

Speaking Up About LGBT Intimate Partner Violence: It's Time

Melissa Lemke, Brenda Coley,
Molly Herrmann, Susan Turell

01/28/2011

Objectives

- Discuss intersectionality of identities in the LGBT community and how it relates to disparities.
- Describe health disparities between LGBT and non-LGBT people, particularly in relationship to IPV.
- Work with community readiness model a tool to address health disparities by approaching them in a structured manner.
- List concrete ways they can work to address disparities in LGBT health from the individual to systemic level.

Intersectionality

Individuals have many identities that come together to form their experience and cannot be examined in isolation.



Intersectionality and Disparities

- Disparities exist between the health of many people in under-represented communities and their peers in privileged communities.
- When a person is a part of multiple under-represented groups they are even more likely to face challenges of health disparities.

Intersectionality and Disparities

- Move beyond seeing differential access to resources and also see oppressions and discrimination as a source of health disparities.
- Informs a social justice based approach to addressing disparities – namely that communities have the solution to the struggles that impact them.

Intersectionality and Disparities

This presentation attempts to both point out disparities that impact the LGBT community and recognize our ability within the community to address these concerns.

What disparities impact the LGBT
community?

Describing the Disparities

Three sequential studies to examine disparities

- 1) Aimed to examine disparities in multiple health issues in the LGBT community
- 2) Designed to find out how ready the LGBT community was to respond to partner violence
- 3) Intervention to raise awareness of the issue in the community.

Describe the Disparities

General Health

- LGBT populations tend to report higher degrees of risk behavior on many major health indicators.
- Behavioral Risk Factor Surveillance Survey compared to sample of LGBT population from pridefest and LGBT leadership events

Describe the Disparities Statewide

- LGBT in Wisconsin face negative disparities in: health coverage/access, mental health, personal safety/intimate partner violence, HIV, alcohol use, and tobacco use.
- A recent Wisconsin survey found that 30% of LGBT respondents were afraid for their safety, as compared to 5% of respondents in the general population.

Describe the Disparities Statewide

- Overall, 15% of LGBT people were pushed/kicked/slapped/hit as compared to 3% of heterosexual people.

Health Condition	WI, RFSS	LGBT
Health Care Coverage		
Personally not covered	10%	14%
Household member not covered	13%	24%
Household not covered, last year	18%	37%
Women's Health		
Pap Smear in past year	66%	49%
Mental Health		
Sad, depressed in past 30 days, Always/nearly	5%	14%
Sad, depressed in past 30 days, Never	34%	9%
Managing stress, Excellent/good	79%	61%
Managing stress, Poor	3%	9%
Find meaning in life, never/seldom	5%	11%
Consider Suicide in past year	3%	22%
Personal Safety		
Afraid for their safety	5%	30%
Pushed/Kicked/ Slapped/Hit	3%	15%
Alcohol Use		
Drink in the past month	68%	80%
4+ Drinks on occasion, past month	21%	44%
Drive/ ride when intoxicated	4%	19%
Tobacco Use		
Current Smokers	22%	37%

Describe the Disparities Nationally

- Domestic violence is equal to or slightly higher in LGBT individuals (25%-33%), as compared to non-LGBT people.
- Issues of under reporting

Describe the Disparities

Newer Statewide Data (N=690)

Unwanted sexual situation (12 mos)	17.9%
Threatened by partner (12 mos)	9.3%
Hit, slapped, kicked by partner (life)	29.0%
Controlled by intimate partner (life)	5.9%
Verbally abused by partner (life)	55.0%
Felt uncomfortable intervening	77.7%

Disparities in the Community

Age

- Reports of unwanted sexual situations, being physically threatened, and unwanted touching are higher in those 18-24.
- Unwanted sexual situation reports are also higher in those under 18 years of age.

Disparities in the Community

Race

- Reports of being physically threatened are lower in white respondents.
- Reports of feeling controlled are lower in African American respondents.

Disparities in the Community

Education

- Reports of being in an unwanted sexual situation or being physically threatened are lower in those respondents with a college education.
- Fewer individuals with a high school degree or less know of LGBT specific resources for IPV.

Disparities in the Community

Income

- Households that made less than 30,000 a year were more likely to report being in an unwanted sexual situation or being physically threatened.
- Households that made 60,000+ per year were more likely to know about LGBT IPV resources and less likely to report being in an unwanted sexual situation from an intimate partner.

