



Working with LGBTQ Perpetrators of Intimate Partner Violence in Europe

Practitioner Perspectives, Challenges, and Emerging Practices

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Introduction

Intimate partner violence (IPV) is a persistent social and public health problem that affects individuals across cultures, socioeconomic groups, and relationship types. Research and policy frameworks have traditionally conceptualised IPV primarily through a gendered lens, focusing on men's violence against women within heterosexual relationships. While this framing remains crucial for understanding the gendered nature and scale of IPV, it has also contributed to a dominant public narrative that equates IPV with specific, binary roles: male perpetrator and female victim (Donovan, 2024; Donovan & Barnes, 2016, 2017, 2020; Babcock et al., 2016; Cannon, 2019, 2023; Russel and Torres in Russell 2020; Workman & Dune, 2019; Walsh & Stephenson, 2023).

Intimate partner violence in non-heterosexual relationships remains under-researched and often under-recognized within institutional responses, and community discourses, including victim support and perpetrator services across the globe, and in Europe as well (Donovan and Hester, 2014; Donovan, 2024; ANROWS, 2020; Workman & Dune, 2019; Donovan & Barnes, 2016, 2017, 2020; Russell 2020). This disconnect is compounded by broader social contexts characterized by homophobia, transphobia, biphobia, and heterosexism, which shape both individual experiences of violence and institutional responses to it (Donovan & Hester, 2014; ANROWS, 2020; Donovan, 2024; Workman & Dune, 2019). Survivors may struggle to identify their experiences as abuse, anticipate disbelief or minimisation when seeking help, or fear additional stigma and discrimination from service providers and institutions (Donovan & Hester, 2014; Head in Russell 2020; Donovan, 2024; Workman & Dune, 2019; Subirana-Malaret et al., 2019).

While prevalence data suggest that LGBTQI+ people experience IPV at comparable or higher rates than heterosexual populations, there is little systematic knowledge about how services engage with or adapt to this target group (Donovan & Hester, 2014; Babcock et al., 2016; Donovan & Barnes, 2020; Etaugh in Russell 2020; Cannon, 2019, 2023).

This invisibility also affects perpetrators, who may not recognise their own behaviour as abusive or may perceive existing perpetrator services as irrelevant or unsafe. LGBTQI+ perpetrators are therefore largely invisible within policy, research, and practice, some of them finding themselves in general psychotherapies or other services that lack appropriate pathways for accountability and behavior change. This invisibility has serious implications not only for those who cause harm, but also for the safety and long-term wellbeing of LGBTQI+ survivors (Donovan, 2024; ANROWS, 2020; Workman & Dune, 2019; Donovan & Barnes, 2016, 2017, 2020; Babcock et al., 2016).

Building on the existing theoretical and empirical literature, this report presents an exploratory mapping of European perpetrator services, focusing on how practitioners conceptualise, engage with, or remain disconnected from LGBTQI+ perpetrators. Drawing primarily on interviews with European service providers, the study examines current practices, perceived gaps, and emerging approaches within the perpetrator sector. The purpose of the study is not to evaluate the effectiveness of specific intervention models, but to document experiences and reflections from practice, in order to inform future development of LGBTQI+-inclusive perpetrator responses in line with WWP EN standards (WWP EN, 2023) emphasizing accountability, victim safety, and coordinated interventions.

It is important to acknowledge at the outset that the acronym “LGBTQI+” encompasses a wide range of identities, relationship forms, and lived experiences. Evidence from survivor-focused research suggests that experiences of IPV may differ significantly across lesbian, gay male, bisexual, trans, queer, and gender-diverse populations, shaped by factors such as gender, embodiment, minority stress, community visibility, and access to resources (Donovan & Hester, 2014; Guadalupe-Díaz, 2014; Messinger, 2017; Walters et al., 2013). While this report uses the umbrella term “LGBTQI+” in line with how services and practitioners most commonly frame their work, it recognises that this risks obscuring important differences between groups.

The study was not designed to systematically disaggregate experiences across sexual orientations and gender identities, reflecting both the structure of existing services and the very low numbers of openly LGBTQI+-identified perpetrators currently engaging with programmes. As a result, the findings primarily capture practitioners’ reflections on working with LGBTQI+ perpetrators as a broadly defined group, rather than providing detailed insights into specific sub-populations. This limitation underscores the need for future research and service development that can more fully differentiate between diverse identities and experiences within the LGBTQI+ spectrum.

Methodology

Scope

This study examines how European perpetrator service providers currently approach IPV involving LGBTQI+ people, with a specific focus on how this target group is conceptualized, engaged, or remains absent within existing service structures. Rather than evaluating program effectiveness or client outcomes, the analysis centers on providers' perspectives regarding the practical and structural challenges they encounter, including low referral numbers, limited institutional support, training gaps, and uncertainties around appropriate intervention models. The study also explores providers' reflections on potential areas for improvement and the conditions they identify as necessary for expanding or strengthening services for LGBTQI+ perpetrators. In doing so, the paper situates these perspectives within the broader limitations of the sector, highlighting how systemic constraints shape what is currently possible in practice.

Data design and sample

The study employed a mixed-methods approach, combining desk research with semi-structured interviews conducted by WWP EN staff. The following subsection outlines the data collection process in detail.

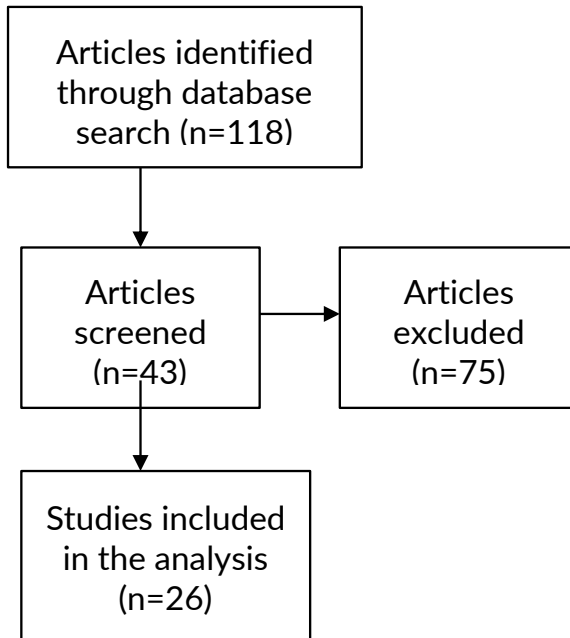
Desk research

The available literature addressing practices and service-level experiences of IPV perpetrator interventions for LGBTQI+ people remains limited. While a growing body of research examines the prevalence and dynamics of IPV in LGBTQI+ relationships, as well as the experiences and support needs of LGBTQI+ survivors, considerably less attention has been paid to how perpetrators are engaged within intervention services. As a result, knowledge about program design, implementation challenges, and practitioner experiences in working with LGBTQI+ perpetrators is fragmented and underdeveloped.

To map the existing evidence base, targeted searches were conducted in Google Scholar, PsycINFO, Scopus, DeepDyve, and Web of Science. Search terms focused on IPV perpetrator interventions, LGBTQI+ populations and studies on relevant theoretical background published

between 2019 and 2025. Of approximately 118 sources initially identified, 26 studies met the inclusion criteria¹ and were retained for analysis (see Figure 1).

Figure 1. Identification of studies via databases



Interviews

Thirteen semi-structured interviews (see Annex 1 for interview questions) were conducted between January 8 and March 14, 2025, recorded and transcribed for analysis. Participants were identified through convenience sampling, drawing on organisations found during the desk research, a previous mapping conducted by WWP EN, and the authors' professional networks.

The sample included perpetrator service providers operating in Croatia, the Czech Republic, Malta, Poland, Russia, Slovenia, Spain, Switzerland, and the United Kingdom, several of which are members of WWP EN (see Table 1). Consistent with findings from earlier studies, many interviewees reported working with very low numbers of openly LGBTQI+-identified clients within perpetrator programmes. Consequently, their accounts reflect limited direct practice experience with this target group and instead emphasise attempts to engage LGBTQI+ perpetrators, perceived barriers to access, and uncertainties regarding appropriate intervention approaches. These reflections draw attention to structural constraints—including funding arrangements, referral mechanisms, legal thresholds, professional training gaps, and the

¹Sources were included if they addressed IPV perpetration or perpetrator interventions with explicit relevance to LGBTQI+ populations. Studies were excluded if they focused solely on survivors, addressed non-IPV offending, treated IPV without reference to sexual orientation or gender identity, consisted of secondary summaries without original analysis, used unclear definitions or insufficient samples, or were unavailable in full text.

prevailing heteronormative framing of IPV services—that shape current service provision and contribute to the limited visibility and accessibility of perpetrator interventions for LGBTQI+ people.

