

Domestic Violence in Lesbian, Gay, Bisexual and Transgender Communities

Participants Manual **Revised June 2010**

**Curriculum developed for:
HIV Education and Training Programs
NYSDOH AIDS Institute
by
NYS Office for the Prevention of Domestic Violence
Professional Development Program, SUNY Albany**

New York State
Domestic & Sexual Violence Hotlines

English: 800-942-6906

Spanish: 800-942-6908

New York City
Domestic Violence Hotlines
1-800-621-HOPE (4673) (English & Spanish)

New York City
Gay and Lesbian Anti-Violence Project Hotline
212-714-1141 (English & Spanish)

Acknowledgments

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TRAINING SCHEDULE

9:00 - 9:35	Module 1	Introduction & Curriculum Overview 35 minutes
	Lesson 1	Introductions..... 10 min.
	Lesson 2	Goals and Objectives 10 min.
	Lesson 3	Developing a Partnership 15 min.
9:35 - 11:00	Module 2	Examining Assumptions 1 hour, 25 min.
	Lesson 1	Defining Our Terms 40 min.
	Lesson 2	Examining Privilege..... 45 min.
11:00 - 11:15	BREAK	
11:15 - 12:15	Module 3	Introduction to LGBT Domestic Violence 60 minutes
	Lesson 1	Defining DV: How Abusers Gain Control 40 min.
	Lesson 2	Identity Abuse..... 20 min.
12:15 - 1:15	LUNCH	
1:15 - 1:45	Module 4	Myths & Realities of LGBT DV 30 minutes
1:45 - 3:00	Module 5	Identifying DV in LGBT Relationships 1 hour, 15 min.
	Lesson 1	Asking About Victimization 20 min.
	Lesson 2	Asking About Abusiveness..... 10 min.
	Lesson 3	Practice: Asking about LGBT DV 45 min.
3:00 - 3:15	BREAK	
3:15 - 4:30	Module 6	Attending to Victim Safety 1 hour, 15 min.
	Lesson 1	Risks to LGBT Victims 30 min.
	Lesson 2	Safety Planning 15 min.
	Lesson 3	Safety Planning Practice 30 min.
4:30 - 4:45	Closing 15 minutes

MODULE 1

INTRODUCTION AND CURRICULUM OVERVIEW

Objectives

By the end of this module you will:

- Be familiar with the goals, objectives, scope and limits of the training program.
- Identify your personal goals for the training.
- Identify any ground rules you personally need for safe and comfortable participation, and agree to ground rules that will create a safe atmosphere for all participants.

Lesson 1: Introductions

Introduce yourselves, covering:

- Name.
- Preferred gender pronoun.
- Agency and position.
- Specific population you work with.
- One thing you would like to get out of this training.

Lesson 2: Training Goals and Objectives

Overall goals of the training:

- Provide a context for understanding LGBT domestic violence.
- Examine beliefs and attitudes that can affect our ability to respond to LGBT victims.
- Enable you to respond to LGBT victims more sensitively and helpfully.

Specific objectives:

As a result of the training, you will be able to:

- Recognize domestic violence in LGBT relationships.
- Describe how gender identity and expression, sexual orientation, heterosexism, homophobia and transphobia can be used as weapons of control.
- Recognize particular risks encountered by LGBT victims of domestic violence, particularly victims of color.
- Facilitate disclosure of domestic violence by LGBT clients.
- Provide referrals, information, and resources for LGBT victims.

Lesson 3: Developing a Partnership

Our aim during this training is to invite everyone to work as partners, or allies, in order to create safe opportunities for learning. Everyone needs allies in confronting and combating any specific forms of oppression they experience. This approach draws from a familiar quote from Rabbi Hillel:

“If I am not for myself, who will be for me? If I am only for my self, what am I? And if not now, when?”

DEVELOPING A PARTNERSHIP¹

***“If I am not for myself, who will be for me?
If I am only for my self, what am I?
And if not now, when?”***

Rabbi Hillel

Speak for yourself. “If I am not for myself, who will be for me?”

- Speak out of your own experience, if you feel safe doing so.
- Share personal information if you want to.
- Feel free to *decline* to share personal stories or feelings.
- Take some risks in encountering this material. Be open to information that challenges your current ways of thinking.
- Know your limits, too. Take care of yourself.
- Appreciate others who take the risk of pointing out things you need to learn.
- Don't dwell on feeling guilty, or blame yourself for not being perfect, but take responsibility for learning.
- Stand up for yourself.

Listen respectfully to others. . “If I am only for myself, what am I?”

- Commit to being safe for others to interact with. Remember that what feels like safety to you may not feel safe to others.
- Respect the validity of others' experience, even when it contradicts yours.
- Argue with others' *ideas*, not with their feelings.
- Keep personal information about other participants confidential.
- Offer support to each other.
- Stand up for others.

Work together. “If not now, when?”

- Recognize that many of us will have been a part of both privileged and non-privileged groups. Don't pigeonhole yourself or others.
- Don't argue about who is more oppressed than whom.
- Look for ways to increase everyone's understanding.
- Stand together, as allies.

Ground rules

'Partnership' means that all of us agree to certain ground rules:

- Speak for yourself.
- Listen respectfully to each other's point of view. Take responsibility for how you respond to what other people share. Be open to new information.
- Work together toward the goals of the training – support each other.
- Keep personal information confidential.
- Be willing to “park” issues if needed due to time constraints.

Self-care ground rules

- Share personal stories *only* if you want to – nobody has to come out.
- Don't feel you have to keep personal information to yourself for the sake of others' comfort – nobody has to stay in the closet.
- If you find some of the material emotionally difficult, you can leave the room, talk with the trainers during breaks, or decline to participate in that piece – and you don't have to justify yourself.

¹ Partnership model adapted from a workshop by Pat Romney (Hampshire College).

MODULE 2

EXAMINING ASSUMPTIONS

Objectives

By the end of this module you will be able to:

- Define relevant terms.
- Identify how personal beliefs and social structure help perpetuate privilege.
- Describe the impact of privilege on those who are denied access to it.

Lesson 1: Defining Our Terms

Turn to the next page and complete the Terminology Matching Exercise.

Terminology Matching Exercise

Match the correct letter to the corresponding definition.

- | | | |
|-----------------------|-----------------|----------------------|
| A. Sexual Orientation | F. Bisexual | K. Biphobia |
| B. Gender | G. Transgender | L. Gender Expression |
| C. Gender Identity | H. Homophobia | M. Sex |
| D. Lesbian | I. Heterosexism | N. Gay |
| E. Gay Men | J. Transphobia | O. Transition |

- C The gender a person feels themselves to be, irrespective of the sex that was assigned to them at birth.
- A Who one is sexually or romantically attracted to.
- L Aspects of behavior and appearance that affect, or are intended to affect, how others perceive one's gender.
- B The different, culturally specific, social norms of behavior and appearance that are expected of males and females.
- M Physiological femaleness or maleness.
- O The process of gender transformation.
- D Women whose primary sexual orientation is toward other women.
- E Men whose primary sexual orientation is toward other men.
- N An outdated term for people whose primary sexual orientation is for people of the same sex.
- F Someone whose primary relationships can be with men, women or both.
- G Someone whose self-identification as male, female, both or neither does not match the gender assigned to them at birth.
- I The belief that heterosexuality is naturally superior and normal; discrimination against gay, lesbian, bisexual <http://en.wikipedia.org/wiki/Asexuality> and transgender people.
- H Irrational fear of or aversion to LGB people.
- K Irrational fear of or aversion to people perceived to be bisexual.