Disparities in the Community

Partnered Status

- Those who were partnered, as opposed to single or dating, were less likely to report being in an unwanted sexual situation, being physically threatened, or being physically injured by an intimate partner.
- Sexual orientation – Lesbian women tended to report lower levels of most forms of abuse than those who identified as bisexual, queer, or other.

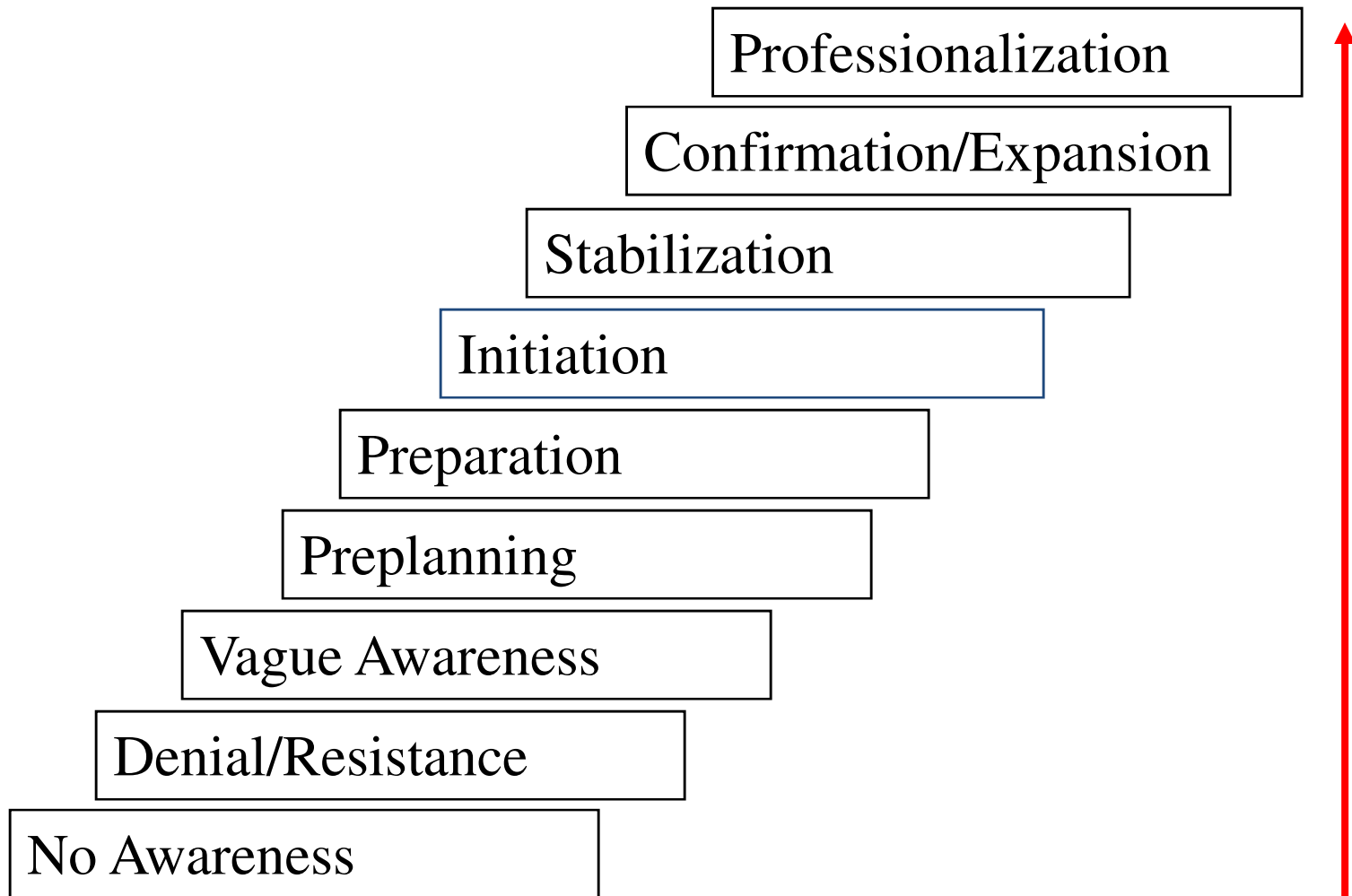
Concretely Addressing Disparities

Understanding these disparities allows LGBT people empower themselves. The community readiness model helps communities impact disparities that impact them.