Table 1. Mapped organizations

Country	Cases	Format of delivery
Croatia (n=1)	5 cases in last 20 years	individual
Czech Republic (n=1)	since 2023, tailored campaign: 20 cases	individual
Russia (n=1)	since 2007, few cases	individual (online)
Slovenia (n=1)	since 2023, 4 cases	individual
Spain (n=1)	since 2016, few cases	individual
Switzerland (n=1)	very few cases	individual
UK (n=4)	DRIVE, 2-5%	individual
Malta (n=1)	outside mainstream program, victims	no perpetrator
Poland (n=2)	1 victim in last 10 years	no perpetrator

Results

Desk research results

1. Conceptualising IPV in LGBTQI+ relationships

IPV encompasses physical, sexual, psychological or emotional abuse, stalking, financial abuse, and coercive control perpetrated by a current or former intimate partner (Breiding et al., 2013). Among sexual and gender minority (SGM) people, these forms of abuse occur alongside identity-specific tactics that exploit marginalised sexual or gender identities. These include threats to “out” a partner, denigration of sexual or gender identity, restriction of access to LGBTQI+ spaces, and the use of homophobic or transphobic language as a means of control (Balsam & Szymanski, 2005; Scheer et al., 2019).

Research consistently indicates that LGBTQI+ people experience IPV at equal or higher rates than cisgender heterosexual populations (Edwards et al., 2015; Badenes-Ribera et al., 2016). However, prevalence estimates vary widely depending on definitions, measures, recall periods,

and sampling strategies. These methodological challenges are particularly salient in LGBTQI+ research, where stigma, concealment of identity, and mistrust of institutions can affect disclosure (Ovesen, 2021).

Research input: What do we know about prevalence?

International reviews show that LGBTQI+ people experience IPV at rates comparable to or higher than heterosexual populations, particularly for psychological abuse and coercive control (Edwards et al., 2015; Badenes-Ribera et al., 2016).

Bisexual women consistently report the highest lifetime prevalence of IPV, exceeding 60% in some national probability samples (Walters et al., 2013).

European-level data from the Fundamental Rights Agency indicate widespread exposure to violence by intimate or close partners among LGBTQI+ people, alongside low reporting rates and high mistrust of institutions (FRA, 2020).

Practitioners note: this variability highlights the importance of focusing not solely on prevalence figures, but on recognising patterns of harm, power, and control as they manifest in diverse relational contexts.

2. Prevalence of IPV in LGBTQI+ populations

2.1 International and European evidence

International reviews demonstrate that sexual and gender minority populations experience high levels of IPV across physical, sexual, psychological abuse, and stalking (Edwards et al., 2015; Badenes-Ribera et al., 2016). European data remain more limited but point in the same direction. Data from the EU Agency for Fundamental Rights (FRA) LGBTI Survey II, which collected responses directly from lesbian, gay, bisexual, trans and intersex people across 30 European countries, show that a substantial proportion of LGBTQI+ respondents have experienced physical and/or sexual violence, with current or former intimate partners identified among the most common perpetrators of such violence (FRA, 2020).

The survey indicates that experiences of violence are not evenly distributed within LGBTQI+ populations. Transgender respondents and bisexual women consistently report higher exposure to physical and sexual violence than other groups, alongside lower levels of reporting to police or formal support services (FRA, 2020). While the survey does not measure coercive

control in detail, it provides robust population-level evidence that violence by intimate partners forms part of the broader pattern of victimisation experienced by LGBTQI+ people in Europe. While the FRA survey does not provide detailed subgroup-specific IPV prevalence comparable to national IPV surveys, it offers critical contextual evidence that LGBTQI+ people in Europe experience significant levels of interpersonal violence within intimate and close relationships, alongside elevated barriers to reporting and help-seeking.

Research input: European prevalence of IPV (FRA, 2020)

- ~22% of LGBTQI+ people in the EU experienced physical and/or sexual violence since age 15
- ~16% experienced physical or sexual violence in the past 5 years
- ~10% experienced such violence in the past 12 months
- Intimate partners are among the most frequently identified perpetrators
- Transgender respondents and bisexual women report the highest exposure
- Reporting to police and services remains very low

Practitioners note: European PPs should assume LGBTQI+ IPV is present but hidden, rather than rare.

2.2 Lesbian women

A systematic review of IPV in self-identified lesbians found that all forms of IPV occur in lesbian relationships, with psychological and emotional abuse being the most prevalent (Badenes-Ribera et al., 2016). Lifetime prevalence estimates varied widely, reflecting differences in definitions and measures, but consistently indicated substantial exposure to abuse. Sexual and physical violence were also reported, including identity-specific forms such as threats of outing.

Research input: IPV prevalence among lesbian women

Lifetime prevalence of **any IPV** ranges from **9.6% to over 55%**, depending on study design (Badenes-Ribera et al., 2016)

Meta-analysis estimates a **pooled lifetime prevalence of 27%** (Badenes-Ribera et al., 2015)

43.8% of lesbian women reported lifetime experience of rape, physical violence, and/or stalking in U.S. national data (Walters et al., 2013)

Psychological/emotional abuse prevalence exceeds **60%** in some studies, especially when identity-related abuse is included (Badenes-Ribera et al., 2016)

2.3 Gay men

Studies of gay men and men who have sex with men similarly document high levels of psychological IPV and notable rates of physical and sexual violence (Bartholomew et al., 2008; Longobardi & Badenes-Ribera, 2017). Importantly for perpetrator work, research consistently shows a high overlap between victimisation and perpetration among men in same-sex relationships, complicating simplistic assumptions about roles.

Substance use, including sexualised drug use (“chemsex”), has been identified in some studies as both a context for and a mechanism of control within abusive relationships, particularly where one partner controls access to substances, sexual networks, or information (evidence referenced later in practitioner interviews and supported by broader MSM health literature).

Research input: IPV prevalence among gay men

26.0% of gay men reported lifetime rape, physical violence, and/or stalking by an intimate partner (Walters et al., 2013)

Past-year physical IPV victimisation has reached **up to 44%** in some samples (Bartholomew et al., 2008)

Psychological IPV victimisation rates as high as **95%** have been reported (Longobardi & Badenes-Ribera, 2017)

2.4 Bisexual people

Across studies, bisexual women consistently report the highest IPV prevalence of any sexual orientation group, often with violence perpetrated by male partners as well as same-gender partners (Badenes-Ribera et al., 2016). Bisexual men also report higher IPV prevalence than heterosexual men. These findings underscore the importance of recognising biphobia, invisibility, and isolation as risk factors shaping vulnerability and abuse dynamics.

Research input: IPV prevalence among bisexual people

Bisexual women consistently report the highest IPV prevalence across all sexual orientation groups.

Lifetime IPV exposure among bisexual women exceeds **60%** in national probability samples (Walters et al., 2013).

Severe physical IPV has been reported by **49.3%** of bisexual women, compared with **29.4%** of lesbian women (Walters et al., 2013).

Past-year IPV victimisation among bisexual women (**42.0%**) is substantially higher than among heterosexual women (**16.0%**) (Scheer & Baams, 2022).

Among young adults, **42%** of bisexual women and **20%** of bisexual men reported past-year IPV (Scheer & Baams, 2020)

2.5 Transgender and gender-diverse people

Available evidence indicates elevated IPV risk among transgender and gender-diverse people, alongside distinct identity-specific abuses such as misgendering, threats to withdraw gender affirmation, or control over access to hormones and medical care (Langenderfer-Magruder et al., 2016). European data remain sparse, but qualitative and survey findings consistently point to heightened vulnerability and significant barriers to support.