J Irrational fear or aversion to or discrimination against transgender people.

No one definition satisfies everyone. Our working definitions were developed with input from the communities involved, and may differ from how others define the words. Please feel free to use your own preferred terms to describe your gender identity and sexual orientation.

The order of the letters, *LGBT*, is not set in stone. Some people use a different order (such as GLBT) to refer to their community. Others add *Q* for *queer* and/or *questioning*, and sometimes *I* for *intersex*. You should feel free to use the label you are most comfortable with – just make sure everyone in the group understands it, and don't get into arguing about it. Language constantly evolves and therefore we must rely on each other to tell us what they are comfortable with. (Appendix 1 and 2 contain definitions of more terms.)

Lesbian, gay, bisexual and *heterosexual* refer to sexual orientation – who the individual is attracted to.

- People also may describe their sexual orientation as: dyke, bi, straight or queer.

A person's sexual orientation doesn't say anything about their gender identity – their deeply felt internal sense of their gender.

- Everyone has a gender identity.
- People use various words to describe their gender identity: man, woman, boy or girl, tomboy, transgender, trans, transwoman, transman, masculine, feminine, genderqueer, transsexual, queer, two-spirit, butch, femme, third sex, etc.
- Gender identity is not a choice, any more than sexual orientation is.
- *Transgender* people are those who identify and live as a gender different from that assigned to them according to their sex at birth. They are not acting or pretending.
- *Transition* is a process of transformation, from the gender assigned to the person at birth to the gender they truly feel themselves to be. Transition can include changes in clothing, behavior, name and pronouns – all important parts of self-identification. It can include taking hormones, and/or partial or full surgical alteration of genitalia and other body parts. Not all transgender people want to have surgery.
- Some transgender people don't describe themselves as 'transgender,' but simply identify themselves as a man or woman. Some may prefer to fit into a fairly traditional gender role after *transition*.

NOTE: *Intersex* people are those who, for genetic or hormonal reasons, are born with genitalia that appear ambiguous to their health care providers. Influenced by their provider, their parents decide whether to raise them as a boy or girl, which may involve surgical alteration of their genitals, and hormonal treatments during puberty. Often this is not discussed with the person, but keep it as a “family secret.” The gender in which the individual is raised may or may not fit the gender they come to identify with. Intersex people may have any sexual orientation. Some identify as transgender; others do not.

PUTTING THIS INFORMATION TO USE

Terminology is not just a matter of political correctness. Our language choices have a real impact on people.

Being careful with your language communicates respect for your clients and makes it safer for them to be open with you – allowing you to understand them better. The first step to asking about an issue like LGBT domestic violence is to make yourself a safe person to talk to – and a lot of that is done through your language choices.

Transgender Language Issues

Go with what the individual says about their gender, even when it conflicts with your own perceptions. This means:

- **Pronouns:** Refer to people who present themselves as women as *she*, and to those who present themselves as men as *he*. Don't substitute the word that fits your own perception. If you're not sure what pronoun the client uses, ask.
- **Forms of address:** In formal settings, refer to transgender women as “Ms.” and transgender men as “Mr.”
- **Names:** Don't rely entirely on the information given on the intake form. One way to build trust with a client is by acknowledging the name on the form but also asking whether they prefer to be called by any other name. Many transgender people don't give providers the name they actually use, because they have experienced others' refusal to acknowledge their gender identity.
- Some transgender people use *trans*, a shortened form of ‘transgender;’ others feel trivialized by it. Avoid the terms, *tranny* and *he/she*, which offend many transgender people.

- Don't ask about surgery, unless that information is relevant to helping your client.
 - Be honest with yourself. If you are asking about surgery to satisfy your personal curiosity, DON'T. It's rude and intrusive. Whether or not a person has had surgery is their private medical business.
 - Occasionally, knowing whether a transgender person has had surgery is relevant to doing your job (e.g. if you are doing a sexual risk assessment, or referring to a domestic violence shelter that you know will not accept a trans woman who has not had surgery). Explain to the client why you are asking.

General Language Issues

Accepted labels change over time, often because the people they apply to demand change. For instance, people used to call adult women “girls,” until women began objecting.

LGBT people may use different terms depending on their cultural and socio-economic background. Communities of color might say *in the life*, *family*, or *same-gender loving*. *Queer* is more common among some college-educated and younger people. People’s language choices may be influenced by where they live, and by their political ideas. Some people prefer to avoid labels entirely.

How do you know whether it is OK for you to use certain words – especially ones that don’t apply to you?

- Don’t use them if you’re not sure what they mean.
- Don’t use them until the other person does.
- Don’t use them if you’re concerned that the individual might find them hurtful.
- Find out what each individual prefers to be called, how they identify themselves, and what words best communicate respect to them.
- Many people feel empowered by proudly using words that have been used to put them down. But context – who is using the term and why – is everything.
 - A lesbian may proudly call herself a *dyke*, but if a stranger does it, it may feel like a threat or a put-down.
 - Some LGBT people identify as *queer*. Others, particularly in communities of color, find that word offensive because it’s still often used as an insult. Even those who have reclaimed that word may not be comfortable with you using it.
- What if you’re not sure whether it’s OK for you to use the client’s terms? If you are heterosexual, is it OK for you to use *queer* with a client who identifies with that word? When in doubt, ask. Clients will appreciate it.
- *Homosexual*, *transsexual*. These words are mostly used by people who see being LGBT as a medical or psychological disorder. Avoid them.

Before we explore how heterosexism, homophobia and transphobia affect the experience of LGBT victims of domestic violence, we will look more closely at how privilege affects LGBT people in general.

Lesson 2: Examining Privilege

WHAT IS PRIVILEGE?

Privileges are unearned, concrete benefits enjoyed by members of dominant social groups (men, rich people, able-bodied people, heterosexuals, etc.) at the expense of other groups. Privileges can be large and obvious, or small and taken for granted.

Some privileges are good things that are distributed unfairly, such as...

- Things some people can do that others cannot (e.g., get married).
- Opportunities and economic benefits (jobs).
- Ways in which some people are treated well (being acknowledged vs. ignored).
- Things we can take for granted (being respected, being listened to).
- Not having to feel pressured to choose to make one part of your identity more central than others (to prioritize being black vs. being gay).

“Some privileges make me feel at home in the world. Others allow me to escape penalties or dangers which others suffer. Through some, I escape fear, anxiety, or a sense of not being welcome or not being real. Some keep me from having to hide, to be in disguise, to feel sick or crazy, to negotiate each transaction from the position of being an outsider or, within my group, a person who is suspected of having too close links with a dominant culture. Most keep me from having to be angry.”¹

Other privileges serve the privileged person’s interests, but are not desirable for anyone, such as...

- The ability to ignore other people’s perspectives, needs and wishes.
- The ability to ignore the fact that others don’t enjoy the same privileges.

An individual member of a privileged group can benefit from their group's unearned privilege without personally discriminating or holding negative attitudes. For instance:

- In many human service agencies, the top administrator is a white man, while line staff are mostly women and people of color. Regardless of his own attitudes and beliefs, the administrator benefits from white privilege and male privilege – he is better paid and has more authority.
- In most workplaces, a man in a suit will be hired over a man who wears a skirt, benefitting from gender-conformity privilege regardless of his personal attitudes.

