"I didn’t think people would take me seriously"

The Help-Seeking Strategies, Experiences, and Preferences of LGBTQ Survivors of Domestic Violence

Carrie Lippy, PhD & Emily M. Waters, MSW/MPH
Recommended Citation


Contributions & Acknowledgments

<table>
<thead>
<tr>
<th>Data Collection Instrument Design</th>
<th>Data Analysis Support</th>
<th>Reviews</th>
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<tbody>
<tr>
<td>Cassie Luna</td>
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Special thanks to the National Domestic Violence Hotline for their support and for hosting the survey on their websites.

For inquiries about the report, please contact nrcdyTA@nrcdv.org. For more information about the National LGBTQ Institute on IPV, please visit us at lgbtqIPV.org.

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Key Definitions

**Domestic violence (DV)** for the purposes of this report refers to a pattern of power and control established by one intimate or dating partner to control another. This can include physical, sexual, emotional, psychological, or economic abuse or stalking by a current or former partner.

**Non-LGBTQ domestic violence programs** refer to domestic violence agencies that are not specifically intended for LGBTQ survivors. Non-LGBTQ programs may be open to and serve LGBTQ survivors; however, their services are not uniquely intended for this population.

**LGBTQ-specific domestic violence organizations** specifically focus on providing services to and working with LGBTQ survivors of domestic and dating violence. These programs are typically “by and for” LGBTQ communities. That is, they are delivered by LGBTQ people, for LGBTQ people.

**Cisgender** refers to people whose gender identity and expression are aligned with the gender they were assigned at birth.
Why we did this STUDY
Introduction

Lesbian, gay, bi, trans, and queer (LGBTQ) people experience domestic violence at comparable or higher rates than heterosexual cisgender people (Walters et al., 2013; Langenderfer-Magruder et al., 2016; Brown & Herman, 2015). The isolating nature of domestic violence can be particularly harmful for LGBTQ people due to the ongoing and intersecting impacts of homophobia, transphobia, and racism (Kanuha, 2005); the small size of many LGBTQ communities (Bornstein et al., 2006; Duke & Davidson, 2009); and lost or strained relationships many LGBTQ people have with their families of origin (de Vries & Hoctel 2007; Lindhorst, Mehrotra, and Mincer 2010).

Receiving effective and culturally responsive help is critical for LGBTQ survivors to reduce their isolation and support them in reestablishing their self-determination and safety. When seeking help for domestic violence, most survivors first turn to informal sources—such as friends, family, co-workers, and neighbors—for support (Sylaska & Edwards, 2014). Survivors turn to informal supports for needs such as financial, childcare, housing, mental health, and emotional (Trotter & Allen, 2009; Calton, Cattaneo, & Gebhard, 2016; Beeble, Bybee, Sullivan, & Adams, 2009).

Some survivors then subsequently seek help from formal supports, such as domestic violence agencies, law enforcement and court systems, and medical providers. Through formal supports, survivors can be connected with
professionals and receive services like domestic violence advocacy, legal aid, healthcare, shelter, employment assistance, and support groups.

Most of what we know about survivor help-seeking behavior comes from research on the experiences of predominantly white, heterosexual and cisgender women survivors. Less is known about the help-seeking of LGBTQ survivors, and especially those who are people of color. The limited research on this topic supports what many know anecdotally: LGBTQ survivors are more likely to turn first to friends and family rather than formal services for domestic violence support (Bornstein et al, 2006).

Research also shows that many LGBTQ survivors—especially trans, gender non-conforming and LGBTQ survivors of color— are reluctant to or will not seek help from formal services because of fear or direct experience of receiving homophobic, racist, ableist, and/or transphobic bias, harassment, or violence (Calton, Cattaneo, & Gebhard, 2016; Simpson & Helfrich, 2014; Jordan, Mehrotra & Fujikawa, 2020).

Engaging with criminal legal systems is particularly risky. One study found that survivors in “same-sex” relationships (or those perceived to “same-sex”) are ten to thirty times more likely to be arrested along with their abusive partners compared to survivors in relationships with someone perceived to be of a different gender (Hirschel et al., 2007). LGBTQ survivors, and especially LGBTQ survivors of color, also report negative experiences in civil court, through the prosecution process.
(Calton, Cattaneo, & Gebhard, 2016; Deutch et al., 2017), and at social service agencies (Kanuha, 2005; Simpson and Helfrich, 2014).

The domestic violence field has been responding, albeit unevenly, to calls to address the specific needs of LGBTQ survivors. These efforts primarily take two forms: 1) improving the capacity of non-LGBTQ domestic violence programs to serve LGBTQ survivors, and 2) investing in the development and availability of LGBTQ-specific domestic violence organizations and programming.

Non-LGBTQ domestic violence programs refer to domestic violence agencies that are not specifically intended for LGBTQ survivors. Non-LGBTQ programs may be open to and serve LGBTQ survivors; however, their services are not uniquely intended for this population.

LGBTQ-specific domestic violence organizations, in contrast, are those that specifically focus on providing services to and working with LGBTQ survivors of domestic and dating violence. These programs are typically “by and for” LGBTQ communities. That is, they are delivered by LGBTQ people, for LGBTQ people.

Few LGBTQ-specific domestic violence agencies exist across the country. The National Coalition of Anti-Violence Programs, a coalition of LGBTQ organizations addressing domestic and hate violence, includes roughly 55 member programs ranging widely in size, scope, and focus.

Many of these agencies and other LGBTQ-specific programs are under-resourced while still under great demand (Lippy et al., 2017).
This report builds on earlier research examining services provided by LGBTQ-specific agencies (Lippy et al., 2017). However, no research to date has explored and contrasted the experiences LGBTQ survivors have at non-LGBTQ and LGBTQ-specific organizations. Nor has research examined LGBTQ survivors’ preferences regarding where to receive support.

The current study addressed this gap by examining the help-seeking experiences and preferences of a large sample of LGBTQ survivors accessing the National Domestic Violence Hotline website.

The study aimed to answer the following questions:

1. Where do LGBTQ survivors turn for support and how helpful is the support?
2. Where would LGBTQ survivors prefer to seek help and why?
3. What supports do LGBTQ survivors want, and which do they seek and receive?
4. What are LGBTQ survivors’ experiences at non-LGBTQ and LGBTQ-specific domestic violence agencies?
Who participated in this STUDY
Method & Sample

Staff and consultants of the National LGBTQ Institute on IPV (LGBTQ Institute) developed a survey to ask LGBTQ survivors about their experiences and preferences seeking help for domestic violence. The survey asked quantitative and qualitative questions. For detailed methodology information, please see Appendix A.

The LGBTQ Institute team collaborated with the National Domestic Violence Hotline (the Hotline) to post a link to the survey on several pages of the Hotline and Love is Respect websites. The Hotline posted the survey for eight weeks in October 2015- January 2016. A total of 574 LGBTQ survivors completed the survey during that time and were included in the analysis.

Most participants identified as cisgender women (63%), and roughly 20% identified as trans or gender non-conforming (TGNC). A little over a third identified as bisexual (35%), and roughly a quarter identified as lesbian/gay
(27%) and a quarter as queer/pansexual (24%). Two-thirds of participants identified as white (67%) with nearly 10% identifying as Latinx and 7% as multiracial. Most participants (65%) were 24 years old or younger. See Table 1 for more details.

