Research on domestic violence consistently demonstrates the need for services in the areas of prevention, screening, and treatment of abuse. However, the populations sampled for these studies are almost exclusively heterosexual, and the typical victim was female. Consequently, services, legislation, and public opinion of who is affected by domestic violence tend to neglect same-sex couples. Further, this skewed perspective often dismisses the possibilities that gay men can be victims or that lesbian women may be batterers. Existing literature suggests that rates of abuse in these populations range from 9%-41% depending of the definition of abuse.¹ Although broad, this range is comparable to that of heterosexual couples, reportedly between 2%-30% depending on several socioeconomic factors.²,³ This article aims to quantify the number of lesbian, gay, bisexual, and transgender (LGBT) people in Philadelphia who report to be victims of domestic violence.

To assess the problem, anonymous, self-report surveys were collected and analyzed over a 3-week period at the Mazzoni Center for LGBT Health and Well-Being in Center City Philadelphia. The Mazzoni Center sees a broad range of patients, 50% of whom are insured and 80% of who are non-heterosexual identified. The survey asked if participants had been victims of physical, psychological, sexual, and “I am scared for my safety” types of abuse. Also collected were the gender of the abuser, relationship between abuser and victim, and services sought for treatment or help. The survey was adapted from the George Washington University Universal Violence Prevention Screening Protocol and a study of heterosexual male domestic violence victims.⁴

Of the 99 people participating in the survey, 64 were male, 22 were female, eight were male-to-female (MTF) transgender, and six were female-to-male (FTM) transgender. The sexual orientation of the participants was predominantly gay (47), with three lesbian, 14 bisexual, 22 heterosexual, and seven people unsure of their orientation. Additionally, six participants left the sexual orientation component blank. The mean age of respondents was 31 years, with a range from 17 to 52. Six people refused to take a survey and none of these people knew the survey was about domestic violence at the time of refusal.
Overall, 24 respondents reported at least one type of abuse in the past 12 months; 14 of these specifically reported partner abuse. Abuse was reported by individuals across all sexual orientations and gender identities, with the highest percent reported by bisexual and transgender people. Seven of the 78 LGBT individuals said they had been threatened with a weapon. Of this group, five were female. Thirteen LGBT individuals reported that someone had choked, kicked, bitten, punched, slapped, grabbed, or shoved them in the past 12 months. Seven had had someone throw an object at them in an attempt to hurt them, with half of this group being male and a quarter being male transgender. Eleven of the total sample had been afraid a current or former intimate partner would hurt them physically. Five of individuals in this sample had been forced to have sex and all of these respondents were women. Interestingly, two were bisexual and three were heterosexual women, with no lesbians reporting forced sex. Current or past intimate partner abuse was the most common type of abuser-victim relationship and almost none of the individuals sought treatment or services related to their abuse incident.

This study indicates that domestic violence is at least as common in LGBT couples as in heterosexual couples and suggests that regardless of the sex of one’s partner, providers should screen for domestic violence. Furthermore, few of these victims report incidents to police, physicians, counselors, or lawyers. While this may suggest that the abuse is not severe enough to warrant treatment or help, it is possible that the LGBT community’s reluctance to disclose incidents of abuse is because of fear of a homophobic response.

A majority of the victims in this study identified abusers as either current or past intimate partners, emphasizing that partner violence is of greater prevalence than family, acquaintance, or stranger abuse in this population. This has significant implications for health care providers in the screening and treatment of abuse incidents in this population. For example, it is important to make sure that a patient is safe to return home after discovering abusive behavior, as they likely have an ongoing relationship with their abuser.

The results indicate a significant rate of partner abuse in the LGBT community, and highlight the need for future research in this area. This study is one step toward understanding the magnitude of this problem and figuring out how best to reach this overlooked community in terms of prevention, screening, and treatment of partner abuse. The number of respondents and minimal refusals to participate in this survey (less than 6% of those asked) are suggestive of the LGBT community’s cooperation and willingness to participate in research. This will hopefully encourage other researchers to study this population in order to better serve their needs. The scarcity of available abuse resources targeted toward the LGBT communities underscores the importance for all LGBT centers and programs to be aware of this issue and to work toward improving these services.

References

