RECLAIMING DOMESTIC ABUSE RECOVERY: CENTRING LGBTIQ+ SURVIVOR EXPERIENCES

A COMMUNITY REPORT BY STAR SUPPORT IN PARTNERSHIP WITH STONEWALL HOUSING AND THE OUTSIDE PROJECT

Authors: Lorn Flutter, with support from Siobhán McGuirk and George Hellings.

Steering Group: Maari Nastari (former CEO, STAR Support), Carla Ecola (Managing Director, The Outside Project/STAR Support) and Steven McIntyre (CEO, Stonewall Housing).

Designer: Asha Wilson.

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IN MEMORY OF MAARI NASTARI

1983 – 2024

FOREWORD – A DEDICATION TO MAARI AND OUR CREW

By Carla Ecola, Co-Founder of The Outside Project and STAR Support

The Outside Project was founded in 2017 to campaign for LGBTIQ+ crisis housing in London. Today, we run an LGBTIQ+ Centre in Central London, shelters in North, East and South London and an Outreach Service in Westminster. STAR Support is an organisation developed by The Outside Project in 2022 to oversee the delivery and development of our LGBTIQ+–specific domestic abuse service, STAR Refuge.

Following the death of STAR Support's co-founder and CEO Maari Nastari in December 2024, The Outside Project returned to overseeing the day-to-day operations of STAR Refuge and the delivery of the STAR Recovery Programme within it.

This would not have been possible without the foundations Maari built and the determination of the STAR Support team: Research and Development Lead Lorn Flutter, who led the project under supervision of public anthropologist Siobhán McGuirk, and Recovery Worker Liv Wynter, who designed and delivered the recovery programme alongside Lead Support Worker, Taz Edwards-White.

The continuation of STAR Refuge itself would not have been possible without The Outside Project team stepping in to support its work throughout this time: Support Workers Joe, Ethan Long and Adil Mian, and Operations Manager Holly Buckle. There isn't a finer example of frontline management and teams caring for their residents, community and each other.

MAARI'S VOICE

Maari's legacy and her voice live on in the work we do every day. These are Maari's words on the exclusion of trans women from housing and domestic abuse services:

> ***"There has been an increasingly hostile environment where cisgender women are pitted against trans women rather than acknowledging that all women are at risk of violence.***
>
> ***Trans women are women.***
>
> ***Trans women are facing increasing exclusion from domestic abuse services despite facing significant risks of domestic and sexual violence perpetrated primarily by men. ..."***

> ***"... There is no reliable evidence to suggest trans women pose an increased risk to other women. The Outside Project and Star Support domestic abuse refuge calls on the government to fund services for trans women who are being increasingly marginalised and excluded from services that should be protecting them from abuse. All government–funded domestic abuse services should provide an offer of support in an equal form for all women, to protect them from abuse."***

Maari was clear – we cannot allow fear or political pressure to dictate who gets safety. Maari was also clear about where responsibility lies. On the need for Trans+ inclusive leadership, she said:

> ***"At a strategic level, senior managers and CEOs lack confidence to push for full Trans+ inclusion for fear of being attacked by other organisations, the media, and potentially funders. This is how well the small minority of people have spoken so loudly and dominated a debate on people's autonomy over their own lives and bodies, leaving trans people feeling hopeless. It is now time for this group of leaders to stand up and push forward."***

We call on commissioners, funders, CEOs, and leaders in housing, domestic abuse, and health to lead from the front, not from fear. It's not enough to quietly agree behind closed doors. Real allyship means action. It means funding Trans+ crisis services. It means protecting the rights and dignity of all survivors.

Maari lived and worked with that courage every day. And we will carry that forward in her name, in her memory, and for every person who needs us to be braver.

When we say 'stand up fight back' we are talking about our friend and her work that we will continue.

Rest in power Maari.

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GLOSSARY OF TERMS

Definitions of terms used throughout this report:

By-and-for – an organisation which is designed, led and delivered by the community it serves. This can include holding a protected characteristic (e.g. LGBTIQ+) and having lived experience of an issue (e.g domestic abuse).

Butch – a term commonly used for masculine identities within LGBTQ+ subcultures (commonly lesbian subcultures).

Cis/cisgender – someone whose gender correlates with the gender assigned to them at birth.

Coercive control – a form of abuse in which ongoing types of behaviours are utilised to exert authority or control over a survivor.

Continuation funding – funding that is a continuation of an original contract, which stays at the original rate it was set at when first granted, typically without inflation.

Conversion practices – harmful interventions that intend to alter someone's sexuality or gender identity.

Cultural competency – the ability to respect and communicate with people across different cultures, understanding and considering their beliefs, values and attitudes.

Deadnaming – the use of the name that was assigned to a transgender person at birth rather than their chosen name.

Domestic abuse (DA) – an umbrella term that includes domestic violence, honour-based violence and conversion practices. We use the Domestic Abuse Act 2021 definition, which considers DA as: 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional'[1].

Embodied therapy – a therapeutic approach that focuses on mind-body connection.

Femme – a term used for feminine LGBTIQ+ identities (commonly applied to feminine presenting lesbians or trans feminine people).

[1] *Domestic Abuse Act 2021 c. 17 (Eng. & Wales)*

Global majority – a collective term encompassing the non-white 85% of the world's population who are of African, Asian, Indigenous, Latin-American or mixed-heritage backgrounds.

Gender-affirming care – a set of social, behavioural and medical healthcare practices intended to affirm someone's (usually a transgender person) gender-identity.

Het – heterosexual; someone attracted to the opposite sex.

Holistic support – support that takes into account all elements of an individual's wellbeing.

Honour-based violence – a form of abuse which is controlling, coercive or threatening, with the aim of maintaining the honour and respect of a family or community.

Intimate partner violence (IPV) – DA which takes place in romantic relationships.

Length of stay agreement – the length of time a service is funded to support survivors within their accommodation service.

LGBTIQ+ – Lesbian, gay, bisexual, trans, intersex, queer and (+) all other identities who consider themselves to come under LGBTIQ+ umbrella.

Lived experience – the direct experiences of an individual holds, discussed here in relation to experiencing DA as an LGBTIQ+ person.

Mainstream services – support and healthcare services that are designed for the general public and not aimed at a specific group that share a protected characteristic.

Outing – exposing someone's sexuality, gender identity or other 'status' (for example, HIV or migration status) without their permission.

Passing – when a transgender individual is perceived by others to be a cisgender person of their identified gender.

Peer support – support between individuals with similar or shared experiences and circumstances. Here relating to individuals engaging with STAR Support services.

Professional boundaries – emotional, physical and social limits intentionally set out by support staff in order to retain a professional relationship with people engaging with support services, with the aim of meeting their needs and avoiding any form of harm.

Recovery – as defined by the LGBTIQ+ survivors who took part in the STAR Recovery Programme: a typically slow process of moving on from negative experiences while building greater stability, independence and control.

Ring-fenced funding – restricted funding for a specific purpose, group or type of organisation.

Specialist service/support – support services intended to help specific groups of people and/or address nuanced or complex problems that may not be met by mainstream services. Used here primarily in reference to by-and-for LGBTIQ+ DA services.

Support needs – the forms and level of support required for an individual to healthily manage their lives in a social, physical, emotional and/or financial context, and maintain independence.

Survivor – here, an LGBTIQ+ person who is a DA survivor.

Talking therapy – psychological support with a trained professional to address mental health-related issues and improve emotional wellbeing.

Trans masc/femme – transgender individuals who identify with masculinity (trans masc) and/or femininity (trans femme). Also refers to non-binary and other gender non-conforming individuals who may identify more with one of these identities or both.

Triggers – anything that reminds a survivor of a past trauma, often leading to harmful flashbacks or negative emotional responses.

VAWG sector – services aimed at tackling 'Violence Against Women and Girls'.

SUMMARY OF FINDINGS

These recommendations reflect the insights gained through running and evaluating our pilot Recovery Programme for LGBTIQ+ DA survivors.

- Recovery was generally viewed by LGBTIQ+ survivors as reaching a 'baseline' of stability, independence and control. Often, this was contextualised by what survivors hoped to achieve within service, allowing them to 'move on' from it and towards personal ambitions and broader goals.
- LGBTIQ+ survivors need support to recognise and define DA experiences.
- LGBTIQ+ survivors have experienced varied forms of abuse (including IPV, familial abuse, honour-based violence and conversion practices), which require tailored support and varied programme content to explore.
- Journeys through recovery are not linear, and do not start in the same place for all LGBTIQ+ survivors. This reality can impact an individual's sense of readiness to engage with emotional recovery work and informs variable timeframes around recovery.
- Recovery programme structures must be flexible, with feedback mechanisms to allow LGBTIQ+ survivors to highlight topics they would like to cover, or repeat.
- Creating expectations of attendance as well as structure, rhythm and routine can help participants feel motivated to attend recovery sessions. This is particularly important for LGBTIQ+ survivors living in refuges or accommodation schemes.
- Group work was viewed positively by participants who regularly attended sessions. They can give LGBTIQ+ survivors the opportunity to hear new perspectives and improve peer support within a host setting (like STAR Refuge). Help managing boundaries around peer support should however be offered.
- Access to an in-person LGBTIQ+ community space was extremely important to participants, providing them with the opportunity to create new, understanding and supportive social connections. Some survivors may need support with transitioning out the space at the end of sessions.
- LGBTIQ+ survivors valued being provided with support by LGBTIQ+ staff, with whom they confidently felt understood and comfortable to share their experiences.
- More must be done to acknowledge and support sub-groups within services, ensuring that support meets LGBTIQ+ people's varied cultural, ethnic and religious experiences and needs. This should include greater acknowledgement of broader societal influences over survivors' experiences.
- LGBTIQ+ survivors valued access to holistic support beyond emotional recovery work, such as holistic therapies (reflexology and massage), practical life skills support and support in accessing gender-affirming care.
- Recovery programmes should be reflective of, and adapted to the individuals being supported, as well as responding to societal and political contexts in which LGBTIQ+ survivors live.

INTRODUCTION

This report presents an in-depth mixed-methods analysis of the pilot STAR Recovery Programme for LGBTIQ+ survivors of domestic abuse (DA). The pilot was trialed at STAR Support's (STAR) weekly drop-in group, STAR Lounge, in autumn 2024, before running formally at STAR Refuge in winter 2025.

