

# Treating LGBTQ Patients Who Have Experienced Intimate Partner Violence

## Overview

People grouped under the LGBTQ umbrella may have any or a combination of a variety of identities including: lesbian, gay, bisexual, transgender, queer, questioning, intersex, gender non-conforming, genderqueer, pansexual, same gender loving, Two-Spirit, non-binary, gender fluid, agender, and many others (See Appendix for breakdown of LGBTQ-associated terms and concepts).

LGBTQ IPV survivors face increased barriers to obtaining consistent access to the culturally competent services. Without access to identity-affirming advocacy, intervention, and other critical services, LGBTQ IPV survivors will continue to suffer from violence and adverse consequences of victimization.

## Epidemiology and Risk Factors of IPV in LGBTQ Communities

LGBTQ people experience IPV at similar or higher rates as non-LGBTQ people. However, within the community, rates of violence vary significantly amongst specific groups (lesbians, gay men, bisexual people, transgender people, etc.), and even more so when viewing these groups through an intersectional lens (including race, ethnicity, social class, disability, etc.).

### Statistics from the National Coalition of Anti-Violence Programs

#### Transgender and Gender Non-Conforming People (TGNC)

- Transgender people are nearly twice as likely to experience IPV in public areas as people who do not identify as transgender.
- Transgender people of color are 3.69 times more likely to experience IPV in public areas as people who do not identify as transgender people of color.

#### Bisexual People

- Bisexual people are more than twice as likely to experience sexual violence as non-bisexual people.

#### Black or African American LGBTQ People

- LGBTQ Black or African American survivors of IPV are nearly twice as likely to experience physical violence as those who do not identify as LGBTQ and Black or African American.
- LGBTQ Black or African American survivors are 1.47 times more likely to be injured as a result of IPV than those who do not identify as LGBTQ and Black or African American.

## Low-Income LGBTQ People

- In 2014, LGBTQ survivors receiving public assistance were 3.13 times more likely to experience physical violence and 5.71 times more likely to be injured as those not on public assistance.

## IPV in LGBTQ Relationships

Aspects of IPV in LGBTQ relationships are similar with those of heterosexual and/or cisgender relationships, such as the manipulation of power and control dynamics and tactics of abuse such as physical, sexual, emotional, or economic abuse, use of privilege, and isolation. However, there are some aspects of IPV that are unique to the LGBTQ communities. “Outing” of the IPV survivor’s sexual/gender identity may be used as a tool of abuse and a barrier to seeking help. This may result in isolation of the survivor from family members and other social support.

LGBTQ people often experience multiple instances of discrimination and violence due to their sexual orientation or gender identity. Discrimination may be further exacerbated for LGBTQ individuals a part of racial/ethnic minority groups and those from socioeconomically disadvantaged backgrounds. These forms of discrimination and bias have attributed to heightened rates of depression, anxiety, and suicide completed in lesbian, gay, bisexual, and transgender individuals.

Understanding the history of stigma and prejudice towards this community, may provide insight on the unique circumstances of IPV in LGBTQ relationships. It may also shed insight into the potentially complicated and conflicting options presented to survivors when seeking safety and assistance from general or LGBTQ-specific providers.

Due to stigma and prejudice, LGBTQ IPV survivors may be hesitant to seek treatment because:

- Fear that it would further negative stereotypes or perceptions of LGBTQ people.
- Fear of disclosing the abuse to family members or friends who are resistant to the LGBTQ relationship but not rejecting of the LGBTQ person themselves.
- Fear that disclosure of the abuse may result in a dismissive or negative response to their identity or potential future partners.
- Fear of health care professionals/institutions not fully accepting of LGBTQ people or viewing LGBTQ relationships as inferior to straight and/or cisgender relationships.

## Screening and Risk Assessment

### Client Self-Determination and Self-Assessment

In a situation with a LGBTQ-identified survivor of IPV, a provider should not assume that the routes and avenues for assistance mirror those of straight and/or cisgender survivors. Courts and systems are advancing in accessibility; however, depending on the survivor’s geographic and social location, the systems available to assist may unintentionally place a survivor at greater risk of harm or violence – from their abusive partner or from the institutions themselves.

