

## PRIMARY PREVENTION OF SEXUAL VIOLENCE AMONG LGBTQ POPULATIONS

People who identify as lesbian, gay, bisexual, transgender or queer/questioning (LGBTQ) experience high levels of discrimination based on gender identity, gender expression and sexual orientation. Sexual assault in this population is often ignored or dismissed, even though rates of LGBTQ sexual assault are comparable or higher than those in the heterosexual population (Paulk, 2014). Institutional bias, along with the predominance of homophobia, biphobia, transphobia and intolerance, sustain a climate in which it is difficult for LGBTQ people to report sexual violence or receive culturally competent services related to sexual assault (Ciarlante & Fountain, 2010).

- 46% of bisexual women and 50% of transgender women have been raped in their lifetime. These assaults often begin when the victim is as young as 11 or 12 (Durso & Gates, 2012; Walters, et al., 2013).
- It has been estimated that in some U.S. cities, up to 40% of homeless youth are LGBT (Durso & Gates, 2012). Homelessness dramatically increases the risk of being sexually assaulted (Goodman, et al., 2006).
- In 2013, 72% of anti-LGBTQ-motivated homicides were of transgender women, and 67% were of transgender women of color (Ahmed & Jindasurat, 2014).
- Law enforcement in the United States has a long history of both criminalizing and failing to protect LGBTQ people. Many use their positions of power and privilege to coerce LGBTQ individuals into having sex and to avoid prosecution for physically and sexually abusive behavior and blatant discrimination toward members of this community (Amnesty International, 2006).

**Social determinants:** Social determinants of health include societal factors that contribute to health. For example, poverty may make it more difficult to avoid unsafe environments; social norms around gender roles, inequality, and expression are directly related to sexual violence (Bott, 2010); and norms of secrecy and privacy contribute to spousal sexual assault and child abuse (Davis et al., 2006). Community responses of disbelief and victim-blaming not only cause harm to survivors, but also perpetuate a permissive environment that allows future perpetration. Programs that focus on victims protecting themselves, especially child victims, do not reduce victimization (Finkelhor, 2009). Only by changing the societal factors that permit sexual violence will we be able to substantially reduce sexual violence.

**Evidenced-Based and Promising Practices:** Research shows that the best way to stop sexual violence is through primary prevention strategies – preventing sexual violence before it occurs. Successful prevention efforts combine multiple strategies

Lesbian, gay and bisexual (LGB) youth report being raped at rates that are **3.3 times higher** than their non-LGB counterparts in New Mexico.

(Green et al., 2015)

**44%** of lesbian women and **61%** of bisexual women have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

(Walters et al., 2013)

**47%** of bisexual men and **40%** of gay men experience sexual coercion, unwanted sexual contact and other types of non-rape sexual violence.

(Walters et al., 2013)

aimed at reducing risk factors for sexual violence perpetration and victimization related to cultural norms, beliefs and behaviors at the individual, relationship, community and society levels (Davis et al., 2006). Strategies may include programs, policies and environmental changes. Effective prevention programs are comprehensive; employ a variety of teaching methods; provide multiple sessions; are based in behavior-change theory; foster the development of positive relationships; are appropriately timed; and are developed in conjunction with the targeted community so practices are culturally and socially relevant (Nation et al., 2003). Other general prevention strategies when working with LGBTQ communities include the following:

- Implementation of school-based measures that work in tandem to promote a positive environment for LGBTQ youth, including: development of supportive student clubs such as Gay-Straight Alliances (GSAs); training staff and faculty to be supportive of LGBTQ students; providing curricula inclusive of LGBTQ people and experiences; and implementing non-discriminatory school policies (Kosciw, et al., 2014).
- Adaptation of:
  - Sexual violence prevention strategies or prevention strategies that address other public health issues, such as HIV-prevention or other types of violence
  - Universal prevention strategies such as Safe Dates, specifically for LGBTQ populations
- Implementation of:
  - Sexual violence prevention programs that include an LGBTQ-specific component (e.g., SAFE-T [Sexual Abuse Free Environment for Teens] or Fourth R)
  - Prevention programs that address heterosexism, homophobia, biphobia or transphobia (e.g., Welcoming Schools programs or Stand and Serve Clubs)
- Use of healthy LGBTQ relationship-focused curricula (e.g., LGBTQ Youth Partner Prevention Program or GroundSpark's Respect For All; NSVRC and PA Coalition Against Rape, 2012).

Research continues on effective sexual violence prevention programming and policies. Go to <http://www.cdc.gov/violenceprevention/sexualviolence/index.html> for the most up-to-date information.

**Gaps:**

- Underreporting because of fear of being "outed," concerns about physical retaliation, the perceived humiliation of reporting an attack, and historical trauma perpetrated by those in power.
- Lack of cultural competence in outreach materials, organizational practices and providers for LGBTQ survivors of sexual and domestic violence.
- Need for more surveillance related to sexual violence within the LGBTQ community, including the ability to document gender identity on sexual assault surveys.
- Need for more research to better identify potential risk and protective factors for this population, especially in relation to victimization of adolescents, bisexual women, and transgender women.

**Community Resources:**

**CasaQ:** Homeless center for LGBTQ-identifying youth ages 14-17, located in Albuquerque, NM. Contact: 505-872-2099, <http://www.casaq.org/>

**Transgender Resource Center of New Mexico:** Contact: 505-200-9086, <http://www.tgrcnm.org/>

**New Mexico Rape Crisis Centers and Mental Health Center Sexual Abuse Program Coordinators:** Contact for individual centers can be found at the New Mexico Coalition of Sexual Assault Programs website: <http://nmcsap.org/>

**Equality New Mexico:** Contact: 505-224-2766, <http://eqnm.org/>

**NM Gay Straight Alliance Network (GSAs):** Contact: 505-983-6158, <http://www.santafemc.org/programs/new-mexico-gay-straight-alliance-network>

**GLSEN (Gay, Lesbian & Straight Education Network):** Contact: 212-727-0135, <http://www.glsen.org/>

“When you look at racism and transphobia and then just straight up misogyny, that’s what’s happening with transwomen of color. We’re seeing all of those things come together in an explosive moment, often on the street. It just shines a light on everything that we’re always talking about in terms of oppression.” - Focus Group Participant