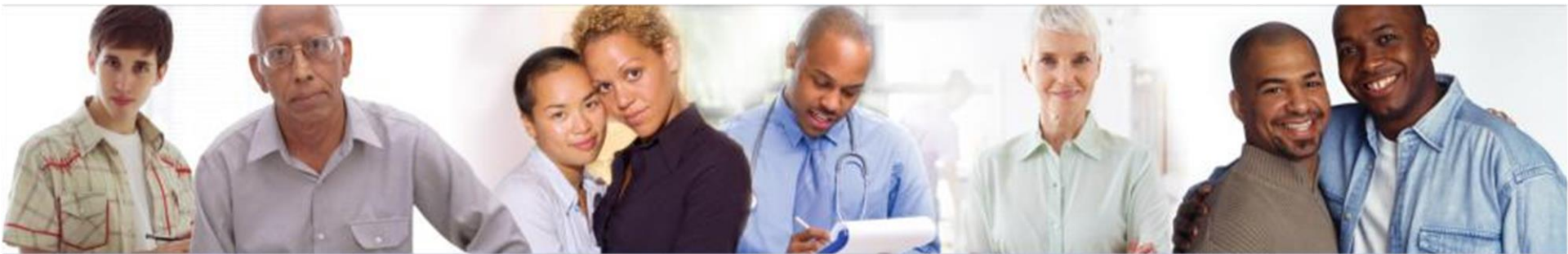




NATIONAL LGBT HEALTH
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Partner Abuse/Domestic Violence in LGBTQ Communities

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Violence Recovery Program

- Program of Fenway Health
- Free counseling & advocacy services, specialized to serve lesbian, gay, bisexual, transgender and queer survivors of domestic violence/partner abuse, as well as anti-LGBTQ hate violence and sexual assault
- Psychoeducational and support groups
- Services offered in English and Spanish
- Free trainings to professionals & community groups
- Statewide in Massachusetts
 - 3 Boston locations
 - Cape Cod & Western Mass.



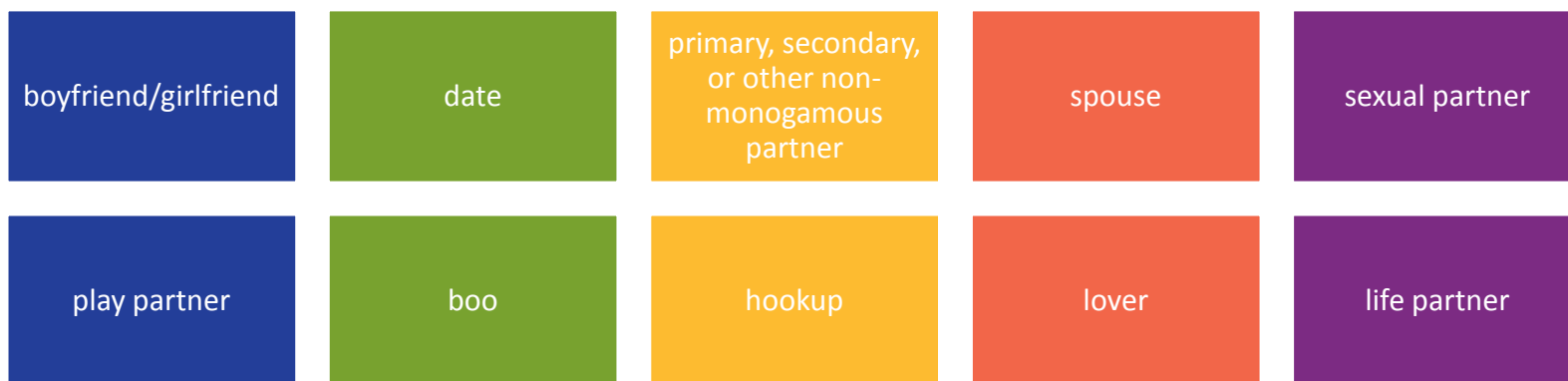
Learning Objectives

1. Explain the unique features of domestic violence/partner abuse in LGBTQ communities, including recognizing and refuting common misperceptions.
2. Identify barriers faced by LGBTQ victims and survivors of domestic violence when accessing health care, legal protection, shelters and other services.
3. Explain the benefits of screening LGBTQ patients in health centers for domestic violence/partner abuse.
4. Access LGBTQ-specific domestic violence/partner abuse resources.

