Recognizing and Addressing Intimate Partner Violence in Relationships of LGBTQ People: A PRIMER FOR HEALTH CENTERS

NATIONAL LGBT HEALTH EDUCATION CENTER
A PROGRAM OF THE FENWAY INSTITUTE
www.lgbthealtheducation.org
WHAT IS INTIMATE PARTNER VIOLENCE?

Intimate partner violence (IPV) occurs when a person asserts power and control over their partner in a current or former relationship. IPV tactics include emotional abuse, physical abuse, sexual abuse, isolation, identity/cultural abuse, and financial abuse. IPV is also called domestic violence, partner abuse, or dating violence.
RISK OF IPV IN LGBTQ RELATIONSHIPS

IPV is at least as common in relationships of lesbian, gay, bisexual, transgender, and queer (LGBTQ) people as in relationships of non-LGBTQ people. Studies indicate that bisexual and transgender people are at increased risk of IPV compared to cisgender lesbian, gay, and straight people.

Emotional Abuse

Emotional abuse can come in the form of constant criticism or humiliation, verbal threats, demeaning a partner in front of others, name-calling, yelling to intimidate, irrational blaming of a partner, withholding affection, approval or appreciation as a punishment, obsessive jealousy, and accusations of unfaithfulness.

LGBTQ-specific emotional abuse can include:

- Blaming the abuse on a partner’s LGBTQ identity
- Denying abuse can exist in LGBTQ communities
- Pressuring a partner to be “out” or to be “closeted”
- Defining abusive behaviors as a normal part of LGBTQ relationships
- Turning mutual friends against a partner.
**Physical Abuse**

Physical abuse is the threat of harm or any forceful physical behavior that intentionally or accidentally causes bodily harm. Physical abuse can also include holding the partner down or preventing the partner from leaving, locking the partner out of the home, or keeping the partner from getting help or medical attention.

*LGBTQ-specific physical abuse* can include:

- Targeting a partner’s genitals or chest for physical violence
- Not letting a partner heal from gender-affirming surgeries
- Denying a partner access to hormones
- Public displays of affection in dangerous (anti-LGBTQ) areas
- Threats of suicide by the abusive partner.

**Sexual Abuse**

Sexual abuse is any forced or coerced sexual act or behavior such as unwanted touching, demeaning remarks about a partner’s body or appearance, minimizing a partner’s sexual needs, berating a partner about their sexual history, refusing to comply with a partner’s request for safer sex, coercing a partner into sex with others, or purposefully and repeatedly crossing a partner’s sexual boundaries.

*LGBTQ-specific sexual abuse* can include:

- Using LGBTQ stereotypes to coerce a partner into particular sex acts
- Saying that women cannot rape or that men cannot be raped
- Using gender roles to control how a partner has sex
- Using words for a partner’s body parts that do not align with their gender identity
- Forcing sex in exchange for necessities like food or housing
- Convincing a partner not to use sexual protection because “LGBTQ sex is safer.”
Isolation

The tactic of isolation occurs when the abusive partner cuts off the abused partner’s contact with other people. This makes the abused partner more dependent on the abusive partner and more susceptible to the abusive partner’s worldview. Social isolation also prevents the abused partner from seeking support from others.

**LGBTQ-specific isolation** can include:

- Denying a partner access to LGBTQ community supports and events
- Causing dramatic scenes at LGBTQ events
- Outing a partner to their family, work, or religious group
- Convincing a partner they will be rejected by others for their LGBTQ identity
- Using anti-LGBTQ discrimination to justify an “us against the world” mentality
- Using bi/trans/homophobia as an excuse to isolate a partner from others.

Identity/Cultural Abuse

Identity abuse, sometimes referred to as cultural abuse, is using personal characteristics to demean, manipulate, and control the partner. Some of these tactics overlap with other forms of abuse.

This category is comprised of oppressions including racism, sexism, classism, ageism, able-ism, homophobia, biphobia, and transphobia.

