

Shelter/Housing Needs
for
Gay, Lesbian, Bisexual and
Transgender (GLBT)
Victims of Domestic Violence

Analysis of Public Hearing Testimony
October 27, 2005
Massachusetts State House

GLBT Domestic Violence Coalition
and
Jane Doe Inc.

Public Hearing conducted with support from the offices of
Senator Jarrett Barrios
Representative Liz Malia

Recommendations compiled with the advice and support of the
Housing and Homelessness Subcommittee,
Governor's Commission on Sexual and Domestic Violence

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*Feb.7 [2005]: **Ryan Curtis**, 29 of Leominster, was allegedly shot to death by his partner, Stephen Campobasso. After getting a tip from Campobasso's brother and a friend, police found Curtis's body in the home that the two men shared. Hours later, police found Campobasso's body in a wooded area near Princeton, with a single gunshot wound to the head. Authorities declared his death a suicide. Friends said that Curtis and Campobasso were engaged.*

Editorial Page, Boston Globe

*July [2005]: **Lawrence Godin**, 58, of Chicopee, was bludgeoned to death and buried in the basement of the apartment where he had lived for a decade with Fernando Ribeiro. The exact day of Godin's death is not clear. But co-workers reported hearing from him last on July 3. On July 15, police charged Ribeiro with murder. According to court documents, there was a history of physical abuse in the relationship. On three occasions in 2003, 2004, and 2005, police charged Godin with attacking Ribeiro. And Ribeiro had also been charged with attacking Godin. Just before Godin's death, a judge had ordered Ribeiro to undergo mental health treatment. Police were first alerted to the crime when Ribeiro went to the Chicopee Police Department with relatives and said that someone was dead and he might have something to do with it, according to the police report. Ribeiro was charged with murder.*

Editorial Page, Boston Globe_

I

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Executive Summary

I.A. Introduction

Domestic violence is as prevalent and lethal in gay¹, lesbian², bisexual³ and transgender⁴ (GLBT) relationships as in heterosexual relationships. Unfortunately, inadequate public funding for GLBT victim⁵ services and unresponsive public policy leaves this victim population vulnerable and unsafe.

By September 2005, Massachusetts had recorded two GLBT domestic violence homicides in the calendar year; representing 20 percent of domestic violence related homicides that had occurred to date in 2005. The GLBT Domestic Violence Coalition and Jane Doe Inc., concerned that the GLBT victim population was being inadequately served, identified shelter/housing services as the most critical gap in current services for this population.

Joined by State Senator Jarrett Barrios and State Representative Liz Malia, the GLBT Domestic Violence Coalition and Jane Doe Inc. sponsored a public hearing on GLBT domestic violence victims' shelter/housing needs at the Massachusetts State House on October 27, 2005.

The purpose of the hearing was to discover and document the needs of GLBT domestic violence victims, specifically in the area of shelter/housing. The hearing would provide a foundation of knowledge that could be used to guide advocacy for changes in public policy and public funding to better respond to the GLBT victim population.

¹ Gay: Man/male who is attracted to men (same-sex).

² Lesbian: Woman/female who is attracted to women (same-sex).

³ Bisexual: Someone who is/can be attracted to both opposite-sex and same-sex.

⁴ Transgender: Umbrella terms for people who transition from one gender to another or express themselves outside the gender binary system of male and female.

⁵ Victim: While some individuals who experience domestic violence identify as a "victim," others identify as a "survivor," as both a "victim" and a "survivor," or as neither a "victim" nor a "survivor." Designating the appropriate identifier for someone is the sole right of the individual who experienced domestic violence. With all due respect to the right of any individual to self-identify, yet with a desire for consistent terminology, the authors of this report have chosen to use the term "victim" unless specifically referring to an individual who has self-identified in another manner.

I.B. Methodology

Principal coordinators of both the public hearing and final report are the GLBT Domestic Violence Coalition and Jane Doe Inc.

The GLBT Domestic Violence Coalition is an 11-year old community coalition. Membership has consisted of GLBT-specific domestic violence service providers, mainstream domestic violence service providers, law enforcement, District Attorney's office staff, healthcare providers, attorneys, clergy, municipality staff and university staff. Current members include: Fenway Community Health's Violence Recovery Program, Gay Men's Domestic Violence Project, HarborCOV, The Network/La Red, REACH, and Safe Havens. The Coalition serves as a think tank to guide the development of GLBT domestic violence services and to avoid the duplication of services and competition for funding.

Jane Doe Inc., The Massachusetts Coalition Against Sexual Assault and Domestic Violence is a coalition of nearly 60 community-based sexual assault and domestic violence service and advocacy programs throughout Massachusetts. Member programs provide comprehensive prevention and intervention services including: crisis hotlines, emergency shelter, safe homes, legal and medical advocacy, educational and support groups, counseling, advocacy, safety planning, children's advocacy, economic development programs and transitional housing. The Coalition assists its membership by providing technical assistance and training, supporting the development of new programs, serving as a statewide clearinghouse and coordinating organization around budget and policy advocacy, awareness and research.

The public hearing was held at the Massachusetts State House and sponsored in conjunction with the offices of State Senator Jarrett Barrios and State Representative Liz Malia. Both legislators have a strong history of leading the pursuit of an adequate and appropriate service response to meet the needs of the GLBT domestic violence victim population.

Testifiers for the hearing were recruited through a variety of venues. Member programs of the GLBT Domestic Violence Coalition recruited survivors who currently volunteer with the agencies as well as notifying current clients of the opportunity to testify. Jane Doe Inc. recruited testifiers through their statewide network of domestic violence programs. Email recruitment was pursued through the Governor's Commission on Sexual and Domestic Violence listserv, the Massachusetts Office of Victim Assistance listserv, and GLBT college alumni and student listservs. Flyers were created and posted in GLBT-friendly businesses. Ads were taken out for two weeks, announcing the hearing in two GLBT newspapers. Recruitment efforts asked GLBT victims and survivors to testify as to the impact of the abuse on their lives, their resulting needs for shelter/housing and their struggles to achieve safety in the current system of services. Service providers who work with GLBT domestic violence victims and survivors were also encouraged to provide testimony.