Community Readiness WI

- Wisconsin leaders used the community readiness to change model (Free Resources: Colorado's Tri-Ethnic Center)
- The community readiness to change model rates communities from 1 to 9 on their readiness to change around an issue

Community Readiness WI



Community Readiness WI

- Each stage of readiness is accompanied by suggested interventions to advance community readiness goals
- Eighty-one interviews assessed LGBT communities in Wisconsin and their readiness to change around IPV

Community Readiness Level by Region and Identity Group Overall community readiness: 3				
	Lesbian (CR=3)	Gay Men (CR=3)	Bi-Sexual (CR=3)	Transgender (CR=3)
Chippewa Valley (CR=3)	3	3	3	3
Fox Valley (CR=2)	3	2	2	3
Madison (CR=3)	4	3	3	3
Milwaukee (CR=3)	3	3	4	4

Community Readiness WI

- The LGBT communities in Wisconsin scored 3 on average. This reflects denial and vague awareness of a problem.
- “Most feel that there is a local concern, but there is no immediate motivation to do anything about it.”

Community Readiness WI

What we heard about readiness...

Lesbians – A sense of sort of lesbian utopia. “That doesn’t happen here, but if it does we would address it right away.”

Gay Men – The myth that fighting is just something guys do and it can only take a physical form. “Unless someone comes with a shiner, we probably wouldn’t even notice.”

Community Readiness WI

What we heard about readiness...

Bisexual people – A sense of inability to respond to IPV due to a lack of community. Is there a bisexual community?

Transgender people – A sense that IPV is not the first emergency. Employment or health issues sometimes take precedence.

Community Readiness WI

- Suggested interventions for denial/vague awareness include local education and health awareness raising campaigns.

Community Readiness WI

- The goal would be to move the community to the preplanning stage of awareness
- Recently, Diverse and Resilient was awarded a earmark from the National Institute of Justice to pursue the suggested interventions.

Increasing Response to IPV

The new project “Increasing Response to IPV in Wisconsin” takes a multi-pronged approach.

- Working within the LGBT communities
 - Creating messages for LGBT communities
 - Implementing awareness raising campaign
 - Developing resources for LGBT IPV victims including web resources/palm cards

