sex perpetrator for IPV, she was required to attend court for the charges to be heard. Her case was dropped immediately, despite the fact she had bruises around her neck, suggesting that despite physical evidence, lesbian IPV is not viewed as seriously. However, even though female bisexual participants were able to align more closely with the binaries of power set out by the public story in the instance that they were women being abused by men (Donovan & Barnes 2020a), they noted that their interactions with the police resulted in their perpetrators being charged for alternate offences to an IPV charge:

I don't feel like the police did enough. I feel like they did the bare minimum and rather than kind of going out of their way to help a victim of domestic violence I think they

thought that it was just very minor and that I was making a mountain out of a molehill... I think if they acknowledged that I was bisexual it could have been a hate-crime, so therefore he would've got a more solid conviction or arrest on that, but it just didn't seem important to them. They were more concerned about the telecommunications offence (Interview with Rachel, 11 September 2022).

In Rachel's case, she was discouraged by the police to progress with any charges beyond a telecommunication charge that she had evidence for, arising from harassment via telephone, as her perpetrator phoned her repeatedly to try and scare her. Upon the advice of responding officers taking her statement, who suggested that 'it'll be your word against his', this was the only charge Rachel pursued. In addition, where Claire's perpetrator had targeted abuse in the direction of her child, she was encouraged to focus on a child abuse charge as this had a greater likelihood of a harsher sentence. Based on these interactions with the police that overlooked the severity of IPV, both women were left feeling "defeated" as their perpetrators were only sentenced to community service, with neither facing a custodial sentence: "You've got a child making a statement that he's terrified of this man who's tried to lay a hand on him, and he only got community service" (Interview with Claire, 23 September 2022).

As theorised in existing literature, there exists a 'gap of trust' between sexual-minority individuals and law enforcement, as survivors from this community are discouraged from reporting their experiences (Donovan 2010; Donovan & Hester 2011). Where the police failed to account for the whole picture and minimised instances of IPV when these women approached them, it is arguably not surprising that sexual-minority survivors consider the police to be more unhelpful than other means of support (Merill & Wolfe 2000; Renzetti 1992; Ristock 2002). However, where Merill and Wolfe (2000) and Renzetti (1992) focused exclusively on survivors in same sex relationships, the findings of this study suggest that this perception of the police is also applicable to bisexual and pansexual survivors in opposite sex relationships.

Heteronormative Power Dynamics

Closely aligned with the public story (Donovan & Hester 2014) and the 'ideal victim' narrative (MacDowell 2013), participants referred to notions of power and how they considered real and perceived heteronormative power dynamics as a barrier to help-seeking. In their interviews, sexual-minority participants discussed whether they viewed their sexual orientation as a factor that prevented them from seeking support. Based on the dynamics of their relationships, there was a shared agreement across each of the participants in same

sex relationships that help-seeking was inhibited by IPV stereotypes, specifically where concerned with power.

As noted by Donovan and Barnes (2020a), the heteronormative stereotypes of IPV that emerge from the public story oppresses survivors from sexual-minority communities based on an inability to align with the norm that IPV is a problem perpetrated by men and experienced by women. With stereotypes operating on a binary that men are perceived as strong perpetrators and women are viewed as weak victims (Donovan & Barnes 202a), those who did not conform to this heteronormative dynamic stated that they were discouraged from telling their stories:

Your stereotypical abuse is a straight couple with a sort of you know, a man that's powerful not to put stereotypes on it, but that's what you kind of think of so I think if I'd said that, it would have looked silly, or that's what I think anyway (Interview with Lauren, 24 September 2022).

Lauren's experience thus provides an example of how these binaries discourage sexual-minority survivors from having their stories heard (Donovan & Barnes 2020a). Moreover, based on the hierarchy of masculinities, the hegemonic masculine ideal suggests that the strong, dominant, heterosexual man has the highest position on the hierarchy of power (Connell 1983; 1987; 1995). Given that hegemonic masculinity can be theorised as profoundly heterosexual (Donovan & Hester 2014), sexual-minority participants who were not in relationships with men suggested that the personal and societal inabilities to envision power dynamics in their own relationships were a reason for refraining from help-seeking. Moreover, with the 'ideal victim' being theorised to be a heterosexual, white, middle-class woman (MacDowell 2013), sexual-minority male survivors referred to the relationship between sexual orientation and gender. In particular, Kieran highlighted how his male identity and subsequent notions of power associated with masculinity compounded his invisibility as survivor of IPV:

It's embarrassing because when you look at us, it's a sizeable difference. Like no one would think 'oh, he's being abused by her' like people just don't associate that kind of thing with the dynamic of a male-female relationship. It's usually assumed to be the other way around if there was anything to be happening and I just felt like no one would believe me because why would they? No one ever talks about it (Interview with Kieran 17 October 2022).

Not only did Kieran's identity not conform to the 'ideal victim' narrative (MacDowell 2014), but his relationship dynamic as an abused man in a relationship with a female perpetrator contributed to his perception that he would not be believed as he fell out with the binaries set

out by the public story (Donovan & Barnes 2020a). Thus, his experience highlights the implications this narrative can have for bisexual men in abusive relationships with women. However, while Cameron viewed his sexual orientation and gender in isolation from one another to be barriers to help-seeking, he suggested that the relationship between the two, alongside the sex of his male perpetrator, made disclosure somewhat easier:

...Weirdly being a gay male made it slightly easier because the perpetrator was another man as opposed to a woman. And I don't know why I feel like that, but I do, you know? I guess it probably relates to like the power he had, whereas if my abuser was a woman, it wouldn't be viewed in the same way (Interview with Cameron, 21 September 2022).

From these narratives, the presence and absence of masculinities in abusive relationships and how they relate to power can be considered to shape sexual-minority help-seeking. This association of masculinity with power is not exclusive to relationships where one partner is male but can also be applied in the relationships of female participants with same-sex perpetrators. More specifically, participants' perceptions of power in their abusive relationships tended to associate physical characteristics with power.

As noted by Faderman (1991), the influence of heteronormativity can lead to women with same sex attraction being assigned with dichotomous roles of 'butch' and 'femme'. These roles played a central role in the experiences of lesbian and bisexual women in same sex relationships. With a 'femme' identity being related to traditional ideas of femininity (Kanuha 2013), Lauren, who presented as 'femme' whilst experiencing IPV at the hands of her also 'femme' partner, suggested that external parties would struggle to view her partner as a perpetrator: "...like they [others] wouldn't view her as strong in terms of physical violence, that kind of thing, because we were similar to one another" (Interview with Lauren, 24 September 2022). Lauren's experience reinforces findings that similarities in build and physical strength skew perceptions of power dynamics in same sex relationships (Donovan & Hester 2014; Ristock & Timbang 2005). Moreover, since Lauren was a few years older than her perpetrator, the intersection of her sexual orientation with her age further led her to believe that external parties would not accept her experience of power and control.

On the flip side, the female participants who presented a more masculine role in their relationships struggled to envision how wider society would recognise that they were in fact the abused party in their relationships:

I felt like I would never be taken seriously, like from an outside perspective, I was the more masculine one and I think that anyone who didn't know me personally would

assume I was the abusive one because of the differences between me and her (Interview with Christina, 27 July 2022).

As heteronormative ideas infiltrated and distorted their own beliefs of how the power dynamics would be perceived in their relationships, masculine presenting women exhibited anxieties around help-seeking out of fear that their experiences of IPV would not be given much weight. Additionally, where the reimposition of stereotypes has been argued to associate a 'butch' identity with the role of the abuser (Rollè, Santoniccolo & Trombetta. 2021), these participants shared concerns that the physical differences in terms of build and strength would lead others to believe that they were the perpetrators:

I was more masculine presenting than my partner was, and I think if you were to put us together, I don't think they [the police] would view it as seriously because of how different we were in terms of physical appearance, like height and everything like that and build as well. They would definitely assume that it was me who was in the wrong (Interview with Katherine, 18 October 2022).

In the excerpt above, Katherine specifically discussed her reasoning for not approaching the police about her experience of IPV. It has been suggested masculinities and femininities shape the responses of police officers, as they apply a heteronormative understanding to IPV (Ristock 2002; Merill & Wolfe 2000). Based on this perspective, the police have been argued to tailor their responses to IPV incidents according to perceived power dynamics in same-sex relationships, assuming that the more masculine presenting partner is the perpetrator due to differences in size, build, and strength (Donovan & Barnes 2020a; Hassouneh & Glass 2008). Because the power dynamic in Katherine's relationship could be perceived incorrectly based on physical differences, her view of this being a barrier to help-seeking is not unjustified.

Victim-Blaming

On both a formal and informal level, concerns and experiences of victim-blaming fed into sexual-minority survivors' accounts of help-seeking and posed as a significant barrier. Participants predominantly expressed anxieties that their sexual orientation would be used to blame them for the abuse that they had endured. Alexandra and Jacob, who grew up in Black households, both indicated that they did not have positive 'coming out' experiences with their families, with homophobic attitudes displayed by their family members being believed to contribute to victim-blaming. McKeown et al. (2010) uncovered from interviews with gay Black, Asian, and Minority Ethnic men that homosexuality is largely rejected by Black communities, with same-sex attraction largely not being accepted by family members. Given the homophobic attitudes expressed by their families, both participants indicated that

they did not want to share their experiences of IPV at home as they feared that their sexual orientations would be used to place blame on their shoulders:

I felt that I did not want to share my personal problems in my relationship, especially being a gay man. My family at home weren't really accepting of my sexuality so I felt like I couldn't talk to them about what was going on as they would just blame what happened to me on my sexuality and who I am and who I choose to be in relationships with, you know? (Interview with Jacob, 13 September 2022).

Irwin (2008) notes that sexual-minority survivors are less likely to confide in their families as they are more likely to display negative feelings around sexual orientation. Beyond this finding, Jacob and Alexandra's experiences draw attention to the intersection of race and sexual orientation, and how discriminatory attitudes that arise from different ethnic minority cultures are perceived to feed into victim-blaming.

In the instance that sexual-minority survivors experienced victim-blaming from informal sources of help-seeking, it acted as a deterrent for engaging with formal help-seeking avenues like the police and IPV service providers. When Amelia confided in one of her friends, it was suggested that she was to blame for her experience as she did not want to engage with the criminal justice system:

She [friend] then told me I was stupid for not going to the police for it and basically my fault for not leaving. I understand that she doesn't get it, like I know I come across as strong, so she didn't get it, but when it came to my ex, I wasn't strong at all. I told my friend I need help and she was just like 'well get help then'. I understand that was my best pal and she wanted me to get out of it, but it just didn't help matters (Interview with Amelia, 26 September 2022).

Although not an experience exclusive to sexual-minority survivors, it has been suggested that the informal nature of friendships and lack of expert knowledge around IPV can lead to friends providing inadequate advice that overlooks the complexities of leaving an abusive relationship (Freeland, Goldenberg & Stephenson 2018; Santoniccolo, Trombetta & Rollè 2021). Where Amelia did not take onboard the unconstructive advice given to her by her friend, she was led to believe that she was at fault for the abuse that she had endured. Despite her desire to not engage with law enforcement, her experience of victim-blaming extended further when her neighbour contacted the police upon hearing a domestic incident coming from her home. Upon arrival at the scene, responding officers questioned Amelia on the nature of her relationship with her perpetrator. In response to her disclosure that they were in fact in an intimate relationship, but she did not want to take any action against her perpetrator, the officers replied that she should have said that they were "sisters and not a

couple" if she did not want an arrest to take place.: "...they said if I hadn't said she was my girlfriend then they wouldn't have lifted her, like it was my fault. That put me down something awful" (Interview with Amelia, 26 September 2022).

It has been suggested that lack of disclosure around sexual orientation based on fears around safety can lead to sexual-minority survivors being handled incorrectly by the police (Donovan 2010). However, despite Amelia's honesty with responding officers, she was met with a harmful, and arguably incorrect response that ultimately led to her feeling as though she was to blame for what had unfolded that evening. Sexual-minority survivors have been found to already struggle to place trust in law enforcement to handle their cases appropriately (Harvey et al. 2006). Amelia's experience highlights the importance of a survivor-focused approach, as officers should ensure their actions following disclosure do not leave survivors feeling like they are at fault.

Further concerns around victim-blaming were particularly common across participants who had experienced some form of sexual abuse in their abusive relationships. This fear tended to relate to ideas around promiscuity mentioned in Chapter Five. These participants perceived their sexual orientation to be somewhat of a spectacle, in which others felt that they had the right to ask invasive and personal questions:

I'm very aware that a lot of people, when you tell them you're gay, they feel like that gives them the automatic right to ask questions about your sex life. When a straight couple get engaged or married you don't ask them what they do in the bedroom or if a woman is pregnant, you don't take that as you can ask her what position she conceived in you know? (Interview with Cameron, 21 September 2022).

Correspondingly, participants deemed oversexualisation to lead to victim-blaming if they were to seek support and justice for IPV. These anxieties mirror the experiences highlighted in Crenshaw's (1991) original work on intersectionality, in which Black women were treated unfairly by the justice system based on unjust perceptions of promiscuity. As Cameron's perpetrator had made false allegations that led to his arrest after they had separated, he opted not to pursue a case against his ex-partner, despite police offering their support. His reluctance to seek justice was driven by anxieties that his experience of sexual abuse would be blamed on his gay sexual orientation. Since bisexuality is a commonly oversexualised sexual orientation (Klesse 2011), bisexual survivors shared these concerns:

People think that we're greedy and just want to have sex with everyone. People assume that you're easy because you're bisexual because they think it means you fancy everyone so when it comes to being abused it's almost like people think you deserved it or that you were asking for it... People generally think that people who

are bisexual are slutty, would have sex with anyone and are there to just be used and abused for whatever people want them for (Interview with Sarah, 12 September 2022).

Given that these harmful attitudes exist and evoked significant worries amongst bisexual participants, they were not prepared to willingly have their sexual history "put on a platter for everyone to see". They feared that victim-blaming motivated by perceived promiscuity would lead to a not guilty verdict. These findings support those of Dyar, Feinstein, and Anderson (2021) who argue that, in cases of sexual assault, victim-blaming experienced by sexual-minority women is often fuelled by the negative attitudes around their sexual orientation. This study develops this conclusion further, suggesting that help-seeking – particularly in a legal context – is hindered by the relationship between harmful attitudes and subsequent victim-blaming.

Sexual-Minority Invisibility

The presence of heteronormativity and homophobia in contemporary society has been recognised to pose a significant barrier for sexual-minority help-seeking for IPV (Calton, Cattaneo & Gebhard 2016; Donovan & Barnes 2019; Donovan & Barnes 2020; Magić & Kelley 2019). For the survivors in this study, these attitudes compounded their invisibility, as they were unable to identify avenues of support that catered to their sexual-minority identities and relationship dynamics. In addition, where the heteronormative nature of contemporary society influenced participants' real and perceived responses to sexual-minority help-seeking, survivors drew upon the ways that the heterosexual hierarchy impacted their disclosure of IPV.

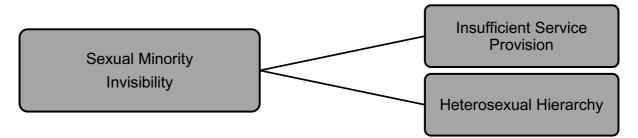


Figure 6.2: 'Sexual-Minority Invisibility' Thematic Map

Insufficient Service Provision

One of the main factors that both compounded the invisibility of sexual-minority participants and hindered their help-seeking behaviours was the lack of specific service provision tailored to individuals from sexual-minority communities. Regardless of sexual orientation, gender, or any other demographic characteristic, when survivors were asked whether they feel that

there are enough IPV services that cater to those who have a sexual-minority identity, the shared consensus was that service provision was inadequate.

Although participants in this study were engaging in help-seeking behaviours amidst the pandemic, this theme makes scarce reference to conditions of lockdown and social distancing in relation to formal help-seeking. Although support for IPV has been acknowledged in other studies to have been impacted by the pandemic (Leigh et al. 2023; Pedersen, Mueller-Hirth & Miller 2023a; Safe Lives 2020c), which will be explored in a later theme in this chapter, the reality for many participants in this study was that they did not perceive formal services to be sufficient to meet their needs, thus the conditions of the pandemic did not have such an influence as they were not approaching these services anyway.

The preference for specific IPV services that accommodate those with sexual-minority identities is a frequently discussed topic in literature, with these services being perceived as increasingly helpful in comparison to heteronormative mainstream services (Bornstein et al. 2006; Freeland, Goldenberg & Stephenson 2018; Irwin 2006; Merill & Wolfe 2000). Participants shared this view, arguing that existing service provision was overwhelmingly tailored towards heterosexual survivors: "we are such a huge community, but at the same time because we are a minority, we don't seem to get as much recognition or help. It seems to be all aimed at straight people' (Interview with Rachel, 11 September 2022). In addition, where support for sexual-minority IPV in Scotland tends to be found in the form of telephone hotlines (LGBT Domestic Abuse Scotland 2021), with face-to-face services being limited to England (Donovan, Magić & West 2021), participants found that they were unable to identify avenues of organisational support located within their jurisdictions:

There are services available for survivors of domestic violence or victims of domestic violence but there aren't any that are specifically for queer people. It's just an umbrella bracket so anyone who has experienced it. There are none that are specific to the LGBT people as far as I'm aware, it's just a bracket for anyone that's experienced but it's not specifically for our community... I genuinely don't think there's any that are devoted to just us [sexual-minority survivors], but if there is, they definitely weren't near or available to me at the time (Interview with Sarah, 12 September 2022).

The lack of specific service provision in Scotland left participants questioning where they fit, if they were going to be welcomed or if they were going to be judged should they choose to approach a mainstream IPV service provider. Katherine further elaborated on her concerns

around mainstream IPV service provision when working with sexual-minority survivors of IPV:

I don't really feel like they are advertised and that's maybe because they don't feel the need to tailor it towards different sexual orientations, but I think that it's important because the experience that people have in heterosexual relationships are gonna be very different from other relationships and I think there should be more advertised support so people do not have to go digging because it is not clear where the support lies... (Interview with Katherine, 18 October 2022).

Ideas around homogeneity in IPV service provision have been captured in existing research. In particular, the generalisation of survivor needs has been suggested to contribute to sexual-minority invisibility where help-seeking is concerned (Donovan & Durey 2018; Donovan & Hester 2014). Where sexual-minority participants did not feel that existing service provision was representative of their community and subsequent needs based on the unique nature of the abuse that they had endured, a few of them ended up paying for therapy in the aftermath of their experiences.

The requirement to research services and whether they could accommodate sexual-minority survivors' needs was perceived to be detrimental, especially when survivors were desperate to receive immediate support. Sexual-minority participants suggested that they had to go "digging" to find services that could help them, since they were not as publicly available as mainstream violence against women services. Participants perceived these services to be available at the fingertips of heterosexual women who can utilise such services, especially because these services are widely recognised and advertised.

Although their experiences were not inherently positive, bisexual women in the study who had male perpetrators suggested that they were able to access these services which operated on heterosexist assumptions, supporting previous findings that suggest bisexual survivors in opposite sex relationships are more likely to use mainstream services (Martin, Gover & Langton 2023; Milton 2014). However, Claire voiced that her accessibility to violence against women services was hindered because her perpetrator identified as a transgender male:

I was only allowed to go in because my ex-partner was officially, legally now a male. He had a gender marker and if he hadn't, then they wouldn't have taken me, and I just think that is disgusting. They would not have taken me in if I was in a relationship with another woman. They even made me show them my ex-partner's gender marker (Interview with Claire, 23 September 2023).

To receive support from the mainstream IPV service that she approached, Claire was required to produce documentation around her perpetrator's gender identity as this service indicated that they would not support her had her perpetrator been female. Not only was this requirement reflective of discrimination towards same-sex IPV, but it also put Claire's safety in jeopardy as she had to access these legal documents without her perpetrator finding out. Discriminatory factors have been highlighted as an exclusionary factor in sexual-minority help-seeking for IPV (Ristock & Timbang 2005), which is apparent in Claire's experience. It can also be suggested from Claire's experience that discrimination further poses a threat to the safety of survivors from this community, as the evidence she was required to produce did not seem to take safeguarding into consideration. Despite providing the evidence that was requested of her, Claire was ultimately turned away from this service as it was running on full capacity because of the pandemic, left with nowhere else to turn:

They [mainstream violence against women service] basically said to me that they were at full capacity and it would be much better for me to go elsewhere... There was nothing there to make sure that I was okay or help me with what I'm to be doing. Am I meant to be making police reports? There was nothing like helping me through the legal system, or what I could be doing to protect myself or making a better relationship with my child, or even the simple things that I know now like putting myself onto the housing register in different councils. Nobody was supporting me at all... I go to these court orders alone. I had to figure out how to get a restraining order alone. It's been awful. I feel like there's been absolutely no support at all (Interview with Claire, 23 September 2023).

Where participants conveyed that they did not feel service provision could cater to sexual-minority experiences of abuse, the possession of a male identity was suggested to inhibit formal help-seeking even further. Research has recognised that the single-sex nature of many IPV service providers has been recognised as a structural barrier in formal help-seeking, particularly experienced by men who identify as gay and bisexual (Harvey et al. 2014). Where these restrictions impose limitations on sexual-minority men, participants who identified this way voiced uncertainties around where they could be provided with support: "as a gay man, I wouldn't even know where to start" (Interview with Cameron, 21 September 2022).

With IPV being a problem that is overwhelmingly experienced by women and girls, as 1 in 3 women are subjected to IPV at some point in their lifetimes (World Health Organisation 2021), IPV service provision is predominantly targeted at the female population as the group most at risk of IPV. Although these services are necessary to improve the lives of women and girls and provide them with fundamental support, the invisibility of services for men was

detrimental to male participants in this study where they did not feel that they aligned with any existing service provision. The help-seeking behaviours of male participants were shaped by this inability to be supported by mainstream services, as these men only disclosed IPV to their friends or paid for emotional support from privatised therapists. In Kieran's case, he took drastic measures by declaring himself homeless to escape his experience of IPV upon advice from his work coach at the Job Centre. This decision was ultimately driven by the fact that there were no services in his area that provided refuge for male survivors of IPV.

