



**Preventing Domestic Violence**

*None in Three is funded by the European Union*

## **THINGS YOU SHOULD KNOW - DOMESTIC VIOLENCE AND LGBT WOMEN**

### **Lesbian and bisexual women's experience of domestic violence**

- Across prevalence estimates of lifetime sexual assault (LSA) the highest estimates reported for LSA of lesbian or bisexual (LB) women were 85.0%; for CSA experienced by LB women, 76.0%. For gay or bisexual men (GB) the rate for CSA was 59.2% (Rothman, Exner, & Baughman, 2011).
- Differences between same-sex domestic violence (SSDV) and other-sex domestic violence (OSDV): includes internalized and externalized stressors associated with being LGBT interacting with domestic violence, creating or exacerbating vulnerabilities, higher risk for complex trauma experiences, and difficulties accessing services (Stiles-Shields, C., & Carroll, R. A. (2015).
- Research on same sex domestic violence (SSDV) substance and alcohol abuse show that alcohol abuse may serve as:
  - precipitating factors for violence (Fortunata & Kohn, 2003); (b) coping mechanisms following violence (Klitzman, Greenberg, Pollack, & Dolezal, 2002);
  - Insecure attachment styles frequently cited as a risk factor for the perpetration of SSDV
  - Violence may be perpetrated when perceiving a lack of power and control following threats to the relationship.
- Depression, anxiety, and post-traumatic stress disorder (PTSD) have been identified as increasing risk for perpetration and victimization of SSDV (Trevillion, Oram, Feder, & Howard, 2012).
- Exposure to familial violence appear to increase the risk for SSDV at equal or greater frequency for victims and perpetrators of SSDV, compared with other sex domestic violence (OSDV peers) (Murray et al., 2007).
- There is an association between domestic violence victimization and HIV infection; may lead to poor health outcomes including mental health disorders and reduced access to care. HIV-positive status linked to increased risk for SSDV and victims of SSDV are at an increased risk for HIV infection (Siemieniuk, Krentz, Gish, & Gill, 2010).
- Barriers to seeking refuge and legal protection.
- Difficulties for SSDV victims as shelters serve individuals by gender.
- SSDV language absent in many domestic violence statutes and denial of the right to apply for a protective order against a same-sex partner (Murray et al., 2007).
- Some difficulties for law enforcement to clearly identify a victim and perpetrator; law enforcement therefore sometimes hesitant to intervene during an SSDV for the following:
  - in intimate relationship, mutual battering defined as a situation in which both partners *contribute equally to violence* (Peterman & Dixon, 2003);
  - within OSDV this is typically viewed as a female victim defending herself from an abusive, more physically powerful male partner
  - within SSDV it is often mislabelled as mutual battering rather than a form of self-defence (Peterman & Dixon, 2003).

- Clinicians can misunderstand control tactics used by SSDV partners and can minimize the violence reported (Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006).

### **Difficulties in researching**

- The limited research investigating SSDV has primarily focused upon lesbians, excluding individuals identifying as bisexual.
- Difficulties in recruiting representative samples are also frequently observed.
- Working with convenience samples recruited through LGB publications, organizations, and events, may yield a skewed sample of individuals who more open about their sexuality (Murray, Mobley, Buford, & Seaman-DeJohn, 2007).
- No consistent definition of SSDV evident in the literature; complicates comparisons of findings across studies.
- Lack of representative data problematic, the results provide an incomplete view of the serious consequences of SSDV for policymakers, law enforcement, the LGB community, and clinicians.

*A submission to the Home Office strategy on violence against women and girls (17 January 2016) identified the following evidence and recommendations concerning sexual and other violence against bisexual women and girls: current evidence & recommendations (Lisa Colledge, Senior Public Health Intelligence Analyst, Harrow & Barnet (lisa195bb@tiscali.co.uk; 07968 621665)*

### **Current evidence**

Robust US data indicates that almost half of bisexual women are rape survivors – this is nearly three times the levels reported by heterosexual and lesbian women. In a nationally representative survey of 18,000 people undertaken by the US Centers for Disease Control, 46% of bisexual-identified female respondents reported experiencing rape (at some point in their life), compared with 17% of heterosexual women and 13% of lesbian women.<sup>1</sup> This same survey also indicated that bisexual women experienced far higher levels of other types of sexual violence: 75% reported experiencing sexual violence other than rape (in their lifetime), compared with 43% of heterosexual women and 46% of lesbian women. Bisexual women were much more likely to experience their first rape between the ages of 11 and 17 years (48% of all female bisexual respondents reporting rape), compared with heterosexual women (28% of female heterosexual reporting rape; numbers in lesbian women were too small for reliable calculation). Evidence from an extensive European Union survey suggests European bisexual women experience violence more frequently than European lesbian women (respective reported prevalences of violence were 28% and 23% in the last 5 years and 11% and 10% in the last 1 year).<sup>2</sup>

- Research among UK lesbian, gay and bisexual people indicates that bisexual people in same-sex partnerships may be at greater risk of physical and emotional abuse than lesbian and gay people.<sup>3</sup>
- Bisexual people in the UK encounter discrimination and harassment from health, policing and LGBT services, due to their bisexual identity, and are therefore often unwilling to disclose their identity when using services.<sup>4</sup>
- Bisexual school pupils are known to be targeted for physical and sexual attack by their peers because of their sexual identity.<sup>5</sup>
- United Kingdom bisexual women and girls live within a society which actively marginalises, erases and stigmatises bisexuality and bisexual people (such negative attitudes are termed 'biphobia').<sup>6</sup>

## Recommendations

Immediate action is needed to reduce identity-related sexual and physical violence experienced by UK bisexual women and girls, and to improve the effectiveness of responses. Recommendations from national reports include:<sup>7,8</sup>

1. Sexual and physical violence services and support systems specifically focussed on bisexual women
2. Training of all sexual violence and physical violence service workers in cultural competency regarding bisexuality and bisexual service users, to ensure professional, respectful treatment of all bisexual survivors, whether or not they choose to disclose their identity. Such training should be undertaken by all workers within health, policing, criminal justice and support services. Training should include (but not be limited to) avoidance of negative stereotypes, recognition and support of bisexual identity, preservation of confidentiality, and recognition that bisexual clients may have overlapping and independently stigmatised identities which compound their vulnerability to violence and its effects (e.g. black, Asian and minority ethnic identities, or transgender identities).
3. Routine monitoring of the sexual orientation of all sexual and physical violence service users, using standardised methods and conducted in a respectful and professional manner, to facilitate further research and development of more effective services for female bisexual survivors.
4. Active opposition to UK 'institutional biphobia', which diminishes the worth of bisexual women and girls and facilitates their victimisation. Initiatives to counter biphobic stigma should be led and supported by health and legal professional organisations, government bodies (at all levels), media commentators, and LGBT organisations.
5. All UK laws and policies relating to women's and girls' sexual and physical violence should explicitly refer to bisexual women and girls, to provide a clear mandate for action.
6. Bisexuality-supportive training and projects should be developed with the guidance and involvement of UK bisexual community activists and expertise (e.g. the BiUK activists' and academics' organisation).<sup>9</sup>
7. Overall, bisexual women and girls who are survivors of violence need a legal and resource environment which is safe, respectful, confidential and effective. At a societal level, stigma against bisexuality facilitates violence against bisexual women and girls, and dismantling such biphobic stigma has important preventative implications.

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