At the October 27th public hearing, 42 individuals provided oral and written testimony. This report is immeasurably indebted to these individuals and would not have been possible without their courage. Of those providing testimony, 65% identified as victims of domestic violence with the remainder identifying as service providers, family members, friends or employers. The public hearing lasted for four hours and thirty minutes with 36 individuals providing oral testimony.

Federal, State and City officials as well as community leaders sat on the panel hearing testimony. All of the following committed to serving on the panel for a minimum of one hour and thirty minutes. Unfortunately, due to a last-minute emergency legislative session, several State legislators could not fulfill their full commitment. We are grateful to all panelists, especially to those who stayed well beyond their original commitment to accommodate the schedule. Panelists included: State Senator Jarrett Barrios, State Representative Liz Malia, State Representative Michael Festa, State Representative Shirley Gomes, State Representative Peter Koutoujian, State Representative Carl Sciortino, State Representative Frank Smizik, State Representative Alice Wolf, Boston City Councilor Felix Arroyo, Commissioner John Wagner of the Mass Dept of Transitional Assistance, Tom Crohan of the Office of US Senator Edward M. Kennedy, Roger Fisk of the Office of US Senator John Kerry, Jon Lenicheck of the Office of US Representative Michael E. Capuano, Executive Director Marilee Kenney Hunt of the Governor's Commission on Sexual and Domestic Violence, Executive Director Mary R. Lauby of Jane Doe Inc., Kathy Morrissey of the Massachusetts Attorney General's Office, Diane Coffey of the Massachusetts Office of Victim Assistance, Carlene Pavlos of the Massachusetts Department of Public Health, Emily Davern of the Massachusetts Department of Social Services, and Sheridan Haines of Jane Doe Inc.

A Testimony Analysis Group was created with members of the GLBT Domestic Violence Coalition and Jane Doe Inc. to identify themes throughout the testimony. Once the themes were identified, the Housing and Homelessness Subcommittee of the Governor's Commission on Sexual and Domestic Violence met to consider the findings and to assist in the identification of appropriate recommendations.

Final review of findings and recommendations were reviewed by the Testimony Analysis Group that prepared this report.

I.C. Primary Findings Regarding GLBT Domestic Violence Shelter/Housing

- 1) While the characteristics of each abusive relationship are unique, GLBT domestic violence is substantially similar to that in heterosexual relationships. The primary differences include abuse related to one's GLBT identity, and GLBT victims' negative experience in accessing services, including shelter.
- 2) An overwhelming number of GLBT victims (57%) become homeless due to the abuse, with a large number (18%) reporting that they lose everything.
- 3) GLBT victims need significant and comprehensive domestic violence services, including shelter; however, often the services do not exist or GLBT victims are not aware of them.
- 4) Due to a variety of considerable barriers, GLBT victims are often unable to access or are denied access to appropriate and significant domestic violence services, including shelter.
- 5) When able to gain initial access to mainstream domestic violence service providers (including shelter programs, law enforcement and courts), GLBT victims encounter inappropriate responses.
- 6) The paucity of GLBT-specific services, and the barriers to mainstream domestic violence services posed to GLBT victims, has a severe negative impact on GLBT victims' lives.
- 7) The paucity of GLBT-specific services, and the barriers to mainstream domestic violence services posed to GLBT victims, has a severe negative impact on service providers working with GLBT victims.
- 8) When GLBT victims do access appropriate services, including shelter/housing, the services have a profound positive impact on their lives.
- 9) GLBT-specific services offer essential community-based support and culturally appropriate services. However, as currently funded, existing GLBT-specific services, including shelter/housing options, are insufficient in their scope.
- 10) There are significant gaps in the critical continuum of services for GLBT victims, including adequate shelter.

I.D. Primary and Secondary Recommendations

Primary Recommendations

1

- Improve and expand GLBT-specific shelter options for GLBT victims statewide
 - Establish a continuum of GLBT-specific shelter options to include:
 - Safe homes (currently exist, but are inadequate)
 - Emergency shelters (currently do not exist)
 - Transitional living programs (currently do not exist)
 - Increase funding to enable GLBT-specific safe homes to better ensure victim security
 - Increase funding to provide adequate support, counseling, case management and residential supervision at GLBT-specific safe homes

2

- Improve and expand mainstream shelter options for GLBT victims statewide
 - Increase number of mainstream shelters providing shelter to GLBT victims
 - Increase GLBT cultural competence at mainstream domestic violence shelters including fostering a GLBT-supportive culture for both staff and clients

Secondary Recommendations:

3

- Provide technical assistance (GLBT training and case-specific support) to mainstream domestic violence, sexual assault and homelessness programs across the state

4

- Increase funding for the Expanded Transition to Independent Living (XTIL) program, the Residential Assistance for Families in Transition (RAFT) program and other housing assistance programs. Additionally, expand RAFT programmatically to ensure inclusion of GLBT victims of domestic violence – e.g., create a version of RAFT that would be available to individuals

II

Shelter/Housing-Specific Themes Identified through Testimony

II.A. Impact of Abuse on Housing

“I came back from work, and I found out that the apartment was completely empty except for a few blankets, which I slept on the floor, for a few days and the only thing I had available was the phone. The second day I slept over and was still going to work, sleeping on the floor, the phone was cut off, and that was when I decided I had to abandon the apartment.”

George, Survivor

“I had no place to go. She had all my stuff, what was left that she hadn’t destroyed. She had my cat. I had to call my mother who I hadn’t spoken to in years who was very, very upset with me for coming out, and beg her to stay with her. She lived in a very small mobile home, she made room in the pantry and I put a mattress down and that’s where I slept for almost a year, until I had enough money to find my own apartment. When I had finally left her, the financial ruin that I was in was so devastating that it’s still, after many years later, I’m still recovering from it.”