Monitoring and evaluating the programme has generated rich insights into how LGBTIQ+ survivors experience recovery and support within a by-and-for LGBTIQ+ DA service. The findings emphasise the nuances and complexities of DA within LGBTIQ+ contexts and the need for support that is tailored around individuals, their identities and the intersectional subgroups within the community. They encourage a flexible and adaptive approach to designing recovery programmes to improve their responsiveness and adaptability to participants' needs.

This report additionally explores how those who took part in the STAR Recovery Programme themselves experience and make sense of 'recovery'. For those survivors, 'recovery' was generally viewed as a process of gaining sufficient stability, independence and control to allow them to move on from the service and towards personal ambitions and long-term goals.

Each survivor came into the recovery programme with their own multiple and intersecting experiences, circumstances and needs. This led to there being varied recovery 'starting points' for each person, informing different rates of progress and preference around the forms of support the Programme offered. All participants however emphasised the importance of being within an LGBTIQ+ community as part of recovery, highlighting the benefit of collaborative programmes and in-person support. This insight is a thread that runs throughout this report, while still acknowledging the varied needs relating to LGBTIQ+ subgroups, intersectional experiences and the pressures associated with peer support.

Another key finding was that survivors felt that the Programme would be improved by taking a more socially-centered approach, emphasising their recognition of how social structures and realities influence recovery. In addition, they called for deeper acknowledgement of the body and physical wellbeing within the Programme, highlighting the importance of access to holistic therapies and gender-affirming care. This report encourages recovery programme practitioners to remain attentive and responsive to such feedback.

Queering assumptions

While robust and wide-scale research on the topic remains limited, existing studies indicate that LGBTIQ+ people and particular subgroups within our community experience high rates of DA[2]. This finding is particularly stark for trans people, who face a higher disproportionate risk of DA[3]. Additional

[2] *Messinger (2017); Barnes and Donovan (2018); Hine et al (2023); Roch et al. (2010); LGBT Domestic Abuse Forum (2014); Magic and Kelley (2018)*
[3] *Bachman and Gooch (2018)*

studies reveal that the forms and dynamics of abuse experienced by LGBTIQ+ people often diverge from cis gender and heterosexual experiences and assumptions.[4] This finding requires us to 'queer the narratives' of DA and to better address the pressing need for identity-informed support for LGBTIQ+ survivors.[5]

These dual aims demand a direct challenge to normative assumptions, for example of male/masculine perpetrators and female/femme victims – a narrative which may be applied to and subsequently skew understanding of dynamics within a butch/femme lesbian relationship.[6] We must also consider how DA tactics can hinge around LGBTIQ+ identity – a perpetrator may, for example, limit an LGBTIQ+ partner or family members' access to the LGBTIQ+ community or conversely threaten to 'out' their LGBTIQ+ identity or HIV status.[7] Trans survivors may moreover experience undermining of their gender identity and presentation through 'deadnaming', or by perpetrators preventing them from accessing gender-affirming clothing, cosmetics or medical care.[8]

Being part of the LGBTIQ+ community may, paradoxically, also limit or delay recognition that DA is taking place – particularly for people in their first LGBTIQ+ relationship – or limit a survivor's willingness to disclose abuse, due to it taking place within a tight-knit LGBTIQ+, religious or culturally conservative community or familial setting.[9]

While LGBTIQ+ DV research heavily leans towards studies of intimate partner violence (IPV), we must also acknowledge familial abuse, honour-based violence and conversion practices as DV.[10] These forms of abuse impact a significant number of LGBTIQ+ survivors currently presenting to services and have been identified as key factors pushing LGBTIQ+ people into homelessness.[11]

LGBTIQ+ peoples experiences are highly variable and are further shaped by intersectional identities, experiences and broader social positionalities such as class, socio-economic background, race, religion and disability.[12] These nuanced and intersecting factors create a pressing need for identity-informed support that frames and approaches recovery within an LGBTIQ+-specific context.[13]

Additional research has shown that mainstream DA services lack adequate support for LGBTIQ+ survivors, which creates significant barriers to access and can engender experiences of misunderstanding, mistreatment and distrust.[14] Moreover, trans people can face active exclusion from VAWG services.

In contrast, existing evidence reveals improved outcomes for survivors within 'by-and-for' services – services led by a specified community, designed for that specified community and providing identity-informed, culturally sensitive support.[15] There is, however, very limited existing research into LGBTIQ+ survivors' experiences of by-and-for support services.

[4] *Donovan and Hester (2014)*
[5] *Donovan and Barnes (2020)*
[6] *Ibid*
[7] *Roch et al. (2010); Stokes (2021); Safelives (2018)*
[8] *Donovan and Barnes (2020)*
[9] *Turner and Hammersjö (2024); Harden et al. (2020); Naz and Matt Foundation. (2020)*
[10] *Lusby et al (2024)*
[11] Galop (2022); Noblett and Naz and Matt Foundation (2020); Ministry of Housing, Communities and Local Government (2024)
[12] Jones et al. (2022)
[13] Ibid
[14] *Carlisle et al. (2023); Butterby and Donovan (2024); Donovan and Hester (2014)*
[15] *Domestic Abuse Commissioner (2022)*[4] *Donovan and Hester (2014) ; Wood (2025)*

While noting this lack of data, we acknowledge the work of by-and-for organisations who are developing services and provision for LGBTIQ+ survivors,[16] and broader work around DA recovery taking place within the Violence Against Women and Girls (VAWG) sector. This report, and the pilot Programme that informs it, contributes to this area of research and action. It does so most importantly by centring LGBTIQ+ survivors' own experiences of and reflections on recovery and support programming, while building evidence and guidance of 'promising practice' within a by-and-for LGBTIQ+ DA service.[17]

Using this report

While the findings and recommendations presented here are based on a single case study, they present useful insights and information for developing or refining existing recovery programmes. They are relevant to services and organisations working with LGBTIQ+ survivors of DA, as well as to those providing in-person and group-based recovery support to other and broader groups.

This report is not intended to be used as an instruction manual, however, and we encourage service providers to consider these findings in the context of their own work. It is also relevant to remote advocacy services, mainstream services, funders and those hoping to gain more insights regarding specialist support for LGBTIQ+ DA survivors.

At the end of the report, we provide specific recommendations for LGBTIQ+ survivors navigating recovery both within and outside of recovery programmes, organisations supporting and running recovery programmes for LGBTIQ+ DA survivors and for funders commissioning DA services.

[16] For LGBTIQ+ DA services, see: Loving Me; Naz and Matt Foundation; Stonewall Housing; Galop; AKT; LGBT Foundation; Birmingham LGBT; London Friend; Rainbow Project; Latin American Women's Aid, and The Outside Project. For LGBTIQ+ DA recovery resources see: The Polari Programme.
[17] Lusby et al. (2024)

ABOUT STAR SUPPORT

STAR has been operating as a specialist service for LGBTIQ+ DA survivors since 2022. It became fully operational as a specialist refuge and community support service in September 2023. Its mission statement reads:

> ***"Our mission is to ensure that LGBTIQ+ survivors have access to safe accommodation and that their voices, needs and experiences are heard and understood. We aim to achieve this through a community-centred approach to recovery, providing safe accommodation and amplifying the voices of LGBTIQ+ survivors. Alongside this, we work to develop evidence around need within the community and best practice around specialist LGBTIQ+ support."*** [18]

STAR is a by-and-for LGBTIQ+ DA service. This means that its services are delivered by the LGBTIQ+ community, for the LGBTIQ+ community. In keeping with The Mayor's Office of Policing and Crime (2023) definition of by-and-for success,[19] STAR ensures that:

> ***"At least 80% of trustees and staff are from the protected characteristic the organisation aims to work with."***

Since opening, STAR has been developing its model of support for LGBTIQ+ survivors, including through the STAR Recovery Programme pilot discussed here. Our aim with this work has been to explore and foreground how LGBTIQ+ survivors view their own recovery and their own preferences around the support they receive within our specialist DA service. This approach reflects our commitment to centring the perspectives of LGBTIQ+ survivors in service development and in providing guidance to the wider sector.

STAR services

STAR Refuge is an 11-bed LGBTIQ+ DA refuge. It offers a 3–6-month length of stay to people in housing need due to DA. Each room is a self-contained studio, so residents have their own private room with a kitchenette and bathroom. There is an additional communal TV Lounge, communal kitchen and recovery room for on-to-one sessions with caseworkers and recovery workers, which forms part of the in-house offering to all residents.

STAR Lounge is a weekly LGBTIQ+ DA community-support group open to current and former STAR Refuge residents and to other LGBTIQ+ survivors. It is held at The Outside Project LGBTIQ+ Centre and offers attendees recovery sessions, a social space and advocacy. The group also goes on trips to green and creative spaces in London and receives free monthly haircuts and reflexology treatments.

[18] *STAR Support*
[19] *London Community Foundation (2023)*

STAR survivors

STAR works with DA survivors who are:

- LGBTIQ+, with high numbers identifying as trans or non-binary.
- Over 18 years old. Most are 20 – 40 years old. There is no maximum age restriction.
- From highly diverse ethnic, religious and cultural backgrounds.

The survivors who access our services have varied experiences of DA, including intimate partner violence, familial abuse, honour-based abuse, conversion practices and abuse within care-based relationships. Areas and levels of support needed varies accordingly and includes needs that are a direct impact of abuse as well as needs that are not directly caused by, but rather intersect with DA experiences.

Key support needs include:

- Emotional needs around processing experiences of abuse
- Mental health
- Physical health (including gender-affirming care)
- Neurodiversity
- Identity-based support (particularly significant for trans community members)
- Housing
- Financial inclusion
- Building social networks
- Building support networks
- Life skills

THE STAR RECOVERY PROGRAMME

In autumn 2024, STAR staff began trialing structured recovery workshops at STAR Lounge. Each session included group discussions and activities focused on a DA recovery-related topic. Sessions were offered as an optional drop-in to all group members who had 'recent' DA experience (within the last 12-months) or were currently impacted by their experience of DA in everyday life. Sessions took place in the morning allowing standard STAR Lounge programming – creative and social sessions open to all LGBTIQ+ survivors – to continue in the afternoon.

