

WORKING WITH LGBTQ+ SURVIVORS OF VIOLENCE IN HIGHER EDUCATION

CREATING ACCESS TO
VICTIM/SURVIVOR SERVICES

ENHANCING VICTIM
SERVICES PROJECT



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*Note: Both the terms "victim" and "survivor" are used in this document, as each individual who experiences sexual violence may identify differently throughout the recovery process.

INTRODUCTION

This guide was created by Rutgers University's Center on Violence Against Women and Children as part of the Enhancing Victim Services Project. The project aims to enhance direct services for victims/survivors of violence and strives to expand upon university-wide responses to violence on campus. One population of focus is the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) victim/survivor community, whose experience of intimate partner violence (IPV) and sexual violence (SV) may differ from those of cisgender and heterosexual victims/survivors. This guide covers the rates at which LGBTQ+ individuals experience IPV and SV and the unique ways they experience violence, the barriers LGBTQ+ victims/survivors may face accessing services, and best practices for serving LGBTQ+ victims/survivors on college campuses.



ACCESS TO VICTIM/SURVIVOR SERVICES

Most popularized examples of IPV in education and media are heteronormative and focus on violence between cisgender, heterosexual partners, without offering the same level of information or representation for LGBTQ+ individuals (Brown & Herman, 2015). Additionally, if IPV and SV services do not specifically advertise themselves as LGBTQ+ friendly, this may deter students from searching for or accessing them. Students may worry about facing discrimination, stereotyping, or uninformed care workers whom they need to educate about their identity while seeking services.

Many systems of support were not created with LGBTQ+ relationships in mind, including laws addressing violence in relationships and victim/survivor services. For example, victim/survivor service providers may not tailor their supports to LGBTQ+ victims'/survivors' needs. One study reported that only 17% of students agreed that their university provided LGBTQ+ students with sufficient IPV services (Edwards et al., 2016). Shelters and health care facilities may not serve LGBTQ+ victims/survivors. One study found that in 2015, of 986 incidents of IPV against LGBTQ+ and HIV-affected individuals from ten National Coalition of Antiviolence Programs (NCAVP) partners, 44% of victims/survivors who sought shelter were denied, most commonly due to gender identity (Waters et al., 2016). State laws also vary on definitions of IPV and SV, potentially excluding those in same-sex relationships from legal protections (Brown & Herman, 2015). For example, in North Carolina, abuse is only considered domestic violence under the law if it occurs between "persons of opposite sex" (ACLU of NC, 2019). These institutional barriers prevent LGBTQ+ victims/survivors from receiving help or believing that help is available to them.

ACCESS TO VICTIM/SURVIVOR SERVICES, CONT.

Despite the need for services, LGBTQ+ individuals rarely access them. Many LGBTQ+ victims/survivors fear that reporting their assaults could contribute to further discrimination against the LGBTQ+ community, as they may fear that it will contribute to stereotypes that same sex relationships are inherently abnormal (DeKeseredy et al., 2017). LGBTQ+ victims/survivors may also fear rejection from crucial social support networks like family and friends, especially because when their LGBTQ+ peer networks are small and tightknit, and disclosing abuse could lead to isolation from peers (Brown & Herman, 2015; Garvey, Hitchins, & McDonald, 2017). Further, if the person who committed the violence is LGBTQ+, the victim/survivor is more likely to interact with them after the abuse, as there are limited social spaces that cater specifically to LGBTQ+ people (Victim Rights Law Center, 2017). Finally, given violence historically perpetrated against LGBTQ+ people, these victims/survivors may fear the responses of law enforcement and other service providers if they reveal they identify as LGBTQ+ (RAINN, 2019). As a result, LGBTQ+ victims/survivors rarely report their victimization.

ACCESS TO VICTIM/SURVIVOR SERVICES, CONT.

