

A Service Provider's Guide for Working withGBT Victims and Survivors of Domestic Abuse

Partner abuse is one of the most serious health issues for gay, bisexual, and transgender (GBT) men. Research indicates the incidence of abuse among gay men mirrors the rate for straight women of 25 to 33%.

Men, including GBT men, who are abused, tend not to understand their experience as partner abuse due to lack of knowledge. They may lack knowledge of partner abuse and/or knowledge that men can be victims. In addition, men can be reluctant to acknowledge, even to themselves, that they are being abused and to seek assistance from others for a variety of reasons. Thus, GBT men sometimes endure partner abuse for much longer than necessary.

Service providers are, therefore, a critical resource for GBT men because they are often the first point of contact for a GBT victim. Service providers include police, educators, dentists, acupuncturists and clergy. Service providers also include mental health professionals, such as counselors and social workers and physical health professionals, such as emergency room staff, physicians and nurses. After friends, abused men are most likely to seek assistance from individual counselors, social service agencies and health care providers.

Service providers can take the following steps:

- Be knowledgeable about intimate partner abuse, including GBT partner abuse.
- Be aware that anyone can be abused, men as well as women.
- Create a workspace environment in which individuals feel comfortable to talk about their abuse. This is true for everyone, but is especially true for GBT people who need to know it is safe to talk about being GBT and about their abuse.
- Routinely include questions about partner abuse in appropriate procedures, such as intake assessment, health history, physical exam, and emergency room protocols.
- Screening for abuse should occur during significant change events, such as when an individual is first seen by a provider, during a visit for a significant new complaint and after every new intimate partner relationship begins, as well as 6 to 12 months after the relationship has begun.
- Be aware of the signs and symptoms of abuse and be prepared to conduct an assessment when these signs are manifest.

Education

A place to start is this website. Special training also is needed on how to screen for the abuser versus the abused. Contrary to some of the myths regarding domestic violence, it is not always obvious which partner is the abuser and which is the abused. Like other abusers, GBT abusers sometimes portray themselves as the abused party. In serving GBT people it is important to have at least basic information about gay men, bisexual men and transgender individuals.

The Workplace Environment

A provider's workspace can achieve two goals relevant to GBT partner abuse: 1) to provide information about partner abuse and 2) to create a welcoming and supportive environment for all people.

Brochures about intimate partner abuse should be easily available in the workspace. Brochures should include at least three topics: 1) A definition of intimate partner abuse, 2) The types of abuse with examples, and 3) A listing of available local partner abuse resources, including those for GBT men.

Other communication materials, such as posters, also can provide information and signal that your workplace is supportive. GLBT health care posters, for example, are available. A preferred option for domestic violence materials is that they be gender-neutral and sexual orientation-neutral. Philosophically this is the most inclusive option. But it is probably more effective to have group-specific materials, such as brochures and other communications materials specifically for GBT men.

Signs and Symptoms of Abuse

Individuals should routinely be screened for abuse. There is an array of psychological and physical signs and symptoms of abuse, as well as some behavioral indicators. These signs and symptoms may be indicative of other mental and physical health conditions, but no matter what they signify, these signs and symptoms should be followed-up.

Psychological signs and symptoms are:

- Anxiety, agitation or chronic apprehension
- Depression
- Feelings of hopelessness, helplessness or despair
- Low self-esteem
- Suicidal ideation, gestures or attempts
- Somatic/psycho-somatic complaints including headaches, sleeping disorders, difficulty concentrating, chronic fatigue, nightmares and abdominal or gastrointestinal complaints
- Substance over-use, including alcohol, medications or other drugs
- Post traumatic stress.

