

**Lesbian, Gay, Bisexual, and Transgender  
Intimate Partner Violence:  
The California Report**

**L.A. Gay & Lesbian Center  
STOP Partner Abuse /  
Domestic Violence Program**



## Table of Contents

Introduction.....	3
Terminology & Basic Concepts.....	4
Overview of LGBT Intimate Partner Violence/Domestic Violence.....	8
LGBT Intimate Partner Violence/Domestic Violence in California.....	21
Pertinent Surveys, Research, and Data.....	23
Q & A with LGBT Persons Impacted by Intimate Partner Violence.....	34
Recommendations for the State of California.....	38
The Authors.....	41

*This project was supported by Grant No. 2009-UW-AX-0019 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.*

**©2011 L.A. Gay & Lesbian Center's STOP Partner Abuse/Domestic Violence Program**

## ~Lesbian, Gay, Bisexual & Transgender (LGBT) Domestic Violence in California

2008 - 2011

### Introduction

It is estimated that domestic violence in the lesbian, gay, bisexual and transgender (LGBT) communities occurs with as much frequency and severity as in the heterosexual community. In fact, experts believe that domestic violence is one of the largest health problems in the LGBT community. However, there are barely more than a handful of organizations in the United States that are equipped to address the multiple and complex needs of LGBT persons impacted by domestic violence.

The LGBT community is highly diverse in terms of race, ethnicity, culture, age, language, religion, political affiliation, education, physical ability, sexual orientation and gender identity. These factors, in combination with anti-LGBT bias and prejudice coupled with domestic violence, often produce insurmountable obstacles for LGBT individuals throughout the help-seeking and healing process.

Like heterosexual battering, LGBT domestic violence will increase in severity and frequency without effective intervention. Without an understanding of the unique dynamics and challenges of LGBT battering, intervention is not only ineffective but dangerous and potentially life-threatening. There is a crucial need for appropriate services that include prevention-based intervention programs that are LGBT sensitive and specific as well as an opportunity for service providers to be inclusive in their efforts so that all Californians will have access to the help they so desperately need.

Although such work has begun in California's largest urban areas, there is still much work to be done in the mainstream domestic violence field as well as in California's LGBT communities. We are in a race against time with far too few running the race. Until this race is won, no Californian – regardless of sexual orientation and gender identity – will be free from the threat of domestic violence.

Note: Because there are so few LGBT specific intimate partner violence programs in either California or the United States, this report focuses primarily on LGBT intimate partner violence in the greater Los Angeles metropolitan region and the information contained herein is not necessarily reflective of LGBT domestic violence in Northern California, Central California, or the San Diego metropolitan area and may not acknowledge or include information about LGBT specific programs that exist in these regions. In addition, it should also be noted that *Community United Against Violence* and *Asian Women's Shelter* in San Francisco are long-standing leaders in the battle to prevent and intervene with LGBT domestic violence. Information about these two programs and activities can be found by accessing the *Lesbian, Gay, Bisexual, Transgender, Queer and HIV-Affected Intimate Partner Violence Report* published by the National Coalition of Anti-Violence Programs at [www.ncavp.org](http://www.ncavp.org) or the STOP Partner Abuse / Domestic Violence page of the L.A. Gay & Lesbian Center's website at [www.lagaycenter.org](http://www.lagaycenter.org). Note: The L.A. Gay & Lesbian Center does not necessarily endorse or accept liability for any program or service listed in this publication. It is recommended that readers who are interested in LGBT sensitive and specific programs in California consult the L.A. Gay & Lesbian Center STOP Program's *2010-2011 Lesbian, Gay, Bisexual, and Transgender Partner Abuse / Domestic Violence Resource Guide*.

A discussion of intimate partner violence / domestic violence in the lesbian, gay, bisexual, and transgender (LGBT) community cannot take place without first defining the population itself as well as pertinent factors affecting it.

### *Terminology and Basic Concepts:*

Broadly speaking, *straight* individuals or heterosexuals are individuals primarily attracted emotionally, physically, and/or sexually to members of the opposite sex and whose sexual and affectional orientation is toward persons of the opposite gender. *Gay men* and *lesbians* or *homosexuals* are individuals primarily attracted emotionally, physically, and/or sexually to members of the same sex and whose sexual and affectional orientation is toward persons of the same gender. Male homosexuals are typically referred to as *gay* while female homosexuals are commonly referred to as *lesbian*. While 'gay' generally refers to male homosexuals, it is often used to refer to the LGBTQ community as a whole, or as an individual identity label for anyone who does not identify as heterosexual. *Bisexuals* are persons who are emotionally, physically, and/or sexually attracted to the same or different genders and whose intimate and/or sexual relationships are with others of the same or different genders. This attraction does not have to be equally split between genders and there may be a preference for one gender over others. *Transgender* refers to *gender identity*, a psychological sense of one's gender. The term is generally used to describe an individual whose gender identity is different than that typically associated with their assigned sex or gender and is a continuum of gender expressions, identities, and roles which expand the dominant cultural values of what it means to be male and female. It is sometimes used as an umbrella term encompassing people who identify as transsexual, transvestite, cross dresser, androgynous, genderqueer, and other gender non-conforming people. Transgender individuals may be gay, lesbian, bisexual, heterosexual, etc.

*Sexual orientation* is a broad term that is commonly defined as an enduring emotional, romantic or sexual attraction towards members of the same gender, different gender, or multiple genders. It ranges along a continuum, is not synonymous with sexual activity, and has not been conclusively found to be determined by

any particular factor or factors. Generally speaking, individuals identify themselves as *lesbian*, *gay*, *bisexual*, or *heterosexual* when referring to their sexual orientation but can also include *queer*, *pansexual*, and *asexual* identities. The timing of the emergence, recognition, and expression of one's sexual orientation varies among individuals. *Queer* is an umbrella term used to describe a range of sexual orientations and, sometimes, gender identities. It is used by people of all genders and often suggests a more fluid sexual orientation than lesbian, gay, bisexual, or heterosexual. For example, it is a term that is sometimes used as a sexual orientation label instead of 'bisexual' as a way of acknowledging that there are more than two genders that one can be attracted to, or as a way of stating a non-heterosexual orientation without having to state to whom one is attracted. Originally a slur, this term has been reclaimed by some LGBTQ community members while others find it derogatory. *Pansexual* refers to a person who is sexually attracted to all or many gender expressions while *asexual* refers to an individual who is not sexually attracted to anyone or does not have a sexual orientation. *Butch* refers to those who identify themselves as masculine, whether the identification is physical, mental, or emotional. 'Butch' is sometimes used as a derogatory term for lesbians, but it has also been claimed by some as an affirmative identity label. *Femme* is a feminine identified person of any gender/sex.

*LGBT* is an acronym that refers collectively to lesbian, gay, bisexual, and transgender people. It encompasses a widely diverse population that includes all cultures, ethnicities, races, nationalities, socioeconomic classes, ages, languages, educational levels, religions, physical abilities, lifestyles, etc. and may include *affiliated populations* or *allies*. Variations on *LGBT* include *GLBT*, *LGBTQ* with the Q representing "queer" or "questioning". *Questioning* refers to the process during which one discovers their sexual orientation or gender identity. Another variation is *LGBTI*, with the "I" representing *intersex* which is a term that describes a range of conditions in which a person is born with reproductive or sexual anatomy that is not typically defined as female or male. Intersex does not represent a gender identity. Yet another variation is *LGBTQH* with the "H" standing for *HIV-affected* individuals.

*Same-gender* refers to relationships that are comprised of two people who share the same gender.

*Sexual minority* is an individual or group whose sexual identity, orientation, or practices differ from the majority of the surrounding society.

*Heteronormativity* is the assumption, in individuals or in institutions, that everyone is heterosexual, and that heterosexuality is superior to homosexuality and bisexuality while *heterosexism* is an ideology that includes the cultural assumption that all people are or would want to be heterosexual and involves the belief that heterosexuality is the only normal model for romantic-sexual relationships. *Homophobia* is generally considered to be the irrational fear or hatred of homosexuals, homosexuality, or any behavior or belief that does not conform to rigid sex role stereotypes. Similarly, *biphobia* and *transphobia* are the irrational fears or hatred of bisexuals and transgender persons respectively. Homophobia is the fear that enforces sexism as well as heterosexism (Weinberg, 1972; Green & Peterson, 2004) and may culminate in criminal victimization, commonly referred to as *hate crimes* or *bias crimes* (Klinger, 1995).

*Internalized homophobia/biphobia/transphobia* or *oppression* is a term that refers to the acceptance and belief in the *negative* messages about sexual minority members of the dominant group in a society or the process by which a member of an oppressed group comes to accept and live out the inaccurate stereotypes applied to the oppressed group. It is the internalized self-hatred that sexual minorities struggle with as a result of heterosexual prejudice.

*Institutionalized homophobia/biphobia/transphobia* or *institutionalized oppression* refers to the arrangements of a society used to benefit one group at the expense of another through the use of language, media, education, religion, economics, etc. *Hate violence*, *anti-LGBT bias*, and *bias violence* are terms that describe acts against a person or property that are motivated by hatred for someone's actual or perceived identity including sexual orientation, gender identity, gender expression, and/or HIV status.

