

LGBTQ Domestic Violence  
Technical Assistance & Training Project

# Domestic Violence Intake Interviewing and Screening with LGBTQ Individuals



# Part I: Opening



# Introduction

- This training will cover two related topics:
  - **Intake interviewing** with LGBTQ individuals
  - **Screening** with Individuals in same-sex relationships
- Specific protocols are needed when conducting intakes with LGBTQ individuals and when screening to differentiate between batterer and victim in same-sex relationships.
- These protocols protect both the **individual seeking services** as well as the **DV organization**.

# Why are specific protocols needed when conducting intakes with LGBTQ individuals?

- When seeking services from a DV agency, many if not most LGBTQ individuals will have anxiety and/or fear about discrimination, being outed against their will and/or having their experience minimized or misconstrued.
- Sensitive conducted intakes can:
  - Improve DV agency's accessibility and quality of services.
  - Help ensure that LGBTQ individuals feel safe and welcome and get connected to the services they need.

## Why is it important to screen to differentiate between batterer and victim in same-sex relationships?

- In opposite sex abusive relationships, most of the time but not always, the male is the batterer and the female is the victim. (Note: The screening techniques presented here will also be helpful in opposite sex abusive relationships where there may be questions about who is the batterer and who is the victim.)
- In same sex abusive relationships this 'statistical assumption' can not be made.

# Why is it important to screen to differentiate between batterer and victim in same-sex relationships?

In same sex abusive relationships:

- Batterers often present themselves as victims and seek victim services to locate or gain proximity to a partner or contact DV agencies before the victim to isolate the victim from future support and safety.
- Victims are frequently incorrectly assessed as batterers, arrested, mandated to attend batterers' treatment and denied victim services.

# Why is it important to screen to differentiate between batterer and victim in same-sex relationships?

- DV agencies have provided victim services to batterers and turned the victim away from services.
- The safety of staff and clients can be impaired when appropriate screening is not done. In previous cases:
  - Batterers have located victims at support groups.
  - Batterers have been allowed into a shelter where the victim was staying.

# Objectives

By the end of this training participants will:

1. Have specific ideas of how to conduct an effective intake interview with an LGBTQ client
2. Have specific ideas of how to effectively screen to differentiate between batterer and victim/survivor in same-sex abusive relationships.



# Agenda

- I. Opening (20 min)
- II. Intake Interviewing (35 min)
- III. Screening to Differentiate Batterer and Victim/Survivor (60 min)
- IV. Next Steps and Conclusion (5 min)

# Opening Discussion

- Discuss in pairs: What makes you feel safe to reveal to others aspects of your identity or experience that have been judged negatively?



# Part II: Intake Interviewing with LGBTQ Individuals



# “Bring Your Whole Person”

- There are standard objectives of an intake interview (e.g., gather information about the client’s situation and needs).
- For the purpose of improving access to services among LGBTQ individuals, a fundamental additional objective is to **establish safety and trust in the relationship** such that the individual feels safe to “*bring their whole person,*” and share openly and fully about their situation and needs, including relevant information about their sexual orientation and gender identity.

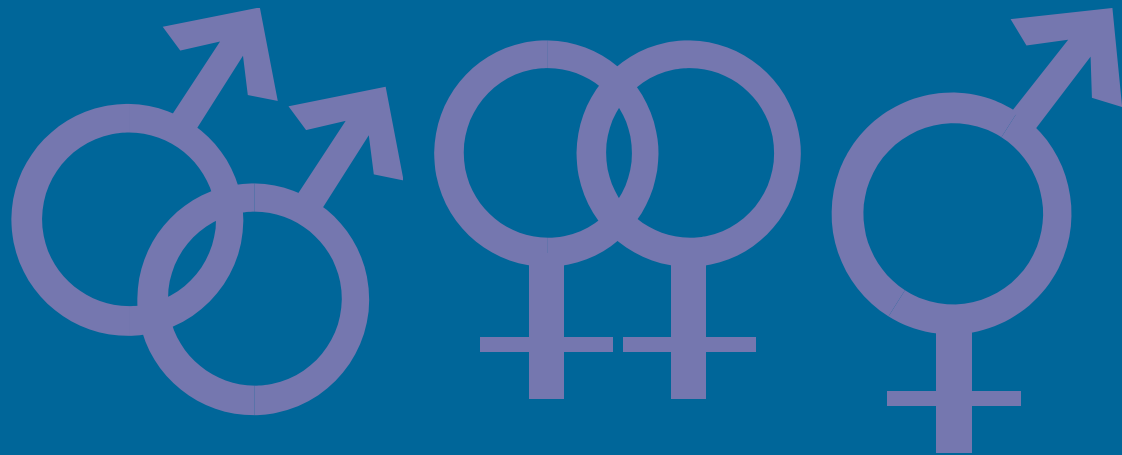
# “Can I Be Myself?”