It is essential to note that LGBTQ+ victims/survivors of color face additional and compounded barriers to accessing help due to intersecting forms of oppression. LGBTQ+ people of color, especially Black victims/survivors, have been historically brutalized by law enforcement, and may have experienced previous violence due to systemic racism along with homophobia, biphobia, or transphobia (Langness & Velasco, 2020). For example, LGBTQ+ victims/survivors often have unhelpful or violent experiences with the police. One report found that 55% of LGBTQ+ IPV victims/survivors reported that when reporting their abuse, law enforcement was indifferent towards them, and 20% reported they were hostile (Tillers, Ray, Cruz, & Waters, 2018). This could make reporting IPV or SV especially dangerous for them, their partners, and communities (Miller et al., 2016).



ACCESS TO VICTIM/SURVIVOR SERVICES, CONT.

Additionally, responses to disclosures of IPV and SV significantly impact victims'/survivors' mental health. In a study of 905 heterosexual women and bisexual women sexual assault survivors, Sigurvinsdottir & Ullman (2016) found that perceived social support was related to depressive symptoms and PTSD symptoms, and bisexual women received more negative reactions and less social support following disclosure than their heterosexual counterparts. Cultural myths about violence against LGBTQ+ people are pervasive among law enforcement, the civil and criminal justice systems, healthcare providers, and other large systems that hold authority (Calton et al., 2016). For instance, some law enforcement officers, or even social workers and domestic violence advocates may believe that abuse in same-sex relationships is mutual (that both partners batter each other), or that abuse cannot occur in same-sex relationships. This myth may result in both the victim and the abuser being arrested if the police are called. An LGBTQ survivor may also be afraid that revealing the abuse will reflect badly on all LGBTQ people or fuel anti-LGBTQ biases (WomensLaw.org, 2019). In North Carolina and South Carolina, for example, restraining orders can only be filed against persons of the opposite gender if they are unmarried (ACLU of NC, 2019).

RECOMMENDATIONS FOR POLICY AND PRACTICE

Scholars, researchers, and service providers tend to approach sexual and intimate partner violence education, programming, and services from an identity-neutral, a-historic, and “power-evasive” perspective, often neglecting the inherent power dynamics involved in SV and IPV, which can and often does center the “numerical majority’s” experience (Harris & Linder, 2017). Neglecting to address issues of identity, power, oppression, dominance, and history reconstructs and works to maintain systems of domination that often lead to violence on campus (Harris & Linder, 2017). Universities can support their LGBTQ+ students who are victims/survivors of SV or IPV in several key ways which center their experiences in program development, policy, research, and evaluation (Klein et al., 2020). These recommendations aim to undo the false idea that violence perpetrated against White heterosexual, cisgender women is the norm around which prevention and response should be centered (Klein et al., 2020).



RECOMMENDATION 1: FOSTER A CAMPUS CLIMATE INCLUSIVE TO LGBTQ+ COMMUNITIES

Universities should cultivate a campus climate that is inclusive and supportive to LGBTQ+ students and centers their experiences. A survey of transgender youth found that positive social supports serve as protective factors from trauma exposure and relate to less severe symptoms of depression and anxiety (Becker et al., 2017). Inclusive campus climate also relates to higher academic and social engagement for LGBTQ+ students (Garvey et al., 2017). LGBTQ+ inclusion involves ensuring there are LGBTQ+ centers on campus, campuses support student-led initiatives regarding LGBTQ+ visibility, sex and relationship education includes LGBTQ+ experiences, and universities aim for diversity, equity, and inclusion through formalized programming at the university (Waling & Roffee, 2018). Campuses that encourage the development of LGBTQ+ communities can create a social safety net for victims/survivors and students dealing with minority stress (Becker et al., 2017). LGBTQ+ survivors with intersecting oppressed identities, such as Black LGBTQ+ survivors, those with disabilities, international students, and first-generation college students, have unique service needs in higher education settings. Services should consider the increased reliance on spiritual communities for some cultural communities. Support networks often cater to white, cisgender, and heterosexual norms. Consultants who specialize in diversity should be hired to create programming specific to the needs of Black LGBTQ+ individuals (Sanz-Saumeth, 2020). Victim service providers should partner with campus and local LGBTQ+ spaces to increase awareness and access of supportive services to this underserved community.