Research input: IPV prevalence among transgender and gender-diverse people

TGNC young adults had **3.4 times higher odds** of physical IPV than cisgender sexual minority peers (Whitton et al., 2016)

Approximately **21–22%** of TGNC adults reported lifetime IPV (Langenderfer-Magruder et al., 2016)

Identity-specific abuse (mispergendering, outing threats, interference with transition) is strongly associated with poor mental health (Scheer et al., 2019; Stults et al., 2023)

3. Characteristics of IPV and victimization patterns

Across LGBTQI+ populations, psychological and emotional abuse is typically the most prevalent form of IPV, followed by physical and sexual violence (Badenes-Ribera et al., 2016). Many studies document bidirectional or mutual violence, particularly in same-sex relationships. However, practitioners are cautioned against interpreting mutuality as symmetry. Power, control, and impact often remain uneven, and defensive or reactive violence may be mislabelled as mutual abuse if context is not carefully assessed (Donovan & Hester, 2014).

Identity-specific abuse represents a key distinguishing feature of LGBTQI+ IPV. These tactics draw on minority stress and societal stigma, allowing perpetrators to weaponize fears of discrimination, outing, or exclusion. Research shows that such tactics are associated with significant psychological harm and can function as powerful mechanisms of coercive control (Balsam & Szymanski, 2005; Scheer et al., 2019).

Survivor-focused research consistently demonstrates that experiences of intimate partner violence (IPV) are not uniform across LGBTQI+ populations but are profoundly shaped by sexual orientation, gender identity, and social positioning. Qualitative studies show that lesbian survivors frequently encounter the minimisation of abuse, rooted in gendered assumptions that women are not violent, while gay male survivors often describe stigma related to masculinity norms and fears of being perceived as weak or unmanly (Donovan & Hester, 2014). Bisexual survivors report experiences of invisibility and a lack of recognition from both mainstream and LGBTQI+-specific services, which can exacerbate isolation and hinder help-seeking (Donovan & Hester, 2014; Walters et al., 2013). Trans survivors experience forms of victimization that are qualitatively distinct, including identity-specific abusive tactics such as misgendering, threats of outing, and control over gender expression or medical transition, which are closely tied to embodiment and heightened social vulnerability (Guadalupe-Díaz, 2014). Across these groups, survivor accounts highlight differences not only in the forms of abuse experienced but also in how violence is interpreted, disclosed, and responded to by services, with structural stigma and minority stress shaping pathways to safety and support (Messinger, 2017; Walters et al., 2013).

4. Perpetration in LGBTQI+ relationships: prevalence, patterns and dynamics

Evidence on perpetration among LGBTQI+ people indicates substantial rates of reported use of psychological, physical, and sexual violence, particularly in lesbian and gay male samples (Badenes-Ribera et al., 2016). Minority stress processes—including internalised homophobia or transphobia, stigma, and shame—have been consistently linked to both victimisation and perpetration, often mediated by factors such as substance use, emotional dysregulation, jealousy, and prior exposure to violence (Lewis et al., 2017; Mason et al., 2016).

Practitioners note: these findings highlight the importance of addressing identity-related stress, shame, and coping strategies within perpetrator interventions, while maintaining a clear focus on accountability and victim safety

Research on LGBTQI+ IPV consistently documents **high overlap between victimisation and perpetration**, particularly in same-sex relationships (Badenes-Ribera et al., 2016). Many individuals report both using and experiencing violence within the same relationship. However, this overlap should not be equated with equality of power or harm.

Qualitative and quantitative studies show that perpetrators often draw on **discourses of mutuality** to minimise responsibility, framing violence as “just arguments,” “toxic dynamics,” or “both of us being abusive.” For practitioners, this makes careful assessment essential. Context, intention, impact, and patterns over time are more informative than incident counts alone.

Minority stress plays a significant role in perpetration dynamics. Internalised homophobia, biphobia, or transphobia; experiences of discrimination; and fears of rejection or invisibility can contribute to jealousy, hypervigilance, emotional dysregulation, and control-seeking behaviours. While minority stress does not cause IPV, perpetrators may weaponise these vulnerabilities to justify surveillance, restriction, or coercion.

Substance use, including alcohol and sexualised drug use (e.g., chemsex among some gay and bisexual men), can further complicate perpetration. In some cases, substances become tools of control—for example, pressuring a partner to use drugs, controlling access to drugs or sexual spaces, or using intoxication to excuse or obscure abusive behaviour.

Practitioners note: PP practitioners should explicitly explore how identity stress, shame, and substance use intersect with control tactics, without allowing these factors to function as excuses for harm

Research input: Prevalence of perpetration

Studies that measure perpetration indicate that **substantial proportions of LGBTQI+ individuals report using violence or abuse** against an intimate partner.

Among lesbians, lifetime perpetration of any IPV ranges from **17% to 75%**, depending on recall period and behaviour thresholds (Balsam & Szymanski, 2005; Badenes-Ribera et al., 2016).

A meta-analysis estimated pooled lifetime perpetration among lesbians at **27%** (Badenes-Ribera et al., 2015).

In mixed sexual-minority samples, **76.2% of women** and **70.7% of men** reported perpetrating psychological IPV, while **14.2% of women** and **12.0% of men** reported physical or sexual IPV perpetration (Matte & Lafontaine, 2011, summarised in Ummak et al., 2022).

Among same-sex couples, past-year physical IPV perpetration has been estimated at **35% for lesbian women**, **39% for gay men**, and **38% for bisexual men** in some samples (Edwards & Sylaska, 2015; Longobardi & Badenes-Ribera, 2017).

Research input: **Overlap between victimisation and perpetration**

A consistent finding is the **high overlap between victimisation and perpetration**.

In one study, **31% of women in same-sex relationships** reported both perpetrating and experiencing IPV, compared with **10% victimisation only** and **7% perpetration only** (Balsam & Szymanski, 2005).

Similar patterns are reported among male same-sex couples (Bartholomew et al., 2008; Longobardi & Badenes-Ribera, 2017).

Importantly, overlap:

- does **not** imply equal power,
- does **not** negate primary aggression,
- and requires careful contextual assessment (Donovan, 2024).

Research input: **Correlates and risk factors**

Correlates of perpetration include:

- jealousy, possessiveness, and need for control (Badenes-Ribera et al., 2016),
- prior exposure to family or partner violence (McClennen, 2005; McRae et al., 2017),

- substance use, particularly alcohol and illicit drugs (Rodrigues et al., 2024),
- minority stress factors such as internalised homophobia, stigma, and discrimination (Lewis et al., 2017; Mason et al., 2016; Stephenson & Finneran, 2017).

Among transgender and gender-diverse people, identity-specific perpetration (e.g. misgendering, withholding gender affirmation) is associated with internalised transphobia and negative relationship expectations (Henry et al., 2021; Taber et al., 2023).

5. Specific forms of abuse in LGBTQI+ relationships: what practitioners need to recognise

While many abusive behaviours in LGBTQI+ relationships mirror those found in heterosexual relationships, research highlights several **identity-specific or context-specific forms of abuse** that practitioners must be able to identify.

Identity abuse

Identity abuse refers to tactics that target a partner's sexual orientation, gender identity, or degree of "outness." This includes threats to out a partner, misgendering, denying or invalidating identity, or using homophobic, biphobic, or transphobic language to undermine self-worth. These behaviours function as powerful mechanisms of coercive control, particularly where disclosure carries risks of discrimination, family rejection, or economic harm.

Control of community and credibility

In LGBTQI+ contexts, perpetrators may exert control by isolating partners from LGBTQI+ spaces, support networks, or shared communities. In small or tightly connected communities, fear of gossip, reputational harm, or being disbelieved can silence survivors and strengthen perpetrator power.

Experiential power

Some perpetrators hold greater “experiential power” through being more established in LGBTQI+ communities, more confident in their identity, or more knowledgeable about norms and resources. This power can be used to define what is “normal,” dismiss a partner’s concerns, or frame resistance as immaturity or instability.

Misuse of mutuality

Perpetrators may point to a partner’s defensive or reactive violence to claim equivalence or deny primary responsibility. Without careful assessment, practitioners may inadvertently reinforce this narrative by treating abuse as symmetrical.

Practitioners note: Practitioners should assess not only *what* behaviours occur, but *how* they function to restrict autonomy, instil fear, or maintain control within the relationship.