We ran two feedback workshops after the trial recovery sessions had been introduced, to learn how attendees were responding to them. Their comments were fed back to staff who used it to design a longer, more detailed and structured pilot recovery programme to be run at STAR Refuge.

The STAR Recovery Programme pilot ran at the Refuge for 11 weeks over winter 2025. Its explicit, stated aim was to support participants to understand and process their experiences while building new skills and confidence. Participation in the pilot Programme formed an agreed part of all STAR Refuge residents' service engagement while living at the refuge.

Programme design

The Programme was designed and delivered by STAR Recover Worker Liv Wynter and Lead Support Worker Taz Edwards-White in consultation with CEO Maari Nastari. Its core topics and format took inspiration from the Polari Programme, created by Luke Martin[20] and was further informed by insights gathered from running The Outside Project's weekly Homelessness Recovery Group (2019-present) and STAR Lounge (2020-present). The Programme was designed to be appropriate for LGBTIQ+ survivors who had recently left abusive relationships or were in the initial stages of recovery.

As Research and Development Lead at STAR Support, I carried out monitoring, evaluation and reporting on the impact and effectiveness of the Programme. This role has given me a deep and robust understanding of the service and those who access it, making me well-positioned to carry out this analysis. It was however extremely important to make clear to participants that I was helping to evaluate – but not to run – the Programme. Apart from the introductory and final evaluation sessions, I did not attend workshops so that they could remain confidential to participants (see page 18 for more detail on our approach to ethics and evaluation).

Before taking part in the Programme, participants were encouraged to explore and reflect on their personal 'recovery goals' within the workshops (see page 25 for further discussion) and in one-to-one sessions with staff. While the Programme sessions were not specifically tailored around individuals goals, the preparation process encouraged participants to consider what they hoped to achieve through taking part.

[20] *The Polari Programme*

The Programme was designed to be delivered to a group, with activities requiring collaboration between participants. During these group sessions, participants were asked to share experiences and work collaboratively to build new perspectives, skills and strategies for the future. This was done through independent reflections, group discussions and activities as described below:

Box 1: Weekly Session Topics

- ***Session 1:*** Introduction, Questions, Caring for Ourselves
- ***Session 2:*** Identifying Behaviours
- ***Session 3:*** Coecive Control
- ***Session 4:*** What is Co-dependency?
- ***Session 5:*** Drawing the Line and Setting Boundaries
- ***Session 6:*** Thinking about Anger, Guilt, and Shame
- ***Session 7:*** Trauma, Triggers, and Resilience
- ***Session 8:*** Abuse and Mental Health
- ***Session 9:*** Healthy Relationships
- ***Session 10:*** Self Esteem and Knowing Myself
- ***Session 11:*** Evaluation session

Box 2: Session Activities

A range of activities were used across sessions, including:

- ***Positive self-talk***
  Survivors explored how to reframe negative thoughts and practice affirming inner dialogue to rebuild self-worth.
- ***Giving/receiving compliments***
  Survivors were asked to give a compliment to someone in the group and to receive a compliment from someone in the group.
- ***Categorising scenarios***
  Participants sorted real-life relationship situations into healthy, unhealthy, or abusive to strengthen their awareness and confidence in recognising red flags.
- ***Recognising triggers***
  Survivors identified personal emotional or sensory triggers and discussed gentle ways to manage them in safe environments.
- ***Coping mechanisms***
  The group reflected on their personal coping mechanisms when facing challenges. They discussed what was useful and comforting about their current methods and thought about how to translate these into healthier habits.

- ***Comfort zones***
  The group explored the idea of stepping gently outside of comfort zones as a pathway to personal growth and empowerment.
- ***Acceptable behaviors / setting boundaries***
  Survivors were asked to rank behaviours from a partner or family member into the categories 'acceptable; sometimes acceptable; never acceptable'. This helped survivors to consider and define their personal boundaries.
- ***Group playlist***
  Each survivor was invited to add a song to the group playlist, explaining what the song means to them, when and why they listen to it.

Most activities were embedded into session plans and designed to help the group explore a particular topic or theme. Some activities (such as the group playlist) were added into sessions ad hoc, when staff they felt they would be useful.

Programme participants

Ten of the eleven residents living at STAR Refuge during the Programme period participated in it, at least to some extent, including contributing to the evaluation process. One resident did not participate in the Programme due to group work not aligning with their communication needs. Eight participants were living at the Refuge when the Programme began, and two moved in and joined the Programme once it was already underway.

Recovery Programe participants (STAR Refuge)

- ***Age*** – participants were aged 20–30 years old; with 25 the median age.
- ***Gender identity*** – All participants identified as trans or non–binary: 4 as non–binary; 2 as trans masc; 4 as trans femme.
- ***Sexuality*** – 3 participants identified as gay; 3 as bisexual;1 as pansexual; 1 as asexual; 1 as heterosexual and 1 as queer.
- ***Ethnicity*** – Nearly all participants were from the Global Majority; 3 Middle Eastern, 2 Black–British, 1 South Asian, 1 mixed White–Black Caribbean, 1 mixed race, 1 White–British; 1 White–European.
- ***Religion*** – 4 defined themselves as having no religion, 1 atheist, 1 agnostic, 1 spiritual and 3 did not disclose.
- ***Disability*** – 8 of the 10 participants identified as having a disability.
- ***Citizenship*** – All participants were UK citizens.

Twelve additional survivors took part in the initial trial workshops at STAR Lounge. These survivor voices are also included throughout the report.

Recovery Programe participants (STAR Lounge)

- ***Age*** – 3 participants were between 20–30, 3 were between 30–40 and 3 were between 40–50, 2 did not disclose; with 36 the median age.
- ***Gender identity*** – 4 participants identified as non-binary; 3 trans femme; 2 cis women; 3 cis men.
- ***Sexuality*** – 1 participant identified their sexuality as fluid; 1 queer; 3 gay; 1 demi-sexual; 2 bi-sexual; 2 did not disclose.
- ***Ethnicity*** – Most participants were white; 6 White–British; 2 White–Irish; 1 White–European; 1 Latina; 1 Black–Caribbean.
- ***Religion*** – 1 Jewish, 3 Christian, 1 Agnostic, 5 did not disclose.
- ***Disability*** – 8 of the 12 participants identified as having a disability.
- ***Citizenship*** – All participants were UK citizens.

Programme evaluation

The evaluation of this Programme was designed and carried out by STAR Support Research and Development Lead Lorn Flutter, with support from public anthropologist Siobhán McGuirk and Stonewall Housing Research Assistant George Hellings. The project was guided by a Steering Group consisting of former STAR Support CEO Maari Nastari, Managing Director of The Outside Project/STAR Support Carla Ecola and Stonewall Housing CEO Steven McIntyre.

Monitoring, evaluation and refinement were built into the pilot from the outset and practiced as an ongoing part of the Programme development process. As noted above, the 11–week pilot was developed based on feedback from people who attended the STAR Lounge initial trial drop–in sessions, which included two evaluation workshops. The first asked: 'What feelings does the word "recovery" bring up? What is recovery is it made up of? What personal recovery goals do people have?' The second evaluation workshop explored: 'How have sessions engaged with recovery support? What has been effective? What has been missing?'

We adopted a more formal and structured approach to monitoring and evaluation for the 11–week Programme pilot. Each session, we asked participants to complete a short weekly feedback form with ranking scales, multiple choice and open question, designed to track individuals' feelings coming into and out of sessions; their sense of progression toward their recovery goals; how well the session met its stated aims; what did/did not work well in each session, and any topics, themes or activities they would like to repeat (see Appendix A). Reviewing the weekly feedback forms allowed us to monitor responses to the Programme over the course of the 11–weeks, as well as to compare and evaluate the effectiveness of each session and of the Programme overall.

The final pilot Programme session focused on evaluation. In a structured workshop, participants were invited to discuss their experiences of the Programme, reflect on presented findings from the weekly feedback forms and debate what worked well and what could be improved. I joined this session to present the initial analysis of participants' weekly feedback form findings, and encouraged participants

to reflect, discuss and expand on their individual and collective responses to the Programme (see example, Appendix C).

Based on the collated weekly feedback form data and subsequent discussion, I drafted the STAR Recovery Programme findings, with colleagues input and support. In keeping with our aim to prioritise participants' opinions and voices, we circulated the draft and held a community review session for participants to provide feedback. This provided further reflections and analyses on recovery, community and the Programme itself, which have informed this report. Quotes from feedback forms and evaluation sessions are included here throughout, foregrounding the Programme participants' own perspectives and insights.

Other insights included here are drawn from a series of unstructured interviews conducted by Lorn Flutter and George Hellings with practitioners and organisational leads who work in other by-and-for organisations within the LGBTIQ+ services sector. These nine 50-minute interviews focused on how organisations more broadly support LGBTIQ+ DA survivors, the range of need they see within their service users, their approaches to recovery support and the challenges they face as service providers.

An ethical approach

While participation in the Programme was encouraged for all STAR Refuge residents, inclusion in the evaluation process and this report were optional. Understanding the imperative of informed, ongoing consent in any research of this nature, we strove to make this distinction very clear to participants. We took care to avoid misrepresenting participants' involvement in the Recovery Programme as de facto involvement in the research and to make clear my specific role in the Programme as a researcher. I did not participate in weekly sessions, aside from the final evaluation session, to emphasise this point.

As I had some engagement with Programme participants as part of my other ongoing work at STAR, I made clear when any conversations and activities could be included in this study. I also reminded participants that they could choose to exclude any of their comments or input from the report, or withdraw their involvement completely, at any time. In practice, for example, this meant that participants could choose each week whether their in-session weekly feedback form responses were included in our analysis, only anonymously fed back to facilitators to help improve future sessions or kept only for their own reflection.

Formal evaluation sessions and interviews provided further opportunity to clarify and reaffirm participants' inclusion and role in the research. As agreed by all, direct quotes included in this report have been reviewed by the speakers and anonymised. Demographic information has been collectively reported to further anonymise individual quotes and contributions.

