

# **Domestic Violence in Lesbian, Gay, Bisexual and Transgender Communities**

## **Trainers 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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10. Creating a Victim-Friendly Agency
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12. HIV Partner Notification Protocol
13. Designated Family Offenses
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## **TRAINING SCHEDULE**

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

## **INTRODUCTION TO TRAINER'S MANUAL**

### **Introduction**

Lesbian, gay, bisexual and transgender (LGBT) victims of domestic violence have been largely ignored, for somewhat different reasons, by domestic violence service providers, other service providers and authorities, and the LGBT community itself. LGBT survivors are often reluctant to disclose abuse for fear of receiving ignorant or hostile responses from providers – a fear grounded in their personal experience or the experience of other members of their community. The purpose of this curriculum is to give health and human service providers the knowledge and skills necessary to sensitively and effectively respond to LGBT victims of domestic violence.

This Trainer's Introduction includes:

- An overview of the training purpose, objectives and format.
- Practical considerations.
- Facilities and materials needed.
- Factors to consider in preparing, planning, and delivering the training.
- Suggested teaching methods.

The Trainer's Manual follows the content and format of the Participant Manual, providing additional information, optional material, teaching points, and alternative ways of handling some individual sections.

### **Target Audience**

This curriculum is designed for all health and human services providers, including HIV and other health care providers, mental health and substance abuse treatment providers, clergy, corrections and probation officers, rape crisis and domestic violence service providers, and educators.

### **Goals**

The overall goals of this training are to:

- Challenge participants to examine beliefs, values and attitudes that can negatively impact their ability to understand LGBT victims of domestic violence.
- Provide participants with knowledge and skills that will enable them to respond to those victims more sensitively and successfully.

## Objectives

As a result of the training, participants will have the skills and knowledge 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.
- Define domestic violence.
- Identify control tactics available to LGBT abusers.
- 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.
- 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.
- Understand the many reasons victims remain with abusive partners, and the variety of risks victims experience, including the risk of problematic responses by authorities and service providers.
- Identify ways to address victims' safety needs and help them access services.

## Trainer Preparation

### Module 2

- Make sure you are thoroughly familiar with all the words defined in the glossary, so you can answer questions as they arise. (Lesson #1.)
- Try to be clear about how you yourself think about gender.
- Do some thinking about heterosexual privileges you have (if you are heterosexual) or don't have (if you are LGBT), so that you can bring in examples that you are comfortable with, if needed. (Lesson #2.)

### Module 4

- Make sure you are clear about the difference between *abuse*, on the one hand, and *fighting back*, *self-defense*, or just *fighting* on the other.
- Examine your own beliefs to see whether they can get in the way of hearing the needs and feelings of specific individual clients. (Lesson #2.)



## Teaching Methods

The training format actively involves participants in their own and each others' learning, which will enable them to better apply what they have learned at their workplace. Participants can follow along in their manuals if they wish. The Trainer's Manual indicates where participants will need to turn to specific pages.

The main teaching methods used in this training, with their purposes, include:

- Brainstorm: Elicit information on a specific question.
- Brief Mini-Lecture: Deliver specific information.
- Quizzes: Generate material for use in discussion.
- Small Group Discussion: Specific tasks to be done with the same group of people throughout the day.
- Large Group Discussion: Wrap up sections and integrate ideas gained from small group discussion.

Don't expect to cover every teaching point. Particularly important points, which trainers should make sure to include, are indicated with \*\*\*.

## Parking Lot

Use the "Parking Lot" to note important issues that can't be fully discussed due to lack of time. Park issues only because genuine time constraints require you to set them aside – *not* because you as a trainer are uncomfortable handling them. Participants can feel shut down or discriminated against if issues that are central to their experience or understanding get parked. Make sure you don't use the Parking Lot in ways that are unintentionally hurtful or controlling.

## Practical Considerations

Group Size. The minimum number of participants recommended is 15, with a maximum of 25. The interaction of the participants and their level of involvement may be compromised when the number of participants is too large or too small.

Room Arrangement. The ideal arrangement is round tables for five or six, oriented toward the front of the room, to foster interaction with a minimum of shuffling around, and allow trainers to easily hand out materials. Traditional classroom style, with participants facing each other's backs, is *not* recommended.

Time Constraints. This course is very tightly scheduled. In order to be sure of starting on time, you should ask participants to arrive at 8:30 a.m.

## Materials

The following supplies are needed for the training as a whole:

- |  |  |
|--|--|
| <input type="checkbox"/> Easels  | <input type="checkbox"/> Name tents          |
| <input type="checkbox"/> Newsprint   | <input type="checkbox"/> Masking tape        |
| <input type="checkbox"/> Markers (for newsprint and overhead)                              | <input type="checkbox"/> Screen              |
| <input type="checkbox"/> Prepared sheets of newsprint                                      | <input type="checkbox"/> Participant Manuals |
| <input type="checkbox"/> Participant sign-in sheets  | <input type="checkbox"/> #2 pencils          |
| <input type="checkbox"/> A1 standard scanable evaluation form                              | <input type="checkbox"/> Scotch tape         |
| <input type="checkbox"/> Laptop and LCD projector (or overhead projector), if using slides |  |
| <input type="checkbox"/> Powerpoint slides (or overhead transparencies), if you wish       |  |

## Before the training day, prepare the following newsprint sheets:

Post all day

- ☐ NYS DV Hotline
- English: 800-942-6906    Spanish: 800-942-6908
- NYC Gay and Lesbian Anti-Violence Project Hotline
- 212-714-1141 (24 hours, English and Spanish)

Module 1

- ☐ Parking Lot

Module 2, Lesson 2

- ☐ Heterosexual Privilege
- ☐ Gender Conformity Privilege

Module 3, Lesson 1

- ☐ Emotional and Psychological Abuse
- ☐ Threats
- ☐ Entitlement
- ☐ Using Children
- ☐ Economic Abuse
- ☐ Sexual Abuse
- ☐ HIV-Related Abuse
- ☐ Intimidation
- ☐ Isolation; Restricting Freedom
- ☐ Heterosexist Control

Module 3, Lesson 2

- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Transgender

## Training Teams

It is extremely helpful to have a team of trainers who complement one another in respect to their knowledge and experience with domestic violence and LGBT issues, because this training may challenge trainees' deeply entrenched beliefs and evoke emotionally-laden responses. Participants may blame victims, pathologize victims or abusers, or stereotype LGBT people, or become personally distressed. Ideally, the training team should be diverse in terms of gender identity, race, and sexual orientation.

Co-trainers should be prepared to:

- Help each other deal with unpredictable situations.
- Split up if necessary, so that one can continue the day's program while the other attends to the needs of a distressed participant.
- Back each other up if a participant accuses one of them of personal bias.
- Provide constructive feedback to each other and the group about the many ways heterosexism, homophobia, transphobia, sexism and victim blaming affect our thinking. Each trainer should try to be willing to allow the other to catch them expressing such attitudes, and to process them non-defensively before the group.

However, trainers should recognize that strongly held beliefs and values are unlikely to change as a result of one day of training, particularly if participants have been required to attend. Trainers who expect radical change are likely to feel frustrated with participants, and to find themselves enmeshed in arguments that go nowhere and distract from accomplishing the goals of the training.

## Responding to Different Points of View

In order to make the training safe for all participants:

- Don't make assumptions about the sexual orientation, gender identity, or abuse experience of individual participants.
- Respect differences of opinion among LGBT participants about what it means to be LGBT. *Don't* ask LGBT participants to function as experts on the community.
- *Do* treat each individual LGBT person or victim of DV as the expert on their own experience. Communicate respect by explicitly affirming their right to define their own experience, *especially* when it contradicts a teaching point (e.g., an LGBT person expresses internalized transphobia, or passes judgment on another part of the community; a victim of DV blames themselves for violence done to them).
- Pay attention to whether individuals are able to understand each other and be allies.
  - Heterosexuals in the group may or may not already be allies of LGBT people.
  - LGTB participants may or may not understand each other's issues and support each other.
  - Participants knowledge of DV and their ability to be allies of victims will vary.