Physical signs and symptoms

Partner assault may result in specific injury types and distributions. Though these injuries may be caused by other events, the presence of injuries, such as the following, should raise suspicion of abuse:

- Eardrum rupture
- Rectal injury
- Facial scrapes, bruises, cuts or fractures
- Neck, head, body or arm scrape or bruise
- Abdominal cuts or bruises
- Tooth loose or broken
- Cigarette burns
- Bite marks
- Welts, especially with the outline of a recognizable weapon such as a belt buckle

The distribution of injuries may follow certain patterns, such as:

- Centrally located injuries – shoulders to butt, and head and neck injuries
- Injuries on both sides of the body
- Defensive posture injuries – the outside of the forearm and palms, as well as the back, legs, buttocks and back of head, from being in a crouched position
- Unexplained injuries or injuries inconsistent with the explanation given
- Multiple injuries in various stages of healing

Behavioral indicators of abuse:

- Failure to keep appointments, or comply with care protocols, for example medication schedules
- Secrecy or obvious discomfort when interviewed about the relationship
- The presence of a partner who comes into meetings or the examining room and controls or dominates the interview, is overly solicitous and will not leave his/her partner alone with his provider
- An individual returns repeatedly with vague complaints
- An individual who presents health problems associated with abuse
- Delay between an injury and seeking medical treatment
- Chronic pain without apparent etiology
- An unusually high number of visits to health care providers
- Social withdrawal

What to Do If You See Signs and Symptoms of Abuse

If you see signs or symptoms of abuse, consider conducting an assessment for partner abuse.

Assessment for Abuse: Opening the Conversation

Using the appropriate language in a discussion about partner abuse can be very important.

Some guidelines are:

- Begin the conversation using gender-neutral terms, e.g. “the person with whom you are having a relationship”.
- Don’t assume that all men who have intimate relationships with men want to be referred to as gay or bisexual. Let the individual indicate how he wants to be identified.
- The assessment questions below use the term “partner” as a convenience. But, again, you may want to find out what term the individual you are serving wants to use to describe the person with whom he is having a relationship: boyfriend, girlfriend, date, husband, roommate, etc.
- Since men tend initially not to identify their experience as abuse, avoid using general terms such as “partner abuse” or “domestic violence”, as well as clinical terms. Ask questions about specific, representative behaviors (See examples below.).
- Let the individual tell you what terms he wants used to refer to himself, his relationship, his experience and so on and then, use his terms. Or if you are comfortable doing so, ask what terms the individual wants to use. Indicate that although you may not fully understand his experience or the lives of LGBT people, you are willing to learn.

Ways to begin the conversation are:

- “I am concerned about the (sign or symptom).” “Could you tell me about it.”
- “What do you think is causing the (sign or symptom)?”

- “If this has something to do with your relationship, you can talk with me about it. I want to help if I can.”
- Use general, open-ended questions: “Tell me a little about your relationship.” or “How do you feel about your relationship?”

Assessment of Abuse: Sample Questions

Keep in mind that gay men report emotional abuse significantly more often than the other forms of abuse, including physical abuse. And it is axiomatic that if there are other forms of abuse, there is always emotional abuse.

Emotional Abuse

- Has your partner ever hurt or threatened to hurt your child or your pet?
- Does your partner want to make all the decisions?
- Has your partner ever destroyed things you cared about?
- Is your partner possessive about you? Does he/she have to know where you are at all times? Is he/she overly jealous?
- Does your partner watch your every move? Does he/she call home or work multiple times a day or want to know how you spend every minute of your time?
- Has your partner ever prevented you from leaving the house, seeing friends or continuing your education?
- Does your partner humiliate, ridicule or criticize you, sometimes in front of others?
- Does your partner often ignore you or put down your opinions?
- Does your partner invade your privacy such as opening your mail, reading your e-mail or going through your personal belongings?

Physical Abuse

- Has your partner ever shoved, hit, punched, pushed, slapped you or in any other way physically harmed you?
- Do you ever feel afraid of or threatened by your partner?
- Has your partner ever held you against your will or blocked you from leaving?

Sexual Abuse

- Has your partner ever forced you to have sex or forced you to have sex in a way you did not want?
- Does your partner often break your agreements about sex?
- Does your partner expect you to have sex on his/her demand?