Our ethical approach also included attention to participant wellbeing overall and foregrounded their meaningful collaboration in the design and direction of the research and its analysis. The strength of this report and depth of insight is provided by participants' direct contributions and willingness to emphasise their needs beyond the scope of the Programme, including highlighting and asking for holistic therapeutic support and attention to after-care. Their insights into how processes of recovery – and related research – can be triggering in unexpected ways should offer guidance to practitioners engaging in further research with survivors.

RECLAIMING DOMESTIC ABUSE RECOVERY: STAR RECOVERY PROGRAMME FINDINGS

We have organised key findings from the pilot Programme into six themes, which we present in depth below. These themes explore some of the key challenges and benefits of recovery programmes in general, as well as specifically in the context of DA and for LGBTQI+ people. All highlight key insights for developing supportive and effective recovery programmes, alongside concrete, actionable practices to improve services more broadly. The discussion and recommendations that follow will therefore be instructive to service providers, funders and service users who are eager to develop deeper understandings of recovery work and its implementation within support service contexts.

DEFINING 'RECOVERY' AND IDENTIFYING ABUSE

Recovery was often framed by Programme participants as reaching a 'base line' of stability that would allow them to participate fully and consistently in their everyday lives. While levels of association with the term 'recovery' varied between survivors, most participants contextualised their understanding of 'recovery' around what they hoped to achieve within the service. This often related to establishing a sense of 'stability', 'independence' and 'control', which were viewed as conditions that would enable them to 'move on' from the service and towards personal ambitions and broader goals.

In their own words, participants described the recovery process as:

Harry, STAR Lounge
"A return to a manageable state of health, mind, or strength, or a functioning"

Lauv, STAR Refuge
"Coming to terms with myself, awareness of my triggers and boundaries"

Hazel, STAR Refuge
"Trying to incorporate what you've been through, changing it into something more positive with your future rather than like trying to remove it"

Elena, STAR Refuge
"Learning how to get back control of your life"

Arlo, STAR Refuge
"Slowly trying to make yourself better. Specifically, slowly, because a lot of people think recovery is a lot quicker than it is"

August, STAR Lounge
"Learning how to live independently"

As these varied perspectives reveal, each survivor's journey toward recovery – and the types of support they needed to achieve it – are different and highly contextual to their personal experiences and circumstance, as discussed below.

Identifying abuse

Issues around recognising DA have long been apparent within STAR, where survivors new to services often do not have a clear understanding of what does or does not constitute DA. Several participants who took part in recovery sessions felt they had benefited by gaining a clearer understanding of DA, which

helped them identify experiences that had not been clear before:

> ***Harry, STAR Lounge***
> ***"What's been useful about [the sessions] is that I've been learning about different types of abuse and what is considered abuse and what isn't...things like coercive control and if your partner makes all the decisions and you don't get considered or you're not treated as an equal. I didn't know that that was a form of abuse."***

> ***Jen, Organisation Lead:***
> ***"...people don't always understand what's happening to them as domestic abuse or what they can do about it. Quite often people are presenting at other services, they're not ringing up and saying 'my partners abusive, who do I talk to?' They're coming for a sexual health test where we ask about domestic abuse, or a wellbeing session with a support worker and they then spot that there's some domestic abuse in the relationship. So, I think the first part of recovery is to recognise that what's happening to you is abuse, that it's not your responsibility and that the blame lies with somebody else."***

For some survivors, this process meant re-visiting previous experiences and recognising that behaviours they had experienced from partners, family members and/or carers counted as DA. For others, it involved building an understanding that not all abusive experiences, such as hostility from neighbours, are classed as DA. Responding to issues around recognition, STAR staff created an Introduction Sheet for people interested in joining STAR Lounge, which provides a clear definition, examples and guidance regarding support.

Interviews with practitioners revealed other barriers to reporting and recognising abuse within LGBTIQ+ relationships specifically, including not recognising markers of abuse, fears around not being believed, anxiety about causing tension within a close-knit LGBTIQ+ community/social circle, or a resistance to pointing out flaws within a queer relationship. These insights mirror recent research findings regarding barriers to reporting and recognition of abuse unique to LGBTIQ+ contexts.[21]

Differentiating familial and intimate partner abuse

STAR service users have experienced varied forms of DA, such as IPV or familial abuse and/or honour-based violence. A significant proportion have experienced familial abuse, reflecting the presentation of familial abuse in other UK-based LGBTIQ+ DA services.[22] Despite increasing awareness of this fact within service contexts, research on DA within LGBTIQ+ communities still tends to focus predominantly on IPV.

[21] *Turner and Hammersjö (2024); Donovan and Hester (2014); Harden et al. (2022); Roch et al. (2010)*
[22] *Carlisle and Withers Green (2023a); Noblett and Naz and Matt Foundation (2020)*

Aurora, Practitioner
"Domestic abuse isn't just about intimate partners; it's also about family. There's kind of two strands, which overlap but also have some very distinct differences... sometimes, people struggle to identify when it's abuse – like telling your child they're going to go to hell for being gay – or when it's just family having disagreements."

Practitioners noted that, for LGBTIQ+ community members, DA within a familial context can become obscured by family dynamics or expectations around respectable 'behaviour'. During the Recovery Programme pilot, the need to acknowledge varied experience within the group became clear. People who had experienced familial abuse or honour-based violence did not always relate to the same topics and themes as those who had experienced IPV. Learning tools around navigating intimate partner relationships, for example, did not always feel relevant in the moment to those who had healthy intimate partner relationships or those who do not pursue sexual relationships (though they may be considered beneficial in general).

In short, it is important for recovery programmes to support and account for varied forms, contexts and dynamics of DA experienced by LGBTIQ+ people outside of IPV, ensuring all survivors receive recovery-based support which is tailored to their experiences.

STAGES OF RECOVERY

Taking part in the Programme caused some anxiety for participants around their emotional readiness and how long recovery 'should' take – partly because our set 11–week Programme implied to some that they had to process their experiences and reach their personal goals within that timeframe.

Starting to engage with the emotional aspects of their recovery also felt daunting to some participants still in the process of securing practical support (including housing benefit, PIP, bank accounts, medical access, debt relief orders or move on accommodation). These important practicalities can be hugely stressful and anxiety–inducing, making engaging in emotional recovery work difficult.

Other participants required support in other pressing areas, such as developing life skills for independent living, like cooking, cleaning and shopping. This is particularly relevant to survivors who flee or are forced out of family homes and have not lived independently before. For those new to the Refuge, developing these skills to increase everyday independence can be more urgent than emotional recovery work.

Such factors create disparate 'starting points' for each survivor, which influence timeframes and priorities around support. Equally, progress (such as securing housing) and setbacks (such as a delay securing finances) within other areas of their lives can make participating in emotional recovery work feel more challenging for individuals at different periods.

Progression towards goals

Participants nonetheless generally felt like they were progressing toward their goals throughout the course of the Programme. Weekly feedback forms showed that participants felt a gradual sense of progress throughout the 11 weeks:

Figure 1 (a) – Proportion of participants who reported a sense of progress toward their recovery goals at intervals throughout the Programme (chart)

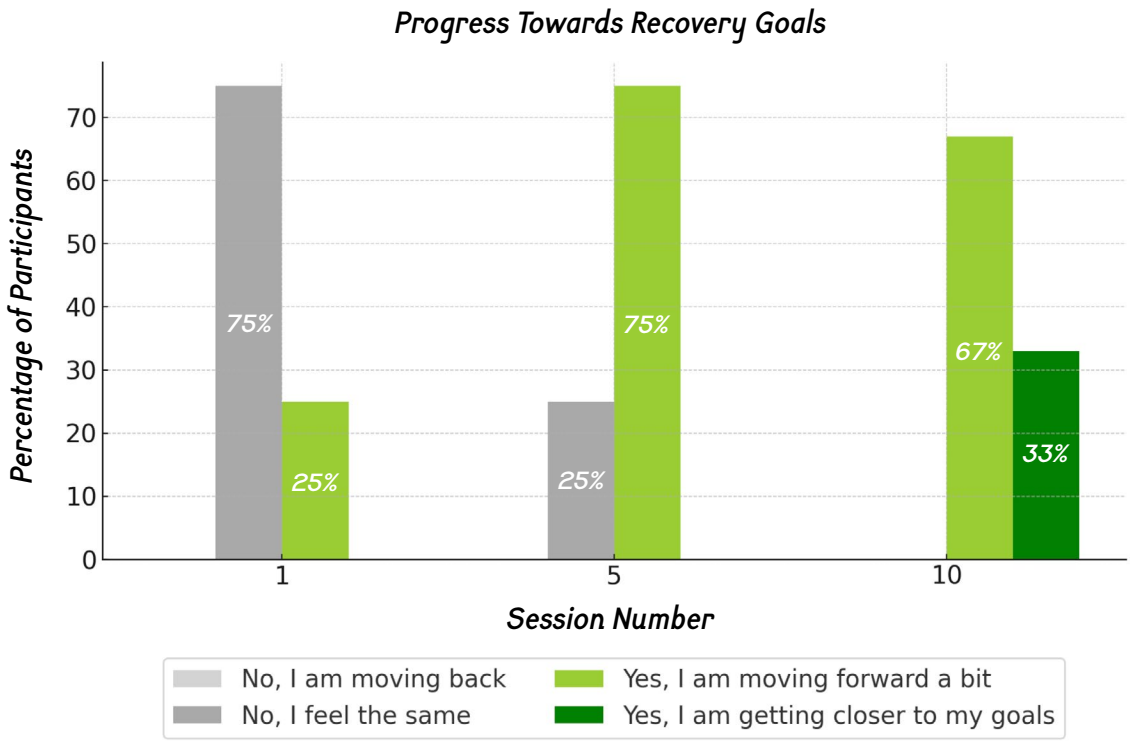

Figure 1 (b) – Proportion of participants who reported a sense of progress toward their recovery goals at intervals throughout the Programme (table)

Figure 1 (b) Do you feel you are getting closer to your recovery goals?

	'No, I am moving back'	*'No, I feel the same'*	*'Yes, I am moving forward a bit'*	*'Yes, I am getting closer to my goals'*
Session 1	0% (n=0)	75% (n= 3)	25% (n=1)	0% (n=0)
Session 5	0% (n=0)	25% (n=1)	75% (n=3)	0% (n=0)
Session 10	0% (n=0)	0% (n=0)	67% (n=4)	33% (n=2)

Three out of the four participants who took part in Session 1 reported no sense of progress toward their goals by the end of the session. However, by the end of Session 5, three out of the four participants felt they were moving forward. By Session 10, four of the six participants felt they were moving forward and two felt they were getting closer to their goals.