## “Will I Be Judged?”

- Historically, LGBTQ people were viewed as deviant or pathological by much of the health and mental health communities.
- Many providers still do hold on to negative beliefs about LGBTQ people.
- Not surprisingly, many LGBTQ people are wary of seeking support from any service provider, do not feel welcome to access services and decline to self-identify when they do interact with providers.

# Foster an Environment Where it is Safe to Self-Identify as L, G, B, T and/or Q

- Foster an environment where a person's LGBTQ identity is welcomed, acknowledged and respected, not judged and not '*spot-lighted*.'



## And, Respect a Client's Self-Determination to Be “Out” or Not...

- Many LGBTQ people will prefer to “**pass**” or “**be closeted**” with others, unless or until a relationship of trust has been established.
  - **Passing**”: Behavior used to avoid being identified as LGBTQ
  - **“Being closeted”**: When an LGBTQ person does not reveal their sexual orientation and/or gender identity to others [1]

[1] Langley, L. (2001.) Developing anti-oppressive empowering social work practice with older lesbian women and gay men. *British Journal of Social Work*, 31: 917-932.

# Respect Self-Determination to Be “Out” or Not...

- “Passing” and being “closeted” are both protective measures to preserve dignity and prevent harassment and violence.

“*Passing’ or being ‘closeted’ [also] means denying the essence of oneself and denying or disowning partners* [2].”

[2] Langley, L. (2001.) Developing anti-oppressive empowering social work practice with older lesbian women and gay men. *British Journal of Social Work*, 31: 917-932.



# Coming Out

- **“Coming out”**: The process of telling others about your sexuality and/or gender identity; a complex, difficult and life-long series of events.



“ One of the most difficult aspects of coming out is that it is a never-ending process, each new situation requires another telling. In the main, as sexual orientation isn't visually obvious and the assumption is often made that people are all heterosexual, this is a fairly constant and exhausting process [3]. ”

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[3] Brown, H.C. (1998.) *Social work and sexuality: Working with lesbians and gay men*. Basingstoke, BASW/Macmillan.

# Safely Encourage Disclosure

- Ask about sexual orientation and gender identity as a routine practice during intake interviews.
- It's okay to ask! It's important to ask! It's not offensive to ask!
- A delicate balance... Foster a safe environment and encourage disclosure. **But don't pressure or try to force disclosure.**



# Be Welcoming and Inclusive

- Never make assumptions about sexual orientation or gender identity
- Be aware of your own attitudes, and take care that every step of the process is client-centered, based on the needs of the client.
- Use gender neutral, inclusive language.
  - Partner rather than boyfriend, husband
  - They, rather than he or she
  - Person rather than man, woman
  - Relationship status rather than marital status
  - Parent or Guardian, rather than Mother, Father

# Be Welcoming and Inclusive

- Make a proactive statement about your organization's non-discrimination policies:

*“We are a welcoming and inclusive organization. We do not discriminate based on race, sexual orientation, gender identity, etc. We do not tolerate discriminatory behavior on the part of staff or clients and work to ensure a welcoming environment for all clients, regardless of race, sexual orientation, gender identity, etc.”*



# How to Ask (Verbally and In Writing)

- *“What is your sexual orientation?”*

Responses can include:

- Bisexual, gay, heterosexual, lesbian, questioning/unsure, or decline to answer.

- *“What is your gender identity?”*

Responses can include:

- Female, male, transgender (female-to-male), transgender (male-to-female), or decline to answer.