## Primary Aggressor Assessments

Heteronormative understandings of IPV can be dangerous for LGBTQ survivors seeking services. Providers should be aware of the pervasive misunderstanding of IPV as being perpetuated by a masculine-presenting person against a feminine-presenting person. This trope can reduce access to assistance for survivors who exist outside of the gender binary or who present in a manner that is incongruent with the typical narrative of a man abusing a woman, regardless of their sexual orientation or gender identity.

Methods helpful in determining whether a person is experiencing or perpetrating IPV in their relationship should focus not on the sex, gender identity, or gender expression of the person but instead focus on a thorough assessment of empathy, agency, and entitlement. Individual actions taken in a relationship may betray the overall dynamic of the exertion of power and control by one partner over another.

Primary aggressor assessments must consider detailed information about the entirety of the relationship as opposed to a myopic view of a single incident. It is recommended that providers:

1. Ask questions about the presenting person's feelings or reactions to an incident
2. Inquire about the nature of the decision making in the relationship, and
3. Assess whether the person's access to supports, power, and self-determination are increasing or decreasing over time.

Only with understanding the larger context of the relationship – use of power or privilege, controlling access to money, how fear or dread may influence actions or decisions, the ability to make decisions about basic functions such as sleeping, eating, or bathing, or engaging with others freely – can one determine if dynamics of IPV exist.

## Best Practices

### Clinical

Providers should inquire about sexual behavior and desire in a nonjudgmental manner during the clinical history-taking of all patients.

Studies report that gay and bisexual men who experience IPV are more likely to suffer from substance misuse and engage in unsafe sexual behaviors, such as unprotected intercourse. Therefore, providers should evaluate IPV survivors for substance misuse, HIV, and other sexually transmitted diseases.

### Use Inclusive and Non-Judgmental Language

In order to avoid the use of incorrect names, pronouns, or terms, providers should ask each patient how they would like to be referred to and which pronouns they use.

- Instead of using gendered language such as husband/wife, boyfriend/girlfriend, brother/sister, mother/father, a provider should ask about one's spouse, partner, siblings, or parents. If a patient explains, for example, that they, a cisgender man, are sexually attracted to other cisgender men, the provider should not automatically label this person or their attraction as "gay." Instead, the provider should ask the patient how they identify and use the language they request to be used.

- While it is acceptable to ask clarifying questions of patients if the information is vital to understanding their experience, it is important for providers to avoid “sight-seeing” into their patient’s life out of curiosity.
- When meeting with a patient for the first time, providers should not assume that the name or sex indicated on their identification or insurance documents correctly aligns with their identity. If a person chooses to pursue a transition process, that person may have paperwork with conflicting name and sex or gender marker information. Additionally, even if a person would like to legally change their name and sex or gender marker on their documents, the ability, and rules to do so vary depending on the locations of their birth and current residency. If clarifying information is needed about a name, one can ask, “what name is the insurance listed under” or “could the records be under a different name?”
- If a provider uses an incorrect word or pronoun, they should apologize for the misuse and move on. Providers should not over-apologize for an error as it shows their own discomfort and it creates a complicated dynamic where the patient may feel responsible for reassuring or taking care of the provider or their feelings.
- The physical manner in which patient first presents may not be a true representation of their gender identity or their desired gender expression. Gender identity refers to one’s inner experience with and sense of themselves and their gender. Gender expression refers to how one chooses to present themselves to the world and can include the manner of dress, voice, or names and pronouns used.
- At times, it may be safer for someone who is transgender or gender non-conforming (TGNC) to interact with systems displaying the gender expression that is typically associated with the sex that they were assigned at birth. A TGNC person may do this to prevent potentially dangerous interactions and unwanted disclosures of their transgender identity. If a transgender person initially presents in an expression that does not align with their identity, this does not indicate anything about the person’s understanding of their identity but may be a survival or safety mechanism.

## **Safety Planning**

- Safety planning for LGBTQ-identified survivors of IPV has many similarities to safety planning for cisgender and straight survivors, such as assisting the survivor in collecting important documents, planning for a violent incident by identifying areas in the home where escape may be easier or where access to potential weapons are limited, reviewing technological safety, and creating a “go-bag” if the survivor needs to flee their location in a moment’s notice.
- Survivors with disabilities may need to pack specific medications, treatments, or devices.
- TGNC survivors may need to pack or ensure access to items such as hormones, prosthetics, or clothing in difficult to find sizes.
- If possible, assist survivors in identifying safe places to store such items or strategies to procure them if they choose to leave their abusive partner.
- When assisting LGBTQ survivors of IPV in identifying locations available to seek safety, it is important to keep in mind the ongoing history of violence against these communities, especially TGNC communities

of color. Discuss with the survivor where they would feel safe going if they were not able to go back to their home. Do not assume that the police or the hospital would be locations of safety.