Other participants reported a less linear sense of progression toward recovery goals in their weekly self–assessments. One participant added the comment 'still a long way to go' after circling the answer 'yes, I feel I am getting closer to my goals'. This indicated that, while individual sessions could give a sense of progression, participants were aware that their personal recovery goals would take some time to achieve and reiterated Arlo's framing of recovery time, quoted above, as slower than people may think.

All six participants who took part in the final evaluation, and who had participated in the majority of the ten earlier sessions, felt there was a significant amount they still needed to work through. They suggested the Programme continue as a regular weekly session, forming a rolling part of their support, rather than only taking place over a set number of weeks (see page 41, 'Implemented learnings', for further discussion).

These insights emphasise the fact that every recovery journey is different, with varied starting points and non–linear pathways. Having a set Programme structure can nonetheless be useful for participants, whatever stage they are in on their own journey.

Repeat sessions and flexibility

After each session, we asked participants to rate the extent to which the session had met its stated goals (see survey example, Appendix A), relating to the weekly topic (see full list of weekly topics, Box 1). When combining the results from each session, we found that participants generally felt that sessions met their stated goals (57%) or at least some of its goals (31%). However, there were occasions where participants felt sessions had only touched on them (12%). No sessions were ranked as failing to meet any of its stated goals.

Figure 2 (a) – Average proportion of participants who reported how well sessions met their stated goals (chart)

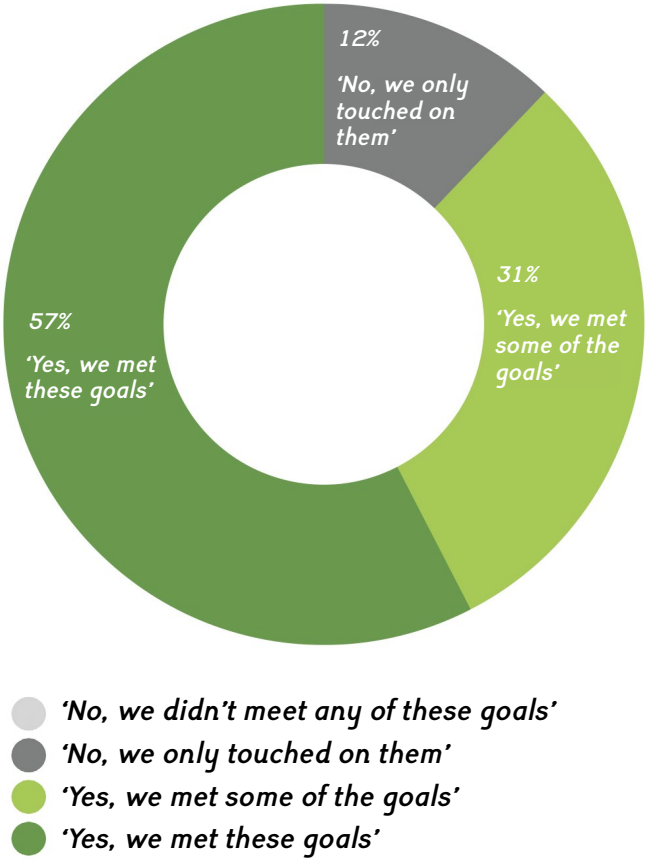

Figure 2 (b) – Average proportion of participants who reported how well sessions met their stated goals (table)

Figure 2.a
Did the session meet its stated goals?

'No, we didn't meet any of these goals'	*'No, we only touched on them'*	*'Yes, we met some of the goals'*	*'Yes, we met these goals'*
0% (n=0)	12% (n=6)	31% (n=15)	57% (n=28)

Participants were also asked to indicate topics and themes they would like to repeat. Activities exploring 'coping mechanisms' and 'co-dependency' were highlighted. Participants explained that while sessions covering these specific topics had made them more aware of their challenges, they came away feeling like they didn't yet have the tools to address them beyond recognition.

> ***Sapphire, STAR Refuge***
> ***"I can be like in my head, 'oh, I have an unhealthy coping mechanism'. But then it's like I actually have to deal with that. After the realisation: 'What now? What's next?'"***

Learning to identify existing coping mechanisms and acknowledge the benefit of incorporating new, healthier alternatives can be useful, but not gaining tools to achieve this independently can feel overwhelming.

Because topics changed each session, week to week, participants could feel a sense of falling behind or not keeping up with the pace of the Programme if they missed a session or had wanted to spend more time on a particular topic. Participants felt it would be useful to have the option to repeat sessions – which would give them the opportunity to ask follow-up questions, go over topics again or explore them in more detail.

Participants also appreciated staff taking a flexible approach when a session topic or theme felt overwhelming to the group, or if anyone needed a break during the session. Such a flexible approach might also look like adapting the session plan to take a gentle approach, such as making a group playlist (see Box 2) or spending time together outside.

Rhythm and routine

Participants noted that sessions provided an important sense of rhythm and routine in their weeks. For some, the group provided reliable and regular access to a social space for safe, accepting and meaningful social interactions. This was particularly significant to those with limited LGBTIQ+ or broader social networks outside of STAR Lounge.

> ***Lisa, STAR Lounge***
> ***"Mornings are bad for me, so knowing I can get up and come here is a life saver. As real as it gets. I'm then with the people who understand me after a lifetime of bullying and abuse and being alone. It's just unimaginably good to know that this place exists."***

At STAR Refuge, the weekly recovery session provided a clear structure to the week, which was highly valued by participants. Noor felt this improved their sense of purpose and routine which they had not previously had while living at the refuge.

> ***Noor, STAR Refuge***
> ***"...usually, the time here feels like a limbo. To know that you'd go from [one] session and then you have the weekend, Monday, Tuesday. Then during Wednesday, you can get ready for that [next] session, thinking about what you're going to prepare. It gave a sort of purpose which gives a rhythm, which inevitably is something that we need no matter what we're trying to do."***

Encouraged participation

For those living at STAR Refuge, attending the STAR Recovery Programme was included as part of their support plans. This meant that all residents were encouraged and expected to take part – an expectation that three participants cited as useful, noting that they might not have taken part otherwise. Echoing Noor, Alexi highlighted the sense of purpose and motivation this format helped create.

> ***Alexi, STAR Refuge***
> ***"If it wasn't mandatory I wouldn't have come down. But I've gotten a lot out of these workshops, and I think we should be encouraged to come... we can find it hard to motivate ourselves to do things. Some sort of gentle pressure is nice."***

PEER SUPPORT AND GROUP WORK

Before starting the Programme, we asked participants how they felt about participating in sessions as a group. Those living at STAR Refuge, who had primarily received one-to-one support previously, generally felt unsure about group work and said it was not their preferred structure. They were anxious around being vulnerable in a group setting and felt they would not be able to openly express themselves.

We tried to ease transitioning into group work through activities which helped participants open up and get to know each other. Participants found the 'compliments game' (see Box 2) particularly useful and felt it had helped them to express vulnerability, while also feeling held and supported.

Sapphire, STAR Refuge
"[The compliments game] just forces you to unfurl in a way that did feel really fun and comfortable to do. That's what made it really effective. It was really sweet because I didn't know any of you guys like that. I felt a little bit like, 'oh, am I going to be able to participate?' And then the vibes in the room were so cute and nice."

Noor, STAR Refuge
"In the first session there was some scepticism, but as soon as I was in the space with the others, I realised what I could gain from it. It was just very, very precious, listening to each other and understanding how safe I could feel around the other people, because that's something I struggle with."

Within weekly feedback form responses, seven participants specifically noted group work as something that was working well for them within the Programme. Three linked this opinion to gaining 'new perspectives' from others, two linked it with 'uplifting each other' and 'discussing self-esteem' and one participant related enjoying group work to 'being in a safe, non-judgemental space'.

By the end of the Programme, participants who had regularly participated in the weekly sessions and the Programme evaluation generally felt positive about group work and considered it as an important aspect of the support they had received at the Refuge. Specifically, they felt it gave them opportunities to:

- build social connections
- gain new perspectives
- learn from each other's experiences
- explore and share their vulnerabilities
- have a sense of 'recovery in community'

Gigi, STAR Refuge
"...It's also so validating when you're like, 'Oh, I'm not fucking crazy!' Like, 'OK – anyone would feel like that in my situation right now'."

Sapphire, STAR Refuge
"Coming here and being vulnerable, and having a space to be vulnerable with other people, I'm in a much better mindset now. I don't think that I would have been without the group sessions."

While most participants found collaborative recovery sessions beneficial, one reported that the group setting felt limiting in comparison to one–to–one support. In the group, they felt less able to open up and reflect on their experiences and consequently that they were only able to skim the surface of their experiences, rather than exploring them in depth.

It should also be considered that positive feedback on group work was gathered primarily from residents who had actively participated in the Programme – and does not fully capture the viewpoints of those less active in the Programme or its evaluation. Therefore, while we can conclude that working collaboratively was valued by many, it may not suit all survivors. For example, the group format may be inappropriate for people who are not generally comfortable or able to communicate around others.

Managing triggers

Working as a group means there is a level of unpredictability over what could emerge. In this context, participants felt there should be increased awareness around everyone's triggers. When a participant reported feeling significantly worse at the end of a session compared to the start, for example, it often related to feeling caught off guard by a group activity that had brought up challenging feelings.

In anticipation of this possibility participants filled in a 'trigger sheet' before starting the Programme, listing any content they believed might trigger them within a session and how to manage it if this did happen. While this had been helpful to an extent, participants noted they were often unable to foresee what might trigger them ahead of time. They therefore suggested having a more detailed preview of topics and activities ahead of sessions and to explore how to manage feeling triggered, rather than trying to identify all possible triggers in advance.

While some participants struggled to resolve triggered feelings within sessions, on average, they recorded a marginal improvement from how they were feeling at the start compared to the end of each session – moving from an average of score of 5.5 to 6.7 on a scale of 10.