Heterosexual Hierarchy

Societal ideas that a heterosexual identity and associated relationships are normal and natural (Barker 2014; Martin 2009) played a role in how sexual-minority participants shaped their help-seeking strategies. These dominant ideas, which have been suggested to place heterosexual individuals in a place of privilege (Myers & Raymond 2010), were recognised by participants in this study, who believed that the possession of a heterosexual identity would be more beneficial in receiving effective support for what they had endured. Where participants possessed these beliefs, they viewed their own sexual orientations as a barrier to help-seeking because they believed that heterosexuality and heterosexual experiences of IPV took precedence over their own in society.

Based on the binaries outlined by the public story (Donovan & Barnes 2020a; Donovan & Hester 2014), participants in same-sex relationships expressed that disclosure of their experiences in an informal capacity tended to be met with reactions encased with uncertainty of how to respond to abuse in a same-sex context. Despite family members' desires to help sexual-minority survivors, they tended to be unsure of what actions they should take in light of what they had been told:

In terms of my family, I don't feel like they knew as much about how to help me as I'm a lesbian. It wasn't an issue for them, but I don't think they knew how to approach the subject in the same way. Like see my dad, he would say that it was different because she was a girl. If it was a guy, he would've been down at his door so there is definitely a difference, like they are not viewed in the same way (Interview with Katherine, 18 October 2022).

Some familial responses have been recognised to provide unhelpful solutions that do not produce any benefits for sexual-minority survivors (Freeland, Goldenberg & Stephenson 2018). The response captured in the excerpt above, although not ill-intended, was unproductive as it suggested that more pro-active measures would have been taken had Katherine been abused by a man instead of a woman. As the heterosexual experience of

issues like IPV are more widely disseminated, understood, and reinforced by narratives like the public story (Donovan & Hester 2014), Katherine's experience draws attention to the lack of knowledge concerned with supporting sexual-minority survivors of IPV that poses as a barrier to help-seeking. This experience, paired with aforementioned minimisation of abuse outlined earlier in this chapter, Katherine feeling that she could not take seek justice for what they had endured based on heterosexual hierarchy.

I'm also very aware that being in a relationship with another woman is unlikely to be considered as serious by the police than it would if I were in a straight relationship. With the police anyway though, I don't think that I would feel comfortable in reporting unless there was specific support for people like me (Interview with Katherine, 18 October 2022).

For other participants in the study, the importance that is placed on heterosexual IPV unfolded in more obvious ways:

...One time we were out, and she was battering me, like properly throwing me on the ground and people were looking and laughing, like literally not caring whatsoever and I was just thinking like 'someone please help me' and there was even stewards walking past for some sort of event, and they were just looking and walking past. I just thought, see if this was a man doing this to me right now, he'd have been dragged off me (Interview with Amelia, 26 September 2022).

While Amelia was being physically assaulted by her partner in public, observers reacted as if this was something comical and even ignored what she was being subjected to as it was being inflicted by a woman rather than a man. Beliefs that heterosexual IPV is seen as more grave and poses more of a threat left participants feeling as though they could not seek support because they would not be taken as seriously as they would have if they were to identify as heterosexual. For those who identified as bisexual, these participants expressed that they often felt the need to mask their sexual orientation so that formal services would offer emotional and practical support more willingly:

I struggled to be open about the abuse and when I came out about the abuse, I felt like I had to hide my sexuality to those organisations. I would dodge the conversation at all costs because I knew that from experience that it was just better not to engage in that sort of conversation if I wanted to be taken seriously (Interview with Claire, 23 September 2022).

Well, I felt like I had to hide it in order to get proper support because I felt like if I disclosed it, I wouldn't get the same level of support that a straight person would be

offered, even though I was also abused by a man (Interview with Rachel, 11 September 2022).

However, where bisexual participants felt the need to hide their sexual orientation in their endeavours to seek support, attention could not be allocated to fundamental aspects of their experiences of IPV that related to their sexual orientation, which is an alarming finding. Robinson and Rowlands (2006) have suggested that the lack of understanding around the unique characteristics of abuse experienced by sexual-minority survivors can result in these issues being addressed incorrectly, thus impeding the ability to receive adequate support upon help-seeking. IPV for these women was intertwined with experiences of identity abuse unique to sexual-minority individuals. Therefore, where they felt the need to hide their sexual orientation from formal avenues of support, identity-specific elements of abuse were overlooked where participants believed that employees would not display the same level of understanding and willingness to support as they would when supporting a heterosexual service user.

In addition, participants noted that the heteronormative assumptions of formal help-seeking avenues across the board limited their efficacy. In the instance that a service assumed a heterosexual identity in survivors, it was suggested by participants that they would not always feel comfortable correcting them:

If someone starts a conversation and makes an assumption about who is abusing you, you're more than likely to just go with that because they don't want to correct them or like I don't know if that would ever happen, but I could imagine that on an especially anxious day, I would just agree rather than correct them (Interview with Sarah, 12 September 2022).

Fuelled by the heteronormative nature of contemporary society, the requirement to 'come out' is recognised to be dictated by the potential of stigma, rejection, and discrimination (Legate, Ryan & Weinstein 2012). The experience of heteronormative assumptions left participants uncertain around how disclosure of their sexual orientation would be received. If sexual-minority participants felt that it was not safe for them to come out in a professional context, this posed a barrier to receiving appropriate support based on the reality of their situation. Amelia drew upon her own experience of medical professionals assuming that she identified as heterosexual and had been abused by a male perpetrator upon her hospital admission for a head injury:

I didn't explicitly say it was a girl to start off, but they started saying 'he' and when I would answer I would just slip in the word 'she' and they were like 'oh'. A few people did that. It wasn't just one person. It was the doctor as well. But yeah, I did correct

them, and they didn't react very well. It was like they were shocked. I'm used to that response in day-to-day life where people don't think I'm gay, but I don't think professionals should be shocked when this is said to them or show any sort of reaction when you do correct them (Interview with Amelia, 26 September 2022).

Amelia stated that the need to continually come out and correct medical professionals' heteronormative assumptions during this time made the already difficult situation more traumatic. For other participants who felt able to correct heteronormative assumptions and language present in many mainstream services (Magić & Kelly 2019; Ristock & Timbang 2005; Turell & Hermann 2008), their anxieties that their experience of IPV would not be considered with as seriously in comparison to heterosexual IPV were confirmed.

For Sarah, the derogatory language and identity-specific abuse inflicted by her perpetrator was reduced to "banter" by a counsellor she had been allocated. Had she identified as a heterosexual woman, she believed that the identity abuse she had endured would have been viewed more seriously. However, as the biphobic abuse was accompanied by oversexualisation and assumptions of bisexual promiscuity commonly experienced by bisexual individuals (Klesse 2011), her counsellor did not validate her experience. Moreover, Emma, who approached a mental health crisis team in the aftermath of a physical assault, believed that the heterosexual hierarchy influenced how professionals perceived the severity of her attack:

They didn't even bother asking what she had done, whereas I think if I had said a guy had attacked me, they'd have been more assertive on what injuries I had and if I was okay. I was never asked any of that (Interview with Emma, 22 September 2022).

Although Emma had made medical professionals aware of the assault, they did not make any efforts to investigate or treat her injuries. She was later found to have a broken jaw from the assault, which had gone untreated. As noted earlier in this chapter, IPV in the context of female same-sex relationships is often diminished and perceived as less severe (Hassouneh & Glass 2008); therefore, Emma perceived her experience to be shaped by these views, which would not have been present should she have been physically assaulted in the context of a heterosexual relationship.

Shattered System

Beyond the personal barriers to help-seeking experienced by sexual-minority participants, the already challenging circumstances were compounded by systemic barriers. Amongst this sub-theme, sexual-minority survivors who engaged in formal help-seeking drew attention to flaws in the system that were ultimately compounded by the COVID-19 pandemic and associated lockdown and social distancing measures. While existing studies have accounted

for the transformation to formal help-seeking in line with the conditions of the pandemic from an organisational perspective (Bouillion-Minois, Clinchamps & Dutheil 2020; Cortis et al. 2021; Pedersen, Mueller-Hirth & Miller 2023a), the interviews in this study look at the system on a micro level, highlighting how the disruption to services and additional procedural practices adversely impacted sexual-minority survivors in Scotland.

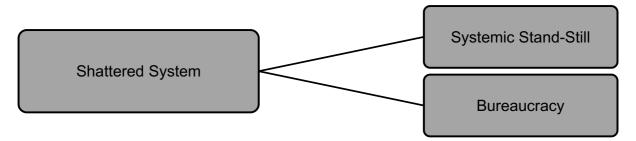


Figure 6.3: 'Shattered System' Thematic Map

Systemic Stand-Still

The disruption to everyday life caused by the COVID-19 pandemic fed into the experiences of sexual-minority survivors who engaged in formal support. Participants reflected on this idea of the system being at a stand-still, with all avenues of support facing significant delays centred around new ways of working and increased demand for their services. These interruptions were experienced across the board, including the courts, IPV services, mental health support, counselling services, and medical practices, leaving participants feeling that they had "nowhere to turn to".

A prominent aspect of formal help-seeking highlighted by sexual-minority participants amidst the pandemic was the requirement to wait for support to become available. Pedersen, Mueller-Hirth and Miller (2023a) uncovered that, in Aberdeen City, Aberdeenshire, and Orkney, IPV services were required to implement waiting lists to manage the increase in demand. For the few sexual-minority women closer to Edinburgh and Glasgow who sought support from IPV service providers, they were only seen on one occasion to issue Ring Doorbells or turned away entirely due to full capacity. These doorbells were issued as a result of the Scottish Government 'Fund to Leave' pilot, which enabled Scottish women experiencing IPV access to resources that reinforced the safety of their homes (Scottish Government 2023d; Scottish Women's Aid 2023d). Where other participants felt that mainstream IPV service providers could not cater to them as sexual-minority individuals and opted to go down the mental health route instead, they each found that they were placed on waiting lists for extended periods of time before having an initial consultation. Based on national registers, Cooke et al. (2022) uncovered that, across mental health services in Scotland, the number of patients required to wait an excess of 52 weeks prior to being seen

had increased significantly. From their personal experiences, participants recounted having to wait at least 18 months before being seen by a mental health support worker, with Sarah in particular having to wait an excess of two years after attempting to end her own life:

I had a phone call in early August asking if I still wanted counselling and I was so confused about it but that was from my suicide attempt at the start of lockdown in the aftermath of the relationship. That was my follow-up. I didn't know what was going on... She [mental health support worker] was like 'it's been a long time, you've been on our waiting list' and I got to the bottom of it, and I was waiting, from a suicide attempt, was waiting two and a half years (Interview with Sarah, 12 September 2022).

The requirement to wait for such extended periods of time was only made worse for participants where they were not provided with a specific timeframe around when support would be provided:

It's like you're just sitting and waiting constantly, knowing you need the support but there is no definitive date of when it's going to be. It could be tomorrow, or it could be months down the line. The pandemic really made it difficult to make that step in starting to heal (Interview with Emma, 22 September 2022).

To endure these circumstances, Emma suggested that she had to go into "survival mode" as the days passed while waiting for support. Although the support was welcomed when it arrived, participants expressed that they felt they would have found it more beneficial if the support was in place in the depths of the lockdown period, as the circumstances at the time amplified their negative feelings surrounding their abusive relationships. Given that support is considered central to recovery as it lessens the adverse impact of IPV (Carlson et al. 2002), it can be suggested that the systemic stand-still experienced by sexual-minority participants as a result of the pandemic disrupted vital healing time.

For Claire, Jane, and Rachel who made the decision to seek justice against their male perpetrators, the disruption to the courts was an aspect of the pandemic that they found particularly challenging. Prior to the COVID-19 pandemic, survivors of IPV in Scotland were facing waiting times of ten weeks to have their cases heard in High Court (Scottish Government 2022d). Although these cases have been prioritised throughout the pandemic, the Scottish Government (2022d) predict that it will take "several years" to manage the backlog and resume to pre-pandemic waiting times. Although these women were at different stages of the legal process at the time of their interviews, each of them experienced prolonged wait times with little to no support or communication in the meantime. Jane had yet to be informed if her case would go to trial, but at the time of her interview had already

been waiting six months to be informed if her case would be heard in High Court. Claire, whose case was still ongoing at the time, expressed her frustrations with the court system where her case had been adjourned on multiple occasions due to COVID-related complications:

The amount of times it was adjourned was awful. The amount of times they couldn't do things because someone had COVID or the lawyers had to close down for the week because there wasn't enough staff or it was adjourned due to the huge, long waiting list, or they had to release people early because of COVID so they would have to deal with that first. It was just an absolute joke (Interview with Claire, 23 September 2023).

Pedersen, Mueller-Hirth and Miller (2023b) highlight the additional layer of stress experienced by survivors where court cases are delayed due to the backlog. This already difficult and emotionally taxing situation was further exacerbated for Claire, as she was fighting for custody of her child, who was taken into foster care because of the abuse they had both endured at the hands of her perpetrator. As Claire fought to have her child back in her care, this court case was also adjourned regularly, with Claire expressing: "It's just excuse after excuse of like 'well it's a pandemic, things will get sorted eventually, we'll get support eventually' and that never comes" (Interview with Claire, 23 September 2022).

Bureaucracy

Although not explicitly relating to the conditions of the COVID-19 pandemic, a more subtle, yet relevant, sub-theme that emerged from the participant interviews were difficulties relative to bureaucracy. Sexual-minority participants who had engaged in formal help-seeking discussed flaws in the system where procedures and processes seemed to take precedence over their well-being. Participants used terms such as "business-like", "staged", and "formal" to explain their interactions with official help-seeking avenues, including mainstream IPV service providers, the police, mental health services, and GP-assigned counselling services.

Existing findings discuss to the structural barriers that contribute to sexual-minority avoidance of mainstream IPV service providers (Harvey et al. 2014; Magić & Kelly 2019). However, in support of the findings of Milton (2014) and Martin, Gover and Langton (2023), which suggest that bisexual survivors who are in opposite sex relationships are more likely to access mainstream services, both Rachel and Claire opted for this route. Although Claire identifies as pansexual, the nature of her relationship aligned with that of Rachel's as both women were in abusive relationships with male perpetrators. While from an outsider perspective, their relationship dynamics appeared to be compatible with mainstream IPV services, which are suggested to centre service delivery around heteronormative

understandings of IPV (Donovan & Barnes 2020; O'Halloran 2015; Turell & Herrmann 2008), these women indicated that their interactions with such services were very brief in nature and centred around bureaucratic process. Rachel detailed her own experience of this, stating:

[Mainstream violence against women service] gave me a Ring Doorbell, but that was literally it. I had no other support from [mainstream violence against women service]. A couple of phone-calls and a Ring Doorbell and it was like 'right, see you later'. That's where it started and ended. I really didn't feel supported at all from them because it was literally like 'oh, you feel this way, right no problem, come to the office, we'll give you a Ring Doorbell, you can sign a couple of forms and then we can give you it' and that was genuinely it. I didn't have any other support from them at all (Interview with Rachel, 11 September 2022).

Both women revealed that, where formalities and paperwork took precedence, their own concerns around safety and need for emotional support were simply brushed to the side with no further support being offered beyond these interactions. Based on the conditions of lockdown and increased demand for IPV services, it has been recognised that many mainstream service providers were running on full capacity, subsequently limiting the level of support that they were able to provide to survivors at this time (Women's Aid 2021). In line with the timing that these women accessed these services, the offer of support was still limited due to enlarged caseloads of staff amongst these organisations. Whilst this was an unavoidable circumstance of the pandemic, the focus on bureaucratic processes left both women feeling "unsupported" and "alone" as they were not signposted to any other avenues of emotional support.

This lack of consideration towards the well-being of survivors due to the focus on bureaucratic process extended to Rachel's experience with the police, who showed "no kind of sympathy or empathy" in her interaction with them. The unhelpful nature of the police in supporting sexual-minority survivors has been captured in existing studies (Merill & Wolfe 2000; Renzetti 1992; Ristock 2002). Where the police handled Rachel's case in a "business-like" fashion, their focus on procedure led them to overlook how she was feeling, as well as key aspects of her experience of IPV specifically related to her sexual orientation, ultimately leading to her perpetrator getting a lesser charge: "They [the police] were all about going in, getting the facts, getting the information, and going." (Interview with Rachel, 11 September 2022).

Based on the insufficient service provision noted by sexual-minority participants earlier in this chapter, some of the participants opted to seek support from counsellors assigned by

the GP. Although private counsellors and therapists have been suggested to be helpful and empowering avenues of support where sexual-minority survivors are met with a positive response (Irwin 2006; Merrill & Wolfe 2000), the use of counsellors connected to the medical field did not seem to elicit the same positive outcomes for sexual-minority survivors. The requirement for these professionals to follow strict procedures left Cameron feeling the need to closely monitor himself:

I would say there's been a couple of times that I've met with a counsellor, like one assigned by the doctor, and it's been very formal and almost like a strict process... It's been very, you know, somewhere I couldn't swear and whatever and I felt like if I was having to talk to somebody and watch my p's and q's and watch my language and self-edit everything, then I can't be as open and honest as I needed to be (Interview with Cameron, 21 September 2022).

Moreover, where Emma had been assigned specifically to a mental health counsellor through the GP, rather than a professional who was specialised in support for survivors of IPV, this had particularly harmful consequences:

...It was all about meds and putting me on meds but I had just come out of a really traumatic situation and I asked if there was anything I could do to get help for that and they just didn't pay attention to it. It was dismissed, like everything. That, how I was feeling out with that, how I was feeling about that, how I was feeling about lockdown. It was just like 'we will do something tomorrow and we will assess you' but I got put on meds pretty quickly (Interview with Emma, 22 September 2022).

As noted by Donovan et al. (2006), lack of specialist knowledge around IPV and more specifically, sexual-minority IPV, can render counsellors and therapists unable to effectively respond to sexual-minority survivors. Lack of specialist knowledge in this area held by the mental health counsellor responsible for Emma resulted in her being put through medical processes and prescribed with medication, rather than taking the time to understand what she had endured in her abusive relationship and providing her with emotional support. The repercussions of such processes were particularly harmful in this case, as Emma disclosed that she is now reliant on high doses of medication, when she believes she would have benefitted more from "just having someone to talk to about it" (Interview with Emma, 22 September 2022).

Chapter Overview

This chapter emphasises the struggles of sexual-minority survivors in their help-seeking strategies. It builds upon existing research around sexual-minority help-seeking, which has been suggested to be shaped by heteronormativity, homophobia, and subsequent invisibility

in service provision (Calton, Cattaneo & Gebhard 2016; Donovan & Barnes 2019; Donovan & Barnes 2020; Magić & Kelley 2019), showing the real-life impact these challenging circumstances had for Scottish survivors from this community. In addition, this chapter makes some reference to the role of the pandemic and other systemic barriers in the outreach for support.

The exclusion of sexual-minority survivors from dominant IPV narratives, like the public story (Donovan & Hester 2014) and 'ideal victim' narrative (MacDowell 2013), inhibited participants' abilities to be truly heard despite their efforts to make themselves known as survivors of IPV. Inability to align with dominant stereotypes contributed to the silencing of survivors from this community, as disclosure of abuse to both informal and formal avenues was frequently met with responses that reduced the severity of what they had endured. Stereotypes around masculinities and femininities, like those in Donovan and Hester's (2014) public story, further silenced participants in their help-seeking, as the unique relationship dynamics of sexual-minority survivors influenced how power was perceived in their abusive relationships. The possession of a sexual-minority identity was further suggested to contribute to experiences of victim-blaming. Alongside these already difficult experiences, sexual-minority survivors emphasised the exclusionary nature of IPV service provision in Scotland for their community, facilitated by heteronormative and homophobic attitudes that compounded their invisibility. These personal and societal barriers aligned with additional systemic barriers, as the circumstances of the pandemic and bureaucratic procedures left some participants feeling depleted and not truly cared for.

Overall, this chapter accentuates hardships experienced by sexual-minority survivors in their endeavours for support. Whilst participants made some reference to the pandemic as a barrier in their help-seeking, the disinclination to engage with mainstream services meant that the role of the pandemic was not as significant for this population. Rather, the possession of a sexual-minority identity was the more pressing issues for participants where help-seeking was concerned. The next, and final chapter of findings underlines the more positive aspects of sexual-minority help-seeking for IPV, addresses survivors' needs in the aftermath of an abusive relationship and focuses on changes that the participants would like to see to overcome barriers that stand in the way of recognition, healing, and social change.

Chapter Seven: Light at the End of The Tunnel

Chapter Overview

This chapter encompasses the final overarching themes outlined in Figure 3.1. While the previous three chapters of findings focused on harrowing experiences of abuse, the emotional turmoil experienced by survivors, and the barriers that obstructed their ability to seek help, the theme of 'Light at the End of the Tunnel' addresses aspects of help-seeking which survivors from this community perceived to be valuable and supportive of their healing from IPV. Existing literature into sexual-minority help-seeking behaviours addresses some of the more positive elements and avenues of support (Bornstein et al. 2006; Goldenberg & Stephenson 2018; Irwin 2006; Merrill & Wolfe 2000). The findings in this chapter focus explicitly on the positive aspects of help-seeking for sexual-minority survivors in Scotland and homes in on the changes that the participants would like to see so that more positive responses can be received across the board, not just from specific avenues. Central to this overarching theme are three distinct themes, as outlined in Figure 7.1:

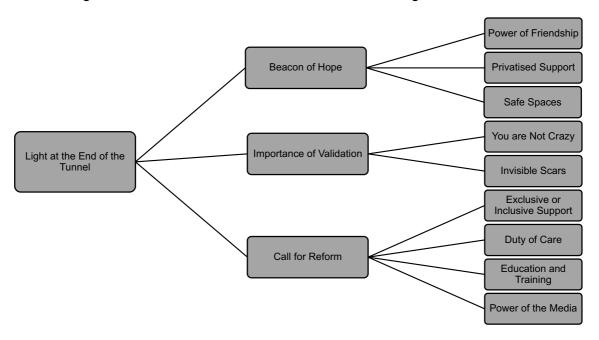


Figure 7.1: 'Light at the End of the Tunnel' Thematic Map

From the previous chapter of this thesis, it is apparent that sexual-minority survivors do not feel that they will be provided with an adequate service from current mainstream IPV service provision, especially where they face exclusion and are rendered invisible by dominant IPV narratives (Donovan & Hester 2014; MacDowell 2013). To overcome these negative feelings and experiences, the aims and objectives of this chapter are to examine more positive elements of help-seeking and explore the improvements that participants feel would enable survivors from sexual-minority communities to achieve help for their experiences of IPV.

