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



www.lgbthealtheducation.org



WHAT IS INTIMATE PARTNER VIOLENCE?

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

RISK OF IPV IN LGBTQ RELATIONSHIPS

IPV is at least as common in relationships of lesbian, gay, bisexual, transgender, and queer (LGBTQ) people as in relationships of non-LGBTQ people.¹ Studies indicate that bisexual and transgender people are at increased risk of IPV compared to cisgender lesbian, gay, and straight people.^{2,3}

Emotional Abuse

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

LGBTQ-specific emotional abuse can include:

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

Physical Abuse

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

LGBTQ-specific physical abuse can include:

- Targeting a partner's genitals or chest for physical violence
- Denying a partner access to hormones
- Public displays of affection in dangerous (anti-LGBTQ) areas
- Threats of suicide by the abusive partner.

Sexual Abuse

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

LGBTQ-specific sexual abuse can include:

- Using gender roles to control how a partner has sex
- gender identity
- Forcing sex in exchange for necessities like food or housing
- "LGBTQ sex is safer."

• Not letting a partner heal from gender-affirming surgeries

• Using LGBTQ stereotypes to coerce a partner into particular sex acts • Saying that women cannot rape or that men cannot be raped

• Using words for a partner's body parts that do not align with their

• Convincing a partner not to use sexual protection because

Isolation

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

LGBTQ-specific isolation can include:

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

Identity/Cultural Abuse

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

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

LGBTQ-specific identity/cultural abuse can include:

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



Financial Abuse

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

LGBTQ-specific financial abuse can include:

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

DEBUNKING COMMON MYTHS ABOUT IPV





OBSTACLES TO ACCESSING SUPPORTIVE SERVICES

Survivors of IPV often need access to supportive services, including shelters, emergency medical care, mental health counseling, police and legal services. Unfortunately, LGBTQ people often experience challenges in accessing these services. Health centers and individual providers ought to be aware of these potential barriers and be prepared to help clients find LGBTQ-inclusive supports.

Shelters/Housing

- Almost half of LGBTQ survivors of abuse who seek shelter report being denied access; of those, nearly one-third are turned away because of their gender identity⁴
- LGBTQ survivors—especially bisexual and transgender women-may experience violence and discrimination in shelters²
- Cisgender men and transgender people may have difficulty finding shelters that accommodate their gender
- An abusive same-gender partner may try to access the same shelter as the survivor.

Legal System

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

Hospitals

• In an emergency room, the abusive partner might pose as a friend (rather than an intimate partner) and thus compromise the abused partner's privacy and safety.



ADDRESSING IPV IN PRIMARY CARE

Routine IPV screening and interventions (education, safety planning, and referral to community-based resources) in primary care can improve a survivor's safety and health.^{5,6}

Tips for Screening and Referral

- · Screen clients in private, without others in the room; do not assume that a same-gender person who accompanies a patient is a friend or relative instead of an intimate partner
- Several effective IPV screening tools are available.^{7,8} The Partner Violence Screen⁹ is one recommended gender-inclusive screening instrument:
 - 1. Have you been hit, kicked, punched, or otherwise hurt by someone in the past year? If so, by whom?
 - 2. Do you feel safe in your current relationship?
 - 3. Is there a partner from a previous relationship who is making you feel unsafe now?
- When patients screen positive:
 - O Respond with compassion: "Thank you for telling me." "You are not alone." "We can help."
 - O Offer help and information about creating a safety plan⁶
 - O Refer patients to LGBTQ-inclusive IPV treatment and advocacy resources in the community, as available, and provide follow-up
 - O Recognize that patients may have legitimate concerns about anti-LGBTQ- bias when accessing services; respect a patient's wish to not disclose their LGBTQ identity to referral partners
 - O Screen for and treat health issues associated with IPV in LGBTQ people (e.g., substance use disorders and HIV/STIs)¹⁰
- Become familiar with the national IPV services listed in the Resources section

Tips for Affirmative Communication

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

Don't:

- Assume the gender of a patient's partner
- Assume an LGBTQ patient is "out" to everyone
- Assume LGBTQ identity was the reason for an assault
- Tell abused patients they must leave their partner
- themselves)
- Respond with doubts or disbelief.

Do:

- have a chance to ask about the partner's pronouns
- "x" means to you?"

- Resources on the next page.