*Coming out* refers to the individual and personal process by which a person accepts his/her sexual minority status. This term may also refer to the process by which one shares one's sexual or gender identity with

others. This can be a continual, life-long process for homosexual, bisexual, and transgendered individuals. *In the closet* refers to a homosexual, bisexual, transgender person, or intersex individual who will not or cannot disclose their sex, sexuality, sexual orientation or gender identity to their friends, family, co-workers, or society. There are varying degrees of being *in the closet*. For example, an individual can be *out* in their social life but *in the closet* at work, or with their family. Recently, *in the closet* has been used interchangeably with *downlow*. *Out* or *out of the closet* are terms that refer to varying degrees of being open about one's sexual minority identification. *Outing* is the involuntary disclosure of one's sexual orientation, gender identity, or intersex status.

*Mainstream* services and programs are those that have been designed primarily for heterosexuals. *LGBT specific* services and programs are those that have been designed specifically and/or primarily for LGBT communities. Providers of *LGBT specific* services specialize in working with LGBT individuals and families. *LGBT sensitive* services are those that welcome LGBT persons but have been designed primarily for the heterosexual community. Providers of these services receive varying amounts of training in LGBT issues or no training on these issues. *LGBT sensitive*, *LGBT friendly*, and *LGBT affirmative* are oftentimes used interchangeably. Providers of LGBT sensitive, friendly or affirmative services often refer to themselves as allies. An *ally* is someone who confronts heterosexism, homophobia, biphobia, transphobia, and/or heterosexual privilege in themselves and others. It is a concern for the well-being of lesbian, gay, bisexual, transgender, and intersex people and a belief that heterosexism, homophobia, biphobia, and transphobia are social justice issues.

*Note: Throughout this report, the term "victim" is used interchangeably with "survivor". The term "abuser" is used interchangeably with "batterer". "LGBTQ" is used interchangeably with "LGBT", "lesbian and/or gay" and, sometimes, "same-gender" or "same-sex". "Homophobia/biphobia/transphobia" is used interchangeably with "anti-LGBT bias". "Domestic violence" is used interchangeably with "intimate partner violence", "domestic violence" and "battering". Further, it is important to note that "domestic violence" and "intimate partner violence" include "dating violence". The L.A. Gay & Lesbian Center's STOP Partner Abuse / Domestic Violence Program is used interchangeably with "STOP DV Program", "STOP Program", and "LAGLC STOP DV".*

## Overview of LGBT Intimate Partner Violence / Domestic Violence:

### *In Remembrance:*

*Bennett Bradley, age 59: Victim of a domestic violence homicide on or near January 1, 2010, Los Angeles*

On Saturday, January 2, 2010, around 6 p.m., Bennett Bradley was found dead in his apartment in the Wilshire neighborhood (also known as Koreatown) of Los Angeles, California. Bradley was a beloved director and producer at the Fountain Theatre, and was in the midst of directing Ifa Bayeza's *The Ballad of Emmett Till*, scheduled to open in February. When Bradley missed Saturday's rehearsal, the production's stage manager drove to his apartment to check in on him, and that's when he discovered that Bradley had been stabbed to death. Artistic director Stephen Sachs also arrived later, after police had declared it a crime scene.

Preliminary police reports suggested that Bradley had been the victim of a robbery-homicide, but evidence indicated that Jose Fructuoso may have been involved in Bradley's death. Though the police did not initially comment on Fructuoso and Bradley's relationship, later in the week police disclosed that they had been lovers for several years. According to reports, Fructuoso confessed to the murder and police arrested Fructuoso the following Monday.

Fountain Theatre staff and friends gathered at the theater on both Sunday and Monday, after the death of Bradley, to mourn and to decide how to move forward with Bradley's production. They decided to continue the production because it had been so important to him. The theater also hosted a memorial service on January 23, 2010, initiated a fundraiser for Bradley's funeral expenses, and established a website in his memory.

- from *Voices of Victims & Survivors: The 2010 Lesbian, Gay, Bisexual, Transgender, Queer & HIV-Affected Intimate Partner Violence Narratives* published on October, 26, 2011, by the National Coalition of Anti-Violence Programs

LGBT intimate partner violence / domestic violence is a reality that, despite epidemic proportions, has remained relatively invisible. But, for as many as one-in-three people in the LGBT community, domestic violence is anything but invisible.

It's been a reality for centuries. A trial transcript documenting a case of lesbian domestic violence in Germany in 1721 illustrates the court's focus on the "crime of lesbianism" rather than the frequent beatings of Catharina Muhlhahn by her female partner, Catharina Linck. Linck was sentenced to death and Muhlhahn was sentenced to three years in jail followed by banishment (Robson, 1996).

Two hundred and eighty years later in the United States, Wanda Jean Allen was sentenced to death for the murder of her lesbian partner, Gloria Leathers. Executed in January 2001, Allen was the first African American woman executed in the U.S. since 1954, the first woman executed by the state of Oklahoma since statehood, and the sixth woman executed in America since the death penalty was reinstated by the Supreme Court in 1976. When urging the Pardon and Parole Board in Oklahoma City to grant Allen clemency, the American Civil Liberties Union described the defendant as having brain damage, neurological deficiencies, and untreated mental disabilities. They further indicated that "race and sexual orientation" may have been factors in Allen's sentencing and described a trial "permeated with stereotypes of lesbians and African American women" (Rust-Tierney, Bell, & Coles, 2001).

These cases illustrate a reality that has not been eradicated in nearly 3 centuries: the stigma of homosexuality. Furthermore, they underscore the context in which LGBT domestic/dating violence occurs.

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/dating violence. Batterers can be male or female, "butch or "femme", large or small. So can victims. Intimate partner violence is one of the largest health problems in the LGBT population (Island & Letellier, 1991) and has serious physical health, mental health, and social consequences for its victims, their families, LGBT

communities, and society-at-large. While it shares some similarities with domestic violence in the heterosexual community, there are numerous and complex differences that complicate intervention with LGBT individuals as well as their safety and well-being. Without an understanding of these differences, intervention is potentially damaging, oftentimes dangerous, and can increase risk for serious injury and death.

Intimate partner violence is sufficiently widespread in both heterosexual and LGBT populations to constitute a public health problem (Koop, 1987), but few studies and only a handful of books have focused specifically on violence in same-gender relationships compared to the hundreds of studies, books, and articles that have examined heterosexual domestic violence. Further, the LGBT community has been reluctant to address battering in part because of the fundamental challenge to domestic/dating violence that same-gender domestic/dating violence represents and because many LGBT people fear that acknowledgement of domestic/dating violence will further prejudice and misunderstanding of the community. In 2008, with the passage of Proposition 8, a ballot referendum that eliminated the approved right of same-sex marriage in the State of California, a new barrier to help seeking and reporting LGBT intimate partner violence / domestic violence was established. With LGBT people fighting desperately to prove the validity of their relationships, few are apt to acknowledge the problem because it is feared that negative representations of same-sex unions might influence the public and increase anti-LGBT bias and discrimination. Furthermore, the LGBT communities are often insular communities – even in large urban areas like Los Angeles – and many individuals know, or know of, other LGBT persons thereby making the help seeking process even more difficult.

While the literature suggests that the frequency and severity of LGBT battering is, in fact, comparable to that in the heterosexual population (Burke & Follingstad, 1999; Coleman, 1991, 1994; NCAVP, 2010), the *true* extent of LGBT domestic violence remains unknown. Nevertheless, a number of prevalence studies have been conducted since the mid-1980's and, although the differences in their sample sizes and methodologies vary - as well as the wide prevalence range (22%-62%) determined by them - they suggest relative consistency over time and reflect an approximate rate of 25% to 33% (Fountain, Mitchell-Brody, Jones, & Nicols, 2009). This wide prevalence range is due to multiple factors including differences in methodologies; difficulty obtaining

representative samples; differing definitions of abuse; lack of differentiation between perpetrators and victims; invisibility of the population; and inclusion and exclusion criteria that restrict studies to heterosexual samples.

Because the initial focus of prevalence studies was almost exclusively on lesbians, coupled with non-random sampling procedures and self-selection factors, our knowledge of intimate partner violence among gay men, the transgender population, closeted homosexuals, and LGBT members of ethnic minorities is limited (Januha, 1990; Mendez, 1996; Waldron, 1996). Studies that have attempted to determine domestic violence prevalence rates in both gay men and lesbians have indicated relatively equal percentage rates between the two groups (Kelly & Warshafsky, 1987; L.A. Gay & Lesbian Center/NCAVP, 2009). Researchers that have attempted to compare LGBT and heterosexual prevalence rates have arrived at different conclusions. Brand and Kidd (1986) found that the percentage of lesbians who were physically abused by a female partner in a committed relationship was comparable to the number of heterosexual women abused by male partners but heterosexual women were significantly more likely to be abused by male dating partners than were lesbians who were abused by female dating partners. Results from the National Violence Against Women survey conducted in 2000 suggest that lesbian couples experience less intimate partner violence than do heterosexual couples (Tjaden & Thoennes, 2000) while the same survey suggested that men living with male intimate partners experience more intimate partner violence than do men who live with female intimate partners (Tjaden & Thoennes, 2000).