The first of the sub-themes in this chapter, 'Beacon of Hope', focuses on the avenues of support that sexual-minority survivors perceived to be most helpful, as well as spatial elements that promote positive help-seeking. Where sexual-minority survivors presented difficulties in labelling their experiences of IPV for what they were in reality, 'Importance of Validation' emphasises the need for recognition, reassurance, and corroboration in relation to the abuse they had ensured. Finally, to overcome the challenging circumstances sexual-minority survivors face in their help-seeking, 'Call for Reform' assembles the suggestions of sexual-minority survivors, focusing on the changes they would like to see in the IPV landscape to improve help-seeking and visibility.

Beacon of Hope

Sexual-minority outreach for support around IPV was not an inherently negative experience. There were some distinct avenues of help-seeking that participants perceived to be useful. Participants in this study recounted the help-seeking approaches that enabled them to overcome the shortcomings of formal help-seeking avenues noted in the previous chapter and existing research (Calton, Cattaneo & Gebhard 2016; Donovan & Barnes 2019; Donovan & Barnes 2020; Magić & Kelley 2019). The importance of spatial and environmental factors was also emphasised by the participants. Positive engagement with these avenues posed as a beacon of hope in sexual-minority survivors' healing journeys.

Power of Friendship

Bar the few exceptions mentioned in Chapter Six, sexual-minority participants generally considered their friendships as a safe, supportive avenue of help-seeking, both during and in the wake of an abusive relationship. Based on the insufficient service provision and lack of faith participants had in existing mainstream IPV service providers, it was suggested that positive friendships were a useful "sounding board" for disclosure and support. Findings from this study reiterate existing findings that sexual-minority survivors preferred to seek informal support as their first port of call (Donovan & Hester 2011; Irwin 2006, Santonicco, Trombetta & Rollè 2021). This preference was shaped by participants' beliefs that there was a better level of understanding between themselves and their friends compared to the understanding that support organisations could provide:

I've got like a good supportive group of friends, and they've been very helpful and speaking to them was good for me. I guess I could rely on them to understand me more than an organisation might so I would just rather confide in people I know wouldn't judge me. I think I just have an anxious thing about formally seeking out help (Interview with Robert, 14 September 2022).

The need for a level of understanding in Robert's case was fuelled by the intersection between his male and sexual-minority identities. This was shared by other male participants in the study. Fuelled by insufficient service provision, particularly for male survivors of IPV based on single-sex service provision (Harvey et al. 2014), as well at the exclusionary public story and 'ideal victim' narratives (Donovan & Hester 2014; MacDowell 2013), it is unsurprising that these men felt that it was more beneficial to confide in their friends in the initial stages of help-seeking. Positive responses in this instance emphasise the power of friendship in help-seeking for sexual-minority men, as support from their friends eased their minds, allowed them to feel heard, and helped them feel less alone in their difficult circumstances. Supportive of the findings of Goldenberg and Stephenson (2018), both gay and bisexual male participants also suggested that their friends were able to distract them from the abuse that they had endured. The need for distraction was vital for these men to create separation from their experiences of IPV. More specifically, Kieran emphasised the benefits of support from friends who also possessed sexual-minority identities:

It was just really good because like some of them like understand like the queer journey and they know kind of some of the things that we have to go through and having people who once they knew were kind of showering me with support, who are showing me that they are always there. Yeah, it was powerful (Interview with Kieran, 17 October 2022).

The benefits of support from those with a shared or similar identity was also highlighted by female sexual-minority participants:

A lot of my friends probably identify in the LGBTQ bracket as well, so I'm lucky in that sense that I do have that support from them, but, in terms of my family, I don't feel like they knew as much about how to help me as I'm a lesbian. It wasn't an issue for them, but I don't think they knew how to approach the subject in the same way (Interview with Katherine, 18 October 2022).

In the above excerpt, Katherine distinguishes the value of community knowledge (Weeks, Heaphy & Donovan 2001; Donovan & Hester 2014), where members of sexual-minority communities can advise sexual-minority peers on national and local services that promote connectivity to their community. In Katherine's case, community knowledge allowed her to identify a therapist that possessed relevant knowledge, experience, and understanding of the intricacies that sexual-minority individuals face in their lives. This is especially important considering the unique narratives and circumstances that feed into sexual-minority experiences of IPV (Donovan & Barnes 2020b).

Given that friends possess knowledge that can enable the recognition of abusive behaviours and hold perpetrators accountable for their actions (Bornstein et al. 2006), it was suggested that these interactions aided sexual-minority survivors to not overlook the abuse that they had endured. Jane suggested this encouraged her to acknowledge her experience and seek formal support for what she experienced as a bisexual woman: "I was able to sort of open my eyes more and look at the relationship from a different perspective and not turn a blind eye to it like what I would've usually done" (Interview with Jane, 26 July 2022). However, Jane's relationship dynamic must be acknowledged here, given that she was a woman in a relationship with a man, thus aligning with the binaries set out by the public story (Donovan & Hester 2014).

Participants further suggested that the informal nature of friendships minimised some of the anxieties they had where formal help-seeking is concerned. Supportive of existing findings, some of the sexual-minority participants shared concerns around data protection, confidentiality, and privacy (Harvey et al. 2014; Renzetti 1992). These apprehensions were centred around organisational acceptance, as they worried that staff within mainstream IPV organisations might possess discriminatory attitudes towards their sexual orientations and subsequently breach their confidentiality as a result. Where these anxieties manifested, sexual-minority survivors placed more trust in their friends, who they knew were accepting of their identities and preferences. Moreover, the increased availability and accessibility to friends compared to formal organisations was favoured by sexual-minority participants:

It was easier to share with a friend as there is a not the pressure to tell them within a certain time. You could tell them today, tomorrow, or whenever you were ready to so there is not that pressure, and I was able so disclose it in bits and what I was comfortable with (Interview with Jacob, 13 September 2022).

This ability to disclose at an individual's own pace, rather than within set appointment times, was especially important considering the limits to socialisation and communication created by pandemic-related restrictions. Brodie et al. (2022) discuss the limits on access to social support networks amidst the lockdown period. In relation to such limitations, Jane suggested that these restrictions made disclosure of IPV an emotional experience that required patience and time to be able to put across what she had experienced and how she felt. Regardless of these difficulties, the understanding provided by friends was valuable in making the first steps towards formal emotional support. Sarah and Katherine further shared this experience, as their friends were able to signpost these women to useful places of support:

The only reason I eventually got help is because one of my friends works for a suicide prevention and she kind of asked a friend to kind of help me out and counsel me straight away and they did (Interview with Sarah, 12 September 2022).

One of the therapists I had was actually suggested to me by one of my friends as well who had been through a similar experience (Interview with Katherine, 18 October 2022).

Therefore, these women were able to navigate the limits to existing mainstream IPV service provision and COVID-related barriers to help-seeking as their friends' connections and knowledge facilitated their ability to gain valuable emotional support. Existing research recognises the physical support friends can provide during and after an abusive relationship (Renzetti 1989); however, the findings of this study note the power of friendship in the identification of formal support that may not have been considered as a possibility initially.

Privatised Support

Reflective of previous findings that suggest sexual-minority survivors display a preference for the privatised support of therapists and counsellors (Barnes & Donovan 2018; Donovan & Hester 2014; Hardesty et al. 2011; Santoniicollo, Trombetta & Rollè 2021), participants were more inclined to value this approach to help-seeking. Although it has been suggested that lesbian survivors favour this avenue of support more than their gay male counterparts (Turell & Cornell-Swanson 2005), the findings of this study suggest that privatised support brings benefits for all sexual-minority survivors, regardless of gender.

The decision to seek support from this avenue was motivated by a variety of reasons. Given that pandemic-related restrictions caused disruption to formal support and contributed to extensive waiting lists (Pedersen, Mueller-Hirth & Miller 2023a; Women's Aid 2021), accessibility and time were important factors that shaped the decision to go down this route. Where sexual-minority survivors felt that they needed support immediately after they had fled their abusive relationships, those who had the financial resources to afford private therapy suggested that they would rather pay to initiate emotional support within a swift timeframe: "Going down the kind of private route just made the process so much faster and to get the help quicker that I needed." (Interview with Katherine, 18 October 2022). However, the time factor was not only influenced by the conditions of the pandemic, as personal factors also shaped the need for prompt emotional support:

...one day she [counsellor] pulled up in the car beside me and I saw on the side of her car that she was a counsellor... That was maybe like the Tuesday, and I had an appointment that Thursday, you know, it was that quick and before I had time to change my mind and back out, but it was just because I was really struggling to

understand things and I just needed not just the confidence of a friend to talk things through but a professional too (Interview with Cameron, 21 September 2022).

The element of choice facilitated by the private route was also attractive to sexual-minority participants, as their willingness to pay for therapy presented more options regarding the provider of emotional support, rather than being allocated to a professional according to organisational availability:

When I went down the more private route, I was able to find someone that suited me better and worked for me. I was more in control of it... You can find or reach out to different kind of therapists, counsellors who've got different working styles, so some are more clinical, some are more personal, and it really depends on what you're looking for. You can narrow down your search in terms of you can search if you are looking for people who have experience supporting the LGBTQ community (Interview with Katherine, 18 October 2022).

Where participants were able to exercise choice and control in the selection of their therapists, they were able to receive support from professionals who understood the intricacies of sexual-minority IPV. These professionals were typically identified through word of mouth from other survivors, however in one particular instance, a survivor identified a therapist through shared attendance of the same dog day-care centre. This minimised the risks highlighted in previous research (Bornstein et al. 2006; Donovan & Hester 2014; Island & Letellier 1991), as the ability to select a relevant counsellor limited the application of a heteronormative understanding, eliminated the risk of homophobic attitudes, and allowed survivors to select a professional equipped with knowledge to provide valuable support; thus minimising the anxieties highlighted in Chapter Six. In addition, the element of choice enabled sexual-minority survivors to work alongside professionals who aligned closely with their own sense of self, which was suggested to increase the effectiveness of the support provided:

She had blue hair and piercings and I just thought 'this is somebody I can get along with' so her personality and presentation helped as well... Straight away with her, we clicked, and I could swear, and I could greet, and I could call him all the names under the sun, and you know what? I could be as authentic as I needed to be and that's why I believed it worked (Interview with Cameron, 21 September 2022).

Participants that opted for this route suggested that their interactions with their chosen counsellors left them feeling "light-hearted", "re-assured" and "understood". These feelings were enhanced in the instance that private therapists and counsellors took the time to understand other underlying issues that had shaped survivors' lived experiences, like

childhood trauma. Both Katherine and Christina suggested that attention to these issues facilitated a broader level of healing. Moreover, it was suggested that this avenue helped to alleviate feelings of depression and anxiety as survivors were provided with valuable coping techniques, which overall contributed to a shift in perspective where exposure to IPV had left survivors feeling like a shell of their former selves. This shift enabled sexual-minority survivors to recognise that they were not at fault for what they had experienced and take ownership of their lives again where they were no longer under the surveillance, power, and control of their abusers: "I am a changed person now and I have a lot more life to live, whereas before counselling I didn't think I had more life to live at all." (Interview with Sarah, 12 September 2022).

Cameron felt particularly empowered by his relationship with his therapist as she helped him recognise that the choices he made after leaving his abusive relationship – such as decorating his home the way he wanted, making changes to his appearance, and resuming activities he enjoyed prior to the relationship – were not an act of rebellion against his perpetrator, but rather fundamental movements towards finding his own sense of self again. This finding builds on those of Irwin (2006), suggesting that positive responses from counsellors and therapists can be empowering for gay male survivors as well.

Safe Spaces

Although not explicitly a help-seeking avenue in itself, sexual-minority participants emphasised the importance of safe spaces, and how they promote disclosure, feelings of safety, and healing. For the participants who felt that the organisations and professionals they approached had provided them with a safe space to share, this was shaped by various factors. Based on her bisexual identity and opposite-sex relationship dynamic, Jane felt that she was able to approach a mainstream violence against women organisation. Her interactions with this organisation fostered a sense of safety and security for her, as staff members created a safe space through words of comfort and allowing Jane to set boundaries of what aspects of her relationship were up for discussion. Having been provided with a safe space in this way, Jane suggested that she felt more comfortable seeking justice against her perpetrator.

Supportive of the findings of Head and Milton (2014), Jane's ability to align with heteronormative assumptions allowed her to reap the benefits of existing mainstream IPV service provision, especially considering that her relationship aligned with the public story, as Jane was a woman who had been abused by a male perpetrator (Donovan & Hester 2014). Where this organisation was able to provide Jane with a safe space that enabled her to hold her perpetrator legally accountable for his abusive behaviours, this opportunity

should be one offered to all survivors, regardless of their sexual orientation, so that they feel supported in taking legal action despite not conforming to dominant, heteronormative narratives.

While Katherine opted to go down the route of private therapy as a lesbian survivor of IPV, she emphasised the power of shared understanding in the creation of safe spaces for sexual-minority survivors:

The therapist that I used also identifies as a lesbian, and I definitely felt myself more comfortable talking to her because there was a shared understanding. I felt like anything that I said that I wouldn't be judged, so it automatically then became a safe space for me, and I think because of that it then allowed me to open up more... I think just creating that safe space for people then allows them to kind of open up and get the best of help that they can receive (Interview with Katherine, 18 October 2022).

Katherine further suggested that she would have felt just as comfortable being supported by a male therapist with a sexual-minority status. Her preference of support from someone with a shared or similar identity to herself reflects previous findings, which suggest that sexual-minority survivors desire support from other members of their community (Turell & Hermann 2008). The formation of a safe space was automatic in Katherine's experience, as shared sexual-minority status eliminated anxieties around homophobia commonly experienced by survivors who identify this way (Calton, Cattaneo & Gebhard 2016; Harvey et al. 2014; Renzetti 1996; Turell & Hermann 2008). Ultimately, this enhanced the quality of support that she received as she perceived the therapeutic relationship to be a safe space free from judgement and discrimination, allowing her to be as open and honest as possible.

Participants who did not have positive experiences of help-seeking or were anxious about using a formal service outlined the various physical and environmental factors that would promote a sense of safety should they approach a service. Indicators of allyship were suggested to be essential for sexual-minority survivors to consider a space as a safe one for members of their community. Lack of representation and invisibility of sexual-minority experiences and resources in physical spaces have been recognised as a structural barrier to formal mainstream help-seeking (Magić & Kelly 2019). It has been advocated by Harvey et al. (2014) that inclusiveness for sexual-minority survivors can be conveyed through symbols like the rainbow pride flag. However, survivors in this study had different opinions around "rainbow-washing". Whilst participants recognised that the pride flag suggested they were in a safe space, presence of this flag in isolation was not considered to be sufficient. For some of the participants, the use of "rainbow-washing" was even labelled as

"patronising". Based on these opinions, sexual-minority participants rather perceived more subtle signs of allyship to the LGBTQ+ community as a whole to be more valuable:

Maybe if there was like say on their ID badge or on their uniform like a little rainbow flag, or maybe a pronouns thing or yeah, just like a little rainbow flag on their name tag that makes me feel like I can disclose my identity to them because they're clearly an ally or part of the community as a subtle sign. Just something discrete that wouldn't cause any upset for them (Interview with Rachel, 11 September 2022).

Maybe like a wee badge on a uniform that has pronouns or the LGBT sign. It doesn't suggest explicitly that someone is a part of the community, but I feel like that could be an option, you know? Just like subtle signs of allyship (Interview with Claire, 23 September 2022).

In addition, it was suggested that symbols of transgender allyship and attention to transgender issues fostered feelings of inclusion and safety:

If I were to go into a toilet and they were to have even just small things like 'this is a chest feeding area' or 'period products are for everyone' you know, them wee things that make you feel much more comfortable being in an area as an LGBT person...

Just more genuine signs that cater to real LGBT issues rather than just sticking a flag up and claiming to be an ally (Interview with Claire, 23 September 2022).

Current debates in the Scottish political arena in light of the Gender Recognition Reform (Scotland) Bill have generated varying opinions around inclusion and exclusion of transgender women and non-binary people in women's services and single-sex spaces (Renz 2022). Each of the participants in this study indicated that they identify under the LGBTQ+ umbrella and would welcome transgender survivors into their spaces. Based solely on the contributions of participants in this study, organisations and spaces that are inclusive of transgender peers were perceived to be more safe than trans-exclusionary spaces.

While signs of allyship are considered to be valuable, Jacob suggested that the integrity of organisations requires additional effort, as organisations are perceived more trustworthy in the instance that they directly reach out to sexual-minority communities:

You notice small details as well when you go somewhere, like pride flags. It makes you realise it's a safe space for our community, but anyone can hang up a flag, you know? Organisations should approach our community and talk to them about what they can offer, rather than us having to do all the looking if that makes sense. If they build the relationships themselves, it makes me trust professionals more as they are making an effort (Interview with Jacob, 13 September 2022).

Given that sexual-minority survivors experience anxieties around homophobia and discrimination (Calton, Cattaneo & Gebhard 2016; Harvey et al. 2014; Renzetti 1996; Turell & Hermann 2008), Claire highlighted spatial characteristics that would make her feel unsafe in approaching a formal organisation:

I will dodge anywhere that has any nationalism or very political views put around their windows. I'll dodge any kind of place if I was to go in and they have displays in their windows or have posters all around about political agendas that are against LGBTQ people. I will absolutely not go there, that would completely intimidate me. I feel like it's all wee things. I feel dead intimidated if they have like, and I don't mean this in a bad way, but if they have any religious things because that would intimidate me as I don't know how they're going to respond to somebody that's LGBT if it doesn't align with their religious beliefs or any sort of football things as that would intimidate me (Interview with Claire, 23 September 2022).

Given the desire for Scottish independence displayed by the Scottish National Party, signs of nationalism are particularly relevant to the Scottish context. Debates around independence have been found to infiltrate everyday spaces frequented by Scottish citizens (Liinpää 2020). The same argument can be made for the presence of football symbols, with sectarianism being rooted in Scottish football culture and discourse, particularly in the Glasgow region (Kelly 2010). Therefore, based on Claire's input, it can be suggested that such symbols, although strongly associated with Scottishness, do not promote feelings of safety where they infiltrate spaces occupied by sexual-minority survivors.

An example of a positive safe space in Scotland mentioned by survivors in this study was 'The Hive' that opened in Fife in August 2022. The centre was launched through grant funding and community and corporate donations to provide a space for members of the LGBTQ+ community, with mental health and therapeutic services being offered to visitors (Pink Saltire 2022). This centre was praised by those participants who had visited for its inclusionary nature and range of services that cater to the needs of members of the LGBTQ+ community. Safe spaces like The Hive made participants who had visited it feel hopeful, with a suggestion being made that sexual-minority help-seeking for IPV would improve should spaces like this one be launched in other rural and urban locations in Scotland.

Importance of Validation

Given the unique tactics and circumstances that feed into sexual-minority IPV (Donovan & Hester 2014; Rogers 2020; Woulfe & Goodman 2018), participants had conflicting feelings around their experiences of abuse and struggled to define IPV for what it was, as noted in

Chapter Six. Fuelled by these difficulties, participants stressed the need for validation from professionals.

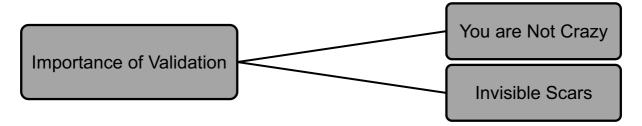


Figure 7.2: 'Importance of Validation' Thematic Map

You Are Not Crazy

Although informal avenues tend to be used in the first instance for sexual-minority help-seeking for IPV (Donovan & Hester 2011; Irwin 2006; Santoniccolo, Trombetta & Rollè 2021), some participants in this study suggested that informal reassurance was not enough. As noted earlier in this chapter, positive friendships were considered to play an important role in the healing journey; however, participants emphasised the need for a professional to validate their experiences and reassure them that the emotions they were experiencing were not irrational or unjustified: "I suppose I felt like I needed a professional to tell me you know 'you're not mad' and 'what you're feeling is valid' and 'what you're feeling is real'" (Interview with Cameron, 21 September 2022).

Where the public story roots violence against women from a male perpetrator as a serious problem (Donovan & Hester 2014), this dominant narrative fails to recognise the severity of sexual-minority IPV. Each of the participants whose relationship dynamics did not align with this public story stated that they needed professional validation that they were not crazy, despite their perpetrator's words and actions leading them to believe they were. This validation from professionals had positive outcomes for participants, as they felt "heard", "relieved" and "reassured". This facilitated the ability to recognise that they were not to blame for the abuse that they had endured:

I mean I had kind of realised it at that point who she really was, but just my therapist coming out with those words, those descriptions without me having to say anything was just so reassuring to hear that I wasn't losing my mind and just like calling her out to be like a narcissist because I needed to realise that it wasn't my fault (Interview with Christina, 27 July 2022).

This recognition was necessary due to the unique circumstances that shaped sexual-minority survivors' experiences (Rogers 2020; Woulfe & Goodman 2018), as ideas around mutual abuse, normalisation of abuse, and denial of abuse caused participants to question

their role in their abusive relationships. In addition, it was suggested that exposure to gaslighting required professional validation, as this manipulative tactic led survivors to wonder whether they had fabricated their experiences. Katherine, who had been prescribed anti-psychotic medication because of her perpetrator's attempts to gaslight her, disclosed that professional reassurance that she was not "mental" allowed her to ground herself after leaving her perpetrator.

Existing IPV research rarely addresses the importance of professional validation and reassurance in the aftermath of an abusive relationship, with the exception of Wallace et al. (2019) who suggest that validation from specialist provision allows heterosexual male survivors to recognise the gravity of what they have endured. Findings of the current study reflect those of Wallace et al. (2019), suggesting that their findings can also be extended to sexual-minority men, as both Cameron and Kieran were able to acknowledge the severity of the abuse that they had experienced after validating interactions with professionals. Fuelled by professional reassurance that his feelings were valid, Cameron revealed that this allowed him to take valuable steps in building up his confidence and viewing himself "in a more positive way". Kieran further emphasised that validation of his experience allowed him to recognise that he was not alone in his experience as a sexual-minority, male survivor of IPV:

...until I started getting that support, I mean rationally I know I can't be the only person going through this type of situation, but it never really clicked, like whilst I was in that situation, I did feel like it was the only person it was happening to and that I was going a bit mad because men typically are not viewed as victims. It just makes you feel like it can be understood because there are other people who are suffering from it and being a man being abused by a woman doesn't make you any less of a man and being looked at in a way that people see that I can be vulnerable and that just because there are these physical differences between us that I'm not going to be invulnerable to the things that were being said and the things that were being done. It was nice to just not be perceived as the obvious threat for once (Interview with Kieran, 17 October 2022).