**LGBTQ-specific identity/cultural abuse** can include:

- Saying a partner is “too much” or “not enough” of their LGBTQ identity
- Denying a partner’s gender identity or sexual orientation
- Intentionally using the wrong pronouns or name with a partner
- Controlling how a partner expresses their gender or sexual orientation
- Defining what it means to be LGBTQ for a partner
- Using anti-LGBTQ slurs or endorsing negative stereotypes.
Financial Abuse

Financial abuse in a relationship can include controlling finances in the relationship, denying access to money, coercing a partner to pay for all expenses, stealing or destroying a partner’s property, or taking a partner’s credit cards, cash, or checkbook.

LGBTQ-specific financial abuse can include:

• Threatening to out a partner at work
• Identity theft (easier when a partner is the same gender)
• Demanding a partner pay for gender-affirming hormones or surgeries
• Using gender roles as a way to demand a partner pays more.
**DEBUNKING COMMON MYTHS ABOUT IPV**

<table>
<thead>
<tr>
<th>Myth</th>
<th>Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>The only people who commit IPV are strong men.</td>
<td><strong>MYTH</strong></td>
</tr>
<tr>
<td><strong>REALITY</strong></td>
<td>Anyone can commit IPV, regardless of gender, size, or strength.</td>
</tr>
<tr>
<td>Only women are abused in relationships.</td>
<td><strong>MYTH</strong></td>
</tr>
<tr>
<td><strong>REALITY</strong></td>
<td>A person of any gender can be abused.</td>
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<tr>
<td>Relationship abuse can be mutual.</td>
<td><strong>MYTH</strong></td>
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<tr>
<td><strong>REALITY</strong></td>
<td>There is no such thing as “mutual abuse.” Self-defense is not an attempt to control, but rather a reaction to abuse.</td>
</tr>
<tr>
<td>IPV is an anger management problem.</td>
<td><strong>MYTH</strong></td>
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<tr>
<td><strong>REALITY</strong></td>
<td>Most people who are abusive to their partner are able to manage their anger towards others. Except in rare cases, abusive partners also have the ability to restrain themselves from abusing their partner. For example, most abusive partners would not hurt their partner in front of a police officer.</td>
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Survivors of IPV often need access to supportive services, including shelters, emergency medical care, mental health counseling, police and legal services. Unfortunately, LGBTQ people often experience challenges in accessing these services. Health centers and individual providers ought to be aware of these potential barriers and be prepared to help clients find LGBTQ-inclusive supports.

Shelters/Housing

• Almost half of LGBTQ survivors of abuse who seek shelter report being denied access; of those, nearly one-third are turned away because of their gender identity.

• LGBTQ survivors—especially bisexual and transgender women—may experience violence and discrimination in shelters.

• Cisgender men and transgender people may have difficulty finding shelters that accommodate their gender.

• An abusive same-gender partner may try to access the same shelter as the survivor.
**Legal System**

- Police and the judicial system sometimes misinterpret the dynamics of IPV in LGBTQ relationships; more than half of LGBTQ survivors report indifference or hostility from police.
- Police are more likely to make a dual arrest in cases of same-gender IPV compared to heterosexual cases.
- Judges are more likely to issue mutual restraining orders to same-gender partners.

**Hospitals**

- In an emergency room, the abusive partner might pose as a friend (rather than an intimate partner) and thus compromise the abused partner’s privacy and safety.
Routine IPV screening and interventions (education, safety planning, and referral to community-based resources) in primary care can improve a survivor’s safety and health.\textsuperscript{5,6}

\textbf{Tips for Screening and Referral}

- Screen clients in private, without others in the room; do not assume that a same-gender person who accompanies a patient is a friend or relative instead of an intimate partner.

- Several effective IPV screening tools are available.\textsuperscript{7,8} The Partner Violence Screen\textsuperscript{9} is one recommended gender-inclusive screening instrument:
  
  1. Have you been hit, kicked, punched, or otherwise hurt by someone in the past year? If so, by whom?
  2. Do you feel safe in your current relationship?
  3. Is there a partner from a previous relationship who is making you feel unsafe now?