Gunner, Survivor

II.A. Impact of Abuse on Housing

1

An overwhelming number of testifiers reported becoming homeless because of the abuse, with a large number of them reporting emotional devastation and complete financial ruin.

2

Several testifiers reported staying with their abuser because they lacked other options.

II.B. Shelter/Housing Services

“I once worked with a woman who was transgender, and whose partner had almost killed her. She had finally made the decision to leave the relationship and she went to a shelter in Massachusetts. When she got there, the counselors were confused about her gender even though she had previously explained to them that she was transgender, and what that meant. The shelter staff asked her a set of intensive and grueling questions about her body including, ‘What is between your legs?’ ... after this humiliating treatment, they told her that she could not be housed there because they decided that she was really a man. After being denied shelter, this woman went back to her batterer because she had no family, no friends and nowhere else to go.”

Emily Pitt, Director
Fenway Community Health’s Violence Recovery Program

“The Commonwealth only provides gay, bisexual and transgender victims of domestic violence with safe homes – a safe home is a short-term stay in a volunteer’s home, a cheap hotel or an unsupervised multi-unit apartment. This short-term stay pales in comparison to what the Commonwealth provides to heterosexual female victims of domestic violence, who can access 90 days of emergency shelter with 24-hour supervision... In fact, the short length of stay...leads many gay, bisexual and transgender victims to stay in their abusive relationships rather than risk becoming homeless.”

Curt Rogers, Director
Gay Men’s Domestic Violence Project

II.B. Shelter/Housing Services

II.B.1) Services That Victims Accessed and Found To Be Adequate:

- A significant number of victims (43%) accessed services at GLBT-specific programs and all of them reported that the GLBT-specific services had a profound effect on their lives. This was due to the cultural sensitivity and connection to the GLBT community afforded by GLBT-specific service providers. Victims credited these services with saving their lives and providing them the ability to identify the abuse; safety plan; feel a sense of validation, support, relief, connection, and empowerment; leave and/or stay away from their abuser; recover emotionally and economically; and avoid additional distress and put their lives back together. (Please note that victims were referring to the *quality* of services they received by GLBT-specific service providers. As described further in section II.B.2 below, the quantity of those services were repeatedly found to be inadequate.)
- A small number of victims (4%) were able to access culturally sensitive services from mainstream domestic violence shelters. These were programs that had a strong internal commitment to the GLBT community and which had sought training and technical assistance to translate this commitment into competent service.

II.B.2) Services That Victims Accessed and Found To Be Inadequate:

- A significant number of victims (19%) accessed mainstream domestic violence or homeless shelters and reported overwhelmingly negative experiences. What they experienced ranged from ignorance of the GLBT community (and more specifically, of GLBT domestic violence), to refusal to provide services and blatant homo/bi/transphobia. (See sections II.C.2 - II.C.4 below for details of the barriers to service experienced by GLBT victims).
- GLBT-specific safe home services
 - Quantity of service: Only five beds are available through the two currently existing programs.
 - Quality of Service: Shelter service is provided through a combination of volunteers offering space in their homes, cheap hotels where the guests are often isolated, and an apartment in a multi-unit building where both safe home guests and staff have witnessed or been victims of violent crimes. Several victims have completed safe home intakes only to go back to their abuser rather than stay in the available safe homes because they felt it was unsafe.
 - Short length of stay: Safe home stays are short-term (as contrasted with the 90 days afforded by mainstream domestic violence shelters). In addition, the use of volunteers and/or hotel space to provide shelter often requires an even

shorter stay – volunteers can often not realistically provide confidentiality for more than a few days at a time, and hotel space is costly.

- Safety of service: As noted above, one safe home program is forced by the high cost of housing to rent an apartment in a high crime area. Safe home guests and staff have witnessed and/or been victims of violent crimes in front of the safe home.
- Lack of statewide geographic scope: Only two GLBT-specific programs exist in the Commonwealth, and both are located in the metropolitan Boston area.
- Lack of case management: Current funding does not allow for adequate staff time to thoroughly coordinate responses to the multiple needs of safe home guests (i.e., housing, sobriety, medical and/or mental health care, etc.)
- Lack of counseling: Current funding does not allow for adequate staff time to thoroughly support safe home guests with the aftermath of trauma, the ambivalence most victims feel towards their batterers, and other issues they may face (i.e., HIV/AIDS, substance abuse, mental health issues, etc.)
- Lack of staffing for supervision: Current funding does not allow for adequate staff time to ensure safe home guests follow essential program rules regarding confidentiality of safe home space, alcohol/drug policies, etc.

II.B.3) Services That Victims Attempted To Access But Were Denied or Unable to Access:

- Mainstream 90-day emergency shelter: A number of victims (25%) reported being refused shelter due to their sexual orientation⁶ or gender identity⁷. The percentage of victims refused shelter may, in fact, be higher because this figure only represents the individuals who articulated the denial of service during their testimony.

II.B.4) Services That Did Not Exist Or That Victims Were Unaware Of:

- GLBT-Specific Emergency Housing Options
 - Fully accessible for GLBT victims with disabilities
 - 90-day Shelter
 - Transitional Living Programs
 - Appropriately supervised
 - On-site support groups
- Moving Costs Reimbursements
- First/Last Months' Rent Programs
- A continuum of shelter/housing services for GLBT victims of domestic violence

⁶ Sexual Orientation: A category based on one's physical attraction towards members of the same, different or all sexes, e.g., gay, lesbian, bisexual, heterosexual, etc.

⁷ Gender Identity: A person's actual or perceived gender, as well as a person's gender identity, gender-related self-image, gender-related appearance, or gender-related expression whether or not that gender identity, gender-related self image, gender related appearance, or gender-related expression is different from that traditionally associated with a person's sex at birth.