Moreover, where both his male and sexual-minority identities did not align with the 'ideal victim' narrative that suggests which survivors are 'worthy' of victim status (MacDowell 2013), validation from a professional allowed him to realise that he could be recognised as a survivor and not instantly labelled as a perpetrator, despite what dominant narratives imply.

Invisible Scars

Although each of the sexual-minority survivors in this study had managed to flee their abusive relationships, the impact of IPV had long-lasting repercussions. Regardless of the

nature of the abuse that they had experienced, participants had invisible scars that remained after their experiences of emotional and psychological abuse had come to an end, and once their physical injuries had healed. To heal these invisible scars, sexual-minority survivors suggested that professional validation was required to support their healing journeys.

Pedersen, Mueller-Hirth and Miller (2023a) found that the additional time to think during the lockdown period provided survivors with more time to mull over their experiences of abuse, including historic instances dating decades back. Facilitated by the pandemic and associated restrictions, sexual-minority survivors in this study emphasised the additional time they had to dwell on their experiences of IPV. Given these circumstances, the abundance of time to think could sometimes raise doubts in the minds of these survivors, who questioned whether what they had experienced was as severe as it felt it was when they were in the thick of their abusive relationships:

I guess when you spend a lot of time with your own thoughts, you convince yourself that it wasn't that bad, but when you tell someone out loud about what you have been through and the horrible things that the person who is supposed to love you has done and they confirm that it was not right, it does help (Interview with Sarah, 12 September 2022).

These feelings were more common across sexual-minority survivors whose experiences of IPV were predominantly of an emotional and psychological nature. As noted in Chapter Six, sexual-minority survivors experienced significant difficulty in labelling experiences of abuse explicitly as IPV, especially where no physical violence had taken place. In order to truly commence the healing process and move on from experiences of IPV, participants recounted how positive responses to help-seeking enabled them to recognise and accurately label IPV:

She [private therapist] was the very, very first person that called it domestic abuse because up until that point, I'd never used that term, but she did, she labelled it and she validated how I was feeling and she helped me not understand what happened because I never will, but she kind of helped me get my head around why it happened... and she was able to kind of explain his behaviour so she kind of answered a lot of the questions that I was looking for answers for... Having validation that I was abused, even though he never physically hit me, was so important for me (Interview with Cameron, 21 September 2022).

In Cameron's experience, validating interactions with a professional allowed him to disregard the exclusionary nature of the public story that fails to recognise the experiences of male survivors and prioritises experiences of physical violence (Donovan & Hester 2014), and

recognise that he was a survivor, despite the 'ideal victim' narrative suggesting otherwise (MacDowell 2013). From this experience, it is apparent that validation plays an important role in the overall healing process, as Cameron was able to personally hold his perpetrator accountable in his own mind, lessen his own internalised feelings of blame, and make active steps to heal and move forward with his life after the abusive relationship. While Lauren's experience of IPV was also centred around emotional and psychological tactics, she suggested that professional validation reassured her that she was not being "stupid or dramatic". Although she recognised validation from informal avenues can be beneficial, professional validation was perceived to have more value to her as a sexual-minority woman:

When you hear things from a professional, I think that kind of puts things into perspective a little bit more because obviously your friend's inputs are valuable, but a professional that has to be, you know, not biased and look out for your health and well-being so I think having it from them made me feel better (Interview with Lauren, 24 September 2022).

The findings of this research also emphasise the importance of validation of invisible scars that linger in the aftermath of physical forms of abuse. Lack of long-term physical injury in sexual-minority survivors who had been physically abused generated uncertainties in the minds of survivors. Although it was recognised that their perpetrators had caused them physical harm, once these injuries had healed, sexual-minority survivors questioned whether they were worthy of support. When asked about why she had not opted to seek support from a mainstream IPV organisation in the aftermath of her experience, Sarah said:

I think because I don't think what I went through was good enough. Like, the relationship was ended and I'm okay, you know physically, so I think I just think there are so many people that deserve help more so I haven't bothered to go down those routes [mainstream IPV support services] and also I think I still have that little part in my head that's like 'oh, you weren't really abused' like because he justified it so well to me that I know logically that I was domestically abused. But I think a part of me is like 'you weren't domestically abused enough' (Interview with Sarah, 12 September 2022).

Fuelled by doubts in her own mind, Sarah questioned her own 'victim worthiness', as she believed that there were other survivors who were more deserving of support than herself. Although she found herself in a heterosexual relationship dynamic, ideas that abuse are a normal characteristic of sexual-minority relationships fed into her experience (Rogers 2020), as her perpetrator was able to sow doubt in her mind that she had not truly been abused.

Experiences like Sarah's emphasise the importance of validation in help-seeking for IPV so that survivors can recognise their experiences of IPV are not normal behaviours in a relationship and initiate movement towards healing.

Given that normalisation of abuse has been identified in both heterosexual and sexual-minority relationships (Donovan & Hester 2014), it is clear that participants in this study require formal avenues of help-seeking to validate their experiences, regardless of their relationship dynamics, so that they are not fed false illusions that abusive behaviours are normal or fused with love, despite what perpetrators may lead them to believe (Donovan & Hester 2014; Sanger & Lynch 2017). This is especially important as this harmful rhetoric has the potential to construct poor relationship prospects that are carried forward into future relationships (Donovan & Barnes 2020a).

Call for Reform

In parallel with structural barriers and sexual-minority survivors' overall dissatisfaction relative to help-seeking for IPV (Donovan & Hester 2014; Harvey et al. 2014; Magić & Kelly 2019;), participants in this study emphasised the need for reform in existing structures in society that should be supportive and inclusive of sexual-minority identities. Figure 7.3 below reflects the areas sexual-minority survivors deemed necessary for reform, with participants suggesting change is needed in service provision, procedure, the media and education and training.

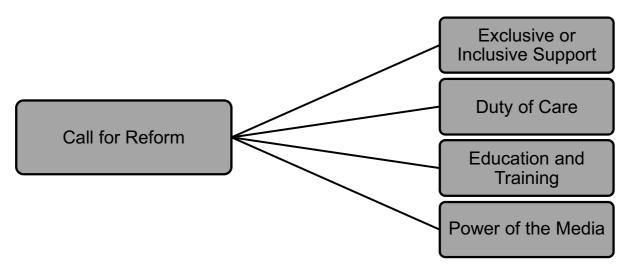


Figure 7.3: 'Call for Reform' Thematic Map

Exclusive or Inclusive Support

Fuelled by sexual-minority invisibility in existing mainstream IPV service provision (Field & Rowlands 2020; St. Pierre & Senn 2010), participants in this study expressed the need for exclusive avenues of support, or at the very least, for existing service provision to transform

to become more inclusive of survivors from their community. As noted in the previous chapter, sexual-minority participants considered the current IPV support landscape to be insufficient to address their needs, as their help-seeking behaviours were overshadowed by concerns around homophobia, heteronormativity, and whether services would be able to provide a suitable service that catered to their sexual-minority identities. An additional layer of concern was added for sexual-minority men, who felt that the intersection between their sexual orientation and gender excluded them from mainstream service provision altogether. To overcome these concerns, sexual-minority participants emphasised the need for exclusive service provision.

Existing research agrees that there is sexual-minority preference for specialist IPV service provision, as they perceive this avenue to be more helpful than heteronormative mainstream organisations (Bornstein et al. 2006; Freeland, Goldenberg & Stephenson 2018; Irwin 2006; Merill & Wolfe 2000). However, this study suggests that preference for exclusive services also promote feelings of safety for sexual-minority survivors, who communicated that they would feel less "scared" and "intimidated" if these options were available. Where possible, it was suggested that staff members employed by these services should have lived experience as a sexual-minority person, or as a member of the LGBTQ+ community, especially considering the benefits of support from like-minded individuals (Turell & Hermann 2008):

Maybe if we had kind of services that were exclusively for us that were ran by members of our community, that we would feel more safe and more comfortable going there if we knew everybody there was part of our community, whether they were gay or homosexual or trans, intersex or whatever. We need more queer spaces ran by queer people for this specific issue of abuse, that way it would be more inclusive if that made sense (Interview with Rachel, 11 September 2022).

Yeah, I do feel like having representation across organisations does help, like I feel like I would be more comfortable to know that if I were to approach an advocacy system and like right off the bat they would be like 'I am a part of the LGBT community, I'm here to support you' (Interview with Claire, 23 September 2022).

Suggestions of services that should be provided to cater to sexual-minority communities included refuge centres, rape crisis centres, safe houses, and sexual-minority IPV service providers. Where gay and bisexual men have fewer services available (Donovan, Magić & West 2021; Harvey et al. 2014), male participants advocated that these spaces are inclusive of sexual-minority men to increase their visibility as survivors and their options for help-seeking. Although sexual-minority women are excluded from the public story and 'ideal

victim' narrative (Donovan & Hester 2014; MacDowell 2013), sexual-minority men perceived services to be predominantly "geared more towards women" (Interview with Cameron, 21 September 2022). Fuelled by these beliefs, it was deemed necessary that services were established to increase the visibility of male survivors and make discussion of IPV more inclusive of their experiences of power and control.

Given that service provision for sexual-minority survivors is limited to locations in England (Donovan, Magić & West 2021) and that support avenues in Scotland manifest as hotlines (LGBT Domestic Abuse Scotland 2021), the contribution of participants highlight the need for exclusive services to be established in this country. Should exclusive avenues of help-seeking become available to sexual-minority survivors, Lauren suggested that help-seeking from other avenues could improve if efforts of relationship-building were initiated:

I think even knowing that there was any sort of LGBT organisation available would make me more willing to approach them and you know if that type of organisation becomes available then more sort of open collaboration with GPS, with the police, you know all that would make people feel a lot safer so they kind of know we're on their agenda (Interview with Lauren, 24 September 2022).

In the interim, participants suggested that avenues of support adopt a more inclusive practice so that they can have a similar level of support to heterosexual survivors. The recommendations made by sexual-minority survivors in this study closely mirror the key indicators of inclusion suggested by Donovan, Magić and West (2021) in their mapping study of LGBT+ service provision. Drawing upon existing research and sector knowledge, Donovan, Magić and West (2021) developed 11 key indicators that demonstrate inclusion of LGBT+ survivors amongst IPV service provision, amongst which include:

- LGBT+ specific training related to the service
- LGBT+ inclusive organisational policy
- Sexual orientation and gender identity monitoring
- Use of LGBT+ environments to advertise IPV services
- Use of promotional materials to explicitly outline that LGBT+ survivors can use their services
- Use of online resources (e.g., website and social media) to dissemination LGBT+ specific information
- Providing the option of a gender-neutral bathroom for service users
- Staff use of pronouns in email signatures
- Asking the preferred pronouns of service users
- Working in partnership with LGBT+ IPV organisations

Recruiting staff from the LGBT+ community

Katherine advocated that mainstream IPV service providers "broaden their horizons" in the support they provide, ensuring that their service delivery can be tailored to sexual-minority relationship dynamics. This is important to tackle the unique circumstances and tactics of IPV experienced by sexual-minority survivors (Woulfe & Goodman 2018) and minimise the likelihood of survivor needs being homogenised (Donovan & Durey 2018; Donovan & Hester 2014). In the instance that existing services have the knowledge and resources to provide valuable support to sexual-minority survivors, the importance of tailored marketing was emphasised:

...Having things more heavily marketed towards our community... rather than it just being completely blanketed to everyone because if you see something that's for everyone and you are part of a marginalised community, you don't know if that includes you, so I think it has to say and be made clear that the services are also for you (Interview with Sarah, 12 September 2022).

As advocated by Donovan, Magić and Kelly (2021), this emphasises the importance of explicit marketing as an indicator of inclusion, especially considering that vagueness in marketing was a hinderance for sexual-minority survivors in this study. Unless explicitly stated, participants explained that they would be unsure if they should approach a service. It was suggested that direct marketing campaigns should be advertised in physical spaces, with a particular focus on queer-friendly social spaces, like bars and clubs. Additionally, where sexual-minority communities frequently occupy and reap the benefits of online spaces (Cannon et al. 2017; Craig & McInroy 2014; Lucero 2017), sexual-minority participants encouraged the use of social media to promote sexual-minority inclusive IPV services.

To further promote sexual-minority inclusivity in existing service provision, participants emphasised the need for specific advocates:

There needs to be dedicated advocates just for LGBTQ people. There are many advocates for older people, homeless people, so we need them too... I feel like it's very, very important that people that are advocating for your rights also advocate for LGBT rights, like I'm not saying that somebody that's working there has to be of the LGBT community, you know, but if they're for trans rights and LGBT rights, I would be OK with that. Not just tolerant of LGBT rights (Interview with Claire, 23 September 2022).

Given that lack of skills, knowledge and understanding around sexual-minority IPV have been suggested to impede survivors' efforts at help-seeking (Robinson & Rowlands 2006), Claire suggested that specific advocates should be equipped with a therapeutic toolkit that

enables them to provide an educated service to survivors from this community. Although not deemed absolutely necessary, where possible, participants suggested that they would prefer that advocates have lived experience as a sexual-minority person based on shared level of understanding. Akin to the suggestions of Donovan, Magić and Kelly (2021), Katherine encouraged the use of diversity hires to construct a more representative workforce when recruitment cycles take place:

...obviously when they're hiring people, they should be getting their backgrounds in terms of their experiences and characteristics, like they obviously don't have to share it if they don't want to, but it makes a point of being inclusive across staff who can then provide a better service to a more diverse range of survivors (Interview with Katherine, 18 October 2022).

The need for a diverse, representative workforce also extended to law enforcement, as those who reported their experiences to the police stated that they would have felt more comfortable if they were given the option to speak with and have their statement taken by a sexual-minority officer. Given the 'gap of trust' that exists between the police and sexual-minority survivors of IPV (Donovan 2010; Donovan & Hester 2011), the option to confide in officers from the same community could help to close this gap. More specifically, participants felt that, should sexual-minority officers engage with survivors from this community, this could minimise the risk of identity abuse being overlooked, as happened in Rachel's experience. She believed that, had she been given the opportunity to confide in a sexual-minority officer, her perpetrator would have been more likely to have been charged for biphobia-motivated instances of IPV, rather than only being charged for a telecommunications offence.

Duty of Care

In line with the need for formal avenues of help-seeking to be inclusive of sexual-minority survivors, participants emphasised the importance of practice, policies, and procedures that demonstrate a clear duty of care towards sexual-minority identities. Existing research suggests the numerous structural barriers that instil anxieties in survivors from sexual-minority communities and subsequently cause them to refrain from engagement with formal help-seeking avenues (Donovan & Hester 2014; Harvey et al. 2014; Magić & Kelly 2019). Given that participants in this study shared many of the same fears around formal help-seeking, as noted in Chapter Six, they described in their interviews the ways in which a high-quality service could be provided to them if they chose to approach a formal help-seeking avenue.

The need to overcome heteronormative assumptions and practice was imperative for survivors in this study, which is not surprising given that this is one of the most widely recognised barriers in sexual-minority help-seeking around IPV (Harvey et al. 2014; Donovan & Barnes 2020a; Donovan & Hester 2014; Magić & Kelly 2019). The importance of the first interaction was emphasised by participants, who suggested that staff employed across all avenues of formal help-seeking should use initial conversations as a platform for vital information gathering around the context of survivors' identities and relationship dynamics:

All staff should be ensuring that someone's sexuality and identification is part of your first analysis as a service, or it should be because I mean the whole point of what you're doing as a support system is you're getting an accurate picture of what's going on and those two things play such a massive part in the whole situation, so I think just making sure they're getting the information they need early on to give a better picture of how they're going to help I guess (Interview with Sarah, 12 September 2022).

Sarah's suggestion closely aligns with the key indicators of inclusion defined by Donovan, Magić and Kelly (2021), which encourage services and their staff to ask the preferred pronouns of service users and participate in sexual orientation and gender identity monitoring. To promote open and honest discussion, and to allow survivors to disclose at their own pace, participants encouraged movement away from pre-conceived assumptions, rather than making the automatic assumption that an individual is heterosexual, which Magić and Kelly (2019) argue is a common occurrence in mainstream IPV service provision. It has been previously suggested that heteronormative service delivery is compounded through the use of heteronormative language (Ristock & Timbang 2005; Turell & Hermann 2008). Correspondingly, the use of gender-neutral language in marketing materials and formal resources has been advocated by scholars (Ard & Makadon, 2011; Constable, 2011).

The findings of this study suggest that gender-neutral language should extend to conversations between staff members and survivors as well. If staff members fail to approach conversations with service users in a gender-neutral manner, and assume heteronormativity, Jane argued that this "could be harmful and stop them [sexual-minority survivors] from sharing their full truth" (Interview with Jane, 26 July 2022). The potential for harm that could arise in this instance is reinforced by Amelia's experience mentioned in the previous chapter, as dominant ideas disseminated by the public story (Donovan & Hester 2014) led professionals to automatically assume that she was abused by a male perpetrator, inhibiting her ability to share as she experienced feelings of shame and blame.

Participants advocated the use of gender-neutral language with service users up until the point of disclosure around their sexual orientation and relationship preferences. It was suggested by multiple participants that a gender-neutral approach should be adopted 'straight off the bat', as this approach instantly promotes a sense of inclusion for members of their community. Kieran explained how this is particularly important for him based on the intersecting relationship between his male identity, sexual orientation, and female perpetrator, as each of these factors do not align with dominant IPV narratives (Donovan & Hester 2014; MacDowell 2013):

I think for me kind of gender-neutral language is really important. Being bisexual, my partner could have been male or female, but regardless of that, there's almost an inherent bias towards what the relationship dynamic would be and when I disclose that it's a female partner, that has to not become an issue on to itself because of the bias that people have around that dynamic (Interview with Kieran, 17 October 2022).

Where staff members may identify as heterosexual, participants recognised that they could experience some discomfort and uncertainty around how to approach the subject. Emma offered her own suggestion of how to approach discussion to minimise these feelings:

It's just as simple as starting off with something like addressing someone with the term 'your partner' until they disclose information about their partner... There are simple ways of asking people. You don't need to explicitly say 'are you gay?' because that's just uncomfortable for both parties, but you can literally say just as simple as being like 'okay, so I heard that you've been in an abusive relationship, was this an intimate partner and how does your partner identify?' They should just approach it in a neutral way. It really is that simple (Interview with Emma, 22 September 2022).

Upon revelation of a sexual-minority identity, participants highlighted that supporting parties should not respond to disclosure with shock, but rather respond to sexual-minority survivors in the same manner that they would to a heterosexual person. It was also suggested that staff dealing with their cases have a duty of care to assign them to an avenue or an individual who is best suited to support their unique needs. This was deemed especially important in medical environments, as participants in this study who went down this route were prescribed with medication as opposed to being signposted to beneficial avenues of support, contributing to reliance on medication and long-term implications for their mental health.

Closely aligned with fear of homophobia and biphobia in formal help-seeking (Calton, Cattaneo & Gebhard 2016; Harvey et al. 2014; Renzetti 1996; Turell & Hermann 2008),

participants who had experienced negative responses to 'coming out' stressed that formal organisations have a duty of care to assure them of their policies around confidentiality. Whilst these participants recognised that organisations have policies and protocols in place around data storage, they had concerns that their information would not remain private. Concerns around confidentiality have been captured in existing literature (Harvey et al. 2014; Renzetti 1992), however participants in this study shared that their concerns were fuelled by fear that discriminatory attitudes may result in their information not being handled appropriately. Where sexual-minority survivors may be apprehensive to approach services for this reason, participants suggested that formal help-seeking avenues across the board emphasise survivors' right to confidentiality, unless they indicate a risk of harm to themselves or others, so that they are assured that their information will not be maliciously publicised.

Education and Training

To encourage awareness, improvement, and a shift in societal attitudes towards the issue of sexual-minority IPV, participants in this study called for reform in the education system and encouraged sexual-minority specific training so that practitioners possess the necessary skills and knowledge to support survivors from this community. Across the board, sexual-minority participants suggested that they were aware or at least coming to terms with their sexual orientations in their formative years. Given that knowledge around romantic and sexual attraction can develop during this time, it was suggested that the education system should be the first point of contact in which individuals are taught about IPV in sexual-minority relationships:

I think when you're looking in schools and you're looking at education and things like that, I think that that's a kind of first point of action to take. It's letting people know that when they're in school that there isn't just abuse in heterosexual relationships, it can happen in other relationships too and you have the right for support if you are not straight... Maybe that is something that they teach in school now, but it definitely wasn't when I was in high school, but I would say that that would be the best kind of starting point (Interview with Katherine, 18 October 2022).

Even in schools as well it's not talked about enough, like younger girls and boys are not educated on it enough, like I knew I was gay in school so that needs to be targeted from there and then, like, it should be put out there when young people are taught about intimate partner violence (Interview with Amelia, 26 September 2022).

Participants recalled being educated on intimate relationships in their school years, as they were taught about abuse, the importance of consent, and sexual relationships. However, this

tended to adopt a heteronormative lens with a lack of diversity and inclusion towards those who lie out with the public story and 'ideal victim' narratives (Donovan & Hester 2014; MacDowell 2013): 'It was all straight, white people and their issues. Nothing that was diverse or anything like that' (Interview with Emma, 22 September). Given the importance of intersectionality in understandings around IPV and how it unfolds and is experienced in different relationship dynamics (Poon 2011), participants' experiences of education were notably dismissive of relationships that deviate from what is considered to be the norm.

To overcome this issue, participants emphasised the importance of diversity in education, stressing that education on IPV should not be limited to one specific group, but rather 'show it can happen to anyone, regardless of gender and sexuality' (Interview with Amelia, 26 September 2022). Kieran described the implications he believed might arise should a knowledge and awareness of sexual-minority experiences not be ingrained in the minds of young people during their education:

Educating kids should not just be heteronormative but explain the various complicated relationships structures that there can be and what abuse can look like in all of its forms because if it's not taught then, they really could easily fall into being a victim of that type of behaviour." (Interview with Kieran, 17 October 2022).