Here are a few examples of other kinds of privilege:

- *Male privilege*
 - I can go for a stroll after dark without fear.
 - My gender won't keep others from taking what I say seriously.
- *Class privilege*
 - I have many choices about where I live.
 - I am seen as deserving of respectful treatment.
- *Able-bodied privilege*
 - I can easily get into stores and restaurants.
 - My body won't keep me from getting a job.
- *White privilege*
 - I can go shopping and not be followed or harassed.
 - I don't have to teach my children to deal with racism.
 - I can meet a challenge without being called a credit to my race.
- *Legal status privilege*
 - I can apply for financial aid to go to college.
 - I don't have to worry about being deported if I get a traffic ticket.

HETEROSEXUAL and GENDER-CONFORMITY PRIVILEGE

Heterosexual and gender-conformity privileges give one group power and benefits at the expense of another.

Privilege can be complicated. For instance:

- Some of us are privileged in one aspect of our identity and not in another.
 - For instance, white lesbians may be advantaged by their skin color, but discriminated against on the basis of both sex (likely to be paid less than men) and sexual orientation (not allowed to get married).
- Staying in the closet may help LGBT people keep some privileges, such as jobs and relationships, but it can carry a heavy emotional cost.
- LGB people whose appearance and behavior fits social norms for their gender have some privileges that transgender people do not have, such as using the restroom of their choice.
- Transgender women, while valuing their identity, may have to conform to restrictive norms of femininity in order to be believable, and are likely to be devalued in all the ways in which other women are devalued.

Privilege has both societal and personal components.

Societal (heterosexism): Government, business, religious organizations, health care agencies, schools, etc., discriminate in how they set policies, make laws, allocate resources and rights, set behavioral norms and define social roles. (The term *heterocentric* is sometimes used to describe the socialized failure to think about LGBT individuals when developing policies, allocating resources, etc., even by people who don't intend to discriminate. Education and awareness can often help to change heterocentric thinking.)

Examples of heterosexist assumptions that are still widely shared and influence social policy include:

- Everyone is, should be, or would rather be heterosexual.
- LGBT people and relationships are immoral and not valuable to society.
- LGBT parents are not as good for children as heterosexual parents.

Personal (homophobia and transphobia): Individual beliefs, prejudices and negative stereotypes; feelings like fear, hatred, aversion and contempt. Personal beliefs have been used to justify subjecting LGBT people to abuse, discrimination, incarceration, forced psychiatric treatment, violence, and deprivation of civil rights.

Homophobic and transphobic reactions are also directed toward heterosexuals who happen to fit LGBT stereotypes. Fear of being seen as LGBT reinforces traditional gender roles. For instance, a boy who wants to take dance lessons might be channeled into football by parents who fear that his peers will call him a fag.

SUMMARY

Understanding privilege also helps us understand:

- How some people develop the entitlement attitudes that underlie abusive behavior.
- How batterers turn stereotypes and privileges into weapons they use against their partners.
- Why LGBT domestic violence victims experience additional risks and have more difficulty finding assistance.

¹ MacIntosh, P. (1988). White privilege and male privilege: A personal account of coming to see correspondences through work in women's studies. Wellesley College Center for Research on Women, *Working Papers*.

MODULE 3

INTRODUCTION TO LGBT DOMESTIC VIOLENCE

Objectives

By the end of this module you will be able to:

- Define domestic violence.
- Identify control tactics available to LGBT abusers.

Materials

Prepared newsprint sheets with one type or tactic of abuse listed on each sheet.

If you are a survivor of domestic violence or other abuse, you may find this material painful to hear. Please take care of yourself, and ask for support if you need it.

Language note

Victim emphasizes the fact that the individual has suffered because of someone else's actions, while *survivor* highlights the person's strengths and perseverance. We will use the words interchangeably. If you see yourself as a survivor, and object to the word *victim*, you should use the word that fits best for you.

Lesson 1: Defining Domestic Violence: How Abusers Gain Control

DEFINING DOMESTIC VIOLENCE

Domestic violence is a pattern of coercive, exploitative and violent tactics, used by one intimate partner against the other, in order to establish and maintain power, control and dominance.

Domestic Violence is...	Domestic Violence is not...
A pattern of controlling behavior.	Just a series of isolated incidents of violence.
Intentional and freely chosen.	Caused by loss of control due to anger, substance abuse, PTSD, brain injury or mental illness. ★★
The abuser's responsibility.	Caused by the victim's behavior.
One-sided, with a perpetrator and a victim.	A fight, mutual.
Psychological, emotional, sexual & economic, as well as physical.	Only physical.

Many people believe that abusers who are physically violent have “lost it” for some reason – they were drunk or angry, or were provoked by the victim’s behavior. However:

- Abusive behavior is a choice, and is within the abuser’s control.
- Some abusers are only physically violent when they are intoxicated, but domestic violence is much more than physical violence. Even abusers who have drug or alcohol problems commit most of their physical violence when they are *not* high.
- There is no relationship between alcohol or drug abuse and all the non-physical tactics that abusers use when they’re sober.
- Many abusers get high or drunk in order to give themselves an excuse for abusive behavior.
- People who abuse their partners do so both when they are angry and when they’re not.

- Anger is a very effective weapon of control. It can be used to intimidate, frighten, and humiliate.
- We all get provoked at times. We are responsible for how we handle it. Abusers choose to express their anger – and other feelings – in abusive ways, and don't feel that they owe it to their partner to express themselves respectfully or kindly.

Examples of LGBT abusers' tactics¹

Physical Abuse

- Punching, kicking, biting, or burning.
- Attacks with weapons.
- Sexual assault.

Physical *abuse* need not be physically *violent*. It can include:

- Denying food, sleep, medication or health care.
- Forcing partner to use harmful substances (e.g. forcing drugs on an addict, or sugar on a diabetic).
- Locking partner in or out.

Emotional & Psychological Abuse

- Questioning whether partner is a “real” lesbian...woman...man, etc.
- Telling partner they are too ugly or too old to ever have another relationship.
- Adolescent abusers may put down partner's developing body.

Threats

- To out partner to family, friends, children's other parent, employer, etc.
- To kill or harm partner, children, pets or other loved ones.
- To commit suicide (particularly powerful given the already higher rate of suicide among LGBT people.)
- To get partner deported – especially if partner comes from a country where LGTB people are persecuted.

NOTE: Immigration law is extremely complex. Providers who understand LGTB issues may not know much about immigration, and vice versa. Collaboration is essential.

Entitlement

- Treating partner as stupid and inferior.²
- Making demands for:
 - Personal service.
 - Obedience.
 - Sex when, where and how the abuser wants it (including “make-up sex” – which the victim often experiences as a beating followed by a rape).
 - Unlimited access to partner's body, feelings, caretaking, time, money, labor, attention, etc.
- Abusers who are older than their partners may exploit their own greater relationship experience, freedom from adult supervision, independence, financial resources, and access to transportation and alcohol.