II.C. Barriers to Accessing Shelter/Housing Services

“They offered me emotional support, information about their support group, and shelter in [their GLBT-specific] safe home for fourteen days. I declined because I already had a place to stay for fourteen days. If they had been able to offer me a ninety-day or transitional shelter, I would have agreed. I began calling shelters directly. Because I wanted to be honest about myself and my situation, I always began by saying, ‘I’ve recently come out of a bad relationship with another woman and I have no place to stay.’ I consistently received the same responses, ‘We’re full’ or ‘We have no space.’”

Lea, Survivor

“When I sent out an email to other service providers and other folks in our supportive community about this hearing today, I got back a response that was really strong and shocked me as a service provider. Someone emailed me back to say, ‘How dare you compare a woman being beaten by her husband to fags and lesbians.’”

Michelle Fine, Direct Services Coordinator
RESPOND

II.C. Barriers to Accessing Shelter/Housing Services

II.C.1) Lack of Services

“Every time I have placed a client in the safe home they are stunned by how destitute the apartment is. Even though I warned them repeatedly about the neighborhood, no one quite imagines that it’s going to be as bad as it is. Nearly every client I have placed since I started this position in July of this year has been reduced to tears by the reality of the situation: they are homeless, they’re scared, they feel unsafe in a safe home, and they are intensely lonely... I have already had two clients who fled dangerous situations to come to the safe home and then leave the next morning because they felt the safe home was not as safe as staying with their abuser. This just happened two days ago, the last client. Both these people went to live in unsafe places, places their abusers knew about, places that they thought were too dangerous for them to go before, but now seem safer than our safe home.”

Kevin Galipeau, Director of Client Services
Gay Men’s Domestic Violence Project

- No (or not enough) GLBT specific shelter/safe home beds
- Short length of stay available to GLBT victims
- Limited geographic reach of GLBT specific services
- Victim’s experience of unsafe GLBT shelter/safe home environment (no supervision or support, location of safe home) due to inadequate funding

II.C.2) Exclusionary Policies at Mainstream Programs

“Mainstream programs don’t offer much in the way of support. With a few notable exceptions...most refuse even to consider sheltering gay men, bisexual men, or transgender individuals. And while they are not always quite as overt in their rejection of lesbians and bisexual women seeking shelter, as we will again no doubt hear in today’s testimony, their discomfort with, and ignorance about all of us, the G, the L, the B, and the T is clear and sends a message that we are not welcome. And so, many times, GLBT survivors across the state face the choice of inappropriate, and/or potentially dangerous shelter options, or staying with, or returning to their batterer.”

Beth Leventhal, Director
The Network/La Red

- Shelters refusing access to women in relationship with women
- Shelters refusing access to men due to gender
- Shelters refusing access to transgender or bisexual victims due to a) the victim’s gender identity or sexual orientation and/or b) the provider’s ignorance, fear and/or homo/bi/transphobia

II.C.3) Institutional and Individual Discrimination

“At the Stonybrook T stop, there was an ad for a while with a young woman and a man and it says something to the nature of, ‘I didn’t know it was abuse.’ And that’s the thing. For all of my life I identified abuse as something that happens between a man and a woman. I didn’t understand that a woman could hurt me in the way that I was hurt.”

Anonymous, Survivor

- Heterosexism: Assumption that victim is heterosexual
- Homo/Bi/Transphobia: Negative attitudes and actions towards individuals perceived to be GLBT based on fear, ignorance or hatred
- Sexism: Negative attitudes and actions towards women based on their gender
- Perceived Homo/Bi/Transphobia: Previous bad experiences with police, courts, shelters, etc. led victims to see these institutions as unhelpful and not as potential support systems in their current crisis.
- Perceived Racism and Sexism: Previous bad experiences with police, courts, shelters, etc. led victims to see these institutions as unhelpful and not as potential support systems in their current crisis
- Individual Prejudices: Shelter staff, other shelter guests, police, court personnel, etc. made clear their discomfort with and/or hostility towards GLBT victims.
- Heterosexist DV outreach literature: Victims did not recognize their experience as domestic violence because outreach materials they had seen presented domestic violence in strictly heterosexual terms.

II.C.4) Poor Responses of Mainstream Providers

“I had called the police while I was away for those two weeks, just to ask about what would happen if I wanted to have him arrested for the hitting, I was almost laughed at. I was told that I needed to ‘straighten out my lifestyle and then I would be all set.’ That was it for me. I stayed with him and lived with the abuse, I drank a lot every day and I even started to do some drugs to deal with it, so I wouldn’t feel anything. I was also hoping that I would OD and then it would be all over.”

José, Survivor

- Lack of consistent good practice/response
 - Failure to physically protect GLBT individuals in shelter
 - Inability/refusal to address homo/bi/transphobia in shelter
 - Being told to hide one’s GLBT-identifying characteristics
 - Mainstream shelters denying access to GLBT victims
 - Lack of appropriate victim/perpetrator screening
 - Police not following up on reports
- Lack of recognition of and response to GLBT DV
 - “Can’t you fight back?”
 - GLBT relationships and abuse minimized
- Mainstream programs not having a culturally competent understanding of the GLBT community or of GLBT domestic violence
 - Culturally incompetent gender identity language issues, i.e., consistently using the wrong pronoun for a transgender victim
 - Culturally incompetent sexual orientation language issues, i.e., referring to a woman’s batterer as a man before the gender of the batterer is disclosed
 - Incompetent response to transgender individuals: questioning and/or denying their identity, asking about their genitals, refusing to provide services
 - Lack of knowledge of community norms, resources, issues
- Mainstream providers (police, shelters, courts, health care) being rude and patronizing
 - Denying GLBT victims appropriate services, i.e., rather than referring a GLBT victim to shelter, police told victim she could sleep on the police station floor by the heating grate.
 - Telling GLBT victims that their gender identity or sexual orientation was the cause of the abuse
 - Recommending that GLBT individuals pray to have their homosexuality removed
 - Insulting GLBT victims
 - Outing GLBT victims to family
 - Requiring GLBT victims to closet themselves in order to receive services

II.C.5) Inadequate Services

“Perhaps the biggest obstacle we face with hotel-based safe homes is the isolation of the survivor. ... When a survivor first leaves their batterer, there is often a period of doubt as to whether they made the right decision. Survivors may feel frightened and alone, and decide that going home to the batterer is better than sitting alone, thinking, and worrying about the decision. This is the time when a survivor most needs support ... I dream of a time when GLBT survivors will not have to worry about becoming homeless, and can focus on their emotional and psychological healing.”