It was further suggested by Rachel that sexual-minority survivors may not perceive their experiences of IPV as seriously in their later lives and ultimately be discouraged to report if the education system fails to situate sexual-minority IPV as a problem alongside heterosexual IPV.

Relative to service provision, participants emphasised the need for staff across mainstream IPV service providers to be appropriately trained to provide support to sexual-minority survivors of IPV:

Support workers just need to be better equipped to deal with that because it would be disheartening for somebody reaching out to a service and they get someone who doesn't really know what they're talking about or haven't had experience with that to sort of end to relate to and when providing that help (Interview with Lauren, 24 September 2022).

The need for sexual-minority specific training was deemed particularly important for participants where staff members employed by mainstream provision do not possess a sexual-minority identity themselves. Implementation of such training was perceived by participants to decrease the likelihood of discouraging or homophobic responses that impact recovery from IPV for survivors who choose to approach formal services. This is particularly important considering that real or perceived homophobia has been suggested to be barrier

for sexual-minority survivors (Calton, Cattaneo & Gerhard 2016; Harvey et al. 2014; Renzetti 1996; Turell & Hermann 2008). More specifically, Cameron argued that specific training could help to overcome any 'awkwardness' in discussions around abuse concerned with sexual-minority survivors, as he suggested the subject is often viewed as a taboo that those who do not identify this way struggle to approach.

Although similarities exist across heterosexual and sexual-minority experiences of IPV (Magić & Kelly 2019; Ristock & Timbang 2005), participants in this study emphasised the need for training to not place all survivors under the same umbrella. Rather, the unique elements of IPV exclusively experienced by sexual-minority survivors should be central to the delivery of training around members of this community:

If someone is hired by an organisation to support people who do not identify as straight, they need to be trained to have the tools and knowledge to make sure the service they provide considers the intricacies of domestic violence for people from our community and takes it seriously (Interview with Katherine, 18 October 2022).

Having the training to actually deal with the nuances of the community and relationships is important because the abuse, it's different in every relationship and different for every dynamic of it and when you add in different sexualities, there becomes phobias as well potentially that need to be looked at, so knowing kind of intimately how to deal with that has to be paramount (Interview with Kieran, 17 October 2022).

Given the range of unique circumstances and tactics of IPV exclusively experienced by sexual-minority survivors (Donovan & Barnes 2020a; Rogers 2020; Woulfe & Goodman 2018), it is unsurprising that participants felt the need for training tailored to their community to provide knowledge and skills in this area. Bisexual participants in particular emphasised the need for training around biphobia-motivated instances of identity abuse, as this form of IPV was frequently overlooked and minimised in their own experiences. In addition, it was suggested that any training undertaken should facilitate movement away from heteronormative understandings, terminology, and language, so that sexual-minority experiences of power and control can be understood in isolation from heteronormative relationship dynamics and do not impose the stereotypes dispersed by the public story and 'ideal victim' narratives (Donovan & Hester 2014; MacDowell 2013).

Power of the Media

Beyond the direct implementation of training and education to raise awareness of IPV in sexual-minority relationships, participants focused on the influence of the media and how it can be used to broaden discussions of IPV to become more inclusive. The media has been

recognised to play a role in how survivors are viewed by the wider public, as media coverage has been suggested to shape public opinion of which individuals are 'worthy' of victim status (Johnson & McConnell 2014). Savage, Scarduzio and Milne (2022) have recently argued that heteronormative narratives around IPV are disseminated by contemporary media, with the focus on abuse in heterosexual relationship dynamics inhibiting societal recognition of survivors in different relationship dynamics. Despite the heteronormative spotlight, Amelia detailed her own experience of how the media helped her recognise that what she had experienced was IPV:

I was watching this thing on BBC, it was something like 'Killed by my Boyfriend' or something like that and I realised when I was watching that it was exactly what happened to me, like literally exactly and I was watching it and I thought 'I'm so glad I didn't stay in that, or I would've ended up dead. That was the turning point where I realised it was abuse as I turned back and looked on it and realised how bad it was. I knew immediately from there that I could never go back (Interview with Amelia, 26 September 2022).

Although this show covered the experience of a young, heterosexual woman who died at the hands of her male perpetrator, Amelia found herself able to resonate with the content of the show. Given that her resonation with the storyline enabled Amelia to recognise that what she had endured was in fact abuse, the impact of the media was a vital aspect that helped her break the 'cycle of violence' mentioned in Chapter Six (Walker 1979; Harada 2011). Where the media has the power to support survivors in recognising abusive behaviours and breaking the 'cycle of violence', participants agreed that, despite the content being difficult to watch, it is important that these stories incorporate relationships that reflect their own relationship dynamics: "It [soap opera] really upset me, but then I do think it is important for shows to draw attention to these real-life issues in our relationships." (Interview with Cameron, 21 September 2022). In addition, where sexual-minority survivors may have concerns around portraying their community in a bad light (Ristock 2002), it was suggested that the media should still address the harsh realities of survivors from this community to accurately raise awareness of their hardships:

There has been a lot of progress with kind of, you know, different avenues in film or music or whatever, but I think there should be more realistic approaches to this, because anything that has been LGBTQ+-related in terms of TV programmes, it's all been kind of staged to look a certain way, like perfect, happy, rainbows and butterflies when it's actually quite dark and we see that reality in, you know hetero scenes. We should do that as well, but I think there's also that fear of although some people still thing it's sort of a bad thing and not normal to be gay, it gives those

groups an extra reason almost to discriminate more (Interview with Christina, 27 July 2022).

Representation of individuals from the same community was also emphasised by participants who suggested that lack of media representation made them feel less comfortable in coming forward about their experiences of abuse. With support being integral to healing from an abusive relationship and lessening the adverse repercussions of IPV (Carlson et al. 2002), this finding emphasises the harm that can arise in the absence of representation. The potential of harm intensified for male sexual-minority survivors who were unable to align themselves with characters in these important storylines:

...Even on the telly, and this was while I was going through it myself and a while after, you know, during the pandemic, watching the telly and it was always women and women in or certainly my experience women in say a straight relationship, which instantly excludes me and makes me think, well, what I've experienced is different or wrong (Interview with Cameron, 21 September 2022).

Sexual-minority participants also reflected on the content in IPV advertisements aired on the television. Akin to lack of representation in television programmes, the inability to identify with the heterosexual relationships shown in these advertisements fostered beliefs that sexual-minority IPV is not viewed to be as important as heterosexual abuse. Participants considered these adverts to play a key role in the dissemination of information about helplines and avenues for support, therefore lack of focus on sexual-minority relationship dynamics and support options was suggested to further compound the invisibility of survivors from this community. As noted earlier in this chapter, sexual-minority survivors emphasised the need for exclusive and inclusive avenues of support. Therefore, avenues of support with the resources to provide beneficial, tailored support to survivors from this community should be making efforts to make themselves visible to sexual-minority populations via media channels. Emma suggested that these advertisements should not only be tailored to sexual-minority survivors, but should also be inclusive of transgender survivors:

On a wider note of that is even having it as an advert on the TV for a hotline that is specifically for LGBT and straight people and trans people. Like for trans people, it's the worst. There are so many issues experienced by trans people so trans domestic abuse must be even worse. So much worse (Interview with Emma, 22 September 2022).

During the early stages of the pandemic, television consumption in Scotland increased significantly. On average, Scottish citizens were consuming television for 85 minutes longer

per day than they were in the year prior to the pandemic (Ofcom 2020). In line with the surge in sexual-minority IPV reflected in statistics (LGBT Foundation 2020), participants suggested that the media and relevant organisations missed a vital opportunity to signpost survivors from this community to valuable support avenues.

Chapter Summary

Overall, this chapter explores sexual-minority help-seeking for IPV from a more positive perspective. Building on existing literature that captures positive elements and aspects of help-seeking for sexual-minority survivors of IPV (Bornstein et al. 2006; Goldenberg & Stephenson 2018; Irwin 2006; Merrill & Wolfe 2000), this overarching theme places a spotlight on elements and avenues of support that Scottish sexual-minority survivors perceived to be valuable in their healing journeys. It further uncovers the changes that participants desire so that positive help-seeking and increased awareness can be achieved across the board.

Sexual-minority participants in this study expressed the power of both friendships and privatised therapists, as these avenues minimised anxieties they experienced towards other avenues of support, made them feel safe and supported in their disclosure, and in some circumstances empowered them to make positive changes in their lives. The value of safe spaces for individuals from this community was also emphasised, with reference being made to existing spaces in the Scottish landscape and how such safe spaces could be made available more widely. The importance of validating responses was further underlined, particularly where sexual-minority survivors were subjected to emotional abuse, had healed from physical injuries, or were left questioning their own sanity in the aftermath of an abusive relationship. Ultimately, given the invisibility of sexual-minority survivors and the structural barriers that inhibit help-seeking, calls for reform were made, with suggestions around inclusivity, diversity and increased visibility being made for service provision, organisational processes, the education system, and the media.

Chapter Eight: Conclusion

Chapter Overview

IPV is a social issue of world-wide concern that affects the lives of survivors on a global scale. Whilst women are widely recognised to be disproportionately affected by IPV at the hands of male perpetrators (Safe Lives 2015b; EVAW 2021; Scottish Government 2021a), the focus on heteronormative understandings of abuse have rendered the lived experiences of sexual-minority survivors somewhat invisible in comparison. Heteronormative perspectives of IPV, like the public story and 'ideal victim' narrative (Donovan & Hester 2014; MacDowell 2013) have further contributed to the marginalisation of survivors from sexual-minority communities, leaving their experiences and stories on the side-lines of IPV scholarship, despite the unique differences in their circumstances that differ from heterosexual IPV.

The rationale of this study was shaped by three distinct areas: sexual-minority survivors, the COVID-19 pandemic, and Scotland. Each of these areas arguably require specific scholarly attention based on gaps in literature and the uniqueness of their contexts, especially when explored in conjunction with one another. For instance, the research aims and the rationale to focus on sexual-minority survivors were driven by the desire to increase the visibility of this population and provide qualitative insight into their lived experiences. This idea of sexual-minority invisibility extends to the recent COVID-19 pandemic. At the time of starting this research, little was known about the pandemic and its impacts on survivors of IPV. Whilst a breadth of literature has been published in the last few years that explores how the pandemic has shaped experiences of IPV (Bradbury-Jones & Isham 2020; Brodie et al. 2022; Kofman & Garfin 2020; Lyons & Brewer 2021; Piquero et al. 2021; Ridsdale, Usmani & Hanson 2020; van Gelder et al. 2020; Women's Aid 2020a), there are no studies that currently explore sexual-minority lived experiences during this time of crisis, hence the rationale to focus on this context. The research was rooted in Scotland and intends to contribute to the growing amount of feminist literature pertinent to the Scottish context which has been limited until recent years (Breitenbach 1990; Breitenbach, Brown & Myers 1998; Browne 2014).

To address these gaps and provide a voice for oppressed sexual-minority communities, a qualitative approach was undertaken, in which sexual-minority participants were able to play an active role in the co-construction of knowledge around their own communities. This was facilitated through an approach informed by feminist participatory action research methods, as participants played an active role in the creation of topic guides for data collection. The innovative approach utilised in this study therefore provides a unique contribution to the field,

with consideration for the safety, well-being and empowerment of sexual-minority participants allowing for them to tell their stories of IPV in a way that is compatible to their own narratives.

Overall, this chapter concludes by encapsulating the overarching findings, how they build upon existing scholarship in the IPV field, and addressing the intended research aims and objectives. Each of the three principal research aims, and relevant objectives, will be discussed separately to address the realities of sexual-minority survivors and the nuances in their experiences. The unique contributions of the study are also outlined in this chapter, and recommendations are made for policy and practice. Given the rationale to focus on Scotland and the devolved nature of the Scottish government, many of these recommendations relate to their uniquely governed sectors. The chapter concludes with limitations of the study and suggests directions for future research.

Summary of Overarching Findings

Recap of Research Aims and Objectives

Prior to the discussion of the overarching findings of this study, it is useful to reiterate the research aims and objectives. The research aims and objectives are as shown in Table 8.1:

Table 8.1: Recap of Research Aims and Objectives

Research Aims		Research Objectives	
1.	To sociologically explore the lived	•	To explore how sexual-minority
	experiences of sexual-minority Scottish		survivors experienced IPV and its
	survivors who faced IPV during the		repercussions during the COVID-19
	COVID-19 pandemic.		pandemic.
		•	To explore how and to what extent
			sexual-minority survivors were impacted
			by IPV during the COVID-19 pandemic.
2.	To provide a voice for survivors who do	•	To explore the impact and
	not conform to heteronormative IPV		repercussions of IPV on sexual-minority
	narratives and are often marginalised in		survivors.
	research.	•	To explore how intersecting aspects of
			identity influence the experiences of IPV
			for sexual-minority survivors

- To examine the help-seeking behaviours of sexual-minority survivors during the COVID-19 pandemic and beyond.
- To explore the help-seeking behaviours of sexual-minority survivors during the COVID-19 pandemic.
- To examine how beneficial different support avenues were based on survivor's experiences during the pandemic.
- To use the views of sexual-minority survivors to make recommendations for policy and practice so that the system is more effective in supporting survivors from this background beyond the pandemic.

Lived Experiences of the COVID-19 Pandemic

In the investigation of how sexual-minority survivors of IPV in Scotland experienced the COVID-19 pandemic and its repercussions, and to what extent they were impacted by IPV during this time of crisis, the findings of this study show similarities between the experiences of survivors from this community and their heterosexual counterparts. Existing research across the IPV landscape captures heterosexual experiences of the pandemic, drawing attention to perpetrators' endeavours to use social-distancing measures to further isolate survivors from support networks, limit financial independence, worsen abusive behaviours, and increase surveillance, proximity, and monitoring (Johnston & Hohl 2021; Risdale, Usmani & Hanson 2020; Women's Aid 2020a).

The experiences of sexual-minority survivors in this study were reflective of pre-existing findings, as participants highlighted the ways that perpetrators used lockdown restrictions to isolate them from their friends and families, to coerce them into moving in together, to encourage them to take up pandemic-facilitated employment opportunities to increase monitoring and control and to amplify financial abuse. Exposure to such challenging circumstances and limited respite from abusive behaviours compounded sexual-minority survivors' beliefs that there was no escape from what they were enduring, consequently manifesting in the form of unhealthy coping mechanisms since there was limited access to support. The nature of abusive behaviours and patterns were ultimately shaped by COVID-related restrictions, as sexual-minority survivors reflected upon periods of relief and amplified IPV dependent on what measures were in place at specific times.

Despite these similarities, what distinguished the lived experiences of sexual-minority survivors from heterosexual survivors were the unique narratives and circumstances that surround sexual-minority IPV. For instance, where perpetrators across the board were able to use the pandemic and associated restrictions to isolate survivors, the possession of a sexual-minority identity and subsequent identity abuse could be weaponised to compound isolation further. An example of this was when Alexandra's perpetrator used the circumstances of the pandemic to inflict biphobia-motivated measures of control. The possession of a sexual-minority identity was further used by perpetrators to suggest that IPV was mutual in same-sex relationships during times of pandemic-increased proximity and pass responsibility onto survivors.

Therefore, whilst sexual-minority survivors of IPV in Scotland undeniably felt the impact of the pandemic as the circumstances around it shaped their experiences of IPV, the findings of this study suggest that the possession of a sexual-minority identity provides additional challenges when exposed to traumatic experiences, like IPV. These challenges become apparent during times of crisis, as sexual-minority individuals are faced with unique circumstances that are unlikely to be experienced by their heterosexual peers.

Marginalised Voices and Experiences

Dominant narratives surrounding IPV neglect the experiences of sexual-minority survivors, as their identities and relationships exist beyond the remits of heteronormativity. Subsequently, the influence of the public story and 'ideal victim' narratives contribute to the marginalisation of sexual-minority voices and experiences (Donovan & Hester 2014; MacDowell 2013). By shedding light on sexual-minority experiences in the movement away from these narratives, the findings of this study highlight the impact and repercussions of IPV for sexual-minority survivors.

As noted in the previous section, many of the abusive behaviours experienced by sexual-minority participants in this study mirrored those of their heterosexual counterparts. There were similarities in their experiences of physical, sexual, emotional, and financial abuse, which tended to be underpinned by perpetrators' desire to monitor and control their partners. Isolation was also a prominent aspect of the sexual-minority experience of IPV, which was further compounded by the nature of the pandemic. However, the distinctness of the sexual-minority experience of IPV was shaped by tactics, circumstances, and narratives associated with the possession of a sexual-minority identity, namely identity abuse.

Given the inconsistent nature of abusive behaviours and mental torment experienced by participants, paired with the normalisation of abuse present in both heterosexual and sexual-minority relationships (Donovan & Hester 2014; Sanger & Lynch 2017), sexual-minority

participants were particularly vulnerable to their perpetrators' shifts in behaviour. This vulnerability amplified in the presence of different intersecting aspects of identity, such as motherhood, age, and geographical location. Participants with children did not want to cause disruption to their children's lives, those who were in their first identity-affirming relationship were not equipped with knowledge of abusive behaviours, and those from Scottish rural locations tolerated abuse out of fear of not finding another partner. Of these intersecting factors, age particularly influenced the vulnerability of sexual-minority survivors. Whilst younger survivors recognised that their relationships were not healthy, their inability to label abuse for what it was increased the duration of abusive relationships. This finding was supportive of existing research which suggest that lack of knowledge of same-sex relationships can lead to tolerance of abusive behaviours in young people, thus highlighting the need for inclusive education (Donovan & Hester 2008).

In addition, dichotomous understandings of masculinity and femininity that infiltrate dominant heteronormative narratives of IPV led female sexual-minority survivors to question their 'victim status' when being abused at the hands of a female perpetrator. Male survivors further struggled to resonate with 'victim worthiness' altogether based on their masculine identities. Given the focus on physical abuse in the public story, sexual-minority participants, regardless of gender, struggled to situate themselves as survivors where their experiences lacked an element of physical violence. These experiences emphasise the need for inclusivity in the public story highlighted by Donovan & Hester (2014). Had these survivors had a narrative that they could resonate with, perhaps the repercussions would have been lessened if they were able to walk away sooner. Instead, sexual-minority survivors recounted the impact that abuse had on their own self-worth and sense of self, manifesting in the adoption of unhealthy coping strategies and living in fear.

Help-Seeking Behaviours

Sexual-minority participants in this study approached help-seeking for their experiences of IPV in a variety of different ways, including support from formal IPV organisations, private therapists, mental health professionals, the police, university staff, family, and friends. In one unique instance, a male survivor confided in his work coach at his local Job Centre. The decision-making process about which avenue to seek support from and the overall benefit of chosen avenues tended to be influenced by different intersecting factors of their own identities, with gender playing a particularly influential role in decision-making.

Supportive of the findings of existing research (Barnes & Donovan 2018; Donovan et al. 2006; Donovan & Hester 2014; Hardesty et al. 2011; Irwin 2006; Santonicollo, Trombetta & Rollè 2021), sexual-minority survivors in this study preferred and received the most positive

experiences where they chose to confide in their friends or private therapists. In part, this preference was shaped by issues around pandemic-related timeframes and waiting lists, as these avenues were deemed more accessible where the COVID-19 pandemic made access to formal services a lengthy and time-consuming process. Additionally, sexual-minority survivors found the bureaucratic nature of formal help-seeking unhelpful.

These preferences were further fuelled by notions of choice, shared understanding, and trust that participants attached to these avenues of support. The feminist stance adopted in this study and the attention it allocated to the intersection between gender and sexual-minority status emphasised the importance of these elements in help-seeking for sexual-minority men, who face additional invisibility in service provision and dominant IPV narratives because of their male identities (Donovan & Hester 2014; Harvey et al. 2014; MacDowell 2013). Confiding in friends who also shared a sexual-minority identity was deemed powerful across both male and female participants, as they could provide specific support around sexual-minority issues and, in some instances, signpost to relevant avenues of support. This is despite existing research suggesting survivors from this community may refrain from disclosure to other sexual-minority individuals based on fears of bringing shame to their community (Irwin 2006).

The desire to be supported by an individual who either had a sexual-minority identity themselves, or understood the intricacies of sexual-minority IPV, was reflected in sexual-minority participants' decisions to disclose to private therapists. Despite having to use their own financial resources to receive support from this avenue, the ability to select someone themselves minimised anxieties around heteronormativity and homophobia, which have been found to be commonly shared by other sexual-minority survivors (Calton, Cattaneo & Gebhard 2016; Harvey et al. 2014; Renzetti 1996; Turell & Hermann 2008). Thus, out of all options of formal help-seeking, this avenue was deemed most beneficial both based on contextual factors, such as time during the pandemic, and to cater to the additional needs of sexual-minority survivors. Despite these positive experiences, the larger issue at hand where help-seeking was concerned centred around sexual-minority status and the challenges it presents.

Sexual-minority participants displayed high levels of anxiety around help-seeking, as they drew upon their experiences of IPV being minimised in the context of their abusive relationships. This was largely centred around traditional ideas of masculinity and femininity, and how they feed into the public story and 'ideal victim' narrative (Donovan & Hester 2014; MacDowell 2013), leading to power dynamics being perceived incorrectly by third parties. Sexual-minority invisibility in Scottish service provision was also a significant barrier in the help-seeking process. Therefore, the main issue was not that the pandemic prohibited

access to sexual-minority services, but rather that these services just did not exist altogether. What was available to survivors was perceived to be tailored to the heterosexual experience, rendering these services impractical to accommodate those who do not identify this way. Only bisexual women who were in heterosexual relationship dynamics disclosed use of these services yet tended to shy away from disclosure of their sexual-minority status based on fear of lack of acceptance.

Disinclination to approach formal IPV services was further compounded by real-life experience of IPV being viewed less seriously in the context of sexual-minority relationship dynamics, fear of stigma, or assumed heterosexuality in previous interactions. The likelihood of reporting IPV to law enforcement was also diminished based on these experiences and beliefs, leading to perpetrators in these relationships not being held legally accountable for their abusive behaviours. For the participants who did opt to seek justice, unfortunately their experiences were not positive, with survivors experiencing victim-blaming at the hands of the police, or charges being minimised and overlooked.