## Language

Inclusive language. The goal is to avoid *both* excluding anyone, *and* falsely representing any particular group's experience. Trainers can use, and encourage trainees to use, various strategies toward accomplishing these goals.

- Allow for diversity in how people refer to themselves. For instance, men who have sex with men may call themselves straight, bisexual, gay, queer, etc., and some refuse labels altogether. Some people who experience DV refer to themselves as victims, some as survivors. Set a norm of respecting what each person wants to be called, and remembering and using individuals' preferred terms.
- Remember that using the most up-to-date term is less "correct" than an individual's choice of how to identify themselves.
- Make sure that inclusive language really is inclusive, and represents alternative experiences. For instance, if you say 'LGTB,' don't talk only about lesbians and gay men. When you say 'we,' make sure you're not carelessly generalizing from your own experiences. "I think we all feel. . ." can make anyone who does not agree feel invisible, and can have a negative impact on group participation and interactivity.
- Encourage participants to speak for themselves, and avoid speaking for any group in the room – or outside it.

Transgender. The definitions used in this curriculum were developed with input from transgender people. This is new and evolving language. No one definition pleases everyone, nor is there wide agreement even on what word should be used. Some transgender people only say 'transgender' and find the shortened form, 'trans,' trivializing or offensive. Others prefer 'trans' because they see it as more general and less tied to a history of bias. The main point is to use the term preferred by the person with whom you are speaking, and ask others to define what they mean by the terms they use. In this curriculum, we use 'transgender.'

Abuser vs. batterer. This curriculum uses the words 'abuser' and 'abusing' rather than 'batterer' and 'battering' (the words more often used by advocates for heterosexual battered women.) There are two reasons for this choice:

- 'Battering' sometimes is taken as referring only to physical violence.
- In heterosexual DV most abusers are men, and 'batterer' has come to have a men-only connotation in many people's minds; this helps make DV committed by women invisible. Some people feel that it has a connotation of heterosexual gender roles, which are not relevant to many LGBT people. If batterer = male, female "batterers" are less likely to be identified, and male victims will not be taken seriously.

'Abuser' has come into common usage in many LGBT communities. However, 'batterer' is not wrong, and many LGBT victims do describe their experience as battering. Others use the term, 'perpetrator.'

Victim, vs. survivor. This curriculum also uses the word ‘victim’ to refer to people who are abused by their partners, but many advocates and people who have experienced DV prefer to use ‘survivor.’ Some feel that ‘victim’ is stigmatizing, and that it does not adequately represent their strength, active efforts to cope, and survival skills. Others feel that ‘survivor’ underemphasizes the extent to which their partner has intentionally harmed them, and may still be doing so. Feel free to use either word, depending on your own comfort and that of your audience, and respect trainees’ objections to either word. ‘People who have experienced DV’ or ‘people who are being abused’ are two possible ways of avoiding either term if members of the group have strong feelings about ‘victim’ and ‘survivor.’

Abusive relationship. *Avoid* this phrase. It implies that the abuse is a relationship problem that both partners are responsible for, rather than something one person does to the other. If participants use “abusive relationship,” take a minute to suggest “relationship with an abuser,” which puts the responsibility where it belongs. However, ‘abusive relationship’ is widely used, so don’t waste time responding to it more than once.

## **Community Linkages**

Make a connection with local domestic violence service providers and LGBT anti-violence advocates prior to the training. Find out what they offer to LGBT victims of domestic violence and invite them to describe their services. This will ensure that participants receive accurate information about resources available in their own community. If such participation is not possible, ask for written materials about local services that you can distribute to participants. Allow participants time to share any information they may have about additional community resources.

## **When Participants Disclose Abuse**

One or more participants (of any sexual orientation or gender identity) may disclose ongoing or past abuse by a partner, or abuse in their family of origin. Others may have experienced abuse by people responding to their race, a disability, or another part of their identity. Disclosures that illustrate a teaching point can put a personal face on the experience of victims. It is also essential to affirm the validity of participants’ experience when it *contradicts* a teaching point, and remind participants that victims’ experiences differ, and that individuals are always the experts on their own experience and feelings.

Before getting into the content, acknowledge that participants may find this training painful or challenging. Encourage them to take care of themselves, leave the room temporarily if they need to, or ask for what they need. If anyone becomes distressed, be sure to check in with them during the next break. If they disclose being abused by a current partner, offer support, and draw their attention to the hotline numbers in the front of their Participant Manual.

It is possible that a participant may disclose that they themselves have been abusive to a partner. Pay attention to the tone of such a disclosure, and what is actually being said. One individual may seem ashamed or embarrassed about their behavior, and this *may* be because they are actually a victim who has been led to see themselves as an abuser. Another may be challenging or discounting what you are teaching. In either case, acknowledge that they may have difficulty with some of the content. Don't spend a lot of time talking about their disclosure or allow someone speaking from an abuser's perspective to dominate the discussion.

## **MODULE 1**

### **INTRODUCTION AND CURRICULUM OVERVIEW**

#### **MODULE OVERVIEW**

**Time**            35 minutes

| <b>TIME</b> | <b>LESSON</b>               | <b>PROCESS</b> | <b>PAGE</b> |
|-------------|-----------------------------|----------------|-------------|
| 10 min.     | 1. Introductions            | Go-around      | 2           |
| 10 min.     | 2. Goals and Objectives     | Mini-Lecture   | 3           |
| 15 min.     | 3. Developing a Partnership | Discussion     | 5           |

#### **Objectives**

By the end of this module participants will:

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

#### **Materials**

Prepared newsprint: "Parking Lot"

## Lesson 1: Introductions

**Time** 10 minutes

**Process** Go-around

### **GO-AROUND: 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.

Ask participants to do the same. Record participants' goals and expectations on newsprint. Try to get a feel for participants' levels of experience and knowledge, attitudes and specific needs.

### **TRAINER'S NOTE**

Asking for preferred gender pronoun is a great way to start participants thinking about their non-transgender privilege and assumptions about gender identity.



## Lesson 2: Training Goals and Objectives

**Time** 10 minutes

**Process** Brief mini-lecture

**Materials** Parking Lot

AIDS Institute Training Calendar

### MINI-LECTURE

#### 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 participants to respond to LGBT victims more sensitively and helpfully.

#### Specific objectives:

As a result of the training, participants 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.

## TRAINER'S NOTE

Make sure participants understand the limits of the training.

- Note which of participants' expressed goals will be met during the training and which are outside its scope.
- Hand out the AIDS Institute Training Calendar. Point out other trainings that may meet participants' specific needs.
- Introduce the Parking Lot, for issues that arise that can't be fully discussed due to time constraints. Promise to return to parked issues at the end of the day if there is time. Offer to discuss them individually with participants during breaks.

## Lesson 3: Developing a Partnership

**Time** 15 minutes

**Process** Mini-lecture & large group discussion

This training may challenge participants' beliefs and feelings. A commitment to partnership can help build alliances among participants and set a positive, non-confrontational tone.

Communicate and model the partnership approach by sharing your different experiences when relevant, and by demonstrating and expressing respect for differences. Welcome participants' speaking from their own experience, but never insist that they do so. Their comfort level in taking risks will differ.

### MINI-LECTURE

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?"

### TRAINER'S NOTE

Have participants turn to Developing a Partnership (page 5 in Participant Manual), and give them a minute to read it. Briefly go over the main points and ask participants to agree to adhere to this attitude throughout the day.

## **DEVELOPING A PARTNERSHIP<sup>1</sup>**

***“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.

### TRAINER’S NOTE

- Make sure participants understand that you may have to interrupt long personal stories because of time constraints.
- Individual participants who are LGBT or domestic violence survivors may have had personal experiences that seem to contradict what we are teaching. They are the expert on their own experience, and we support them in speaking from it, even when they draw general conclusions from it that we disagree with.
- Ask whether anyone wants to suggest any additional ground rules that would make the training feel safe and useful for them.