In 2010, the California Health Interview Survey (UCLA, 2010) found that nearly 28% of lesbian or gay adults and 40.6% of bisexuals residing in California compared to 16.7% of heterosexual adults reported having experienced intimate partner violence (domestic violence) in adulthood. In its media release about the survey, researchers stated that "...reported intimate partner violence was surprisingly high among lesbians, gays and bisexuals in California, who are almost twice as likely to experience violence as heterosexual adults."

While it appears to be accurate that gays, lesbians, and bisexuals are at particularly high risk for intimate partner violence, risk and prevalence are not the same. It can be assumed that risk factors among gay men, lesbians, and bisexuals are higher because of the dearth of LGBT specific services as well as inherent risk

factors such as internalized and institutionalized anti-LGBT bias, invisibility of the problem, and how LGBT domestic violence is inaccurately conceptualized and identified by LGBT and heterosexual individuals alike.

The 2004 Statistics Canada study revealed that gays, lesbians, and bisexuals are more likely to be the victims of a violent crime – including domestic violence-related crimes than are heterosexual members of the general population. And some experts have speculated that rates of domestic violence in the LGBT community in the U.S. may, in fact, be higher than in the heterosexual population primarily because of the lack of LGBT specific resources and services as well as the crystal methamphetamine epidemic in the gay men's community. (Note: While substance abuse rates are believed to be somewhat higher in the LGBT community than in the heterosexual population, substance abuse does not cause battering but is, rather, a significant co-factor for it...this is especially true for methamphetamine.)

The sheer diversity of the LGBT population in combination with anti-LGBT bias and prejudice, coupled with domestic violence, often produce insurmountable obstacles for LGBT individuals through-out the help seeking and healing process. Like all victims of violence, LGBT people face enormous barriers in seeking and receiving assistance from social service and mental health providers, traditional battered women's services, the criminal justice system, etc. However, the additional burdens of anti-LGBT bias and heterosexism make help-seeking even more tenuous for LGBT people, leaving them isolated and highly vulnerable to increasing levels of violence, injury and/or death.

Intimate partner violence occurs when one person in an intimate relationship attempts to control and gain/maintain power over the other by using various abusive and violent tactics / behaviors. Unlike heterosexual battering, however, LGBT domestic violence always occurs within the context of societal anti-LGBT bias (homophobia, biphobia, transphobia) – all very powerful & effective weapons of control. This bias, otherwise known as institutionalized anti-LGBT bias, can be found in all societal institutions with whom the LGBT person comes into contact from law enforcement, social welfare organizations, the legal system, mental health providers, domestic violence organizations, etc. and frequently exacerbates and provides the abuser with unique and highly effective tactics (threats to out the victim; child custody problems, etc). Furthermore, anti-

LGBT bias and societal ignorance about LGBT persons/issues fuel the numerous myths and misconceptions that exist about domestic/dating violence (e.g., men aren't victims; women don't batter; LGBT domestic violence is mutual; etc.). These misconceptions are underscored by predominant domestic violence theories that are generally dependent on traditional gender-based analyses that tend to exclude the possibility of LGBT battering. Subsequently, LGBT domestic violence is frequently invisible, minimized, or not likely to be identified.

Although it is believed that, in the heterosexual community, females are much more likely to be victimized by their partners than are men, this is not the case in the LGBT community. In fact, it is believed that gay men and lesbians are abused by their partners in relatively equal numbers. Furthermore, research indicates that gays and lesbians may be more apt than heterosexuals to fight back in self-defense (due to their perception of equality in terms of size and strength, the lack of LGBTQ specific domestic/dating violence services and resources, and the problems resulting from internalized homophobia/biphobia/transphobia).

Barriers to accessing intimate partner violence services or taking preventive steps are many, varied, and complex regardless of the victim's gender identity or sexual orientation. Oftentimes, however, battered heterosexual women receive support from family and friends, religious communities, etc. but, conversely, many LGBT persons have been rejected by/ostracized from these supports (and have, oftentimes, been victimized by family members, friends, and/or religious communities because of their sexual orientation or gender identity) and receive the majority of, or all, of their support from their abusive partners. This reality exacerbates the dynamic of traumatic bonding between abuser and victim while it increases isolation. Consequently, it can be even more difficult for LGBT victims to break through the cycle of violence and seek assistance. When they do seek assistance, however, they are rarely able to find help that is effective.

Results of hundreds of surveys and pre/post training tests conducted with service providers by LAGLC STOP DV since 2000, as well as a survey conducted by the L.A. City Domestic Violence Task Force/LGBT Issues Committee in 2010 indicates that the vast majority of providers are not aware that LGBT persons impacted by domestic violence had different needs than their heterosexual counterparts. In order to effectively

intervene and ultimately prevent abuse, however, service providers must be knowledgeable about LGBT persons, how cultural and ethnic issues impact sexual orientation and gender identity, and the multiple and complex variables that exacerbate LGBT domestic violence.

Because intimate partner violence is commonly defined and discussed within a heterosexual context, members of the LGBT community don't always recognize that what they're experiencing is violent and abusive, even when the battering is severe. Additionally, and as indicated above, numerous myths and misconceptions about LGBT domestic violence mask the reality of it and exacerbate its invisibility. In fact, it is common for battered LGBTQ victims to see their sexual orientation as the problem rather than the violence itself. However, one of the largest problems facing members of the LGBTQ community who are experiencing intimate partner violence is the lack of culturally competent resources/services devoted to addressing it.

LGBT specific domestic violence programs are rare and the majority of LGBT specific organizations/programs that do exist tend to be under-staffed and under-funded. For example, while more than 400 clients per month access LAGLC STOP DV's services, the program operates with a very small staff dedicated to addressing the problem. Similarly, Community United Against Violence, located in San Francisco, also has a small staff.

The vast majority of systems, shelters, and services that are responsible for addressing domestic violence are at best ignorant of, and, at worst, indifferent to LGBT victims and ill-trained to work effectively with the LGBT population. There are currently no known LGBT specific domestic violence shelters in the United States. Although lesbian, bisexual, and transgender (LBT) women can, sometimes, obtain assistance from mainstream domestic violence shelters, they can be re-victimized if/when they do so. Due to lack of training in the assessment of LGBT intimate partner violence and the complexities associated with it, abusers can access the same services that victims seek. In fact, batterers are sometimes able to follow the victim into shelter and further expose her, and the other shelter residents, to harm. In addition, heterosexual residents may be biased or threatening to lesbian and bisexual female victims. Transgender women in shelters may also have problems

with transphobia among the staff and/or residents of the shelter. Even if transphobia is not a problem within a particular shelter, lack of staff familiarity with the transgender community can result in confusion as to housing, restrooms, and medical treatment.

Services for men and transgender males are extremely rare. Although we do not yet have enough research to conclude that shelters would be a viable option for male victims, only a handful of them nationwide accept men. Many are sent to homeless shelters where they are likely to face more danger. Homeless shelter locations are not confidential and staff is rarely trained to work with LGBTQ victims of domestic violence, nor are they necessarily trained in recognizing or addressing domestic violence. This frequently results in the victim's decision to return to the abuser or stay at home, rather than face hostility in an unfamiliar setting.

Non shelter-based LGBT specific domestic violence programs exist in only our largest urban areas in the U.S. Rural programs are virtually non-existent and urban programs – with very few exceptions – only provide the most basic services to victims. As stated earlier, mainstream domestic violence programs are frequently not trained to work effectively with the LGBT community and LGBT programs are generally not trained or equipped to work with domestic violence. In addition, there are only several LGBT *specific* intimate partner violence prevention programs anywhere in the world. Very few mainstream programs include LGBT specific information in their prevention materials although research has indicated that a one-size-fits-all approach is not effective. But, because LGBT domestic violence is often invisible, commonly minimized, and shrouded in numerous myths and misconceptions, LGBT specific prevention, education, and outreach strategies are often the first step toward effective intervention and the ability of LGBT persons to identify domestic/dating violence and successfully access resources.

LGBT persons experience significant barriers when seeking assistance from the criminal justice system as well as shelters and non shelter-based programs. Because of the lack of training about LGBT domestic violence that is provided to law enforcement and court personnel as well as anti-LGBTQ bias that they may have themselves, domestic violence statutes are frequently not applied, or are inappropriately applied, to LGBT

domestic violence cases. Furthermore, law enforcement may be unable to distinguish the batterer from the victim, sometimes arresting both, or even incarcerating batterer and victim together. Oftentimes, arresting officers make assumptions that the larger partner or more “butch” partner is responsible for the violence, or that the “masculine” partner could have prevented the violence if s/he is the victim. It is common for LGBT victims to be arrested, charged with domestic violence, and mandated to attend batterers’ treatment. This further increases the abuser’s capacity to effectively control the victim while it re-victimizes him/her. In addition, members of the LGBT community are often not as apt as other populations to access criminal justice remedies for intimate partner violence because of their fear that they will be treated with bias, judged, or not taken seriously. Race, ethnicity, and immigration status further compound issues of homophobia, biphobia, and transphobia and it can be common for LGBT victims of color to experience increased levels of violence because of this.