- When patients screen positive:
  
  o Respond with compassion: “Thank you for telling me.” “You are not alone.” “We can help.”
  
  o Offer help and information about creating a safety plan\textsuperscript{6}
  
  o Refer patients to LGBTQ-inclusive IPV treatment and advocacy resources in the community, as available, and provide follow-up
  
  o Recognize that patients may have legitimate concerns about anti-LGBTQ-bias when accessing services; respect a patient’s wish to not disclose their LGBTQ identity to referral partners
  
  o Screen for and treat health issues associated with IPV in LGBTQ people (e.g., substance use disorders and HIV/STIs)\textsuperscript{10}

- Become familiar with the national IPV services listed in the Resources section.
Tips for Affirmative Communication

When screening, supporting, and referring patients, it is important to use LGBTQ-affirming communication strategies.

Don’t:

• Assume the gender of a patient’s partner
• Assume an LGBTQ patient is “out” to everyone
• Assume LGBTQ identity was the reason for an assault
• Tell abused patients they must leave their partner
• Ask a patient what they did to provoke the abuse (abusive partners often blame the survivor for the abuse, making the survivor question themselves)
• Respond with doubts or disbelief.

Do:

• Use gender-inclusive language to refer to clients and their partners until you learn otherwise (e.g., say “your partner” or “they/them”) or until you have a chance to ask about the partner’s pronouns
• Mirror the terms a patient uses to describe their partner, identity, anatomy, etc.; if you are unsure of the meaning of a term, politely ask for a definition, e.g., “I’m sorry, I am not familiar with the term “x.” Can you tell me what “x” means to you?”
• Collect demographic information on sexual orientation and gender identity for all patients at registration; follow-up during the visit, as appropriate
• Be aware of your own areas of discomfort and implicit biases
• Ensure the clinical environment is LGBTQ-affirming and inclusive
• Access more information and training on IPV, LGBTQ culturally affirming communication and clinical environments, and LGBTQ-competent clinical care; encourage your colleagues to do the same—follow the links to the Resources on the next page.
## RESOURCES

### General IPV Resources

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<tr>
<th>Resource</th>
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<tr>
<td>Futures without Violence Online Intimate Partner Violence Toolkit</td>
<td>IPVHealthPartners.org</td>
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<tr>
<td>National Coalition Against Domestic Violence</td>
<td><a href="www.ncadv.org">www.ncadv.org</a></td>
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### LGBTQ-specific IPV Resources

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<tr>
<th>Resource</th>
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<tr>
<td>FORGE</td>
<td><a href="forge-forward.org">forge-forward.org</a></td>
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<tr>
<td>The Network/La Red</td>
<td>Hotline: 617.742.4911 <a href="TNLR.org">TNLR.org</a></td>
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<tr>
<td>National Coalition of Anti-Violence Programs</td>
<td><a href="www.avp.org">www.avp.org</a></td>
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<tr>
<td>The Northwest Network</td>
<td><a href="nwnetwork.org">nwnetwork.org</a></td>
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<tr>
<td>National LGBTQ Institute on IPV</td>
<td><a href="LGBTQIPV.org">LGBTQIPV.org</a></td>
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### LGBTQ Health Care Training and Education

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<tr>
<th>Resource</th>
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<td>National LGBT Health Education Center</td>
<td><a href="www.lgbthealtheducation.org">www.lgbthealtheducation.org</a></td>
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<td><strong>See especially:</strong></td>
<td></td>
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<tr>
<td><strong>Webinar:</strong> Implementing Routine Intimate Partner Violence Screening in a Primary Care Setting</td>
<td><a href="www.lgbthealtheducation.org/webinar/lgbt-ipv-screening/">www.lgbthealtheducation.org/webinar/lgbt-ipv-screening/</a></td>
</tr>
<tr>
<td><strong>Webinars and publications:</strong> Collecting sexual orientation and gender identity data</td>
<td><a href="www.lgbthealtheducation.org/topic/sogi/">www.lgbthealtheducation.org/topic/sogi/</a></td>
</tr>
<tr>
<td><strong>Learning Module:</strong> Providing Quality Care to Lesbian, Gay, Bisexual, and Transgender Patients: An Introduction for Staff Training</td>
<td><a href="www.lgbthealtheducation.org/lgbt-education/learning-modules/">www.lgbthealtheducation.org/lgbt-education/learning-modules/</a></td>
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REFERENCES

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