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LOS
ANGELES
LGBT
CENTER

FINDING SAFETY

A Report About LGBTQ Domestic
Violence and Sexual Assault



TABLE OF CONTENTS

- 02** Preamble
- 03** A Note About This Report
- 04** Laying the Groundwork: A Brief History of LGBTQ Domestic Violence Responses
- 06** A Summary: The Los Angeles LGBT Center's STOP Violence Program's 2017/2018 LGBTQ Victims of Crime Needs Assessment
- 08** A Brief Overview: Lesbian, Gay, Bisexual, and Transgender Domestic Violence
- 13** What Survivors Experience and Need: Understanding LGBTQ Domestic Violence
- 18** Issues and Problems in Mental Health and Domestic Violence Services for LGBTQ Victims
- 24** Improvement Recommendations: Strategies for Improving Care and Support for LGBTQ Domestic Violence and Sexual Assault Survivors
- 28** Acknowledgements
- IBC** Endnotes

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They are all around us. They are our neighbors, friends, co-workers and family members.

They are the man in front of us in the supermarket check-out line; the woman who delivers our mail; the teacher who instructs our children; and the first responder who assists us in an emergency. They are everywhere and yet we often do not see their suffering. They are lesbian, gay, bisexual, transgender, and queer-identified individuals who are involved in abusive, violent or oppressive relationships or who have been assaulted by a family member or stranger.

Their lives are often lived in fear, despair, hopelessness and invisibility. They stay with those who abuse them because they believe that it is what they deserve because of their sexual orientation or gender identity; because they grew up in an abusive household; because they believe that domestic violence only occurs in heterosexual relationships and that victimization is based on gender; because they do not know of resources or services that are available to help them if they leave, or because they are afraid that these services might be judgmental, discriminatory, insensitive, or unbelieveing; because they have fought back in self-defense and believe that they are responsible for the violence; because they are traumatically bonded with their abuser; because they hope that the abuse will stop; because they simply don't know what to do; or because they are afraid of what their abuser might do to them if they try to leave.

Sadly, their fears are frequently grounded in reality. Abusers often react violently when their victims gain autonomy or attempt to leave. Service providers - including

law enforcement officials and domestic violence agencies - can often be insensitive to the needs of LGBTQ domestic violence and sexual assault victims and minimize, misunderstand, or mistreat their problems. Indeed, they can inadvertently place survivors in danger by not understanding the complex dynamics of abusive LGBTQ relationships or by not recognizing the extreme effects of the trauma that the individual has suffered.

Even mental health providers - to whom LGBTQ domestic violence and sexual assault victims often first turn - can be unaware of or insensitive to the needs of LGBTQ victims or have not had adequate education and training to effectively respond to their needs. Even when providers are sympathetic, they often offer only cookie-cutter responses and interventions that treat all clients in the same manner or that do not adequately address the unique needs, backgrounds, and situations of LGBTQ people.

This report is an attempt to help LGBTQ victims of violence out of this vast and largely unknown darkness while providing information about domestic violence and sexual assault to their mental health counselors and therapists. In it, we present an overview of the issues and problems that LGBTQ victims face, describe the results of study and data collection we conducted for this report among a broad range of clients and providers, and offer initial recommendations for how to begin to solve this massive but largely invisible problem.

In the process, we seek to honor and respect the experiences and bravery of LGBTQ victims of violence, past and present, while offering new hope for those who still live in fear, despair, and loneliness. They are not alone, and they deserve our highest efforts to be the hand in the darkness that they desperately need to emerge into the light.

A Note About This Report

In late September of 2017, the Los Angeles Center's STOP Violence Program was awarded funding from the U.S. Department of Justice, Office for Victims of Crime, to increase access for victims of crime to mental health services. The goals of this 3-year grant program included the delivery of direct victim services, work toward a coordinated system of LGBTQ victim of crime response in Los Angeles, and development of collaborative strategies to ensure broader availability of effective LGBTQ survivor services.

In July 2018, the Center delivered its first report related to the grant program - "Report on Needs Assessment Findings: LGBTQ Victims of Violence Crime in the City of Los Angeles." The findings of this report are briefly outlined herein. The report can be found in its entirety at lalgbtcenter.org/health-services/mental-health/intimate-partner-domestic-violence.

The present report is the second key deliverable produced through the grant program, summarizing issues, needs, and recommendations for enhancing mental health and support services in relation to LGBTQ domestic violence and sexual assault. The report summarizes a wide range of original information and data obtained specifically for this report and offers recommendations for ensuring that LGBTQ survivors receive the service, support, respect, and care they need to overcome abuse and achieve self-determination and self-fulfillment.

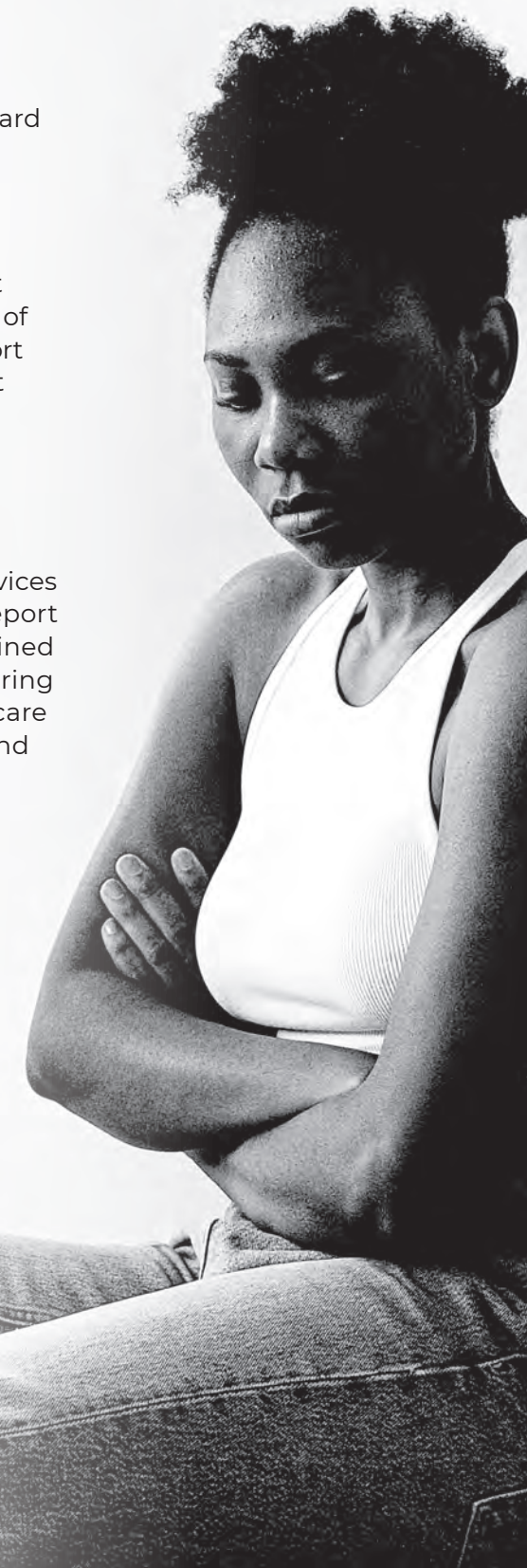
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Laying the Groundwork

A BRIEF HISTORY OF LGBTQ DOMESTIC VIOLENCE RESPONSES

The process of recognizing, raising awareness, and building LGBTQ domestic violence services and programs has been a long and arduous one. Its halting progress parallels the struggles of the LGBTQ community as a whole to gain recognition, support, and respect over the last half century. The timeline below presents key milestones in this process that have taken place mainly in California - a process that is still ongoing at the time of this report.