> ***Noor, STAR Refuge***
> ***"I think it's important to notice how not negative [participants were feeling] after [recovery sessions]. I think that's very important because often we were always aiming how good you feel afterwards. But if I'm feeling fine afterwards, it means that I've been feeling safe and nothing has escalated, which for me, means it's good."***

Adding important insight into how we might read weekly feedback results in this context, Noor explained that they saw it as a positive when they felt similar at the end of the session to how they felt at the start. This was because it showed that they had felt safe and supported to engage with the often–challenging sessions topics and themes without being actively triggered.

Encouraging social connections and peer support

For both the STAR Lounge trial workshops and STAR Refuge pilot Programme, socialising was built into recovery session days. Participants enjoyed being able to spend time together before and after each recovery session and appreciated that had been factored into the day's plan.

Collectively, the group decided that a STAR Recovery Programme participant would make lunch for the group before each session, with support from staff. Participants enjoyed this structure, especially having the opportunity to share food from their own upbringing. After sessions, participants were encouraged to spend time together outside the refuge, in order to 'come down' from the session. This helped them process the content in a supportive environment, rather than doing so alone in their rooms.

Lily, STAR Refuge
"It was due to [staff member] pushing us to not go into your room and sob and dwell on those kinds of emotions that you expressed out. We were like, ok we felt shit after the workshop depending on the topics and stuff like that but, then we would go out and be just fine."

Participants felt that spending time together after each session was helpful and reduced the likelihood of 'spiralling' if topics had been challenging. They also reported that structuring social time in after sessions had dramatically improved peer support within the refuge, helping interpersonal connections grow outside of the sessions.

For the two participants who moved into the refuge part-way through the 11-week Recovery Programme, having a structured group and space to enter especially eased the social transition into the service. They reported that without a structured group to meet other residents, moving into STAR Refuge would have been a lot more daunting.

Managing boundaries

Participants came to strongly value being able to provide each other with peer support, both during and outside of sessions. This was particularly important to those living within STAR Refuge, who had become closer and felt more able to give each other emotional support through having participated in the Programme together. Overall, this dynamic had a positive impact within the refuge itself, which improved participants' sense of support out of support hours or when staff were unavailable.

Oren, STAR Lounge
"...we've all lived similar experiences, and you should be able to speak to someone here about experiences and talk to them as well as the staff. It just means talking like a friend. So, you don't always need to speak to staff members if they're busy."

At times, however, providing peer support could feel overwhelming for individuals alongside managing personal struggles. This in turn could cause a sense of distress for participants who did not feel able to support a close friend when they were in a time of need.

Lauv, STAR Refuge
"When I read a [difficult] message and I'm like, 'that's a lot and it's also maybe something that I am dealing with myself', then I'm like, 'OK, it's not going to work because we're both experiencing the same mess'. I don't want to say to them, 'I can't help you with this' – I know that's going to make them feel even worse and they're going to feel guilty for even raising it. And they're going to feel that they can't come to me in the future."

Participants noted that staff were provided with 'boundaries training' as part of their work and said that similar training would help them to manage supportive relationships with fellow residents. Responding to this, staff have run sessions on managing boundaries alongside one-to-one support. Staff have also encouraged participants to complete the Born This Way Foundation's free online 'Be There Certificate', which provides useful guidance on these topics.[23]

[23] *Born This Way Foundation – Be There Certificate*

THE IMPORTANCE OF LGBTQI+ COMMUNITY

Having access to an LGBTIQ+–specific service was extremely important to participants, and relevant to their generally positive experience of group work, as explored above. Getting to know and spending time with people with a diverse range of LGBTIQ+ identities was new for some participants, and for many presented an opportunity to learn about different LGBTIQ+ people's lives, alongside their interplay with varied forms of DA.

> *Lisa, STAR Lounge*
> ***"...we're together and we can find out about each other and how we feel about certain gay things or trans things. And you can learn stuff, especially if you're new to it. So, if there's a lot of people here from a lot of different backgrounds, then everybody's kind of learning about each other."***

> *Gigi, STAR Refuge*
> ***"It's just been nice to get [other participants'] insight to things and their point of view. It's made me see even being trans differently, because I'm like, 'oh my gosh, we have so much in common, but it might be an opposite struggle, but it's in common, still'. And it has been really nice."***

Building networks and friendships

Being in the group can create and extend supportive LGBTIQ+ networks, encouraging self–acceptance and exploration – a significant and very positive part of survivors' experiences and recovery. Two participants specifically emphasised that being with the group had made them more comfortable exploring and expressing their own LGBTIQ+ identity, which they had not felt able to do before accessing the service.

> *Sapphire, STAR Refuge*
> ***"It imbued me with so much confidence and acceptance for myself, which was my biggest problem. And it's been invaluable for me being around this many queers and in queer spaces."***

> *Lisa, STAR Lounge*
> ***"It's just a real hub of people being together and that real community spirit that I love that I don't have a lot of in my life. It's quite nice to be around friends and to, you know, feel valued and to feel wanted."***

For some participants, attending group sessions was the first time they had spent time in an exclusively LGBTQ+ group. Others came into the service with minimal connection to LGBTIQ+ networks, due for example to family members or a partner limiting or preventing them from building connections to it, or a partner having control over shared LGBTIQ+ friendship groups or community spaces.

Jen, Organisation Lead
"One of the things we find happens a lot is people are isolated from family and friends and that could [also happen in] the gay scene. So, they may have had community links previously, but they've lost them. It's like waking up one morning [and] thinking 'How come I've got no friends, and I just see you?' Because control is very subtle. Those tactics of control are subtle."

Aurora, Practitioner
"A power dynamic that can occur in queer relationships where someone has more access to the community; is more well known, knows more about queer politics, queer history, queer identity, transitioning, that sort of thing. What can start off as feeling like a sort of mentoring, supportive relationship – like, 'I've taken you under my wing' sort of thing – can absolutely turn abusive; the dynamics of 'you're not queer enough', or bisexual people who have predominantly dated somebody of the opposite sex [can experience] that sort of biphobia."

The opportunity to make new friends within the LGBTIQ+ community was particularly significant for one participant who had fled her culturally conservative home country and had very limited contact with LGBTIQ+ communities before moving into the refuge. She described becoming part of the group as like 'building a new sense of home'.

The group provided participants with an opportunity to meet LGBTIQ+ people they may not have met outside of it, encouraging intergenerational friendships and mixing between LGBTIQ+ subgroups that may not have happened in their everyday lives. One trans femme participant, for example, had primarily spent time with straight friends, which gave her a sense of 'passing' within and being associated to cis social groups. In the past, this had limited her interaction with other LGBTIQ+ people. She felt that becoming part of an LGBTIQ+ group had been beneficial to her, building a stronger sense of self-acceptance and finding commonality to and support within the community.

Community-based support groups play an important role in fostering connections and comfortable social environments for survivors. For some participants, the group began to represent a social lifeline – especially for those who said they struggled to make social connections or comfortable interactions outside of the weekly group. Their sense of commonality within the group gave them a confidence that they often did not always feel in cis/het groups, or in settings inaccessible to neurodiverse people.

Sapphire, STAR Refuge
"[When] facing systemic problems that seem so huge and insurmountable, you can only do that with community. You can only do that with other people standing beside you, to feel even brave enough to stand there in the first place. That's what sort of happens with us as well, where we open-up to each other in the groups, we relate to each other on stuff. And then afterwards – even when staff is not here and everyone's doing their own thing – we'll keep tabs on each other still. The communal aspect makes [what we can get from the Recovery Programme] more effective that we are like have we're eating together, we're going out, we're shopping together, you know what I mean? Like we're doing things and building community."

Being supported by LGBTIQ+ staff

That the Recovery Programme was run by LGBTIQ+ staff was likewise viewed as extremely important. Several participants noted that this reduced anxiety around how they might be perceived when entering the service, which some had felt or negatively experienced when accessing mainstream services.

> ***Lisa, STAR Lounge***
> ***"[LGBTIQ+ staff] are not going to look at you weird. They're not going to treat you like shit. It's important, do you know what I mean? It's vital."***

> ***Alexi, STAR Refuge***
> ***"Generally just going through life, being in a queer space feels a lot more comfortable, there's less of an initial barrier. You can just engage yourself in whatever activity, without being like, 'oh, how am I going to be perceived? How are they going to take me?'"***

Specifically, having an LGBTQ+ staff team with lived experience of DA made the space and sessions feel comfortable, and participants felt they could express themselves without fear of being judged. This environment allowed those within the service to speak more freely about their experiences and get more out of taking part in the Programme.

> ***Oren, STAR Lounge:***
> ***"I wouldn't feel comfortable talking to people if I did not have the same lived experience."***

> ***Lisa, STAR Lounge:***
> ***"If I came here and had a straight person trying to help me and they could be doing a really good job and I would be massively grateful for it. But also, it's like I never had contact with any gay people ever, ever – do you know what I mean? All my life. So that's the big thing."***

Practitioners echoed this perspective, considering the by–and–for aspect of their services as a key strength. Staff noted that mainstream services often lack the community knowledge and cultural competency to establish safe and trusting relationships with LGBTIQ+ survivors, limiting their ability to provide identity–informed support. At the same time, even while lived experience was considered essential to the success of LGBTIQ+ DA services, staff recognised the challenges associated with it.

> ***Theo, Organisation Lead***
> ***"I work in the sector, and I am a survivor of domestic abuse myself and [have experienced] familial conversion practises. Sometimes people you're working with will trigger something about your experience. The patterns are so similar and it's really challenging to work in that environment with that group when it's about yourself."***

For staff, such pressures intersect with heavy workloads and job insecurity due to short–term funding. Practitioners emphasised that more could be done by funders to create stable services and manageable workloads, as well as expressing a desire for better connectivity between front–line workers to help create avenues for peer–to–peer support.

Leaving the 'bubble'

For participants who attend the weekly community support group, session endings could bring up some anxieties around leaving the comfort of the space. The sense of having to transition back into the 'outside world' could cause anxiety and a sense of isolation, especially for those with limited LGBTIQ+ / social networks outside of the group.