Sabrina Santiago, Safe Home Coordinator
The Network/La Red

- Fear of becoming homeless: The short length of stay afforded by a safe home is inadequate to make long-term plans for safe housing
- Concerns about personal safety when attempting to leave a relationship, i.e., that their batterer will find them (the small size and closeness of GLBT communities makes it easier for batterers to locate their ex-partners)
- Increased isolation
- Fear of being “outed”

II.C.6) Victim’s Own Fear, Doubts and/or Lack of Awareness

“I wish I’d told. I wish I’d had someone to tell, or knew about someone to tell. I never thought anyone would believe me, I was bigger than she was. I didn’t think they’d ever believe that a woman could do such a thing. I didn’t think anyone would believe me over a cop. And in some twisted way, I was afraid to tell, afraid to let anyone know that a dyke could be just as mean and sick and horrifying and dangerous as any man, or maybe more.”

Anonymous, Survivor

- Victims’ personal fear, embarrassment, internalized homo/bi/transphobia
- Victims’ self-doubt and/or self-blame
- Victim’s lack of self-identification due to lack of visibility of GLBT domestic violence in general literature and the general consciousness

II.D. Impact of GLBT-Related Barriers and the Absence of Services

“I was grabbed from behind by my partner’s girlfriend, and I heard the click of the gun, and I’ll never forget the words. She said, ‘They’ll never find your body.’ And I knew that could be true. I knew I had to get out immediately.... I moved seven times in two-and-a-half years. I ended up with a debt in excess of \$25,000.”

Jan, Survivor

“I was grateful for a place to hide but it was one of the most uncomfortable situations I have been in. Instead of being able to deal with my current situation, I had to deal with the other women’s issues about my sexuality. I was asked not to be gay in front of one woman’s child. I couldn’t talk about my situation as everyone else at the house had trouble understanding how I could be battered by another woman.”

Anonymous, Survivor

II.D.Impact of GLBT-Related Barriers and the Absence of Services

II.D.1) For Victims

- Severe financial ruin and/or loss of resources
 - Loss of employment
 - Homelessness
- Physical health risks
 - Injury, hospitalization, and/or death
 - Assault in mainstream shelters
 - Increased substance abuse
- Mental health risks
 - Extreme mental distress, retraumatization
 - Lack of self-worth, disillusionment and despair
 - Increased isolation
- Negative impacts on children
 - Separation from children
 - Long-term impact on quality of family life and child development
 - Traumatization of children
 - Intergenerational trauma
- Forced reliance on inadequate, hostile or violent resources
 - Stayed with or returned to the batterer
 - Reliance on/returning to homo/bi/transphobic families
 - Lack of shelter resulting in multiple moves which was a barrier to recovery
 - Having to rely on network of friends

II.D.2) For Providers Working with GLBT Victims

- Mental health risks
 - Secondary trauma
 - Compassion fatigue/burnout
 - Worn down by continually having to combat homo/bi/transphobia
 - Severe ongoing intrusions into work/family boundaries due to necessity of being on call 24 hrs/day
 - Depression

- Physical health risks
 - Physical assaults
 - Assaults and intimidation by abusers who have easy access to identifying information about GLBT-specific program staff due to the interconnectedness and small size of the GLBT community
 - Muggings and street crime in safe home neighborhoods and apartment building
 - Frustration, pain, heartbreak, demoralization
 - Stress-related medical issues
- Negative economic impact
 - Continual uncompensated overtime
- Inability to focus on helping victims to address the trauma associated with domestic violence
 - GLBT-specific programs lack sufficient staff and are forced to focus on the immediate crisis of homelessness
 - The advocacy required to overcome the barriers GLBT victims face when trying to access mainstream providers leaves little or no time for other support

II.E. Benefits to GLBT Survivors Who Received Shelter/Housing Services

“Y sentí que habían devuelto mi propio auto-estima, mi esperanza, y mi fé. And I felt that I had my own self esteem, my hope, [my faith] back. La cual ahora puedo salir adelante y finalizar mis estudios. And which I can go forward and finalize my studies. Por mi experiencia personal, hoy puedo decir que el proyecto de hombres homosexuales, de hombres gay, salvó mi vida. Because of this from my own personal experience, today I can say that Gay Men’s Program Against Domestic Violence saved my life.”

Romario, Survivor
and Interpreter

“Through attending the once-a-week group, I realized my unique relationship was no less than a batterer’s blueprint of control and manipulation. After attending the group for a few months, it seemed that everyone was dating the same person. Either these women were psychic and could see my future, or we were all victims of an on going cycle of control and violence. I decided the latter was more probable and I would need all the available support I could get to leave.”

Anonymous, Survivor

II.E. Benefits to GLBT Survivors Who Received Shelter/Housing Services

- Left and/or stayed away from the abuser
- Put life back together, e.g., employment and housing
- Physical health benefits
 - Saved lives
 - Physical safety through safety planning
- Mental health benefits
 - Validation
 - Sense of relief/support
 - Connection
 - Emotional/psychological recovery
 - Ability to identify the abuse
 - Empowerment
 - Averted additional distress
- Economic recovery

II.F. Recommendations to Respond to GLBT Shelter/Housing Needs

“This has nothing to do with gender, sexuality, race, culture. It has everything to do with how we treat and love people in our communities. So, what I’m asking for is continued support, and also much, much more support, because I believe that if I went back to my partner, I would have died. And I don’t want that for myself, I don’t want that for my sister, I don’t want that for any man, woman or child on this Earth.”

