Queering Prevention: Reducing Intimate Partner Violence and Sexual Assault among LGBTQ Youth

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Adolescent vulnerability

- Sexual drive
- Intense need for social acceptance
- Constant connections through social media
- New independence from adults
- Little experience with relationships
- Expectation for violence as the norm when trying out new relationships
Our sexualities are multidimensional.
Biological sex is composed of three main things: **physical anatomy** (internal and external), **hormones**, and, **chromosomes**. These result in us having biological sex categories: male, female, intersex.
Gender

- **Body**: our bodies, our experience with our bodies, how society genders bodies, and how others interact with us based on our body

- **Identity**: the name we use to convey our gender based on our deeply held, internal sense of self

- **Social**: how we present our gender to the world and how individuals, society, culture, and community perceive, interact with, and try to shape our gender
Sexual Orientation

Identity
Attraction
Behavior
These dimensions may not perfectly overlap.
What do we know about IPV and sexual violence among LGBTQ youth?
Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth

Meredith Dank · Pamela Lachman · Janine M. Zweig · Jennifer Yahner

Table 2: Prevalence of dating violence and abuse and bullying experiences, by sexual orientation

<table>
<thead>
<tr>
<th></th>
<th>Total (N = 3,745)</th>
<th>LGB youth (N = 229)</th>
<th>Heterosexual youth (N = 3,475)</th>
<th>( \chi^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(%)</td>
<td>(%)</td>
<td>(%)</td>
<td></td>
</tr>
<tr>
<td>Dating violence and abuse victimization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical dating violence</td>
<td>29.9</td>
<td>42.8</td>
<td>29.0</td>
<td>22.16***</td>
</tr>
<tr>
<td>Psychological dating abuse</td>
<td>47.2</td>
<td>59.2</td>
<td>46.4</td>
<td>13.75***</td>
</tr>
<tr>
<td>Cyber dating abuse</td>
<td>26.3</td>
<td>37.2</td>
<td>25.7</td>
<td>13.72***</td>
</tr>
<tr>
<td>Sexual coercion</td>
<td>13.0</td>
<td>23.2</td>
<td>12.3</td>
<td>22.58***</td>
</tr>
<tr>
<td>Dating violence and abuse perpetration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical dating violence</td>
<td>20.5</td>
<td>33.2</td>
<td>19.7</td>
<td>22.74***</td>
</tr>
<tr>
<td>Psychological dating abuse</td>
<td>25.7</td>
<td>36.6</td>
<td>25.1</td>
<td>13.86***</td>
</tr>
<tr>
<td>Cyber dating abuse</td>
<td>11.8</td>
<td>18.4</td>
<td>11.5</td>
<td>9.16**</td>
</tr>
<tr>
<td>Sexual coercion</td>
<td>2.6</td>
<td>4.1</td>
<td>2.4</td>
<td>2.47</td>
</tr>
</tbody>
</table>

\(^{*} p < .10; * p < .05; ** p < .01; *** p < .001\)

\(a\) Includes youth who were in a current or recent relationship. Valid, non-missing data were present for 95–99 % of respondents. One percent (N = 41) of youth in a relationship did not report their sexual orientation; these youth are included in the total but missing from the LGB and heterosexual columns.
We are finding the same patterns among college students...
LGB students are more likely to experience sexual assault

Sexual harassment is a ubiquitous experience among LGBTQ students.

Intimate partner violence during college is common, and differently experienced by gender.
Intimate partner violence during college is common, and differently experienced by *sexual orientation*.
These findings have been replicated in study after study.

A 2015 study found that sexual minority students from eight New England universities (n=6,030) were 2.3 times more likely than heterosexual students to experience sexual assault in the six months prior to the survey.

Analysis of the Campus Sexual Assault Study (Martin 2011) conducted at two Midwestern Universities (n=5,439) found that 18% of lesbian women and 24% of bisexual women experienced sexual assault while in college, compared to 13% of heterosexual women.

Frameworks for understanding disparities in violence among LGBTQ youth

- Minority Stress
- Intersectionality
- Gender attitudes
Stereotypes and norms shape risk for sexual violence

- Stigma experienced by bisexual people
- Hypersexualization of LGBTQ people
- Corrective rape
- Gender norms
‘Coming out’ as a LGBTQ person and a survivor

- The survivor may not want to share their stories because it would require them to come out as a LGBTQ person and a survivor
Disclosure can be difficult

- Normalization of sexual violence in our culture, compounded by process of discovery while coming out

- Internalized homophobia and self-blame

In what relationships are LGBTQ people experiencing abuse?
foster care
14
Moved PA→NY
first sexual experience
Matt & Annie
Pregnancy
Jazz
grad college
Pregnancy
Casual relationships
21 22

今天的 27
- Women screening into the study were mostly heterosexual/bisexual

- Where were the lesbian women?
  - They may have preferred to seek care elsewhere
  - They may not be getting sexual/reproductive health care at all
  - Lesbians in this sample were generally not reporting IPV
Violence over the life course

- Women primarily (although not exclusively) described physical and sexual violence in their relationships with men, and emotional abuse in relationships with women.