- The survivor may not wish to engage with law enforcement as a self-protective measure and, if the survivor's partner is also LGB- or TGNC-identified, as a protective measure of their abusive partner. Laws and protections vary across the country; depending on the region where the survivor attempts to access services, the LGB or, especially, TGNC survivor may be informed that they are not allowed into women's domestic violence shelters or spaces regardless if they identify as women.
- Providers can research available resources or contact LGBTQ-focused networks and coalitions, such as the [National Coalition of Anti-Violence Projects](#) or the [NW Network](#), in order to learn about the regional rights and regulations for accessing shelter or services.
- Providers can research and discuss anti-discrimination protections with survivors, and how to enforce them, but it is important to respect survivor-agency above all. LGBTQ survivors of violence are the experts on their own lives and will best be able to judge the appropriateness of a service or remedy.

### **Connecting Survivors to Community Support**

- LGBTQ-identified survivors may want options to connect with agencies and organizations that work specifically within LGBTQ communities. Hence, providers should familiarize themselves with resources available at their institutions and within their communities for LGBTQ victims of IPV.
- Sometimes, survivors may not want to work directly with these agencies. Providers should be sure to present working with a LGBTQ-specific organization as an option available to the survivor, not a requirement for treatment.
- LGBTQ survivors find it helpful and affirming to reach out to networks of people with similar identities, whether through the internet or in person. Providers should discuss potential technology-related safety issues with survivors seeking support via the internet. More information on tech abuse and safety can be found from national organizations working to prevent domestic violence, such as the [National Network to End Domestic Violence](#).

### **Create Inclusive Materials and Increase Visibility**

Providers may take following steps to make the physical locations of their practice more inviting and affirming for LGBTQ people:

- Adapt institutional pamphlets, posters, and other materials on IPV to incorporate LGBTQ person
- When appropriate, incorporate inclusive materials into sessions with survivors, such as the [Power and Control Wheel in Lesbian, Gay, Transgender and Bisexual Relationships](#).
- Provide cultural sensitivity training to the staff interacting with LGBTQ patients
- Providers who are involved in developing clinical resources and practice guidelines surrounding IPV should revise their materials to reflect the impacts of violence in the LGBTQ community.

# Appendix

## Abbreviations

- **LGB:** Lesbian, Gay, and Bisexual. This abbreviation is used to refer to identities pertaining to sexual orientation and romantic or emotional attraction.
- **TGNC:** Transgender and Gender Non-conforming. It is used to refer more specifically to identities relating to gender identity and often grouped under the transgender umbrella, including genderqueer, transgender, transwoman, transman, gender non-conforming, agender, bi-gender, gender fluid, non-binary, Two-Spirit, and many others.

## Important Terms

**Asexual** - Describes someone who feels little or no sexual attraction. Asexual people may want close emotional or romantic relationships, but they are not drawn to sex as a way to express closeness. Asexual people may identify in combination with another sexual orientation. For example, a gay asexual man may not have sexual attraction for any gender but feel emotional or romantic attraction to other gay men.

**Ally** - Describes someone who does not identify as LGBTQ or TGNC yet supports the gay, lesbian, bisexual, queer, questioning, transgender, and gender non-conforming communities.

**Bisexual** - An umbrella term that describes people who are physically, emotionally and/or romantically attracted to men and women, or more than one gender. Some view this term as limiting and dependent upon a gender binary. Others promote this term as inclusionary.

**Biphobia** – Describes the oppression of bisexual people because they do not identify as gay or straight. Biphobia can be perpetrated by others within the LGBTQ community as well as by straight people. Biphobia is often exemplified by assertions that bisexual people are unsure about their true sexual orientation, have personality disorders, are hypersexual, or untrustworthy.

**Cisgender** - A person whose gender identity and expression align with what is typically associated with the sex they were assigned at birth. An example of a cisgender person is a woman who was assigned the female sex at birth after the (often superficial) examination of genitalia, and who identifies and lives as a woman.