NOTE: The role of entitlement shows the connection between abuse and societal oppression, because these entitlement tactics are also pieces of the historical female gender role, which is based on the notion that women are property. In treating a same-sex partner like property, the abuser is also treating them “like a woman,” i.e., like a member of another devalued group. The behavior of men who abuse female partners also builds on women's historically devalued status.

Economic Abuse

- Threatening to out partner to employer. (Some LGBT victims quit their jobs rather than risk being outed at work,³ which, presumably, is the abuser's goal.)
- Identity theft: posing as partner in order to wipe out their bank account or gain credit in their name (which may be particularly easy for same-sex partners).
- Refusing to provide domestic partner benefits that partner is eligible for.

Sexual Abuse

- Treating partner as sexual object.
- Demeaning partner for wanting – or refusing – to play roles (butch/femme, top/bottom).
- Pressuring or forcing adolescent partner into sexual activity that they are not ready for.
- Refusing to negotiate or respect limits on SM scenes. (See Appendix 3 for more information on SM-related tactics.)

Using Children (tactic of both current and former partners)

- Threatening to out partner to their ex-spouse or other family members, who might seek custody because of partner's sexual orientation or gender identity.
- Falsely reporting partner to Child Protective Services (in NYC, Administration for Children's Services) for abusive behavior, drug use or HIV status.
- Refusing to allow co-parenting partner visitations with abuser's biological children.
- Using anti-LGBT slurs in the children's hearing to turn children against LGBT parent.
- Using the victim's gender identity or sexual orientation to manipulate the court during a custody battle. (This may be particularly likely with a heterosexual ex-partner.) If the evaluator or judge sees the parent's gender expression or sexual orientation as a threat to the children, the victim may be given only supervised visitation, or may have to dress and act in accord with their birth sex if they wish to see their children.

See Appendix 4 for more discussion of tactics involving children.

Intimidation

- Destroying clothing and personal items needed for partner's gender expression.
- Stalking (a course of conduct, more than one incident, that the abuser should know is likely to frighten the victim. Most domestic violence-related homicides are preceded by stalking.)

HIV-Related Abuse

Abuser has HIV

- Disclosing their infection abusively.
- Blaming partner unjustly for being the source of the infection.
- Intentionally infecting or reinfecting partner by forcing them to share drug works or engage in unprotected sex (including sex with others); intentionally sticking them with dirty needles; sexually assaulting them.
- Refusing to practice safer sex; assaulting partner for requesting it.
- Trapping partner in the relationship by making them feel guilty about wanting to leave a sick person.
- Insisting they take total responsibility for caregiving.
- Using their illness to manipulate others into seeing them as a victim.

Victim has HIV

- Limiting partner's access to health care, medication, or other caregivers.
- Denying partner food and sleep.
- Forcing partner to ingest drugs that interact dangerously with prescribed medications.
- Threatening to abandon partner without a caregiver.
- Threatening to out partner to immigration. (This threat is also effective against undocumented victims, regardless of their HIV status, and against immigrants who have HIV, regardless of their sexual orientation.)

- Using partner’s HIV status or the stress of caring for them as an excuse for abusing them.
- Making cruel remarks about partner’s HIV status; e.g., telling partner that no one else will want them.

Isolation; Restricting Freedom

- Ruining partner’s friendships by getting mutual friends to side with them, telling them that partner is abusive, or getting jealous of partners friends.
 - *“I couldn’t go out to lunch with my friends because she was afraid they would become my lovers.”⁴*
 - *“If I spend more than an hour away from the house, other than work, I’m abandoning him....I can’t go out and do things with friends that would be completely platonic...he automatically...accuses me of having an affair.”⁵*
- Getting mutual friends unwittingly involved in the abuse, as in this S/M example:
 - *“If my lover’s going to set up an abduction and rape scene for me for my birthday, she may call in lots of friends to help her do that. How are my friends supposed to know...that my lover is abusing me? They might participate in the abduction.”⁶*
- Keeping partner from connecting with other LGBT people. In rural areas, controlling access to transportation to places where LGBT people meet.
- Keeping partner from connecting with their cultural or religious community.
- Threatening to out adolescent partner to their peers or parents.
- Stopping adolescent partner from spending time with friends, or engaging in extracurricular activities.
- Keeping immigrant partner from learning English.

See Appendix 5 for the LGBT Power and Control Wheel, a graphic representation of these tactics, and Appendix 6, the Tactics Chart.

Lesson 2: Identity Abuse

DEFINING IDENTITY ABUSE

A person's identity is made up of personal characteristics that are central to the individual's sense of who they are. An individual's internal, self-defined, identity may not be the same as who others perceive them to be. For instance:

- People who identify as Deaf are often perceived by hearing people as having a disability, but see themselves, not as disabled, but as culturally different.
- A child who is seen by everyone as a boy may identify as a girl.

Identity abuse is the use of those central characteristics to demean, manipulate and control one's partner. *Any* aspect of an individual's identity can be used as a weapon against them, no matter what it involves - sexual orientation, gender identity, race, sex, age, disability, ethnicity, language, etc.

Identity abuse is related to the abuser's feeling of entitlement – which is based on their *own* identity and the privilege that comes with it.

Identity abuse often includes:

- Negative stereotypes.
- Ridiculing partner's identity to destroy their self-esteem.
- Using one's partner's identity as an excuse for abusing them.
- Accusing partner of being oppressive or entitled.

TRAINERS NOTE

BRAINSTORM: Ask participants to list ways in which different aspects of a partner's identity can be used to abuse them. You can do this exercise with the group as a whole or, if the group is larger, divide them into 4 small groups to work separately on heterosexual and homophobic identity abuse, biphobic abuse, transphobic abuse, and racist abuse.

Heterosexist and homophobic identity abuse

- Making anti-LGBT remarks, such as calling partner ‘sick.’
- Attributing partner’s fear of violence to internalized homophobia. Questioning partner’s sexual orientation if they object to violence. Claiming that violence is normal in LGBT relationships: “This is how real lesbians act.” “All guys fight.”
 - *“It took me a long time to realize that anything was wrong. She was my first lesbian relationship and my first relationship after high school...so I... thought all relationships are like that and when things were bad...it was all my fault.”⁷*
- Demanding that partner change their dress, hair, behavior, or friends in order to look straight, not look straight, or not look attractive to others.
- Demanding that partner project an image of an ideal LGBT relationship; denying that they have set up power differences that don’t fit that ideal.
- Pressuring partner to come out; threatening to out them.
- Blaming partner for “converting” them.

Biphobic identity abuse

Victim is bisexual and abuser is not

- Belittling partner’s identity as “just a phase;” telling partner partner they are “in denial;” or “should get off the fence.”
- Accusing same-sex partner of “choosing” a bisexual identity just as a way of protecting themselves from homophobia and maintaining heterosexual privilege.
- Threatening to out partner as bisexual to gay or lesbian friends.
- Publicly humiliating partner for their bisexuality.
- Accusing partner of being exploitative for being attracted to the other sex.
- Accusing partner of unfaithfulness; stereotyping bisexuals as promiscuous.
- Destroying partner’s other relationship (if any); using it as an excuse for abusive behavior; threatening the other partner; demanding threesomes.

- Using partner's bisexual identity as an excuse to abuse them.
- NOTE:** Some people may think that this last tactic is legitimate, but....