Table 1. Participant Demographics

<table>
<thead>
<tr>
<th>Current gender (n = 573)</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cis woman</td>
<td>359</td>
<td>63%</td>
</tr>
<tr>
<td>Gender queer/ Gender non-conforming</td>
<td>81</td>
<td>14%</td>
</tr>
<tr>
<td>Cis man</td>
<td>58</td>
<td>10%</td>
</tr>
<tr>
<td>Transman</td>
<td>24</td>
<td>4%</td>
</tr>
<tr>
<td>Transwoman</td>
<td>20</td>
<td>3%</td>
</tr>
<tr>
<td>Something else</td>
<td>31</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual orientation (n = 572)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>203</td>
<td>35%</td>
</tr>
<tr>
<td>Lesbian/Gay</td>
<td>157</td>
<td>27%</td>
</tr>
<tr>
<td>Queer/pansexual</td>
<td>135</td>
<td>24%</td>
</tr>
<tr>
<td>Asexual</td>
<td>33</td>
<td>6%</td>
</tr>
<tr>
<td>Questioning</td>
<td>16</td>
<td>3%</td>
</tr>
<tr>
<td>Something else</td>
<td>28</td>
<td>5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Racial or Ethnic Identity (n = 572)*</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>383</td>
<td>67%</td>
</tr>
<tr>
<td>Latina/o/x</td>
<td>52</td>
<td>9%</td>
</tr>
<tr>
<td>Multiracial*</td>
<td>40</td>
<td>7%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>35</td>
<td>6%</td>
</tr>
<tr>
<td>Asian American</td>
<td>20</td>
<td>3%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>16</td>
<td>3%</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>3</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>2</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Something else</td>
<td>21</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (n = 553)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18 years old</td>
<td>144</td>
<td>26%</td>
</tr>
<tr>
<td>18-24 years old</td>
<td>218</td>
<td>39%</td>
</tr>
<tr>
<td>25-34 years old</td>
<td>119</td>
<td>22%</td>
</tr>
<tr>
<td>35 years old or older</td>
<td>72</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Participants could select more than one racial or ethnic identity group
What we learned from the DATA
Where do LGBTQ Survivors Turn for Help?

“I needed someone who would understand and tell me that the cycle of abuse was not ‘normal.’ This was my first lesbian relationship, and there were many factors at play. If I had LGBTQ support, it may have helped me walk away sooner.”

Who did LGBTQ survivors turn to first?

To begin, we asked participants who they spoke to first about the abuse in their relationship. As shown in Figure 1, the majority of participants first spoke with a friend. This was true no matter the participant's gender identity, sexual orientation, race and ethnicity, or age. This finding supports similar research on both heterosexual and LGBTQ survivors’ disclosure to informal networks (Sylacka & Edwards, 2014; Bornstein et al., 2006). Participants also turned first to family members and therapists, with far fewer turning to services like domestic violence agencies.
Most LGBTQ domestic violence survivors first sought support from a friend. Worryingly, 15% hadn’t talked to anyone yet. (n=547)

We asked how much these sources of support helped survivors, as prior research on heterosexual and cisgender survivors shows that the reaction of informal supports can sometimes be negative or harmful for survivors (Trotter & Allen, 2009; Turell & Herrmann, 2008).

As Figure 2 shows, of the survivors who first spoke to their friends, 60% said their friend made things a little or much better. Though a far fewer number of survivors turned first to domestic violence agencies, those who did were more likely to report that these agencies made their situation a little or much better (87%). In contrast, the very few survivors who turned to teachers first were significantly less likely to report that the teacher made their situation better compared to those who went to DV advocates or therapists.

Although most survivors first turned to their friends for support, it was domestic violence agencies that more survivors rated as helpful. (n=453)
Who turned to formal supports?

Less than a third of participants (31%) had ever sought help for abuse from an agency or program. Of those who sought formal services, 77% had at some point received support from a non-LGBTQ agency, and a little more than a third (36%) had received support from an LGBTQ-specific program or agency (see Figure 3).

The likelihood of respondents seeking help from formal support increased with age. Survivors 35 years old or older were significantly more likely than younger survivors to seek formal services¹ (see Figure 4).

The percentage of survivors who sought formal DV services increased with age.

<table>
<thead>
<tr>
<th>Age</th>
<th>% Sought Formal Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18 yo</td>
<td>23%</td>
</tr>
<tr>
<td>18-24 yo</td>
<td>27%</td>
</tr>
<tr>
<td>25-34 yo</td>
<td>33%</td>
</tr>
<tr>
<td>35+ yo</td>
<td>56%</td>
</tr>
</tbody>
</table>

Figure 3. Percentage who ever sought formal supports and the type they sought

Figure 4. Percentage who sought support by age

¹ $X^2 (3, N = 553) = 20.8, p <.001$
Who didn’t seek help and why?

As noted earlier, 15% of participants never spoke to anyone about the violence they experienced in their relationships (see Figure 1).

Additionally, nearly a quarter of Latinx LGBTQ people and transgender men and women had never spoken to anyone about the violence they experienced.

Similarly striking, 75% of participants under the age of 24 never reached out to an agency or program for support.

"At the time I was being abused, I needed access to a program that had a comprehensive understanding about the nature of abuse and addressed it in a manner that avoided explicit associations with gender or ableism. My abuser was a woman. My abuser was former military. My abuser was disabled. I was at the [state in Southeast] hospital multiple times per week and never thought to approach anyone with what was happening to me. I’m not sure anyone would have believed me."

Participants reported several reasons for not seeking formal support. For some, they feared that they or their partner would be publicly "outed" as LGBTQ. Further, they feared experiencing homophobia, transphobia, or other forms of bias from whom they were seeking support.

Some participants worried whether people would believe them or think they did not deserve support because of heteronormative, cisnormative, and gendered stereotypes related to domestic violence (i.e., only cisgender women experience violence by cisgender men).
Similarly, some participants noted that they did not think that services were available for LGBTQ survivors. Finally, participants did not conceptualize that what they were experiencing was domestic violence because they had never heard or seen LGBTQ-specific examples of domestic violence.

“I didn't even know something like [LGBTQ services] existed.”

"Because so much of the relationship and emotional abuse itself was founded on the abusive partner being closed, I was unable to seek help at the time at all."

“I didn't even know something like [LGBTQ services] existed. And I know this sounds so cliché, but I honestly thought I brought it upon myself, and therefore I had no grounds to ask for help. I didn’t think people would take me seriously since I am a lot bigger than my boyfriend."
What Agencies Would LGBTQ Survivors Use and Prefer?

“When an organization is inclusive of my community, I am more inclined to support them or seek support from them. There is nothing more frustrating than trying to explain myself while speaking in code because a counselor/therapist isn’t obviously an advocate for the LGBTQIAA community and therefore cannot properly make [me] feel comfortable or provide relative advice.”

The survey asked all participants, if available, would they seek services at an inclusive non-LGBTQ organization and/or at an LGBTQ-specific organization (See Figure 5). Nearly 60% of participants said if they had access to it, they would seek support from an LGBTQ-specific organization. In a separate question, 42% said they would seek services from a non-LGBTQ organization if they had access to it. Of note, 36% of survivors said they were unsure if they would seek services from an LGBTQ-specific agency, and 40% were unsure if they would from a non-LGBTQ agency even if they had access.

More LGBTQ survivors were willing to seek services at LGBTQ-specific agencies than non-LGBTQ agencies.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Not sure</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ</td>
<td>57%</td>
<td>36%</td>
<td>7%</td>
</tr>
<tr>
<td>Non-LGTBQ</td>
<td>42%</td>
<td>40%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Figure 5. Percentage who would seek services at LGBTQ and non-LGBTQ programs
The survey then asked participants, if given a choice, which type of program would they prefer (See Figure 6).

Nearly 70% of survivors said they would prefer an LGBTQ-specific domestic violence program. This preference was consistent across groups analyzed by racial and ethnic identity, age, sexual orientation, and gender identity.

"An LGBTQ org would understand the nuances of a relationship between two queer women, and the hidden ways abuse can be perpetuated…. And I definitely didn't feel comfortable going to a hetero org. I didn't identify with the issues they addressed—I didn't see myself in the couples they described."