Partner abuse in Lesbian, Gay, Bisexual, Transgender and Queer relationships

Partner Abuse

- Also known as domestic violence or intimate partner violence, partner abuse is a pattern of behavior used by one person in a relationship to assert power and control over the other person.
- Partner Abuse does not necessarily involve physical violence
- “Partner,” refers to a range of intimate relationships including:



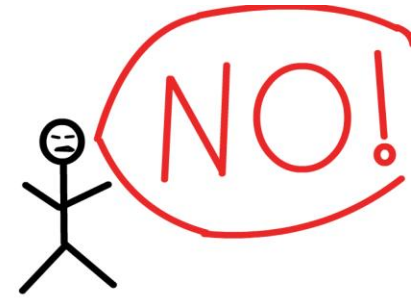
Facts

- Rates of IPV reported by people who identify as LGBTQ are similar or higher to those of heterosexual women¹
- 19% of transgender respondents reported a history of domestic violence²



- 1. Ard, Kevin. Addressing Intimate Partner Violence in Lesbian, Gay, Bisexual, and Transgender Patients. *J Gen Intern Med*, August 2011, Vol 6;8, 930-933. 2. Intimate Partner Abuse Screening Tool for Gay, Lesbian Bisexual and Transgender Relationships. The Gay, Lesbian, Bisexual and Transgender Domestic Violence Coalition, March 2011.

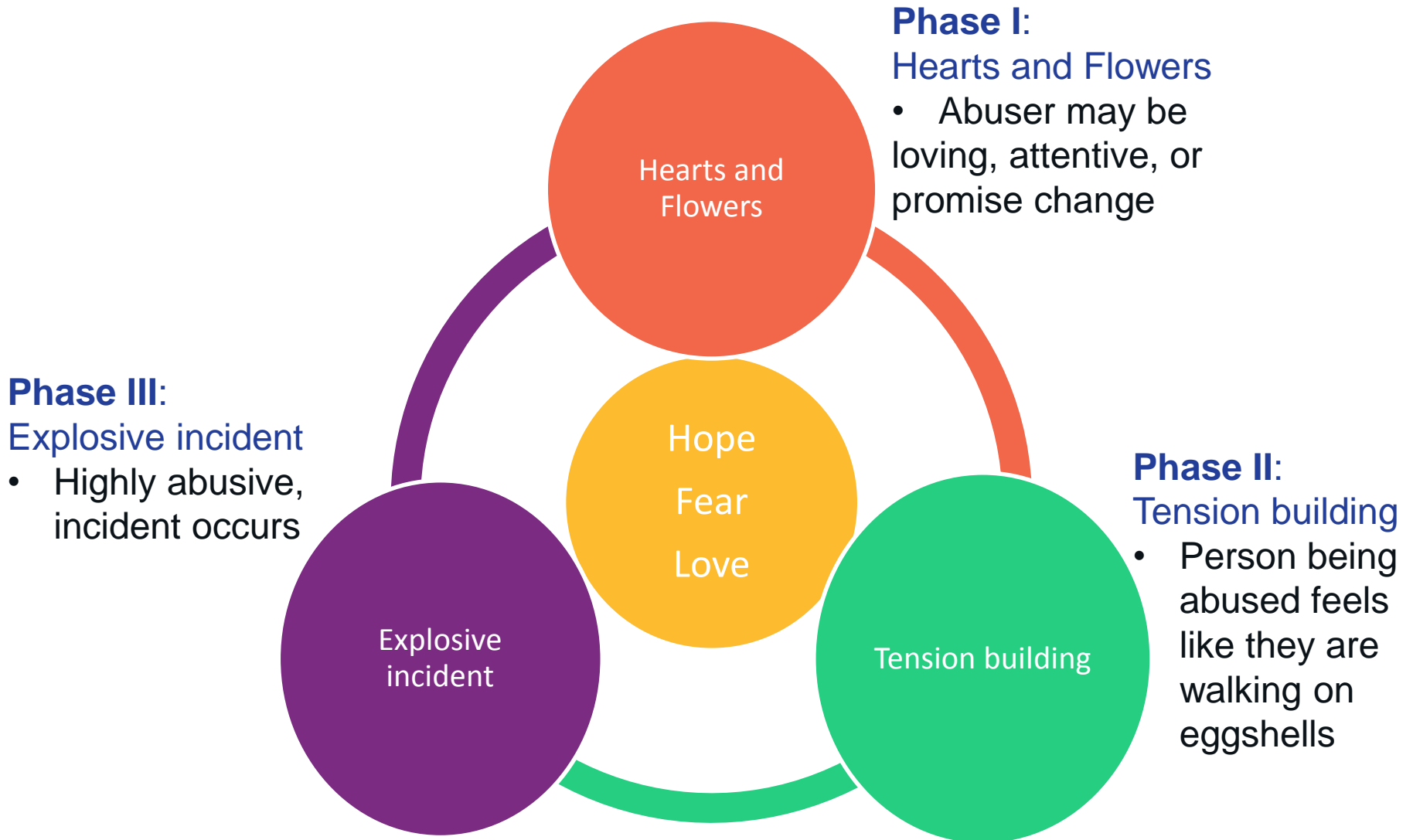
Partner Abuse *is not*...