Based on this evidence, the additional challenges experienced by sexual-minority survivors in the face of crisis becomes apparent, as there are unique circumstances to navigate when one does not conform to dominant heteronormative ideals. Therefore, despite Scotland's transformative changes around sexual-minority attitudes (ILGA Europe 2023), reform is necessary so that policy and practice is more accommodating of sexual-minority experiences and needs when seeking support for IPV.

Contributions

This study provides a unique contribution to knowledge around the sexual-minority lived experience in times of crisis. It is widely recognised that sexual-minority communities are marginalised as they are situated in a society that is embedded with heteronormativity and homophobia, with heterosexual identities being argued to take precedence across core aspects of social life (Dreyer 2007; Eguchi 2006; Herz & Johansson 2015; Myers & Raymond 2010). Given the difficult circumstances to which sexual-minority individuals are exposed, this explorative study of IPV during the pandemic helps to capture the additional challenges that arise during times of crisis in the presence of a sexual-minority identity.

Whilst existing scholarship (Bradbury-Jones & Isham 2020; Johnston & Hohl 2021; Kofman & Garfin 2020; Lyons & Brewer 2021; Women's Aid 2020a), as well as the findings of this study, draw attention to the impact that the pandemic had on the lives of survivors, this study uncovered a unique and unanticipated finding. Although the pandemic undoubtedly had an influence on how perpetrators were able to impose power and control over sexual-minority survivors, the more prevalent issue was the possession of a sexual-minority identity itself.

This study also provides a unique contribution as it provides qualitative data specifically on the Scottish context. As noted in Chapter Two, the rationale to focus on Scotland was based on previous academic arguments around Scottish invisibility in feminist literature (Breitenbach 1990; Breitenbach, Brown & Myers 1998; Browne 2014). Although it has been acknowledged that the breadth of Scottish literature is growing, especially since devolution, this research addresses the subjective realities of sexual-minority survivors in Scotland whose experiences are influenced by Scottish contextual factors, such as differences in geographic location and lack of service provision. Thus, it can be argued that it provides another valuable contribution that supports the expansion of Scottish literature and takes into account distinct aspects of the Scottish experience.

With the COVID-19 pandemic being a recent phenomenon, this study also provides a unique qualitative insight into lived experiences during this time of crisis. More specifically it sheds light on the hardships experienced by sexual-minority survivors, who are often marginalised at the hands of heteronormativity. The struggles of these individuals are encapsulated throughout this thesis, making particular reference to the role the pandemic had in their experiences of abuse, their emotional turmoil and difficulties in managing abusive relationships, and both positive and negative experiences of help-seeking whilst they attempted to heal from what they had endured at the hands of their perpetrators.

Methodological

Although this study cannot claim to be a fully participatory piece of research, the innovative approach to designing topic guides with participants in this research study provides a unique contribution to the IPV academic landscape since, from extensive scoping of existing literature, this is the first study that explores sexual-minority lived experiences of IPV using this methodological approach. Fuelled by the desire to safeguard and empower marginalised sexual-minority participants, the use of a participatory element allowed participants to play an active role in the co-construction of knowledge relative to their own identities and experiences (Johnson & Flynn 2020). Although a time-consuming process for both the researcher and participants, the adoption of this methodological approach was praised by those who participated in this study, as noted in Chapter Three. Given that this approach fostered feelings of support, understanding and safety for participants, whilst also allowing them to feel prepared, in control and listened to, this study suggests that, although the research design was not fully participatory, the inclusion of a participatory element to data collection should be considered by academics carrying out research relative to sexual-minority populations and wider populations of IPV survivors.

This study also provides a unique methodological contribution given that it is the first to provide explicit procedural guidance on how to implement a participatory element into data collection. Noted in my reflections in Chapter Three, existing studies focused on feminist participatory research offer knowledge around its characteristics, benefits, and when to apply such methods (Godden et al. 2020; Johnson & Flynn 2020) yet do not provide any procedural guidance on how to implement them. Given the different choice points of participation researchers are able to exercise (Vaughn and Jacquez 2020), Chapter Three provides a detailed account of one way that researchers can incorporate a participatory element in their research, should they decide to use this method. Breaking this process down into four distinct phases, the procedure outlined by this study could be used to guide other qualitative research for minority groups or survivors of IPV, especially given the positive feedback of participants in this study, or for other PhD researchers who wish to employ this methodological approach as part of their doctoral studies, yet are concerned about time constraints.

Recommendations

In line with the research aims and objectives of this study, this section makes recommendations for policy and practice so that the system is more effective in supporting sexual-minority survivors. Although the lived experiences central to this research were situated in the context of the COVID-19 pandemic, the responses provided by participants have provided valuable contributions that can help improve sexual-minority help-seeking as the world recovers from the pandemic. Given the rationale to focus on Scotland, based on its unique legal and social contexts as well as the unique decision-making abilities of the Scottish Government, many of these recommendations have been framed in relation to Scottish policies and practice. However, as noted in the rationale in Chapter One, some of the recommendations can be considered and applied by other government bodies.

Policy

Criminal Justice System

Given that the findings of this study build upon pre-existing conclusions that there exists a 'gap of trust' between sexual-minority survivors and law enforcement (Donovan 2010; Donovan & Hester 2011), I recommend that Scottish judicial policies transform to be more inclusive of sexual-minority survivors and their lived experiences of IPV. Participants in this study indicated high levels of anxiety fuelled by fear of judgement, discrimination, and not being taken seriously by others. Because these feelings played a role in deterrence from holding perpetrators legally accountable for the abuse that they had inflicted, reform is

necessary to help overcome such anxieties and allow sexual-minority survivors to take legal action and move forward with their lives after abuse.

In April 2023, the Victims, Witnesses, and Justice Reform (Scotland) Bill was introduced, highlighting the need to improve survivors' experiences of the Scottish criminal justice system (Scottish Government 2023c). This bill aims to promotes trauma-informed policy changes, treat survivors with compassion, and allow them to have a platform to tell their stories. These are valuable aims that could benefit the experiences of sexual-minority survivors if applied appropriately. A review of jury trials in Scotland conducted by Lady Dorrian (2021) found that trials around crimes of a sexual nature are often influenced by dominant narratives, stereotypes and myths around rape and sexual assault.

Correspondingly, the Victims, Witnesses, and Justice Reform (Scotland) Bill intends to launch pilot trials where cases of this nature will be heard by a single judge and establish separate sexual offences courts that attempt to minimise risk of re-traumatisation (Scottish Government 2023c).

Given the challenges experienced by sexual-minority survivors who are susceptible to additional narratives where IPV is concerned, such as mutual abuse and denial and normalisation of abuse (Donovan & Hester 2014; Donovan & Barnes 2020), it is recommended that such policy changes be implemented in the justice system to minimise their influence. In addition, this could help to reduce anxieties around promiscuity that are particularly evident in bisexual survivors who are concerned about misconceptions that centre around their sexual identities, as this bill intends to provide legal representation for survivors whose sexual histories are used as evidence (Scottish Government 2023c). Accordingly, it is recommended that judges hearing such cases should undertake sexual-minority specific training so that they are trauma-informed of the unique circumstances that shape the experiences of survivors from sexual-minority communities.

Education

Based on the contributions of the participants in this study, the need for inclusive education that addresses the harsh realities of sexual-minority IPV is emphasised. This need for inclusion is something that has been suggested by other academics exploring sex education across sexual-minority populations (Donovan & Hester 2008; Formby & Donovan 2020). Participants in this study could not recall their educational experiences adopting an inclusive approach that embraced sexual-minority experiences, however this can be attributed to the age of the sample who participated in this study. As of 2021, Scotland has been recognised as the first country worldwide to incorporate LGBTQ+ history, identities, and issues into the curriculum (Bradley 2021). The inclusion that has been established in recent years has been

facilitated through actionable ideas for teaching staff to integrate into their lesson plans, with ideas suggested for subjects including expressive arts, health and well-being, literacy, modern languages, religious and moral education, and social studies. Further suggestions have been made for subjects like mathematics, science, and technology and how to incorporate LGBTQ+ inclusion in more subtle ways (LGBT Youth Scotland 2018a).

Whilst LGBT Youth Scotland (2018a) have provided valuable suggestions of how to promote inclusion in Scottish education, the contributions of participants underlined the need for awareness and information around sexual-minority relationships and IPV. This is to ensure that students are aware of the issues experienced by sexual-minority individuals from an early stage in life. It is especially important that this is implemented considering that development and awareness of sexual-minority identities can arise in these formative years. Therefore, education in this area should be implemented in a way that is not limited to celebrations of diversity, but also incorporates and sheds light on challenging aspects of sexual-minority lived experiences.

Ultimately, students should be made aware of the fundamental narratives, circumstances and tactics that shape sexual-minority IPV (Donovan & Hester 2014; MacDowell 2013; Woulfe & Goodman 2018). In turn, this could increase awareness of sexual-minority specific abusive behaviours and can help to tackle the heteronormative public story and 'ideal victim' narratives by improving generational knowledge on the issue of IPV. This is especially important considering the suggestion that abusive behaviours are at risk of being overlooked in the first identity-affirming relationship for young people (Donovan & Hester 2008; Donovan & Hester 2014); therefore, being provided with knowledge inclusive of sexual-minority identities could support those who have or are coming to terms with their sexual orientation in avoiding and addressing IPV in future relationships (Donovan & Hester 2008).

Practice

Service Provision

Given the current realities of the existing violence against women and girls sector in Scotland, it is likely that the preferences of the participants in this study for exclusive sexual-minority services would be hard to implement. The Scottish Government (2023c) highlight that funding for existing services for women and girls tends to be short-term in nature, with funding allocations being made on a yearly basis. An unfortunate consequence of this is that staff turnover in this sector tends to be high, as wages are low and jobs are often insecure, causing existing staff to look for job security elsewhere. High staff turnover consequently requires continuous cycles of recruitment and training, thus providing a distraction from overall IPV service delivery (Scottish Government 2023d). Whilst it is recommended that

additional resources are made available by the Government to make sexual-minority exclusive services a possibility for Scotland in the future, especially considering that all existing services are currently mapped in England (Donovan, Magić & West 2021), efforts should be made to existing service provision to make them more inclusive in the meantime.

Indicators of Inclusion

As noted in Chapter Six, sexual-minority survivors emphasised that help-seeking was hindered where their experiences of IPV were minimised, power dynamics were misinterpreted, they experienced victim-blaming and anxieties around acceptance, and the heterosexual experience was considered more seriously. In order to overcome these issues, which are ultimately influenced by dominant ideas of heteronormativity and homophobia, it is recommended that existing service provision take active steps to signal their inclusion of sexual-minority survivors.

LGBT Youth Scotland (2018b) developed the LGBT Charter Mark to help existing service providers use the principles of equality, diversity, and inclusion to transform their service delivery. This programme is comprised of four different awards – bronze, silver, gold, and foundation – which each help organisations shape their practice to promote the rights of those from sexual-minority and transgender communities (LGBT Youth Scotland 2018b). Currently in Scotland there are a small number of IPV and sexual-abuse service providers who have been awarded varying levels of the LGBT Charter award. However, the majority of these are placed in centralised locations like Edinburgh and Glasgow, leaving those in rural locations without organisations which promote this identifier of inclusion (LGBT Youth Scotland 2021a). Therefore, it is advised that IPV service providers in rural, remote, and island communities in Scotland also consider this scheme, especially considering the intricacies of IPV in these locations (Pedersen, Mueller-Hirth & Miller 2023a; 2023b).

It is recognised that this award is somewhat generic in nature, especially considering that it has been developed by a charity that does not specialise in IPV. Nonetheless, the award can be considered useful as a recognisable indicator of inclusion where sexual-minority communities are concerned, as it signals an inclusive approach.

To ensure a service is as inclusive as possible, IPV service providers are further encouraged to tailor their services using the indicators of inclusion outlined by Donovan, Magić and Kelly (2021), especially considering the clear parallels between the preferences of sexual-minority survivors in this study and their work. These indicators of inclusion include:

- LGBT+ specific training related to the service
- LGBT+ inclusive organisational policy
- Sexual orientation and gender identity monitoring

- Use of LGBT+ environments to advertise IPV services
- Use of promotional materials to explicitly outline that LGBT+ survivors can use their services
- Use of online resources (e.g., website and social media) to dissemination LGBT+ specific information
- Providing the option of a gender-neutral bathroom for service users
- Staff use of pronouns in email signatures
- Asking the preferred pronouns of service users
- Working in partnership with LGBT+ IPV organisations
- Recruiting staff from the LGBT+ community

Learning and Development

To accommodate the specific needs of sexual-minority survivors, it is recommended that all stakeholders who provide support undertake relevant learning and development. Although it is recognised that the demand for services is high and resources are limited, particularly in the aftermath of the COVID-19 pandemic (Pedersen, Mueller-Hirth & Miller 2023a; Women's Aid 2021), it is recommended that IPV organisations consider training packages and opportunities that are specifically designed and delivered by sexual-minority services or experts in the field.

Such training courses should help to facilitate movement away from heteronormative understandings, terminology, and language, so that sexual-minority experiences of power and control can be understood separately from heteronormative relationship dynamics and without the stereotypes imposed by the public story and 'ideal victim' narratives (Donovan & Hester 2014; MacDowell 2013). Working in partnership with IPV organisations that specialise in providing support for the LGBT+ community could help existing service providers identify the most high-quality, suitable opportunities to promote inclusion.

Sexual-Minority Advocates

For those who have undertaken relevant training, it is also recommended that service provision includes specific advocates for sexual-minority survivors. Advocate roles should not be assigned to one specific member of staff for diversity purposes, as noted in existing research (O'Halloran 2015), but rather shared across numerous staff members so that support options are not limited. Where possible, these advocates should be a sexual-minority person themselves (Donovan, Magić & Kelly 2021), considering participants' preference for talking to someone from their own community. As suggested by Katherine, who shared her own recommendations in Chapter Seven, diversity hires based on equality, diversity and inclusion data could be a useful way to achieve this during recruitment cycles.

However, where this is not possible, advocates should possess the relevant knowledge around sexual-minority specific IPV and the unique circumstances and narratives that shape their experiences of abuse.

Validating Practice

It is recommended that practice in IPV support organisations centres around providing validation to survivors from this community, regardless of their relationship dynamics. In the first phases of relationship-building with a service user, IPV services should make active efforts to understand the identity of the survivor, including their sexual orientation and preferred gender identity. As suggested by Donovan, Magić and Kelly (2021), this can be achieved simply by asking someone their preferred pronouns. With this indicator of inclusion, sexual-minority survivors may feel comfortable to also disclose their sexual orientation at this point or during later interactions. For an additional layer of inclusion, this demographic data around gender identity and sexual orientation should be recorded and monitored (Donovan, Magić & Kelly 2021).

Staff in IPV services should also make active efforts to understand the narratives, circumstances, and tactics of IPV experienced specifically by this community so that they can truly understand and validate what these survivors have endured. Understanding and acknowledgement of these unique characteristics are fundamental. Sexual-minority participants suggested that validation helps them to regain a sense of sanity, paves the way for positive steps in the direction of healing, and helps to overcome false illusions that abusive behaviours are normal or fused with love. This is especially important since the harmful rhetoric that abuse is a normal aspect of sexual-minority relationships (Freeland, Goldenberg & Stephenson 2018; Morgan et al. 2016; Oliffe et al. 2014, Sanger & Lynch 2017) can potentially contribute to poor relationship prospects that sexual-minority survivors may carry forward into future relationships (Donovan & Barnes 2020a). Tailoring practice around validation may help to disrupt further experiences of IPV.

Spatial Inclusion

Given the emphasis placed on the importance of safe spaces for sexual-minority survivors, it would be beneficial if more spaces like The Hive were made available across urban, rural, and island Scotland. Where lack of sexual-minority specific services and spaces have been linked to austerity (Donovan & Durey 2018; Donovan & Hester 2014), fundraising and corporate donations such as those that contributed to the development of The Hive could be a useful route to overcome lack of Government funding. This is something to be considered for the future, as these spaces take time and effort to create. In the meantime, existing

support providers should consider how they might transform spatial elements of their services to foster feelings of safety and inclusion for sexual-minority survivors.

Given that 'rainbow-washing' generates conflicting feelings for members of this community, this should not be the approach taken by services to signal to allyship. Rather, it is recommended that services display their allyship in more discrete ways. Examples of spatial indicators of allyship could include staff wearing lanyards or badges with sexual-minority relevant symbols and posters that allude to support and provide representation for members of this community. For services that provide support to all members of the LGBTQ+ community, the inclusion of pronoun badges and gender-neutral framings around menstruation and parenthood may also help to promote feelings of safety and inclusion. As suggested by Donovan, Magić and Kelly (2021), the use of pronouns can also be included in staff members' email signatures so that these are present in their virtual communication as well.

Marketing Inclusion

Marketing is central to the raising of awareness amongst sexual-minority communities that a service can cater to their needs, as the findings of this study suggest that members of this community often wonder where they fit and whether they are welcome to approach certain services. If an organisation has the skills and knowledge to offer a beneficial, inclusive service to sexual-minority survivors, it is strongly advised that they make use of physical and online spaces as vehicles for advertisement, as outlined by Donovan, Magić and Kelly (2021).

If members of this community are included in their service provision, this should be clearly outlined in their organisational policies or overall code of conduct (Donovan, Magić & Kelly 2021). This documentation should be made accessible so that members of this community are aware that they are welcome. Websites and social-media channels should also explicitly communicate inclusion of members of the LGBT+ community if this is offered, as well as disseminating relevant information and resources that could be helpful to this community. Physical marketing materials should be placed in spaces frequented by members of this community so that those who do not have access to technology can be made aware of what support is available. In addition, finding resources for support in day-to-day life could encourage sexual-minority survivors to consider support where they had not previously, like Cameron's experience where he stumbled across an advertisement for his therapist at his local dog day-care centre.

The Police

Given recent reviews that have drawn attention to the problematic culture embedded in Police Scotland (Scottish Police Authority 2023), alongside the negative experiences of sexual-minority survivors in this study, it is clear that fundamental changes are necessary to improve the relationship between sexual-minority individuals and law enforcement.

Akin to formal support services for survivors, police divisions across Scotland have the option to complete LGBT Youth Scotland's (2018b) Charter Mark. Participation in this programme could help to tackle issues around discrimination and homophobia identified as part of the Scottish Police Authority (2023) review. Although the Edinburgh division pledged its participation in this programme back in 2021 (Police Scotland 2021b), achievement of the Charter Mark is yet to be awarded (LGBT Youth Scotland 2021a). Police Scotland's most recent Equality, Diversity and Inclusion and Equality Outcomes Progress Report (Police Scotland 2023) notes that the Edinburgh division's participation to this scheme is a pilot. However, given the size of Police Scotland as an organisation, and the fundamental role they play in helping survivors seek justice for the abuse that they have endured, it is recommended that the organisation as a collective should be working towards the Foundations award that promotes inclusion across umbrella organisations. Where this award enables organisations in the development of practice that promotes inclusion of sexualminority communities (LGBT Youth Scotland 2018b), it would show a clear commitment to improve the lived experiences of sexual-minority survivors when dealing with law enforcement and could help to bridge the existing 'gap of trust' that exists between sexualminority survivors and the police (Donovan 2010; Donovan & Hester 2011).

Based on the experiences and concerns highlighted by sexual-minority survivors in this study, it is also recommended that additional training is implemented across Police Scotland so that officers at all levels are equipped to respond to sexual-minority IPV appropriately. Outreach to relevant charities and organisations would be helpful in shaping the nature of such training courses, so that law enforcement personnel gain an awareness of and know how to manage the intricacies of issues around identity abuse, IPV stereotypes, and power dynamics. If officers were equipped with appropriate knowledge, it could promote trauma-informed practice when dealing with sexual-minority survivors of IPV and lessen the likelihood of charges being minimised or wrongful arrests being made based on traditional ideas of masculinity and femininity.

It is also recommended that, where possible, Police Scotland should endeavour to employ a representative workforce. As stated in Police Scotland's (2023) Equality, Diversity and Inclusion and Equality Outcomes Progress Report, efforts are being targeted at

underrepresented populations, like sexual-minority communities, to raise their awareness of career opportunities across Police Scotland. Given the preference of sexual-minority participants to engage with police officers who also share a sexual-minority identity, this is a step in the right direction. However, underlying anxieties and concerns around the culture of the police persist for sexual-minority individuals in Scotland. Therefore, the police should proactively work to tackle the culture of homophobia and discrimination highlighted by the Scottish Police Authority (2023) report so that sexual-minority individuals are more likely to buy into these recruitment opportunities, and subsequently improve the experiences of sexual-minority survivors more widely.

Media

In the British media, progressive steps have been made to incorporate sexual-minority IPV as a main storyline of popular soap operas. An example of this is the lesbian IPV storyline on *Eastenders* that aired in 2014. The plot was created with support of the LGBT IPV charity 'Broken Rainbow', which aided producers in the accurate portrayal of sexual-minority abuse to increase representation and raise awareness across mainstream IPV services and society. The storyline also intended to support sexual-minority survivors in the recognition of abusive behaviours based on the character's experiences of abuse (Sparrow 2014). No evidence has been published about the impact of this particular storyline; however, the impact of media representation of IPV can be noted from the collaboration between Women's Aid, Refuge, and the BBC Radio 4 show *The Archers*. Whilst the storyline centred around a heterosexual couple, it appears to have had an impact, as Refuge saw a 17 percent increase in calls after the storyline had aired (Bird 2017).

Given the influence of the media shown both in this study and in the aftermath of shows like *The Archers*, media avenues evidently have the power to support survivors in recognising abusive behaviours and breaking the 'cycle of violence'. Therefore, it is recommended that the power of the media should be used as an influential force to disrupt IPV, broaden the heteronormative public story, and promote sexual-minority visibility across the IPV landscape. Progressive steps could be made for sexual-minority survivors if popular shows collaborated with relevant sexual-minority advocates as done previously to broaden the narrative in the IPV landscape. Therefore, relevant sexual-minority specific organisations and the media are encouraged to build collaborative relationships that promote recognition around IPV for survivors from this community.

