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Same-Sex Domestic Violence:
Considerations, Suggestions and Resources

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Continuing Medical Education Disclosure

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Disclosure: No relevant financial relationships. Content of presentation contains no use of unlabeled and/or investigational uses of products.

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Getting to Know You

- Do you or have you seen patients/clients who appear to be victims of domestic violence?
  - Yes
  - No
- Do you currently screen for domestic violence with your patients/clients?
  - Yes
  - No
  - Not applicable

Overview of the Violence Recovery Program at Fenway Health

- Founded in 1986 to serve LGBT survivors of violence
- Integrated within the Behavioral Health Department of Fenway Health (FQHC)
- Staffed by advocates and counselors dedicated to violence recovery

Overview of the Violence Recovery Program at Fenway Health

- Main focus areas:
  - Domestic violence
  - Hate crimes
  - Sexual assault
  - Police misconduct

Local referrals:

617.927.6250 or 1.800.834.3242 (toll-free in MA)

- What we do:
  - Counseling and advocacy
  - Community engagement, outreach, and policy work
  - Data collection for national reports

Learning Objectives

At the end of the webinar, participants should be able to:

- ❑ Explain the unique features of same-sex domestic violence, including recognizing and refuting common misperceptions
- ❑ Identify barriers faced by LGBT victims and survivors of domestic violence when accessing health care, legal protection, and safe shelters
- ❑ Explain the benefits of screening LGBT patients in health centers for domestic violence
- ❑ Access LGBT domestic violence resources

What is Domestic Violence?

A **pattern of behavior**
used by one person in a relationship
to assert **power and control**
over the other person.

Behaviors May Include:

- ❑ Physical violence
- ❑ Emotional abuse
- ❑ Verbal abuse
- ❑ Financial control / economic exploitation
- ❑ Isolation
- ❑ Threats
- ❑ Sexual assault
- ❑ Property destruction

What Domestic Violence Isn't!

- Domestic violence is not usually an anger management problem.
  - Most abusers manage their anger towards bosses and friends, yet are abusive to their partners.

What Domestic Violence Isn't!

- Abusers do not lose control. They take control.
  - Except in rare cases, abusers have the ability to restrain themselves from violence, but choose not to do so.
  - For example, most abusers would not hurt their partners in front of a police officer.

Question

Compared to heterosexual relationships, is the prevalence of domestic violence in same-sex relationships...

a) Lower?

b) The Same?

c) Higher?

Answer

Prevalence of domestic violence in lesbian and gay male couples is:

About the same as in heterosexual couples: 25% to 33%*

* National Coalition of Anti-Violence Programs, 2010 (www.NCAVP.org)

Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner

Women		Men	
Lesbian	43.8%	Gay	26.0%
Bisexual	61.1%	Bisexual	37.3%
Heterosexual	35.0%	Heterosexual	29.0%

Source: National Intimate Partner and Sexual Violence Survey, 2010

In a Massachusetts survey 34.6% of transgender respondents recounted a lifetime history of physical violence by a partner, compared to 13.6% of non-transgender respondents.
Source: MA Department of Public Health, 2009

Unique Features of Same-Sex Domestic Violence: Perceptions and Reality

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Societal Oppression and Domestic Violence

- Racism
- Sexism (gender bias)
- Anti-immigrant bias
- Anti-disability bias
- Homophobia/heterosexism
- Transphobia
- Biphobia
- Anti-HIV bias

PERCEPTION

It's easier for LGBT survivors to leave an abusive relationship.

REALITY

Same-sex couples are just as committed and involved in each other's lives as heterosexual couples. However, LGBT people may not have the same level of support outside the relationship. Leaving a relationship/getting help may mean outing oneself as LGBT.

PERCEPTION

DV between men is just “boys being boys” and DV between women is just a “cat fight.”

REALITY

Violence perpetrated by women can be just as dangerous as that perpetrated by men. Women can be batterers and men can be victims. While violence between men is a cultural norm, it is never normal or acceptable to abuse another.

PERCEPTION

The abuser is always bigger, stronger, or more butch.

REALITY

DV takes many forms that defy the need for abusers to be large or strong: emotional abuse, manipulation/control, humiliation, treating someone as inferior, financial control, perpetuating homophobia.

PERCEPTION

There is not an inherent power imbalance in LGBT relationships like in heterosexual ones, so therefore the violence must be mutual.

REALITY

There's no such thing as "mutual battering." When an abused partner defends him/herself, this is not an attempt to assert systematic power or control over the other partner.