- About size, strength, who is “butch” or more masculine
 - Abuse is about using control (i.e. financial control, manipulation, humiliation, perpetuating stereotypes, etc.) to gain power
- Just happening in heterosexual relationships nor is it mutual in LGBTQ relationships
 - There is no such thing as “mutual abuse.” When someone uses self-defense, it is not an attempt to control, but rather a reaction to abuse.
- Partner abuse is not a ‘cat-fight’ between women or ‘boys being boys’ between men
 - It is a myth that women aren’t violent and that men can’t be abused



CYCLE of ABUSE



Societal Oppression and Partner Abuse

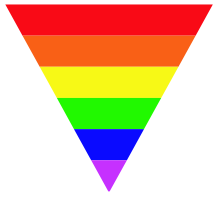
- Oppression at the societal level can affect the dynamics of abuse within a relationship in various ways:
 - It can be used as a weapon against a person and a means of coercion
 - Societal oppression can also intensify the feelings of shame, fear, and isolation that occur in abusive relationships.

Societal Oppression and Domestic Violence

- Forms of Oppression
 - Racism
 - Sexism (gender bias)
 - Classism
 - Anti-immigration bias
 - Anti-disability bias
 - Homophobia/heterosexism
 - Transphobia
 - Biphobia
 - Anti-HIV bias







Seeking Help: Unique Obstacles for LGBTQ People

Screening

- It may be difficult to figure out who is **being abusive** and who is **being abused**

“Mutual”

- Either party may present the abuse as mutual, even when one exerts power and control over the other.

Community Disbelief

- The partner experiencing abuse may be disbelieved or the abuse may be downplayed by other members of the LGBTQ community.



Legal systems

- Judicial system may not understand dynamics of same-sex domestic violence, may discount it altogether

Dual Arrest

- Police are 10-15x as likely to make a dual arrest in cases of same-sex domestic/intimate partner violence than in heterosexual ones (NCAVP,2009)

Mutual Restraining Orders

- Judges are more likely to issue mutual restraining orders to same-sex partners
 - This is unfair and traumatizing for the abused person

Privacy and Safety

- In the hospital emergency room, the **person who is abusive might introduce themselves as a friend** and may be allowed to accompany the abused person through the medical visit, **compromising the abused person's privacy and safety**

Heterosexism, homophobia, & transphobia

- Can be an added source of victimization → Attitude often encountered:
 - "It serves you right!"
 - "You brought it on yourself."

Shelter

- LGBTQ individuals who experience abuse may have difficulty finding a **safe shelter**. 61.6% of survivors who sought shelter were denied access. (NCAVP, 2011)





As a result, LGBTQ survivors are less likely to seek medical, legal, and counseling services.



Dos and Don'ts

Working With LGBTQ Survivors of Partner Abuse

General Don'ts...

- Don't assume the person is heterosexual or cisgender.
- Don't assume that someone was assaulted because they are LGBTQ.
- Don't assume the gender of the person who has been abusive.
- Don't presume that because a person told you that they identify as part of the LGBTQ community that they are "out" to everyone.
- Don't tell a survivor to leave an abusive partner.
- Don't ask the person who is being abused what they did to provoke the abuse (i.e. blaming the survivor).
- Don't express discomfort or be squeamish.



General Dos...

- Use non-gendered language to refer to clients, significant others, etc. (partner, perpetrator, they/them) and name the person as they name themselves.
- Affirm the person for seeking support.
- Tell them it is not their fault.
- Advocate for health care services for the person.
- Be able to refer to an LGBTQ organization or group.