Furthermore, the lack of LGBT specific batterers’ intervention programs nationwide leaves LGBT victims at risk for increasing levels of violence and abuse at the hands of their abusers. For example, while there are 150 court approved batterers’ intervention programs in L.A. County alone, there are less than a handful of LGBT *specific* batterers’ intervention programs in the world. LAGLC STOP DV offers one of the only LGBT specific batterers’ intervention programs in the United States and the only LGBT specific batterers’ intervention program in the greater Los Angeles region. Although a handful of LGBT sensitive/friendly batterers’ intervention programs exist, they often unintentionally create an environment that marginalizes LGBT batterers, makes LGBT abusers responsible for challenging homophobia/biphobia/transphobia and heterosexism in the group and “educating” heterosexual group members of LGBT issues while ignoring LGBT specific forms of power and control and other dynamics and issues that are unique to LGBT domestic/dating violence. In areas where LGBT male batterers must attend groups designed for heterosexual male batterers, they are periodically instructed by facilitators to avoid disclosing their sexual orientation thereby utilizing energy (needed for cognitive and behavioral change) to maintain invisibility. Lesbian batterers are not treated at all or are treated in groups designed for heterosexual women who are generally not primary aggressors. When the unique concerns of

LGBT abusers are not sufficiently and effectively addressed, the safety and well-being of their victims is compromised and potentially jeopardized.

Because of the perception of equality in terms of size and strength in same-gender partnerships, coupled with the lack of LGBT specific intimate partner violence resources, LGBT victims, as mentioned earlier, are more apt than their heterosexual counterparts to act in self-defense and/or retaliation. This, together with the lack of LGBT training among service providers and responders, and the fact that the roles of abuser and victim are not clearly defined, accurate assessment and culturally competent intervention is further compromised and challenging for anyone who attempts to intervene in cases of LGBT domestic violence. LGBT domestic violence assessments can be very challenging, even for the most seasoned LGBT intimate partner violence specialist. While mainstream organizations and programs frequently rely on gender to differentiate victim from abuser, this method of evaluation is not effective when assessing members of the LGBT population. In fact, the unique dynamics of LGBT domestic/dating violence require that service providers not only thoroughly understand the complex variables of same-gender domestic/dating violence and how it impacts subpopulations within the broader LGBT population, but be able to further differentiate between primary victim, defending victim, secondary aggressor, and primary aggressor – categories that are more commonly seen in the LGBT population.

Although intimate partner violence is not thought to be a mental health issue by the mainstream domestic violence movement, mental health providers commonly see large numbers of individuals, couples and families that are experiencing it. Research by Claire Renzetti, as well as surveys conducted by LAGLC STOP DV, consistently reflect, however, that LGBT persons are *most likely* to seek the help of mental health professionals, rather than domestic violence service providers, when domestic violence is present. Members of the LGBT community are at higher risk than heterosexuals for HIV/AIDS, substance abuse, and various mental health problems such as anxiety and depression. Further, LGBT persons who have experienced anti-LGBT bias and/or hate crimes, combined with trauma experienced at the hands of family members and/or friends because

of their sexual orientation or gender identity, need assistance working through complex trauma reactions and multiple forms of victimization. Domestic violence not only exacerbates these problems but a large percentage of shelters and domestic violence programs will not intervene with clients who are dually (or triply) diagnosed. Mental health professionals and interns in California are now required to receive training in domestic violence (as required by Senate Bill 564), but information about LGBT domestic violence is often not included in the trainings. If it is included at all, it is usually limited to brief comments regarding its prevalence.

Although no research has established whether LGBT persons experience the cycle of violence with the same frequency as do heterosexuals, many LGBT victims and batterers report a pattern that is similar to the traditional cycle of violence that includes a tension building stage, acute incident, and honeymoon stage. Extrapolating from the work of Walker (1981), the cycle of violence similarly applies to same-gender violence cases but with some key and important differences. The LGBT cycle of violence incorporates internalized and institutionalized anti-LGBTQ bias as well as an inner core that is comprised of the LGBTQ victim or batterer's internalized homophobia/biphobia/transphobia. Internalized anti-LGBT bias produces a heightened sense of shame because of one's sexual orientation or gender identity as well as an internalization of all or most of the cultural messages and misconceptions about LGBT domestic violence that exist. Once internalized, these messages can lead to heightened traumatic bonding and isolation within the couple and increased difficulty for breaking through the cycle itself.

If either of the individuals is able to break through the cycle and seek help, they frequently encounter institutionalized anti-LGBT bias and heterosexism - both forms of oppression, prejudice, and/or discrimination that encircle the standard cycle and ultimately create a formidable barrier to freedom from abuse. For example, lesbians seeking refuge at a domestic violence shelter may encounter homophobia and bias from other residents or staff members or may simply be confronted with the invisibility of their experience in the form of information and educational materials that only address heterosexual domestic violence; gay men may be ridiculed by court personnel when applying for a restraining order or may instead be granted a mutual

restraining order, or refused a protective order at all; a transgender person may be consistently referred to by her/his birth name and with incorrect gender pronouns, etc.

After having been re-victimized by the system and our society in these and other ways (e.g., LGBT persons are common victims of anti-LGBT bias and hate crimes), the LGBT person is likely to return to the abusive relationship which often feels safer than the hostile outside world, may be more apt to minimize future abusive incidents, and may have heightened difficulty seeking help in the future. Trapped within their abusive relationships, LGBT victims are exposed to increasing levels of violence and are at proportionately higher risk. Overtime, the LGBT victim may be apt to fight back against the abusive partner. One reason for this is the perception of equal size and strength of both people; another is the lack of resources and prevalence of institutionalized anti-LGBT bias.

When internalized anti-LGBT bias increases, it heightens the dynamic of traumatic bonding for both victim and abuser making it more difficult for the victim to seek assistance and easier for the abuser to objectify the victim through projection. *Projection* is the unconscious act of attributing something inside ourselves to someone else. For example, the LGBT abuser projects her/his own feelings of self-hatred (internalized anti-LGBT bias) onto the victim, thereby making it easier to objectify the victim which makes it ultimately easier to abuse her/him. The victim, in turn, projects her/his feelings of victimization onto the abuser and subsequently minimizes the abuse. In some cases, internalized anti-LGBTQ bias and homophobia/biphobia/transphobia, and the projection of it, may be one reason that LGBT defending victims and secondary aggressors use abuse and violence against their abusers.

The *Stockholm Syndrome* refers to the bonds developed between hostages and their captors and has been used to further understand the experience and behavior of domestic violence victims (Graham & Rawlings, 1991). Similar to the dynamics of the Stockholm Syndrome, *traumatic bonding* describes the strong emotional attachment that develops between victims and their abusers that can occur in relationships where there is a power imbalance (Dutton & Painter, 1981). As a result of the social isolation that exists, victims bond to the positive characteristics of the abuser and experience similar reactions as defined by Walker during the

honeymoon stage of cycle (Walker, 1979). Traumatic bonding is similar to what occurs in LGBT couples and families who have been rejected or estranged from other sources of support because of sexual orientation or gender identity.

The lack of LGBT specific services coupled with the above dynamics create a situation where victims frequently either give up all together or fight back in self-defense or retaliation. However, most providers differentiate between victim and batterer in heterosexual cases based on the gender of the partners and – coupled with the reality of self-defensive or retaliatory behaviors – makes assessment very difficult, even for the most seasoned of domestic violence specialists. The results can be not only ineffective but potentially be dangerous and life-threatening. For example, victims are placed in treatment more appropriate for batterers; batterers are given services more appropriate for victims; victims are unable to access services because they have been inaccurately assessed in the past; victims are arrested and charged with domestic violence; both victim and batterer are arrested; victims are unable to obtain restraining orders or both parties obtain them, etc.

In addition to the dynamics and variables described above, the reality of oppression informs the LGBT identity development and coming out process. Domestic violence influences the development of identity and the subsequent coming out process influences how the LGBT person is apt to experience domestic violence and the help-seeking process. Indeed, obtaining help for domestic/dating violence is synonymous with coming out, a major life decision for many people.

## **LGBT Intimate Partner Violence / Domestic Violence in California**

Lesbians and gay men represent a significant percentage of the American population and can be found, if they wish to be, in virtually every urban, suburban, and rural area of the country (Darty, T & Potter, S. 1984). The gay and lesbian population of the United States is estimated to be anywhere from 2% to 10% of the overall population. The 2000 U.S. Census reported a total of 601,209 gay and lesbian families, a 314% increase over the 1990 Census total. According to the 2000 Census, gay and lesbian families live in 99.3% of all counties in the U.S. with 15% of them living in rural settings. California, New York, Texas, and Florida reported the largest number of same gender partner households. However, the Human Rights Campaign estimates that the 2000 U.S. Census count of gay and lesbian families could be undercounted as much as 62% (Smith & Gates, 2001). Reliable figures are not available due to indirect tracking methods used by the U.S. Census, fear that self-disclosure may trigger discrimination, invisibility of the LGBTQ population itself, and confusion regarding the actual Census form. For example, the questionnaire did not ask the sexual orientation of the respondent; did not count single gay or lesbian people; or those in relationships but not living together in the same residence; and did not track bisexual and transgender individuals or families.