- 1976** Del Martin, lesbian activist, writes the groundbreaking book, *Battered Wives*.¹ Despite exposing the issue of domestic violence on a wide scale for the first time, the book contains no mention of LGBTQ domestic violence.
- 1984** Community United Against Violence and WOMAN, Inc. begin providing services to battered lesbians in San Francisco.
- 1986** *Naming the Violence: Speaking Out About Lesbian Battering*, is compiled by the National Coalition Against Domestic Violence.² It is the first book on the subject of lesbian domestic violence.
- 1987** The L.A. Gay and Lesbian Center (as it was then known), in collaboration with the California School of Professional Psychology, conducts the first nationwide survey on the prevalence of partner abuse in the gay and lesbian community.
- 1988** The first domestic violence groups for lesbians in Southern California - one for victims and one for abusers - are conducted at the L.A. Gay & Lesbian Center, facilitated by Vallerie Coleman and Susan Holt.
- 1991** *Men Who Beat the Men Who Love Them: Battered Gay Men and Domestic Violence*, the first book on gay male domestic violence, is published.³ Since the publication of this book, additional works continue to be published on the subject of LGBTQ domestic violence. However, little research is funded or conducted on the subject.

- 1996** The Center's STOP Partner Abuse/Domestic Violence Program opens its doors and grows to become the largest and most comprehensive LGBTQ-specific domestic violence program in the nation.
- 1997** The STOP Program receives court approval of its batterers' program, becoming one of only two court-approved programs in the nation for LGBTQ abusers.
- 2000** The Center's STOP Program is awarded a large grant from the State of California to focus on LGBTQ domestic violence prevention. At roughly this time in history, LGBTQ domestic violence programs are developing in a number of the nation's larger urban areas. Many become members of the National Coalition of Anti-Violence Programs.
- 2004**  California Senate Bill 564 is signed into law. Initiated by Susan Holt, Statewide California Coalition for Battered Women, and the L.A. LGBT Center and authored by Senator Jackie Speier, it is the first legislation of its kind to require a domestic violence education component - including same-gender domestic violence - in psychology and behavioral health graduate programs.
- 2005** The Los Angeles LGBT Center and Community United Against Violence provide testimony to the California Assembly regarding the need for LGBTQ-specific domestic violence services and funding.
- 2006** California signs Assembly Bill 2051, the Equality in Prevention and Services for Domestic Abuse Fund, authored by Assembly member Rebecca Cohn and Equality California in consultation with the Los Angeles LGBT Center and Community United Against Violence to expand service, education, and support for LGBTQ domestic violence victims. It is the first legislation of its kind in the U.S.
- 2009** California Assembly Bill 1003, authored by John Perez in consultation with the Los Angeles LGBT Center, makes changes to AB 2015 to increase grants to support innovative programs for LGBTQ survivors.  The STOP Program is one of two LGBTQ-specific domestic violence programs in the nation to receive funds from the federal government through the U.S. Department of Justice.
- 2012** The first White House Roundtable on LGBTQ domestic violence is held.
- 2017** The first comprehensive housing grant for LGBTQ domestic violence is awarded to the Los Angeles LGBT Center.

The U.S. Department of Justice awards funding to three programs in the U.S. to increase access to mental health services for victims of crime. The STOP Program is one of these programs.

A Summary

THE LOS ANGELES LGBT CENTER'S STOP PROGRAM'S 2017/2018 LGBTQ VICTIMS OF CRIME NEEDS ASSESSMENT

In late 2017, the Los Angeles LGBT Center's STOP Violence Program (SVP) was one of three programs in the U.S. to be awarded a grant from the Department of Justice, Office for Victims of Crime, to increase access to mental health services for underserved victims of crime.

During the first nine months of the project, the STOP Violence Program worked with a team of independent consultants who developed and conducted a needs assessment throughout Los Angeles. The needs assessment process incorporated data from 12 interviews, 3 focus groups, survey data from 38 survivors and 23 community providers, and conversations with 52 representatives of crime, law enforcement, LGBTQ advocacy, women's service, and victims service organizations. The final document summarizing the needs assessment, entitled "Report on Needs Assessment Findings: LGBT Victims of Violent Crime in the City of Los Angeles," confirmed information that underscored the goals of the STOP Program while providing additional information that was used throughout the grant period.

The Needs Assessment Report focused on three categories of violence that most commonly afflict LGBTQ communities: LGBT Hate Violence, Intimate Partner / Domestic Violence, and Sexual Assault. **The Report also focused on LGBTQ**

subpopulations that are especially vulnerable to these crimes including transgender persons, seniors, and immigrants. The Report found that the greatest unmet needs of LGBTQ victims of crime are for housing and mental health services, and that a particular challenge facing the larger community is in accessing the information needed to direct these victims to appropriate services and facilities that serve the LGBTQ community. The Report also confirmed that survivors of crime often do not know that support is available to them. **Over two-thirds of needs assessment respondents did not receive any services following a crime**, with the most common barriers being: a) fear of retaliation; b) stigma/bias toward LGBTQ persons; c) the victim's lack of knowledge about the kind of crime they experienced; and d) inadequate criminal justice response. Both survivors and service providers also identified lack of information about available LGBTQ resources and services as a primary barrier to access.

The Report concluded that LGBTQ populations experience a higher level of violence in Los Angeles as compared to the larger metro area, state, and nation. The Report also found that:

- There is an entrenched and deep distrust on the part of LGBTQ communities toward the criminal justice system and its ability to provide needed services;
- Barriers to access for victim support and therapeutic services are numerous, complex, and require multi-dimensional solutions;
- There is a lack of knowledge about LGBTQ victim resources on the part of all stakeholders, including victims themselves, in response to violent crime;
- Victims usually do not know where to go for support following a crime and do not know if they will be treated well when they arrive;
- Providers often do not know where to refer LGBTQ victims to address their needs, and that capacity is lacking in counseling and treatment, housing and shelter, and supportive services.

The situation described in the needs assessment report is one in which, "LGBTQ victims of crime have little knowledge of where they can go for support as victims, feel isolated by their experiences, and face a 'siloed' array of services that lack competence to serve LGBTQ persons and are unable to provide a coordinated response that can provide LGBTQ victims with access to the full scope of services they may need as victims of crime."



A Brief Overview

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER DOMESTIC VIOLENCE

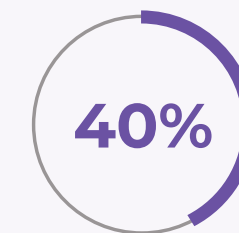
Intimate partner violence is one of the largest and most serious health issues confronting LGBTQ people.

- No one - regardless of race, ethnicity, nationality, culture, class, age, level of education, income, political affiliation, spirituality, religion, size, ability, strength, gender identity, or sexual orientation - is safe from domestic and intimate partner violence.¹ Batterers can be male or female, "butch" or "femme", large or small. And so can victims.¹
- Intimate partner violence is one of the largest and most serious health issues confronting LGBTQ people.² This issue has serious physical health, mental health, and social consequences for its victims, their families, the LGBTQ community, and society at large.³ According to Adam Messinger, "research has consistently concluded that sexual minorities and those with a history of same-gender relationships are at higher risk of experiencing psychological, physical, sexual intimate partner violence relative to heterosexuals and those with a history of only different-gender relationships."⁴
- The National Intimate Partner and Sexual Violence Survey (NISVS) reports that **nearly one-third of sexual minority males and half of sexual minority females in the U.S. have been victims of rape, physical violence, or stalking at some point in their lives, and over half of sexual minority males and three-quarters of sexual minority females have been victims of psychological intimate partner violence by an intimate partner.**⁵ This translates to an estimated **4.1 million** LGBTQ people in the U.S. who have experienced physical intimate partner violence, partner rape, or partner stalking in their lifetimes.¹⁰

A survey of 500,000+ LGBTQ individuals found that:



experienced verbal harassment



had been victims of stalking

- While it is believed that most of the violence in opposite sex couples is committed by men against women, research suggests that abuse in the LGBTQ community occurs **roughly equally between lesbian and gay male relationships.**⁷
- The prevalence of domestic and intimate partner violence among LGBTQ populations is related to the **widespread discrimination, hatred, and violence experienced by LGBTQ people.** An analysis of 164 studies involving over 500,000 LGBTQ individuals found that **55%** of respondents had experienced verbal harassment; **40%** had been victims of stalking; **28%** had experienced physical assault; and **more than one-quarter (27%)** had experienced sexual assault at some point in their lives.⁸ A study of 1,197 LGBTQ adults in the U.S. also found that **nearly two in five** respondents (**39%**) reported being rejected by a family member or close friend because of their sexual orientation or gender identity at some point in their lives.⁹ And a survey of 354 agencies providing services to homeless youth found that **fully 40% of homeless youth, and youth at risk of becoming homeless, were LGBTQ young people,** with family rejection and family abuse serving as key factors in their leaving home.¹⁰