LGBT
Power and Control Wheel

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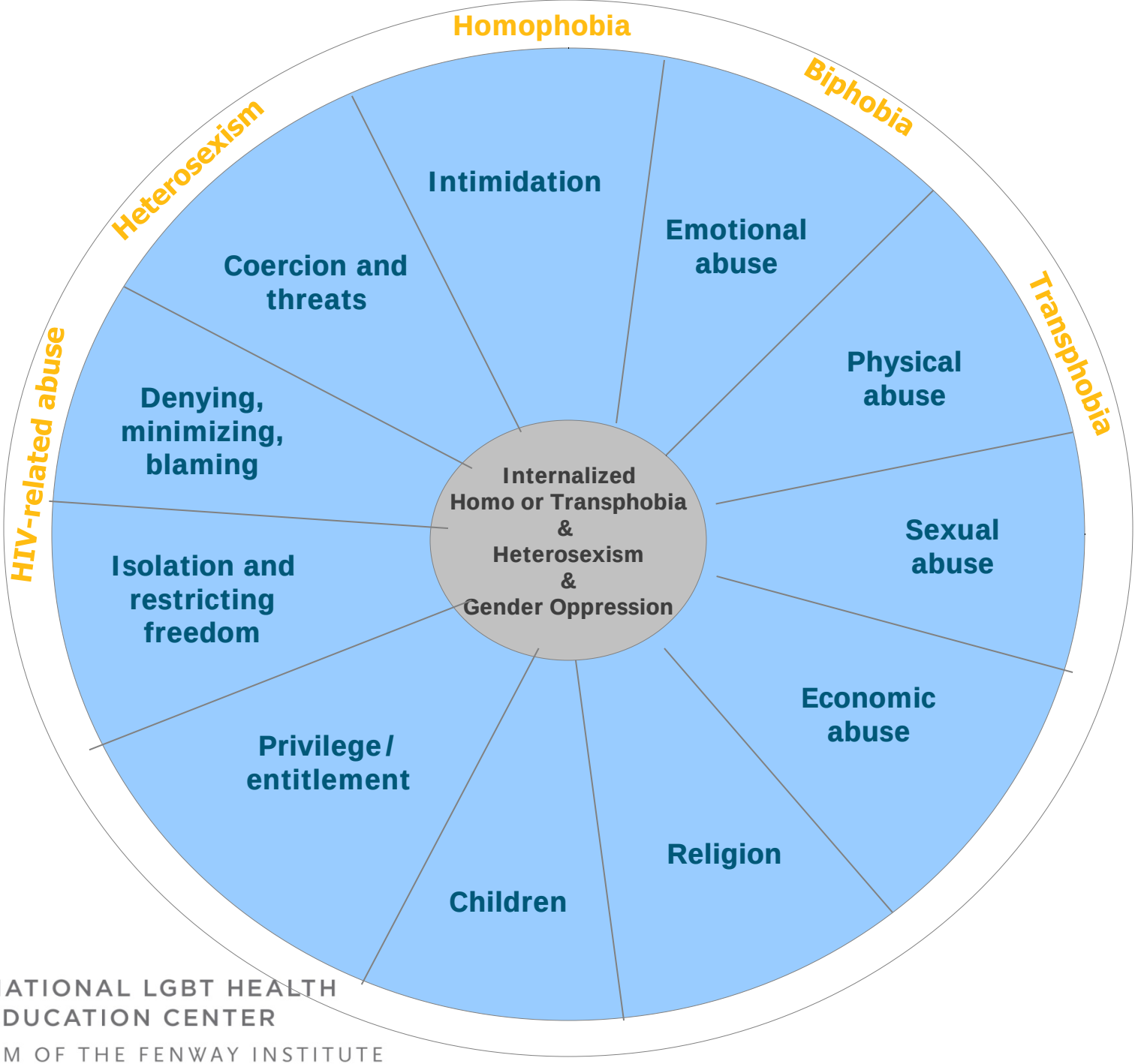
Homophobia
Biphobia
Transphobia
Heterosexism
HIV-related abuse
Intimidation
Emotional abuse
Physical abuse
Sexual abuse
Economic abuse
Religion
Children
Privilege / entitlement
Isolation and restricting freedom
Denying, minimizing, blaming
Coercion and threats
Internalized Homo or Transphobia & Heterosexism & Gender Oppression

Systemic Barriers Encountered by LGBT Victims/Survivors

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Systemic Barriers in LGBT DV

- Oppression at the societal level can affect the **dynamics** of abuse in various ways:
  - It can be used as a **weapon** against the victim
  - Societal oppression can **intensify** the feelings of **shame**, **fear** and **isolation** that occur in domestic violence situations.