However, nearly a quarter of cisgender women said they would prefer to receive services at a non-LGBTQ domestic violence organization compared to less than 10% of cisgender men and transgender, genderqueer, and gender-nonconforming survivors. Transgender respondents were the most likely to prefer LGBTQ-specific programs. In contrast, bisexual survivors were the least likely to prefer LGBTQ-specific programs.
When looking at the **total sample**, 69% of LGBTQ survivors preferred support from LGBTQ-specific organizations (n=489).

“Imagine you had access to both types of programs, which one would you prefer?”

<table>
<thead>
<tr>
<th>Prefer LGBTQ-specific organization</th>
<th>Non-LGBTQ organization</th>
<th>Would not seek formal DV services</th>
</tr>
</thead>
<tbody>
<tr>
<td>69%</td>
<td>18%</td>
<td>13%</td>
</tr>
</tbody>
</table>

...However, different patterns emerged when breaking this down further...

**Trans* survivors** were most likely to prefer LGBTQ-specific programs (and least likely to prefer non-LGBTQ ones)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Prefer LGBTQ-specific</th>
<th>Non-LGBTQ</th>
<th>Would not seek formal DV services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans* (n=30)</td>
<td>87%</td>
<td>3%</td>
<td>10%</td>
</tr>
<tr>
<td>Genderqueer (n=71)</td>
<td>86%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Cis Man (n=48)</td>
<td>82%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Cis Woman (n=307)</td>
<td>62%</td>
<td>23%</td>
<td>15%</td>
</tr>
</tbody>
</table>

**Bisexuals** were least likely to prefer LGBTQ-specific programs and (most likely to prefer non-LGBTQ ones)

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>Prefer LGBTQ-specific</th>
<th>Non-LGBTQ</th>
<th>Would not seek formal DV services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesbian/Gay (n=132)</td>
<td>86%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Queer/Pan (n=117)</td>
<td>74%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Asexual (n=29)</td>
<td>69%</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>Bisexual (n=174)</td>
<td>54%</td>
<td>27%</td>
<td>19%</td>
</tr>
</tbody>
</table>

**Youth (under age of 18)** were least likely to prefer LGBTQ-specific programs and (most likely to prefer non-LGBTQ ones)

<table>
<thead>
<tr>
<th>Age</th>
<th>Prefer LGBTQ-specific</th>
<th>Non-LGBTQ</th>
<th>Would not seek formal DV services</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 18 (n=117)</td>
<td>59%</td>
<td>19%</td>
<td>22%</td>
</tr>
<tr>
<td>18-24 (n=188)</td>
<td>70%</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>25-34 (n=101)</td>
<td>74%</td>
<td>18%</td>
<td>8%</td>
</tr>
<tr>
<td>35+ (n=59)</td>
<td>76%</td>
<td>14%</td>
<td>10%</td>
</tr>
</tbody>
</table>

![Image](image_url)

*Figure 6. Preferences by total sample, gender, sexual orientation, and age*
“...I would feel more comfortable in a queer specific setting.”

"I would hope that [the LGBTQ organization] had a better understanding of queer identities and relationships, and I wouldn’t need to backtrack by educating the person who is supposed to be supporting me. Also, I would feel more comfortable in a queer specific setting."

When asked which program they would prefer, 13% of participants said they would not seek support at all, even if both types of programs were available (see Figure 6). About 20% of bisexual and asexual people said they would not seek support at either type of agency. In addition, young people under the age of 18 were significantly more likely to say that they would not seek support at all compared to people of all other ages.

\[ X^2 (6, N=465)=14.331 \ p<.05 \]
What affected LGBTQ survivors’ service preferences?

Many LGBTQ survivors said the gender of their partner was a major factor that affected where they felt comfortable seeking support. Many bisexual cisgender women in relationships that could be perceived as heterosexual described feeling more comfortable at non-LGBTQ programs and less comfortable seeking support at an LGBTQ-specific agency.

“Since I could technically use a ‘heterosexual’ focused DV program without too much scrutiny (assuming I were dating a cis man), I guess I’d just rely on their expertise rather than overburden a likely underfunded LGBTQ program…. Though, if I were dating a woman or trans man I would prefer to go to an LGBTQ-specific program for help.”

For some survivors, they thought that non-LGBTQ programs would be able to sufficiently handle their situation despite not being culturally specific. Others described experiencing prior discrimination at LGBTQ-specific agencies (e.g., feeling invalidated or not feeling “queer enough”).

For several survivors, they explained that they did not want to "inappropriately" use resources intended for LGBTQ people when their relationship could be considered "heterosexual."

Some bisexual survivors expressed how they perceived an unspoken expectation that bisexual women would seek services at non-LGBTQ agencies rather than use the more limited services intended for queer survivors.

“I would worry that an LGBT center would consider me a waste of time because I am a bi woman in a relationship with a cisgender man, taking attention/time away from people in same gender abusive relationships.”
Another factor that influenced LGBTQ survivors’ preferences related to their conceptualization of domestic violence. A contrast emerged between survivors saying they would seek help at a non-LGBTQ program because “help is help” and those who would not because they did not think the agency would understand their unique circumstances.

“I believe that domestic violence can occur in both hetero and homo relationships. The violence is still the same. The need of one to dominate another and inflict fear and anxiety to control the actions is still the same regardless of sexual orientation.”

It came down to a division about the perceived universality of the experience of domestic violence. Survivors differed on the perceived need for culturally specific services. For some survivors, they wanted support and did not think it would influence their experience greatly if they received it from a non-LGBTQ program. In contrast, other survivors believed that the experience of domestic violence for LGBTQ survivors was different enough from cisgender and heterosexual survivors to require specialized services.

“I truly believe that there is a HUGE difference between the abuse in gay vs straight relationships. Most of us in the LGBTQ community are wounded & bruised by the abuse we have received from society our entire lives. The services must be specialized to handle those wounds as well as the ones caused by abuse.”

Related to this point, many survivors made distinctions about whether the organization was “open to serving LGBTQ people” (the wording from the survey question) or whether it was truly competent to serve LGBTQ people.

“Being open to helping and being equipped to help are two very different things.”

Survivors described prior challenges they had with non-LGBTQ organizations that were “tolerant” of LGBTQ people and willing to serve them, but these agencies lacked the skills and knowledge to do so effectively.
Many survivors emphasized the deep internal work that an agency must undergo to increase its capacity to serve LGBTQ survivors, and how simply being open and tolerant is only an initial step in this process.

“Any program that is geared toward heterosexual clients is not going to have the needs of LGBTQ clients at the center. We can tell when services are being retrofitting to a model that wasn’t initially intended to serve us.”

“Domestic violence advocacy organizations and programs should aim for a truly inclusive approach that upholds the dignity of all client-survivors—LGBTQ or otherwise. I’m not sure a vague attitude of being ‘open to serving LGBTQ people’ is quite enough. In many cases—at least in my experience—this verbiage is a cop-out, a tool for avoiding the tough work, analyses, conversations, and overall organizational self-awareness necessary to attain true inclusiveness.”

“I worry that to be ‘open’ to helping LGBTQ people involves less advocacy and knowledge but more ‘tolerance’ which is something that has been harmful and unhelpful for me in the past. To be ‘open’ is not good enough, if the organization does not equally help, and learn about the special issues LGBTQ people face in particular situations.”
Finally, several multiply marginalized survivors reported hesitancy in seeking services at LGBTQ-specific agencies for fear that the agency would not be able to meet their intersectional needs.

Some feared that the agency would be too white and unable to address concerns unique to LGBTQ survivors of color.