### 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.

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<sup>1</sup> Partnership model adapted from a workshop by Pat Romney (Hampshire College).  
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## **MODULE 2**

### **EXAMINING ASSUMPTIONS**

#### **MODULE OVERVIEW**

**Time** 85 minutes

| <b>TIME</b> | <b>LESSON</b>          | <b>PROCESS</b>    | <b>PAGE</b> |
|-------------|------------------------|-------------------|-------------|
| 40 min.     | 1. Defining Our Terms: | Matching Exercise | 10          |
| 45 min.     | 2. Examining Privilege | Brainstorm        | 15          |

#### **Objectives**

By the end of this module participants 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.

#### **Materials**

- Flipchart paper and markers.

#### **For further information**

- Appendix 1, Glossary
- Appendix 2, AVP Glossary of Terms

## Lesson 1: Defining Our Terms

**Time** 40 minutes

**Proces** Matching exercise and debriefing

**TRAINER'S NOTE** Thoroughly familiarize yourself with all the definitions in Appendices 1, and 2, so that you can answer participants' questions. If you are unfamiliar with language related to transgender and intersex experience, please visit the *Guide to Intersex & Trans Terminologies*, at <http://www.survivorproject.org/basic.html>.

### **MATCHING EXERCISE**

Ask participants to turn to page 8 in their Participant Manual and complete the Terminology Matching Exercise.

The goal of this activity is to establish shared definitions that are as free from bias as possible, in an effort to facilitate discussion before starting to discuss domestic violence.



## TRAINER'S NOTE

Don't make assumptions about who understands what. Some heterosexual participants will be sensitive and knowledgeable. Many participants, including some who are LGB, may know little or nothing about transgender people. Take time to answer questions, but remind them that going into transgender issues in any depth is beyond the scope of this training, and move on.

Make sure participants are clear about the differences between *sex* (biology), *gender* (identity and expression), and *sexual orientation* (who one is attracted to).

Also, make sure they understand the definitions of:

- Sexual orientation terms: *lesbian*, *gay*, *bisexual*, *straight*, *heterosexual*, *queer*.
- Gender identity and gender expression terms: *transgender*, *queer*.
- *LGBT*.

If anyone finds the definitions given unsatisfactory:

- Acknowledge that no one definition satisfies everyone. Tell participants that our working definitions were developed with input from the communities involved, and may differ from how others define the words. Remind them that they are free to use their own preferred terms, such as *gender-nonconforming* or *genderqueer* to describe gender identity.
- 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* (defined below). Participants and trainers should feel free to use the label they 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 individuals to tell us what they are comfortable with.
- Refer participants to Appendix 1 and 2 for definitions of more terms.

## **DEBRIEFING POINTS**

*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 kept as a "family secret." The gender in which the individual is raised may or may not fit the gender they identify with. Intersex people may have any sexual orientation. Some identify as transgender; others do not.

## **MINI-LECTURE: 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 in asking about an issue like LGBT domestic violence is to become a safe person to talk to. Your language choices will be an indicator of sensitivity.

### **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 may find that word offensive because it’s 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

**Time** 45 minutes

**Process** Mini-lecture  
Small-group brainstorm  
Large-group debriefing

**Materials** **Prepared** newsprint, titled either *Heterosexual Privilege* or *Gender-Conformity Privilege*.

### **MINI-LECTURE: 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.”<sup>1</sup>

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.

## TRAINER'S NOTE

**ASK** for a couple of examples of other kinds of privilege, or offer these:

- *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.



## **SMALL GROUP BRAINSTORM: HETEROSEXUAL and GENDER-CONFORMITY PRIVILEGE**

Give each group a piece of newsprint, half titled *Heterosexual Privilege*, and half *Gender-Conformity Privilege*.

Have each group list things that heterosexual or gender-conforming individuals can do, have, or be that are denied to those who are not heterosexual or don't conform to society's gender norms. Remind them to include bad things that *don't* happen – such as discrimination. If people have trouble getting started, offer a couple of examples:

- Heterosexual privilege: being able to get married; not being beaten up for your sexual orientation.
- Gender-conformity privilege: being able to use the restroom of your choice, being able to dress according to your gender identity without being stared at.

Ask each group to share their lists. In the interest of time, ask groups not to repeat what has already been said. Add any items that occur to participants during the discussion.

## **DEBRIEFING POINTS**

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.

### **TRAINER'S NOTE**

Ask participants if they can think of:

- Any other examples of heterosexist assumptions.
- Any examples of heterosexist *practices*, which might include things like Don't Ask Don't Tell, Defense of Marriage Acts, sodomy laws until quite recently, and defining homosexuality as a mental disorder (which only ended in the 1970's).

### **SUMMARY AND TRANSITION TO MODULE 3**

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. (Module 3, Lesson 2)
- Why LGBT domestic violence victims experience additional risks and have more difficulty finding assistance.

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<sup>1</sup> 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*.

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## Lesson 1: Defining Domestic Violence: How Abusers Gain Control

**Time** 30 minutes

**Process** Large group brainstorm  
Small group brainstorm

**Materials**

### LARGE GROUP BRAINSTORM: DEFINING DOMESTIC VIOLENCE

Ask participants for their thoughts about what constitutes domestic violence, and list them on a flip chart. Once they run dry, use the debriefing points to either summarize what they have said, or correct mistaken ideas.

### DEBRIEFING POINTS

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.

| <b>Domestic Violence is...</b>                                    | <b>Domestic Violence is not...</b>   |
|---|--|
| 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.   |

## TRAINER'S NOTE

★★★ If participants express the belief 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 – make the following points:

- 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.

## **SMALL GROUP BRAINSTORM: How Abusers Establish Control**

**Materials**     LGBT Power and Control Wheel (Appendix 5)

**Prepared newsprint sheets:**

- Emotional & Psychological Abuse
- Threats
- Entitlement
- Using Children
- Economic Abuse
- Sexual Abuse
- HIV-Related Abuse
- Intimidation
- Isolation; Restricting Freedom

**Note:** The final two sections of the LGBT Power and Control Wheel are addressed in the next lesson.

Break into nine pairs or small groups. Give each small group one of the prepared newsprint sheets. If the group has fewer than nine people, post the newsprint sheets and have the entire group circulate and write what they can think of on each sheet.

Before they begin, use physical abuse to illustrate the task. (Physical abuse is not included as a small group topic, but some specific tactics related to transgender experience will be discussed later.)

Examples of physical tactics:

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

**NOTE:** 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.

In listing other kinds of tactics, ask them to think of both:

- Tactics that could be used by *any* abuser, regardless of sexual orientation or gender identity (e.g., name-calling, stealing paychecks).
- Tactics that are *LGBT specific* or have a greater impact on victims who are LGBT (e.g., threats to out partner).

## **DEBRIEFING: ABUSIVE TACTICS**

Have each group post their newsprint and report out, sharing any concrete examples they wish to. Give other participants a chance to add to the lists. Ask them to take a look at the completed Power and Control Wheel<sup>1</sup> (Appendix 5).

During the debriefing:

- Use the examples of LGBT-specific control tactics, given on the next few pages, to guide the discussion and add to the examples people have come up with.
- Ask participants to think of how each tactic might play out for someone with HIV. What additional impact might there be?
- Participants may list similar tactics in more than one category. This is fine. There are no hard-and-fast lines between categories.
- If people come up with tactics that specifically make use of heterosexism, homophobia and transphobia, ask them to hold that thought until the next lesson.

## **Examples of LGBT abusers' tactics**

### ***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.<sup>2</sup>
- 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.

## **TRAINER'S NOTE: Optional material**

The role of entitlement shows the connection between abuse and societal oppression.

The entitlement tactics listed above 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,<sup>3</sup> 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).
- Controlling 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.