> ***Jacob, STAR Lounge***
> ***"[Leaving the group session] feels like being taken away from a safe place and left entirely at the mercy of all the elements that are out there... We all drift off into our own gulf in our own way and we don't tend to see each other until possibly the week after when we all get together... [we need] coping skills to be able to deal with all that, because it's very overwhelming."***

> ***Harry, STAR Lounge***
> ***"I do feel a slight feeling of anxiety when I leave because I don't have that safety net, that support behind me back in the centre. And you know, I'm autistic and I have ADHD, so obviously venturing out into the world and dealing with the tube and just generally what I might have to face in my day – anything like bills, finances, family, all anything that's been going on."***

Another participant wanted the service to have greater integration with the 'straight world' so that they could spend more time, and become more comfortable, outside of exclusively queer contexts. They felt this would help to ease transitions in and out of LGBTIQ+ spaces and services.

Accessing LGBTIQ+ spaces can also create tensions with other aspects of people's everyday lives, where accepting and supportive social contexts may not feel readily available. For some participants, attending multiple groups throughout the week eased this tension, whereas others felt more support around the transition out of the group at the end of the session, and support with sustaining connectivity between members throughout the week, would be helpful.

RECOGNISING DIVERSE EXPERIENCES

While being in an LGBTIQ+–focused Programme was important to participants, some felt the Programme took too much of an individualised approach overall. This perspective was related to the Programme's focus on personal experiences and decision making, and its aim to equip survivors with the skills and tools to navigate interpersonal relationships in new ways (see Box 1). As Noor explained:

> ***Noor, STAR Refuge***
> ***"...these kinds of trainings come from a very specific mentality and idea of what 'recovery' is – as if it's a responsibility of the single one. I'm not blaming [staff] or anyone else. But to me personally, if it weren't for these people over here [fellow participants/ residents], it would have left me putting lots of blame on myself."***

While understanding why recovery work might take an individualised approach, Noor felt it was important for the Programme to take a socially–centred and de–colonial approach that recognised her experiences, and the existence of DA, in a wider social context.

Participants valued support that was explicitly relevant to their experiences as people of colour (POC) as well as access to culturally and religiously–informed support and resources. While they valued staff awareness around events like Queer Eid, they highlighted a real need for improvement and greater diversification of the Recovery Programme themes around their racial, cultural and religious identities and experiences.

During the evaluation of the Programme, STAR staff reflected on the role language, culture and faith or religion can play in residents' experiences of recovery sessions and programmes. Staff felt that the Anglocentric content of the pilot Programme may have dented some resident's level of interest and engagement – related both to expectations to express themselves in a second language and aspects of the Programme that at times did not align to their experiences or personal values. Traditional Muslim expectations of sex and intimate relationships are, for example, quite different from a secular view.

Some participants consequently felt they would benefit from supplementing mixed LGBTIQ+ support groups with specific sub–group support – a global majority group, language groups, a Muslim group – that might allow them to explore specific experiences with people they identify with more closely, or in specific ways. Another approach could include staff members connecting or signposting residents towards other community services, groups and networks, outside of the refuge, able to offer more direct support that is informed by and relevant to residents' diverse culture, background and beliefs.

Sub–groups of identities within the LGBTIQ+ umbrella were also highlighted as potentially useful for participants. Gigi felt that access to a trans femme–specific group would allow her to more openly explore aspects of her experience and find a greater sense of shared understanding:

Gigi, STAR Refuge
"...subgroup support would be really helpful because there are certain issues that you can't talk about in a big group setting – a diverse group wouldn't understand it. There's things I would say to someone who's femme that would understand what I'm going through."

At the same time, two other service users reflected that they felt 'not queer enough' for the group. One STAR Lounge participant questioned the legitimacy of their inclusion within a majority–trans group, while she identified as a bisexual cis woman and could not fully relate to other group members along gender–identity lines.

Another reflected that, when someone who did not openly describe themselves as LGBTIQ+ due to religious and cultural reasons joined the group, it led to a misunderstanding regarding their identity and suitability for the group from staff and group members. Deeper recognition of these complexities and how diverse backgrounds shape different peoples' self–identification and self–expression can help make spaces more accessible and welcoming.

Jacob, STAR Lounge
"There are people who find it difficult to admit that they [are] LGBT... who come from countries where it's very difficult for them to be able to come out and talk, and they still have that kind of barrier in this place. [...] I don't want to see any kind of judgement because 'oh that person looks too straight, too heterosexual'. I'm just a bit fearful of that, because we're all coming here at a different point or from a different point of expression and we don't all fit in the same box so there's lots of nuances."

Representation in by–and–for staff teams

Practitioners at other organisations that contributed to this research,[24] often recognised that, while staff teams generally represented a wide cross section of the LGBTIQ+ community – albeit with under–representation of trans women – they generally did not represent the communities they service in terms of ethnicity, cultural or religious identities:

[24] All nine of the organisations who took part in interviews positioned themselves as being by–and–for LGBTIQ+ people, with some also ensuring a portion of staff had lived experience of relevant issues, such as DA, homelessness or mental health. Although we invited organisations explicitly providing services to POC/Religious LGBTIQ+ communities to participate, none were able to take part within the project timeframe.

Aurora, Practitioner
"We do represent a good portion of the community in terms of gender diversity, sexuality, race, disability to a degree. We could do better in terms of our hiring practises for people of colour and people with disabilities. If any of our survivors would prefer working with a male advocate or a trans person or a person of colour or somebody multiply marginalised, we'll always try and source that where possible. But I think unfortunately... a lot of the sector probably is quite white... unless you're a by-and-for who targets that specific identity."

These recognised dynamics complicate and challenge service providers' ability to meet substantive levels of cultural competency and relatability to service users, which they have identified as an under-addressed need. This fact can also complicate how far some services may be termed 'by-and-for', when only meeting certain characteristics of the diverse communities they serve. This finding again emphasises the importance of partnerships and pathways between varied by-and-for DA services.

ACKNOWLEDGING THE BODY

Participants that had struggled to secure talking therapy outside of the service particularly appreciated Programme sessions that helped them understand their experiences. They noted, however, that sessions did not provide relief from bodily symptoms:

> ***Noor, STAR Refuge***
> ***"Intellectually, I think we all understand where we are, where we need to go, etc. But my body is the one that's carrying the trauma and not my brain. My brain understands where everything's happening, but it's my body that doesn't feel safe. There's lots of different things you can do to help regulate yourself. But the whole question is: 'How do I get the rest of me there?'"***

Participants valued the reflexology treatments available once a month at The Outside Project LGBTIQ+ Centre, but felt the body could be acknowledged more within Programme content. This could include, for example, reflexology, meditation and yoga being incorporated into sessions.

At STAR, therapeutic support such as reiki, message therapy and haircuts are self-funded aspects of the service – largely because of the general lack of funding provision for such therapeutic support. Several organisational leads at other LGBTIQ+ services referenced a similar desire to provide a broader range of services – and similar funding limitations. This finding echoes recent research into support needs and provision within the sector.[25]

> ***Theo, Organisation Lead***
> ***"It's really difficult to get funding to provide therapeutic services that are specifically therapeutic rather than what I would call trauma-informed support services. We do signpost people on to people who are trained – therapists trained in trans-inclusion by us – but that's not the same as providing your own therapeutic service."***

Gender-affirming care

All STAR Refuge Recovery Programme participants identified as trans or non-binary and most required access to varied forms of gender-affirming care while in the service. For some LGBTIQ+ survivors, their abuser had limited or dictated their access to gender-affirming care, making it a priority when accessing a service.

> ***Aurora, Practitioner***
> ***"So obviously we've talked about things like outing, but also withholding gender-affirming care on medication, the spousal veto in terms of people who are married not being able to transition if their partner says no.'"***

[25] *Turner and Hammersjö (2024)*

> ***Jen, Organisation Lead***
> ***"...we need access to gender-affirming healthcare because again, this is all tied into people's wellbeing and their ability to survive and sometimes their ability to leave. You know, we've seen survivors who stay in abusive relationships because they're self-medicating and the perpetrator [is] the person who's got the access."***

The experience of being trans and facing challenges associated with accessing gender-affirming care was therefore considered a crucial aspect of support by participants and staff. As noted above, it also informed a desire for trans-only spaces, alongside mixed LGBTIQ+ programming.

The political shifts around trans identity and the right to access single-sex spaces that shortly followed the end of the Programme caused significant anxiety for staff and participants.[26] In response, staff embedded additional 'check-in sessions' for trans and non-binary participants to ensure they felt supported and were provided additional guidance around barriers within everyday life. This need reflects the ways in which recovery and support are intimately tied to shifting societal contexts of LGBTIQ+ exclusion, among other structural conditions, which require services to remain adaptive and responsive.

[26] *For Women Scotland Ltd v The Scottish Ministers (2025)*

IMPLEMENTING LEARNINGS

Since completing the pilot of the STAR Recovery Programme, STAR staff have begun to embed findings from this evaluation into our work. This has included continuing the Programme as a rolling part of support at the refuge, following feedback that participants did not feel ready for the support offered by the Programme to end. Since then, STAR has run regular co-planning sessions with those living at STAR Refuge to decide which topics and themes will be added into upcoming sessions. This process has included going over themes and topics from the pilot Programme, as well as incorporating new ones.

Alongside emotional recovery work, we have incorporated a wider variety of sessions to ensure that support addresses a wide range of needs. This has included incorporating more practical support around life skills, creative sessions, social trips, greater access to holistic therapies such as reflexology and trans-specific support around exclusion.

We view embedding continued co-design and evaluation into the Recovery Programme design as essential to ensuring it remains responsive to the identities, needs and experiences of those taking part as well as to broader societal contexts impacting LGBTIQ+ survivors.

This Programme is a work in progress which will continue to be evaluated and developed as part of our service. Extending from this, STAR will be working towards creating a Recovery Programme which can be delivered externally to accommodation services that support LGBTIQ+ survivors.

Overall, this project has highlighted the importance of centring LGBTIQ+ survivors experiences and voices within services. In response, STAR is developing a 'survivor board' who will guide the broader development and strategy of the organisation, beginning with a collaborative process of developing the board's structure and role. Such work can help embed LGBTIQ+ people with lived experience of DA into STAR leadership long-term.

RECOMENDATIONS

RECOMENDATIONS FOR SURVIVORS

These recommendations are intended for LGBTIQ+ DA survivors who are working towards recovery. We are aware that most LGBTIQ+ survivors will not have access to an LGBTIQ+ DA recovery programme. However, we believe these recommendations can be applied broadly to help those navigating recovery and seeking support.