Nevertheless, according to the Census and the Gay & Lesbian Atlas (Gates & Ost, 2004), California is home to the largest number of same-sex couples in the U.S. (92,138) and Los Angeles is home to the largest number of same-sex households in California (82,690), ranks first among the ten counties in the U.S. with the largest number of gays and lesbians and second in the nation in the number of same sex households with children (34.3% of female couples and 20.3% of male couples have children).

A number of studies indicate that the lesbian and gay population comprises approximately 8 to 10% of the urban population of the United States. For example, the Yankelovich Monitor study and the Overlooked Opinions studies agree that lesbian and gay populations tend to congregate in larger urban areas and the 2000 Census indicates that 83.3% of same-sex households are in urban areas. The same-sex estimates for larger cities such as Los Angeles average at least 9%. This percentage remains relatively constant across cultures –

Asian, Latina/o / Hispanic, African American, Caucasian, and Native American populations report similar proportions of gay and lesbian people.

To illustrate by example, Los Angeles and its surrounding counties of Orange, San Bernardino, Ventura, Riverside, Santa Barbara, and Kern have a population of more than 19,140,532 persons. By calculating only 8% of the total, the greater metropolitan area of Los Angeles and surrounding Southern California counties (excluding San Diego County which has a visible Gay and Lesbian Community Center and LGBT population) is home to a *conservatively* estimated 1,531,242 lesbians and gay men and countless more bisexuals, transgender persons, questioning individuals, and persons in affiliated populations. Speaking conservatively again, LGBT domestic violence experts would agree that at least one-in-three (510,414) LGBT people are experiencing domestic violence and countless more are at-risk. Using the same calculations, Los Angeles County alone is home to a conservatively estimated 785,488 lesbians and gay men and countless more bisexuals, transgender, and questioning persons as well as individuals in affiliated populations. At least 261,829 of them are experiencing intimate partner violence and countless more are at-risk.

LAGLC STOP DV is the *only* organization in this service area that offers LGBT specific domestic/dating violence prevention and intervention services.

## **Pertinent Surveys, Research, and Data**

**California Health Interview Survey:** In 2010, the California Health Interview Survey (UCLA, 2010) found that nearly 28% of lesbian or gay adults and 40.6% of bisexuals residing in California compared to 16.7% of heterosexual adults reported having experienced intimate partner violence (domestic violence) in adulthood. In its media release about the survey, researchers stated that "...reported intimate partner violence was surprisingly high among lesbians, gays and bisexuals in California, who are almost twice as likely to experience violence as heterosexual adults. "This is not a group commonly associated with violence," said the study's lead author, Elaine Zahnd, a sociologist and senior research scientist at the Public Health institute, which partners with the UCLA Center for Health Policy Research in conducting the California Health Interview Survey. "These findings should cause us to reconsider our assumptions about the root causes of violence, even as we redouble our efforts to eradicate it." The California Health Interview Survey is the nation's largest state health survey and one of the largest health surveys in the United States.

**NCAVP Data:** Since 1997, Los Angeles County has reported more incidents/cases of LGBT domestic and dating violence every year than all other U.S. metropolitan regions that report statistics and trends to the National Coalition of Anti-Violence Programs (NCAVP) - the only national organization in the United States that attempts to track annual incidents/cases of LGBT intimate partner violence. In fact, the number of incidents reported in Los Angeles during most years has exceeded the number of incidents reported by all other reporting regions *combined*. The vast majority of these incidents have been reported directly to LAGLC STOP DV. No other domestic/dating violence organization or service provider in Southern California contributes data to this report. The NCAVP's national report for 2010 released October 26, 2011, indicated that its member programs

received 5,052 reports of domestic violence during 2010, an increase of 49.6% from 2009. This increase was primarily due to an increase in reports from the L.A. Gay & Lesbian Center. During the 2010 calendar year, LAGLC STOP DV tracked a total of 3350 cases assessed to be survivors of domestic violence.

**LAGLC STOP DV Meta Study:** In an effort to obtain the most accurate, up-to-date picture possible of LGBT domestic/dating violence prevalence, LAGLC STOP DV conducted a meta-study in 2008 which yielded a total of 1483 LGBT domestic violence cases which is believed to be the highest domestic violence case count with statistically independent data ever conducted with the LGBT population (NCAVP, 2009). The data was collected under conservative, multi-disciplinary standards and was taken from across three disciplines (mental health, legal services, and self-reporting community members) not ordinarily considered together in earlier studies. Survey participants included clients who, in 2008, directly received domestic violence services from either the L.A. Center's STOP Program (LAGLC STOP DV or Domestic Violence Legal Advocacy Project (LAGLC DVLAP) and individuals who completed a survey at one of three gay pride festivals in Los Angeles. Having experienced or been assessed by a domestic/dating violence specialist to have experienced actual or threatened physical or sexual violence, emotional abuse, or LGBT domestic violence-related threats during the calendar year were required for inclusion in the study. Having been called a derogatory name by one's partner or having "name-called" was not sufficient for inclusion in the study. Rather, these behaviors were classified as "verbal aggression" rather than "domestic violence". Thus, verbal indicators including "shouted" or "yelled" were insufficient to meet the inclusion standard. Furthermore, persons identifying as exclusively heterosexual were not included in the study. LGBT individuals experiencing domestic/dating violence from a current or former heterosexual intimate partner were included as were persons gender-identified beyond gender binary that also self-identified as "heterosexual." Three individual studies followed by a fourth joint study (or meta-study) was conducted. The three study sets included assessment data from the LAGLC STOP DV and LAGLC DVLAP as well as the pride festival surveys. The entirety of the L.A. Gay & Lesbian Center's 2008 domestic violence count was across the full array of gender identities, sexual orientations, ages, and racial and ethnic backgrounds. The

frequency of domestic violence was 56 %. If verbal name calling had been considered to meet the standard for violence, the frequency of domestic violence would have been 71%. Of note, 39% of the domestic violence cases accounted for instances in which the respondent indicated that s/he had not experienced domestic violence but the behavior measures indicated either perpetrating or being on the receiving end of violent behavior in one's intimate relationship. This substantiates anecdotal reports by multiple LGBTQ domestic violence service providers (NCAVP, 2009) that many sexual minority members do not identify or define domestic violence as such primarily because of the heterosexual context in which domestic violence is framed in the larger culture. Additional information about this meta-study can be found in *Lesbian, Gay, Bisexual, Transgender & Queer Domestic Violence in 2008* published by the National Coalition of Anti-Violence Programs in October, 2009.

**California's LGBT Specific Domestic Violence Services:** Less than a handful of anti-violence LGBT organizations or services exist in California and the two that are arguably the most visible and well-known – LAGLC STOP DV in Los Angeles & Community United Against Violence (CUAV) in San Francisco – are 500 miles apart. LAGLC STOP DV is severely under-staffed/under-resourced. While LAGLC STOP DV is able to provide a variety of services to more than 400 clients/individuals per month who access its services, the program operates with a very small staff.

While there are only 150 court/Probation Department-approved batterers' intervention programs in Los Angeles County alone, there are literally less than a handful of known LGBT specific batterers' programs that are approved in the U.S. Although LAGLC STOP DV offers one of the only programs available nationally, insufficient staffing of the program due to lack of funding has resulted in referrals of LGBT batterers to intervention programs designed for heterosexual batterers where their unique needs and issues are rarely addressed and where they are often forced to remain invisible to protect their safety. Even if/when their issues are addressed, they are rarely addressed with the depth needed to make treatment effective.

**LAGLC STOP DV Pride Surveys:** In literally thousands of surveys conducted by LAGLC STOP DV since 2000, LGBT members have repeatedly indicated what they believe is most needed in their own communities to effectively address domestic/dating violence. For example, when asked what they believed were the greatest barriers to combating LGBT domestic violence, 53.5% of respondents indicated poor response by police, 56.7% indicated poor response by mainstream service providers other than shelters, and 68.3% (the largest percentage of respondents) indicated poor response by shelters. The majority of respondents (52%) indicated that they would either not call, or be likely to call, a mainstream domestic violence shelter for assistance although 86.2% report that they would be likely to call a shelter if the shelter was designed *specifically* for the LGBT community.

Between 2000 to 2010, survey respondents were asked what would be most helpful to LGBT domestic violence victims and consistently indicated the following in descending order of importance: (1) talking to friends,(2) support groups,(3) individual counseling,(4) couples counseling,(5) talking to family members,(6) soliciting help from or reporting the abuse to law enforcement, (7) legal remedies such as restraining orders,(8) shelter, and (9) talking to clergy. When asked what should be done to reduce and eliminate LGBTQ domestic violence, 65% of respondents indicated that an increase in education and awareness about LGBTQ domestic violence was important; 50.9% wanted to see more counseling services designed specifically for LGBT persons; 34.2% thought that mobilizing community members to be more involved would be useful; 33% indicated stricter laws and legal remedies; 35.7% wanted to see more effective law enforcement response; and 34% indicated shelters designed specifically for the LGBT community.

Because traditional domestic violence shelter ranked so low in order of importance in all of these surveys, respondents in later years were asked where they would prefer to find safe shelter from abuse if they were not apt to call a mainstream shelter. Resources in descending order of importance were as follows: (1) LGBTQ specific safe house, (2) with friends, (3) motel/hotel, (4) family members, and (5) homeless shelter. However, a sizable percentage (11.3%) stated that they probably wouldn't leave home.