Storylines that are aired should not be limited to specific sexual-minority sub-groups, as they play a role in public opinion of 'victim worthiness' (Johnson & McConnell 2014), but rather adopt an inclusive stance that sheds light on a range of different identities, relationships and

lived experiences. This is particularly important for sexual-minority men who are excluded from the public story of IPV (Donovan & Hester 2014), as representation could minimise the negative feelings that they harbour where they are excluded in media coverage. Wider awareness that the experience of power and control is not limited to female survivors who conform to the stereotypes set out by the 'ideal victim' narrative could also be increased should this happen (MacDowell 2013).

Limitations

Although this study has made a valuable sociological contribution to the IPV landscape, specifically around the lived experiences of sexual-minority survivors, there are some limitations that must be noted.

Participant recruitment posed substantial challenges, particularly with the participant sample consisting of a hard-to-reach population. As noted in Chapter Three, it was initially intended that participants would be recruited using gatekeeper organisations; however, where this was not possible, social-media recruitment was utilised. Although this was a time-consuming process as interest in participation was not immediate, a sample of 14 participants was achieved. This sample group failed to produce any transgender participants, despite initially intending to, however it is recognised that the unique lived experiences of transgender survivors could benefit from being explored separately.

Although this sample provided a breadth of different demographic characteristics and rich qualitative data, this study would have benefitted from participation from a few more sexual-minority survivors. It would be beneficial if these participants were sexual-minority men due to the imbalance in male and female participants. Given the time-constraints of doctoral study, alongside the additional work required to fulfil the participatory element of the research process, this would have provided further challenges. Should more time and resources have been available, additional participants might have been interviewed.

With the nature of qualitative research, questions arise around the applicability of findings based on sample size in comparison to the wider population. Given the sample size in this study compared with the overall Scottish sexual-minority population, this must be considered. In addition, whilst all participants shared a sexual-minority identity, distinct differences existed across their experiences which were uncovered through intersectional exploration; therefore, not all findings can be applied to people who possess a sexual-minority status, as some are applicable to specific sub-groups and characteristics. Whilst this is arguably a limitation of the study, it does not take away from the wealth of rich data drawn from the collaborative research process undertaken with participants and the subjective contributions that provide valuable knowledge to the field.

Directions for Future Research

My research provides a valuable contribution to academia, as it serves to address gaps in existing literature around the lived experiences of sexual-minority survivors of IPV. Whilst this is a step in the right direction, further scholarly attention is required to address the realities and needs of survivors from this community.

From my findings, it is apparent that IPV and its repercussions vary across sexual-minority survivors according to different aspects of their being, such as sexual orientation, gender, gender of their partner, and geographical location. The application of an intersectional lens facilitated these findings to be uncovered, therefore the use of an intersectional approach as advocated by Donovan and Hester (2014) is recommended in future research into survivors from this population. Given the distinct differences in lived experience, and the fact that sexual-minority individuals are not a homogenous group, I recommend that future research is conducted into each of the sexual-minority sub-groups so that further attention can be allocated to their unique experiences of power and control. In addition, further attention should be allocated to intersecting identities such as ethnicity, social class, and disability and how they shape experiences of IPV.

During their interviews, participants in this study referred to transgender and non-binary issues on various occasions, often reflecting upon their own difficulties as sexual-minority individuals and how it must be just as, if not more challenging for survivors who are transgender or non-binary. As noted in Chapter Three, this study initially aimed to look at the lived experiences of LGBTQ+ survivors as a whole; however, participant recruitment efforts failed to produce any transgender or non-binary participants. Although not desired at the time, in hindsight it would be more beneficial to explore the lived experiences of these individuals separately. This is to allow specific attention to be placed on the nuances of their experiences of IPV, especially considering that one size does not fit all when it comes to the LGBTQ+ community (Barsczewski 2020).

Final Words

Despite dominant heteronormative narratives that overshadow the lived experiences of sexual-minority survivors and compound their invisibility, this thesis has shed considerable light on the harsh realities experienced by sexual-minority survivors when faced with IPV. More specifically, it draws attention to the additional challenges that one faces during times of crisis when they identify this way. By drawing attention to such issues and making valuable recommendations to overcome the challenges experienced by sexual-minority survivors, it is hoped that fundamental and crucial changes will be implemented to improve

the lives of sexual-minority individuals in contemporary society, allowing them to be more visible in an area that they often remain in the shadows.

Finally, given the unique methodological contribution that this thesis provides, I truly hope that this study emphasises the benefits that a participatory element can offer when conducting research into the lived experiences of sexual-minority survivors. This innovative approach to data collection enabled the individuals involved to feel a sense of autonomy, safety, and control in discussions of their experiences of IPV, especially considering the absence of these feelings whilst in the depths of an abusive relationship. By placing power back in their hands and providing them an opportunity to be co-constructors of knowledge relative to their own experiences, I really hope that I have done these survivors and their stories justice and have paved the way for vital changes to be made to the lives of sexual-minority survivors across the board.

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Appendices

Appendix I: Call for Participation of LGBTQ+ Survivors



Appendix II: Call for Participation of Lesbian Survivors



Appendix III: Call for Participation of Gay Male Survivors



Appendix IV: Call for Participation of Bisexual Survivors



Appendix V: Call for Participation of Transgender Survivors



Appendix VI: Call for Participation of Non-Binary Survivors





Information Sheet – Intimate Partner Violence: The Real Pandemic? A Feminist Exploration of the Consequences of COVID-19 on LGBTQ+ Survivors

Interview

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Introduction

You have been invited to take part in some research exploring the issue intimate partner violence during the COVID-19 pandemic. Before you make a decision to participate, it is important that you gather an understanding of the purpose of the research and what the research process will consist of. Please take the time to read the following information that is provided on the participant information sheet.

What is the purpose of this investigation?

Intimate partner violence is a deep-rooted issue in contemporary society, with many individuals being subject to varying levels of maltreatment in their intimate relationships including physical, psychological, and emotional forms of abuse. As countries have been sent into government-imposed lockdowns, the isolation caused by the COVID-19 pandemic has had catastrophic consequences for victims of intimate partner violence. While early research in the field addresses some of the risk factors that increase the likelihood of abuse during times of crisis, the literature that has been released into this field does not account for the lived experiences of victims during this time, in particular victims who are derived from the LGBTQ+ community. Therefore, this study aims to account for these individuals and their experiences during the COVID-19 pandemic, with a particular focus on the Scottish context. Preliminary conversations and follow up interviews will be conducted with various individuals who have been subjected to intimate partner violence during the pandemic, focusing particularly on the experiences of sexual-minority groups. Subsequently, the objectives of this study are as follows: to sociologically explore the lived experiences of LGBTQ+ intimate partner violence survivors in Scotland during the COVID-19 pandemic, to provide a voice for LGBTQ+ victims who are often marginalised in research and to examine the support that has been given to LGBTQ+ victims during the pandemic and beyond.

Do you have to take part?

You do not have to take part. Participation in this study is entirely voluntary, and you decide whether you would like to participate. If you decide to take part and change your mind at a later date then you may withdraw from this study at any time without having to give any reason for doing so. You have a period of 14 days after the interview to let a member of the research team know that you have changed your mind and your interview will be removed and deleted.



What will you do in the project?

You will be invited to an initial, confidential chat with myself on Zoom. During this chat I will explain more about the research, my own background, you will have plenty of opportunity to ask questions decide whether you want to be involved and help to draw up the interview questions. This will be followed up on another day by the interview itself which will take 45 minutes, and with your permission, it will be recorded.

Why have you been invited to take part?

You have been invited to take part in this interview because you have been identified as an individual who has faced intimate partner violence during the COVID-19 pandemic.

What will be discussed?

Your involvement in the research process will shape and influence the interview topic guide. As a result, the interview will not contain any questions that have not previously been agreed between yourself, with the exception of questions that seek clarification, and I and will follow the final drafted interview guide that was agreed during your previous participation in the research process.

What are the potential risks to you in taking part?

The interviews will ask questions about your experience of intimate partner violence during the pandemic. Due to the sensitive and personal nature of the research study, you can decide what questions you feel comfortable to answer or whether you wish to move on in the conversation, take a break or stop the interview if you feel uncomfortable. The research involves discussion regarding intimate areas of your life experience and will almost inevitably involve you sharing very personal details. Despite this, I will need to ensure that I maintain my role as researcher and not to be involved in any therapeutic of ongoing support arrangements at the end of the research process. In the instance that you feel distressed at any point in the research process, please contact one of the domestic abuse hotlines below for help.

- National Domestic Abuse Helpline: 0808 2000 247
- Scotland's Domestic Abuse and Forced Marriage Helpline: 0800 027 1234
- National LGBT Domestic Violence Helpline (Galop): 0800 999 5428

What happens to the information in the project?

The research study will follow ethical and legal practice, and all information about you will be handled in confidence. This information includes names, identifying details or personal information. Apart from myself, no one will know who has taken part. Please note however that whilst confidentiality will be maintained as far as possible, should you indicate that you are at risk of harming yourself or at risk of harm from someone else, I have a duty of cary to report



this concern. Some of the words from your interview may be used in the final PhD thesis, or other publications that may be written for academic publication. Neither your name nor any identifying details will ever be used. Rather your name will be replaced with a pseudonym to protect your own identity. You will only be identified by your position as an LGBTQ+ intimate partner violence survivor.

Only I will have access to the full data. With permission, the interview will be recorded. Recordings will be stored on an institutional drive rather than my personal devices and will not be shared with any other party. Recordings will be destroyed once the interview has been transcribed, anonymised, and checked. However, anonymised data transcripts will continue to be stored by myself as these may be used for further publications at a later date.

This study was granted ethical approval by the Robert Gordon University Ethics Committee. If you have any questions/concerns, during or after the investigation, or wish to contact an independent person to whom any concerns may be directed or further information may be sought from, please see the contact details at the bottom of this form, or refer to this link: https://www.rgu.ac.uk/research/university-research-policies/research-governance-ethics

The Robert Gordon University is committed to the principles and obligations set out in the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA). The information you provide will be held in compliance with GDPR requirements.

What happens next?

If you are happy with what you have read and would still like to take part, the following pages include a consent form for you to read and sign. Should you have any further questions, please do not hesitate to contact myself. If you do not wish to take part, thank you very much for your interest and for taking the time to read this information sheet.

Contact Details

If you have any questions or queries about the study, please feel free to contact myself or principal supervisor of the study.

PhD Researcher:

Leia Miller School of Applied Social Studies Robert Gordon University Aberdeen AB10 7QE

Email: I.miller5@rgu.ac.uk

Principal Supervisor:

Dr. Natascha Mueller-Hirth School of Applied Social Studies Robert Gordon University Aberdeen AB10 7QE

Email: n.mueller-hirth@rgu.ac.uk



Consent Form for interview

Title of Study: Intimate Partner Violence: The Second Pandemic? A Feminist Exploration of the Consequences of COVID-19 on Sexual-Minority Survivors

I confirm that I have read and understood the information sheet for the above project, and I am satisfied that the researcher has answered any queries relating to the research.	
I understand that my participation is voluntary and that I am free to withdraw from the project up to 14 days after the interview without having to give a reason and without any consequences.	
If I exercise my right to withdraw and I don't want my data to be used, the research team will remove and destroy the interview data. I understand that I have up until 14 days after the interview to contact the researcher.	
I understand that any information recorded in the study will remain confidential and no information that identifies me will be made publicly available.	
I understand that if I indicate that I am at risk of being harmed or harming myself, the researcher has a duty of care to disclose this to ensure my safety.	
I understand that my anonymised words may be used as part of a report to the supporting organisations involved for the purpose of research.	
I understand that the anonymised transcript of the interview will be stored at the Robert Gordon University and, once the project has ended and been written up, the anonymised data will be stored in the UK Data Archive repository.	
I consent to being a participant in the project.	
I consent to being recorded in person, via Zoom or another similar video-conferencing technology as part of the project.	
(PRINT NAME)	
Signature of Participant:	Date:



DEBRIEF FORM

Title of Project: Intimate Partner Violence: The Real Pandemic? A Feminist Exploration of the Consequences of COVID-19 on Intimate Partner Violence for LGBTQ+ Survivors

Name of Researcher: Leia Miller I.miller5@rgu.ac.uk

Thank you for your time and participation in the study.

The objectives of this study are to sociologically explore the lived experiences of Scottish intimate partner violence victims during the COVID-19 pandemic, to provide a voice for victims who do not conform to the 'perfect' victim narrative and who are often marginalised in research and to examine the support that has been given to victims during the pandemic and beyond. In turn, these objectives aim to fill gaps in existing literature around intimate partner violence during the COVID-19 pandemic.

This a reminder that only the researcher will have access to the interview data. All confidential information shall only be stored on the researcher's R Drive which has an institutional firewall. Audio recordings of interviews will only be obtained for the period that they serve a purpose. Once the process of transcribing and anonymising is complete, these will be destroyed. Anonymised transcripts will continue to be stored for a period of ten years or more, as these may be used for further publication at a later date.

You have the right to withdraw from the study without having to provide any reasoning or facing any repercussions. A 14-day period will be granted from the date of the interview to request to withdraw the data provided. It will be assumed that if no contact is made after this time that you are happy with the information you have given and are willing for it to be used for analysis. A copy of the anonymised interview transcript will be provided to you once the interview has been transcribed to ensure that you are happy for your data to be used for research purposes. If you do

make the decision to withdraw from the study, all data about yourself will be safely destroyed by the researcher.

The results of the study will be utilised to write up a final thesis for the researcher's Doctoral degree, as well as other journal articles relating to the topic of interest. Segments from the interviews will be used in the write up of the project; however, all data will remain anonymous as pseudonyms will be used and no identifying details will be disclosed about yourself as a participant. Should you wish to see a copy of the findings, this will be provided. This can be requested directly from the researcher; however, a summary of the findings will be prepared for distribution to participants once they have been established.

It is recognised that the sensitive nature of the topic could cause distress to yourself as a participant. In the instance that you feel affected by the research interview, please contact one of the domestic abuse hotlines below for help. These resources include:

- National Domestic Abuse Helpline: 0808 2000 247
- Scotland's Domestic Abuse and Forced Marriage Helpline: 0800 027
 1234
- National LGBT Domestic Violence Helpline (Galop): 0800 999 5428

If you require any further information or have any questions about the research study, please do not hesitate to get in contact.

- Researcher: Leia Miller. Email: I.miller5@rgu.ac.uk
- Principal Supervisor: Natascha Mueller-Hirth. School of Applied Social Studies, Garthdee House, Garthdee Road, Aberdeen, AB10 7AQ. Telephone: 01224 263299. Email: n.mueller-hirth@rgu.ac.uk

Appendix X: Participant 1 Topic Guide

Participant 1 Topic Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from?
- What is your preferred description of your gender identity/sexual orientation?
- Could you please tell me a little bit about your experience of identifying as bisexual?
- What is it about rural life that you feel poses difficulties for you as a bisexual woman?

Experience of Intimate Partner Violence

- When and at what period of your life did you experience intimate partner violence?
- How long were you in a relationship with your abuser?
- At what point in the relationship did the abusive behaviour start?
- What was your first experience of intimate partner violence that you remember?
- How often did the abuse occur?
- Can you describe to me how things unfolded from this point in your relationship?
- At what point in the relationship did you recognise that what you were experiencing was intimate partner violence?
- Do you feel that your bisexual identity influenced your experience of intimate partner violence? Could you describe this to me?
- How did the abuse that you were subjected to affect you on a personal level?

Experience of the Pandemic

- What was your situation during the pandemic?
- Were you living with your abuser during the pandemic?
- Was the abuse you experienced made worse as a result of lockdown? Could you
 describe the pandemic-related factors that you feel shaped your experience of
 intimate partner violence?
- How do you feel your experience of intimate partner violence changed as periods of lockdown fluctuated? (e.g. as restrictions were lifted, re-imposed, etc.)
- How did you cope during your experience of lockdown and IPV?

- Did you disclose what was happening to anyone during the pandemic?
 - o Why not?
- Can you describe to me if you feel that lockdown made it more difficult for you to leave the abusive relationship?
- What were the main challenges you faced as a survivor of intimate partner violence during the pandemic?

Seeking Support

- At what point of the relationship did you choose to seek support for the abuse you endured?
 - What was the motivating factor for you seeking support after the relationship had ended?
- Who was the first person that you sought support from for your experience?
- What were the benefits you feel you got from talking to your family and friends about what you had endured?
- What organisational support did you receive for your experience?
- Why did you choose to receive support from this organisation?
- Was your bisexual orientation something you viewed as a barrier when seeking support from [mainstream women's intimate partner violence service]?
 - o Why not?
- Can you tell me about the first time you confided in [mainstream women's intimate partner violence service] for support? How did this make you feel?
- Can you describe to me the support you were provided with?
- Can you describe to me if you feel that the support you received made you feel validated in your experience?
- What benefits do you feel you got from seeking support?

Seeking Justice

- Could you tell me about your experience of reporting the abuse you endured?
- Did you disclose to the police that you identify as bisexual? Why/why not?
- What stage of the legal process are you currently at?
- Would you say you have been supported by those involved in the justice system?
- How have the pandemic-related delays in the justice system impacted you on a personal level?

Recommendations for the Future

- In your opinion, are there enough services that provide support to LGBTQ+ survivors of IPV?
- What do you think can be done to raise awareness about intimate partner violence in the LGBTQ+ community?
- In what ways do you think professionals can provide better support for the LGBTQ+ community in relation to IPV?
- Could you tell me what would make you feel comfortable if you were to approach a professional about your experience?

Appendix XI: Participant 2 Topic Guide

Participant 2 Interview Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from?
- How do you identify in relation to your sexual orientation and gender?
- How was your experience coming out as a lesbian?

Relationship

- When did you meet your ex-partner?
- How long were you in a relationship with her?
- What was the nature of your relationship in the beginning?
- Did you live with your ex-partner? At what point in the relationship did you move in together?

Intimate Partner Violence

- What was the nature of the intimate partner violence that you were subjected to throughout the course of your relationship?
- What was the first experience of intimate partner violence that you remember in your relationship?
 - o How long had you and your ex-partner been together at this point?
- Would you say that you recognised this experience as intimate partner violence at the time?
- What was the turning point in the relationship that enabled you to realise that what you experienced was intimate partner violence?
- Would you say that your identity shaped the way you viewed the abuse? If so, in what ways?
- How did you feel once you had come to terms with what you had experienced was intimate partner violence?
- How often did the abuse occur?
- How did you feel on a personal level whilst this was happening?

COVID-19

- What were your personal circumstances during the lockdown period?
- What were your ex-partner's circumstances during the lockdown period?
- Could you describe to me if you feel that the pandemic shaped the financial abuse you experienced at all?
- How did the lockdown period shape your experience of intimate partner violence?
- Were there any pandemic-related issues that shaped your experience as a survivor?
- Do you feel that the pandemic played a role in your ability to leave the relationship? If so, how?
- How did you cope during your experience of lockdown and IPV?

Seeking Support

- When did you seek support for what you had experienced?
- What was your chosen method of help-seeking? Why did you opt for this route?
- Why did you not choose to confide in your friends or family for support?
- What was it like to approach your therapist for support for the first time?
 - O What was it about them that attracted you to them?
- What kind of support were you provided with for your experience?
 - o How beneficial was this for you?
- Were there any specific challenges you experienced in relation to help-seeking as a lesbian?

Recommendations

- Would you say there is enough awareness around intimate partner violence in your community?
- What avenues do you perceive to be useful to raise awareness?
- Are there any specific resources in your area for survivors from your community?
- What would you carry forward or suggest should be done differently from your experience when it comes to providing support for LGBT survivors of intimate partner violence?
- Is there anything else you would like to add?

Appendix XII: Participant 3 Topic Guide

Participant 3 Topic Guide

Participant Demographics

- Could you start by telling me a bit about yourself?
- Could you describe to me the area you are from?
- How would you describe your gender and sexual orientation?
- Could you please tell me a little bit about your experience of identifying as bisexual?

Intimate Partner Violence and COVID-19

- What was your situation during the pandemic?
- At what point of the pandemic did you meet your perpetrator?
- Were you living with your perpetrator at any point of the relationship?
- What was the nature of the intimate partner violence you experienced?
- How often was the abuse taking place?
- What is the first experience of intimate partner violence that you remember? Did you
 recognise it to be intimate partner violence at the time?
- Having experienced intimate partner violence before this relationship, how do you think this influenced how you viewed the situation?
 - o How did this impact you on a personal level?
- Were you ever subjected to any intimate partner violence centred around your sexual orientation?
 - O Why do you think this was the case?
 - o How did this impact how you viewed yourself?
- Could you tell me about your experience of control in this relationship?
- Was your child impacted by what you were experiencing? If so, in what ways?
- What restrictions were in place at the time?
- Did the COVID-19 restrictions influence your experience of intimate partner violence?
 How so?
- How did you cope with what you were experiencing during this time?
- Was anyone aware of what you were going through at this time?
- At what point did you manage to flee the relationship?

 Can you describe to me if you felt that lockdown made it more challenging to leave your perpetrator?

Reporting to the Police

- At what point of the relationship did you decide to report your experience to the police?
- How would you describe your experience of reporting intimate partner violence to the police?
- Did you opt to disclose your sexual orientation to the police when you were reporting?
 - Could you describe to me if you feel that the police acknowledged your sexual orientation when taking your statement?
- How did you feel after your experience with the police?
- Could you tell me if you experienced any issues related to court delays during the pandemic?
 - o How did this impact you?
- Were you provided with any other resources of support after giving your initial statement?

Organisational Help-Seeking

- What was the first service you engaged with upon reporting your experience to the police?
- How did it feel to be able to share what you had endured with a professional?
- How would you describe your experience of support from this organisation?
- What were the positive aspects of this organisation?
- What were the negative aspects of this organisation?
- Were you able to disclose your sexual orientation to this organisation and receive support for the biphobic abuse you experienced?
- Did you receive support from any other organisations?
 - How was your experience with this organisation? Positive or negative?
- How did the pandemic, if at all, shape your experience of getting support from organisations for intimate partner violence?
- Overall, how did you view your sexual orientation when it came to help-seeking?
- What specific challenges did you face as a bisexual person when it came to receiving support?

Recommendations

- In your opinion, are there enough services that provide support to survivors from your community? Do you know of any yourself?
- How do you think services can become more inclusive of survivors from your community?
 - Is there anything in particular you think professionals need to be aware of when helping LGBT survivors?
- What ways do you think society can help to draw attention to survivors from your community?