Anonymous, Survivor

“I believe all domestic violence housing should be available to all people, including, gay, bisexual, and straight men. Thank you for hearing my story, and I encourage you to open domestic violence housing to all, and to increase funding to these programs since they are already overburdened with clients.”

Rick, Survivor

II.F. Recommendations to Respond to GLBT Shelter/Housing Needs

II.F.1) First Priority Recommendations

- Improve and expand GLBT-specific shelter options for GLBT victims statewide
 - Establish a continuum of GLBT-specific shelter options to include:
 - Safe homes (currently exist, but are inadequate)
 - Emergency shelters (currently do not exist)
 - Transitional living programs (currently do not exist)
 - Increase funding to enable GLBT-specific safe homes to better ensure victim security
 - Increase funding to provide adequate support, counseling, case management and residential supervision at GLBT-specific safe homes
- Improve and expand mainstream shelter options for GLBT victims statewide
 - Increase the number of mainstream shelters that provide services to GLBT victims
 - Increase GLBT cultural competence at mainstream domestic violence shelters including fostering a GLBT-supportive culture for both staff and clients

II.F.2) Second Priority Recommendations

- Provide technical assistance (GLBT training and case-specific support) to mainstream domestic violence, sexual assault and homelessness programs across the state
- Increase funding for the Expanded Transition to Independent Living (XTIL)⁸ program, the Residential Assistance for Families in Transition (RAFT)⁹ program and other housing assistance programs. Additionally, expand RAFT programmatically to ensure inclusion of GLBT victims of domestic violence – e.g., create a version of RAFT that would be available to individuals

⁸ XTIL: The Expanded Transition to Independent Living (XTIL) program is a cash assistance program that provides a one-time infusion of cash to prevent homelessness for domestic violence victims. Most typically, these funds are used to pay first/last month's rent.

⁹ RAFT: The Residential Assistance for Families in Transition (RAFT) program is a homelessness prevention program that provides low-income families (not available for individuals) with up to \$3,000 in flexible funds to maintain or obtain permanent housing. RAFT can be used to pay rent arrearages, utility start-up and arrearages, storage costs, first/last month's rent and security deposits.

II.F.3) Third Priority Recommendations

- Develop and implement policies and guidelines to institutionalize appropriate response to GLBT victims statewide – i.e., law enforcement, courts and healthcare
 - Train law enforcement, courts, domestic violence programs, healthcare and homeless shelters statewide on GLBT domestic violence
 - Institutionalize appropriate victim/perpetrator screening for domestic violence service providers
 - Mandate state agencies to use inclusive (gender identity and sexual orientation) language regarding domestic violence
 - Encourage the development of domestic violence outreach materials that use GLBT specific language
- Increase linguistic diversity and cultural competence (i.e. communities of color, immigrants) in GLBT-specific services
- Increase access to GLBT-specific services for GLBT victims with disabilities
- Increase access to GLBT-specific services for GLBT victims who are teenagers and elders
- Expand culturally appropriate Legal Assistance for Victims programs for GLBT victims, especially to protect privacy concerns for transgender victims
- Conduct societal education to reduce homo/bi/transphobia

II.G. Additional Shelter/Housing Themes and Suggestions for Further Exploration of GLBT Shelter/Housing Issues

“Not a single day goes by that I don’t wonder what my life would have been like had I been able to leave my abusive relationship sooner. Transitional housing needs to be an option for all gay victims of domestic violence. Shelters, along with community education for GLBT domestic violence, needs to be adequately funded by the Commonwealth. I am here today asking you to help prevent what happened to me from happening to another gay person.”

Dennis, Survivor

“He was afraid that all the queer friendly agencies that might understand, would also be full of people who knew his perpetrator. He didn’t want to seek help from non-queer specific groups, because they’d use the wrong pronouns for him or totally misunderstand his life. They’d see him as a woman and his female-bodied perpetrator as a man, and they’d apply a counseling model that didn’t fit either of the people involved.”

Anonymous, Friend of Survivor

II.G. Additional Shelter/Housing Themes and Suggestions for Further Exploration of GLBT Shelter/Housing Issues

A number of additional themes emerged in the testimony and in the creation of this report which warrant further exploration:

- Safe, viable shelter/housing services for GLBT domestic violence victims are essential, and testifiers strongly encouraged future funding for GLBT shelter/housing services
- The need for both culturally appropriate service response from mainstream programs and culturally specific services from GLBT-specific programs. Some victims will only access GLBT-specific services. Others, some of whom are closeted about their sexual orientation and/or gender identity, will only access mainstream programs. Both types of services need to be available.
- The role of families, friends and other community members
 - Many victims cited that their families were not a resource due to family members' homo/bi/transphobia. Others described having to return to homo/bi/transphobic and abusive family members because they were the only resource available; they were thus forced to make the choice to endure one form of abuse in order to be safe from another.
 - Several victims reported having to stay with friends and relocate frequently
 - Several victims spoke to the barriers to accessing the GLBT community for support.
 - The community is small and highly interconnected; a batterer could easily find his/her victim.
 - Domestic violence is a difficult issue for the community; denial that partner abuse exists is common.
- The need to document/discuss how the experience of accessing services is different for people in rural communities, given that the majority of testifiers were likely from the Greater Boston Area.