A Note on Terms Domestic violence (DV) and intimate partner violence (IPV) are complementary and often overlapping terms that are used to describe a pattern of abusive and violent behaviors, oppression, control and/or domination involving two or more people either in the same living space or in the same relationship. The behaviors can be psychological, emotional, physical, sexual and/or financial in nature. Domestic violence refers to violence that specifically takes place within a household or family.. This violence could involve members of a couple, a parent and child, siblings, or even roommates. Intimate partner violence (IPV) refers to violence or abuse between romantic partners who may or may not be living together in the same household, nearly always in the form of coercive and abusive behaviors used by one individual to gain power and control over her or his intimate partner. These terms are used interchangeably in this report to refer to violence between persons in an intimate relationship. Sexual assault refers to any unwanted or non-consensual sexual behavior, such as kissing, groping, rape, date rape, stalking, or unwanted sexting or verbal sexual threats. Sexual assault is extremely common in the context of human trafficking, in which individuals are forced or coerced into situations involving involuntary prostitution or sexual exploitation. The majority of LGBTQ people who are typically served by the Los Angeles LGBT Center's STOP Violence Program are victims of intimate partner and domestic violence, many of whom are sexually assaulted within their intimate relationships but not exclusively. Sexual assault can be perpetrated by intimate partners, family members, acquaintances, or strangers. For simplicity, the terms victim/survivor, domestic violence/intimate partner violence, and LGBTQ specific/ focused are used interchangeably.



Transgender and bisexual people are at alarmingly high risk for intimate partner abuse, domestic violence, crime, and sexual assault.

32%-50%

of all transgender persons experience intimate partner violence in their lifetime

- High levels of LGBTQ violence and crime victimization are closely related to **internalized and externalized anti-LGBTQ stigma and discrimination**. The experience of **trauma** related to the coming out process is virtually universal within the LGBTQ population and is complicated by issues of gender orientation, poor family acceptance, and low socioeconomic status. Many LGBTQ persons have been rejected or ostracized by family and community support systems and often receive the majority of their support from abusive partners, making it more difficult for them to leave the relationship.¹¹
- Because domestic violence is commonly defined within a heterosexual framework, LGBTQ people do not always recognize that what they are experiencing is violent or abusive, even when the battering is severe. **In fact, it is common for battered LGBTQ victims to see their sexual orientation or gender identity as the problem, rather than the violence itself.**¹²
- **Transgender people** are at alarmingly high risk for intimate partner abuse, domestic violence, crime, and sexual assault. According to the National Center for Transgender Equality, "Transgender people – and particularly Black and Latina transgender women –

are marginalized, stigmatized and criminalized in our country. They face violence every day, and they fear turning to the police for help."¹³ Trans people are **1.9 times more likely** to experience physical violence and **3.9 times more likely** to experience discrimination than the general population.¹⁴ According to a study of LGBTQ crime victims seeking help from IPV victim agencies in the U.S. and Canada, trans IPV victims were **nearly twice as likely** as heterosexual IPV victims to experience physical IPV, **two and a half times more likely** to experience an IPV experience in a public space, and **nearly four times more likely** to experience discrimination such as verbal abuse by an intimate partner.¹⁵ An analysis by the Williams Institute (2015) found that between **32% and 50%** of all transgender persons experience some form of intimate partner violence in their lifetimes, as compared to **27%** for all U.S. women and 11% for all U.S. men.¹⁶ As of August 2020, **28** murders of transgender persons had been recorded in the U.S. for that year, surpassing the **26** transgender murders reported for all of 2019.¹⁷

- Preliminary research also indicates that **bisexual women** are at extreme risk for IPV, although little data is available in this area, and is urgently needed. According to the CDC, fully **61%** of bisexual women experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime, as compared to **35%** of heterosexual women and **44%** of lesbian women.¹⁸ Additionally, **one in three** bisexual women (**37%**) has experienced stalking, as compared to **16%** of heterosexual women, and just under **half** of all bisexual women (**48%**) report feeling concerned for their safety versus **one-fifth** of heterosexual and lesbian women (**20%** and **22%**, respectively).¹⁹
- **Research has shown that service providers often do not take LGBTQ domestic violence as seriously as heterosexual domestic violence.** In a survey of 120 staff members of domestic violence agencies, LGBTQ IPV was judged as both **less serious and less likely to worsen over time** as compared to heterosexual IPV, and domestic violence staff were **significantly less** likely to recommend that victims leave their abuser if the victim and

The prevalence of domestic and intimate partner violence among LGBTQ populations is related to the widespread discrimination, hatred, and violence experienced by LGBTQ people.



“The difference between when something is a dysfunctional versus abusive pattern has to do with a cycle that builds up where there’s one person that ends up becoming verbally or emotionally abusive in their behavior in such a way that it intimidates the other person into not standing up for themselves; that makes them feel confused or they start carrying a sense of shame - that’s the crossing line. And it can be more subtle. But basically there is a pattern where the other person feels controlled and intimidated, or dominated, or afraid in the relationship.”

Vallerie E. Coleman, Ph.D., Psy.D.

Research has shown that service providers often do not take LGBTQ domestic violence as seriously as heterosexual domestic violence, and that traditional service providers may unwittingly endanger LGBTQ clients.

abuser were of the same gender.²⁰ A study of 171 university students who were provided with identical IPV scenarios with only the sexual orientation changed found that participants: a) considered same-sex domestic abuse to be **less serious** than male against female abuse; b) were **more likely** to recommend that the victim press charges in male against female abuse than in same-sex domestic abuse; and c) perceived same-sex victims to be **less believable** than heterosexual victims.²¹

- Services provided by traditional domestic violence agencies may - wittingly or unwittingly - **provide reduced service access or even endanger LGBTQ clients**. In a recent study of U.S. domestic violence agencies, it was found that while nearly all agencies provided services to sexual minority women, as little as **one-third** provided access to the same services for sexual minority men.²² Battered women’s shelters may also not be aware of the fact that female abusers may present themselves to a shelter as a victim in order to stalk a female partner living at the shelter.²³
- One reason why some believe that LGBTQ IPV is rare may be due to an **assumption that LGBTQ people are inherently nonviolent**, especially in the case of lesbian couples. According to Adam Messinger, “this powerful stereotype can impede lesbian female victims’ ability to recognize that a partner’s behavior is in fact abusive rather than normal.”²⁴ At the same time, a study of 52 gay-identified victims of IPV found that **44%** of victims reported that a major reason they remained with their abuser was that they didn’t understand there was such a thing as ‘gay domestic violence’.²⁵

What Survivors Experience and Need: UNDERSTANDING LGBTQ DOMESTIC VIOLENCE¹

According to the Williams Institute, an estimated 3.5% of adults in the U.S. identify as lesbian, gay, or bisexual, while another 0.3% identify as transgender. This translates to over 12.5 million LGBTQ Americans, a population larger than that of the state of Illinois, or of the countries of Finland and Denmark combined.³⁰ Due to nearly universal experiences of trauma, victimization, discrimination, stressors associated with the coming out process, or violence at some point in their lives, many of these LGBTQ people are vulnerable to domestic violence and sexual assault. While attempts to control and gain and maintain power over an intimate partner take many forms - including verbal, emotional, psychological, physical, sexual, and/or financial control - they have in common the intense pain and pressure they place upon victims and the difficult and, at times, overwhelming barriers they create to escaping abusive relationships.