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# Fostering a Welcoming Environment: Brief Case Study



# Be Responsive to the Client

- Respect a client's choice to define their identities.
- Note the language they use to refer to their identities and relationships.
- Use that language yourself, even when you are not in the client's presence.
- Respect anxieties about disclosure.
- Respect the decision to come out or not.
- Don't discourage a client from coming out

# Don't Make Assumptions. Be Open and Clarify.

- Many people will not identify as L, G, B, T or Q. They will use other words or descriptions to express their identities.
- If you are not sure about the meaning of something, ask.
- If you are not sure if it's ok to use a particular word, ask.
- Remember to keep the focus on care rather than indulging in questions out of curiosity.



# Coming Out

- If a client discloses to you that they are L, G, B, T and/or Q, it is likely that somewhere in the process of finding you, they have gotten some indication that it is safe to do so.
- They have still taken a risk. Respect and acknowledge their courage (in your own way).



# Coming Out is Always the Client's Choice

- Remember, coming out is a series of life-long choices.
- People can be out (or not) in different ways and to different degrees to different people.
- **Maintain confidentiality.** A person should never be “outed.” Do not disclose a person’s gender identity or sexual orientation to anyone.
- Let clients self-disclose their gender identity and/or sexual orientation to other clients if they chose to.

## Additional Aspects of Intake Interviewing

- Communicate that the client's sexual orientation or gender identity is not to blame for the abuse.
- Many LGBTQ victims/survivors may not believe that “domestic violence” applies to their situation or that it can possibly be as severe as violence experienced by battered heterosexual women. An additional amount of education about the dynamics of abuse and its prevalence in the LGBTQ community may be needed.

## Additional Aspects of Intake Interviewing

- Be sure to inquire about children and provide information about the effects of DV on them in a non-judgmental manner.
- Understand that LGBTQ clients may hesitate to talk about their children for fear of custody battles.
- Include a lethality assessment as part of every intake. The more closeted the batterer has been in their life, the higher the risk for lethality.

# Acknowledge and Address Oppression

- It's important to "...consistently attend to... clients' diversity of backgrounds, including their communities' experiences of oppression and privilege, as a fundamental part of the healing endeavor [9]."
- Be aware of your own biases, stereotypes and negative attitudes and take care that every step of the intake interview process is client-centered, affirmative, and based on the needs of the client.

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[9] Pilarhernal, N., Almeida, R. and K. Dolan-Delvecchio. (2005.) Critical consciousness, accountability, and empowerment: Key processes for helping families heal. *Family Practice*, 44:105–119.

# Acknowledge and Address Oppression

- Acknowledge and offer support when a client discloses experiences of discrimination and harassment from family, law enforcement, providers, etc. as part of their help-seeking.
- “...Bare witness to a client’s rage, fear, and shame, confirming that these are, indeed, injustices... without pathologizing their anger or responding defensively...” or justifying others’ behavior
- “...Resist clients’ projections of their own internalized homophobia, refusing to validate self-blame [10].

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[10] Bernstein, A.C. (2000) Straight therapists working with lesbians and gays in family therapy. *Journal of Marital and Family Therapy* 26 (4), 443–454.

# Part III:

## Screening with Individuals in Same-Sex Relationships



# Keep in Mind

- While it is often quite obvious who is abusing and who is being abused in relationships, including in same-sex relationships, there can be cases where service providers are unsure.
- The screening techniques presented here will also be helpful in opposite sex abusive relationships as well as same sex relationships.
- We encourage you to always consult with a TAT provider from the LGBTQ DV TAT Project to accurately screen to differentiate between victim/survivor and batterer when working with a client in a same-sex relationship.



- Examples:
  - A batterer presents as a victim because they really do feel victimized but is in fact controlling their partner
  - A victim feels like an abuser because she has used physical violence to defend herself
- In one study, 78% of abused lesbians reported that they had either defended themselves or fought back against an abusive partner [4].

[4] Clare Renzetti. 1992. *Violent Betrayal: Partner Abuse in Lesbian Relationships*. Newbury Park, CA: Sage Publications, p. 110

- Most abuse victims do not draw distinctions between fighting back and acting in self-defense [5].
- Gay and male socialization processes may cause abused gay men who act self-defensively to deny their victimization [6].

[5] Daniel G. Saunders. 1988. "Wife Abuse, Husband Abuse or Mutual Combat?: A Feminist Perspective on the Empirical Findings". In *Feminist Perspectives on Wife Abuse*. Kersti Yllo and Michele Bograd, eds. Newbury Park, CA: Sage Publications, 1988. p. 107.