**Drag** - Gender expression or hyper-expression for the sake of theatrical performance. People performing drag can be of any sexual orientation and the performance does not indicate any specific sexual orientation or daily gender expression.

**Gay** - Describes men who are physically, emotionally and/or romantically attracted to other men. While many people use this word only to refer to men, others use it as a general term to include many genders.

**Gender** – A term describing the complex interrelationship of a person’s sex assigned at birth, gender identity, gender expression, and gender roles.

**Genderqueer** – Describes an identity of someone whose gender identity does not conform to traditional norms associated with their sex assigned at birth. Genderqueer people may identify as a combination of, both, or neither woman or man.

**Gender Binary** - The classification of sex and gender into two distinct, opposite and disconnected forms of masculine and feminine.

**Gender Expression** - The external appearance or perception of one's gender often conveyed through clothing, behavior, voice, mannerisms and/or speech.

**Gender Identity** - One's personal view or understanding of one's own gender.

**Gender Non-Conforming** - Describes a person whose gender expression is, or appears to be, different from what others may expect and may not be masculine or feminine in appearance.

**Gender Pronouns or Preferred Gender Pronouns** - Words that replace someone's name while sharing their gender (she, her, him, his, they, them, ze, zir, etc.). Some people use different pronouns in different situations.

**Gender Role** - A set of norms or expectations of a society dictating what types of behaviors or activities are acceptable for a person based upon their perceived sex or gender.

**Heterosexism** – Describes a system of attitudes and beliefs that heterosexual relationships and people are the norm and better than or superior to LGBTQ relationships or people.

**Homophobia** – Describes the oppression of lesbians and gay men based on their perceived or actual sexual orientation. Homophobia may present in a variety of ways, including negative feelings or perceptions of gay people, as well outwardly hostile or violent behavior. Homophobia can present at an internalized, individual, institutional, or ideological level.

**Homosexual** - Refers to any person whose physical, emotional and/or romantic feelings and attractions are for individuals of the same gender. The word is often seen negatively as it has a clinical origin and was previously used to pathologize LGBTQ people and their relationships.

**Intersex** - An umbrella term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of "male" or "female."

**LGBTQ** - An abbreviation and umbrella term often used to refer to lesbians, gay men, bisexual, transgender, queer, and questioning people.

**Lesbian** – Describes women who are physically, emotionally and/or romantically attracted to other women.

**Pansexual** – A term that describes people who are physically, emotionally and/or romantically attracted to more than one or all genders. Some view this term as more inclusive than 'bisexual' in that it does not depend upon the gender binary. Others find this view to be perpetuating biphobia.

**Queer** - An umbrella term that describes people who are not straight and/or cisgender. In the past this word was used to put-down LGBTQ people. Today the word can be used in a positive way within the LGBTQ community.

**Questioning** - Describes someone who isn't sure about their sexual orientation or gender identity, or is learning more, before identifying as LGB, transgender, queer, straight or any other identity.

**Same Gender Loving** - A term used in some Black and African-American communities as an alternative to Eurocentric gay and lesbian identities that may not culturally affirm or engage the histories of people of African descent.

**Transgender (Trans)** - An umbrella term used to describe people for whom the binary sex (male or female) assigned at birth is a misleading or incomplete description of themselves. While many identities fall under this umbrella, not all genderqueer, non-binary and non-conforming people identify this way.

**Transitioning** - The social, legal and/or medical processes a transgender person might go through to align their gender identity, gender expression, gender presentation and/or sex assigned at birth. Not all transgender people chose to transition in any or all of these realms.



**Transphobia** - Describes the violence or discrimination against and oppression of transgender and gender non-conforming people. Transphobia may present in a variety of ways, including negative feelings or perceptions of transgender people, as well outwardly hostile or violent behavior. Transphobia can present at an internalized, individual, institutional, or ideological level.

**Two-Spirit** – A term referring to some indigenous, First Nations, or Native American people’s culturally distinct understanding gender and sexual orientation. This term has been reclaimed by some as a way to honor heritage outside of the Eurocentric labels of gay, lesbian, bisexual, and transgender, which may not culturally affirm or engage the traditions or histories of indigenous, Native American, or First Nations people.

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