- Domestic violence is not about how the abuser *feels* about their partner's behavior, but about their choice to *act* abusively in response to it.
- Having negative feelings about partner's sexual orientation – or any other part of their identity – is not the same thing as choosing to act abusively.
- Nothing about the victim justifies abusing them.

Abuser is bisexual and victim is not

- Ridiculing partner's non-bisexuality or treating it as a hang-up.
- Pressuring partner to engage in sex with partners of other gender.
- Transmitting HIV or STD's from hidden partners.

NOTE: In any couple, one or both partners may be bisexual. Bisexual victims may be assaulted by a same-sex or opposite-sex partner. Someone who has been abused by partners of *both* genders may have a particularly hard time sorting out what has happened to them. You may or may not be aware of the individual's bisexual identity, and it may or may not be relevant to dealing with the abuse.

Transphobic identity abuse

Abuser is transgender

- Blaming their abusive behavior on their own transition-related hormonal changes (aggression and irritability for men, mood swings for women), or using hormone-related changes to manipulate or intimidate partner.
- Claiming to be more "real" than partner ("I look more like a real woman than you do" – and I'll be taken more seriously by police and providers.)

Victim is transgender

- Physically assaulting surgically or medically altered body parts, or parts of the body that partner is ashamed of or detached from.
- Forcing partner to publicly expose scars.
- Treating partner as a sexual object; refusing to engage in other aspects of the relationship; e.g., refusing to introduce them to family and friends.
- Criticizing how hormones affect partner's sexual performance.
- Refusing to allow joint funds to be spent for transition-related health care, medication, hormones or clothing.
- Forcing partner to get medical or surgical treatment to make their body what the abuser wants it to be.
- Exploiting any fear or shame partner has related to their gender identity, by ridiculing aspects of partner's gender identity: appearance, dress, voice, etc.
- Telling partner that they deserve abuse, or that they themselves are abusive, because of how hormones are influencing their behavior.
- Threatening to out partner as transgender to family, employer, or cultural community.
- Refusing to use partner's preferred pronouns or name.
- Forcing partner to engage in risky and/or degrading behavior for abuser's financial benefit (e.g. pimping them out).
- Convincing partner that shelters and law enforcement would subject them to abuse or refuse to help them. (Transgender people's experience of inappropriate behavior by providers makes this an effective threat.)
- Blaming their own abusiveness on partner's gender identity or expression.
- Threatening to keep them from seeing their children.

NOTE: The rate of domestic violence involving transgender people is not known, nor is whether they are more often the abused partner or the abuser. Don't make assumptions based on the individual's perceived gender. Even though most domestic violence is committed by men against women, you should never *assume* that a transgender man is the abuser or that a transgender woman is the victim.

Transgender people may be LGB or heterosexual, and the partner who assaults them may be of any gender. Transgender people may have abusive partners to whom they are, or have been, married and with whom they have children.

Racist identity abuse

- Discouraging partner from seeking help, by reminding them that calling the police may expose the abuser to racist attacks in jail.
- Using partner's fear of being accused of racism as a control tactic.
- Blaming their violence on stress due to racism.

The specific tactics used by a given abuser may depend on the races of the two parties.

Victim is person of color; abuser is white or person of color

- Using white or light skin privilege, e.g., demanding master/slave S/M scenes.⁸
- Threatening to out partner to their community of color.
- Using racial epithets and negative stereotypes; e.g. accusing partner of sexual aggression or assault.

Abuser is person of color; victim is white

- Blaming their own abusiveness on partner's use of white or privilege.
- Excusing their abusiveness as culturally appropriate behavior.
- Dismissing partner's objection to violence as white uptightness.
- Calling partner a racist for accusing them of abuse.

SUMMARY: PRIVILEGE AND DOMESTIC VIOLENCE

Societal oppression (sexism, heterosexism, racism, transphobia) and domestic violence can be described in very similar terms.

- Both involve patterns of coercion, exploitation and violence, used by one person or group to establish and maintain power, control and dominance over another.
- Oppressive/abusive tactics can be of many kinds - physical, sexual, economic, psychological, legal and institutional. What ties these tactics together is:
 - The abuser's goal of establishing and keeping control.
 - The abuser's underlying sense of their own privilege and entitlement, which can be very active and conscious, or exist at the level of assumptions that are seldom thought about.
 - How well the tactics work to maintain the abuser or dominant's power.
- Social norms – implicitly or explicitly – support the unequal distribution of privilege in personal relationships.
- In LGBT relationships, *both* partners may experience oppression, for being (or relating to) someone who is LGBT. *Having experienced one form of oppression is never an excuse for oppressing someone else.*
- Victimization and oppression cause many ill effects, which, like abusive tactics, can be physical, sexual, economic, psychological, legal and institutional.

¹ NYC Gay and Lesbian Anti-Violence Project (2000).

² <http://www.rainbowdomesticviolence.itgo.com/>

³ Renzetti, C. (1992). *Violent Betrayal: Partner Abuse in Lesbian Relationships*. Newbury Park, CA: Sage.

⁴ Ibid., page 42.

⁵ Cruz, J. M. & Firestone, J. M. (1998). Exploring violence & abuse in gay male relationships. *Violence & Victims*, 13 (2): 159 – 173.

⁶ National Leather Association. (1992). Transcript of workshop from 1991 annual conference.

⁷ Renzetti (1992), page 82.

⁸ Kanuha, V. (1990). Compounding the triple jeopardy: Battering in lesbian of color relationships. *Women & Therapy*, 9 (1-2): 169 – 184, page 180.

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MODULE 4

MYTHS AND FACTS ABOUT LGBT DV

By the end of this module you will be able to:

- Recognize common myths about LGBT DV and be able to correct them.
- Articulate the reasons why the myth that LGBT domestic violence is mutual is incorrect and harmful to victims.

Go to the next page and complete the Myths and Facts activity.

Myths vs. Facts Activity

Directions: Read each statement decide if it is a myth or fact. Record your answer in the appropriate box.

	Statement	Myth	Fact
1	Domestic violence is just as common in lesbian or gay relationships as it is in straight relationships.		
2	LGBT victims of domestic violence have access to Family Court in NYS.		
3	The batterer is usually the partner who is bigger, stronger and more butch.		
4	Violence is a normal aspect of same-sex sexual behavior, especially between men. It's really S/M.		
5	Domestic violence services in NYS are legally mandated to serve victims without regard to sexual orientation or gender identity.		
6	If a transgender man is violent, it is because the testosterone he takes predisposes him to violence.		
7	It is easier for lesbian or gay victims of domestic violence to leave abusive partners than it is for married heterosexual victims.		
8	Lesbian and gay domestic violence is the same as domestic violence between a man and a woman.		
9	Women are naturally nonviolent, and lesbian relationships are naturally egalitarian and nonviolent.		
10	Transgender people wouldn't get hurt if they didn't dress or try to act like something they're not.		
11	Abuse in same-sex relationships is less serious than men's violence against female partners.		
12	Abuse in same sex relationships is usually mutual. It's just a fight – a "lover's quarrel" between equal combatants.		

MYTHS AND FACTS

1. Domestic violence is just as common in lesbian or gay relationships as it is in straight relationships.

FACT

Research is limited, but there is no evidence that domestic violence happens any less in LGBT relationships than in heterosexual ones. Statistics vary widely; anywhere from 17% to 46% of lesbians and gay men report abuse by a current or former partner.¹

2. LGBT victims of domestic violence have access to Family Court in NYS.

FACT

This is a recent change in the law. (See Appendix 7.)