Appendix XIII: Participant 4 Topic Guide

Participant 4 Topic Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from?
- How would you describe your gender and sexuality?
- Could you please tell me a little bit about your experience of identifying as bisexual?
 - o Did you experience any challenges with this?

Relationship

- At what stage in your life did what we are discussing today take place?
- How long did this relationship last?
- When did you first see signs of abusive behaviour?
- Do you recall what the first incident was and the circumstances around it?
- How often did the abuse occur after this?
- Did you notice any triggers for the abuse? If so, what were they?
- Did you experience any other forms of abuse? If so, what were they?
- How was your ex when it came to your relationships with other people?
 - o What do you think the reasoning was behind this behaviour?
- When did you realise that you were being abused and this behaviour was not normal?
- Did you tell anyone what you were going through at this point? If so, who?
- What was the effect of this experience for you?

Pandemic

- How were things for you at the beginning of lockdown?
- Were you still together/living together when the pandemic struck?
- Did the COVID restrictions make it harder for you to leave? Can you describe this for me?
- How was it trying to find new accommodation during lockdown?
- Did the lockdown make it harder for you to deal with the aftermath of leaving an abusive relationship? In what ways?

 What was the most challenging aspect of the pandemic for you as a survivor of intimate partner violence?

Asking for Help

- Did you experience any concerns reaching out for help based on your sexuality?
- What are the reasonings behind the concerns you have?
- Are there any services in your area specifically for sexual minorities?
- When did you start getting support?
- Who in your life gave you support for your experience?
- What was were first experience of professional support?
- Were waiting list lengths an issue for you because of COVID?
- How would you describe the professional support you received after the abuse?
- Did you get any help from any domestic abuse services?
 - o Why not?
- How did it feel getting support from those in your personal life?
- Do you think seeking support benefitted you? If so, how?

Ideas for Change

- Would you say there are enough services for LGBTQ+ experiencing abuse?
- What should existing services do to make themselves more open to support LGBTQ+ survivors?
- What spaces do you think marketing for LGBTQ+ services would be most successful in?
- Are there any other interventions you would like to see?
- How would you like to treated by a support worker if you were to disclose what you had experienced to you?
- Is there anything else you'd like to add?

Appendix XIV: Participant 5 Topic Guide

Participant 5 Topic Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from?
- What is your gender and sexual orientation?
- Could you please tell me a little bit about your experience of identifying as gay?
 - o How was your experience of coming out?

Relationship

- At what point in your life did you experience intimate partner violence?
- When did you meet your ex-partner?
 - o How long were you in a relation with them for?
- When in your relationship did the abuse start? What was your first experience?
- What was the nature of the abuse you experienced?
- How often did the abuse take place?
- How did the intimate partner violence you were experiencing affect you personally?
- When in the relationship did you recognise that what you were experiencing was intimate partner violence?

Seeking Support

- Who did you confide in about your experience of intimate partner violence?
- Why did you opt to confide in your friend about what you had been experiencing?
- What were the benefits of confiding in your friend about your experience?
- Did you receive any other support for what you had experienced?
 - Why did you not opt to seek support from an organisation?
- Could you describe to me if you feel that being a gay man made it harder for you to seek support from a domestic abuse service?
- What were your main concerns about confiding in formal support sources?
- Did you perceive the pandemic to be a barrier to seeking formal support? Why/why not?

COVID-19 Pandemic

What was your situation when lockdown restrictions were enforced?

- O Were you able to see your partner?
- How do you think the COVID-19 pandemic shaped your experience of intimate partner violence?
- Did the restrictions in place have an impact on the abuse you experienced? In what ways?
 - Would you say that the pandemic amplified your experience of intimate partner violence?
- How did social isolation make you feel as a survivor of intimate partner violence?
- How did you cope during this time?
- How did the relationship come to an end?
 - o Did the pandemic make it harder for you to leave the relationship?
- What was the biggest challenge for you during this time as a survivor of intimate partner violence?

Recommendations

- As a gay man, would you feel confident being able to identify a service suitable to you?
- What would make a service appear approachable to you?
- What could a professional say that would ensure you that they do support your sexual orientation and will provide you with support?
- Is there anything specific about same sex relationships that you feel professionals should acknowledge when advertising their services?
- Is there anything else you would like to add?

Appendix XV: Participant 6 Topic Guide

Participant 6 Topic Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe the area you are from?
- What is your gender and sexual orientation?
- How was your experience coming out as gay?

Relationship Context

- How old were you when you entered your relationship with your ex-partner?
 - o How old was he?
- How long were you in this relationship?
- What was the dynamic of your relationship?
- Were you living with your ex-partner?

Intimate Partner Violence

- At what point in the relationship would you say the abuse started?
- Can you pinpoint the first experience of intimate partner violence? What do you remember?
- How did things unfold after the first experience that you remember?
- How often did you experience intimate partner violence at the hands of your ex-partner?
- How were you feeling at the time this was going on?
- Could you describe to me if you ever struggled to label your experience as abuse?
 - O Why did you feel this way?

Lockdown and Social Distancing

- How, if at all, did the pandemic shape your experience of intimate partner violence?
- Were there any elements of the pandemic that worsened your experience of intimate partner violence?
- How often did you get to see each other during this time? Did this cause any issues in your relationship?

- Were there any periods that you were required to isolate together? What happened during this time?
- How did you feel as the COVID-19 restrictions started to ease? Did this influence how you felt about what you were experiencing?
 - o Were you able to get any relief from what you were going through?
- Did the pandemic play a role in your ability to leave the relationship? In what way?

Support

- Would you say your identity influenced your ability to seek support? If so, why?
- Can you tell me if there are any specific resources tailored to you as a gay man who has experienced intimate partner violence?
- At what point in the relationship did you choose to seek support?
- Who was the first person you spoke to about it?
- How did it feel to be able to confide in someone?
- Why did you opt to confide in friends rather than approaching an organisation?
- Was the support you received beneficial? How?
- What is it about organisations you find daunting?
- What would you like to see change across mainstream support to make them more inclusive?

Is there anything you would like to add that we have not discussed already?

Appendix XVI: Participant 7 Topic Guide

Participant 7 Topic Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from? Is it rural or urban?
- What is your preferred description of your gender identity and sexual orientation?
- Could you please tell me a little bit about your experience of identifying as a gay man?

Intimate Partner Violence

- How old were you when you experienced intimate partner violence and when did it take place?
- When it started, did you recognise what you were experiencing to be intimate partner violence?
 - o At what point did you recognise it?
- How long were you in a relationship with your ex-husband for?
- What was the first experience of abuse that you recall?
- From then, how often would the abuse happen?
- What was the nature of the abuse you were subjected to?
- How did what you were experiencing impact you?
- Were you able to disclose what was happening to you to anyone in your life at this time?
 - o What influenced this decision?
- Could you describe your interaction with the police to me?
- What motivated your decision to not report what you had experienced to the police?

Lockdown

- What was your situation in regard to leaving your ex-husband and lockdown?
- Could you describe to me if you had any contact with him at this time?
- Did the time alone impact your feelings around the abuse at all? How?
- How did you cope leaving an abusive relationship during a global pandemic?
- What was the most challenging part for you?

Therapy and Support

- Were there any barriers that you experienced to seek support? What were they?
- Being a male survivor, would you say this had an impact at all? If so, how?
 - Were you able to identify any resources available to you as a gay man?
- What was your first experience of support?
- Can you tell me how it felt to confide in your friends for support? Were they able to help you with what you had experienced?
- Why did you opt for support from a private counsellor?
 - O What factors were attractive about this route?
- What support was offered to you from your private therapist?
- What was it about them that made you select this particular therapist?
- What was beneficial for you about this route?
- Would you ever consider seeking support from a formal intimate partner service?
 - o Why? Why not?
- What challenges do you experience around seeking support for your experience as someone who identifies as gay?

Recommendations

- Would you say there are enough services tailored to those from your community?
- What avenues do you think can play a role in raising awareness in your community?
 What should they do?
- What actions should be implemented across services to provide an effective service?
- Are there any spaces you perceive to be useful to access as a LGBT survivor of intimate partner violence?
- Anything else to add?

Appendix XVII: Participant 8 Topic Guide

Participant 8 Interview Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from?
- What is your gender and sexual orientation?
- Could you please tell me a little bit about your experience of identifying as gay?

Relationship/ Intimate Partner Experience

- When did you experience intimate partner violence?
- How long were you in a relationship with your ex-girlfriend?
- What was the first experience of emotional abuse you remember?
- How often was the emotional abuse taking place?
- At what point did you recognise what was going on?
 - o How did things change from this point?
- When did the abuse you were experiencing become physical?
- At what point did you recognise that what you were experiencing was intimate partner violence?
 - o How did things change from this point?
- How did it make you feel when the transition was made between emotional and physical abuse?
- When did the relationship end?
- How were you affected by what you had experienced?
- Did you disclose what you were experiencing to anyone at this point? Who?
- How did your experience influence your relationships going forward?

Experience of the Pandemic

- What was your situation during the pandemic?
- How did the lockdown impact how you felt about what you had experienced with your expertner?
- How did you cope just out of an abusive relationship as we entered the pandemic?

What was the most challenging part for you during lockdown?

Support Avenues

- Did you perceive being gay as a barrier when seeking support?
- What sort of connotations do you think are attached to abuse between two female partners in comparison to a heterosexual couple?
- At what point of the relationship did you seek support?
- Are mainstream services for intimate partner violence something you'd feel comfortable with as a gay woman?
- How did you feel the first time you were able to confide in someone properly about what was going on?
- What professional support avenue did you go down?
- In what ways do you feel that your sexual orientation shaped your interaction with this support avenue?
 - o Was it validating?
- Why did you not choose to be supported by a mainstream intimate partner violence organisation?
- What other support did you seek, if any?
- What was beneficial about this avenue?
- How did you feel about receiving telephone and online support because of COVID?
- Did you face any issues with waiting times?
 - o What were they?
 - o How did you cope during waiting times?

Recommendations

- What do you personally think should be done to raise awareness of intimate partner violence for LGBTQ+ people?
 - o How can this be promoted?
- How should organisations raise awareness of intimate partner violence experienced by LGBTQ+ people?
- How do you think support workers should approach interactions with members of your community?

Appendix XVIII: Participant 9 Topic Guide

Participant 9 Topic Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from? Is it rural or densely populated?
- What is your preferred description of your gender identity and sexual orientation?
- Could you please tell me a little bit about your experience of identifying as pansexual?
- Do you have any children? How old is your child?

Intimate Partner Violence

- On what occasions in your life have you experienced intimate partner violence?
- When and for how long were you in a relationship then with the person that we're talking about for the purpose of this interview?
- When in the relationship did it start to become abusive?
 - o What was the first experience you can recall?
- What was the nature of the abuse you endured?
- How was your child impacted by what was happening?
- When did you recognise that you were experiencing intimate partner violence?
 - o Where did things go from here?

Support during Lockdown

- When did you seek formal support for your experience of intimate partner violence?
 - O What stage of lockdown was in place at the time?
- Were you still with your ex-partner at this point?
- Was the abuse made worse at all because of the enforcement of lockdown?
- How did you manage to escape the abusive relationship?
- How were the feelings you were experiencing shaped by lockdown?
 - Did restrictions changing play a role at all? In what ways?
- What was the nature of the first organisation you sought support from? (Support for child).
- Did you face any challenges identifying an organisation and if so, how?
- At what point of the relationship did you seek support for yourself?

- Can you describe to me what kind of support you were provided?
- What guided your decision to seek support from [women's intimate partner violence service]?
- What benefits do you feel, if any at all, do you feel that you got from the support avenues you went down?
- What challenges do you feel, if any at all, do you feel that you got from the support avenues you went down?
 - Any specific to LGBTQ+ identity?

Experience with the Police

- At what point did you decide to report what you had experienced to the police?
- How were the police in relation to your relationship dynamic?
- How did the response from the police make you feel?
- What did you report to the police?
 - O What charges went ahead?

Experience with the Justice System

- Were you impacted by the waiting times because of COVID? How?
- From the time that you reported to the day that he got sentenced, what was the period of time that you waited?
- How did COVID-19 shape your experience with the courts?
- Would you rather be able to give evidence in court or remotely? Why?
- How did it feel to go through the justice system as an LGBTQ+ person?

Recommendations

- Would you say there are enough services for LGBTQ+ survivors of intimate partner violence?
- What do you think needs to change in the sector?
- What are your preferences in organisations you would seek support from?
- What actions should organisations take to be inclusive of LGBTQ+ survivors?
- What would an inclusive organisation ideally look like to you?
- How can individual professionals specifically made you feel more able to share?
- Anything else you would like to add?

Appendix XVIX: Participant 10 Topic Guide

Participant 10 Interview Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from?
- What is your gender and sexual orientation?
- Could you please tell me a little bit about your experience of identifying as bisexual?
 - o How was your experience of coming out?
 - o How was your bisexuality viewed in your relationships?

Intimate Partner Violence

- When have you experienced intimate partner violence in your life?
- When during the COVID-19 pandemic did you experience intimate partner violence?
- What was the gender of your ex-partner?
- How long were you in a relationship with this person?
- At what point of the relationship did the abuse start?
- What was the nature of the abuse?
- How often were you experiencing intimate partner violence in this relationship?
- What enabled you to recognise that what you were experiencing was intimate partner violence?
- Were there any specific triggers that would initiate intimate partner violence?
- In what ways, if any, do you feel that alcohol contributed to your experience of intimate partner violence?
- Was your sexual orientation ever weaponised in your relationship?
 - o Could you describe this to me?
- How did your experience of intimate partner violence personally impact you?
- How would you say the experience of your first relationship influenced the last one?

COVID-19 Pandemic

- What was your living situation when lockdown commenced?
 - O When did you move to be closer to your ex-partner?
- How often were you staying with your ex-partner during the pandemic?
- Was the abuse you experienced made worse as a result of lockdown?

- What role did the changes in lockdown restrictions play in your experience of intimate partner violence?
 - o How were things when restrictions were in place and when they were eased?
- What measures did you take to cope during this time?
- What did you find most difficult about being a LGBTQ+ person experiencing abuse during COVID?

Disclosure of Intimate Partner Violence

- What were your main concerns about disclosure of intimate partner violence in a samesex relationship?
- Do you find disclosure of your sexual orientation challenging when seeking support? If so, why?

Support

- At what point in the relationship did you choose to seek support for your experience of intimate partner violence?
 - o Were you still in the relationship when you started to receive support?
- Who was your first point of call when you sought support?
 - o How did this make you feel?
- Where did you go from here?
 - O Why did you opt for this avenue of support?
- What support did this organisation provide for you?
- Did you disclose your sexual orientation to the professional you worked with?
 - o At what point did you feel able to?
- Why did you not opt to receive help from a mainstream intimate partner violence organisation?
- What would you say was beneficial about your chosen support avenue?
- Was the support you received face-to-face or virtual?
 - What was the benefits of support being carried out this way?

Recommendations

- In your opinion, are there enough services for intimate partner violence tailored to LGBTQ+ people?
- How do you think existing mainstream services can transform to become more inclusive?
- What do you deem as beneficial support from an intimate partner violence professional?
- What would make you feel more able to disclose your experience?

Appendix XVX: Participant 11 Topic Guide

Participant 11 Interview Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from?
- What is your gender and sexual orientation?
- Could you please tell me a little bit about your experience of identifying as a lesbian?

Relationship/Intimate Partner Violence

- When did you meet your ex-girlfriend?
- How long were you together?
- When in the relationship did you start to experience intimate partner violence?
 - O When did the emotional abuse begin?
 - O When did it start to become physically violent?
- What do you remember experiencing when you were in the relationship?
- What was happening on a daily basis in the relationship?
- Were there any other abusive behaviours you noticed? Could you tell me about those?
- At what point of the relationship did you recognise that it was intimate partner violence?
 - o What made you realise?
 - O How did it feel coming to this realisation?
- As the relationship progressed, how extreme did your ex-girlfriend's behaviour become?
- How were you impacted by this?

[Scheduled break if needed by participant]

Pandemic

- Were you living with your ex-girlfriend during the pandemic?
 - o How long had you been together at this point?
 - O What was the motivating factor to move in together at this point?
- How did social isolation impact the abuse you were experiencing?
- Did you manage to get by with lockdown and your experience of abuse?

- Was your ability to leave your ex-girlfriend impacted by lockdown restrictions? If so, how?
- Were the lockdown restrictions used as a way to make the abuse worse?
- What measures did your ex-girlfriend take to isolate you during this time?

Police

- Were the police ever involved in your experience of intimate partner violence?
 - o Could you describe this to me?
- What was the outcome of police involvement in your experience?
- What support were you provided with from the police?
- How seriously do you think your case was taken?

Help-Seeking

- When did you choose to seek help for your experience?
- Who did you seek support from at this time? How did they respond to you confiding in them?
 - o How did this make you feel?
- How do you feel your relationship was perceived from an outside perspective from the interactions you had?
- What do you think people need to take into account to understand the severity of abuse when it is concerned with two female partners?
 - What awareness does society need to have in this area?
 - O What measures would you like to see?
- Did you choose to get any professional support from an organisation?
 - o Why not?
- Has the support you have had for your experience changed over time?
- What difficulties do you think arise as a lesbian seeking help for intimate partner violence?
- What do you think those organisations should do to appear more welcoming to the LGBT community?

Appendix XX: Participant 12 Topic Guide

Participant 12 Interview Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from?
- What is your gender and sexual orientation?
- Could you please tell me a little bit about your experience of identifying as a lesbian?
 - o How was your coming out experience?

Intimate Partner Violence and COVID-19

- When in your life did you experience intimate partner violence?
- How long were you in a relationship with your ex-partner?
- When in the relationship did it start to become abusive?
- What was the first experience of emotional abuse that you remember?
- What measures of control would your ex-partner use on you?
- At what point did the abuse become physical?
 - O What would happen after she was physically violent with you?
 - *Open to discussions around the circumstances around physical abuse but not physical acts of violence*
 - *Do not discuss experiences of sexual abuse*
- When were you able to realise that you were in an abusive relationship?
- How do you feel lockdown contributed to your experience of intimate partner violence?
- What motivated you to move in with your ex-partner?
- What role did the restrictions play in your experience of intimate partner violence?
 - What would she do according to the circumstances in place at the time?
- Did your bisexual orientation shape the abuse you experienced?
 - o In what ways?
 - o How did this make you feel?

Support from Friends

- Who did you confide in for support for your experience of intimate partner violence?
 - o How did they respond?
- How did it make you feel to not get the support you wanted from your friends?
- How did these interactions shape your decisions around seeking professional support?
- What is your opinion on intimate partner violence support services as a lesbian?
- What was the most challenging part for you?
- What do you think that people need to consider to understand the severity of domestic abuse when it is concerned with two female partners?
- How can people be more understanding of your relationship dynamic if they do not identify the same way?

Appendix XXI: Participant 13 Topic Guide

Participant 13 Interview Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from? Is it rural or densely populated?
- What is your preferred description of your gender identity/sexual orientation?
- *Does not want to discuss coming out experience*

Intimate Partner Violence and the Pandemic

- When did you meet your ex-partner?
- How long were you together?
- When did the relationship end?
- When in your relationship did the abuse start?
 - o Could you describe what was happening around this time?
- What was the nature of the abuse?
- How often was this happening?
- In what ways was your sexuality used as a weapon against you?
- Were you able to speak to your friends with the lockdown restrictions in place?
- Did the pandemic play a role in the abuse you experienced?
 - o How?
- Were you aware that what you were experiencing was intimate partner violence in the early stages of your relationship?
- How did your experience of abuse make you feel?
- Was the abuse you experienced made worse as a result of lockdown and could you describe this to me?
- With the restrictions that were in place, how did the pandemic shape the way you handled your experience of intimate partner violence?
- How did your experience change as periods of lockdown fluctuated?
- Can you describe to me if you felt that lockdown made it more difficult for you to leave the abusive relationship?

Help-Seeking

- How did your gender impact your ability to seek support?
- How did your sexuality impact your ability to seek support?
- When did you choose to seek support?
 - o Who did you confide in for support?
- How did it make you feel to confide in someone for the first time?
- How did you feel when you confided in your friends about your experience?
- In what ways did confiding in others provide a sense of validation?
- What do you think needs to be taken into account when looking into domestic abuse against bisexual men?

Appendix XXII: Participant 14 Topic Guide

Participant 14 Interview Guide

Participant Demographics

- Can you tell me a little bit about yourself?
- Can you describe to me the area you are from? Is it rural or densely populated?
- What is your gender and sexual orientation?
- Could you please tell me a little bit about your experience of identifying as a lesbian?

Intimate Partner Violence

- When did you meet your ex-partner?
- How long were in this relationship?
- At what point of the relationship did you notice it start to become abusive?
- How did the abuse start in the beginning of the relationship?
- When did the abuse transition from emotional to physical?

COVID-19 Pandemic

- Were there any stressors from the pandemic that contributed to your experience of intimate partner violence?
- How was the pandemic used to impose control on your life?
- How did you feel when this was happening?
- How did you carry yourself when this was happening?
- Would you say the pandemic made your experience of intimate partner worse? If so, how?
- Did your experience change at all when restrictions started to lift? If so, how?
- Was your ability to leave this relationship impacted by the pandemic? If so, how?

Private Therapy

- Did you choose to seek professional support for your experience?
 - o What support did you receive?
- What was your reasoning for choosing private therapy?

- What was the nature of the service that you used?
- Why did you opt to pay for therapy for your experience?
- How did your sessions with your therapist make you feel?
- Why did you not opt to receive support from a mainstream organisation?
- Based on your experience, what do you think is the biggest challenge as a lesbian trying to identify support for intimate partner violence?
- Had you ever considered reporting your experience to the police?
 - o Why/why not?

Friends and Family

- Did you confide in anyone else for support? Who?
- What response did you get from your friends and family?
- Did you notice a different in the interactions between your friends and family? If so, how?
- How did it make you feel to disclose what you had experienced to your friends and family?
- Can you describe to me if you feel you got any benefits from the support that you got?

Change

- What changes would you like to see in terms of supporting survivors in a similar situation to yourself?
- What would you recommend organisations do to become more inclusive?
- What knowledge do you think services need to be aware of to be effective in supporting survivors in a similar situation to yourself?
- Is there anything else you'd like to mention?