**L.A. City Domestic Violence Task Force LGBT Needs Assessment:** In 2008, the Los Angeles City Council passed a motion to establish a LGBT-focused subcommittee of the L.A. City Domestic Violence Task Force and charged it with developing a comprehensive strategy to help mitigate LGBT domestic violence issues. In 2010, the subcommittee conducted a needs assessment to identify key issues, needs, and challenges affecting how agencies/programs in Los Angeles assist or advocate on behalf of LGBT's affected by domestic violence. All professionals affiliated with the L.A. City (City of L.A. Domestic Violence Task Force) and L.A. County Domestic Violence (L.A. County Domestic Violence Council) networks as well as the L.A. County mental health providers' network were asked to complete a brief, online, anonymous survey regarding domestic violence assistance and LGBT's. Fifty-four professionals, including police, domestic violence shelter staff, and staff from advocacy organizations completed the questionnaire. Respondents' job titles ranged from entry-level staff to counselors to managers. The analyses were completed by the UCLA School of Public Health. There were four main findings which are listed below:

*Main Finding # 1: Although staff at most agencies / programs have worked with LGBT's, few agencies/programs systematically assess sexual orientation or gender identity at intake. However, agencies/programs that do not routinely assess sexual orientation and gender identity risk providing LGBT clients with resources or services that are irrelevant, inappropriate, and potentially damaging and/or dangerous.*

*Main Finding # 2: Staff feels inadequately trained to assist LGBT persons affected by domestic violence.* Overall levels of training on LGBT domestic violence were low. Nearly ¼ (22.2%) had never received LGBT domestic violence training at their current agency/program. The degree or depth of training that respondents had received ranged from a mandatory class (17%), in-house training at least twice a year (11.3%), training conducted by a LGBT domestic violence expert at least twice a year (26.4%), a LGBT domestic violence class within a 40-hour domestic violence training (20.8%) and other (26.4%). Many felt only minimally prepared to help LGBT's. More respondents felt (minimally) equipped to assist lesbians or bisexual women than they did to

assist gay or bisexual men, and transgender persons of both genders (lesbians 29.5%, bisexual women 29.5%, gay men 37.2%, bisexual men 37.2%, transgender MtF 47.7%, transgender FtM 50%).

*Main Finding # 3: Rarely are the services or resources that LGBTs receive specifically designed to address the unique needs of the population.* Most respondents believed that the resources and services their agency/program provides can be used by any individual regardless of sexual orientation or gender identity. In reality, however, some forms of assistance that are appropriate for heterosexual women may make LGBT victims feel unwelcome or limit their access to resources. For instance, general support groups structured around issues that heterosexual women typically face may not be sensitive to, relevant or knowledgeable about the needs of LGBT survivors. Findings from prior research suggest staff or fellow survivors/victims may treat LGBT's as if their abuse is less severe because the abusive partner is of the same gender. Another concern is that agencies/problems may not provide the kinds or quality of assistance that is relevant for LGBT's but not others. For example, fears of being "outed" are common among LGBT survivors but no respondents reported helping clients deal with this possibility. Nearly thirty five percent (34.7%) of the sample reported having no services or resources at their agency specifically designed for LGBT's. Sixty four percent (64%) reported having LGBT specific services, but their responses generally only connoted referrals of LGBT clients to lesbian or gay organizations. Of all resources that respondents from non-LGBT agencies/programs reported offering to this population, only two were tailored for LGBT's: a pamphlet on LGBT domestic violence and counseling tailored to LGBTs. Due to the limited number of resources or services tailored specifically for LGBT clients, most instead refer to the L.A. Gay & Lesbian Center who is under-staffed and under-resourced. These findings are particularly important since they suggest that agencies/programs often inadvertently neglect some of the domestic violence prevention and intervention needs of LGBT clients.

*Main Finding # 4: Some reported policies might inadvertently hinder efforts to assist LGBTs affected by domestic violence.* More than 2/3's of respondents reported not having policies at their agency/program that are specifically designed to address the needs of LGBT persons affected by domestic violence. "Reported policies"

reflect respondents understanding of the existing policies and are, therefore, more useful than official policies for understanding actual practice. Respondents indicated that domestic violence prevention and intervention policies that are developed based on the needs of heterosexual female victims might not necessarily address the needs of LGBT victims. For instance, policies and procedures restricting shelter access to women leave gay and bisexual men as well as transgender victims with few options for safe housing when they are attempting to flee abuse. A second concern was that gender-neutral policies, which are intended to treat all persons the same, may either help or hinder efforts to assist LGBT clients. The policies help by allowing LGBT's initial access to general types of assistance; however, they hinder if they do not allow assistance to differ depending on clients' gender or sexual orientation. For example, in same gender abusive relationships, additional screening or a different kind of screening than that used with heterosexual female victims is needed to distinguish the batterer from the victim.

***LAGLC STOP DV Shelter Surveys:*** Surveys of California's shelters conducted by LAGLC STOP DV in February 2004 and January 2005, coupled with previous research by others revealed dangerous and potentially life-threatening service gaps for the LGBT population. Results from surveys with 94 shelters indicated that shelter staff and volunteers lacked sufficient training, knowledge, and ability to safely and effectively intervene in LGBT domestic violence or conduct culturally appropriate prevention strategies within the LGBT population. For example, none of those surveyed had the necessary knowledge to accurately assess and differentiate same-gender abusers from same-gender victims. The ramifications of this inability can have tragic consequences for individuals, the larger LGBT community, and other domestic violence service recipients. Even in the event that these serious limitations are corrected, survey results indicate that lesbians and bisexual women – generally the only populations within the LGBT community who are able to obtain assistance from shelters – are not likely to access or utilize shelter services, nor do they view shelters as welcoming or capable of addressing their unique needs and concerns. Furthermore, nearly all shelters indicated that one of their largest challenges with lesbian and bisexual clients is the biased behavior and attitudes displayed by heterosexual residents toward them.

When lesbians and bisexual women do seek assistance at a mainstream shelter, research by Claire Renzetti

indicates that they rarely stay or complete the program. In addition, they are often reluctant to disclose their sexual orientation. However, when the victim's sexual orientation is not determined, assessment and intervention is severely compromised and can risk the victim's safety and well-being.

### **LAGLC STOP DV Collaboration with WomenShelter of Long Beach – A Best Practice Example**

Funding from the Department of Justice / Office of Violence Against Women in 2009 – 2011 enabled the L.A. Gay & Lesbian Center's STOP Partner Abuse / Domestic Violence Program (STOP DV) to closely collaborate with WomenShelter of Long Beach, California. While research indicates that the majority of LGBT persons are not likely to access mainstream domestic violence shelters, it is crucial that shelters increase their ability to effectively serve those LGBT victims who do seek assistance from shelters. Through-out the two-year collaboration, STOP DV trained all WomenShelter staff and volunteers in basic and in-depth LGBT intimate partner violence and provided consultation to them on a consistent basis. In addition, STOP DV and WomenShelter provided outreach together to the LGBT population of greater Long Beach. This easy-to-implement collaborative model can be easily replicated throughout urban and rural areas in California and the U.S.

***Outcome Summary of the Model:*** *The mission of WomenShelter of Long Beach is to eliminate domestic violence through compassionate intervention, education and personal empowerment. Our mission applies to any and all victims of domestic violence and we have assessed different aspects of our services and overall agency environment to strengthen our commitment to serving this population to the best of our ability and to ensure our procedures and materials reflect our values as an agency. The partnership with the L.A. Gay and Lesbian Center STOP Partner Abuse /Domestic Violence program has allowed us to improve our outreaching and services to LGBT victims of intimate partner violence and has been greatly beneficial to both our agency and the clients we serve. The strong partnership we have developed with the STOP Partner Abuse / Domestic Violence advocates has been key in supplying both the staff training and the tools necessary for our revisions.*

*At WomenShelter of Long Beach we start with a foundation of staff and volunteers who are trained through our state mandated 40 hour training which includes a 1.5-2 hour presentation on domestic violence in the LGBT community provided by advocates from the L.A. Gay & Lesbian Center's STOP DV program. In addition to the presentation by the Center, the need for non-judgment and inclusion of all survivors is emphasized and reiterated throughout the training by our staff presenters through the use of gender neutral language and a strong emphasis on serving ALL victims of domestic violence without discrimination. During this 40 hour training, we have hotline scenarios and role plays that include male callers (both victims and batterers) as well as same-sex domestic violence situations amongst others to help train on the many situations encountered via a hotline and to illustrate best practices.*

*Our hiring practices and protocols reflect our values of non-discrimination and our effort to maintain a work space that is safe for all our employees, volunteers and clients. During the interview process for both potential staff and volunteers, we assess the applicant's comfort level and experience working with diverse populations that include male victims, LGBT victims as well as different cultures and religions. We require that all applicants be as specific as possible in examples of their work with these marginalized populations. After the interview screening and the completion of the 40 hour training, we continue to emphasize our acceptance and inclusion by providing a welcoming environment and a culture of acceptance at both of our locations. Our lobby and main offices display rainbow flags and/or "No excuse for partner abuse" stickers developed by the STOP Program in conjunction with the City of West Hollywood in the hopes of creating a welcoming environment through visual cues. Many of our advocates also have their own welcoming displays for the LGBT population in their personal office space. We have, as an agency, created a work environment that is safe for our LGBT staff and they have found dedicated and trustworthy allies amongst their peers.*