- Seek guidance and support to identify and learn about the varied kinds of abuse you may have experienced.
- If available to you, regularly attend recovery and support sessions to provide rhythm and routine within the week.
- Seek out in-person support which offers the opportunity to meet other LGBTIQ+ people and access peer support. While doing so, it is important to consider your own personal boundaries and how to manage peer-to-peer relationships while you are in recovery.
- Ask practitioners to be clear about the kind of support you will receive within a service or programme you are accessing, and work with them to collaboratively set your recovery goals.
- Inform practitioners you are working with of your triggers and seek support around how to manage them when they come up in sessions.
- Think about the role of your body in recovery – explore holistic therapies such as meditation and reflexology.
- Remember your experience of abuse is not your fault. Your experiences and journey toward recovery takes place within a wider structurally unbalanced world.

RECOMENDATIONS FOR SERVICE PROVIDERS

These recommendations are intended for organisations and practitioners designing and delivering recovery programmes for LGBTIQ+ DA survivors and may also benefit those providing other and generalised support to LGBTIQ+ survivors. They are grouped thematically.

Identify and acknowledge the varied kinds of abuse experienced by LGBTIQ+ survivors:

- Provide clear guidance and resources to survivors initially seeking support to help them understand if they have experienced DA, or if their experiences reflect a different form of harm. This might include clear messaging on websites and social media pages.
- Include a session on 'identifying abuse' within the introductory stages of recovery programmes, ensuring survivors are aware of the varied forms domestic and presentations within the LGBTIQ+ community.
- Make sure recovery programmes actively acknowledge and support those who have experienced familial abuse and honour–based violence, as well as those who have experienced IPV.
- Incorporate a socially centered perspective of abuse and recovery into programmes, addressing the broader context in which experiences take place.
- Ask survivors to fill out a 'trigger sheet' at the start of the programme. This should focus on how to manage triggers as they arise in sessions, rather than listing all possibilities. Share topics and activities ahead of each session, allowing survivors to think about what a session might bring up before it starts.

Provide a sense of structure and routine, with clear guidance around expectations and progress:

- Embed regular recovery sessions into service provision, which survivors are actively encouraged to attend.
- Clearly explain what the programme is designed for – and what it cannot achieve – to help manage expectations.
- Gather weekly feedback and build time for community members to ask questions post–session. Consider creating 'gap weeks' within programmes, to allow participants to indicate what topic or theme they would like to revisit.
- Have gentle back–up activities for sessions that don't work on the day – this could be creating a group playlist (see Box 2), doing some silent activities together, going outside or playing a game.

Create safe and supportive social spaces:

- Prioritise in–person, community centered programmes that allow survivors to build new connections within the LGBTIQ+ community – supporting a sense of recovery through community.
- Encourage peer support alongside guidance around managing boundaries. This is especially relevant to survivors living communally in refuges or accommodation schemes.
- Consider developing a mentoring scheme so those in recovery can seek support from someone outside of the group, who is not in active recovery.
- Embed ongoing reflection and adjustments to help ensure LGBTIQ+ groups remain inclusive and welcoming to everyone within the LGBTIQ+ spectrum.

Recognise accessibility and diversity, and provide culturally informed support:

- Group work may not be suitable for all survivors. Carefully consider neurodiversity, language and access needs within the programme design. Create an online resource and offer virtual attendance. Translation support can be beneficial.
- Provide culturally–informed resources, additional subgroup support and/or access to other by–and–for services for POC survivors, those from conservative cultural and religious backgrounds and those who hold varied identities within the LGBTIQ+ umbrella (for example, trans femme).
- Aim to create content which actively supports diverse LGBTIQ+ identities, cultural and religious backgrounds/experiences. Reflect on which content may, or may not be, relevant to certain survivors.
- Create links with a variety of other community spaces, which do not need to be exclusively queer, which can provide relevant resources, support and activities for participants. Forge formal partnerships with these groups if it is useful to more fully integrate their offerings into the recovery programme.
- Recruit diverse staff teams and ensure cultural competency and intersectionality encompasses LGBTIQ+ experience. In addition, consider how accessible your programme is for survivors who do not speak English as a first language and take steps to support translation and improved accessibility.

Offer holistic support and pathways to a variety of 'extracurricular' resources. For example:

- Acknowledge the body in recovery – ask participants what their bodies might need to support their recovery. This could include access to meditation, massage therapy, yoga and other treatments.
- Incorporate life skills into support plans for LGBTIQ+ survivors, particularly those within accommodation services. This may require additional staff time and influence timeframes around support.
- Include holistic support provision in grant application budgets.

Arrange post–session support and links to other community spaces:

- Running formal sessions in the morning can be a good approach – allowing for holistic care and peer support to be programmed in the afternoon.
- Staff should arrange post–session activities that help participants wind down. This might include providing funds for activities or finding free local activities – like going to the park in summer – as cost–effective solutions.
- Design a post–session self check–in sheet for survivors to take away with them, supporting them to reflect on and process feelings that the session brought up.
- Provide support with transitions out of sessions – such as identifying communal travel routes.

Embed evaluation processes into recovery programme and broader service design:

- Ensure evaluation processes are embedded into your recovery programme design, remaining responsive to new survivors within the service and allowing survivors to actively shape the programme content.

RECOMENDATIONS FOR FUNDERS

These recommendations are intended for commissioners who fund LGBTIQ+ DA services.

- Prioritise funding for by-and-for services that provide LGBTIQ+ survivors with culturally competent and identity-informed support.
- Provide secure and long-term funding that supports the development of services and recovery programmes for LGBTIQ+ DA survivors.
- Fund in-person, community-centered programmes that allow survivors to build new connections within the LGBTIQ+ community, supporting a sense of recovery through community.
- Acknowledge that survivors have varied recovery times, based on their specific needs and circumstances. There is no workable one-size-fits-all model for recovery.
- Provide funds for holistic therapies such as reiki, message and yoga, which support survivors alongside the provision of accommodation, practical and emotional support.
- Ensure that commissioners are trained in LGBTIQ+ specific DV contexts, experiences and needs.

A FINAL NOTE ON FUNDING AND CONTINUITY

We hope this report serves as a useful and informative guide for any organisation, practitioner or peer-supporting LGBTIQ+ DA survivors' recovery. Our findings and recommendations are, however, shared with the recognition that a lack of available or sufficient funding often limits the support services can provide.

The majority of organisations we spoke to during this research emphasised that their core funding is often granted year-on-year, with smaller short-term bids supplementing core funds. This dynamic creates uncertainty around the longevity of services, with no guarantee that they will be able to continue operating beyond time-limited contracts. This damages organisations' ability to embed new programmes that are shaped around the demand, need and nuances of the community.

> ***David, Organisation Lead***
> ***"The challenge we face is the uncertainty of funding. It always feels temporary. It always feels like 'all fingers crossed we'll get the funding again next year'. And that's literally the opposite of what we're trying to achieve – we're trying to achieve security, stability, reliability, safety. We don't have that as a sector, that's one of the biggest dilemmas we face. How can we create funding structures, partnerships and relationships that allow us to have a three [or] five-to-ten-year plan rather than a twelve-month plan, which is what many of us have at the minute, isn't it?"***

Services also frequently rely on 'continuation funding', which mirrors original contracts with budgets remaining the same as first granted – without keeping pace with inflation. In real terms, this means services have gradually decreasing funds, often alongside increasing demand. While providing funds for a following year, continuation funding means that services are often unable to develop or expand.

Successful recovery programmes have been previously developed for LGBTIQ+ DA survivors in the UK, which have clearly demonstrated positive outcomes. However, short-term funding can see successful new services end after only one year of operation. With LGBTIQ+ DA recovery still extremely limited, the decommissioning of new programmes leads to significant loss for the community and stunts the development of LGBTIQ+ recovery models more broadly.

> ***Tammy, Organisation Lead***
> ***"[An LGBTIQ+ DA recovery programme run by another organisation] was a great project, but it was only funded for a year. It's like, 'here you have the funding – take three months to recruit, now deliver it and tell us what you did six months later'. You can't do anything with a year's funding."***

The current funding landscape places great significance on MOPACs ring-fenced funding for by-and-for services. This funding stream has supported the development of new and essential services, such as our accommodation scheme STAR Refuge, in 2023.

We hope that this report demonstrates the need for nuanced and informed support for LGBTIQ+ survivors, guiding the development of recovery programmes around survivors and encouraging greater funds to be provided to organisations working to support them.

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APPENDICES

Appendix A:

The Reclaiming Recovery Project

STAR RECOVERY PROGRAMME

WEEK 3 - research evaluation

Name:

How were you feeling at the start of todays session?

(mark answer on scale below)

Over the past week, do you feel you are getting closer to your recovery goals? (circle your answer)

A. No, I am moving back. **B.** No, I feel the same. **C.** Yes, I am moving forward a bit.

D. Yes, I feel l am getting closer to my goals.

What has worked well for you in todays session?

The goal for todays session was to be able to understand what coercive control is, what it feels like, what it looks like, and how we can recognise it early on in our relationships. Did we meet these intended goals?

(circle your answer)

A. No, we didn't meet any of these goals. **B.** No, we only touched on them.

C. Yes, we met some of the goals. **D.** Yes, we met these goals.

Is there anything from today's session you would like to cover again?

How are you feeling at the end of the session?

(mark answer on scale below)

Appendix B:


The Reclaiming Recovery Project
STAR RECOVERY PROGRAMME
Wrapped!
You filled in the evaluation sheet 6 times!
What worked well for you....
TALKING ABOUT BEHAVIOURS YOU HAVE BEEN THROUGH AND GETTING CLARITY
HAVING TIME OUT OF YOUR ROOM
REFLECTING
TALKING ABOUT SELF LOVE

- You usually felt good at the start and end of the session. On week four, you felt worse at the end but added that this wasn't in a 'bad way'.
- Through the programme, you felt you were gradually getting closer to your recovery goals.
- You felt like most sessions met its stated goals.
- **Things you would like to cover again...**

TALKING ABOUT MYSELF POSITIVELY

THE COMPLEMENTS EXERCISE

COPING MECHANISMS