III

Additional Themes Related to Domestic Violence Services and Systems Identified through Testimony

III.A. Types of Abuse

“Her primary focus was to attempt to humiliate me in front of our mutual friends, she chose to focus on my bisexuality and my multiracial background. ... Her verbal tirades continued in order to get me to fall apart in public went on for several days. However, on August third at 12 a.m., we were both in her bed and I was asleep and she decided to assault me. I was terrified. She had been unable to upset me in the past, so I knew she was extremely determined that morning. She assaulted me for three hours. That experience, it felt like being attacked by a rabid dog and a locomotive train engine all at the same time. I was terrified.”

Anonymous, Survivor

“After a lengthy courtship, during which I was treated like gold, my partner and I moved in together. Almost immediately he began to turn on me, demanding separate rooms, bringing strange men home for sexual encounters, subjecting me to verbal abuse privately and in public. At one incident, he started an argument, slapped me, pushed me into oncoming traffic at an intersection in front of a very populated café.”

Dave, Survivor

III.A. Types of Abuse

Overall, the testimony from GLBT victims of domestic violence was in many ways similar to the stories of heterosexual female victims of domestic violence. The most substantial differences include abuse related to one's GLBT identity, and victims' experiences trying to obtain services and shelter. Here are some of the themes that emerged around the types of abuse articulated through testimony.

III.A.1) Physical Abuse

- During testimony, the following types of physical abuse were referenced:
 - Hit by a car
 - Beaten
 - Cut severely in the mouth with a knife
 - Punched
 - Thrown against a wall
 - Run off the road in a car
 - Hit by thrown objects
 - Prevented from sleeping
 - Slapped
 - Pushed into traffic
 - Kicked out of the house
 - Attacked with weapons/household objects
 - Strangled
 - Pushed down stairs
 - Nearly killed
 - Manipulated through forced diet
 - Forced to drink alcohol
 - Murdered
 - Kicked
 - Shot
 - Attacked for being bisexual
 - Prevented from taking HIV medication
- Although abuse was severe, the number of victims articulating that they sought care at hospitals was low

III.A.2) Emotional Abuse

- During testimony, the following types of emotional abuse were referenced:
 - Refused access to car
 - Controlled by monitoring/dictating social life
 - Manipulated through batterer's abuse of children
 - Manipulated through destruction of property
 - Prevented from leaving the house
 - Convinced that s/he was the abuser
 - Blamed for batterer's self-inflicted injuries
 - Harassed by phone calls/emails/letters
 - Screamed at
 - Publicly humiliated
 - Isolated through partner screening calls
 - Forced to live in separate rooms
 - Threatened
 - Locked out of house by the batterer changing the locks
 - Forced to spend all time with batterer
 - Punished
 - Harassed with sexist language
 - Derided for being bisexual
 - Mocked for being multiracial
 - Threatened with arrest
 - Devastated by the batterer poisoning the victim's pet to death
 - Blamed for everything
 - Harassed for being intersex¹⁰
 - Ignored
 - Accused of infidelity
 - Harassed for religious beliefs
 - Threatened to be outed as a sadomasochist
 - Threatened and intimidated through the batterer's harassment of family, friends, housemates, & coworkers
 - Stalked and found in safe home
 - Manipulated through the batterer revealing the victim's HIV status to friends/family/coworkers
 - Ridiculed
 - Made to feel guilty for socio-economic class
- Female/Female relationships had significant occurrence of perpetrator inflicting self-harm or threatening self-harm as a form of abuse
- Isolation and Social Control

¹⁰ Intersex: Someone who is born with genitals/reproductive system not considered by doctors to be "standard" for either male or female. Most intersex people identify as men or women. (Adapted from "Introduction to intersex activism" from Intersex Society of North America, www.isna.org.)

- Stalking
- Abuse based on GLBT identity was cited by only a few victims; however, it was cited by many as a tool by which their partner kept them in the relationship
- A considerable number of victims cited harassment (emails, phone calls) and a general lack of ability to recognize it as abuse
- Several testifiers described being forced to move (along with their batterers) as a tactic of control

III.A.3) Financial Abuse

- During testimony, the following types of financial abuse were referenced:
 - Robbed of personal belongings
 - Forced to provide full financial support
 - Robbed of identity and credit cards
 - Forced to complete batterer's school assignments
 - Forced to do batterer's domestic work
 - Forced to depend on batterer
 - Harassed through the batterer having the victim's car towed
 - Forced to take a financial loss through the batterer damaging the victim's car
 - Threatened to be sued for not paying rent in a co-owned home
 - Forced to do all domestic work
 - Prevented from managing his/her own finances
 - Forced to quit job
 - Fired from job due to batterer's harassing behavior
 - Harassed through the batterer confiscating the victim's personal possessions
 - Robbed of cell phone
 - Robbed of car
 - Harassed through the batterer destroying the victim's ID and credit cards
 - Nearly evicted from shelter due to batterer's harassing behavior
 - Prevented from working overtime
- There was a significantly high incidence of reported financial abuse (36%)
- A high percentage of testifiers reported a devastating financial impact from the abuse (61%), with 94% of those testifiers becoming homeless, 12% going into debt, and 30% reporting they lost everything.

III.A.4) Sexual Abuse

- During testimony, the following types of sexual abuse were referenced:
 - Cheated on
 - Sexually assaulted
 - Lied to about other relationships
 - Raped
 - Refused sex
 - Forbidden to masturbate
 - Publicly embarrassed by the batterer discussing sex life
 - Lied to about the batterer's HIV status
 - Coerced into sex
 - Threatened to be cheated on
 - Called “damaged goods” because of possible HIV status
 - Forced to participate in unwanted sexual activities
 - Prevented from advocating for safer sex
- A significant amount of victims referenced sexual abuse (36%), especially given the general reluctance of GLBT victims to self-identify sexual abuse and the public nature of the hearing

III.B. Services Other Than Shelter/Housing

“I went to a respected community health center where the doctor told me that since it was a woman, and since I wasn’t comfortable telling her all the intense physical details of the assault, that I could not have an AIDS test, that there was really no reason for me to get STD testing because there was really no risk. And so, I had to be very demanding. And you know, I wanted an HIV test, I wanted all the tests. ...[It]was really frustrating to me because I felt that someone less aware of the health risks wouldn’t have been so demanding. So, I feel like there needs to be sort of a pre-established set of guidelines for someone who’s been through any kind of assault, but they need to get that kind of testing, or at least have that option given to them.”