Others feared discrimination or lack of competency on the basis of their socio-economic status, membership in kink communities, or even role as a parent.

“If there were a local [LGBTQ-specific] organization, I would *probably* seek support from them, but I would also want to know that it wasn't just run by white people (like a lot of LGBTQ organizations) and also that it wasn't just run by men. A huge aspect of my queer identity is being a parent, and I would need the organization to really understand that…. Being a parent and being queer and being a survivor of DV all go hand in hand for me.”
What Services Did Survivors Want and Receive at Non-LGBTQ and LGBTQ-Specific Agencies?

We asked survivors what services they received or wished they had received at non-LGBTQ or LGBTQ-specific agencies.

The top three most frequent services participants received were the same, whether they received them at non-LGBTQ or LGBTQ-specific programs.

These services included therapy by a practitioner, support groups, and services to strengthen their relationships with friends and family. The latter is particularly encouraging given the increased risk of isolation for LGBTQ survivors. Services to help survivors build or rebuild connections with their informal networks are critical.
The top three most frequent services participants received were the same, regardless of agency.

<table>
<thead>
<tr>
<th>Non-LGBTQ agencies</th>
<th>LGBTQ-specific agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Therapy by practitioner</td>
<td>1. Therapy by practitioner</td>
</tr>
<tr>
<td>2. Support group</td>
<td>2. Support group</td>
</tr>
<tr>
<td>4. Protective order</td>
<td>4. Support to mobilize community action</td>
</tr>
<tr>
<td>5. Response to misconduct from the criminal justice system</td>
<td>5. Hotel/motel stay</td>
</tr>
</tbody>
</table>

Interestingly, the differences that emerged highlight how non-LGBTQ and LGBTQ-specific agencies may orient differently to the criminal legal system.

None of the five most frequent services provided by LGBTQ-specific agencies involved interaction with the civil and criminal legal systems, whereas two of the services provided by non-LGBTQ agencies did. It is not clear from this data whether LGBTQ-specific programs offer fewer services that entail criminal legal involvement, if they encourage the utilization of other kinds of services, or if survivors seek criminal legal services less from LGBTQ agencies. Given the history of discrimination and abuse experienced by LGBTQ survivors at the hands of the criminal legal system, it could be a combination of all three (McClennen, 2005).

Additionally, more participants received housing support in the form of a hotel or motel stay from LGBTQ agencies. This aligns with findings from a study on LGBTQ anti-violence programs that found that the vast majority of LGBTQ-
specific agencies do not provide traditional, communal shelters (Lippy et al., 2017).

We also asked survivors what services they wanted but did not receive. Some of the most commonly received services (noted above) were the same services that many participants wanted but did not receive.

**Nearly half of respondents wanted help with strengthening relationships with friends and family but did not receive this service.**

![Figure 8. Top 5 services survivors wanted but did not receive (could choose more than one)](image)

This illustrates a potential need to scale up these resources. Nearly half of participants wanted services that focus on building relationships with family and friends—once again speaking to the overall isolation that LGBTQ survivors of domestic violence experience.

"I wanted some suggestions on building a support network through friends, as I realized that the facility was not geared towards men. The person I was assigned to talk with told me upfront that they wanted no discussion of sexual orientation in a pretty unfriendly way."
Additionally, 35% of participants wanted help with mobilizing their community to respond to domestic abuse. Assistance with community accountability was a highly sought service that few participants received.

This demonstrates the need to build domestic violence agencies’ capacity to support LGBTQ survivors through a community accountability process. It also speaks to a desire by survivors for alternatives to criminal legal responses.

Participants could write in what kinds of services and supports they would have liked from domestic violence agencies, whether non-LGBTQ or LGBTQ-specific.

Most commonly, participants wrote in various factors that exemplify high quality and survivor-centered advocacy. That is, participants wanted advocacy that focused on their specific needs and experiences and involved knowledge of their unique identities and context.

“[I wanted] actual support that centered my healing.”

For example, participants expressed a desire for emotional support that was affirming of their unique identities and did not blame, either explicitly or implicitly, the abuse they experienced on them.

“I was hoping to receive some sort of support that addressed the specific needs of the LGBTQ community or at least speak to someone who was well-versed in the unique challenges such as abuse by threat of outing, pressured gender expression conformity, etc. I would also have liked to speak with someone who was queer or at least an informed ally.”
Importantly, a few survivors noted that they wanted more support around suicidality. Due to many factors including experiences of prejudice and discrimination at individual, family, community, and societal levels, LGBTQ people are already at high risk of suicidality (Haas et al., 2015; Movement Advancement Project et al., 2017). The added experience of domestic violence could heighten this risk. Therefore, domestic violence programs may play a unique role in crisis support for LGBTQ survivors with suicidal ideation.

"I wanted help getting away from my abusive partner, but the therapist made things worse and suggested that the abuse was my fault. I was suicidal, and the therapist did not take me seriously and did not provide emergency help. I suspect that my queerness and masculine gender presentation may have contributed to this. This happened with two different straight therapists, so I refused to see any more therapists."
How Welcoming and Helpful were Non-LGBTQ and LGBTQ-specific Programs?

The participants who reported receiving services at either a non-LGBTQ or LGBTQ-specific agency (or both) were asked to rate how welcoming and helpful the agency was.

As shown in Figure 9, participants found LGBTQ programs to be both more welcoming and helpful than non-LGBTQ programs overall.

Of the people who received support from LGBTQ-specific programs, nearly half reported that the agency was very or completely helpful, compared to 37% of participants who received services from non-LGBTQ programs.
Participants rated LGBTQ-specific programs as more helpful than non-LGBTQ programs.

Moreover, 61% reported that LGBTQ-specific programs were very to completely welcoming. Only 2% reported that LGBTQ-specific agencies were not welcoming compared to 19% of participants who reported the same about non-LGBTQ-specific agencies.

Participants rated LGBTQ-specific programs as more welcoming than non-LGBTQ programs.
“I am also not the only LGBTQ person there... so that helps.”

Feeling welcome at non-LGBTQ programs

“There was a strong sense of community among the people in my support group, even though our stories are all so different. I am also not the only LGBTQ person there despite it not being an LGBTQ specific group, so that helps.”

We asked survivors what affected how welcome they felt at non-LGBTQ programs. Once again, many of the factors that made survivors feel welcome at non-LGBTQ agencies were related to high quality and survivor-centered advocacy.

For example, survivors noted that they felt more welcome at non-LGBTQ agencies when advocates were kind, empathic, and nonjudgmental toward them and their unique situations. They found agencies more welcoming and helpful when the staff was knowledgeable about LGBTQ relationships and experiences.

“[There was] no judgment, [they] listened to me, believed me, got me set up with other programs that I needed, supported me, validated me, kicked me in the ass when I needed it so I wouldn’t just give up and go back to my ex in defeat, called other agencies and got me services lined up.”

Participants also noted that they felt more welcome when they were among other LGBTQ people at non-LGBTQ programs and saw LGBTQ experiences reflected in materials.
Survivors noted that they felt *unwelcome* when non-LGBTQ programs dismissed their experiences, diminished the violence they had experienced, or did not provide support or resources based on their unique situations.

For many, these experiences felt directly related to their sexual orientation or gender identity. Some reported explicitly anti-LGBTQ prejudice, such as agency staff refusing to use their correct pronouns or staff telling them not to discuss LGBTQ issues. Some experienced more harmful prejudice, such as shelter staff forcing them to leave when they disclosed their LGBTQ identity. Others felt that the programs diminished the violence they experienced because of gender stereotypes (e.g., masculine people can’t experience abuse) or lack of knowledge of LGBTQ communities.

“At the nonprofit, I felt welcome, but none of the staff knew how to help me. They were just really confused by me being trans and by my relationship. At the police station, I felt unwelcome. The counselor I was assigned to stared at her computer for the whole session, didn’t [listen], and pressured me to make a police report.”