### **TRAINERS NOTE**

Refer participants to Appendix 3 for more discussion of tactics involving SM.

### ***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.

## **TRAINERS NOTE**

Refer participants to 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 abuse.
- 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."*<sup>4</sup>
  - *"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."*<sup>5</sup>
- 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."*<sup>6</sup>
- 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.

### **TRAINERS NOTE**

Ask participants to turn to Appendix 5 and look at the LGBT Power and Control Wheel, a graphic representation of these tactics.

Also point out Appendix 6, the Tactics Chart.

## Lesson 2: Identity Abuse

**Time** 30 minutes

**Process** Small group brainstorm and report out

**Materials** Prepared newsprint sheets:

Lesbian  
Gay  
Bisexual  
Transgender

This lesson fills in the final sections of the Power and Control Wheel - using heterosexism, homophobia and transphobia.

Any aspect of an individual's identity can be used as a weapon. This section talks about "identity abuse" inclusively, and particularly looks at how different tactics might specifically affect LGBT people of color.

### INTRODUCTION: 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. A person's identity can be used 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:

- Using 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.

### **SMALL GROUP BRAINSTORM**

Divide participants into at least four small groups. Assign each group a particular identity: lesbian, gay, bisexual or transgender. If the group is large, assign the same identity to more than one group.

Provide each group with a newsprint sheet with the name of their assigned group at the top, and give them two tasks:

- List ways that the particular identity can be used as a weapon against a partner. Be as specific as possible.
- List ways that people of color might be particularly impacted, or ways that specific identity abuse tactics might be used against people of color. How might gay identity abuse affect Asian men, or black men – or men of color generally? What tactics might be used against transgender Latinas? And so on.

Participants may list tactics that exploit the lack of domestic violence services for LGBT people. We will return to these issues later.

Have each group post their list and present their ideas. Ask others to add things they think of, and use the following points to fill in if necessary.



## **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."*<sup>7</sup>
- 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 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.

### TRAINER'S NOTE

If anyone expresses the view that this last tactic is *legitimate*, remind them that:

- 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.<sup>8</sup>
- 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 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.

## TRAINER'S NOTE

**Final question for the entire group:** How might these tactics affect someone's overall health – both in general, and someone with HIV?

Connect this module back to Module 2, by drawing together ideas about privilege with ideas about domestic violence.

## 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.

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<sup>1</sup> NYC Gay and Lesbian Anti-Violence Project (2000).

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

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

<sup>4</sup> Ibid., page 42.

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

<sup>6</sup> National Leather Association. (1992). Transcript of workshop from 1991 annual conference.

<sup>7</sup> Renzetti (1992), page 82.

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

## **MODULE 4**

### **MYTHS AND FACTS ABOUT LGBT DV**

#### **MODULE OVERVIEW**

**Time**            30 minutes

#### **Objectives**

By the end of this module participants 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.

**Process**            Myths and Facts activity  
                         Large group debriefing

#### **MYTHS AND FACTS ACTIVITY**

Ask participants to turn to page 34 in their Participant's Manual and complete the Myths and Facts Activity.

The correct answers are provided below.

#### **For further information**

- Appendix 7: AVP Fact Sheet: LGBTQ People & Orders of Protection in New York

### **Myths vs. Facts Activity**

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

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

### **DEBRIEFING POINTS**



Ask participants who think a given statement is a myth to say why, and what they think the reality is. Ask those who think a statement is true to say why.

Encourage participants to raise any questions they have about whether a particular statement is true or false.

Ask the groups to identify underlying beliefs and stereotypes embedded in the myths.

Use the information below to correct any misconceptions participants have.

**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 – with anywhere from 17% to 46% of lesbians and gay men reporting abuse by a current or former partner.<sup>1</sup>

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

**FACT**

This is a recent change in the law.

**TRAINER'S NOTE**

Appendix 7, the AVP Fact Sheet: LGBTQ People & Orders of Protection in New York State Family Court, covers the recent changes in NYS law. This will be covered in more detail in Module 6.

### **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 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.”<sup>2</sup>*
- *“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.”<sup>3</sup>*

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

### **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.)

- 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.

| <b>LGBT vs. Heterosexual Domestic Violence</b>             |                                   |
|--|-----------------------------------|
| <b>Similarities</b>  | <b>Differences</b>                |
| 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.                           | Legal remedies are limited.       |
| 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.<sup>6</sup> 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.

**TRAINER'S NOTE:** Because the myth of mutual abuse is so widespread and so damaging, it is important to discuss it in detail, and to outline the differences between abuse and fighting, and abuse and self-defense.

### ***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.

| <b>Fights</b>                                    | <b>Abuse</b>   |
|--|--|
| 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.’”<sup>7</sup>*

| <b>Self-Defense; Fighting back</b>  | <b>Abuse</b>                   |
|-------------------------------------|--------------------------------|
| 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?"<sup>8</sup>*

### **LARGE GROUP BRAINSTORM: HOW DO THESE MYTHS IMPACT INDIVIDUAL VICTIMS?**

**ASK** participants what effect the fact that people believe these myths has on individual LGBT victims. Add in any the points below.

## **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.

## **SUMMARY**

**ASK** whether anyone can think of any other myths about LGBT domestic violence. If anyone mention beliefs that apply to both LGBT and heterosexual domestic violence (e.g., that it is caused by jealousy or the abuser's having witnessed parental violence) acknowledge that these are myths, but keep the focus on LGBT relationships.

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<sup>1</sup> 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.

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

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

<sup>4</sup> 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.

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

<sup>6</sup> 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.

<sup>7</sup> National Leather Association. (1992). Transcript of workshop from 1991 annual conference.

<sup>8</sup> 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**

#### **MODULE OVERVIEW**

**Time**            1 hour, 15 minutes

| <b>TIME</b> | <b>LESSON</b>                                    | <b>PROCESS</b> | <b>PAGE</b> |
|-------------|--|----------------|-------------|
| 20 min.     | 1. Asking About Victimization                    | Mini-Lecture   | 52          |
| 10 min.     | 2. Asking about Abusiveness                      | Mini-Lecture   | 56          |
| 45 min.     | 3. Practice: Asking about LGBT domestic violence |                | 59          |
|             | .....Fishbowl                                    |                | 59          |
|             | .....Sm. Grp. Discuss                            |                | 63          |

#### **Objectives**

By the end of this module participants 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.

#### **For further information**

- Appendix 8, Inclusive Language
- Appendix 9, Creating an LGBT-Friendly Agency
- Appendix 10, Creating a Victim-Friendly Agency
- Appendix 11, Quick Guide: Working with a Client who Batters
- Appendix 12, HIV Partner Notification Protocol

## Lesson 1: Asking About Victimization

**Time** 20 minutes

**Process** Mini-lecture

**Materials**

- Appendix 8, Inclusive Language
- Appendix 9, Creating an LGBT-Friendly Agency
- Appendix 10, Creating a Victim-Friendly Agency

### 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.<sup>1</sup>
- 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. Post LGBT-friendly materials in your office, to let clients know they can expect respect and sensitivity.

## TRAINER'S NOTE

Remind participants of the language issues discussed in Module 2. Refer them to Appendix 8, Inclusive Language, and Appendix 9 and 10, for more information on how to make their 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.<sup>2</sup>
- 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.

## TRAINER'S NOTE

A participant who doesn't see a certain identity as legitimate will have trouble empathizing with clients who claim that identity. There may be participants who feel that way about bisexuality, or transgender identity – or a lesbian or gay identity.

If anyone expresses such a difficulty – or if you get the sense that it's an elephant in the room – remind the group that:

- 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.

## MINI-LECTURE: 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 suicide (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.

## MINI-LECTURE – 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

## SUMMARY

| 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.<br>(Module 6)                               | Ask again later if you see any red flags.  |

## Lesson 2: Asking About Abusiveness

**Time** 10 minutes

**Process** Quick Mini-Lecture

### TRAINER'S NOTE

Stress that providers must consider how their interventions might affect the safety of the client's partner, but intervening in abusive behavior is not the provider's job.

