

Domestic Violence: An LGBT Perspective

This briefing note outlines additional risks LGBT victims may face when in an abusive relationship. The information below is not exhaustive, but gives a brief insight for professionals when working in the field of domestic violence or with LGBT client groups. The information focuses on LGB specifically, although some of the information is also applicable to transgender victims too, I appreciate that there is further challenges and barriers which transgender people face when accessing services as well as additional forms of abuse that are experienced.

Whilst considering additional risks LGB people may experience it is also important to take in to account the additional barriers they may have, or believe there are in place, to accessing services. It is common that these misconceptions or barriers have been highlighted by the perpetrator to discourage the victim from accessing any support at all.

Barriers to Accessing Services

There is often a fear expressed by victims that they will not be believed. This is a view encouraged by the perpetrator which plays on internalised homophobia a victim may have. A perpetrator may highlight that when two men or two women are in a relationship it is deemed acceptable to use violence as the power is balanced. Although, from a professional perspective, this is deemed unacceptable many victims deem this to be the truth. This ties in with the lack of knowledge and discussion within the broader LGBT community on domestic abuse. With 1 in 4 LGBT relationships being abusive it is still a taboo subject within the LGBT community. With 1 well recognised national helpline there are very few services which promote themselves as LGBT or LGBT friendly domestic violence services.

Many services state that they do not have the knowledge or resources to offer LGBT specific support services, however there is often very little additional work to be done for an LGBT person, but it does require having a further understanding of LGBT domestic violence and LGBT services which may be readily available in your area. There is a lack of LGBT DV services, but it is important that DV services catering for heterosexual victims also offer support services for LGBT.

A further barrier is that a victim will have to disclose his or her sexuality every time they access a different service. For some they may not have 'come out' to their friends or family yet, or even be comfortable admitting to themselves that they are LGB or T. It would then be difficult to tell a police officer called to an incident that you are gay, you may then be referred to a DV service where, again, you have to tell the worker you are gay, you may then be referred on to counselling, drug and alcohol or mental health services, where once again you must 'come out.' This is a fear for many LGBT people.

Outing

Outing can be used as an additional control method for perpetrators of domestic violence. If a victim has not identified his or her sexuality to friends, family, colleagues or children perpetrators may threaten to 'out' their partner to gain control. It sits as a form of psychological abuse, forcing the victim to act against his/her will to avoid further challenging or abuse from friends, family or colleagues. A perpetrator may lead a victim to believe that being out to family, or in the workplace would be horrific and embed fear in to the victim.

HIV Status

Perpetrators with HIV: Where the perpetrator may be HIV positive it is common for the victim to be treated as a nurse and provide constant medical attention if possible. Victims may be conditioned to believe if s/he was not there the perpetrator would not be able to take medication or function normally. Perpetrators with HIV may use psychological abuse to lead the victim to believe if s/he were to leave nobody would take care of him and the perpetrator would not be able to cope.

Victims with HIV: Similarly to outing perpetrators may threaten to tell friends, family or colleagues of a victim's HIV status putting personal relationships and employment in jeopardy. A perpetrator may also withhold medication or block access to medical support as a form of abuse. Perpetrators may also threaten to leave the victim or stop supporting him or her, which is often reinforced by the perpetrator telling the victim nobody else would want to love or care for a person with HIV, which falls in to the category of psychological abuse.

Isolation

Although many heterosexual victims are isolated from friends and family by perpetrators this may be a crucial additional barrier for LGBT people. LGBT victims may have been disowned or have reduced contact with their family if their family and friends did not agree with the victim's sexual orientation. It may not be obvious to family members who have very little engagement with a LGBT victim that they are in a vulnerable situation. Because of this an LGBT person may already have a reduction in support networks readily available. This often puts the victim more at risk because it is these networks that may encourage a victim to access support services.

First LGBT Relationship

Domestic violence is more prominent in first LGBT relationships. This is irrelevant of age of the victim or perpetrator, it is as likely to take place in a relationship where the victim came out as 16 as a victim that has come out at 46. A perpetrator will often tell the victim that domestic violence is expected in same-sex relationships as two men or two women are of equal power. Although this may take place in any first relationship it is more common where

the perpetrator is older than the victim and can often work in the same way as grooming. To this affect younger LGBT people may be forced to access gay bars and clubs by an older partner before a victim feels ready.

Use of Alcohol and Drugs

There is a great amount of academic research which shows drug use and alcohol consumption is more prominent within the LGB community generally. It is possible that perpetrators coerce victims into drug use as well as alcohol use. Perpetrators may be the person the victim is using to access drugs if s/he has become dependent which is a further abuse of power. Drugs and alcohol may also be used as a coping mechanism by victims, it may also act as a trigger for further abuse if the perpetrator is using drugs and alcohol.

Pushing Sexual Barriers

Pushing sexual barriers is also very common in first heterosexual relationships where abuse takes place; a perpetrator may pressure the victim into having sex when s/he is not ready or does not want it. The perpetrator may also force the victim to have unsafe sex, which ties in with HIV status. With 1 in 10 gay men in the UK being HIV positive, and 1 in 5 gay men in London being HIV positive being forced to have unsafe sex can be a huge risk to a victim. A victim may also be pressured into having sex with other people, including group sex or friends of the perpetrator. Perpetrators may also disrespect safe words or boundaries whilst taking part in sexual activity with the victim.