3. The batterer is usually the partner who is bigger, stronger and more butch.

MYTH

In heterosexual relationships, most abusers *are* men, and most victims *are* women. This leads many people to assume that, in same-sex relationships, the partner who is bigger, stronger or more masculine-appearing is most likely the one who is abuser. But abusers come in all sizes and shapes, and are not necessarily the partner who seems most “like a man.”

Abusers who are larger than their partners can use their size and strength to intimidate them. When the smaller partner is abusive, others tend to assume that the victim could have prevented it the abuse if he/she had wanted to. The abuser can *use* their size or apparent femininity to discredit what their partner says about their violence.

- *“Although I outweighed him by 30 pounds, he got me down on the ground and started pummeling me with his fists and pounding my head against the sidewalk.”²*
- *“She’s a few inches shorter than I am....She’s very pretty. She dressed very femininely. You would look at her and...think she didn’t have a fist.”³*

Victims who are bigger than their abusive partners may be afraid to fight back for fear of injuring their partner.⁴ They may be afraid that others will see them as the abuser, or blame themselves for “allowing” themselves to be beaten.⁵

- 4. Violence is a normal aspect of same-sex sexual behavior, especially between men. It's really S/M.**

MYTH

Sexual violence is not about sex, but about power and control.

S/M is consensual sexual behavior in which partners agree to use physical force or restraint as part of sex. The time and place, limits and role of each partner are clearly defined, and either partner can end it at any time. *No one asks for or enjoys sexual abuse*, which is not about sex, but about power and control.

S/M is not typical of LGBT relationships, nor is it only practiced in LGBT relationships, but providers may jump to the wrong conclusion when the people involved are LGBT.

However, an abusive partner can use S/M as a weapon of control, for instance, by demanding S/M scenes that their partner cannot freely and safely decline to engage in. (See Appendix 3 for more information.)

- 5. Domestic violence services in NYS are legally mandated to serve victims without regard to sexual orientation or gender identity.**

FACT

Some programs are better equipped to offer appropriate services than others, but shelters must serve anyone who is related by blood or marriage to their partner, married or formerly married, has a child in common, regularly lives or has lived in the same household, or has had intimate or continuous social contact with their partner.

- 6. If a transgender man is violent, it is because the testosterone he takes predisposes him to violence.**

MYTH

Testosterone, whether produced by the body or taken as medication, does not cause domestic violence. When a person is in transition, hormones may affect them more until they've integrated some of the associated changes in their body, but *using* moodiness or angry outbursts to intimidate or control one's partner is a matter of *choice*.

Violence by a transgender man is also not about hatred for women. In fact, because transgender men were raised female, they may be less likely to have internalized the attitudes that lead some biological men to feel hatred or contempt for women.

7. It is easier for lesbian or gay victims of domestic violence to leave abusive partners than it is for married heterosexual victims.

MYTH

Absence of legal ties does not automatically make it easier or less dangerous to leave an abuser. Adolescents and unmarried heterosexuals also find it difficult to leave, and ending the relationship does not automatically end the violence. Trying to leave may even *increase* the victim's danger, including the likelihood of their partner killing them. LGBT victims who lack family support may find it harder to leave a relationship – and support is critical in ending a relationship with an abuser.

LGBT partners may have many legal ties, including shared bank accounts, apartment leases and insurance; jointly owned homes, vehicles or businesses; and joint legal custody of children. Those who receive domestic partner benefits will likely have to give them up if they leave. However, absence of legal ties may give the abuser additional ability to dictate property distribution and the victim's ongoing relationship with their children.

8. Lesbian and gay domestic violence is the same as domestic violence between a man and a woman.

HALF-TRUTH

Many of the dynamics and effects of domestic violence are similar, but LGBT victims' experience is neither identical to that of heterosexual battered women, nor completely different.

LGBT vs. Heterosexual Domestic Violence	
Similarities	Differences
Prevalence is similar.	Seeking help can mean coming out.
Control tactics.	Additional tactics & risks.
Effects.	Male privilege less predominant.
Entitlement attitudes.	Less effective responses.
Goal is control & dominance.	Very few services.
Children are affected.	Role of LGBT community.
Other people & pets are also at risk.	Wrongly seen as mutual.
Post-separation abuse is common.	
Under-reporting is common.	
Each victim is the expert on their own experience & needs.	

- 10. Women are naturally nonviolent, and lesbian relationships are naturally egalitarian, and nonviolent.**

MYTH

Some lesbians do abuse, seriously injure, and even kill their partners.

The stereotype that women are naturally nonviolent makes it harder for lesbians to get others to believe they are being abused.

The ideal of egalitarian, power-free lesbian relationships is a positive model, but it can make lesbian domestic violence more invisible and lead to women who are abused by female partners to feel that they must be at fault.

- 10. Transgender people wouldn't get hurt if they didn't dress or try to act like something they're not.**

MYTH

Transgender people experience themselves as members of the gender with which they identify, not the gender into which they were born. They are not acting. Even if they were, no behavior of the victim is a reason to abuse them.

11. Abuse in same-sex relationships is less serious than men's violence against female partners.

MYTH

Same-sex partners can, and do, assault, rape and even sometimes murder their partners, and use other tactics of control and manipulation just as severely as heterosexual abusers do. But service providers and authorities often respond as if it were less serious, making the situation more difficult for the victim.

12. Abuse in same sex relationships is usually mutual. It's just a fight – a "lover's quarrel" between equal combatants.

MYTH

This myth is based on the assumption that same sex partners have equal power – that neither one has the physical power to abuse the other.⁶ But abusers also exploit other inequalities that give them power over their partner – race, class, money, educational level, connections, immigration status, and their willingness to hurt their partner for their own gain. Abusers can feel entitled to mistreat their partner based on any of these inequalities – not just on the basis of the male privilege that is such a big part of heterosexual men's violence against their female partners. An LGBT abuser's feeling of entitlement may simply be less closely tied to one form of privilege.

THE MYTH OF MUTUAL ABUSE

Abuse and fighting are not the same thing.

Abuse often happens *during* a fight, which can make it hard to tell the difference between abuse and fighting. Partners may use physical violence in fights without either partner living in fear of the other or one partner using ongoing coercion and intimidation to dominate the other. The chart below shows the differences.

Fights	Abuse
A problem <i>between</i> two people.	Something one person does <i>to</i> another.
No general pattern of control.	Coercive control.
Negative feelings, anger, frustration.	One partner chooses to express negative feelings – esp. anger – abusively.
Violence may be mutual; either one may start it.	One-sided violence (except for self-defense).
Violence is not severe or escalating.	Physical violence may be severe and may escalate over time.
Resolving conflict ends it.	Resolving conflicts changes nothing.
Individual behavior change may end it.	Does not end if victim makes changes.
Roughly equal negotiating power.	Very unequal negotiating power.
Couple counseling may help.	Couple counseling is dangerous.

Abuse and self-defense are also not the same thing.

Many abusers claim that fighting back makes their partner equally abusive. Victims who have used violence to defend themselves may feel guilty for it.