RECOMMENDATION 2: INCREASE CLINICIANS' COMPETENCE WORKING WITH LGBTQ+ VICTIMS/SURVIVORS

To build trust and provide effective care to LGBTQ+ students, health care providers should inquire about sexual behavior in a nonjudgmental way and not assume sexual orientation or gender identity (Ard & Makadon, 2011). Clinicians should also screen for IPV in LGBTQ+ patients by directly asking if their partners hurt them or if they feel safe (Ard & Makadon, 2011). Additionally, clinicians should see patients alone regardless of the gender of the person accompanying them to ensure that a potential victim/survivor can disclose their victimization safely (Ard & Makadon, 2011). Providers should be cognizant of common myths about same-sex IPV, including assumptions about the mutuality of violence between same-sex partners rather than adequately assessing who is the primary abuser or minimization of the severity of violence, especially when perpetrated in a same-sex relationship between women (Rollè et al., 2018). According to the 1994-1995 National Violence Against Women Survey, bisexual men and women are at a higher risk of being victimized by opposite-sex partners and perpetration of IPV by women does not conform to the feminist construction of SV and IPV as patriarchal violence (Messinger, 2011; Cannon et al., 2015). Therefore, IPV and SV response should be theoretically based in more than just feminist theory and should rather use a more integrated understanding of power dynamics between individuals based on oppressed and privileged aspects of their identities and actual behaviors within abusive relationships (Cannon et al., 2015).

RECOMMENDATION 3: TRAIN VICTIM/SURVIVOR SERVICES PROVIDERS

To best serve the LGBTQ+ population, victim/survivor service providers must receive proper training. Education should include revised guidelines to reflect the burden of violence in the LGBTQ+ community and incorporate LGBTQ+ victim/survivor testimony (Ard & Makadon, 2011). The organization Demonstrate LGBTQ+ Access includes a comprehensive list of tips for incorporating LGBTQ+-related professional training (Demonstrate LGBTQ Access, 2015):

1. In addition to discussing language and respect for the LGBTQ+ community, baseline training should explore systemic and institutional barriers to help-seeking.
2. The organization should integrate information about LGBTQ+ needs and barriers into all aspects of training, as single trainings will not sufficiently shift culture.
3. The trainings should also examine the assumptions that reinforce the gender binary, assumptions of heterosexuality, and assumptions of nuclear family formation, which effects even those who are not LGBTQ+.
4. Service providers should acknowledge that LGBTQ+ victims/survivors and non-LGBTQ+ victims/survivors will be treated differently because their needs are different, and assuming they are “the same” leads to inequitable treatment.
5. Workplaces must create space to discuss gender and sexuality.
6. Trainings on LGBTQ+ victims/survivors must integrate the intersection of gender and sexuality to all forms of oppression, including racism, ableism, and ageism.
7. Establish buy-in through integrating serving LGBTQ+ victims/survivors in the organization mission but expect pushback from some of those involved. Develop creative trainings with interactive and varied components that also integrate current events.

RECOMMENDATION 4: CONSIDER DEVELOPING SUPPORT GROUPS SPECIFIC FOR LGBTQ+ SURVIVORS

Because LGBTQ+ victims/survivors of IPV and SV may have experiences of violence unique to their sexual identity or gender identity, support groups specific to LGBTQ+ victims/survivors may increase victim service use and effectiveness for sexual and gender minority students. Some LGBTQ+ victims/survivors may desire and benefit from these targeted interventions, whereas other victims/survivors may prefer support groups and group counseling that is more integrated with victims/survivors of diverse sexual and gender identities. Therefore, increasing all clinicians' competence and sensitivity to the unique experiences and needs of LGBTQ+ students while also developing targeted interventions and supports is considered best practice (Gray et al., 2020). Within these spaces, it is also important to acknowledge the diversity of identities and experiences within the LGBTQ+ community.