Staff’s lack of knowledge about LGBTQ communities was a particularly consistent theme. It looked like survivors having to explain to staff general information about their gender identity, sexual orientation, pronouns or their relationships; having to explain unique forms of abuse or contexts for LGBTQ survivors (e.g., what biphobia is and how abusers can leverage it in relationships); and having to correct assumptions that staff made about survivors’ gender, sexual orientation, or relationships.

As demonstrated by the quotes below, the impacts of many of these experiences extend far beyond feeling unwelcome. Many LGBTQ survivors described experiencing concrete harms, discrimination, and mistreatment at non-LGBTQ agencies.
“I never felt like the counselor took me or my situation seriously. It seemed like she was focused on diagnosing me with a pre-existing condition to attribute to my PTSD symptoms, rather than acknowledging that the abuse I’d experienced was the cause of my PTSD symptoms. I got the impression that the counselor was downplaying the severity of the abuse I experienced because I was in a same-sex relationship, in spite of having two fractured cervical vertebrae.”

“Good intentions were present but a lack of education on queer identities dampened it.”

“They had to make sure they could take my case because I am not a woman, and I am not sure what criteria they used.... The volunteer attorney I got was not on top of things with my case, did not prepare me for things, and made weird statements about my relationship to my abusive ex and about my gender identity.”

Interestingly, survivors commonly reported both welcoming and unwelcoming experiences at the same agency. Participants described complexities around being served by different staff (i.e., front line staff vs. shelter employees vs. lawyers), noting how some staff were more welcoming and knowledgeable than others.
“I felt welcomed by most of the staff, and the general environment was very empowering and supportive. At times, people said some problematic things, which made me specifically feel a little less welcome in a predominantly heterosexual space.”

“I attended a DV survivor support group..., which was AWESOME and super helpful. The facilitator was great and supportive and totally ‘got’ me even though it was mostly straight women in the group. The court advocate who was also part of the [agency] was not helpful at all when I applied for a protective order against my ex (which was dismissed). I don’t feel like she took me seriously, and I felt like it was partly because I was queer, and my ex was a woman.”

Additionally, only displaying hetero- and cis-normative reference materials negatively impacted how welcome LGBTQ survivors felt, even when staff at those spaces were welcoming.

“All the pamphlets, handouts, books had examples of heterosexual couple. All rapists were thought to be male. This made me feel terrible.”
“I was able to make assumptions that they would not find me or my relationships weird.”

**Feeling welcome at LGBTQ-specific agencies**

"Talking to queer and trans people itself is an incredibly calming and safe experience for me, as I know I am around people who will accept me even if they don’t entirely understand and make an effort to learn more about my identity if they are not already well informed. Being in a community like that makes talking about trauma significantly easier."

When asked what made LGBTQ-specific domestic violence programs welcoming, survivors again overwhelmingly listed the characteristics of quality advocacy, including validating, listening, not judging, and providing effective and tailored support.

"There was no question about what I experienced. I was believed."

Not feeling judged was especially salient and important for survivors, and from how it was described, this lack of judgement seemed rooted in a deeper understanding of LGBTQ people and communities. That is, with greater knowledge and understanding comes less judgement.

"I was able to make assumptions that they would not find me or my relationships weird. Like that, I was queer, trans, polyamorous, and in a BDSM relationship. They explicitly said they were for people in my communities."

Additionally, being able to receive peer support and see themselves reflected in the staff, participants, and reference materials helped many survivors to feel part of a community and like the program was truly meant for them.
"[It was] so helpful to know their level of understanding of being LGBTQ identified and a survivor, too."

“I have experienced both biphobia and transphobia at LGBTQ-specific organizations before...”

In contrast, some participants reported not feeling welcome at LGBTQ-specific agencies because they experienced racism, bi- or transphobia, classism, or other forms of discrimination at the agency.

“I have experienced both biphobia and transphobia at LGBTQ-specific organizations before, so I am skeptical of the level of cultural competency and humility of providers that claim to be sensitive to LGBTQ people’s needs. I find that often, those organizations only support the needs of cisgender gay and lesbian individuals. Because the abuse I experienced was linked to my bisexuality, it would be particularly important for me to have a provider that was competent to address my needs in a way that was not biphobic.”

Several survivors reported that the LGBTQ-specific program they went to centered white middle-class cisgender gay men and lesbian women and had less capacity to serve survivors at the intersections of other identities. Although LGBTQ-specific agencies that are by and for queer and trans Black, Indigenous, and other people of color (QTBIPOC) communities exist, it is unclear if the respondents of this survey had received services at one of these agencies.
“I have had a lot of experiences with LGBTQ-specific organizations being very white and they don’t get my experience. And sometimes LGBTQ-specific organizations concentrate so much on the issue of you being LGBTQ that they do not take note of other important issues. Like that is part of my experience, a huge part, but it’s not the only part, and ultimately I would just want an organization to help me deal with all the issues, dynamics, situations of the DV in a holistic way.”

Further, some survivors worried that receiving support from an LGBTQ-specific program would “out” them in the community, either being “outed” as a survivor within LGBTQ communities or “outed” as LGBTQ in the broader community. The impact of living in smaller, rural communities exacerbated this concern and the concern that the staff at the organization may be friends with their abuser or otherwise provide services to the abuser. Community overlap and privacy concerns were a unique issue that arose for survivors seeking services at LGBTQ-specific agencies.

"In the area I live in, I would be absolutely terrified of outing myself. The few times I have been ‘out’ in public made me feel incredibly unsafe, and I would be afraid of being shut out. Also, due to being asexual, I am afraid I wouldn’t be taken seriously because many consider being asexual and celibate as abusive in itself, and I could be blamed for my abuse."
“I thought maybe if I share my sexual orientation, they won’t help me.”

Did LGBTQ Survivors Disclose Their Identities to Non-LGBTQ Domestic Violence Agencies?

"I did not share my sexual orientation because of the history of lgbt+ people along with my personal past of being excluded and abused because of it. Also, they are in a position of power. I thought ‘maybe if I share my sexual orientation, they won’t help me’.”

As noted above, providing holistic and effective services for all domestic violence survivors requires that programs and agencies consider each survivor's unique experience, including that survivor's sexual orientation and gender identity.

Knowledge of a survivor's gender identity and sexual orientation is essential for safety planning, making appropriate referrals, identifying legal remedies, and determining appropriate healthcare options. Furthermore, research shows that LGBTQ people who can be open about their sexual orientation and gender identity have higher self-esteem, confidence, and overall better social and health outcomes despite risking potential increases in bias and harassment (Watson, Allen, Pollitt, and Eaton, 2018). This suggests that receiving positive reactions to disclosure is a buffer to other negative experiences (Kosciw, Palmer, and Kull, 2014).

About one-third of study participants reported that they did not share their sexual orientation or gender identity at all while receiving support from a non-
LGBTQ agency. Additionally, half of the participants reported that there had been a time when they did not share their sexual orientation or gender identity with a particular person in a non-LGBTQ program. That is, they may have shared it with one person or program but not another at the same agency. People who identified as bisexual or queer/pansexual were less likely to share their sexual orientation than lesbian or gay survivors. The sample size was too small for trans survivors on this question to report their responses separately.

71% of all respondents shared their sexual orientation or gender identity with a non-LGBTQ agency (n=89).

88% of lesbian/gay respondents shared their sexual orientation or gender identity with a non-LGBTQ agency.

63% of bisexual respondents shared their sexual orientation or gender identity with a non-LGBTQ agency.

58% of queer/pansexual respondents shared their sexual orientation or gender identity with a non-LGBTQ agency.