[6] Mark Lehman. 1997. *At the End of the Rainbow: a Report on Gay Male Domestic Violence and Abuse*. Toronto, ON: University of Toronto Department of Sociology. p. 57.

# Screening Basics

- Questions may not always yield definitive 'answers.' But they may elicit a pattern of responses that provide information upon which to base decisions or recommendations [7].
- Often, these patterns help service providers determine who is in control, what abusive behaviors maintain this control, and the consequences of this behavior on the victim [8].

[7] Chris Heer. 1992. "Battering or Mutual Abuse? How to Assess Battering in Lesbian Couples." New Jersey Coalition of Battered Women Newsletter. p. 7

[8] Beth Zemsky. 1990. "Screening for Survivor Services (or "Are We Serving the 'Right Woman?')". In *Confronting Lesbian Battering: A Manual for the Battered Women's Movement*. St. Paul, Minnesota, p. 88-90.

“ [Violence in gay and lesbian relationships]... appropriately pushes us to look more closely at what has occurred within the relationship and to listen more closely to the [person] who is seeking our assistance. It is from this compassionate looking and listening, and not our preconceived notions of the types of people who are ‘victims’ and ‘batterers,’ that we will learn to provide appropriate and safe places for healing [7]. ”

[7] Beth Zemsky. 1990. Screening for Survivor Services (or “Are We Serving the ‘Right Woman?’”). *Confronting Lesbian Battering: A Manual for the Battered Women's Movement*. St. Paul, Minnesota, 1990) (p. 88) (Gender changed to include gay men.).

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# Intake Interview Case Study: Part 1



# Myths, Stereotypes and Assumptions

- We are all exposed to myths and stereotypes about people.
- We are all susceptible to making assumptions about people.
- We all need to unlearn myths and stereotypes and learn how to question and put aside our assumptions.



# Discussion

- Discuss in pairs:
  - What are the myths and stereotypes about “the kind of people who are abusive?”
  - What are the myths and stereotypes about “the kind of people who are abused?”



# Discussion

- What are some myths and stereotypes about “who is abusive” and “who is abused” in LGBTQ relationships?





# Myth and Reality

- **Myth:** The larger, more masculine-looking or masculine-identified partner is the batterer in same-sex abusive relationships.
- **Reality:** Size, strength, gender identity and presentation do not determine one's behavioral patterns with regard to power, control and abuse.

# More Myth and Reality

- **Myth:** Abuse in LGBTQ relationships are not as prevalent, harmful or dangerous as battering in relationships among non-transgender, heterosexual people.
- **Reality:** Current research confirms that abuse is just as prevalent (occurring in 25-33% of relationships) and just as harmful and dangerous among LGBTQ people as among non-transgender, heterosexual people [8].

[8] NCAVP, 2006 National Domestic Violence Report

# More Myth and Reality

- **Myth:** Women are less capable of being violent than men. Gay men are not “real men” and therefore also not as capable of being violent as heterosexual men. In other words, *“You fight like a girl.”*
- **Reality:** Incidences reported by female, male and transgender survivors to staff at Domestic Violence Legal Advocacy Project (DVLAP) at the LA Gay & Lesbian Center include emotional and psychological abuse as well as severe physical violence... Feet hammered while asleep; Hit in the head by a brick; Eardrum ruptured by blows to the head with a shovel; Gunshot wound to shoulder - not allowed to seek medical assistance for hours; Ribs broken and then gun held to head for 2 hours.

# The Big Myth of Mutual Abuse

- It is common for LGBTQ domestic violence to be misinterpreted as “mutual abuse” and for people in same-sex abusive relationships to be issued mutual restraining orders.
- Domestic violence by definition is always a pattern of abuse of power and control by one person over another.
- LGBTQ domestic violence is never mutual.
- If you believe that the abuse is mutual, more assessment is necessary.

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# Intake Interview Case Study: Part 2



# Screening Basics

- The most important thing service providers can do is listen carefully and be aware of their own biases and judgments.
- Learn as much about the situation as possible by encouraging the client to tell their story without any leading or direction.
- Open-ended questions can elicit information about the situation, how the client views the situation and what the client needs.