- Exposure to childhood adversity was almost universal.
They described their experiences with women and men differently

Sexual violence in relationships with men

“One night, he got drunk. He took a knife, waved it at me and said, “you’re mine now. You don’t go anywhere unless I tell you. And you’re going to lay on that bed and take what I give you right now.” He made me have sex with him. There were many nights like that. One night, he brought a gun into the bedroom. He never said he was gonna use it, but you could tell from the way it was looking…”

Sexual violence in relationships with women

“She was this beautiful older woman who suddenly paid attention to me. She manipulated me a lot. We were having sex at one point and I told her to stop. I was not comfortable going any further with what she wanted to do and she kept going.”
How are IPV and sexual violence affecting the sexual & reproductive health of LGBTQ people?
Pregnancy among a national sample of women (2006-2010 NSFG)

Women as unit of analysis

- Heterosexual women with female partners had higher odds of a **mistimed** pregnancy (OR 1.4)

- Bisexual women had higher odds of **unwanted** pregnancy (OR 1.8)

Pregnancies as unit of analysis

- Pregnancies among heterosexual women with female partners were more likely to be **mistimed** (HR 1.7)

- Pregnancies among bisexual women (HR 1.7) and lesbian women (HR 4.4) were more likely to be **unwanted**

## History of pregnancy or pregnancy involvement

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both male and female sex partners %</td>
<td>Opposite sex partners only %</td>
</tr>
<tr>
<td><strong>Females</strong> (n=4892)</td>
<td>20</td>
</tr>
<tr>
<td><strong>Males</strong> (n=4,811)</td>
<td>38</td>
</tr>
</tbody>
</table>

**Adolescent pregnancy by identity**

**FIGURE 2**

Teen pregnancy in 2 intergenerational cohorts* of US females

*The NHSII participants were born between 1947-1964 and their children, born between 1982-1987, were enrolled in the GUTS; †includes NHSII bisexuals and GUTS mostly heterosexual/bisexuals.

GUTS, Growing Up Today Study; NHSII, Nurses’ Health Study II.

Don’t assume I’m straight.

Don’t assume I’m gay.
“Guys were more of an object. I did it because I wanted to… because I knew that I could…we talked about sex all the time. I guess I was more comfortable talking to all the guys that I slept with…

[I: did you talk about birth control or condoms?].

Always condoms. I wasn’t on birth control or anything like that. I wasn’t sleeping with guys that much. When I was, I was on the cycle thing, paying attention to it or whatever. I think one time I had to use Plan B. I wasn’t really fazed by any of it.”

- white, gay-identified woman
“After the sexual assault, I did go to a free clinic that was for LGBT people. She asked me and I didn’t tell her the whole truth… I don’t know if she believed me or not… I just didn’t want it to be on my medical records.... [regarding sex work] I didn’t want to be shamed... [regarding sexual assault] I just didn’t feel like it was relevant to my visit necessarily. Or that person, that physician, actually cared. Like, that they weren’t going to hand me another handout and rush me out. I feel like there’s a sense of urgency when you go to those appointments... they don’t have time to listen to your sob-story... You don’t really want to talk about it. I’m just going for my gynecological appointment. I’m not trying to have a mental breakdown.”

- white, bisexual-identified woman
Violence increases risk for poor health

Poor health increases risk for violence
People who have experienced IPV are more likely to…

- Engage in risky sexual behavior
- Experience STIs and unintended pregnancy
- Use health care more frequently over the course of their lifetime
Creating safe spaces in the clinic

“I didn’t feel comfortable sharing – just being at that time when I bottled it in. It was very hard for me to be [in the clinic] and be like, ‘hey, you know, my girlfriend…’ not knowing who is doing my STD test and whether I can tell them my girlfriend has this... how do I know I’m in a safe environment? I think that is the biggest thing you’re ever going to face.”

- white, cis-gender, gay-identified woman with a transgender partner
Unhealthy: Do you or your partner...

- Use guilt or jealousy to influence what the other person does or who they see?
- Put the other person down or make them feel bad about themselves?
- Threaten to quit the other’s gender identity, sexual orientation, HIV status or immigration status to friends, family, or at work?
- Refuse to recognize the other person’s name, pronoun, identity or preferred language?
- Control the other’s money or spending freedom?
- Restrict the other’s access to medicine (hormones, anti-anxiety/depression, PrEP/ART, substance replacement therapy, birth control)?
- Use the other’s children to control or hurt them?
- Pressure the other person to do something sexual they don’t want to do? Or fetishize or exoticize the other person’s identity and/or body without consent?

Actions like these can be harmful for your emotional and physical health. Help is available.

Do my partner(s):

- Support me and respect my choices?
- Support me in spending time with friends or family?

Do I:

- Feel comfortable talking about my feelings, sex, and other important things with my partner(s)?
- Support my partner(s), their independence, and their identities?

These are some elements of healthy relationships, which can contribute to good physical and mental health. Everyone deserves to have partners who respect them and listen to what they want and need. Ask yourself:

Do I have concerns about the way

- I am being treated?
- I am treating my partner(s)?

Unhealthy relationships can have negative effects on your health.
What is your clinic or organization doing?  
What *could* you be doing?
What does prevention look like *beyond* the clinical setting?
Bystander Intervention is the process whereby everyday people step in when they notice someone physically or emotionally harming another or interrupt conversations that condone violence.
These programs teach youth to:

1. Notice or recognize the event as something that falls among behaviors that lead to violence
2. Consider whether the situation demands action on their part
3. Decide if they have the responsibility to act
4. Choose what form of assistance to use
5. Understand how to implement the choice safely
Two approaches

Gender neutral

Gender transformative
Both approaches have evidence to support them but…
Until recently, no one had looked at whether a bystander intervention program worked the same for heterosexual versus LGBTQ youth.
We are finding in our research that...

- CDC-endorsed prevention efforts may not work for sexual minority youth
- Heterosexual youth experienced reductions in:
  - sexual violence
  - sexual harassment
  - reproductive coercion
  - physical dating violence victimization
- Sexual minority youth experienced reductions in:
  - stalking victimization

What is needed to strengthen our prevention programs and work (more broadly) with LGBTQ youth?
Thank you!
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