6. Help-seeking and barriers

Meta-analytic evidence indicates that sexual minority survivors most commonly seek help from informal sources such as friends, with formal services—particularly police and shelters—used far less frequently (Laliga-Mollá et al., 2025). European qualitative studies similarly document mistrust of institutions, fear of discrimination, and lack of LGBTQI+-inclusive services as major barriers (Ovesen, 2021).

These barriers also affect perpetrators, who may avoid services due to fear of being misrecognized, stigmatised, or excluded.

Research consistently shows that LGBTQI+ survivors are more likely to seek help from informal sources—such as friends, peers, or LGBTQI+ community networks—than from formal services (Santonnicolo et al., 2021; Laliga-Mollá et al., 2025). Formal systems, including police, courts, shelters, and mainstream IPV services, are often avoided due to anticipated or experienced discrimination, misrecognition of abuse, or fear of being outed.

For perpetrator programmes, these help-seeking patterns have **direct consequences**. When survivors do not engage with formal systems, perpetrators are less likely to be identified, referred, or mandated into intervention programmes. As a result, LGBTQI+ perpetrators often

enter services late, if at all, and typically through indirect routes such as individual therapy, substance use services, or mental health support rather than through coordinated domestic abuse pathways.

Importantly, perpetrators themselves face parallel barriers to help-seeking. Fear of being labelled, mistrust of services perceived as heteronormative or hostile, and uncertainty about whether programmes are relevant or safe for LGBTQI+ people can inhibit disclosure of abusive behaviour. This can contribute to patterns of minimisation, externalisation of responsibility, or framing abuse as “relationship conflict” rather than violence.

Practitioners note: Resistance or ambivalence in LGBTQI+ perpetrators should not automatically be interpreted as lack of motivation. It may reflect prior experiences of exclusion, fear of misrecognition, or uncertainty about how abuse is defined within queer relationships.

Help-seeking barriers are therefore not peripheral to perpetrator work; they shape who reaches programmes, how they present, and what forms of accountability are initially possible.

7. Discourses of service provision: “sameness” and “difference”

A recurring theme in research on LGBTQI+ IPV is the tension between two dominant discourses in service provision: **sameness** and **difference**. How services position themselves along this continuum has direct implications for assessment, intervention, and accountability in perpetrator programmes.

The discourse of *sameness* emphasises that “violence is violence,” regardless of gender or sexuality. This approach can promote formal inclusion by asserting that existing perpetrator models apply equally to all relationships. However, in practice, sameness often results in the uncritical application of heteronormative frameworks. Gendered assumptions about power, motivation, and risk may remain unexamined, while identity-specific forms of abuse are overlooked or minimised.

In contrast, the discourse of *difference* highlights the distinct social realities of LGBTQI+ lives, including minority stress, identity-based abuse, and mistrust of institutions. Services aligned with this discourse argue that LGBTQI+ perpetrators require tailored approaches that acknowledge these contexts. However, difference-based approaches may sometimes drift toward over-emphasising mutuality or vulnerability, risking the dilution of accountability if not carefully managed.

In practice, many services occupy an uneasy middle ground. Practitioners may acknowledge difference in principle, while reverting to sameness in assessment tools, group curricula, and

risk frameworks. This can result in contradictory responses: for example, interpreting coercive control as “mutual conflict,” or failing to identify primary abusive behaviour when both partners have used violence.

Practitioners note: Effective PP work requires holding sameness and difference together: maintaining clear accountability for abusive behaviour while recognising how identity, stigma, and minority stress shape how abuse is enacted and justified.

For practitioners, this means:

- questioning gendered assumptions embedded in programme materials,
- explicitly naming identity-based tactics when they occur,
- and resisting the tendency to default to “mutual abuse” explanations without contextual analysis

Despite the high prevalence of IPV, openly LGBTQI+ perpetrators remain largely absent from perpetrator programmes. This invisibility is actively produced through:

- limited referral pathways,
- heteronormative definitions of abuse,
- programme designs assuming male–female dynamics,
- and practitioner uncertainty about working with LGBTQI+ clients.

Invisibility increases risk: abusive behaviour remains unchallenged, and victim safety is compromised.

Practitioners note: Invisibility should be understood as a systemic failure, not an individual one, and addressed through proactive inclusion strategies.

8. Implications for perpetrator programmes

Across the literature, LGBTQI+ perpetrators remain largely absent from intervention programmes, despite evidence of significant need. This reflects structural barriers, heteronormative programme design, and dominant narratives that fail to recognise abuse outside heterosexual frameworks (Donovan & Barnes, 2017).

Frameworks such as the COHSAR power and control model offer a way to assess abuse based on relational power rather than gendered assumptions, supporting more accurate identification of primary abusive behaviours while accounting for context and defensive actions (Donovan, 2024).

Taken together, the desk research outlines key patterns in LGBTQI+ IPV—such as identity-based abuse, minority stress, and subgroup-specific vulnerabilities—that provide an essential context for interpreting practitioners’ accounts. The interview findings presented in the next

section do not replicate survivor-focused evidence, but instead reveal how these dynamics are (or are not) recognised, addressed, and operationalised within European perpetrator services.

Interview Results

The following section presents findings from the semi-structured interviews, focusing on practitioners' perspectives on different dimensions of perpetrator interventions addressing IPV among LGBTQI+ people. The analysis explores how service providers conceptualize this target group, describe current approaches and practices, and reflect on the challenges, limitations, and potential areas for development within existing intervention frameworks. The section highlights how practitioners make sense of their work within constrained institutional, legal, and resource contexts.

Organisations reported that, within the very limited number of cases they had worked with, clients identified as gay men, lesbian women, trans women and men, or gender-fluid individuals. Due to the low number of cases, professionals were unable to disaggregate their experiences or specify differentiated approaches or outcomes for particular sub-groups.

Availability and Development of LGBTQI+-Inclusive Perpetrator Services

Practitioners consistently reported that perpetrator services specifically tailored to LGBTQI+ people remain extremely limited across Europe. Where initiatives exist, they are generally described as recent, fragmented, or developed indirectly, rather than established as dedicated, long-term perpetrator programmes. In this section, the different settings and organizational motives are presented.

One organisation offers services outside their formal institutional frameworks, primarily through collaboration with LGBTQI+ community organisations. This initiative received very few cases, mostly providing support for victims while failing to reach perpetrators.

Another organisation reported that despite operating in a city with a large LGBTQI+ population, securing funding and broader systemic support remained challenging. Establishing partnerships with local LGBTQI+ victim support services, increased trust, mutual referrals, and informal exchanges about gaps in perpetrator responses. These established LGBTQI+ NGOs which, although primarily focused on victim support, anti-discrimination work, HIV-related services,

and responses to homophobia, played an important role in raising awareness of violence within LGBTQI+ relationships.

Another organisation also reported that LGBTQI+ NGOs active in their area did not focus on IPV within the community. Professionals from outside the organisation sought their assistance in cases involving victims of institutional abuse. In 2016, this organisation began offering services for LGBTQI+ IPV offenders through a municipal grant.

One organisation reported close collaboration with the DRIVE project, adapting its perpetrator services within the framework of the COHSAR project.

One organisation began offering services to LGBTQI+ IPV offenders in 2023 as part of an international grant. Following a campaign explicitly targeting this group, the organisation reported an increase in self-referrals. The presence of queer staff members contributed to heightened awareness within the team, and the project received support from organisational management.

One provider reported that they accept all individuals referred by probation services or relevant ministries, regardless of sexual orientation or gender identity. In these cases, LGBTQI+ perpetrators were included within mainstream programmes by default, rather than through targeted or tailored provision.

Practitioner notes: Increase visibility by:

campaigns explicitly targeting LGBTQI+ IPV offenders
delivering public talks and lectures at Pride events or through tailored social media content helps normalize help-seeking and signals that the service is safe
strategic partnerships with LGBTQI+ NGOs fosters trust, allows for mutual referrals, and facilitates

Even in countries where LGBTQI+ human rights organisations are relatively well established, practitioners described persistent difficulties in reaching IPV offenders. Three organisations reported fewer than five LGBTQI+ cases since their programmes began, while the programme that implemented targeted outreach reported approximately 20 cases. Other organisations estimated that around 2–5% of their clients were LGBTQI+, and two organisations reported having no cases at all. Practitioners attributed these low numbers to hostile or homophobic social environments, which limit outreach opportunities and reduce willingness among potential clients to engage with services. In one case, a professional reported supporting gay men outside the perpetrator service, providing individual psychological support related to chemsex use, HIV, or private psychotherapy.