# Screening Basics

- If there is confusion about what is going on in the relationship and if the person you are talking to is in fact an abusive partner, service providers can ask specific questions in conjunction with screening processes already in place.
- Be careful not to subject clients to excessive questioning.
- Questioning should always be respectful and address immediate safety needs.

# Slow Down the Story

- In situations where you are concerned that you may be conducting an intake with an abusive partner, you can ask the client to “slow down” the description of the events involved in an abusive incident (what happened leading up to the event, what were they feeling, doing, thinking, who said what), asking for detail and keeping the discussion chronological.
- Do not apply this method to all clients: to ask a victim questions about what they were doing prior to an abusive incident could suggest that they are somehow responsible for the abuse.



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# Intake Interview Case Study: Part 3



# Typical Behavioral Patterns

- **Responsibility and blame:** Victims/survivors typically have an inflated sense of responsibility for actions and incidents in a relationship and blame themselves, while batterers typically minimize their actions, take little responsibility and blame others.
  - Examples?

# Typical Behavioral Patterns

- **Managing anger and anxiety:** Victims/survivors typically behave in a way to please their partner so that they will calm down or keep their anger at bay, while batterers often try to control their partner in order to manage their anxiety.
  - Examples?

# Typical Behavioral Patterns

- **Concern for self or partner:** Victims/survivors usually have less concern for their own well-being yet want to help their partner, while batterers tend to be overly concerned about themselves personally, with little regard for their partner.
  - Examples?

# Assess Relationship Dynamics and Behavioral Patterns

- Awareness and concern
- Blame and responsibility
- Abuse of power and control
- Cycle of violence
- If the client has been violent, was it a pattern of abuse, self-defense or retaliation?
- See handout, *“Questions to Assess Relationship Dynamics and Behavioral Patterns”*

# Context, Intent and Effect

- Because many behaviors can either be used to survive abuse or used to establish power and control over another, it can be helpful to determine the context, intent, and effect of a specific incident as well as of the overall pattern of behaviors in a relationship.
- For example, batterers often try to manipulate their partners into pushing or hitting them first to give the batterer “justification” for defending himself/herself.

# Assess Context, Intent and Effect

- **Context:** What meaning does a certain behavior have given the context of the situation and overall relationship?
- **Intent:** What was the primary goal of the behavior?
- **Effect:** What were the consequences? Who was hurt as a result of the behavior and how?

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# Intake Interview Case Study: Part 4





# Retaliation

- If a service determines that the client is behaving violently in retaliation and clearly in a way which exceeds self-defense (e.g., they are trying to hurt or injure their partner or are doing so over a period of time), the client's use of violence should be addressed. In this cases, intervention with the client should focus on both safety/support and promoting accountability.
- Requiring that a person 'never have been violent' to receive a service may exclude vulnerable people.

# Complex Situations

- A victim has retaliated systematically
- A victim whose self-defensive behaviors 'crossed the line' in terms of context, intent and effect.
- A person has been abused in one relationship and then abusive in the next
- A relationship in which dynamics of abuse of power and control shift within one relationship

# Limitations and Risks

- Sometimes it will not be possible to know who or what to believe.
- Service providers should try to respond to the needs of people who are at risk and in need.
- If an incorrect assessment has been made, the safest solution possible for the victim should be sought. This may include terminating services with a batterer.

# Part IV: Next Steps and Conclusion



# Potential Areas of Services to Review and Modify

- Intake interview form: language and type of data collected and analyzed
- Volunteer and staff training
- Case conferencing
- “Fostering a Welcoming Environment” for LGBTQ persons to feel comfortable seeking services
- “Effective Case Management” and “Addressing Isms Among Clients and Others” for LGBTQ clients who are appropriately screened, self disclose and seek services

# Next Steps

- How can your agency implement some or all of the recommended practices?
  - What practices are already in place?
  - What practices are not in place?
  - What can be implemented in the short term?
  - What can be implemented in the long term?
  - What training, technical assistance and support would be helpful?
  - Use the tools of Continuous Quality Improvement to 'plan,' 'do' and 'study' small change over time to ensure they are having their intended impact.

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**Thank you for your participation!**

For follow up technical assistance and training on this and other LGBTQ topics, please contact:

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