Increasing Response to IPV

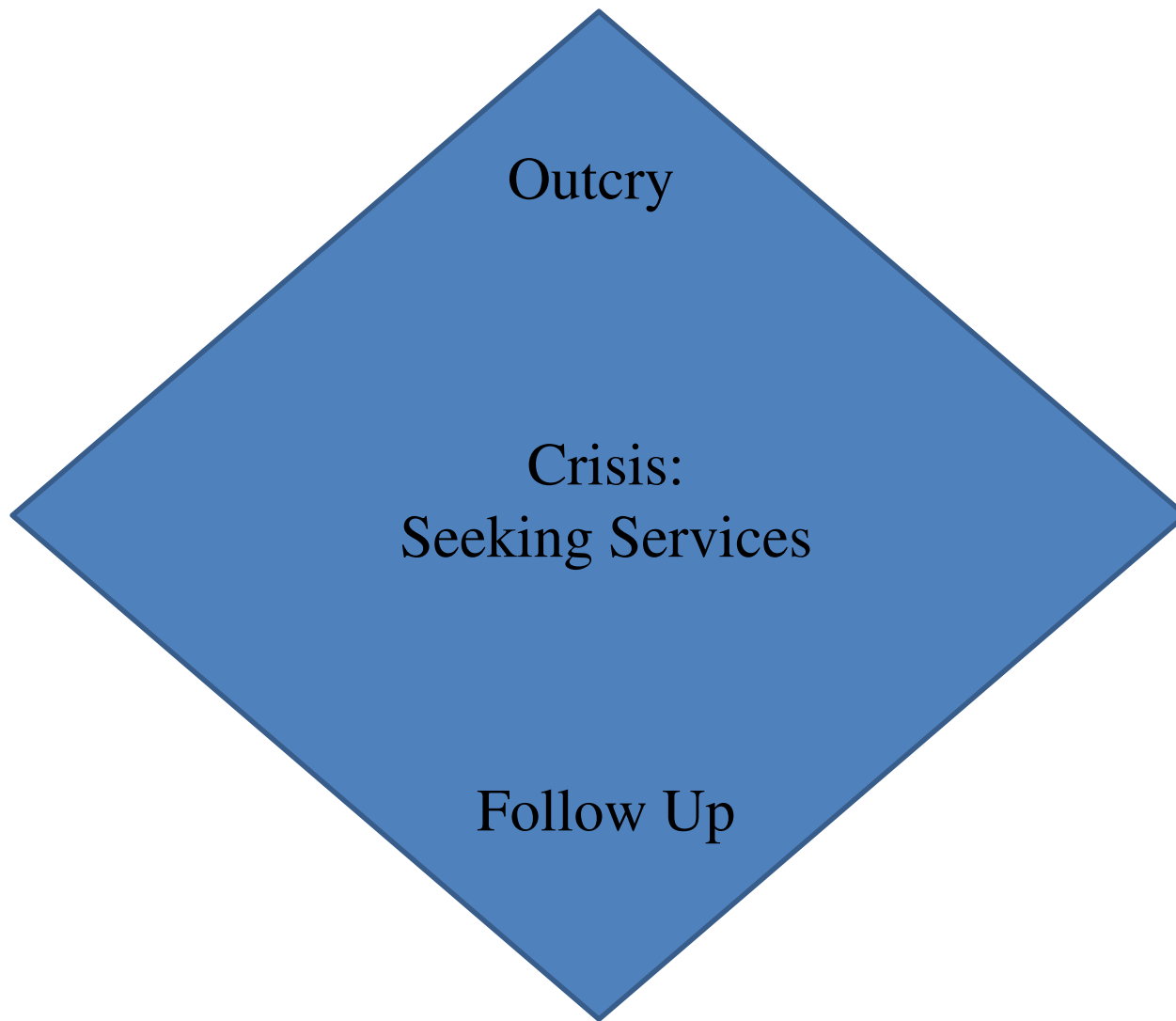
- Working within mainstream communities
 - Educating leaders in IPV organizations regarding how to respond to LGBT victims
 - Partnering with IPV organizations to systematically collect data about LGBT individuals who they are serving
 - Work with providers to institute inclusive policies at at their organization
 - Collaborating with IPV service providers to respond to what emerges from the data

Increasing Response to IPV

What we have learned...

- The community tends to want to see providers explicitly designated as LGBT friendly or a designated safe space.
- Many (not all) providers tend not to see the need for specific spaces or LGBT friendly designation.

Increasing Response to IPV



Increasing Response to IPV

- A strong message that people use informal social networks to find out what spaces are safe.
- Use language as a major indicator of if a location is a safe space.
- Struggles more with the justice community than IPV, health, or mental health providers.

Community Readiness Your Community

How can you use this model to address disparities in your community?

Community Readiness

Your Community

Identify the Issue:

What health issue do you want to target?

What population do you want to target?

What disparity do you want to address?

Community Readiness

Your Community

- Define your community: you can define a community geographically.
- You might also define community as a particular organization or group of people.

Community Readiness Your Community

Identifying “Community Experts”

Write a list of 4 to 6 people in your community who are doing work on your issue of interest.

Conduct 30-60 minute interviews with these stakeholders.

Community Readiness

Your Community

You will need to create a list of questions to discuss your area of interest.

The questions focus on: community effort, knowledge of effort, leadership, climate, and prevention resources.

Community Readiness Your Community

Use the tri-ethnic questions as a starting point.

Take time now to select questions that are relevant to your area of interest.

Community Readiness Your Community

Plan interviews with the stakeholders.

Score interviews according to tri-ethnic center guide.

Community Readiness Your Community

As you prepare to go into the community to address this issue list your

Concerns:

Strengths:

Resources:

Strategies to address these items.

Final Thoughts

- We are all enriched when our work in health reflects the voices of all members of our community.
- Homophobia (racism, sexism, and classism), inhibits a unified and effective governmental and societal response to health crises. (Paraphrased from Warren Blumenfeld)

Final Thoughts

- The LGBT health data collection bill, healthy people 2020 priorities, and new governmental offices health officials are increasingly creating policies to encourage inclusion of LGBT people in health initiatives.
- As policy continues to move toward inclusivity of LGBT people, we should consider how to include the community in existing and future initiatives.

Intimate Partner Violence Project

- Questions?
- Contact Melissa Lemke for further information
414-219-5113
- Contact Brenda Coley for further information
414-390-0444