Across interviews, practitioners emphasised that low case numbers are more likely to reflect underreporting, limited identification, systemic gaps in referral pathways and the absence of sustained, targeted outreach. This gap mirrors findings from the desk research, which highlight high levels of IPV victimisation among LGBTQI+ populations alongside persistent barriers to formal service engagement.

Identified Needs of LGBTQI+ Perpetrators

Practitioners consistently highlighted that LGBTQI+ perpetrators often present with complex and intersecting needs shaped by experiences of trauma, discrimination, and social marginalisation. Addressing these needs was described as essential for effective engagement and behaviour-change work, while maintaining clear accountability for violent behaviour.

Trauma-Informed but Accountability-Focused Approaches

Many practitioners described LGBTQI+ perpetrators as highly traumatised, with life histories that may include childhood abuse, societal rejection, homophobia or transphobia, and experiences of institutional violence. Interviewees emphasised the importance of listening carefully to how clients narrate their experiences of violence, while avoiding the use of trauma or discrimination as a justification for abusive behaviour. A recurring challenge involved responding to statements such as “you have never been in my skin,” which require practitioners to acknowledge lived experience and social context without excusing harm or shifting responsibility.

Safe Therapeutic Spaces

Building a trusting professional–client relationship was identified as a core need, particularly in light of many clients’ prior negative experiences with institutions and services. Practitioners reported that LGBTQI+ perpetrators often require:

- additional time to engage meaningfully in the intervention,
- longer and more nuanced assessment processes, and
- explicitly safe and non-judgemental therapeutic spaces in which sexual orientation and gender identity are respected.

These conditions were seen as prerequisites for sustained engagement.

Practitioners note: Recognizing that LGBTQI+ perpetrators often have histories of institutional trauma, services should offer additional time for engagement and longer, more nuanced assessment periods.

Broader Psychosocial and Structural Needs

Practitioners noted that many LGBTQI+ perpetrators experience precarious living conditions, including financial insecurity, housing instability, and unmet mental health needs. When left unaddressed, these factors can undermine participation in perpetrator programmes and limit the effectiveness of intervention efforts. Respondents stressed the importance of recognising that clients belong to socially marginalised groups and that structural vulnerabilities can intersect with abusive behaviour, even though they do not excuse it.

Practitioner Proactivity and Contextual Understanding

One practitioner observed that LGBTQI+ clients often do not feel entitled to express preferences or make demands within services. As a result, needs such as working with a practitioner of a particular gender may remain unspoken unless professionals actively create space for these discussions. This places responsibility on organisations and staff to initiate conversations about safety, comfort, and individual needs, rather than expecting clients to advocate for themselves.

Practitioners note: Practitioners should proactively initiate conversations about safety, comfort, and preferences, such as the desired gender of the facilitator, rather than waiting for clients to advocate for themselves.

Generational Differences

Some practitioners noted emerging generational differences. Younger LGBTQI+ clients were described as more likely to discuss sexual orientation and gender identity openly and with less perceived stigma. While this may facilitate engagement over time, practitioners emphasised that it does not remove the need for explicitly inclusive, trauma-informed, and clearly communicated services.

Challenges and Differences in Working with LGBTQI+ Perpetrators

Practitioners consistently emphasised that work with LGBTQI+ perpetrators is shaped by specific structural, social, and personal vulnerabilities that differ in important ways from work with heterosexual perpetrators. These differences do not reduce accountability for violence; however, they significantly affect engagement, assessment, and intervention processes.

Minority Stress, Discrimination, and Structural Violence

A recurring theme across interviews was the impact of minority stress and structural discrimination. Many LGBTQI+ perpetrators have experienced violence, rejection, or criminalisation by families, communities, institutions, or the state. In some countries, LGBTQI+ identities remain criminalised or heavily stigmatised, with reports of police violence, imprisonment, and legal restrictions that limit NGOs' ability to openly advertise LGBTQI+-inclusive services. Such contexts increase vulnerability, constrain help-seeking, and make it unsafe for organisations to visibly promote inclusive perpetrator interventions.

Even in countries with stronger legal protections, practitioners reported persistent stigma, shame, and unequal rights, such as limited access to marriage or adoption. As a result, violence within LGBTQI+ relationships often remains unreported. Victims may be reluctant to contact police due to fear of discrimination or inaction, while perpetrators rarely enter formal intervention pathways.

These findings align with the minority stress framework and Donovan's COHSAR analysis, which highlight how structural inequalities shape both relationship dynamics and pathways into, and away from, violence.

Barriers to Engagement and Trust

Practitioners described substantial barriers to identifying and engaging LGBTQI+ perpetrators. Many potential clients assume that services, including mainstream perpetrator or addiction services are unsafe or homophobic unless inclusivity is made explicit. Limited targeted communication, weak collaboration with LGBTQI+ organisations, and insufficient staff training also hinders engagement of this target group.

Building trust was described as particularly challenging due to previous negative or traumatic experiences with institutions, including healthcare, criminal justice, and social services. In some regions, geographical isolation, the absence of LGBTQI+ community organisations, and strong religious or conservative social norms further intensify these barriers.

Internalised Homophobia, Identity Struggles, and Mental Health

Many practitioners highlighted internalised homophobia or transphobia, difficulties with self-acceptance, and shame as central challenges in work with LGBTQI+ perpetrators. Some individuals were described as living “double” or hidden lives, which can generate secrecy, frustration, and emotional distress. Practitioners reported elevated levels of self-destructive behaviours, including substance use, self-harm, and suicidal ideation. In some cases, these challenges co-occurred with experiences of migration, war-related trauma, or profound social isolation.

These dynamics require practitioners to recognise trauma and vulnerability while carefully maintaining a balance between empathy and clear accountability for abusive behaviour.

Relationship Dynamics and Power Imbalances

Unlike many heterosexual IPV cases, practitioners noted that power dynamics in LGBTQI+ relationships might be more difficult to assess. Traditional heteronormative models of IPV do not always capture dynamics such as:

- experiential power (e.g. age differences, financial stability, housing control, or length of time within the LGBTQI+ community),
- threats of “outing” a partner or withdrawing access to social or support networks, and
- the intensified impact of small community contexts, where fear of exclusion or isolation is acute.

First intimate relationships were identified as particularly vulnerable, with some individuals normalising violence due to a lack of alternative relationship models. Practitioners also warned of the risk of misidentifying perpetrators, as victims may sometimes adopt controlling or violent behaviours in response to abuse—what Donovan conceptualises as “space for reaction” within the COHSAR framework.

Trans and gender-diverse clients were described as facing additional vulnerabilities, including identity-based abuse, heightened isolation, and increased exposure to coercive control.

These practitioner observations closely align with survivor-focused research identifying identity-based abuse as a core mechanism of coercive control in LGBTQI+ relationships.

Service Gaps and Organisational Constraints

Across countries, practitioners identified persistent gaps in service provision, including the scarcity of specialised LGBTQI+ perpetrator programmes, limited access to mental health and addiction support, and fragmented knowledge across sectors. Group-based perpetrator interventions were often described as unsafe or inappropriate for LGBTQI+ clients due to stigma, lack of facilitator confidence working with this target group.

Additional challenges included:

- limited research evidence and data on LGBTQI+ IPV perpetration,
- insecure funding and poor programme sustainability,
- court-mandated systems that restrict access to treatment,
- high staff turnover and insufficient specialist training, and
- persistent heteronormative narratives that frame IPV primarily as a “heterosexual problem,” reducing recognition within LGBTQI+ communities.

Practitioners stressed that LGBTQI+ perpetrators face multiple, intersecting barriers—legal, social, institutional, and personal—that complicate engagement and intervention. Effective responses require explicit inclusivity, specialised training, trauma-informed approaches, and stronger collaboration with LGBTQI+ organisations, alongside sustained efforts to uphold accountability within contexts shaped by discrimination and minority stress.