To gain a deeper understanding of these issues, staff of the Los Angeles LGBT Center’s STOP Violence Program conducted a series of interviews between June – September 2020 with 26 clients of the program who had experienced domestic violence and/or sexual abuse. Clients ranged in age from 22 to 60 years of age, and embodied a

12.5M
LGBTQ
Americans



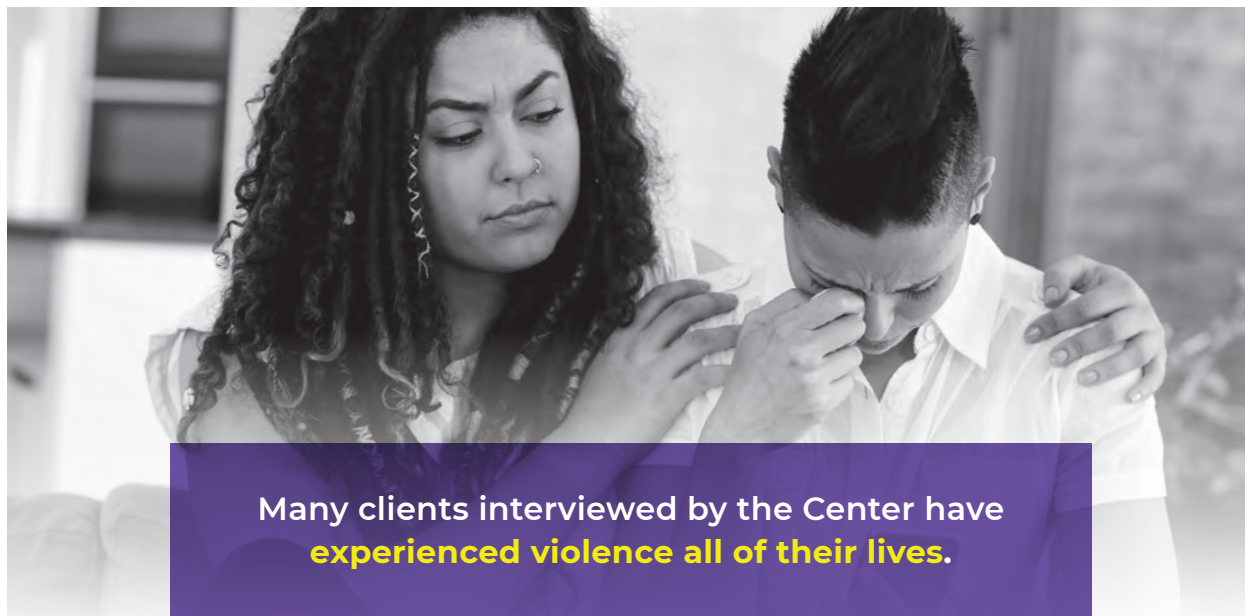
3.5%

identify as lesbian,
gay or bisexual

0.3%

identify as transgender

¹ The term LGBTQ used throughout this report is a widely used acronym encompassing self-identified lesbian, gay, bisexual, transgender, and queer / questioning persons. Other acronyms also exist that encompass a more complete range of sexual and gender identities, including “I” for intersex persons; “A” for asexual or a-romantic persons, or a “+” sign to incorporate other categories. Other terms such as pansexual, gender fluid, and genderqueer also exist, all of which are related to our growing understanding of the intricacy and complexity of gender and sexual identities. For simplicity, we have chosen to use the term LGBTQ in this report. However, this is in no way intended to deny, reduce, or lessen the importance of the full panoply of identities that make up the true reality of non-binary, non-heterosexual lives.



Many clients interviewed by the Center have
experienced violence all of their lives.

broad spectrum of ethnicities, gender identities, and sexual orientations. While most clients spoke English as their primary language, five primarily spoke Spanish and two spoke Arabic. While just under two-thirds of clients were U.S. citizens (16), two identified their status as having a work permit, one as having a green card, one as 'documented, three as undocumented, one as a permanent resident, one as having applied for asylum, and one as an immigrant in the process of obtaining residency status.

Many of the clients interviewed had experienced violence throughout their lives ("It started when I was a baby"), with not less than 8 (30.8%) citing violent households in which they were verbally and physically abused, or witnessed severe verbal and physical abuse involving their parents and/or siblings. One client's earliest memories involved such a household: "So probably from the ages of 4 to 10, my dad, like I said, he was an alcoholic and then he was also addicted to drugs for a little while. So like he was stealing money from my mom, he wasn't working, they fought a

lot. A lot of verbal abuse." Several of the LGBTQ clients cited verbal and emotional abuse that intensified during their teen years when they began to explore or act on their sexuality. One client recalled "Namely it was when I came out as a young gay person when I was 16, 17 years old... slapping and hitting as a punishment in my family had always been a thing, especially with my mother. But when I came out especially, my mother chased me around the house and swatted at me and she got me by the arm with her nails and drew blood. And I lived in fear of that moment happening over and over and over again after that initial coming out experience because it didn't get any better after I came out."

Often, cases of intimate partner violence occurred in early relationships when clients were on their own and/or dating in their 20s (8 or more). "It started more emotional and mental, verbal, and then it escalated into physical. Basically, it was just a lot of pushing, shoving, him holding me down where I couldn't move." Some clients did not experience intimate partner violence until middle age (in at

Many cases of intimate partner violence occurred in early relationships when clients were on their own for the first time and/or dating in their 20s and 30s.

least 5 cases). Violence perpetrated by police and neighbors affected clients in all age groups. Additionally, for at least 4 interviewees, the violence they disclosed is still ongoing and was happening at the time they were interviewed. "I have a guy above me, he stalks me," and "I am married now, but my partner is always jealous and controlling. He fights with me when I just look at other guys. It got physical once."

Clients related a wide range of different situations in which they had experienced violence, the majority of which occurred with intimate partners (15 / 57.7%), followed by family-centered violence (9 / 34.6%). Others cited neighbors as the source of harassment, threats and/or violence (7 cases), with one indicating that a neighbor "would walk by and spit on us and call us lesbians and whores." Several interviewees were victims of random violence by strangers (at least 6), much of which could be described as bias violence since name-calling was frequently cited. Also disturbing were the number of clients who cited **police violence** directed at them, including a client that noted that "about 3-4 police rushed into my apartment and started beating me. They kept beating me from the waist up. They left me black and blue." There were additional reports involving police in other countries, as recounted by immigrant clients from the Middle East, Mexico and Central America. As one client from Egypt related, "I was arrested over there by the police while driving, because the police thought that my male friend looked feminine. I was beaten and jailed for 14 days."

Sexual violence often occurred in intimate partner relationships and from strangers in the case of sexual assaults and date rape. Trafficking was also cited in at least two cases. One client reported that "I essentially let that man do whatever he wanted to me. He was at times very aggressive, he would continue pushing past my boundaries. I would clearly say no, I would clearly not give consent and he would just completely disregard me. And this happened on multiple occasions in a few different perverse ways throughout the two years I was with him."

Violence is a broad term with a wide spectrum of expression, from verbal insults and aggressive language to physical attacks, sexual assault, and even state oppression and terrorism. The most common violence across the spectrum for the 26 clients interviewed was **verbal violence**, followed by **emotional violence within families** (cited by at least 9 clients, 7 of which said the emotional violence was coupled with physical violence) and **intimate partner violence** (both emotional and physical abuse in at least 14 cases). **Sexual assault** occurred in 9 cases, and in at least 3 cases, clients mentioned being drugged prior to being sexually violated. "Yes. I was out, and I had not been drinking, and someone had offered me a drink - champagne. And the next thing I remember were small pieces throughout the night. I was probably out for, I would say, maybe 5 - 6 hours. I don't really remember the details. I just remember it was kind of like blacked out, browned out, and I was probably most likely drugged. I remember being in someone's car. I don't remember going upstairs. I do

Violence is a broad term with a wide spectrum of expressions.

remember waking up. I do not remember who the person was, what they looked like, and even their name." Clients also related 2 instances of kidnapping, 2 cases of trafficking, and 2 clients had been threatened with murder. At least 3 clients were physically assaulted on the street, and one was assaulted in their home by the police.