If there is time, you might have participants look over the Quick Guide: Working with a Client who Batters (Appendix 11) and ask any questions they may have.

### 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:

| <b>Victim</b>   | <b>Abuser</b>  |
|---|--|
| 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.      |

### **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 screening related to HIV partner notification, see Appendix 12.

### **Lesson 3: Practice: Asking about LGBT Domestic Violence**

**Time** 45 minutes

**Process** Fishbowl demonstration or small group practice

**Materials** Newsprint and markers for small group option

This section is devoted to practicing ways of asking about domestic violence.

The three case studies below may be used either as a fishbowl demonstration (page 56) or as a small group discussion (page 59) followed by a large group debriefing.

- Paul presents some cues that domestic violence may be happening.
- Ana is a routine screening situation where there are no cues.
- Julie is in the middle of a relationship crisis.

Good responses will incorporate the provider's observations.

#### **ALTERNATIVE #1 – FISHBOWL DEMONSTRATION – Requires two trainers**

In a “fishbowl” format, one trainer role-plays the client. Participants suggest screening questions that are relevant to their specific job situation, and the “client” responds to the questions. The other trainer intervenes when needed and facilitates the discussion.

Work out ahead of time who will play the client. Familiarize yourself with the case scenarios, below. Try to respond as you actually think you would to participants screening questions.

This activity will be followed by a large group debriefing. Process questions are listed below, following the case descriptions for the small group alternative.

Note the red flags for domestic violence, and any safety concerns, on newsprint for use in Module 6.

## **FISHBOWL CASE SCENARIOS**

### **Paul**

You are Paul, a 38 year old gay man who was diagnosed with HIV about 6 months ago.

Your partner, Brian, was diagnosed with HIV just recently, and he blames you for infecting him. You don't see how this can be true, since you have been extremely careful about safe sex ever since your diagnosis. You said this to Brian three nights ago. Brian went ballistic, saying that you were accusing him of being unfaithful, calling you names and accusing you of all sorts of crazy stuff.

Later that night, Brian woke you up from a sound sleep – apologizing for his behavior, begging you to forgive him, and wanting to have sex “to make up.” When you said no, and told him you were still too hurt and angry, he attacked you, punched you in the stomach and ribs, shook you violently, and eventually raped you.

Brian has been really nice ever since, but you have been walking on eggshells and are afraid to go to sleep at night. But you also feel guilty for not accepting Brian's word that it will never happen again.

### **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.
    - Brian blames Paul for giving him HIV when he knows he didn't.
    - Brian went ballistic (what does this mean, specifically?).
    - Name-calling, accusations.
    - Physical assault, rape.
- How did Paul respond to your questions? Are there better ways to ask any that he reacted to negatively, or that didn't get the information you wanted?
- 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?

### **Ana**

You are Ana, a transgender woman. You have not disclosed this to your new case manager, but you know it's in the records of your previous CM.

During your first meeting with your new CM, he asked about your home life. You said that you had been in a committed relationship for the past three years, and that you and your partner, Joey, moved to town six months ago. Now you think that Joey is cheating on you. You did not want to talk about that, though the CM offered, because Joey doesn't like you talking to anyone else about your relationship problems, and doesn't like other people knowing his business.

When you got home Joey began to grill you about what you told the CM, and you got into a huge fight, which ended with him storming into the bedroom, yanking your clothes from the closet and throwing them on the floor, and telling you to pack up and get out. You managed to calm him down and he agreed you could stay in the apartment until you found a place to live, but he's not speaking to you and a couple of times he has roughly shoved you out of his way.

Last night you overheard him on the phone with a friend, saying he doesn't know why he ever took up with a freak like 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 did Ana respond to your questions? Are there better ways to ask any that she reacted to negatively, or that didn't get the information you wanted?

## **Julie**

You are Julie, a 19 year old white woman. You live in the small town where you grew up, work at a fast food place and attend community college. In high school, you had relationships with both boys and girls. You are kind of confused about your sexual orientation.

You have been dating Debbie, age 26, for the last two months. You also recently met a guy, Zach, who is in one of your classes. You and Zach had a beer after class a few nights ago, and one thing led to another. When Debbie got suspicious and demanded to know where you were, you admitted you were with Zach, and said you wanted to slow things down with Debbie. She became verbally abusive and told you that you could never see Zach again and that you and she were meant to be together. The next morning, she apologized and said she really loved you, and she thought things would be better between you if you moved in with her.

You want to keep seeing Zach and don't want to get pregnant. You heard that the HIV risk reduction organization offered free condoms, and a friend also told you that the people there were "good listeners." She is upset when you get there, having just had another fight with Debbie.

## **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 did Julie respond to your questions? Are there better ways to ask any that she reacted to negatively, or that didn't get the information you wanted?

**End of Module 5 if using fishbowl format.**

## ALTERNATIVE #2 – SMALL GROUP DISCUSSION

### 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?

### **SUMMARY**

If participants express the feeling that asking about domestic violence feels artificial and uncomfortable, remind them that this will go away with practice. Ask whether participants have any lingering questions about the screening process, or doubts about their ability to do it.

Thank those who admitted to assumptions that might get in the way of screening.

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<sup>1</sup> 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.

<sup>2</sup> Courvant, D. & Cook-Daniels, L. Trans & intersex survivors of domestic violence: Defining terms, barriers, & responsibilities. [www.survivorproject.org](http://www.survivorproject.org).

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## **MODULE 6**

### **ATTENDING TO VICTIM SAFETY**

#### **MODULE OVERVIEW**

**Time** 1 hour, 15 minutes

| <b>TIME</b> | <b>LESSON</b>               | <b>PROCESS</b> | <b>PAGE</b> |
|-------------|-----------------------------|----------------|-------------|
| 30 min.     | 1. Risks to LGBT Victims    | Brainstorm     | 68          |
| 15 min.     | 2. Safety Planning          | Brainstorm     | 81          |
| 30 min.     | 3. Safety Planning Practice | Case scenarios | 83          |

#### **Objectives**

By the end of this module, participants will:

- Understand the many reasons victims remain with abusive partners, and the variety of risks victims experience, including the risk of problematic responses by authorities and service providers.
- Identify ways to address victims' safety needs and help them access services.

#### **Materials**

- Appendix 13, Designated Family Offenses
- Appendix 14, Quick Guide: Helping LGBT Victims of Domestic Violence
- Appendix 15, Safety Planning Guide
- Appendix 16, Safety Planning Hints for Human Service Providers

## Lesson 1: Risks to LGBT Victims

**Time** 30 minutes

**Process** Large Group Brainstorm

**Materials** Newsprint

### **BRAINSTORM: RISKS TO LGBT VICTIMS**

Ask participants to list risks that victims of domestic violence encounter as a result of their partner's behavior, including specific risks for people with HIV, adolescents, and transgender victims. List those reasons on newsprint.

Age, immigration, disability, physical or mental illness, parenting, etc. make everything more complicated, but are not discussed here due to lack of time.

Some risks are similar to those faced by women abused by male partners; others are specific to LGBT victims.

Remind participants that a risk is not a certainty – in saying that certain outcomes are “risks,” we are not implying that they happen to all, or even most, victims.