Systemic Barriers in LGBT DV

- "**Outing**" or the threat of outing can be used as:
  - a means of coercion
  - a way of inflicting harm

- **Heterosexism**, **homophobia**, and **transphobia** can be an added source of victimization
  - Attitude often encountered:

    "It serves you right!"

Systemic Barriers in LGBT DV

- Survivors may be less likely to seek help for fear of "airing community's dirty linen" or of being ridiculed, ignored, minimized, or misunderstood.
- Other members of the LGBT community may downplay or disbelieve the domestic violence.
- LGBT survivors may be unaware that legal protections cover them or that there are community resources.
- Law enforcement may not be able to distinguish between victim and perpetrator

Polling Question

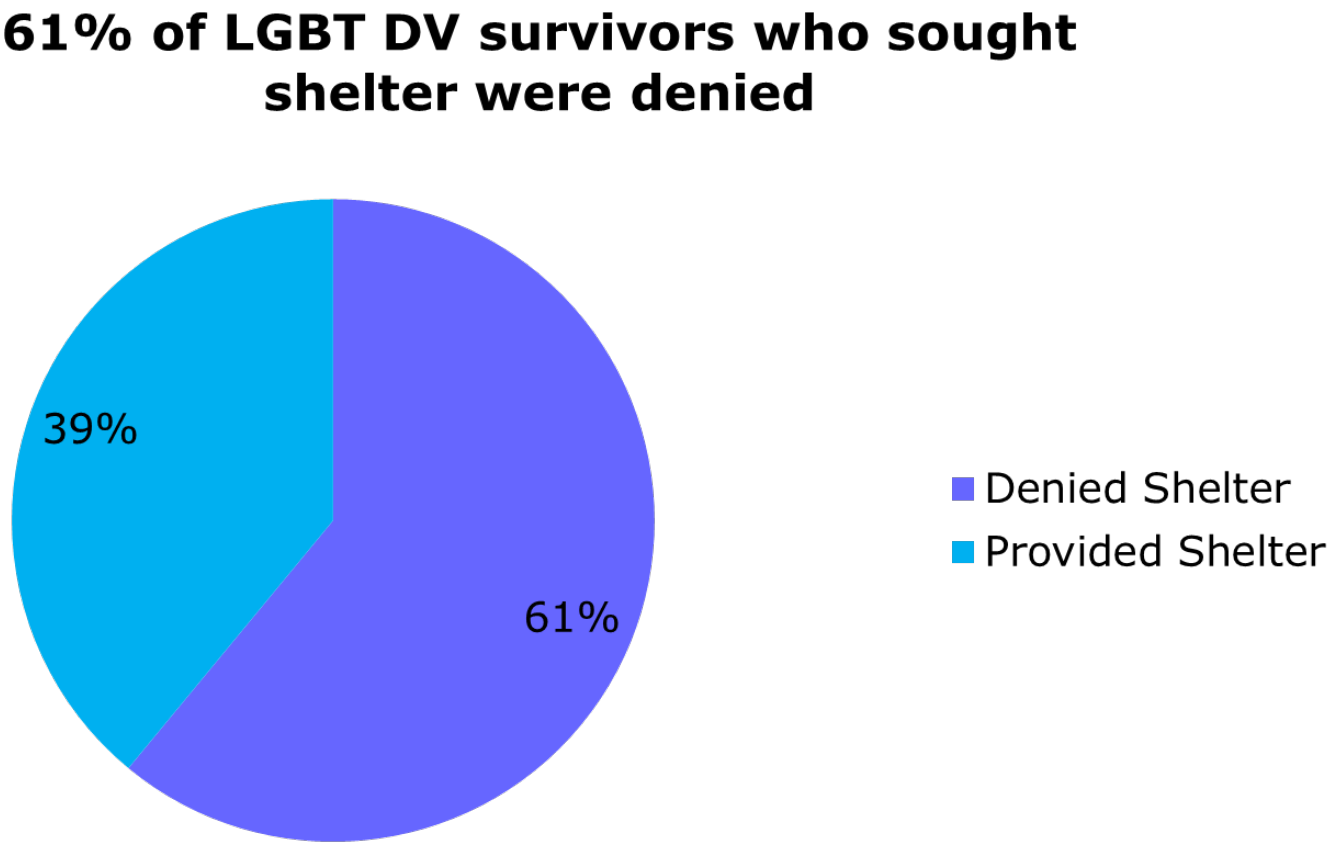
- What percentage of LGBT DV survivors who sought shelter have been denied admission?
  a) 33%
  b) 50%
  c) 61%

Systemic Barriers in LGBT DV

- LGBT victims of domestic violence may have difficulty finding a **safe shelter.**
  - Few shelters are LGBT-specific or inclusive of transgender survivors
  - Shelters may not screen to determine whether a person is a victim or abuser

    Result: victim's safety compromised

Answer



SOURCE: THE NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS (NCAVP) LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER AND HIV AFFECTED NTIMATE PARTNER VIOLENCE 2011

Screening and Care

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Screening for Domestic Violence

- Distinguishing between abuse and self-defense can be confusing.
- Distinguishing the perpetrator from the victim can be difficult.
- Victims can take blame for abuse or focus on acts of self-defense and present themselves as batterers.
- Either party may present the battering as "mutual."