Clients displayed a range of actions in response to their experience of violence. Some went to the police while others – often immigrants – were afraid to go to the police for fear of deportation and/or because of previous negative experiences with police in their countries of origin. Of the 6 who did go to the police, all but one were dissatisfied, either by the police officers' homophobic and/or sexist treatment (at least 2), police violence (in 2 additional cases), or the unwillingness of the police to take further action. As one woman, who had been assaulted by her brother-in-law, relates, "basically, it was like the boys' club. They were joking with my brother-in-law. They were telling him how they loved his Maserati. And it was just absolutely disgusting. It was disgusting. And then my sister was not sticking up for me. I don't know what was going through her head. But basically, what the cops told me was that they weren't going to take him in and if I wanted to press charges, I could do so but I had to think twice about that because he is the father of my nephews and the husband of my sister."

Clients abused as children often did not have resources or knowledge to report their experience, nor did they understand that the abuse was in anyway abnormal. More importantly, even when they were aware of the danger and abuse inherent in their situation, many were afraid to tell

others about the abuse for fear of losing their lives or their home. One recounted, "I wish I knew about the Los Angeles LGBT Center when I was a teenager. They could have provided me with resources that I didn't even know existed. And the problem is that I wasn't out, I was afraid that I would be disowned or worse if I came out as queer. So, there is the safety of coming out but I also lacked awareness - I didn't know that those resources were available to me." Another client concluded: "I think of the millions of young LGBTQ kids who live so far from resources or they're close, but their living situation is so dangerous or prohibitive that they cannot get out. I just remember constantly feeling that there were such incredible barriers to help when I was young and I didn't know how the problem could be solved." These individuals generally did not pursue services until they were independent adults.

Clients cited a range of barriers to seeking and obtaining care for their trauma. The most common of these was cost (16), lack of awareness of services (7), lack of health insurance (6), language barriers (5), and lack of transportation (4). Four also cited fear, varying from cultural issues, to stigma in their community. In one case, a fear of therapy itself that had been instilled in the client by their abusive parent who used it as a threat ("therapy as punishment") while they were growing up. "I regret feeling that I couldn't reach out to anybody that wasn't a queer friend about coming out as a transmasculine person and hormonally transitioning because I knew my therapist would talk me out of it. I just didn't feel like there was a safe space for dialogue."

Approximately 70% of clients who reported that they had sought some form of service or help had experienced prejudice and/or negative responses to their gender or sexuality, ranging from



Approximately 70% of clients who had sought help to address violence had experienced prejudice and/or negative responses to their gender or sexuality.

service providers dismissing it altogether to shaming the client. In 2 cases, providers attempted to change the client's sexual orientation or gender identity. In 7 cases, this maltreatment occurred with a mental health counselor, while in 6 cases it happened at hospitals, primarily with doctors, so much so that it began to appear routine. As one client stated, "there's always this assumption that I'm with men and that I need to be on birth control." Another mentioned that "People that don't accept me for who I am - or even things that have happened to me – always seem to put the blame on me." Another pointed out that their providers "always have gender confusion and don't really treat me the way they should treat a normal human."

Clients had a wide range of suggestions regarding how to improve services for individuals who have experienced and/or are experiencing violence. The most frequent suggestion involved the need for **specialized provider training** across the spectrum of service providers, from police and hospital personnel to mental health and school counselors. Across these sectors, LGBTQ sensitivity, respect, and understanding were seen as being sorely lacking, and violence all too often was not taken seriously or addressed. Clients also noted the need for **greater awareness of LGBTQ domestic violence and how to prevent it**, particularly due to the misconception that domestic violence is primarily a heterosexual issue involving heterosexual men's violence against their female partners.

ISSUES AND PROBLEMS IN MENTAL HEALTH AND DOMESTIC VIOLENCE SERVICES FOR LGBTQ VICTIMS

To gain a more comprehensive insight into the specific issues and needs that limit or serve as barriers to LGBTQ people accessing and obtaining needed service and support to address domestic violence and sexual assault issues, the Los Angeles LGBT Center’s STOP Program conducted 3 additional information-gathering processes in addition to the client interviews summarized in the previous section. These consisted of the following:



The Center conducted a total of **24** 45-minute to 1-hour interviews with **licensed mental health therapists**, most of them in the Los Angeles area. **19** of the interviewees were women and **7** were men. Most therapists had been providing services for **20 years or longer**, and the vast majority were not domestic violence specialists. The Center also conducted interviews with **2** staff of domestic violence agencies in Los Angeles.



The Center conducted an online survey of **mental health providers working at the Los Angeles LGBT Center**. A total of **32** staff responded to the survey, **8** of whom work in the STOP Violence Program and **24** of whom work in general Mental Health Services. **Eleven** respondents were licensed Clinical Psychologists or Marriage and Family Therapists (LMFTs), **6** were Associate MFTs, **8** were Licensed Clinical Social Workers (LCSWs), and **6** were interns.



The Center distributed **pre and post-test surveys** to a total of **18** students attending both LGBTQ and non-LGBTQ-specific family violence courses at Antioch University in Los Angeles. **Eight** of these students were participating in a LGBTQ specific family violence class and **10** were participating in a non-LGBTQ-specific family violence class.

Key issues and themes growing out of this process included the following:

- None of the mental health providers interviewed in connection with this report had received any significant training during their education related to either general or LGBTQ-specific domestic or intimate partner violence, although many had received training through the Center in conjunction with an internship or supervisory role (the Center requires LGBTQ domestic violence training for all incoming mental health providers). In 2004, the passage of California’s Senate Bill 564 created a new requirement that licensed mental health professionals in California complete coursework in spousal or partner abuse as a condition of licensure,¹ but many therapists interviewed had completed their education prior to this date. Even so, only 12 of the 25 Los Angeles LGBT Center mental health providers who completed the survey (48%) reported having received any domestic violence training as part of their education prior to arriving at the Center, while none had received detailed LGBTQ-specific domestic violence training. **This issue is of critical importance since research has shown that LGBTQ persons are most likely to seek the help of mental health professionals, rather than domestic violence providers, when domestic violence is present.**
- A pretest conducted among the 18 mental health students referenced above found that students had **virtually no prior knowledge of key issues in**

“I don’t know if I can name a period when I have not been working with at least one client who is either dealing with or has dealt with family violence, intimate partner violence, or sexual assault.”

Sharon Neselle, LMFT

Therapist at the Center for 27 years

either LGBTQ-specific or non-LGBTQ domestic violence. This included a lack of knowledge about issues such as the origins and manifestations of domestic violence; the process of differentiating abusers and victims; or basic facts such as that the most dangerous time between intimate partners in an abusive relationship is when the victim leaves the relationship or develops autonomy, or that victims leaving an abusive relationship will return multiple times before leaving the relationship permanently. **This lack of knowledge and education would not only have resulted in poor support for domestic violence victims, but would have dramatically increased the risk of expanded abuse and even death for any victims these students might eventually have treated.**

- While LGBTQ domestic violence shares many qualities in common with non-LGBTQ domestic violence, providers agree that it is also **significantly**

¹ California Senate Bill 564, introduced by Senator J. Speier, amended sections of the Business and Professions Code relating to the Healing Arts and established that applicants for licensure as psychologists; marriage and family therapists; or social workers who began graduate study on or after January 1, 2004, complete a minimum of 15 contact hours of coursework or training in spousal or partner abuse assessment, detection and intervention strategies including community resources, cultural factors, and same gender abuse dynamics. The bill also required persons licensed in these professions who began graduate study prior to January 1, 2004 take a continuing education course in the above topics.

“We have a lot of super resilient members in the LGBTQ community, but there is still a lot of fragility and woundedness. Sometimes people who are wounded do not have the same level of support or constancy as people who have been privileged with stronger networks. We need to have cultural humility and pay attention to the impact of minority stress. We can approach this systematically and developmentally, and take into account people’s intergenerational experiences.”