Approaches to Working with LGBTQI+ Perpetrators

Practitioners consistently emphasised that effective work with LGBTQI+ perpetrators depends less on developing entirely new intervention models and more on adapting the stance, framing, and delivery of existing perpetrator work. These adaptations include changes in language, outreach strategies, and conceptual frameworks to better reflect same-sex and gender-diverse relationships. Across interviews, underreporting of violence within LGBTQI+ communities was identified as a major barrier to identifying perpetrators and generating demand for services.

Core principles underpinning effective practice include inclusivity, accountability, contextual understanding, and professional reflexivity.

Inclusive, Non-Heteronormative Practice

A central element across responses was the deliberate use of non-heteronormative language and assumptions. Practitioners stressed the importance of:

- respecting clients' identities, sexual orientations, and pronouns,
- avoiding heteronormative questions or interpretative frameworks, and
- allowing clients to define what gender, masculinity, femininity, and sexuality mean in their own lives.

Practitioners note: Visual and symbolic cues—such as rainbow flags, inclusive signage, or neutral office imagery (e.g. no family photos on facilitator's desk) — were described as small but meaningful signals that signal a safe, non-judgemental space for clients.

Professional Attitude

Practitioners highlighted the importance of maintaining an open, non-judgemental, and compassionate stance, combined with genuine curiosity about clients' lives beyond their role as perpetrators. Facilitators were encouraged to:

- remain open to complexity and avoid shock, distancing, or moral judgement,
- reflect critically on their own assumptions, biases, and discomfort, and
- take clients' lived experiences seriously while maintaining professional boundaries.

Trust-building, emotional safety, and confidentiality were consistently described as prerequisites for meaningful engagement.

Accountability-Centred, Context-Aware Work

While practitioners emphasised empathy and trauma awareness, they were clear that accountability for violence must remain central to the intervention. Key principles included:

- framing violence as a choice and a pattern of behaviour, rather than a fixed trait or identity,
- acknowledging that trauma and discrimination may influence behaviour without excusing it, and
- working explicitly with the client's perpetrator role rather than focusing solely on identity or marginalisation.

Some practitioners noted that, despite differences in relationship structures, IPV dynamics still involve a perpetrator and a victim. A systemic understanding of violence therefore remains relevant, even when gendered assumptions are less central.

Practitioners note: A key practice is acknowledging the perpetrator's history of minority stress or societal rejection (trauma-informed) while maintaining a strict focus on behavioral choice and personal responsibility (accountability-focused)

Exploring Relationship Dynamics and Power

Rather than applying predefined gender-based models, practitioners described approaches that:

- remain attentive to power imbalances without making assumptions,
- explore beliefs, expectations, and norms within specific relationships, and
- examine how gender, identity, upbringing, and social roles shape behaviour.

This includes recognising experiential power (e.g. age, housing, finances, or community status) and understanding how these dynamics may differ from cisgender heterosexual contexts.

As outlined in the desk research section on characteristics of IPV and victimization patterns, survivor-focused studies caution against interpreting bidirectional violence as symmetrical. Practitioners' accounts in this study echo these concerns, highlighting the need for careful contextual assessment to distinguish defensive actions from primary abusive behaviour.

Creating Space for Disclosure and Connection

Practitioners emphasised the importance of asking openly and consistently, encouraging reflection and disclosure over time. Providing a reliable space in which clients can speak openly—often for the first time—was described as a significant intervention in itself.

Regular collaboration and communication with LGBTQI+ victim support services, community NGOs were also highlighted as essential for maintaining a safety-oriented and balanced approach.

Methods and Models Used

While some practitioners moved away from explicitly gendered models such as the Duluth framework, they reported drawing on:

- CBT-informed approaches,
- anger management techniques, and
- reflective and mental practice exercises aimed at challenging norms and automatic responses.

Several practitioners cautioned that directly transferring heteronormative frameworks into LGBTQI+ contexts risks minimising or misinterpreting violence, underscoring the need for careful and reflective adaptation.

Services Currently Provided to LGBTQI+ Perpetrators

In most organisations, there are no dedicated LGBTQI+-specific perpetrator groups. LGBTQI+ clients are typically offered individual, tailored sessions based on individual risk and needs assessments. Organisations reported considerable variation in service length, ranging from short-term interventions (4–6 or 10 sessions, often preceded by extended assessment processes) to longer formats such as 15–16 weekly sessions or up to one year of psychotherapy.

This individualised approach was primarily driven by the very small number of cases, which makes group-based LGBTQI+-specific interventions difficult to sustain. Several practitioners explicitly stated that they would not include LGBTQI+ clients in heterosexual male perpetrator groups, citing safety concerns and lack of suitability.

Practitioners note: Due to low case numbers and safety concerns regarding mainstream groups, providing one-on-one, tailored sessions is often the most effective way to address individual risk and needs.

In terms of programme structure, one organisation reported using modified versions of the RESPECT and DRIVE frameworks, with adaptations informed by multidisciplinary collaboration and pilot interventions. Tools such as the adapted COHSAR power and control wheel were used, and in most cases organisations proceeded with the programme based on clients' needs and feedback from and discussions with local LGBTQI+ NGOs.

Practitioners note: Using specialized tools like the COHSAR Power and Control Wheel helps practitioners identify unique tactics, such as "identity abuse" (e.g., threats of outing) or "experiential power" (e.g., age or financial imbalances within the community).

Additional Support

Given the complexity of clients' needs, practitioners frequently referred or redirected clients to additional services, including:

- general LGBTQI+ support services,
- mental health, addiction, or trauma-focused services,
- specialist social work support, particularly for trans clients, and
- family involvement in one specific case (e.g. parental engagement).

One practitioner noted that referrals to LGBTQI+ services could be more challenging for older clients, who may experience additional stigma or internalised homophobia.

Referral Routes

Most services reported receiving referrals from professionals, other services, or through informal routes such as word-of-mouth within local communities. One organization reported increased self-referrals following targeted community engagement activities—such as lectures at Pride events, public talks on IPV in LGBTQI+ relationships, and increased tailored social media presence.

Capacity-building for other perpetrator service providers, including through projects such as DRIVE, was also mentioned as a form of indirect outreach. These activities were often described as compensatory strategies in the absence of formal LGBTQI+-specific perpetrator services.

Services for LGBTQI+ perpetrators in Europe remain predominantly individualised, adapted, and fragmented, with limited standardisation or long-term sustainability. Provision depends heavily on motivated practitioners, flexible use of existing models, and informal referral pathways rather than institutionalised, LGBTQI+-specific perpetrator programmes.

Programme content

Practitioners reported that the topics addressed with LGBTQI+ perpetrators broadly overlap with those in mainstream perpetrator work, but are framed to reflect clients' identities, relationship contexts, and social experiences.

A central focus is understanding violence itself. Practitioners explore physical, psychological, sexual, and coercive behaviours and engage clients in reflecting on whether and how discrimination and social exclusion can be experienced as violence. These discussions are used to deepen understanding while maintaining clarity that experiencing discrimination does not justify using violence.

Work also focuses on clients' explanations for their violent behaviour. Practitioners support clients in examining responses to frustration, anger, and unmet needs, and in identifying alternative, non-violent coping strategies. This includes developing skills related to emotional regulation, communication, and expressing needs without resorting to control or aggression.

Relationship dynamics constitute another key area of work, including:

- roles and expectations within relationships,
- how power operates in specific relational contexts, and
- how violence is manifested and normalised.

Rather than relying on predefined models, practitioners encourage clients to articulate how relationships function for them, particularly in the absence of widely shared LGBTQI+ relationship scripts.

Identity-related topics are woven throughout the work. Clients are supported to reflect on sexual orientation, gender identity, femininity, masculinity, and self-concept, as well as how interactions with society and institutions may shape stress, beliefs, and behaviour. These discussions aim to enhance self-awareness without shifting responsibility away from violent actions.

Clients are also supported to identify personal and external resources, including social networks and services that may help address related issues such as isolation, stress, or trauma.

Practitioners described a balance between accountability and contextual understanding, focusing on violence, responsibility, and behaviour change while situating this work within the broader realities of LGBTQI+ identities and experiences of discrimination.

Staff Training and Capacity-Building

Practitioners reported that training on working with LGBTQI+ perpetrators is uneven and largely non-systematic. Where training exists, it is typically driven by individual initiative, project-based opportunities, or collaboration with LGBTQI+ community organisations rather than embedded organisational strategies.