General Dos... (cont.)

- Be realistic about homophobia & gender bias a person might encounter. Respect their choice if they opt not to enter a system they perceive to be biased.
- Have images that reflect the diversity of people you serve in your office and promotional materials.
- Be aware of your own discomfort and biases.
- Get more training and educate others, especially providers.

Response to disclosures

- Role of health center provider is likely not be to figure out the details of what happened or to analyze dynamics of the relationship.
- Refer patient to partner abuse/DV specialist who can assess thoroughly and connect patient to resources and services.
- Assist patient in immediate safety planning. Do not assume that the patient is ready to leave the relationship. Ask patient what they need/want to be safe now, and help to identify concrete strategies to implement today.
- Be aware that there are fewer resources for LGBTQ survivors of abuse. Be prepared to advocate!

Working with Trans Individuals

- Use the client's preferred names and pronouns. Use preferred pronoun consistently.
 - If you are unsure of a client's preferred pronoun, gently ask, "What pronoun do you prefer?" Most transgender people appreciate the opportunity to state their preference.
- If a client uses different names or gender pronouns when interacting with different people or systems, ask how they want to be identified with which system.
- Create your medical forms so that gender is a write in question or offer options of Male, Female, Transgender.



Working with Trans Individuals

- Avoid asking intrusive questions about surgical status, legal gender if these are not relevant to client concerns. In general, before asking a question, ask yourself, “Do I need to know this for medical purposes, or am I just curious?” Only ask medically necessary questions.
- Disagree with disparaging remarks a trans survivor might make about themselves. I.e. “Well some people might believe that but I don’t.”
- Be sensitive to the fact that the survivor may fear the police due to past negative experiences.



Screen for partner abuse

Why screen for Partner Abuse?

- Screening is recommended for LGBTQ patients. 1
- Screening and intervention reduces physical and emotional violence.² In one study of 132 women (mean age: 33.6 yrs) who reported IPV in an outpatient clinic:
 - Talking to a health care provider about abuse increased likelihood of using an intervention (OR=3.9).
 - More likely to exit relationship if received intervention (OR=2.6)

1. National Coalition of Anti-Violence Programs. Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-affected Hate Violence in 2014

2. McCloskey, L.A., et al. Assessing Intimate Partner Violence in Health Care Settings Leads to Women's Receipt of Interventions and Improved Health. *Public Health Rep.* Jul-Aug 2006; 121(4): 435–444.

Why screen for Partner Abuse?

- People who experience partner abuse report more adverse health consequences.¹
 - Screening and counseling for partner abuse can identify affected patients, increase safety, reduce abuse, and improve clinical and social outcomes.²
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- 1. Mass. Medical Society. Intimate Partner Violence The Clinician's Guide to Identification, Assessment, Intervention, and Prevention, 2010.
 - 2. McCloskey, et al. Assessing Intimate Partner Violence in Health Care Settings Leads to Women's Receipt of Interventions and Improved Health. Public Health Rep. Jul-Aug 2006; 121(4): 435–444.

Screening barriers & solutions

Discomfort or feeling powerless

- Ongoing staff training
- Review role of health care provider in IPV screening

Safety of Patient

Safety planning for patient

Legal Concerns

- Address documentation in staff trainings
- Mandated reporting and documentation

Time constraints

- Electronic screening method
- Patient completes before office visit starts

Organizational capacity to respond

- Partner with internal or external departments who can aid in response
- Develop clear protocol

Sprague, et al. Barriers to Screening for Intimate Partner Violence, *Women & Health*, (2012). 52:6, 587-605,



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Resources for referrals, learning & technical assistance

Resources for survivors

- National Coalition of Anti-Violence Programs
 - <http://www.ncavp.org/AVPs/default.aspx>
 - Local programs in US and Canada
- National Domestic Violence Hotline
 - 1-800-799-SAFE

Resources for providers

- The Network/La Red
 - Provides technical assistance on screening and LGBT inclusivity; resources
 - <http://tnlr.org/training-tools/for-providers/>
- The Northwest Network
 - Provides local and national trainings and technical assistance; resources, information
 - <http://nwnetwork.org>



Resources for providers

- FORGE
 - Technical Assistance to providers on working with transgender survivors of violence. Includes monthly free webinars for victims service and other providers
 - www.forge-forward.org



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Thank you!