Mary Andres, Psy.D.

different, particularly in terms of complicating factors related to past trauma such as the trauma of the coming out process, bullying and assault, and oppressive or rejecting family and societal attitudes. Several therapists used the term **“minority stressors”** as a general umbrella term for these issues. Past trauma has been shown to significantly increase the incidence of depression, violent behaviors, and substance use, all of which are key contributing factors to domestic violence. ii As noted by Dr. Susan Holt (2012), “Unlike heterosexual battering, LGBTQ domestic violence always occurs within the context of **societal anti-LGBTQ bias** - homophobia, biphobia, and transphobia

- all very powerful and effective weapons of control.”ⁱⁱⁱ

- Many therapists believed that LGBTQ persons face **unique barriers to both recognizing and seeking remedies to their domestic violence situations**, including the threat of being outed by their abusing partner; financial and economic control exerted by one partner over another; insulated or self-contained social networks shared by both partners that limit the ability to seek support; and past rejection by family members that also reduces the size of individual support networks.
- Several mental health providers noted that **low self-esteem and prior experiences of discrimination and violence** may lead some LGBTQ persons to minimize domestic violence and sexual assault experiences, assuming that their current oppressive relationship is the best they can do, or, worse, something they somehow deserve. Many therapists noted that **substance use** can be a significant exacerbating factor in LGBTQ domestic violence, with alcohol being a prevalent co-factor for females and **methamphetamine** being a prevalent co-factor for males.
- **Mental health providers hold differing views of what defines LGBTQ domestic violence.** While some therapists believed that abusive behaviors take place along a continuum of behaviors that include emotional, financial, verbal, psychological, and physical control or abuse, other therapists defined domestic violence as primarily involving **direct physical violence**. Therapists who took a continuum-oriented view believed that defining domestic violence primarily in terms of physical violence could cause therapists to not recognize or treat violence in other forms or

stages. One therapist noted that **90%** of abusive relationships do not involve physical violence, but instead center around **psychological dominance and control**, which is the hallmark of the vast majority of domestic violence situations.

- The presence of the word **“violence”** in the phrases ‘domestic violence’ and ‘intimate partner violence’ may contribute to an assumption among therapists and other service providers that physical violence must be involved in order for true domestic violence to be taking place. Some mental health providers recommended using words such as **“abuse”** or **“control”** as a way to better define behavior along the full continuum of domestic violence.
- **The majority of mental health providers interviewed do not incorporate a specific domestic violence intake or assessment as part of their standardized individual or couples**

intake process. Instead, most therapists stated that they rely on prior experience and a more general client assessment process to “get a sense” for whether or not domestic violence is present in a relationship in which a prospective client is involved. Some therapists stated that abuse and violence issues can sometimes reveal themselves later in the course of client or couples counseling.

- **It is widely understood by therapists that couples counseling is an ineffective and dangerous modality for partners involved in an abusive relationship.** Couples counseling is designed to help people with conflict resolution, communication problems, and struggles with intimacy, but in an abusive relationship, these goals cannot be attained because equality is lacking in the relationship and cannot be achieved when violence is present.^{iv} Couples counseling also sends the message to both the batterer and their partner

“I use Evan Stark’s term “coercive control” to define the complicated patterns in a relationship in which one partner uses behavior which has the effect, over time, of dominating, controlling, and inducing fear in their intimate partner. It may be sexually, emotionally, financially, or verbally controlling behavior. And it is enforced by interweaving physical abuse with intimidation, isolation, and control. Physical violence may be only a small part of it, if it’s there at all. It can be confusing for anyone who is in the middle of it, because any one behavior by itself may not be seen as “abuse,” but all of the day-to-day restrictions, intrusions, punishments, and fear add up to the victim’s losing their agency, trust, and any safe space they might have had.”

Barrie Levy, LCSW



"I'm more apt to use the word abuse than I am violence. Because for me, violence is a physical attack that's damaging, and that's the end of the story for me. That enters the territory of law. Abuse is, for me, a wider construct. It can include the emotional embattlement, the emotional punishment, the verbal lashing out, the fear. And I do see a lot of abuse. By my defining abuse like that, I do think I see it more easily and more readily."

Mary Fox, Ph.D.

that the abuse is mutual and that the victim is somehow responsible, at least in part, for the abuser's behaviors and/or problems in the relationship.^Y Often an abusive partner will use information revealed or discussed during a session against the victim later. Although no mental health provider stated that they provide couples counseling to LGBTQ couples in which some form of domestic violence is taking place, such abusive behavior can be hidden or unacknowledged at the start of therapy, and might have potentially been identified through more aggressive initial assessment or through more conscious effort to uproot patterns of abuse during initial stages of the couples counseling process.

- While no mental health providers interviewed offer couples counseling

to persons with identified domestic violence issues, and many stated that they do not take on new clients in abusive relationships because of their lack of expertise in this area, **providers were often unable to identify a specific therapist or agency to which they referred these individuals or couples (other than the Los Angeles LGBT Center).** This suggests that many of these clients are left on their own to find appropriate alternate services and treatment, particularly in regions that have few LGBTQ-specific mental health or domestic violence resources.

- **Many therapists expressed the view that the pervading overlay of traditional heterosexual gender roles can complicate the ability of providers to adequately recognize and respond to LGBTQ domestic violence.** This includes a standardized image of domestic violence as nearly always involving a larger heterosexual man abusing a smaller heterosexual woman. While this is frequently true, **the standard heteronormative model can never be effectively or realistically applied to intimate LGBTQ relationships.** The Los Angeles LGBT Center's own domestic violence assessment model explores the dynamics of each intimate relationship based on the unique characteristics, behaviors, and beliefs of the two individuals involved, with no preconceptions or prior constructs involved. The resulting safety or treatment plan draws from a range of intervention and treatment modalities to provide the best and most effective plan for each victim or members of a partnership.
- **Despite the unique challenges, threats, and barriers faced by LGBTQ people in abusive situations, many therapists found beauty, hope and positivity in regard to LGBTQ relationships.** Many

therapists regarded the LGBTQ experience as a unique opportunity to create new non-traditional models of loving relationships, and to better explore one another as individuals, without many of the limiting boundaries of heteronormative gender roles. Additionally, the coming out experience - which all LGBTQ people share - provides an opportunity to build personal strength and to develop a personal vision of who one would like to be and is in the world. Honoring and supporting this process should be a key goal of any LGBTQ focused therapy, particularly since the building of self-esteem and self-reliance can help to function as a barrier to involvement in abusive relationships.

"LGBT-specific domestic violence training encourages the therapist to look at the intersectionality of sexual orientation, gender, class, race, and other human attributes in a respectful manner that allows for creating highly customized plans for safety, treatment, and approach. A standard, templated therapy method using a heteronormative model does not offer the same rich benefits for the patient. Gay affirmative or queer affirmative therapy is powerfully about honoring what is unique about a person. This type of treatment helps clients have an authentic coming out and find support as they exist in environments that may not always embrace their full selves. The focus and understanding surrounding coming out and subsequent process are deeply rooted in this form of affirmative therapy. Having a fully affirming stance for who someone is, at their intrinsic core, is a healing process that originates from the LGBT community; however, it can also powerfully serve every community. Indeed, I feel it should inform all therapy."

Max G. Feirstein, Ph.D.



Improvement Recommendations

SUGGESTIONS FOR IMPROVING MENTAL HEALTH CARE, SUPPORT, AND ACCESS FOR LGBTQ DOMESTIC VIOLENCE AND SEXUAL ASSAULT SURVIVORS



More LGBTQ-specific domestic and intimate partner violence services and resources



Increased education, training, and skills-building in both general and LGBTQ-specific domestic and intimate partner violence for new and existing mental health providers



Expanded access to LGBTQ-specific domestic and intimate partner violence services for LGBTQ people who live in regions in which these services are not available



Expanded research on bisexual and transgender domestic and intimate partner violence.