## Risks facing victims

- Isolation.
  - Loss of mutual friends who side with the abuser. Even those who would support women abused by men may not want to hear about LGBT domestic violence.
  - Friends who know that someone has been abusive in past relationships may not tell that person's current partner, depriving victim of validation.
  - Loss of relationship with family and friends due to partner outing them.
- Low self-esteem, feeling “crazy,” depression, Post-Traumatic Stress Disorder, other mental health problems.
  - Abuse-related isolation and low self-esteem may be compounded by isolation and low self-esteem due to societal oppression or being in the closet.
- Loss of custody of children, or relationship with partner's biological children. (Refer to Appendix 4.)
- Loss of custody or visitation with children from past relationship if partner outs them to former spouse.
  - **NOTE:** An abusive ex-partner of a victim who has children may try to use the children as weapons to continue their control after the relationship ends – for instance, by pumping them for information about the victim, or abusing the children directly. This can pose long-lasting difficulties for the victimized parent and the children. Referrals to domestic violence programs are strongly recommended in these cases.
- Financial dependency, unemployment, debt, poverty, homelessness.
- Unwanted pregnancy (may affect transgender and bisexual victims, and women who were sexually assaulted or coerced by previous male partners).
- Injury, illness, disability, traumatic brain injury, death.
- Legal problems, criminal record, immigration problems.
- Technology-related risks – cyberstalking, identity theft, GPS tracking, monitoring of victim's computer use, on-line impersonation.

### ***Risks related to gender-identity***

- Injury to body parts that are still healing from transition-related surgery.
- Transgender parents may lose custody of their children, be ordered to supervised visitation, or required to dress in accord with their birth sex in order to see their kids.
- Homelessness – and lack of appropriate services when they become homeless.

### ***Risks related to adolescent relationship abuse***

- Limits on young victims' future, and ability to make choices about their lives.
  - Adolescent victims may neglect their schoolwork, quit extracurricular activities, skip school or forego college to stay with their partner.
- Coming out process may be more difficult.
  - In adolescence, gender roles, enforced by both adults and peers, become increasingly restrictive. Exploring an LGTB identity, especially a transgender identity, during adolescence puts the teen in direct conflict with this social pressure, and increases their isolation and risk of violence by peers. The partner who abuses them may also seem to be the only one who understands them.
- Depression, suicide, substance abuse, anxiety and low self-esteem. Youth who feel the need for secrecy about both their sexual orientation or gender identity and abuse by a partner likely have the fewest supports available to them.
- Lack of safety at school, if their abusive partner attends the same school.

### ***HIV-related risks***

- Infection, re-infection, or re-exposure.
- Other negative health outcomes:
  - Because stress affects the immune system, even non-physical abuse can severely impact the health of a person with HIV.
  - Frail individuals can be seriously injured by a physical assault.
  - Partner may control of food and medication.
  - Other STDs.

- Having to deal with illness, disability, and death alone. This is a concern for any victim with a disability for whom the abuser is also the caregiver, especially if the abuser has isolated the victim from other potential caregivers. An ill or disabled victim may tolerate abuse in order to know they will be cared for.
- Safety issues around partner notification, ongoing contact, access to treatment, and permanency planning for children – which may mean dealing with how to keep them safe from the abuser.
- Increased isolation due to loss of other friends to AIDS, which makes them vulnerable to their partner's attempts to destroy their relationships with the friends they have left.
- Financial and mobility problems can restrict alternative housing options, and make it harder to escape from immediate danger or defend oneself. Victims on disability may be unable to escape financial dependency on the abuser.
- Domestic violence shelters may not be able to provide supports needed to meet victims' medical needs (e.g., refrigeration, 24-hour kitchen access, an IV line).
- Medication side effects may affect victims' ability to make and carry out safety plans.

### **BRAINSTORM: Why do LGBT victims decide to stay with abusive partners despite these risks?**

Ask participants to identify reasons why victims stay with abusive partners, and list those reasons on newsprint.

If participants suggest that victims stay because of low self-esteem, learned helplessness, or other psychological reasons, acknowledge that abuse can also have psychological consequences, but re-focus the discussion on concrete obstacles.

Make sure to cover the top two reasons that victims stay – fear and finances .

**FEAR.** They are afraid of what their partner will do if they try to leave,

- Research with heterosexual battered women consistently shows that they are most at risk of being murdered by their partner when they try to leave. It is not known whether the same is true for LGBT victims.
- Any abuser who threatens to kill their partner, children, pets, other loved ones, or themselves must be taken very seriously.
- Victims are usually better judges of how much danger their partner poses to them than most people think.

★★★ One of the biggest myths about domestic violence is that victims stay with abusers because there is something psychologically wrong with them, when, in fact, *concrete obstacles* are what keeps many victims trapped with abusive partners. *Realistic* fear for their safety and that of their children drives many of the choices victims make. Don't over-analyse their choices – especially the choice to remain with an abusive partner.

**FINANCES.** Many victims encounter severe economic obstacles to leaving an abusive partner. Many will be poor if they leave, and struggle to support their children.

- If their partner has kept them from getting or keeping a job, they may lack a stable employment record.
- Some victims lose their jobs when their employer discovers they are being abused and considers them a risk to their co-workers.
- Transgender victims, whether they are abused or not, tend to experience a lot of employment discrimination.
- For LGBT victims, there may be no readily available legal processes for getting assets divided fairly. Their partner may have put joint assets in their own name.

### **Other reasons why victims stay**

- They still love their partner and hope he/she will change.
- Constantly having to attend to their immediate safety leaves them little energy for long-term planning – which is what it takes to leave an abusive partner.
- Their partner threatens to out them if they leave.
- They want to keep their relationship with their non-biological children, and with their partner's family.
- They lack alternative housing options.
- People in their LGBT community are not supportive, won't acknowledge that abuse happens in LGBT relationships for fear of reinforcing negative stereotypes of LGBT people.<sup>1</sup> and think that there is something wrong with the individual victim.
  - *"I decided to talk to my [lesbian] AA sponsor [about being raped by her partner]. And...something even more terrible than the rape itself began to happen. I was told to not talk about it. I spoke to other women in my community. They also told me not to talk about it. It was horrifying that the women I had known for almost a year turned their back on me."*<sup>2</sup>
- Their LGBT community *is* supportive, and can't get free of their abusive partner without moving away from their LGBT community or community of color. Rather than give up these support systems, some victims may decide to stay with their abusive partner, especially if they lack family support.
- They lack support from their family of origin due to their sexual orientation or gender identity.
- Their partner is of their own race or culture, and they put a high value on this, and find it hard to let go of them even if they are abusive.
- Those who have HIV, or another disability or illness may fear that they will not find anyone else who would accept them as a partner if disclose their condition.
- They are concerned about legal issues, such as separation of property, asset division, and custody of biological or adopted children.

- They don't expect providers and authorities to understand their situation, or don't want to have to come out or deal with heterosexism, transphobia, and racism in order to get help. Sensitive and knowledgeable services are not widely available.
- For instance, transgender victims may fear receiving inappropriate or abusive treatment by providers because of their gender identity, based on their past experience.<sup>3</sup> This may include:
  - Denying them emergency care.
  - Handling them roughly during examinations.
  - Outright cruelty, ridicule and indifference.
  - Confusing gender identity with sexual orientation.
  - Perceiving them as mentally ill. (Transgender individuals often are diagnosed with *Gender Identity Disorder*,<sup>4</sup> a psychiatric diagnosis, in order to justify medical treatment, but then find that others use this diagnosis to question their sanity.)

### **BRAINSTORM: Why might LGBT victims choose not to call the police?**

- Police may not accurately recognize female abusers or male victims, because they rely on gender cues to help them decide which party is the abuser.
- Police may think that an LGBT victim who has fought back or defended themselves has contributed equally to the violence, and is not really a victim. If both parties are injured, they may not recognize which injuries are defensive ones. As a result:
  - They may not arrest the perpetrator or help the victim get to safety, go to the hospital, or request an Order of Protection.
    - *"I called the police, but nothing was done about it. I kept thinking, 'No one cares because I am a lesbian.' The police basically took the attitude, 'So two dykes are trying to kill each other, big deal.'"*<sup>5</sup>
  - They may arrest both people, which is more common in incidents involving same-sex couples.<sup>6</sup> Some victims have even been put in the same holding cell with the abuser. Dual arrest is a problem:
    - It further victimizes the victim, who has committed no crime.
    - It treats the victim as partly responsible for the abuser's violence, which diminishes the victim's credibility in court.
    - There are consequences for children if both parents are arrested.