For those people who shared their sexual orientation or gender identity, the majority said it was neither a positive nor negative experience. However, 29% reported that the experience was negative.
When asked why they did not share their sexual orientation or gender identity with the domestic violence program, many survivors said they feared judgment or discrimination if they disclosed. Some survivors were fearful because of past experiences, meaning that bias or discrimination outside of that environment influenced their willingness to share or disclose with program staff. Others mentioned that the environment felt judgmental or dangerous, and therefore they did not share to protect themselves.

"The sheer will to survive [is why I did not disclose]. If they found out you were bi, gay, or anything else but straight, they would victimize, and then 'exit' you."

"I sought help in a group with all cis straight women & I felt uncomfortable disclosing my identity (though I'm sure they would've been mostly supportive; I just didn’t feel comfortable because no one shared my identity & the facilitator referred to us as 'girls' and 'ladies')."

"I was worried I might be taken less seriously or would be further scrutinized/interrogated about my experience."

Interestingly, many survivors described how the topic "did not come up" or that they were simply assumed to be straight and cisgender, and they just did not correct the record. This highlights the ongoing need for providers to be comfortable and competent in asking all survivors about their sexual orientation and gender identity.

It is important to remember that some people do not have the choice to not disclose their sexual orientation or gender identity, whether that is because of the gender of their partner or because of their own gender identity or expression.

"I felt I had to [disclose sexual orientation] as I had been assaulted by other men, one time being an instance where my partner and I were attempting to have an open relationship."
SUMMARY
+
what
we
RECOMMEND
Conclusion

Prior research on domestic violence survivors' help-seeking behaviors demonstrates the vital importance of affirming and effective formal and informal support on survivors' well-being. The findings from this survey provide a unique understanding of LGBTQ survivors' behaviors and experiences in accessing support.

Many LGBTQ survivors never speak to anyone about the violence they experience in their relationship. This is particularly true of LGBTQ youth. When participants did seek support, they were most likely to reach out to their friends about their concerns first.

Many more participants accessed non-LGBTQ programs than LGBTQ-specific programs. However, the participants who accessed LGBTQ programs were more likely to report that they felt welcome and that the program was helpful than participants who accessed non-LGBTQ programs. LGBTQ survivors largely reported that they hoped to receive quality survivor-centered advocacy and support reconnecting with family and friends.

Finally, if given a choice, participants reported that they would prefer to receive services at an LGBTQ-specific program. However, these programs must also ensure that they do not perpetuate other biases against LGBTQ survivors, such as racism, classism, or bi- or transphobia. Non-LGBTQ and LGBTQ programs should focus on providing anti-oppressive services that are unique to each survivor's experience.
Where do LGBTQ survivors turn for support and how helpful is the support?

- 15% of LGBTQ survivors (especially youth) never spoke to anyone about the violence they endured in their relationship.
- When participants did seek support, they were most likely to reach out to their friends about their concerns first, and 60% said this support was helpful.
- Although friends were the first source of support for many, it was DV agency support that was the most helpful (87% said this support was helpful).

Where would LGBTQ survivors prefer to seek help and why?

- If given a choice, 69% said they would prefer an LGBTQ-specific DV program.
- Transgender survivors were the **most likely** to prefer LGBTQ-specific programs.
- Bisexual survivors and youth (under the age of 18) were **the least likely** to prefer LGBTQ-specific programs. Still, more than 50% of survivors across all demographics preferred LGBTQ-specific programs.

What supports do LGBTQ survivors want, and which do they seek and receive?

- **Top services received:** (1) therapy, (2) support group, and (3) strengthening relationships with friends and family. This was the case for both LGBTQ-specific and non-LGBTQ organizations.
- **Top services wanted, but not received:** (1) strengthening relationships with friends and family, (2) community accountability, and (3) Mobilizing community action.
- **Differences** emerged in the extent to which LGBTQ-specific and non-LGBTQ specific programs provide services involving the criminal legal system.

What are LGBTQ survivors’ experiences at non-LGBTQ and LGBTQ-specific domestic violence agencies?

- LGBTQ-specific programs were more **welcoming and helpful** than non-LGBTQ programs.
- LGBTQ survivors felt **unwelcome** when non-LGBTQ programs diminished the violence they experienced and lacked knowledge about LGBTQ communities and relationships.
- LGBTQ survivors felt **welcome** at LGBTQ-specific agencies because they did not feel judged and received effective, tailored support.
- Some survivors, however, reported **biphobia, transphobia, racism, and a lack of intersectional approaches** even among LGBTQ-specific programs.
Recommendations

1. Domestic violence agencies must build the capacity of survivors’ informal supports to respond to concerns about relationships.

The results of this survey support previous research on the help seeking behaviors of survivors of domestic violence. Participants were more likely to reach out to their friends and family first before reaching out to formal services. Additionally, nearly half of the participants wanted services to help them connect to friends and family as a support network.

Given the centrality of friends and family, it is critical that they can respond well and effectively when survivors reach out for help. LGBTQ and non-LGBTQ domestic violence agencies should focus more on building the skills of friends and family to respond to and support survivors. The Northwest Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse developed a toolkit (Burk & Al-Aswad Dillis, 2013) that can support advocates interested in engaging in this
work. To ensure meaningful engagement with LGBTQ communities, non-LGBTQ organizations must work to partner equitably with LGBTQ specific organizations and community members. Further, more research is needed on the capacity and knowledge of friends and family to respond to violence in LGBTQ relationships.

2. **Conduct more research to understand why many young LGBTQ people do not reach out to informal or formal domestic violence support systems.**

The results of this survey demonstrate that young LGBTQ people are significantly less likely to access support at all, whether formal or informal. Further, they were significantly more likely to say that they would not seek out support at either a non-LGBTQ or LGBTQ program.

Given that the participants accessed the survey through the National Domestic Violence Hotline website, it is clear that participants had some level of concern about their relationship. Research on mandatory reporting indicates that some young people may not reach out for help for fear it will result in their involvement in criminal legal institutions such as law enforcement and the child welfare system (Lippy, Jumarali, Nnawulezi, & Williams, 2019).

More research is needed to explore this and other reasons that many LGBTQ youth do not reach out to their informal or formal networks of support about relationship concerns.
3. Invest in LGBTQ-specific programs given their unique value for LGBTQ survivors.

As found in this study, most LGBTQ survivors would prefer to seek services at LGBTQ-specific agencies, and they receive more welcoming and helpful services when they do. To ensure that LGBTQ survivors have access to competent formal programs that they prefer, more funding must go to support LGBTQ-specific programs and community-based initiatives.

This pivot in funding would also address the historic ways that LGBTQ-specific agencies have been financially strained by the great demand for their services by both LGBTQ survivors and non-LGBTQ agencies. LGBTQ-specific agencies often provide substantial training and technical assistance to non-LGBTQ programs about the experiences of LGBTQ survivors and communities, sometimes even during the course of supporting survivors (Lippy et al., 2017). Financial acknowledgement of this added labor and demand is important for ensuring equity and supporting the sustainability of these important culturally-specific agencies. Given the unique needs of multiply marginalized survivors, LGBTQ programs led by and for transgender people and people of color should be prioritized financially.

FUNDERS should note that LGBTQ survivors prefer and report better treatment at culturally-specific programs.
4. Increase the capacity of non-LGBTQ domestic violence agencies to meet LGBTQ survivors’ needs and avoid causing harm.

Most LGBTQ survivors who sought formal services did so at non-LGBTQ agencies, and over a quarter never disclosed their sexual or gender identity. Therefore, many non-LGBTQ providers are serving LGBTQ survivors, and they may not know it. Survivors repeatedly identified the need for providers to be knowledgeable about LGBTQ identities, communities, and contexts. Lacking this knowledge may be part of the reason that almost 20% of LGBTQ survivors who received services at non-LGBTQ agencies felt unwelcome and nearly a quarter (24%) said the agency was not at all helpful.