*As part of our collaboration with the STOP DV Program, we attend together several events throughout the year, most notably Long Beach Pride, Teen Pride events, conferences and outreaching opportunities that increase our visibility as a team in the community. Once a community member decides to call our hotline and access services, they are assessed through the hotline using safe and gender neutral language. Our hotline questions give our callers the freedom to self-*

*identify during their assessment and the choices given for gender include male, female, transgender F, transgender M, intersex, other; and the types of relationship including heterosexual or same-sex relationship with female or male abusers. All clients can self-identify and staff respect and use their preferred name and pronoun.*

*The use of safe welcoming language and the culture of inclusion do not stop at our assessment. As part of our shelter guidelines, residents are made aware that we at WomenShelter of Long Beach provide services to all victims of domestic violence regardless of gender, race, religion and sexual orientation and that all victims served are housed equally in a violence free home which sets the tone for safe and caring services. Our curriculum used at both locations has been revised; currently all topics include gender neutral language so the same materials can be used with all populations served. In addition to the main curriculum topics, we also utilize tools such as the LGBT specific power and control wheel to tailor our services and address the particular barriers that our diverse populations face. Our LGBT clients have the freedom to choose the DV support group they will feel most comfortable participating in. Our group facilitators do an excellent job ensuring that clients abide by the agreement to keep group discussions confidential and free of discriminating language and put-downs as a way of creating a safe healing space for ALL of our participants.*

*Our clients receive the most benefit from our collaboration with the STOP Domestic Violence Program as it has increased our capacity to provide sensitive services to this underserved community. Consulting with STOP DV advocates has increased the resources and support for our clients that are essential to establishing a life free of abuse. The trainings provided in-house as well as the on-going participation of STOP advocates in our 40 hour training have ensured that all of our staff and volunteers are up to date with information relevant to the LGBT community and we are given tools for providing compassionate and sensitive services in a safe space.*

*In summary, working with the L.A. Gay and Lesbian Center's STOP Partner Abuse / Domestic Violence Program has improved how we serve the LGBT population by giving us the tools, language and active collaboration that allowed us to effectively revise and improve our engagement and services to the LGBT community. We have successfully worked*

*together in some cases and the overall effort has been beneficial to our clients. Since the collaboration with STOP DV began, we've noticed an increase in the number of LGBT clients that we serve through our hotline and shelter. During the last fiscal year, 2010-2011, we received 12 unduplicated hotline calls and we sheltered 6 clients including males and both M to F and F to M transgender residents. Only a quarter into the current fiscal year, we've already assisted 9 LGBT callers through our hotline and sheltered one. Participants have positive feedback to give and they've often expressed it in their exit forms; the following are some examples that LGBT shelter residents have shared:*

*"I feel more positive. I've found the meaning of not walking on eggshells" -25 year old female*

*"Everyone cares and it's genuine...we are all treated as equals" -45 year old male*

*"What helped me the most is that I was treated with dignity and respect, like a human being; I didn't feel mistreated I felt loved" -42 year old transgender male*

-Contributed by Goretty Ramos, Director of Programs, WomenShelter of Long Beach

## Q & A with LGBT Persons Impacted by Intimate Partner Violence

**Q: What brought you to the L.A. Gay & Lesbian Center's STOP Partner Abuse/Domestic Violence Program?**

**Kevin:** I was arrested following a fight with my boyfriend. Rick and I were together for two years, and after being beaten several times by him, I fought back. Rick called the police and I was arrested, incarcerated, and mandated by the court to attend a batterer's group.

**Ashley:** I was attempting to defend myself when my girlfriend, Rose, sat on me then hit me in the face and head. Our neighbors called the police. I guess they arrested me because I'm bigger than she is and had fewer physical marks.

**Karen:** My partner, Julie, and I were having problems so we came to the Center for couple counseling. I had a difficult time at first convincing Julie to accompany me but she finally agreed. The counselor that we saw together at the Center explained that couple counseling could make our situation worse and recommended group and individual counseling for each of us separately.

**Jennifer:** My HIV case manager suggested that I talk to a domestic violence specialist because I kept coming to my appointments with bruises on my body.

**Mike:** I moved across the country in an attempt to escape my abusive partner. I was frightened that he'd kill me.

**Cheryl:** I'm trying to put my life back together after being sheltered. My former partner abused me the entire time that we were together. We saw several counselors and they all insisted that we were both responsible for the problems in our relationship. A friend suggested that I go into a shelter after I was hospitalized following an especially abusive incident with my partner.

**Q: Did you know that you were experiencing domestic violence?**

**Kevin:** No, I didn't. When Rick and I partied together, he was often aggressive with me. At first it was confusing but I assumed that it was because of the drugs. Eventually, when he began pushing and hitting me when we were sober, I began to think that it had something to do with me. No matter how hard I tried, nothing changed. I never experienced violence in my family or in any of my previous relationships, so I really didn't know what to make of it. Besides, I'm larger than Rick so it didn't occur to me that it was "domestic violence". I could have fought back if I felt like it...I just didn't want to hurt him.

**Ashley:** Not really. Rose and I both have tempers. I grew up with a lot of fighting as well. I have four siblings and had to learn how to stand up for myself.

**Karen:** Somewhere in my mind I did because my ex boyfriend was arrested for domestic violence and some of it felt similar. I filed a restraining order against him and even went into a shelter for a few weeks. It was just different this time because my partner was female. I just couldn't believe it was "domestic violence."

**Jennifer:** Not at all. I was beaten repeatedly by many of my boyfriends. Violence just seemed to be part of life.

**Mike:** For the most part I did. I grew up with domestic violence. My mother was battered by my father and my situation was similar in many ways to that.

**Cheryl:** Not really. No one ever called it that. Everyone I talked to called it a "relationship problem", "communication difficulties", or "codependence." One person told me that I was attracted to abusive partners.

**Q: Did you try to get help before coming to the Center?**

**Kevin:** A friend of mine suggested that I call a shelter. I called a hotline at a shelter but they weren't very helpful. I guess it was because I'm male. The hotline counselor treated me like I was an abuser. When she asked me about my wife, I hung up on her.

**Ashley:** I never thought that we needed any help. I just thought we were under a lot of stress. We blew off steam by yelling at one another.

**Karen:** Someone at work gave me a brochure about LGBT domestic violence.

**Jennifer:** I wanted help but there aren't many places for women like me. When my case manager told me that I could get help from people who understood me, I decided to try it.

**Mike:** I tried but there were no services for gay male victims of domestic violence within 700 miles of where I lived.

**Cheryl:** I worked with several counselors and was in a domestic violence shelter as well.

**Q: Were the police involved? If so, were they helpful?**

**Kevin:** I actually called the police twice. The first time, the officer told us, “You boys need to play nice.” They had Rick leave but he came back drunk several hours later and was more abusive than he had been earlier. The second time, they told us that they would arrest both of us if they had to come back again. That really frightened me so I tried to handle it on my own.

**Ashley:** I was treated badly. The officers kept saying that they had heard it all before. Every time I tried to speak they told me to be quiet and “save it for a judge.” Jail was even worse. Processing took seven hours then I sat in a cell for another eight hours before anyone even acknowledged me.

**Karen:** I haven’t had any contact with the police while in this relationship. Julie and I are still together and trying to work things out.

**Jennifer:** It seemed safer not to call them. I was afraid that the police would harass and arrest me just for being transgender. I have friends who have been jailed without their HIV medications. That terrifies me.

**Mike:** I called the police once but they refused to respond. The officer that I talked to kept asking if a female was in danger.

**Cheryl:** No, the police were not involved.

**Q: Was the court involved? If so, was the court helpful?**

**Kevin:** I could tell that my public defender was uncomfortable with me because I’m gay. He wouldn’t listen to me or look at me. I kept telling him that I was defending myself but he insisted on a plea bargain. I spent 5 days in jail and really wanted to get out so I plead “no contest.” I was charged with a felony but advised that it would be reduced to a misdemeanor if I plead guilty. I took the deal so now I have to attend a batterers’ group for a year, pay a fine and complete 200 hours of freeway cleanup. It isn’t fair but it’s better than jail.

**Ashley:** The judge said that I had a choice of jail or counseling. I was really upset because I felt that Rose should have been arrested too. Now, everytime that we have an argument, Rose insists that I’m to blame because I was arrested. She’s threatened to call the police if I don’t do what she tells me to do.

**Karen:** I don’t feel that I need help from the court. Even if I did, it’s hard for me to believe that I could get a restraining order against another woman.

**Jennifer:** I've been to court in the past and the judges have not been very kind. They call me by my birth name instead of my chosen female name. They also call me "sir" and "son". It's humiliating.

**Mike:** The court has not been involved with my case.

**Cheryl:** I never wanted the court to be involved because I'm a lesbian. I'm afraid that I have too much to lose.

**Q: Have the L.A. Gay & Lesbian Center's services been helpful?**

**Kevin:** The judge referred me to the L.A. Gay & Lesbian Center. The group I'm in is for people in similar situations. All of the guys in the group fought back and got caught. I prefer the term "survivor" rather than "defending victim" but I guess that's what I am. We're learning how to stay safe and we all support each other.