**NOTE:** In NYS, police must make an arrest if they have probable cause to believe a family offense has been committed (see list in Appendix 13). If it appears that both people have committed family offenses, they must identify and arrest the *primary aggressor*. This applies to domestic incidents involving LGBT couples, as well as those involving heterosexual partners.

- If the abuser is a person of color, the victim may fear that he or she will be exposed to racist attacks in jail, by both other inmates and corrections officers, in addition to homophobic/transphobic assaults. The knowledge that these things happen can also be *used* by abusers to confuse and immobilize their partners.
- If they live in a rural area, their family and friends may have police scanners, making privacy and confidentiality impossible.

#### **TRAINERS' NOTE:**

Tie this discussion back to privilege. Privilege comes with being an authority who has specific power to make decisions that affect people's lives. For instance:

- Police privilege may include deciding not to treat someone as a real victim.
- Judges' privilege may include make decisions on the basis of their own opinions or biases, e.g., making custody decisions based on one parent's sexual orientation or gender identity.

#### **BRAINSTORM: Why might LGBT victims not go to shelter?**

- Partner has convinced shelter staff that they are a victim. Partner may already be in the shelter.
  - *"She was working at the shelter. So I didn't feel like I could go to a shelter because she would be able to find out where I was. She was also an ex-resident of that shelter, which made...the staff there...a little more lenient towards her."*<sup>7</sup>
- Partner knows the location of the shelter.

- The victim is afraid that:
  - Staff won't understand them or take them seriously, will make them feel unwelcome or invisible, or will be actively homophobic or transphobic. Male victims may believe they won't be served at all.
  - Staff (particularly in small towns and rural areas) won't actively advocate on their behalf, for fear of diminishing their credibility with the police and courts.
  - Other shelter residents will see them as a threat, or their children will be harassed by other children in residence; staff won't understand their concerns or respond adequately.<sup>8</sup>
    - **NOTE:** If a parent needs their child's school or daycare to help enforce an order of protection, the child may be outed as having an LGBT parent, or harassed by other children for being LGBT, whether they are or not.

Transgender women may fear that shelter staff will see them as men, and respond to them with distrust and hostility.<sup>9</sup>

- *One transgender woman was required to submit to a police cavity search in order to stay in a domestic violence shelter, because shelter staff said they felt "male vibes" needed to protect other residents from her.*<sup>10</sup>
- Victims of color may expect additional hostility based on their race.
- Victims who have HIV or AIDS who go to shelter may lack adequate access to their medication, have difficulty meeting their dietary needs, be at risk of catching contagious diseases from other residents, and suffer stigmatization by residents and staff.

★★★ Never brush off a victim's fears about what will happen if they seek help. Even if their fears are unjustified in the case of the particular shelter or law enforcement agency involved, the victim is likely to have had previous experiences that makes those fears reasonable.

### ***Lack of shelter for gay men and transgender people.***

Some domestic violence shelters refer both transgender women and male victims to homeless shelters, due to a lack of private rooms in the domestic violence shelter, or lack of knowledge of the needs of these victims. Why is this problematic?

- Homeless shelter locations are not confidential.
- Staff may not understand either domestic violence or LGBT issues.
- Victims may be subject to identify-related abuse. Some will end up deciding that their partner's violence is more tolerable and predictable than the risk of facing hostility, abuse and violence in a homeless shelter.
- Transgender women may not even be admitted unless they are willing to express a male identity, even those who have lived as women for many years. Lack of access to both domestic violence and homeless shelters increases their risk of remaining homeless.

### ***Lack of help for adolescent victims***

- Adolescent victims of relationship abuse often do not confide in their parents, for fear that their parents will take matters out of their hands, force them to break up the relationship, or get violent toward their partner. Teens may be even more afraid to seek parental help if they are abused by an LGTB partner.
- Adolescents often are unfamiliar with community resources, and few such resources may exist. For instance, domestic violence services don't take adolescents under age 16, except in company of a parent who is in residence. An abused adolescent who is LGTB may be even less likely to find knowledgeable help, which may help keep them trapped with their abusive partner.
- They may not be out to friends and family, or to anyone at school.
- Younger adolescents lack independent means of transportation.
- The adults around them may hold stereotypic assumptions that make it difficult for them to see the abuse for what it is, such as:
  - Teen relationships are not serious.
  - Getting away from an abuser is not that hard.
  - LGTB adolescents' can't have healthy relationships.
  - Sexual orientation is the problem. (This may be a big issue for adolescents whose *first* lesbian or gay partner is abusive.)

- One LGTB partner “converts” the other – i.e., the teen is not really LGTB.

### **TRAINER’S NOTE: Provider Privilege**

Remind participants that parts of what they have to do as human service providers – such as asking intrusive questions, making recommendations, challenging clients’ thinking, and deciding what services to offer, can put clients in a one-down position.

In other words, these helping behaviors are also *privileges* that are attached to being a provider in a relationship with a client.. Thoughtlessly acting on provider privilege can harm some clients, often without the provider’s awareness.

Examples of provider privilege may include:

- Being able to reinterpret clients’ needs to fit the agency’s services, or apply a one-size-fits-all approach – implying that meeting the needs of certain groups is not part of the agency’s work.
  - EXAMPLES:
    - A domestic violence agency thinks it is responsive to LGBT issues because it trains staff on lesbian domestic violence.
    - A therapist decides that leaving the abuser is the best thing for all domestic violence victims, and pushes all clients to leave.
    - An agency locates its services only in white communities.
    - Lack of privacy for clients – especially an issue for transgender and male clients in a shelter that mostly serves heterosexual women.
- Being able to decide to focus on one “ism” that a client lives with, and ignore the impact of others.
- Making racist, homophobic or transphobic assumptions that clients are afraid to challenge for fear of being denied services, such as the assumption that people of color are more violent than white people, or that transgender people are mentally ill.

## **SUMMARY: PUTTING THIS INFORMATION TO USE**

- Ask respectfully what factors have contributed to a victim's decision whether or not to leave an abusive partner. *Never* ask "Why don't you just leave?"
- Help the victim seek out knowledgeable assistance.
- Find out what the victim's priorities are. Don't assume that dealing with the domestic violence is more – or less – urgent to them than other problems in their life.
- Respect the victim's *strengths* and help them build upon them.
- If a person experiences multiple oppressions, don't assume that one is more significant in their life than another. Racism may have a greater effect than heterosexism on one person, while the opposite may be true for another. LGBT people of color may have experienced racism in LGBT spaces, and homophobia or transphobia in their community of color. Don't assume that their experience of societal oppression is more – or less – significant than their experience of oppression at the hands of their partner
- Talk with the victim about their feelings about having to come out in order to access services. Coming out is a major life decision. No one should have to make that decision in haste just to be able to freely access services.
- Be willing to look honestly at how you interact with your clients. Does it reflect your privilege as a provider? Does it reflect racist, heterosexist, homophobic, transphobic or biphobic assumptions in your agency? What could you be doing differently?

## Lesson 2: Safety Planning

**Time:** 15 minutes

### **Materials**

- Appendix 14, Quick Guide: Helping LGBT Victims of Domestic Violence
- Appendix 15, Safety Planning Guide
- Appendix 16, Safety Planning Hints for Human Service Providers

### **MINI-LECTURE: Introduction to Safety Planning**

Human service providers do not have to be experts on safety planning, but because specific domestic violence services for LGBT people are scarce, you should be prepared to engage in some limited safety planning with abused LGBT clients.

- Offer time, support, and a listening ear. Don't shy away from talking about domestic violence.
- Affirm the validity of LGBT people and relationships, and their right to live in peace.
- Remind victims that their partner's behavior is *not* their fault. That's what their partner tells them –don't reinforce that message.
- Plan for safety *with* clients, not for them. Defer to victims' judgment regarding safety issues.
- Support their right to make their own decisions, even when you don't agree. Treat their decisions as rational and safety-driven, not pathological.
- Don't *assume* that calling police, seeking an Order of Protection or leaving immediately is a good idea.
- Help clients access community resources, especially domestic violence service agencies, and be prepared to talk about what they have to offer.