Survivors also stressed the distinction between tolerance and competence, emphasizing that being open and tolerant is not enough. To responsively serve LGBTQ survivors, providers and agencies must commit the time, energy, and resources to develop the necessary cultural knowledge and skills to serve LGBTQ survivors. Agencies must further ensure that their offerings, policies, and practices align with the needs and experiences of LGBTQ survivors. For example, survivors reported differences in the services they received at LGBTQ and non-LGBTQ agencies relating to the criminal legal system. Non-LGBTQ agencies should examine how programming that involves the criminal-legal system aligns (or doesn’t align) with the needs and realities of LGBTQ survivors.

This study suggests that without an intentional focus on expanding the capacity to serve LGBTQ survivors, non-LGBTQ domestic violence agencies may be causing harm. Survey respondents described harms such as having to educate providers about their identities and relationships, staff diminishing the violence they experienced, and even being refused services based on their
sexual or gender identity. LGBTQ survivors reported unacceptable levels of mistreatment and discrimination while seeking services at non-LGBTQ agencies. Ensuring the capacity of all domestic violence agencies to responsively serve LGBTQ survivors and communities is paramount.

To do this well, agencies must look holistically to ensure that all aspects of their program is competent, responsive, and affirming. This includes the different staff members a survivor works with, the materials and services they receive, and even the physical spaces they visit at the agency. The website Demonstrate LGBTQ Access (LGBTQ Access Project, 2015) can provide a helpful starting point for agencies. It offers tools for making organizational policy and practice changes to increase access for LGBTQ survivors and communities.

5. LGBTQ-specific programs should increase their capacity to provide intersectional services.

Several participants noted experiencing racism, classism, and other forms of oppression at LGBTQ-specific agencies. Bisexual and trans participants noted particular discomfort in seeking support at LGBTQ agencies, often feeling as though the way that their relationships could be perceived as heterosexual disqualified them from seeking services at an LGBTQ-specific agency. Bi- and transphobia in LGBTQ movements and spaces is an historic and present-day reality that LGBTQ agencies must take active steps to address and prevent. Preventing these forms of bias and oppression is especially critical given the higher rates of domestic and sexual violence bisexual and trans communities experience compared to lesbian and gay communities (Walters, Chen & Breiding, 2013; Brown & Herman, 2015).
LGBTQ-specific programs must also examine how racism, classism, and other forms of oppression show up in their spaces and programs. Many participants in the survey noted that it was not enough for agencies to only address their sexual orientation and gender identities. LGBTQ-specific programs must ensure their capacity to holistically address LGBTQ survivors at the intersection of all of their identities.

6. LGBTQ and non-LGBTQ agencies should recommit to providing survivor-centered advocacy.

When asked what LGBTQ survivors most wanted from formal services, the majority named aspects of high quality and survivor-centered advocacy. Participants wanted services and supports specifically tailored to their own experiences, that affirmed their intersecting identities, that mobilized community resources, and that increased their sense of community. Survivor-centered advocacy focuses on not just providing supports to survivors, but also working with survivors to ensure that they can access all of the relevant supports that they need (Sullivan & Goodman, 2019). To provide survivor-centered advocacy to LGBTQ survivors, advocates must be able to see survivors holistically, which requires a deep understanding of and relationship with not only the survivor but LGBTQ communities broadly. Domestic violence agencies must provide advocates with the time and skills necessary to build relationships with survivors, not just provide services to them. Agencies also need relationships with LGBTQ communities, leaders, and agencies in their region to understand important contexts affecting LGBTQ survivors.

DV AGENCIES need to reprioritize survivor-centered advocacy, which requires a deep understanding of LGBTQ communities and survivor experiences.
The top three services that participants wanted but did not receive were strengthening relationships with friends and family, assistance with community accountability, and support to mobilize community action. This directly reflects recent recommendations for the future of advocacy (Sanchez Gill & Nnawulezi, 2020).

Sanchez Gill and Nnawulezi (2020) share that advocacy should center on three pillars: 1) building relationships, 2) transferring resources from advocates and those with power to survivors, and 3) transformation of systems, including criminal legal responses to violence. This framework is essential to ensuring that survivors receive transformative support and are not further harmed by domestic violence agencies and systemic responses to violence. Through this recommitment to survivor-centered advocacy, non-LGBTQ and LGBTQ-specific agencies can take important steps to ensure that LGBTQ survivors receive the culturally responsive services they want, need, and deserve.

**RECOMMENDATIONS**

1. **Domestic violence agencies** must build the capacity of survivors’ informal supports to respond to concerns about relationships.

2. Conduct more research to understand why many young LGBTQ people do not reach out to informal or formal domestic violence support systems.

3. Invest in LGBTQ-specific programs given their unique value for LGBTQ survivors.

4. Increase the capacity of **non-LGBTQ domestic violence agencies** to meet LGBTQ survivors’ needs and avoid causing harm.

5. **LGBTQ-specific programs** should increase their capacity to provide intersectional services.

6. **LGBTQ and non-LGBTQ agencies** should recommit to providing survivor-centered advocacy.
APPENDICES


Lindhorst, T., Mehrotra, G., & Mincer, S. (2010) Outing the abuse: Considerations for effective practice with lesbian, gay, bisexual


Appendix B: Methodology & Limitations

Methodology

The current study used a non-experimental and correlational research design with a convenience sampling strategy. Staff, consultants, and collaborators of the National LGBTQ Institute on IPV (LGBTQ Institute) developed a mixed methods survey on LGBTQ survivors’ help-seeking behaviors and service preferences. The LGBTQ Institute team worked with the National Domestic Violence Hotline (the Hotline) to post a link to the survey on several pages of the Hotline and Love is Respect websites, including on pages relating to LGBTQ survivors. To further drive traffic to the survey, members of the LGBTQ Institute team wrote a blog post for the Hotline about the survey and why they were conducting it.

The link to the survey included the following language: “Do you identify as a bi, trans*, lesbian, gay, or queer survivor of abuse? We want to hear from you!” The first two screening questions in the survey confirmed that respondents identified as a member of an LGBTQ community and as a survivor of violence. Before any questions, participants read a consent form confirming that, for example, their participation was completely voluntary and would hold no bearing on the kinds of services they would receive.

In total, 1,142 participants completed the survey. We excluded duplicate responses and responses that featured only anti-LGBTQ content from the analysis. We also excluded any participants that did not identify as a sexual or gender minority. A total of 574 survey responses were included in the final analysis.

The survey included both closed- and open-ended questions. For analysis of the quantitative closed-ended questions, we imported the survey data into SPSS. We ran descriptive statistics as well as Chi-Square Tests of Independence to test for statistically significant differences by gender identity, sexual
orientation, race/ethnicity, and age. For the significance tests, we collapsed gender identity and race/ethnicity into four categories to ensure adequate expected cell count. We noted all significant results throughout the report.

For the analysis of the qualitative open-ended questions, we used an inductive coding strategy for each question. We imported the data into Microsoft Excel, and we developed and refined codes for each question using multiple coders. The coders used these codes to identify common patterns and themes across the questions. We presented all major themes throughout the report.

**Limitations**

The study survey used a self-identification screening question to determine if individuals were a survivor of violence and thus eligible for the study. No other screening measure assessed participants’ experiences of violence, so we cannot be certain that all who completed the survey were survivors. However, that the individuals who completed the survey accessed it while seeking resources on the Hotline website gives some additional assurances that they were survivors of violence.