**Ashley:** I still think that Rose needs counseling as well but I've gotten some positive things from it. I'm doing my best to move beyond the whole incident. I don't fight back any longer. I walk away until we've both calmed down. The facilitator and other group members have been really supportive.

**Karen:** Definitely. I believe that my risk for domestic violence has really decreased. I understand the LGBT cycle of violence and its dynamics. My sexuality has always an issue with both my ex-boyfriend and with Julie. They've accused me of cheating on them with people of both genders. I've learned numerous skills to use when it gets difficult and Julie seems to respond differently as well. She's gotten a lot out of the anger management group that she's in.

**Jennifer:** I come to group every week and individual counseling as well. I've learned that I'm strong and that I can be proud of myself. It's been really difficult for me but I know that I can have healthy relationships. I can't imagine what it would have been like if I lived in an area that doesn't have services for transgender women.

**Mike:** Absolutely. In many ways, I feel like they saved my life. I'm grateful that I found services specifically designed for the gay community.

**Cheryl:** It's the only place where I can be completely honest about my situation. They really understand what its like to be me.

## **Recommendations for the State of California**

### **Support the development of a California coalition of LGBT domestic violence service providers, programs and organizations.**

- Create a statewide contingent of LGBT domestic violence service providers, programs and organizations that constitute an informed, diverse and strategic work group.
- Foster representation in a statewide coalition from statewide and local, public and private entities.
- Implement mandatory training on LGBT domestic violence issues to state and local service providers, health care personnel and criminal justice entities throughout California.
- Review, recommend and influence public policy and legislative action to improve assistance, intervention, education and prevention of LGBT domestic violence.

### **Earmark and increase funding for LGBT service providers for care, intervention, education and prevention of LGBT domestic violence.**

- Allocate, increase and earmark funds for LGBT specific programs to develop and provide domestic violence services that will assist, treat, educate and prevent the social epidemic of LGBT domestic violence. (It is recommended that these funds come through direct legislation by the Governor and California State Assembly.
- Expand state distributed funding of intimate partner violence prevention and direct service programs. This funding must be made accessible to all quality programs regardless of the gender or sexual orientation of the client base.
- Funders must support innovative community-based efforts and require projects that claim to work with the LGBT community to provide a historical record of such work in the community in addition to documentation of internal policies and procedures that are inclusive of, and designed specifically for the LGBT community. The competency of staff and volunteers within funded programs as well as the quality and quantity of their training in LGBT issues and LGBT intimate partner violence must be documented as well.

### **Conduct LGBT domestic violence education and outreach to criminal justice and law enforcement agencies.**

- Conduct aggressive outreach, training and education to law enforcement and criminal justice organizations and their courts, divisions, precincts and academies throughout California. Training and education must include messages and information to institute or strengthen written policies, procedures and practices that

- are non-discriminatory toward LGBT populations.
- Create a task force including public and private criminal justice personnel, associations, agencies, unions and service agencies to work in close collaboration with LGBT domestic violence service providers and organizations to recommend and oversee outreach and training efforts.

**Inform and educate the state and its local communities.**

- Request a report to the Legislature and hold legislative hearings to outline the key issues and epidemiology of domestic violence, inclusive of LGBT domestic violence.
- Include key law enforcement, criminal justice and social service personnel in the above-mentioned effort.
- Encourage local coalitions to promote community discussions and initiatives to raise awareness of LGBT intimate partner violence.
- Conduct an annual California Assembly briefing by constituents, survivors and service providers to inform legislators of concerns and needs of LGBT populations at risk for domestic violence.

**California state and local governmental service providers must apply consistent standards when responding to domestic violence.**

- Court-ordered batterers' intervention must be consistently mandated for the full 52 weeks as stipulated in the Penal Code at a certified/approved program. Furthermore, batterers' intervention rather than anger management classes must be mandated for perpetrators of domestic violence.
- Restraining orders must be ordered consistently for the full three-year period. Furthermore, Emergency Protective Orders must be issued consistently regardless of the gender or sexual orientation of the involved parties.
- Law enforcement and criminal justice personnel must receive increased training in assessment to ensure consistent arrests regardless of the gender or sexual orientation of the involved parties.
- Law enforcement and criminal justice personnel must work in close collaboration with LGBT domestic violence specialists in dual arrest cases involving members of the LGBT community.
- Comprehensive training in LGBT domestic violence must be mandated for all health care professionals and standard practice guidelines to appropriately identify, document and intervene in all cases of domestic violence must be established.

**Mandate the study, documentation and evaluation of LGBT domestic violence.**

- The Governor's Office and CalEMA must require all domestic violence programs in California to include information about the gender and sexual orientation of clients in their statistical documentation and recognize the partnerships of LGBT persons

as “domestic”.

- Include information about gender and sexual orientation in all law enforcement and criminal justice statistical documentation.
- Questions specific to the LGBT community must be included in community and academic studies.
- Fund the California Coalition (see recommendation A) to conduct a thorough statewide victimization survey to properly gauge incidents of abuse in California.

**LGBT domestic violence must be understood as a multicultural health crisis.**

- Health care professionals and law enforcement and criminal justice entities must be properly trained to understand and recognize the LGBT community as a distinct culture with its own identity, customs, language and history while understanding and recognizing the impact of sexual orientation and gender identity on other factors of diversity.
- LGBT services and prevention efforts must recognize and respond to California’s changing language, race, class and cultural diversity by providing LGBT culturally sensitive public awareness and intervention products, documents, and services.
- LGBT outreach, intervention and prevention efforts must provide services and public education across the entire life span of the individual from first relationships in youth to relationships among elders.
- Domestic violence programs must be respectful of diverse family structures including families with recognized and unrecognized legal and/or marital status, individuals and couples with immigration issues, extended non-traditional family structures (including step families), and survivors who are isolated from traditional forms of family support.

## The Authors:

**Susan Holt, M.A, CCDVC.** Susan Holt has a Master's Degree in Counseling Psychology and is a nationally clinically certified domestic violence counselor. A nationally recognized expert in partner abuse and domestic violence, she developed and has directed the L.A. Gay & Lesbian Center's internationally recognized STOP Partner Abuse/Domestic Violence Program for since 1996. Holt was the keynote speaker at legislative hearings in California on LGBT battering and frequently lectures and is interviewed by television, radio, and publications (including the *New York Times* and the *Los Angeles Times*) about the subject of domestic violence. In 2001, Holt worked with Senator Jackie Speier to develop the requirements for Senate Bill 564, a bill that requires domestic violence education for California's mental health professionals. More recently, Holt worked closely with Equality California to develop Assembly Bill 2051 and Assembly Bill 1003, bills that support the development of LGBT specific domestic violence services in California and are the first bills of their kind in the nation. Holt is the former Board President of the Statewide California Coalition for Battered Women, has represented L.A.'s fourth council district on L.A.'s Domestic Violence Task Force, and served as the chairperson of the LGBT Issues Committee of the L.A. County Domestic Violence Council among other appointments and leadership positions. More recently, she participated in the first-ever LGBT domestic violence roundtable at the White House. She has been honored in *Who's Who in American Women* and *Who's Who in America* for her pioneering work in domestic violence and has been recognized by the California Legislature and former California governor, Gray Davis, for her significant contributions to the LGBT community.

*Special thanks and acknowledgment to the following individuals for their generous contributions:*

- Stephanie A. Jones, Esq., Research Consultant to LAGLC STOP DV and author of LAGLC STOP DV's Meta Study.
- Members of the LAGLC STOP DV staff: Mary Case, CCDVC; Deborah DiGiovanni, LMFT; Michael Liberatore, LMFT; & Melanie Novitski.
- Special thanks to previous LAGLC STOP DV staff member, Johanna Gomez, for her multicultural expertise.
- Terra Slavin, Lead Staff Attorney, and LaDawn Best, Client Advocate of LAGLC's Domestic Violence Legal Advocacy Project.
- Goretty Ramos, Director of Programs, WomenShelter of Long Beach.
- The National Coalition of Anti-Violence Programs (NCAVP), 240 W. 35<sup>th</sup> St., New York, NY 10001.
- Chandra L. Ford, Ph.D., MPH, MLIS, Assistant Professor, School of Public Health, University of California at Los Angeles.
- Members of the L.A. City Domestic Violence Task Force, LGBT Issues Committee

The L.A. Gay & Lesbian Center is the world's largest lesbian, gay, bisexual and transgender organization with the broadest array of services available anywhere. The Gay & Lesbian Center is a powerful, nonprofit force for civil rights and home to a variety of free or low-cost health, legal, employment, educational, cultural and social programs designed especially for the LGBT community.

STOP Partner Abuse/Domestic Violence Program  
L.A. Gay & Lesbian Center,  
McDonald/Wright Building  
1625 North Schrader Boulevard  
Los Angeles, CA 90028  
323-860-5806  
[domesticviolence@lagaycenter.org](mailto:domesticviolence@lagaycenter.org)  
[www.lagaycenter.org](http://www.lagaycenter.org)