- *“She would begin to get violent and I would be so angry. Once in a while the anger would win out and I would hit her. Then I would feel, ‘I am in no position to say anything about her, because here I’ve done this.’”⁷*

Self-Defense; Fighting back	Abuse
No pattern of control	Pattern of control
Occasional, responsive	Repeated, aggressive
Goal is to escape harm	Goal is control
Serious injury rare	Serious injury common
Feels desperate & afraid	Feels entitled & angry
Exaggerates own behavior	Minimizes own behavior
Self-blame; guilt	Self-justification
Ends if partner stops being violent	May escalate if partner leaves

Other factors that make domestic violence appear mutual

The abuser's behavior

Abusers typically exaggerate their partner's violence, present themselves as victims, and deny or minimize their own behavior, all of which lead to the impression of violence that is mutual – and less serious than the victim claims.

The victim's behavior

Many victims minimize their partner's assaults to others, often because they are afraid their partner will retaliate if they tell the truth, or because they don't want them arrested. Victims may also become confused about the meaning of their own behavior:

- *"We were in the kitchen....I was arguing with him, and we had a phone in the kitchen, and...he ripped the phone out of the wall and threw it on the floor. And our poodle was underneath the kitchen table, shaking because of the volume of – the tone of our voices. And I remember the receiver hitting the floor and flying up and hitting her on the head. And I was so furious....I grabbed him... by the shirt, and pushed him up against the wall,... more or less, reassuring myself that if I blocked him he couldn't do anything else. The dog was suffering from his actions. That was enough – no more. His back dented the wall. I was furious. I don't know – is this mutual abuse?"⁸*

PUTTING THIS INFORMATION TO USE

- People abused by same-sex partners find that other people don't take them seriously, but assume that the woman's female partner couldn't be all that violent, and the man abused by a male partner could fight back if he wanted to.
- Lesbian abusers sometimes access domestic violence shelter and get staff to see them as victims.
- Victims are less visible and more isolated.
- Male and transgender victims are often unable to find services.
- Police arrest the wrong person, both people, or neither one, when there are no gender cues to guide their perception.

¹ Elliott, P. (1996). Shattering illusions: Same-sex domestic violence. In C.M. Renzetti & C.H. Miley (Eds.), *Violence in Gay & Lesbian Domestic Partnerships*: Binghamton, NY: Haworth Press, pp. 1 – 8.

² Califa, P. (1986). Battered lovers. *The Advocate*, 3/4/86, 42 – 46.

³ Renzetti, C. (1992). *Violent Betrayal: Partner Abuse in Lesbian Relationships*. Newbury Park, CA: Sage.

⁴ Renzetti, C. (1998). Violence & abuse in lesbian relationships: Theoretical & empirical issues. . In R.K. Bergen (Ed.) *Issues in Intimate Violence*. Thousand Oaks, CA: Sage, 117 – 127.

⁵ Hammond, N. (1989). Lesbian victims of relationship violence. *Women & Therapy*. 8 (1-2): 89 – 105.

⁶ Merrill, G. (1998). Understanding domestic violence among gay & bisexual men. In R.K. Bergen (Ed.) *Issues in Intimate Violence*. Thousand Oaks, CA: Sage, 129 – 141.

⁷ National Leather Association. (1992). Transcript of workshop from 1991 annual conference.

⁸ Lehman, M., (1997). At the end of the rainbow: A report on gay male domestic violence and abuse. <http://www.mincava.umn.edu/documents/rainbow/At%20The%20End%20Of%20The%20Rainbow.pdf>.

MODULE 5

IDENTIFYING DV IN LGBT RELATIONSHIPS

Objectives

By the end of this module you will be able to:

- Describe a process for routine domestic violence screening.
- Identify ways to create a LGBT-affirming and safe environment.
- Identify possible ways of distinguishing abusers from victims.

Lesson 1: Asking About Victimization

CREATING AN AFFIRMING AND SAFE ENVIRONMENT

If victims feel that you understand them, and will work with them regardless of the choices they make, they are more likely to feel that it is safe to talk with you and use you as a resource. If they see you as insensitive and judgmental, they will reject your attempts to help them.

How can you provide a safe atmosphere for clients to self-identify as LGBT?

- Remember that any client may be LGBT. Recognize and value LGBT people and same-sex relationships.
- Give clients a chance to self-identify.
 - A survey of over 2000 lesbians & bisexual women found that fewer than 10% had ever been asked about their sexual orientation by health care providers.¹
- Pay attention to *both* behavior and identity. The client's behaviors may not match what they say about their sexual orientation or gender identity.
- *Use inclusive language*, in both speech and agency materials, so that LGBT clients feel they can talk honestly about their relationships. If we don't make it possible for them to do that, they won't freely talk about abuse either. (See Appendix 8.) Post LGBT-friendly materials in your office, to let clients know they can expect respect and sensitivity. (See Appendix 9 and 10 for other ways to make your agency a welcoming place.)
- Remember that your client – especially a transgender client – may have been treated with hostility or in a physically rough manner by other providers.
 - One domestic violence service provider required a transgender woman to submit to a police cavity search in order to stay in shelter, because shelter staff said they “picked up male vibes” and felt the need to protect other residents from her.²

- Don't rely on stereotypes. They get in the way of hearing the needs and feelings of the individual. Assumptions to avoid include:
 - People are either straight or gay; there's really no such thing as bisexuality.
 - Transgender people are mentally ill. (Some transgender people are also mentally ill, but simply being transgender doesn't make them so. Those who have a mental illness have symptoms other than their transgender identity.)
 - LGBT adolescents are too young to know who they really are.
 - Sick or disabled people can't effectively abuse and control their partners.
 - Domestic violence is only committed by men against women.
 - Victims get abused because there is something wrong with them.
 - The abuse is the victim's fault.
 - The abuse is caused by the victims sexual orientation or gender identity.

NOTE

If you don't see a certain identity as legitimate, you may have trouble empathizing with clients who claim that identity. But consider the following ideas:

- Feeling that you have the right to pass judgment on another person's identity or question its validity is an aspect of privilege. (It's a huge element of heterosexual privilege – and of "provider privilege" as well.)
- It's not our fault if we are members of a group that has privilege – but we have an ethical obligation to our clients to examine our privilege and make choices about what we do with it.

WHY SCREENING MATTERS

Acknowledging that some LGBT people are battered by their partners must lead to *asking* individual clients about domestic violence. Many victims will not disclose unless they are directly asked.

If you screen for domestic violence, you will be much better able to understand your clients' behavior and feelings and identify safety issues that may arise in your work with them. You will also be able to recognize problems connected to domestic violence that can have a cumulative negative effect on their health, including:

- Mental health problems, such as depression and suicidality (both of which occur at higher rates among both domestic violence victims and LGBT people than in the general population), post-traumatic stress disorder, and substance abuse.
- Physical problems, such as gastrointestinal disorders, which may also be connected to specific HIV medications and their side effects.
- Lack of access to health care. Because abusers sometimes prevent their partners from accessing health care, the contact they have with you is an opportunity not to be missed.

HOW TO ASK ABOUT DOMESTIC VIOLENCE VICTIMIZATION

Establish complete privacy. Arrange a private space for client interviews, or use the most private space available – *out of eyesight and earshot of the client's partner.*

Assure the client of confidentiality – and be honest about any limits on it. For LGBT victims, coming out to a service provider who is careless about confidentiality could mean losing their home, job, custody of their children, or their relationships with family members. Let the client know at the outset if you are a mandated child abuse reporter.