RECOMMENDATION 5: PROMOTE AN AWARENESS OF SEXUAL VIOLENCE AND INTIMATE PARTNER VIOLENCE IN THE LGBTQ+ COMMUNITY

Prevention and awareness campaigns should ensure that they target the LGBTQ+ community. Universities should make sure pamphlets, posters, and other materials on IPV are inclusive of LGBTQ+ individuals (Ard & Makadon, 2011). This can include using gender neutral language when describing relationships and including images of people with diverse gender presentations and races. Materials should also inform students on the specific ways that LGBTQ+ victims/survivors experience violence and emphasize that abuse is not exclusive to straight relationships. Events should try to steer clear of using heteronormative language that focuses on the experience of straight cis-gender women, for instance, events such as “what she was wearing,” or “in her shoes.”



RECOMMENDATION 6: ENSURE VICTIM SERVICES PROVIDERS AND CAMPUS HEALTHCARE PROVIDERS USE INCLUSIVE DOCUMENTATION PRACTICES FOR LGBTQ+ CLIENTS/PATIENTS.

Intake forms in all health care settings should include patient's legal name, preferred name, and pronouns. Additionally, when health forms require information about patient sex, two questions should be included (CDC, 2020):

1) What is your gender?

- male
- female
- nonbinary/genderqueer
- trans man
- trans woman
- additional gender category (please specify):
- decline to answer
- all that apply

2) What was your sex assigned a birth?

- female
- male
- not designated

RECOMMENDATION 6

Ensure that questions about sexual orientation, sexual history, and relationship status are as exhaustive and inclusive as possible. Sexual orientation can include options such as straight, gay/lesbian, bisexual, pansexual, queer, questioning/unsure, asexual, the option to specify another sexual orientation, and decline to answer (CDC, 2020). Relationships can and do include non-monogamy, polyamory or open relationships. Best practices regarding data collection on patient/client sexual orientation and gender identity are often changing. Refer to the most recent CDC guidelines for best practices.

FINAL THOUGHTS

This guide attempted to bring awareness to the importance of recognizing that one-size-fits-all programming and services on campus are often heteronormative and do not center the experiences of LGBTQ+ students. To effectively create change on campus and prevent IPV, service providers, faculty, staff, students, and policymakers must move beyond performance to practice and implement social-justice oriented, identity-conscious programming and services that consider the intersections of social identities. As this is by no means an exhaustive guide, resources for further information are provided on the following pages.



RESOURCES FOR PROVIDERS

- The Northwest Network of Bisexual, Trans, Lesbian, and Gay Survivors of Abuse: www.nwnetwork.org/events
- Assessing for the primary aggressor in abusive relationships: Assessment tool. Assists in determining where power lies in intimate relationships, which can be difficult for practitioners to assess in same-sex and other types of relationships.
- Demonstrate LGBTQ Access: www.demonstrateaccess.org
- The National LGBTQ Institute on IPV Sexual Orientation and Gender Identity Data Collection: http://lgbtqipv.org/wp-content/uploads/2018/11/LGBTQ-Institute-SOGI-Data-Collection-Resource-Guide_final.pdf
- The National LGBTQ Institute on IPV Form and Function: Using Inclusive and Culturally Responsive Language When Gathering Data on Sexual Orientation and Gender Identity: <https://nwnetwork.adobeconnect.com/form-jun20/event/registration.html>
- Forge: <https://forge-forward.org/about/>
- The Network/La Red: <https://tnlr.org>

RESOURCES FOR SURVIVORS

- Let's Talk About It: A Transgender Survivor's Guide to Accessing Therapy: <https://forge-forward.org/wp-content/docs/Lets-Talk-Therapist-Guide.pdf>
- National Sexual Assault Hotline – can also refer you to a local rape crisis center: 1-800-656-HOPE (4673) 24/7 or Online Counseling at <https://ohl.rainn.org/online/>
- Love is Respect Hotline: 1-866-331-99474 (24/7) or Text “loveis” 22522
- The Anti-Violence Project – serves people who are LGBTQ: Hotline 212-714-1124 Bilingual 24/7
- LGBT National Help Center: National Hotline (1-888-843-4564) or National Youth Talkline (1-800-246-7743)
- Online Peer Support Chat (<https://www.glbthotline.org/peer-chat.html>) or Weekly Youth Chatrooms (<https://www.glbthotline.org/youthchatrooms.html>)
- National Domestic Violence Hotline: 1-800-799-7233, Text LOVEIS to 22522

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