The information-gathering process conducted for this report yielded a range of recommendations and suggestions for improving the existing system of mental health care to better serve LGBTQ victims of domestic violence and sexual assault. These recommendations encompass systemic, educational, and policy-related enhancements designed to improve both overall quality of care and client access to essential services. **The section below lists possible key points to be addressed in order to improve the quality, scope, and effectiveness of domestic violence and sexual assault services for LGBTQ people.**

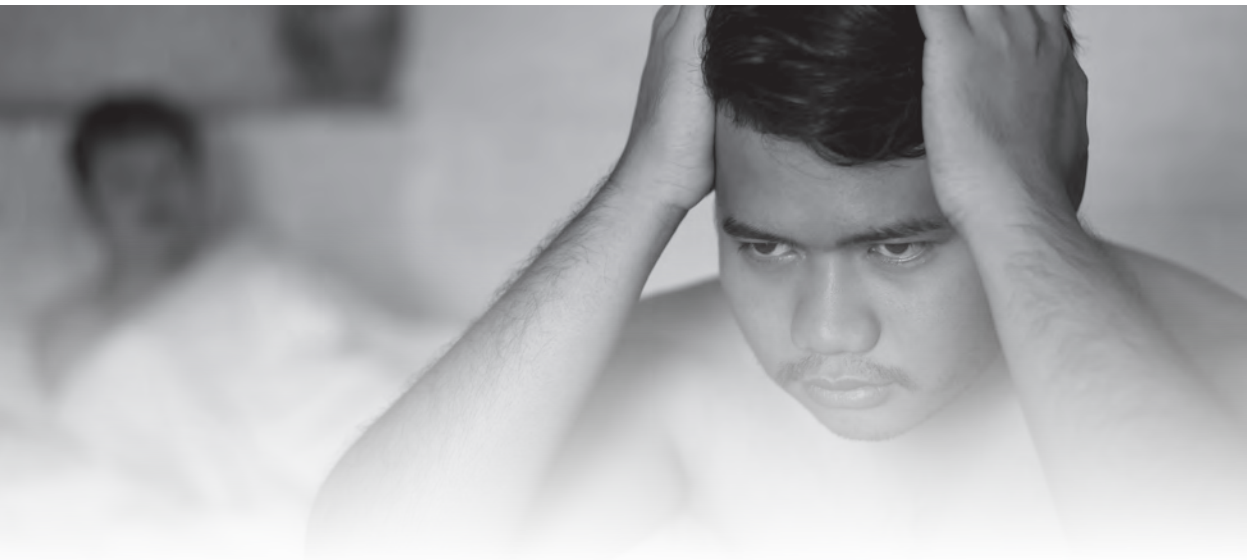
- **More trauma-informed LGBTQ specific/focused domestic violence services are urgently needed.** LGBTQ-specific services differ significantly from LGBTQ-sensitive or LGBTQ-welcoming services because the latter have been designed primarily for heterosexual individuals and do not take the unique variables in LGBTQ violence into account. By contrast, LGBTQ-specific services are those that have been designed **specifically and primarily by and for the LGBTQ community** and are staffed by

providers who specialize in working exclusively or primarily with LGBTQ individuals and families. LGBTQ people often cannot receive effective services in the context of traditional domestic violence programs/services. For example, a gay man attending a domestic violence survivors group comprised of heterosexual women, or a lesbian attending a treatment group comprised of heterosexual male participants, cannot feel a sense of real safety, and cannot fully expose and explore their violence-related issues. In addition to expanded LGBTQ-specific domestic violence and sexual assault services, support agencies and providers, the field could greatly benefit from increased numbers of mental health counselors from diverse ethnic, age, gender, linguistic, and other backgrounds who are educated, trained and experienced in LGBTQ domestic violence and sexual assault assessment and intervention.

- » Increased public education and outreach in a range of languages designed to inform and educate LGBTQ populations about the problem and where they can locate appropriate service and support is desperately needed. These services should be designed collaboratively with domestic violence and sexual assault service providers to ensure a proper balance between the amount of outreach conducted and the number of providers available to deliver LGBTQ focused and specific services.

- **Heteronormative approaches to batterers’ intervention by the criminal justice system are usually not effective for LGBTQ abusers and can potentially decrease safety while increasing danger.** California law, for example, requires that any individual who is mandated by a court to attend a batterers’ treatment group must attend a 52-week same-gender group.¹ This heteronormative model decreases safety and benefit for gay and bisexual men in a group designed for heterosexual men, and creates service access issues for women, for whom comparatively fewer groups exist. The Center believes that the alternative - individual therapy as a treatment for abusers - is contraindicated for multiple reasons and, in fact, can inadvertently increase abuse. **Mixed gender batterers’ intervention/treatment groups for members of the LGBTQ community could provide both an impactful and cost-effective approach to batterers’ treatment while offering more options than the paucity of groups that currently exist for LGBTQ people.**
- **More extensive education and training about both general and LGBTQ-specific domestic violence is a critical need within the context of basic education for mental health providers.** While California’s Senate Bill 564, which requires that graduate students in psychology and behavioral health in California participate in at least 15 hours of coursework on domestic violence, is an example of a step in the right direction,² this approach needs to be expanded to all states within the U.S. and should be expanded to include curriculum not only on same-gender abuse dynamics but about domestic violence impacting all LGBTQIA populations. Additional domestic violence education for undergraduate students across disciplines is also needed.
- **Training and education in both general and LGBTQ-specific domestic violence and sexual assault assessment, treatment, and referral to qualified existing mental health providers is an essential need,** particularly since so many LGBTQ abuse victims turn to

¹ California Penal Code, Part 2. Of Criminal Procedure, Title 8. Of Judgment and Execution Chapter 1 (c) (1): The goal of a batterers program under this section shall be to stop domestic violence. A batterers program shall consist of the following components: (B) A requirement that the defendant participate in ongoing same-gender group sessions.



mental health providers **first** in their search for help and support. Planning must take place to ensure that mental health and LGBTQ-specific providers work together to develop effective methods to:

- » Increase counselor awareness of the importance of both general and LGBTQ-specific domestic violence and sexual assault issues;
- » Increase counselor awareness of the nature of domestic violence as it manifests in LGBTQ and non-LGBTQ relationships and for specific clients, including increased awareness of the continuum of domestic violence behavior and the importance of taking seriously and addressing domestic violence at all points along the continuum;
- » Include domestic violence assessment for ALL populations in psychosocial intakes/assessments / increase the standardized use of domestic violence assessment for all new potential therapeutic clients, including couples and families;
- » Ensure that mental health counselors are aware of the standard to not

provide couples counseling to couples or families at risk for or experiencing domestic violence.

- » Teach therapists practical and effective mental health intervention and support techniques for both general and LGBTQ survivors and perpetrators, including the provision of opportunities for therapists to practice communication and treatment skills with hypothetical clients during consultation or supervision; and
 - » Ensure adequate referral sources when individuals must be referred to domestic violence-specific therapy or emergency support.
- **While urgently needed, significant challenges exist to increasing the knowledge and skill of existing mental health providers of both general and LGBTQ-specific domestic and intimate partner violence issues.** For example, while domestic violence education could be expanded within the context of required annual Continuing Education Units (CEUs), these can be difficult to publicize, and providers are already barraged with CEU offerings from established firms.

Incorporating new domestic violence and sexual assault education, assessment and treatment modules into the offerings of these firms would be helpful, but the subsequent task would be to interest therapists in these offerings. Many mental health providers interviewed for this report believed that there is a tendency for existing therapists to feel they already know everything they need to know, while some therapists also believed that those who are most likely to need domestic violence education are those most likely to believe they do not need it, creating significant hurdles to increasing provider knowledge. **Mandated therapist education on domestic violence on a regular basis** would be a strong approach, but might be difficult to accomplish given the many other critical mental health issues competing for expanded provider training.