Case Discussion

Examples of collaboration with health center staff

Screening for Domestic Violence

It is **not** . . .

- simply a matter of determining **who has done what to whom**.

It **is**...

- a matter of determining who exercises **systematic power and control** in the relationship.

Screening for Domestic Violence

- Health center providers may seek specialized training to conduct in depth screening interviews with patients to assess dynamics across domains of LGBT relationships.
- Specialized screening process allows providers to determine the presence or absence of a pattern of power and control by one member in a relationship

Staff in Fenway's VRP are trained to utilize:

Intimate Partner Abuse Screening Tool for Gay, Lesbian Bisexual and Transgender (GLBT) Relationships

Source: The Gay, Lesbian, Bisexual and Transgender Domestic Violence Coalition (GLBTDVC) March 2011.

Screening for Domestic Violence

By following protocol using the formal screening tool interviewers determine:

- ❑ The context in which the behavior occurs

  hitting one's partner to keep him/her from leaving the house
  vs
  hitting one's partner in an attempt to escape from the house

- ❑ The intent of the action

  establishing control
  vs
  self-defense

- ❑ The effect of the behavior

  "I began to dread coming home, answering the phone, seeing a friend in public — everything would have to be answered for."

Screening for DV in Health Centers

Universal screening across health care settings

- ❑ Standardize the practice of meeting alone with patients, as accompanying individuals may be abusive and prevent patient from disclosing abuse
- ❑ Do not assume that same-sex individuals accompanying patients are friends or relatives
- ❑ Use gender-neutral questions to screen

Ard, Kevin. "Violence and Trauma: Recognition, Care, and Prevention." Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health. 2nd Edition. ACP, Forthcoming 2014.

Screening for DV in Health Centers

Screening questions to identify DV victims:

- ❑ Have you been hit, kicked, punched or otherwise hurt by someone in the past year? If so, by whom?
- ❑ Do you feel safe in your current relationship?
- ❑ Is there a partner from a previous relationship who is making you feel unsafe now?

Ard, Kevin. "Violence and Trauma: Recognition, Care, and Prevention." Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health. 2nd Edition. ACP, Forthcoming 2014.

Screening for DV in Health Centers

Screen to identify victims in context or intimate partnerships or other domestic relationships:

- *Have you ever felt threatened, controlled by or afraid of a partner, family member or caregiver, or felt like you were "walking on eggshells" to avoid his or her rage?*

Source: Adapted and revised from Conflict Tactics Scale, 1995

Screening for DV in Health Centers

- Develop linkages with the behavioral health department within your health center to coordinate support for patients
- Develop linkages with local DV programs that are LGBT inclusive for both consultation and referrals

Responding to Domestic Violence

When patients identify as victims of domestic violence:

- ❑Express **empathy**. Communicate that violence is not deserved; acknowledge patients' courage in disclosure
- ❑Assess **safety** & facilitate access to safety planning

Responding to Domestic Violence

- Review **resources**. Offer referrals to LGBT advocacy programs and shelter
  - Screen non-LGBT specific programs for cultural competence in serving LGBT people
  - Inquire about screening process in shelters to ensure victim safety and access to equitable supports
- Address **health effects** of DV. Treat injuries, screen for depression and substance abuse; evaluate for HIV and other STDs and offer HIV post-exposure prophylaxis as needed
- Ensure **continuity of care**. Arrange for follow-up; address barriers to access of care

Communication Strategies

- Ask patients what name and pronouns they use for themselves; then use the name and pronouns consistently.

- Recognize that many LGBT individuals have had negative experiences with medical and mental-health providers. You cannot undo this, but you can acknowledge it and work to establish trust.

- Be understanding if your patient encounters bias in the service systems. Respect his/her choice to opt out of a system he/she perceive as biased.

Resources for Referal, Learning, and Technical Assistance

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Resources: For Clients

- 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 Staff

- The Network/La Red
  - Provides technical assistance on screening and LGBT inclusivity; resources
  - http://tnlr.org/training-tools/for-providers/

Resources: For Staff

- The Northwest Network
  - Provides local and national trainings and technical assistance; resources, information
  - http://nwnetwork.org

Resources: For Staff

- 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