Raquel, Survivor

“[A transgender survivor] had no insurance...By the time the domestic violence and rape-related PTSD turned to clinical depression, he hadn’t held a job for over a year. By the time he was considering suicide, he had almost no assets. If it weren’t for state-funded free care, he would be dead by now. By the time he got care and started to get better, he didn’t have enough money to pay rent. He eventually had to leave the state, moving back in with a family who had abused him as a child, and who still don’t understand his gender.”

Anonymous, Friend of Survivor

III.B. Services Other Than Shelter/Housing

III.B.1) Services that Victims Accessed and Found to be Adequate

- GLBT-specific services (support groups, individual supportive counseling, hotline, planning, advocacy)
- Therapists
- Safety planning

III.B.2) Services that Victims Attempted to Access but Were Inadequate, Were Denied or Were Unable to be Accessed

- Police
 - Lack of appropriate response from police
 - Only one testifier spoke of accessing an appropriate police response
 - No arrest made by police for assault
 - No referrals given from police
 - Not providing police accompaniment home to collect belongings
 - Not facilitating restraining order process
 - Only one testifier spoke of successfully accessing a restraining order
- Healthcare – hospitals and personal physicians
 - Culturally inappropriate response to the GLBT individuals
- Legal representation
 - Lack of appropriate/competent legal representation
- Mainstream domestic violence services
 - Lack of GLBT-sensitive domestic violence support services from mainstream providers
- GLBT-specific services
 - Lack of statewide geographic scope
 - Lack of 24-hour hotline
 - Lack of support groups
 - Lack of services which truly meet the needs of victims
- Batterers Intervention
 - Lack of appropriate or GLBT-specific batterer intervention

III.B.3) Services that Did Not Exist or that Victims Were Not Aware Of

- Any services for transgender individuals
- Appropriate police response
- Domestic violence screening by healthcare professionals
- Intervention from community and bystanders
- Supervised child visitation
- Assurances of confidentiality by service providers and institutions
- GLBT-sensitive/appropriate support groups

III.C. Impact of GLBT-Related Barriers and Inadequate Services within the Criminal Justice System

“The gun went off several times, the first time it went off, the bullet went right by my ear... a fraction of an inch closer and I would be dead today. The second shot went into the floor, and the third shot went into his hip. There is no way of knowing for sure who pulled the trigger as we both had our hands on the weapon ... I ended up being charged and sent to prison for 3-7 years ... Nothing was ever brought up in court about the abuse and beatings that he gave to me, I was told that it wasn’t relevant to the case ... My attorney said that I had to plea or that I would be found guilty [of attempted murder] and would get the maximum sentence of 30 years to life.”

José, Survivor

“The clerk was friendly when she gave Robin the paperwork and began giving her instructions. When Robin said the person she wanted a restraining order against was her ex-girlfriend, ...the clerk wasn’t so nice anymore. She sort of rolled her eyes ... She began repeating everything Robin said, not for clarity I thought, but out of some kind of disbelief. ...She said... ‘Well, you can fill out the form anyway, but if she doesn’t have any weapons, you don’t have a very good case, do you?’ ...[Robin] cried. She was frustrated and started doubting that she would be granted a restraining order... We ended up leaving.”

Anonymous Friend of a Survivor

III.C. Impact of GLBT-Related Barriers and Inadequate Services within the Criminal Justice System

“I wish the cop had responded to me as a victim of DV, rather than a girl in a cat fight. I believe that if I was provided legitimate help at that moment, this would be the end of my testimony, not the beginning.”

Anonymous survivor

The testimony provided by a number of victims echoed this sentiment – that had the criminal justice system (both police and courts) responded appropriately when initially contacted, they could have avoided future abuse and might not have had to flee their homes. The majority of GLBT victims who had contact with law enforcement/legal system were left without legal protections, and in one case, it was the victim who was sent to prison.

III.D. Additional Themes

“I used the restroom where I saw a poster about domestic violence hanging on the stall. Even to this day, I have no idea what the poster looked like, but I do remember it saying a sign of domestic violence was jealous behavior. However, the poster only mentioned he/she battering, so I never called the hotline, as I didn’t think it applied to me.”

Anonymous, Survivor

“For someone who is living with HIV, domestic abuse can render an already challenging daily existence into a life-threatening one, as home life can become so chaotic that it can become impossible for someone to follow a life-saving regimen of medication. ...Inequity in relationships is a significant risk factor for HIV infection. When partners are concerned about their safety, it can be impossible to advocate for safer sex. ...We have heard stories in our client services department of men who are afraid to leave their abusive partner for fear of losing their HIV support system, however faulty or damaged. We have heard stories of clients who are terrified to leave their abusive partner for fear that he will reveal their HIV status to their workplace, friends, family.”

Written testimony submitted by
AIDS Action Committee of Massachusetts

III.D. Additional Themes

- GLBT domestic violence is as prevalent as heterosexual domestic violence
- GLBT domestic violence is as lethal as heterosexual domestic violence
- DV often impacts employment which in turn impacts recovery
- Difficulty self-identifying due to lack of knowledge and heterosexist presentation of domestic violence
- The invisibility of domestic violence in GLBT relationships
- Marginalization of GLBT services leads to more violence
- Compounding barriers for disabled GLBT victims
- Complicating HIV factors for GLBT victims of domestic violence
- Resiliency of GLBT victims – creativity in survival with few or no resources
- Bravery in victims’ stories
- Leadership demonstrated by survivors
- Institutional homo/bi/transphobia is a barrier to recovery, i.e., employment and healthcare