The research team undertook extensive data cleaning efforts to remove participants who seemingly completed the survey only to convey anti-LGBTQ sentiments; however, we cannot guarantee that some fake entries were not still included in the data. The use of three separate researchers to identify fake entries gives us confidence that we identified and removed the vast majority, though.

One of the skip patterns in the online survey was faulty. When the survey asked if participants had ever sought formal services, if participants responded no, the survey should have skipped the subsequent questions about experiences receiving services at non-LGBTQ and LGBTQ-specific agencies. A glitch in the online survey resulted in some participants who said they had never sought formal services being then taken to questions about their experiences at LGBTQ-specific agencies. Some participants who said they never sought formal services subsequently completed questions about their experiences at
LGBTQ-specific agencies. However, to keep responses consistent and comparable between those who received services at non-LGBTQ and LGBTQ-specific agencies, we included in analyses about experiences at non-LGBTQ and LGBTQ-specific agencies only those responses from participants who said they had sought formal services.
Appendix C: Survey
LGBTQ Survivor Survey Instrument

1. Do you identify as a member of a trans*, bisexual, queer, or lesbian/gay community?
   - Yes
   - No

2. Do you identify as someone who has experienced abuse or violence in an intimate or dating relationship?
   - Yes
   - No

3. What is your age? ___________

4a. What is your current gender identity?
   - Female
   - Male
   - Trans female/ Trans woman
   - Trans male/ Trans man
   - Genderqueer/ gender non-conforming
   - Different identity (please state) ________________

4b. What sex were you assigned at birth, meaning on your birth certificate?
   - Female
   - Male

5. Do you think of yourself as….
   - Bisexual
   - Lesbian or gay
   - Heterosexual or straight
   - Queer/pansexual
   - Questioning
   - Asexual
   - Something else (please describe) ________________

6. Although the choices listed below many not represent your full identity or use the language you prefer, which of the following best describes your race/ethnicity? Please check only one.
   - American Indian/ Alaskan Native
   - Asian/ Asian American
   - Black/ African American
   - Latino/a/Hispanic
   - Middle Eastern/ North African
   - Multi-racial/ Bi-racial/ mixed race
   - Native Hawaiian/ Pacific Islander
   - White/Caucasian/ European American
   - Something else __________________

7. Please think about your most recent relationship in which abuse occurred. Is this a current or previous relationship?
   - Current relationship
8. Who did you first talk to about your concerns about that relationship? (Please check 1)
   o  Friend
   o  Family Member
   o  Coworker
   o  Doctor
   o  Religious leader
   o  Religious community member
   o  Neighbor
   o  Teacher
   o  Domestic violence agency/ advocate
   o  Social worker
   o  Policy/ law enforcement
   o  Shelter/ housing facility
   o  Therapist/ counselor
   o  Lawyer
   o  Other (please specify)__________________
   o  I haven’t talked to anyone before about my relationship concerns

9. How helpful was the person you talked to?
   o  Made things much worse
   o  Made things a little worse
   o  Made no difference
   o  Made things a little better
   o  Made things much better
   o  Not sure
   o  I haven’t talked to anyone about my relationships

10. Have you ever sought help for abuse from an agency or program?
    o  Yes
    o  No

**SKIP PATTERN:**
Yes: Go to 11a
No: Go to 25a
11a. For this next set of questions, think about when you sought help from an agency or program for abuse in your relationship. Did you receive the following types of support?

<table>
<thead>
<tr>
<th>Support Type</th>
<th>Yes, from an agency/program that mostly serves heterosexual people</th>
<th>Yes, from an agency/program specifically for LGBTQ people</th>
<th>No, I did not even though I wanted it</th>
<th>NA. I did not want this support</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A support group</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. Support to strengthen relationships with friends &amp; family</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. Assistance with a community accountability process</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. Support to mobilize community action (e.g., social media response)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>e. Assistance to respond to criminal justice system misconduct</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>f. Temporary or transitional housing</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>g. Emergency shelter</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>h. Hotel/motel stay</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>i. Legal representation by an attorney</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>j. Court or legal accompaniment</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>k. Assistance obtaining a protection order</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>l. Bilingual support or advocacy</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>m. Therapy/counseling (by a licensed practitioner)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

11b. Did you receive any other type of support not listed above? Please describe. ________________

12. Was there something else you were hoping to get help with but weren't able to? Please explain. ___________________

13. Did you ever receive support or services at a program or agency that mostly serves heterosexual (straight) people?
   - ○ Yes
   - ○ No
14. With what kind of agency or program(s) did you receive supports or services? ________

For the next set of questions, if you sought help from more than one program or agency that mostly serves heterosexual people, please think about the primary one where you received help.

15. How helpful was the program/agency?
   - Not at all helpful
   - Slightly helpful
   - Moderately helpful
   - Very helpful
   - Extremely helpful
   - Not sure

16a. Overall, how welcome did you feel at the program/agency?
   - Not at all welcome
   - Slightly welcome
   - Moderately welcome
   - Very welcome
   - Extremely welcome
   - Not sure

16b. What affected how welcome you felt at the program? _____________________

17. Did you share your sexual orientation and/or gender identity while you received services at the program/agency?
   - Yes
   - No

18a. What was the impact of sharing your sexual orientation and/or gender identity?
   - Very negative
   - Somewhat negative
   - Neither positive or negative
   - Somewhat positive
   - Very positive
   - Not sure

18b. Please explain what made your experience positive or negative. _________________

19a. Was there a time you did not share your sexual orientation and/or gender identity with someone in a domestic violence program that served mostly heterosexuals?
   - Yes
   - No

19b. If yes, what affected your willingness to share this information? _________________
20. Did you ever receive support or services from a domestic violence program or agency that is specifically intended for LGBTQ communities?
   o Yes
   o No

**SKIP PATTERN:**
   - Yes: Go to 21
   - No: Go to 25

For the next four questions, if you sought help from more than one LGBTQ-specific program or agency, please think about the primary one where you received help.

21. How helpful was the program/agency?
   o Not at all helpful
   o Slightly helpful
   o Moderately helpful
   o Very helpful
   o Extremely helpful
   o Not sure

22. How welcome did you feel at the program?
   o Not at all welcome
   o Slightly welcome
   o Moderately welcome
   o Very welcome
   o Extremely welcome
   o Not sure

23. What affected how welcome you felt at the program? ___________________

24. In your opinion, how did the fact that it was an LGBTQ-specific program affect the kinds of services or supports you received there? ___________________

25a. In the future, if it were available, would you seek services for your relationship at an organization that is intended for LGBTQ people?
   o Yes
   o No
   o Not sure
   o I don’t understand the question

25b. Please explain why or why not: ________________________________

26a. In the future, if it were available, would you seek services for your relationship at an organization that mostly serves heterosexual (straight) people but is open to serving LGBTQ people?
   o Yes
   o No
   o Not sure
   o I don’t understand the question
26b. Please explain why or why not: __________________________________________

27a. Imagine you had access to both types of programs. Which one would you prefer?
   o LGBTQ-specific domestic violence program
   o Domestic violence program that mostly serves heterosexuals but is open to serving LGBTQ people
   o Neither. I would not seek domestic violence services
   o I don’t understand the question

27b. Please explain what influences your decision: ________________________________

28. Is there anything else that you think is important for us to know about your experience seeking help for dating or domestic violence? ________________________________________

29. Finally, how did you hear about this survey?
   o Love is Respect
   o National Domestic Violence Hotline
   o National Coalition of Anti-Violence Programs
   o The Northwest Network
   o Another organization or agency
   o Friend/acquaintance
   o Someone else _________________________
“I didn’t think people would take me seriously”

The Help-Seeking Strategies, Experiences, and Preferences of LGBTQ Survivors of Domestic Violence

Carrie Lippy, PhD & Emily M. Waters, MSW/MPH