## **TRAINER'S NOTE**

If a local domestic violence service provider has sent a representative to the training, give that person a few minutes to introduce their agency, describe their services and answer any questions. If no representative is available, go over the list of services.

Domestic violence agencies can help victims with:

- Safety planning
- Shelter, transitional housing
- Contacting law enforcement
- Orders of protection and custody orders
- Counseling
- Support groups
- Advocacy with courts, social services, etc.
- Children's programs
- Job readiness
- Permanent housing

## Lesson 3: Safety Planning Practice

**Time** 30 minutes

**Process** Case scenario discussion

**Materials** Newsprint with red flags generated during Module 5 scenario exercise. Draw participants attention to these before proceeding.

The goal is to identify safety issues that might need to be discussed with each client.

These scenarios are the same ones used in Module 5 for the fishbowl option. Give participants a minute to read the case study. Ask them to identify some basic safety-related issues to address with each client – issues that are related to their work with them.



## **Paul**

Paul is a 38 year old gay man who was diagnosed with HIV about 6 months ago.

His partner, Brian, was diagnosed just recently, and he blames Paul for giving him HIV. Paul doesn't see how this can be true, since he has been extremely careful ever since his diagnosis. He said this to Brian, three nights ago. Brian went ballistic, saying that Paul was accusing him of being unfaithful, calling Paul names and accusing him of all sorts of crazy stuff.

Later that night, Brian woke Paul up from a sound sleep – apologizing for his behavior, begging Paul to forgive him, and wanting to have sex “to make up.” When Paul said no, and told him he was still too hurt and angry, Brian attacked him, punched him in the stomach and ribs, shook him violently, and eventually raped him.

Brian has been really nice ever since, but Paul is walking on eggshells and is afraid to go to sleep at night. But he also feels guilty for not accepting Brian's word that it would never happen again.

## **Safety planning with Paul**

If Paul was sitting in front of you, what basic safety planning issues do you want to talk with him about? If you are not a domestic violence advocate, it is not your job to do an extensive safety plan. If you *are* a domestic violence advocate, bring your experience to this discussion.

- When Brian becomes abusive, can Paul avoid the bathroom, kitchen, garage, or other places where many things are available that can be used as weapons.
- Are there any safety issues related to the HIV? Is it safe for Paul to talk about the abuse with his HIV doctor?
- How is lack of sleep impacting Paul?
- Can Paul safely...
  - Take printed information home?
  - Keep appointments?
  - Meet your program's participation requirements?
  - Receive phone calls or mail from you?
  - Access other needed services?

## Ana

Ana is a transgender woman. She has not disclosed this to you, her new case manager, but knows it's in the records of her previous case manager.

During your last meeting with her, you asked about her home life. She said that she had been in a committed relationship for the past three years, and she and her partner, Joey, moved to town six months ago. Now she thinks that Joey is cheating on her. You asked if she wanted to talk about that some more, and she said that Joey didn't like her talking to anyone else about their relationship problems, because he didn't like other people knowing his business.

When she got home Joey began to grill her about what she had told you, and they got into a huge fight, which ended with him storming into the bedroom, yanking her clothes from the closet and throwing them on the floor, and telling her to pack up and get out. She managed to calm him down and he agreed she could stay in the apartment until she found a place to live, but he's not speaking to her and a couple of times he has roughly shoved her out of his way.

Last night she overheard him on the phone with a friend, telling him he didn't know why he ever took up with a freak like her.

## Safety planning with Ana

- Does she feel safe staying in the apartment till she finds another place?
- Does Joey have the right to tell her to leave?
- When she says he "shoved her roughly," what exactly does that mean?
- Are there any obstacles she faces in finding other housing? Any resources she may not have thought of?
- What supports (especially local ones) does she have – friends, family, etc? Does the fact that she moved to town only recently make a difference?
- Identification issues: does she have her name correct on documents, or it is her previous name?

## **Julie**

Julie, a 19 year old white woman, who lives in the small town where she grew up, works at a fast food place and attends community college. She had relationships with both boys and girls during high school, and is kind of confused about her sexual orientation.

Julie has been dating Debbie, age 26, for the last two months. She also recently met a guy, Zach, who is in one of her classes. Julie and Zach had a beer after class one night, and one thing led to another. When she tried to slow things down with Debbie, Debbie got suspicious and asked if Julie was seeing anyone else. Julie admitted to seeing Zach. Debbie became verbally abusive and told Julie that she could never see him again and that she and Julie were meant to be together. She later apologized and said again that she really loved Julie, and thought things would be better between them if Julie moved in with her.

She wants to keep seeing Zach and doesn't want to get pregnant. She heard that your HIV risk reduction organization offered free condoms, and a friend also told her that the people there were "good listeners." She is upset when you see her, having just had another fight with Debbie.

### **Safety planning with Julie**

- Has Debbie ever been physically violent?
- What does "verbally abusive" mean? Did it include threats? To do what?
- Do you have any safety concerns about what might happen...
  - If Julie decides to move in with Debbie?
  - If she tells Debbie that she won't move in?
  - If she continues to see Zach?

### **TRAINER'S NOTE**

Summarize by briefly reviewing Appendix 14, the Quick Guide – Helping LGBT Victims of Domestic Violence, and ask if there are any questions.

Also refer participants to Appendix 15, Safety Planning Guide, Appendix 16, Safety Planning Hints for Human Service Providers.

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

<sup>2</sup> Shomer, A. (1997). Lesbian domestic violence: Our tragic little secret. *Lesbian News*, 22 (8).

<sup>3</sup> Kammerer, N., Mason T., & Connors, M. (1999). Transgender health and social service needs in the context of HIV risk. *International Journal of Transgenderism*, 3 (1-2), [www.symposion.com/ijt/hiv\\_risk/kammerer.htm](http://www.symposion.com/ijt/hiv_risk/kammerer.htm)

<sup>4</sup> American Psychiatric Association (1994). Diagnostic & Statistical Manual of Mental Disorders (4<sup>th</sup> Edition). Washington DC: American Psychiatric Press.

<sup>5</sup> Renzetti, C. (1992). *Violent Betrayal: Partner Abuse in Lesbian Relationships*. Newbury Park, CA: Sage, page 91.

<sup>6</sup> Hirschel, D. (2009). Making arrests in domestic violence cases: what police should know. National Institute of Justice, <http://www.ncjrs.gov/pdffiles1/nij/225458.pdf>.

<sup>7</sup> Renzetti, C. (1992), page 94.

<sup>8</sup> Ibid.

<sup>9</sup> Courvant, D. & Cook-Daniels, L. Trans and intersex survivors of domestic violence: Defining terms, barriers, and responsibilities. [www.survivorproject.org](http://www.survivorproject.org)

<sup>10</sup> Courvant, D. .A Walking Map Through the Oppression of Trans & Intersex People, [www.survivorproject.org](http://www.survivorproject.org)

## **CLOSING**

Ask each participant to identify one specific step they could take in their own agency to make it more responsive to LGBT victims of domestic violence. If there is not enough time for a go-around, ask participants to each write down one step as an action plan for themselves.

### **WRAP-UP**

Briefly review parking lot issues, acknowledge that it would have been valuable to have time to discuss them, and ask participants whether they want any specific kind of follow-up on those issues. If any extra time remains, return to whichever parked issues participants would most like to discuss.

Reflect on the training, appreciate participants' contributions to it, and remind them of how much they will be able to contribute to their clients' safety and well-being if they pay attention to issues discussed during the day.

Ask participants to share any comments they want to make to end the training, anything they particularly appreciated about it, anything they regret not having had time to discuss, etc.

Have participants complete evaluation forms and return them before they leave.