

WORKING WITH LGBTQ+ SURVIVORS OF VIOLENCE IN HIGHER EDUCATION

UNDERSTANDING THE
DIFFERENCES OF LGBTQ+
CLIENTS' EXPERIENCES

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 Project¹. 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.



EXPERIENCE OF VIOLENCE AMONG THE LGBTQ+ COMMUNITY & MINORITY STRESS THEORY

Minority stress theory posits that rates of behavioral health conditions, such as suicidal behavior, substance use, anxiety, and depression are higher among LGBTQ+ people than those who are cisgender or heterosexual due to pervasive prejudice, discrimination, and stigma against the LGBTQ+ community (Meyer, 2003). This societal stigma is often internalized by LGBTQ+ people, who by then anticipate discrimination, violence, and rejection by individuals and systems based on their LGBTQ+ identities (Meyer, 2003). Internalized and environmental stigma, especially in the absence of social support, can result in negative health impacts and maladaptive coping, such as substance use or self-injury (Meyer, 2003).

It is beneficial for service providers to understand that IPV and SV occurs against LGBTQ+ people in the context of other forms of oppression within society at large, such as the legal system and health care system. In the United States, anti-sodomy laws criminalized sexual activity between consenting adult men and other consensual sex practices until the Supreme Court's ruling in *Lawrence v. Texas*, which struck down remaining anti-sodomy laws in the United States in 2003; the Diagnostic and Statistical Manual of Mental Disorders categorized homosexuality as a mental illness until 1973; same-sex marriage was not federally legalized until 2015; and discrimination and hate crimes against people based on sexual orientation and gender identity are not federally codified into law (Carpenter, 2012; Hebl et al., 2016; Meyer, 2003; Miller et al., 2016; Weinmeyer, 2014). These systemic forms of dehumanization and delegitimization represent a broader context of discrimination and violence that impacts LGBTQ+ people in profound ways.

Because large systems have historically stigmatized LGBTQ+ identities, sex education beyond the scope of heterosexual and cisgender experiences of sexuality and sex are excluded from most sex education programming for youth. This is despite the demonstrated efficacy of inclusive sex education at reducing homophobic bullying and other forms of violence against LGBTQ+ youth and IPV and SV in general (Goldfarb & Lieberman, 2021).

SV and IPV perpetrated against LGBTQ+ individuals are layered with violence historically committed against the LGBTQ+ community and other minoritized communities to which they belong (Miller et al., 2016). According to FBI statistics, nearly one out of five reported hate crimes are committed against a member of the LGBTQ+ community (Fitzsimons, 2019). Violence against LGBTQ+ people is often more severe for LGBTQ+ people of color.

People of color are more likely to suffer injuries from hate crimes and are less likely to receive medical attention; however, they report these crimes to law enforcement less frequently than their white counterparts (Dixon, 2010). Heterosexism and cis-sexism combine with other forms of oppression, such as racism and xenophobia, in complex ways that worsen the impacts of SV and IPV. LGBTQ+ victims/survivors of SV and IPV experience poorer mental health outcomes due to their victimization, including more severe symptoms of depression and post-traumatic stress disorder (Miller et al., 2016).

Studies demonstrate that the rates of IPV and SV against the LGBTQ+ people are often higher than those against cisgender and heterosexual people in large community samples (Brown & Herman, 2015; Walters, Chen, & Brieding, 2013) and samples specific to college students (Cantor et al., 2020; Whitfield et al., 2018). There are complex reasons for these disproportionate rates of victimization, which will be further addressed in this guide series.

FAMILY VIOLENCE AGAINST LGBTQ+ YOUTH AND YOUNG ADULTS

Research demonstrates that LGBTQ+ youth experience disproportionately higher levels of adverse childhood experiences (e.g., child abuse/neglect and family dysfunction) than their cisgender and heterosexual counterparts, especially emotional abuse, and neglect by caregivers (Craig et al., 2020).