Financial Abuse

- Does your partner control your finances?
- Has your partner prevented you from working or has refused to contribute to shared expenses?
- Does your partner feel entitled to your financial support?

Identity Abuse

- Does your partner regularly criticize your body or appearance?
- Does your partner ever use your personal characteristics against you, such as your race, age, body size or appearance, religion, or HIV status?
- Has your partner threatened to out you or actually outed you?

Assessment of Immediate Safety: Sample Questions

Depending on the circumstances, it may be necessary to assess the individual's immediate safety:

- Do you feel safe at home?
- Are you in any immediate danger?
- Is your partner with you here today?
- Do you want to (have to) go home with your partner?
- Do you have someplace safe to go?
- Has the violence gotten worse or is it getting scarier? Is it happening more often?
- Are you afraid your life may be in danger?

What to Do If an Assessment Identifies Partner Abuse

Provide validation

- Listen non-judgmentally.
- "I am concerned about your safety."
- "You are not alone; many people, including men, experience partner abuse." "Assistance is available."
- "You do not deserve the abuse; it is not your fault."
- "Stopping the abuse is the responsibility of your partner, not you."

Provide information

- Give a simple definition of partner abuse, describe the different types of abuse and give some examples of each.
- "25 to 33% of men in intimate relationships with men experience partner abuse."
- "Abuse, once it begins, usually continues and often becomes more frequent and severe."

Respond to safety issues

- Offer the individual information on safety planning (See /Safety Planning/).
- Offer the individual immediate and private access to a partner abuse advocate (provide contact information, for example GMDVP).
- Review ways in which to safely maintain contact with the individual.

Make referrals to local resources

- Describe any advocacy and support services in your organization.
- Refer the individual to advocacy and support services within his local area.
- Refer the individual to GBT organizations but include a range of possible resources, such as those that serve straight men. Not all men who have relationships with men want to be referred to a GBT organization.

What to Do If an Individual Says "No"*

If the individual you are serving does not want to discuss possible partner abuse:

- Respect their response.
- Advise him that if he feels he is being abused that it is not his fault or responsibility; that he is not alone, many people, including GBT men, have experienced abuse; and that it is OK to get assistance and there are resources available.
- Let him know that you are available should the situation ever change.

- If he says “no” but you believe he may be at risk, discuss the specific risk factors and offer information and resources.
- Provide key information: the definition of intimate partner abuse, the types of abuse with examples and local partner abuse resources for straight and GBT men.
- Assess the individual again at the intervals recommended above.

Follow-up and Safety

- Offer a follow-up appointment.
- Discuss with the individual safe ways of contacting him. Do not send mail, e-mail or leave messages unless you know it is safe to do so.
- When calling the individual, always ask first if it is safe to talk. The abuser may be present. Develop a system of coded messages to signal danger or the abuser’s presence.
- Block identification of your number when calling; one way is to dial *67 or the equivalent. This prevents an abuser from using “caller ID” to discover that the individual is seeking assistance.
- Keep the individual’s whereabouts confidential. Do not disclose contact information, such as address, telephone number or information without permission. Abusers often track down their former partners through third parties.

Couple Counseling

Some individuals and professionals consider intimate partner abuse to be a “relationship” problem and therefore, recommend support or treatment programs for the couple. Partner abuse is not a relationship problem; partner abuse is the abuser’s problem. Support or treatment programs intended for both partners – the abused and the abuser – are inappropriate, are treating the wrong problem and may be dangerous for the partner who is abused. Each partner should be referred to separate and distinct support or treatment programs.

Further, a service provider should not be providing abuse-related service to both partners, even if it is individually. Indeed, the service provider should carefully consider whether he or she should be providing any service to both partners.

Duty to Report

In Massachusetts, some professionals have a duty to report child and elder abuse. Also, some professionals have a duty to report adult abuse under the following conditions:

- Injuries resulting from criminal activity;
- Injuries inflicted by gun, firearm, knife or other sharp object; or
- Burn injuries.