- **While LGBTQ-specific therapeutic and domestic violence services are often available to clients in populous urban areas with large LGBTQ populations - such as Los Angeles, San Francisco, New York City, Seattle, or Chicago - such services are almost entirely unavailable to LGBTQ domestic violence and sexual assault victims in other regions of the country.** This creates a serious and often tragic barrier to LGBTQ domestic violence victim access and care. The COVID-19 pandemic has created a new context in which telehealth services have become increasingly common and accepted. Many therapists interviewed for this report believed that online interventions are proving to be as effective as in-person therapy, while facilitating client access to treatment and reducing the rate of missed or cancelled appointments. This situation could create **new options** for LGBTQ victims of domestic violence and sexual assault – especially in areas where such services are not currently available or insufficient in number. However, individual state regulations nearly always prohibit therapists in one state from providing counseling - whether in person or online - in another state. Some exceptions related to COVID-19 have begun to emerge, but it is unclear whether these regulatory changes will be permanent. There may also be exemptions for staff of Federally Qualified Health Centers (FQHCs) to provide mental health counseling across state lines. **The development of new federal legislation to allow cross-state counseling to address the dearth of LGBTQ-specific counseling and domestic violence and sexual assault services for LGBTQ people would provide significant relief for isolated and underserved LGBTQ individuals.**
- Many mental health providers interviewed for this report felt that the Center’s approach to domestic violence assessment and treatment, which is entirely free from pre-determined gender categories, expectations, or roles, and instead focuses on and explores the **individual characteristics and dimensions of each relationship apart from a heteronormative overlay**, could also provide a highly effective model for treatment of domestic and intimate partner violence **within heterosexual populations**. These therapists urged the Center to explore ways to package and promulgate its model of domestic and intimate partner violence assessment, intervention, and support for a nationwide audience.
- Additionally, while significant research has been conducted and is being conducted in regard to domestic violence and sexual assault within general lesbian, gay and, sometimes, transgender populations, **additional research is urgently needed on bisexual and transgender domestic violence and sexual assault**. Preliminary research indicates an extremely high risk of violence and sexual assault within these populations, but we have virtually very little data to help us identify specific issues and to pinpoint resources and responses.

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About the Los Angeles LGBT Center's STOP Violence Program:

The Los Angeles LGBT Center's STOP Violence Program (Support, Treatment/Intervention, Outreach/Education & Prevention) is the nation's largest and most comprehensive LGBTQ specific/focused program of its kind. STOP offers a wide array of services including multiple services for victims, a court-approved batterers' intervention program, and a multi-faceted prevention program. The STOP Program was selected by the National Crime Prevention Council as one of the nation's 50 most innovative programs in 2002, and in 2012 was selected by Futures Without Violence as one of the nation's 10 most innovative domestic violence programs. The Center also operates the nationally recognized Anti-Violence Project and Legal Advocacy Project for Survivors incorporating among other services, safety planning and crisis intervention; policy and court advocacy; preparation of restraining orders; and visa and immigration programs for domestic violence and sexual assault survivors.

Endnotes

¹Martin, Dorothy "Del", *Battered Wives*, Glide Publishing, San Francisco, 1976.

²Lobel, Kerry (Ed.), *Naming the Violence: Speaking Out About Lesbian Battering*, Seal Press, Seattle, 1986.

³Island, David and Patrick Letellier, *Men Who Beat the Men Who Love Them: Battered Gay Men and Domestic Violence*, New York: Harrington Park Press, 1991.

⁴Los Angeles LGBT Center, *Report on Needs Assessment Findings: LGBT Victims of Violence Crime in the City of Los Angeles*, Los Angeles, 2018.

⁵Fountain, Kim, Maryse Mitchell-Brody, Stephanie M. Jones, and Kaitlin Nichols, *Lesbian, Gay, Bisexual, Transgender and Queer Domestic Violence in the United States in 2008*, New York: National Coalition of Anti-Violence Programs, 2009.

⁶Island, David and Patrick Letellier, Op. Cit..

⁷Holt, Susan, "Domestic Violence", in: *First, Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California, The California LGBTQ Reducing Mental Health Disparities Population Report*, Mental Health America of Northern California and Equality California Institute, prepared for the California Department of Public Health Office of Health Equity, Sacramento, 2012.

⁸Messinger, Adam M., *LGBTQ Intimate Partner Violence: Lessons for Policy, Practice, and Research*, University of California Press, Oakland, 2017.

⁹Walters, Mikel L., Jieru Chen, and Matthew J. Breiding, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, 2013.

¹⁰Ibid.

¹¹Senate Health Committee *Analysis, Analysis of assembly bill 2051 (Cohn)* (2016). Available from http://www.leginfo.ca.gov/pub/05-06/bill/asm/ab_2051-2100/ab_2051_cfa_20060621_093713_sen_comm.html

¹²Katz-Wise, Sarah L. and Janet S. Hyde, "Victimization Experiences of Lesbian, Gay, and Bisexual Individuals: A Meta-Analysis", *Journal of Sex Research* 49, Nos. 2-3 (2012): 142-167.

¹³Taylor, Paul, "A Survey of LGBTQ Americans: Attitudes, Experiences, and Values in Changing Times". Washington, DC: Pew Research Center, June 2013.

¹⁴Durso, Laura E. and Gary J. Gates, "Serving Our Youth: Findings from a National Survey of Services Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth Who Are Homeless or at Risk of Becoming Homeless", Los Angeles: Williams Institute, 2012.

¹⁵Messinger, Adam M., Op. Cit.

¹⁶Holt, Susan, Op. Cit.

¹⁷National Center for Transgender Equality, *Murders of Transgender People in 2020 Surpasses Total for Last Year in Just Seven Months*, Washington, DC, August 7, 2020.

¹⁸National Coalition of Anti-Violence Programs, *LGBTQ and HIV-Affected Intimate Partner Violence in 2016*, New York, NY, 2017.

¹⁹Walters, Mikel L., Jieru Chen, and Matthew J. Breiding, Op. Cit.

²⁰Brown, Taylor N.T. and Herman Jody L., *Intimate Partner Violence and Sexual Abuse Among LGBTQ People: A Review of Existing Research*, Williams Institute, Los Angeles, CA, November 2015.

²¹National Center for Transgender Equality, Op. Cit.

²²US Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, *NISVS: An Overview of 2010 Findings on Victimization by Sexual Orientation*, 2013, www.cdc.gov/violenceprevention/nisvs/

²³Ibid.

²⁴Brown, Michael J., and Jennifer Groscup, "Perceptions of Same-Sex Domestic Violence among Crisis Center Staff." *Journal of Family Violence*24 (2009): 87-93.

²⁵Poorman, Paula B., Eric P. Seelau, and Sheila M. Seelau, "Perceptions of Domestic Abuse in Same-Sex Relationships and Implications for Criminal Justice and Mental Health Responses", *Violence and Victims* 18, No. 6 (2003): 659-669.

²⁶Hines, Denis A. and Emily M. Douglas, "The Reported Availability of US Domestic Violence Services to Victims Who Vary by Age, Sexual Orientation, and Gender", *Partner Abuse*, 2, No. 1 (2011): 3-30.

²⁷Aulivola, Michelle, "Outing Domestic Violence", *Family Court Review* 42, No. 1 (2004): 162-177.

²⁸Messinger, Adam M., Op. Cit.

²⁹Merrill, Gregory S. and Valerie A. Wolfe, "Battered Gay Men: An Exploration of Abuse, Help Seeking, and Why They Stay", *Journal of Homosexuality* 39, No. 2 (2000): 1-30.

³⁰Gates, Gary J., *How Many People Are Lesbian, Gay, Bisexual, and Transgender?* Los Angeles, Williams Institute, 2011.

³¹Renzetti, Claire M., *Violent Betrayal: Partner Abuse in Lesbian Relationships*: Newbury Park, CA: Sage Publications, Inc.,1992.

³²E.g., Creech, Suzannah K., Justin K. Benzer, Tracie Ebalu, Christopher M. Murphy, and Casey T. Taft, "National Implementation of a Trauma-Informed Intervention for Intimate Partner Violence in the Department of Veterans Affairs: First Year Outcomes. *BMC Health Services Research*, Vol. 18, No. 1, 2018:582.

³³Holt, Susan, Op. Cit.

³⁴Stines, Sharie, *Why Couples Counseling Doesn't Work in Abusive Relationships*, at Psych Central, 2015, <https://pro.psychcentral.com/why-couples-counseling-doesnt-work-in-abusive-relationships/>

³⁵Ibid.

³⁶See http://www.leginfo.ca.gov/pub/01-02/bill/sen/sb_0551-0600/sb_564_cfa_20020806_125217_asm_comm.html



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