Family rejection and hate-motivated violence against LGBTQ+ youth by family members is not uncommon; according to one study involving twenty-five LGBTQ+ foster youth, almost all participants had experienced identity-based rejection by at least one family member or caregiver (Mountz & Capous-Desyllas, 2020). Child welfare involvement and youth homelessness also disproportionately impacts LGBTQ+ youth for these reasons (Fish et al., 2019; Forge et al., 2018). Economic, housing, and family instability are also related to a heightened risk of sex trafficking and sex work among LGBTQ+ youth, as well as violence revictimization (Hogan & Roe-Sepowitz, 2020).

Therefore, when practitioners are working with LGBTQ+ clients, it is important to gather information about their nuanced experiences of family rejection and acceptance based on their sexual and gender identities and trauma histories in a validating, trauma-informed manner. In a survey of 574 LGBTQ victims/survivors of IPV, Lippy & Waters (2021) found that most respondents had not sought formal or informal support regarding IPV, yet 47% of participants wanted formal support to help strengthen their relationships with family and friends. It is also important to assess how LGBTQ+ clients' support systems often look different from those of their heterosexual and cisgender counterparts because of the prevalence of family and peer rejection of LGBTQ+ youth and young adults.

FORMS OF INTIMATE PARTNER AND SEXUAL VIOLENCE

LGBTQ+ people may be at particular risk for manipulation and control by partners and others due to their marginalized status. Abusers may know that victims/survivors must overcome significant barriers to accessing services that make it difficult for them to leave the situation, relationship, and/or shared home. Further, abusers can utilize their victims' previous experiences of LGBTQ+ discrimination to cause further harm.

LGBTQ+ people may experience the same abuse tactics as those who are not LGBTQ+, including emotional abuse, sexual abuse, physical abuse, and financial abuse (The Network/La Red, n.d.). However, these types of violence are expressed in ways that may uniquely apply to those who are LGBTQ+.



Examples of forms of IPV and SV specific to LGBTQ+ people include:

- Abusers may use the threat of “outing” the victim/survivor to keep them silent, meaning they could reveal the victim’s/survivor’s sexual orientation or gender identity, putting them in additional danger such as loss of support systems, loss of employment and thus health insurance, and risk of violence fueled by homophobia, biphobia, and transphobia
- LGBTQ+ victims/survivors report their abusers speaking in homophobic, biphobic, and transphobic ways during the relationship
- Members of the LGBTQ+, such as lesbian and bisexual women, experience violence after coming out to their partners
- Abusers may call transgender victims/survivors the wrong name, use incorrect pronouns, or ridicule them about their gender identity or presentation
- Abusers could restrict transgender victims’/survivors’ use of their medical treatment related to transitioning, such as hormone therapy
- Hypersexualization, objectification, and partner mistrust related to myths of promiscuity and infidelity of bisexual women may be related to higher prevalence of IPV perpetrated against bisexual women
- Bisexual men and women’s invisibility or lack of recognition in the LGBTQ+ community and limited acceptance by both straight and gay/lesbian communities (e.g., those in “straight-passing” relationships may face exclusion from gay/lesbian communities) can result in feelings of isolation and lack of belonging, which may increase vulnerability to violence
- Corrective rape of lesbian women, asexual women, and trans men who are perceived to violate gender norms by others is a unique form of sexualized violence. Corrective rape constitutes a hate crime which impacts the LGBTQ+ community as a whole

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Thank you!

Contributors

Rebecca Glynn, MPH

Angela DeCristofano, MSW

Jessica Burnham, MA

Molly Humphreys, MSW

Naomi Gray

Simone Snyder, MSW

Dr. Sarah McMahon

Special Thanks to

Lindsay Jeffers, Ed. M.

- Assistant Director of Programming
- Center for Social Justice Education & LGBT Communities

Jennifer Perillo, copy editor