Collaboration-Based and Informal Learning

A common approach to capacity-building involves learning through collaboration with LGBTQI+ organisations. Practitioners described:

- attending lectures, workshops, and educational events hosted by LGBTQI+ organisations,
- engaging in ongoing dialogue and information-sharing with community partners, and
- seeking ad hoc consultation when specific questions or cases arise.

This form of learning was valued for its practical relevance and grounding in lived experience.

Practitioners note: Engaging in ongoing dialogue and workshops hosted by LGBTQI+ community organizations provides practitioners with practical relevance grounded in lived experience.

Formal and Specialist Training

Some organisations reported access to more structured training, including:

- specialist training for counsellors and facilitators,
- sensitivity and cultural competence training,
- project-based training (e.g. Coral project),
- supervision and peer meetings focused on complex cases, and
- cross-sector cooperation with ministries, NGOs, and public bodies.

These examples were described as exceptions rather than standard practice.

Identification of Sexual Orientation and Gender Identity

Practices regarding the identification and discussion of sexual orientation and gender identity varied across services. In some cases, this information was known at referral, particularly through court or probation pathways. In others, clients disclosed voluntarily during initial contact or later sessions.

One practitioner reported asking explicitly and consistently, using open questions as part of intake or assessment processes. One service included questions on gender identity, boundaries, and safety—such as what clients do not want to experience in sessions—in their intake survey.

Disclosure of Professionals' Sexual Orientation or Gender Identity

Practitioners reported that professionals' own sexual orientation or gender identity is generally not disclosed proactively. When disclosure occurs, it is client-led, situational, and handled cautiously, reflecting concerns about boundaries, safety, and confidentiality.

Client preferences varied. Some clients preferred working with LGBTQI+-identified professionals, while others—particularly in small or close-knit communities—expressed concerns about anonymity and confidentiality. Practitioners emphasised the importance of choice and flexibility, noting that preferences are often only expressed when clients are explicitly invited to do so.

Future Improvements for LGBTQI+-Inclusive Perpetrator Services

Practitioners consistently highlighted the need for improvements at organisational, community, and systemic levels.

Increasing Visibility and Awareness

Key priorities included raising awareness that IPV occurs in LGBTQI+ relationships and challenging the perception of IPV as a solely heterosexual issue. Practitioners emphasised making LGBTQI+ perpetrators and victims more visible through campaigns, publications, and targeted outreach to police, courts, social services, and the general public, as well as promoting safe and confidential spaces for engagement.

Targeted Campaigns and Referral Pathways

Proposed improvements included developing targeted campaigns and educational materials, strengthening referral pathways, and explicitly stating inclusivity and safety in communications. Collaboration with local and international NGOs was highlighted as particularly important in contexts affected by migration, conflict, or restrictive legal frameworks.

Collaboration and Networking

Practitioners called for stronger partnerships with LGBTQI+ organisations supporting IPV victims, other community organisations, and service providers, as well as cross-country cooperation to address the needs of migrant and refugee populations. Establishing forums to share best practices, data, and learning was also emphasised.

Service Adaptation and Expansion

Suggested developments included adapting existing models to better reflect LGBTQI+ experiences, expanding service formats (e.g. groups, workshops, crisis intervention), increasing time allocated per client, and strengthening quality standards to ensure consistent inclusivity.

Staff Development and Cultural Change

Continuous staff education, organisational support, and broader cultural change were identified as essential. Practitioners stressed the importance of challenging heteronormative approaches, facilitators' own misbeliefs, biases, promoting anonymity and safety, and recognising IPV as a multifaceted issue shaped by gender, sexual orientation, culture, and migration.

Practitioners envisioned improvements that combine individual-level support, organisational development, and broader societal change. Central priorities include visibility, safety, tailored interventions, professional capacity-building, and sustained cross-sector and international collaboration to address the complex needs of LGBTQI+ perpetrators effectively.

Discussion

This study brings together two complementary sources of evidence: a synthesis of existing research on LGBTQI+ IPV and practitioner accounts from European perpetrator services. While the desk research highlights well-documented patterns of victimisation, identity-based abuse, and subgroup-specific vulnerabilities, the interview findings illustrate how these dynamics are unevenly recognised, interpreted, or acted upon within current service structures. The

interviews further explored how perpetrator services in Europe conceptualise, engage with, and respond to intimate partner violence (IPV) involving LGBTQI+ people. In line with both international research and European prevalence data (e.g., FRA 2020), practitioners recognise that IPV occurs across sexual orientations and gender identities and includes identity-specific forms of abuse and coercive control. However, the findings underscore a persistent gap between the documented prevalence of IPV in LGBTQI+ populations and the **limited visibility and engagement of LGBTQI+ perpetrators** within European perpetrator programmes.

Structural Invisibility and Systemic Barriers

Across services, the very low number of openly LGBTQI+ perpetrators was a consistent theme. Rather than indicating low need, practitioners attributed these figures to **structural barriers**, such as:

- **heteronormative referral pathways**—perpetrator programmes largely receive referrals from systems (e.g., criminal justice) where LGBTQI+ clients are underrepresented or misidentified;
- **dominant narratives about IPV**—which equate abuse with heterosexual male/female dynamics and fail to capture identity-based or minority stress-related forms of coercive control;
- **service design assumptions**—which often presume male perpetrator/female victim models, making LGBTQI+ perpetrators feel programmes are irrelevant, unsafe, or inappropriate;
- **social stigma and mistrust**—LGBTQI+ individuals may avoid formal services due to fear of discrimination, being outed, or experiencing secondary victimisation.

These structural factors align with the barriers identified in the theoretical background, such as minority stress, identity abuse, experiential power, and misuse of mutuality. They also resonate with broader help-seeking research showing that LGBTQI+ survivors often rely on informal networks and avoid formal services due to anticipated discrimination (Laliga-Mollá et al., 2025; Ovesen, 2021). When survivors do not engage with formal systems, perpetrators are less likely to be identified or referred to perpetrator work, creating a feedback loop of invisibility.

Engagement, Trust, and the European Context

In practice, LGBTQI+ perpetrators who do enter services tend to do so through **alternative pathways**—such as general mental health, addiction, or counselling services—rather than

through coordinated domestic abuse responses. This reflects both mistrust of traditional IPV systems and practitioners' reports that interfaces with criminal justice, probation, or statutory social services are less accessible to LGBTQI+ clients.

Importantly, the European context adds additional layers, including legal restrictions on NGO advocacy in some countries, ongoing societal stigma in others, and uneven availability of LGBTQI+ organisations and networks. While the FRA LGBTI Survey provides valuable pan-European evidence of IPV victimisation, data on **perpetration** remain limited, hindering efforts to tailor or evaluate perpetrator interventions across different identities and national contexts.

Conceptual and Practice Implications

Findings from this study highlight several conceptual and practice-related implications for perpetrator work:

1. Variability within "LGBTQI+"

Practitioners noted that LGBTQI+ clients they did see included gay men, lesbian women, trans and gender-fluid individuals, but case numbers were too low to disaggregate meaningful patterns by subgroup. While this reflects current service experiences, it also points to a broader **data gap**: without systematic collection of identity-specific information, programmes cannot confidently tailor assessment, engagement, or intervention strategies to the diverse needs within LGBTQI+ populations. As stated in the desk research results, experiences of victimization might be very different among LGBTQI+, therefore engagement strategies in services and intervention skills should also be tailored. Importantly, the limited ability of practitioners to disaggregate experiences across lesbian, gay, bisexual, trans, and queer identities is not merely a methodological limitation but an empirical finding in its own right. The routine use of 'LGBTQI+' as a single category reflects how perpetrator services currently conceptualise this target group—as marginal, exceptional, and insufficiently numerous to warrant differentiated approaches. This homogenisation has practical consequences. It limits services' ability to tailor assessment, intervention strategies, and risk management to distinct patterns of abuse documented in survivor-focused research, and it contributes to the absence of concrete practice examples for specific subgroups.

2. The role of identity-related abuse

Practitioners described identity-based tactics—such as threats to out, misgendering, or use of homophobic/transphobic language—as salient elements of abusive relationships. These forms

of coercive control, rooted in minority stress and social stigma, have significant psychological impact and require careful recognition in assessment and intervention. This aligns with the literature emphasising the need to identify identity-targeted abuse as part of IPV dynamics.