Present domestic violence screening as a routine procedure, not as a response to how you perceive the client individually. Put the question in context:

- *“There are some routine questions we ask all our clients, because many of them are in relationships where they are afraid their partners may hurt them. Is this a concern for you? Are you ever afraid of your partner?”*

Don't just ask, “Are you a victim of domestic violence?”

- You may get false *negative* answers from clients who:
 - Experience “victim” as a stigmatizing label.
 - Don't think what happens to them is bad enough to be considered abuse.
 - Don't see themselves as victims because they think of domestic violence as a purely heterosexual phenomenon.

- You may get false *positive* answers from clients who are actually abusive.

Ask short, concrete, behavioral questions.

- Does your partner....hit, hurt, criticize, manipulate, or try to scare you?
- How might your partner respond if he/she knew your HIV status?
- Has your partner ever disrespected you because of your gender identity?
- Has your partner ever interfered with transition when he/she was angry (e.g., not allowing you to take hormones, or making you take too many medications in hopes to feminize or masculinize you quicker)?
- Have you ever been abused in a previous relationship? (If yes, is it still affecting your life today? Do you have children with that person? Is your ex's behavior toward the children a problem for you?)

Don't take it at face value if the person says it was mutual or just a fight.

- Some victims may say it was domestic violence *and* that it was mutual.
- Ask for descriptions of what each partner did.
- Ask

ASKING ABOUT DOMESTIC VIOLENCE VICTIMIZATION	
If client discloses domestic violence	If no domestic violence is disclosed
Remind client that they are not to blame.	Remind client that you are available if such issues come up for them in the future.
Document the client's disclosure, using their exact words as much as possible.	Document that you asked about domestic violence and the client did not disclose any.
Offer referral information.	Offer referral information that they can take if they have friends or family members who could use it.
Address safety issues with client. (Module 6)	Ask again later if you see any red flags.

Lesson 2: Asking About Abusiveness

QUICK OVERVIEW: Asking about abusiveness

Don't let stereotypes about domestic violence based on heterosexual relationships or general social ideas about gender stop you from recognizing female abusers and male victims. Ask about both whether the person is being abused and whether they are abusing their partner.

For a variety of reasons, there is no way to know for sure that someone is *not* abusive to their partner.

- Many abusers seem likeable. The way they act in front of other people is often completely different from how they act when they're alone with their partners.
- Abusers often feel victimized if their partner resists their control, and convincingly present themselves as victims.
- Abusers are often able to convince others that what looks like abuse is really the result of their partner's behavior, personality traits or other problems; e.g., "He says I'm abusing him, but really I'm just trying to get him to stop drinking."

Some cues may help you distinguish victims from abusers in some cases, but are not likely to be seen during a brief screening. Over the long term, you might see:

Victim	Abuser
Recalls incidents in detail.	Vague about events; omits details.
Ashamed to disclose victimization.	Demands to be seen as a victim.
Feels afraid and confused.	Feels victimized and angry.
Blames self; may minimize partner's violence.	Blames partner, minimizes own behavior, makes excuses.
Feels guilty about self-defense; may exaggerate their own "abusiveness."	Exaggerates own injuries and minimizes partner's.
Protective of partner.	Dismissive of partner.
Unsuccessful attempts to leave, repair the relationship, or get partner to seek help.	In prior relationships, says everything was partner's fault.

Life has shrunk over the course of the relationship.	History of threats, other violence, crime, weapons use.
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How to ask about abusiveness

Remember that your client may be either a victim or an abuser.

After asking about victimization, ask:

- “Have you ever hurt, or been afraid you would hurt, your partner?”
- Is your partner afraid of you? Have you ever tried to scare them?
- Have you ever hit your partner or hurt them in some other way?
- Have you ever followed them around or monitored their behavior?
- What would they say if I asked them these questions about you?

You should not need to go into the issue in any more detail than this to identify potential safety issues affecting the client’s partner. That’s your goal, not trying to get the abuser to change.

Appendix 11, Quick Guide: Working with a Client who Batters, presents answers to the most commonly asked questions about batterers. If you are concerned about whether you are understanding a particular case correctly, contact the Gay and Lesbian Anti-Violence Project Domestic Violence Program, a local domestic violence program, or the NYS or NYC Domestic Violence Hotline. Their numbers are in the front of your Participant Manual.

For information about domestic violence screening prior to HIV partner notification, see Appendix 12.

Lesson 3: Practice: Asking about LGBT Domestic Violence

CASE SCENARIOS

Paul

You are an HIV case manager and Paul, age 38, has been your client for 6 months. When Paul comes into your office, he seems distracted. He says he hasn't slept much in three nights. He says that he is anxious a lot of the time and seems to always have an upset stomach. He holds himself stiffly, and walks as if he is in pain. It is hot in the room, and he takes off his jacket. You see fingerprintlike bruises on his upper arms.

Process questions

- What possible red flags for domestic violence did you identify?
 - Participants should mention:
 - Not sleeping.
 - Anxious, upset stomach.
 - Stiff, seems in pain.
 - Fingerprint-shaped bruises.
- If there are any red flags that you didn't ask about, how might you do so?
- What assumptions about sexual orientation or gender identity do you identify in any of your questions? How might you rephrase them, if needed?
- How do you think Paul would respond to your questions?

Ana

You are Ana's new case manager. This is your second meeting with her and you are conducting a comprehensive assessment. You know from the records that she is transgender, though she has not disclosed this to you directly. When you ask her about her home life, she says that she has been in what she thought was a committed relationship for the past three years, but now she is worried that her partner, Joey, has found someone else and wants her to move out. You ask if she wants to talk about that some more, and she says Joey doesn't like her talking to anyone else about their relationship problems, because he doesn't like other people knowing his business. Ana knows that Joey will grill her about what she has told you.

Process questions

- What possible red flags for domestic violence did you identify?
- How might you ask about any red flags your questions didn't address?
- Does knowing that Ana is transgender – especially without her having disclosed it – influence whether you think she might be a victim or perpetrator of domestic violence – or whether you think it is necessary to ask about it?
- How might Ana respond to your questions?

Julie

You are a counselor working in an HIV risk reduction organization. Julie came in today because she heard your organization offers free condoms and her friends told her that the people here are “good listeners.” When you meet Julie, she is visibly upset. She is 19 years old and lives in the small town where she grew up. She has a job at a fast food place, and is attending community college. She tells you she is upset because she just had another fight with her significant other.

Process questions

- What do you need to know about to understand Julie’s needs?
- What possible red flags for domestic violence did you identify?
- How might you ask about any red flags your questions didn’t address?
- Does knowing that Julie is bisexual influence whether you think she might be a victim or perpetrator of domestic violence – or whether you think it is necessary to ask about it?
- What assumptions about sexual orientation or gender identity do you identify in any of your questions? How might you rephrase them, if needed?
- How might Julie respond to your questions?

Asking about domestic violence may feel artificial and uncomfortable, but this will go away with practice.

¹ Smith, E. et al (1985). Health care attitudes and experiences during gynecologic care among lesbians and bisexuals. *American Journal of Public Health*, 75 (9), 1085-1087.

² Courvant, D. & Cook-Daniels, L. Trans & intersex survivors of domestic violence: Defining terms, barriers, & responsibilities. www.survivorproject.org.