• Ask a patient what they did to provoke the abuse (abusive partners often blame the survivor for the abuse, making the survivor question

• Use gender-inclusive language to refer to clients and their partners until you learn otherwise (e.g., say "your partner" or "they/them") or until you

• Mirror the terms a patient uses to describe their partner, identity, anatomy, etc.; if you are unsure of the meaning of a term, politely ask for a definition, e.g.,: "I'm sorry, I am not familiar with the term "x." Can you tell me what

 Collect demographic information on sexual orientation and gender identity for all patients at registration; follow-up during the visit, as appropriate

• Be aware of your own areas of discomfort and implicit biases

• Ensure the clinical environment is LGBTQ-affirming and inclusive

• Access more information and training on IPV, LGBTQ culturally affirming communication and clinical environments, and LGBTQ-competent clinical care; encourage your colleagues to do the same-follow the links to the

RESOURCES

General IPV Resources	
The HRSA Strategy to Address Intimate Partner Violence	www.hrsa.gov/sites/default/files/hrsa/HRSA-strategy- intimate-partner-violence.pdf
Futures without Violence Online Intimate Partner Violence Toolkit	IPVHealthPartners.org
National Coalition Against Domestic Violence	www.ncadv.org
National Domestic Violence Hotline	Hotline: 1-800-799-SAFE www.ndvh.org
LGBTQ-specific IPV Resources	
Fenway Health Violence Recovery Program and Training	fenwayhealth.org/care/behavioral-health/violence-recovery
FORGE	forge-forward.org
The Network/La Red	Hotline: 617.742.4911 TNLR.org
National Coalition of Anti-Violence Programs	www.avp.org
The Northwest Network	nwnetwork.org
National LGBTQ Institute on IPV	LGBTQIPV.org
LGBTQ Health Care Training and Education	
National LGBT Health Education Center	www.lgbthealtheducation.org
See especially:	
<i>Webinar:</i> Implementing Routine Intimate Partner Violence Screening in a Primary Care Setting	www.lgbthealtheducation.org/webinar/lgbt-ipv-screening/
<i>Webinar:</i> Intimate Partner Violence in LGBTQ communities	www.lgbthealtheducation.org/webinar/intimate-partner- violence-in-lgbtq-communities/
Webinars and publications: Collecting sexual orientation and gender identity data	www.lgbthealtheducation.org/topic/sogi/
<i>Learning Module:</i> Providing Quality Care to Lesbian, Gay, Bisexual, and Transgender Patients: An Introduction for Staff Training	www.lgbthealtheducation.org/lgbt-education/learning- modules/
<i>Publication:</i> Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff	www.lgbthealtheducation.org/wp-content/uploads/ Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf
<i>Publication:</i> Glossary of LGBT Terms for Health Care Teams	www.lgbthealtheducation.org/wp-content/ uploads/2018/03/Glossary-2018-English-update-1.pdf
<i>Publication:</i> Focus on Forms and Policy: Creating and Inclusive Environment for LGBT Patients	www.lgbthealtheducation.org/wp-content/ uploads/2017/08/Forms-and-Policy-Brief.pdf
<i>Publication:</i> Ten Things: Creating Inclusive Health Care Environments for LGBT People	www.lgbthealtheducation.org/wp-content/uploads/Ten- Things-Brief-Final-WEB.pdf

ACKNOWLEDGEMENTS

This publication was adapted from a webinar by: Xavier Quinn, LICSW, Violence Recovery Program, Fenway Health.

REFERENCES

- same sex intimate partner violence. Front Psychol. 2018;9:1506.
- Prevention. 2013.
- Angeles, CA: The Williams Institute; 2015.
- Anti-Violence Project; 2018.
- leads to women's receipt of interventions and improved health. Public Health Rep. 2006;121:435-444.
- review. Am J Prev Med. 2014;46:188-194.
- 7. Dicola D, Spaar E. Intimate partner violence. Am Fam Physician. 2016;94:646-651.
- Prev Med. 2009;36:439-445.
- emergency department. JAMA. 1997;277:1357-1361.
- 2011;26:930-933.



1. Rollè L, Giardina G, Caldarera AM, Gerino E, Brustia P. When intimate partner violence meets same sex couples: A review of

2. Walters M, Chen J, Breiding, MJ. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and

3. Brown TNT, Herman JL. Intimate partner violence and sexual abuse among LGBT people: A review of existing research. Los

4. National Coalition of Anti-Violence Programs (NCAVP). Lesbian, gay, bisexual, transgender, queer and HIV-affected hate and intimate partner violence in 2017: A report from the National Coalition of Anti-Violence Programs. New York, NY: New York City

5. McCloskey L, Lichter E, Williams C, Gerber M, Wittenberg E, Ganz M. Assessing intimate partner violence in health care settings

6. Bair-Merritt M, Lewis-O'Connor A, Goel S, et al. Primary care-based interventions for intimate partner violence: A systematic

8. Rabin RF, Jennings JM, Campbell JC, Bair-Merritt MH. Intimate partner violence screenings tools: A systematic review. Am J

9. Feldhaus KM, Koziol-McLain J, Amsbury HL, et al. Accuracy of 3 brief screening questions for detecting partner violence in the

10. Ard KL, Makadon HJ. Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients. J Gen Intern Med.



This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, Training and Technical Assistance National Cooperative Agreements (NCAs) for \$449,994.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.