3. Power, control, and assessment complexity

Consistent with the theoretical background, participants noted the importance of understanding power and control beyond gendered binaries. Concepts like experiential power and misuse of mutuality were evident in practitioners' reflections, and they emphasised the need for nuanced assessment that goes beyond incident counts to examine patterns, context, and impact.

4. Practitioner reflexivity and inclusivity

Effective engagement requires that practitioners adopt inclusive, non-heteronormative language and practices, create safe environments, and actively address power imbalances. This demands not only cultural competence but also reflexivity regarding one's own assumptions and biases.

Practitioners note: Practitioners should use gender-neutral language and respect clients' self-defined identities and pronouns. This includes moving away from rigid interpretative frameworks to allow clients to define what gender and sexuality mean in their own lives.

Overall, the findings suggest that perpetrator work with LGBTQI+ clients is not defined by entirely new content but by **adaptations in framing, engagement, assessment, and organisational support** within existing service structures.

Alignment with WWP EN European Standards

The European Standards for Perpetrator Programmes, developed by WWP EN, emphasise **risk assessment, accountability to victims, multi-agency cooperation, cultural competence, and continuous quality improvement**. The findings indicate that many practitioners intuitively align with these standards in principle but face constraints in implementation when working with LGBTQI+ clients. Specifically:

- **Accountability and victim safety:** Practitioners consistently foregrounded accountability for violent behaviour, even while acknowledging contextual factors. This reflects WWP EN's emphasis that understanding context must not dilute responsibility

or compromise victim safety (WWP EN Standards, Section 2.1).

- **Cultural competence:** The need for inclusive language, non-heteronormative assessment, and sensitive engagement strategies directly echoes WWP EN's guidance on cultural competence and respect for diversity (WWP EN Standards, Section 2.4).
- **Coordinated responses:** Limited collaboration with victim support services and LGBTQI+ organisations highlights a gap between current practice and the multi-agency cooperation promoted in the Standards (WWP EN Standards, Section 3.1). Strengthening these links is essential for balancing perpetrator accountability with victim support and risk management.

However, practitioners also reported barriers to fulfilling these standards, including lack of training, institutional support, data, and stable referral pathways. This suggests that while the Standards provide a valuable framework, **structural support and resources** are needed to operationalise them effectively for LGBTQI+ perpetrator work.

Limitations

Several limitations should be considered when interpreting the findings of this study. First, robust conclusions cannot be drawn regarding the effectiveness or impact of LGBTQI+-inclusive perpetrator interventions, as most participating programmes reported working with very small numbers of openly LGBTQI+-identified clients. In many cases, services had only a handful of relevant cases, or none at all, meaning that findings largely reflect practitioners' reflections on attempts, challenges, and emerging practices rather than sustained or evaluated programme experience.

Second, the limited availability of data and research on LGBTQI+ perpetrators of IPV—particularly within the European context—constrains both the depth of analysis and the generalisability of the findings. Existing literature remains fragmented and predominantly focused on survivors, with perpetration and intervention responses under-researched. As a result, the conclusions and recommendations presented in this report should be understood as exploratory and indicative, rather than definitive.

Third, the term “LGBTQI+” encompasses a wide range of identities, social positions, and lived experiences. Differences related to sexual orientation, gender identity, age, migration status, ethnicity, legal context, and degree of community visibility shape both experiences of IPV and engagement with services. These internal diversities could not be fully captured within the scope of this study and may require more targeted, identity-specific research.

Finally, the study relies primarily on self-reported practitioner perspectives, which may be influenced by organisational constraints, professional positioning, and the absence of systematic outcome data. Future research would benefit from larger samples, longitudinal designs, and the inclusion of service user perspectives to strengthen the evidence base for inclusive perpetrator work.

Conclusion

This study demonstrates that addressing IPV among LGBTQI+ populations requires systemic attention not only to victims and survivors, but also to perpetrators. While important progress has been made in recognising LGBTQI+ survivors’ needs, perpetrator interventions remain largely absent, fragmented, or informal across European contexts. Another central finding of this study is that LGBTQI+ perpetrators are rendered invisible not only through low referral rates, but also through service-level conceptual frameworks that treat diverse identities as a single, undifferentiated category.

Recommendations

1. Strengthen Inclusive Referral Pathways

- Encourage collaboration between perpetrator services, victim support services, LGBTQI+ organisations, and statutory agencies to ensure that LGBTQI+ perpetrators are identified, referred, and engaged across multiple entry points.
- Promote clear communication that services are inclusive and safe for LGBTQI+ clients to reduce fear of stigma and increase visibility.

2. Develop Systematic Data Collection

- Implement routine, confidential collection of sexual orientation and gender identity information within perpetrator services to enable disaggregated analysis and better targeting of interventions.
- Encourage European-level data initiatives to integrate perpetration measures for LGBTQI+ populations, complementing existing victim-focused surveys like FRA's LGBTI data.

3. Embed Cultural Competence and Reflexivity in Training

- Provide ongoing professional development on IPV dynamics specific to LGBTQI+ relationships, including identity-based abuse, minority stress, and power dynamics beyond gender binaries.
- Integrate training on inclusive language, non-heteronormative assessment tools, and reflective practice into standard practitioner curricula.

4. Strengthen Multi-Agency Cooperation

- Establish formal coordination mechanisms between perpetrator programmes and victim support services, LGBTQI+ community organisations, and criminal justice partners.
- Use multi-agency risk assessment and safety planning tools that account for identity-specific risks and barriers.

5. Support Organisational Readiness and Sustainability

- Advocate for long-term funding and institutional support to enable services to develop inclusive practices, build trust in LGBTQI+ communities, and move beyond pilot or ad-hoc initiatives.
- Include LGBTQI+ perpetrator work explicitly within organisational policies, quality assurance frameworks, and service standards.

6. Prioritise Victim Safety and Survivor Perspectives

- Strengthen protocols that link perpetrator work with victim support and safety planning, ensuring that survivor support informs accountability pathways.
- Where possible, integrate survivor voice—directly or through representative organisations—into the development and evaluation of perpetrator interventions.

The findings underscore that LGBTQI+ perpetrators remain largely invisible within European perpetrator services, not due to lack of need but due to structural, institutional, and social barriers. Aligning practice with the European Standards for Perpetrator Programmes requires intentional adaptation of assessment, engagement, and intervention strategies that are inclusive, accountable, and coordinated. Continued efforts to build evidence, disaggregate across diverse identities, and support practitioners in operationalising inclusive standards will be essential for advancing perpetrator work that protects victims, holds offenders accountable, and reflects the lived realities of all relationship configurations.

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Annex

Interview questions

Questions to professionals with specific perpetrator programme:

- What type of organisation are you?
 - NGO
 - Public/Statutory
 - Private
 - Other (please specify)
- In which country and region are you based?
- How long have you been working with LGBTQI+ groups?
- What motivated you to include this target group in your practice?
- Do you collaborate with LGBTQI+ organisations? If so, in what ways?
- How do you reach out to potential clients within the LGBTQI+ community?
- How do you identify that you are working with LGBTQI+ clients? Do you explicitly advertise for this group, or ask about identity and orientation?
- What kinds of work do you provide for LGBTQI+ clients?
- What strategies do you use to engage LGBTQI+ clients in your program?
- What are the unique challenges or considerations when working with this group?
- How does the program you offer for LGBTQI+ clients differ from what you provide to other groups, such as heterosexual clients?
- What specific knowledge, qualifications, or training do colleagues working with this target group need? Are there different criteria for working with this group compared to other groups?
- Do you provide specialized training or resources to your staff for working with LGBTQI+ clients?
- Does your staff typically have previous experience working with LGBTQI+ individuals?
- In your experience, do LGBTQI+ clients prefer working with LGBTQI+ professionals? If so, why do you think that is?
- What role do you think therapy and group work play in the lives of LGBTQI+ clients, or LGBTQI+ people in general?
- What do you think are the strengths or challenges, limitations of group work for LGBTQI+ clients?
- In your opinion, how could services for LGBTQI+ people be improved?
- Is there anything you'd like to add before we conclude this interview?