Screening for Domestic Violence in LGBT Patients

A supplement to

The Basics of Screening Patients for Domestic Violence

National Prevention Toolkit on Domestic Violence for Medical Professionals
Table of Contents
Medical Screenings: Screening for Domestic Violence in LGBT Patients ........... 3
Screening ............................................................................................................... 3
Privacy ................................................................................................................... 4
Introducing the conversation about abuse ......................................................... 4
Asking about abuse ............................................................................................. 4
Respond ............................................................................................................... 5
Provide Referrals ............................................................................................... 6
Medical Screenings: Screening for Domestic Violence in LGBT Patients

Domestic violence in same sex couples is very similar to domestic violence in heterosexual couples. Abusers in both heterosexual and same sex relationships typically use physical abuse, emotional abuse, financial abuse, and sexual abuse to control an intimate partner.

When screening members of the Lesbian, Gay, Bisexual, and Transgender (LGBT) community for domestic violence, health providers must be conscious and respectful of the unique need to protect a patient’s privacy and confidentiality.

Please review The Basics: Screening Patients for Domestic Violence training module before using this document to inform screening for members of the LGBT community.

Screening

Patients should be consistently screened for abuse during routine and emergency visits, according to the American Medical Association and numerous other medical associations. If there are other symptoms or conditions that can be caused by domestic violence, medical professionals should also conduct a diagnostic screening to determine the cause of those injuries/conditions.

As with all domestic violence screenings, medical professionals should:

- Ask patients about abuse in private
- Open up the topic of abuse and explain that he or she asks all patients
- Ask direct questions about abuse
- Follow up appropriately

Medical professionals who screen for domestic violence must be conscious of the individual’s needs and must work to ensure that individual privacy and safety around LGBT issues are respected.

Reminder: Please be aware of your state laws and be sure you understand your responsibility to report specific injuries.
Privacy
Privacy is exceptionally important when screening members of the LGBT community for domestic violence. Patients may not wish to be open about their sexual orientation with police, family members, or other medical staff. Additionally, there may be negative consequences associated with “outing” patients.

Take time to see the patient alone by asking the caretaker to wait in the waiting room, or wait until the patient is in an area where visitors are not permitted.

Introducing the Conversation about Abuse
Patients should be asked questions in a way that does not make them feel threatened or ashamed. It is best to start a conversation about abuse, and move on to more direct questions when trying to determine whether there has been any abuse or maltreatment.

Examples of opening the conversation about abuse:
• Because abuse affects so many people, I like to ask all of my patients about abuse.
• Domestic abuse and other types of abuse affect all relationships, which is why I ask all of my patients about abuse.

Asking about Abuse
While direct questions are best when screening, it is important to provide individuals identifying as LGBT with reassuring and affirming statements throughout screening to establish trust and comfort in the relationship. Because the consequences of disclosure are heightened in a LGBT relationship, screeners must be conscious of their language and assumptions.

Examples of opening questions:
• “Because domestic violence is such a widespread problem, I like to talk to all my patients about it. I think it’s important to let my patients know they can talk to me about domestic violence.”
• “You know, I talk to all my patients about domestic violence because it’s a public health issue. So many people are victims of harm at home. Even if you are safe at home, you may know someone who is hit or hurt by his partner.”
“I want to ask you about domestic violence. I just want you to know that this is something I ask all my patients, because it is such a widespread problem.”
“I know talking about violence in the home can be difficult, but I want to make sure my patients are safe at home, which is why I ask my patients about domestic violence.”

**Examples of direct questions:**
- “Is anyone hurting you or threatening you at home?”
- “Is your partner ever physically abusive?”
- “Do you feel afraid of your partner, or does he or she ever hurt you?”
- “Has your partner ever hurt you or threatened to hurt you?”
- “Do you feel safe around your partner?”

**Examples of affirming statements:**
- No one deserves to be abused.
- I will respect your privacy and will not disclose information without your permission (when allowed by law).
- Abuse can happen in all relationships and is never okay.
- This is not your fault.

**Respond**
If a patient discloses abuse by a partner, follow up with the patient and show support, understanding, and care for the patient.

- Tell all patients, regardless of their responses, that no one deserves to be abused and you are there for them if they need to talk about domestic violence.
- To the patient who discloses abuse:
  - Let the patient know that you know how difficult it can be to tell someone about abuse, and you are glad he or she feels safe to disclose to you.
  - Remind the patient that this is not his or her fault, and no one deserves to be abused.
  - Let the patient know that you and your staff want to help him or her in whatever ways they can.
- To the patient who does not disclose abuse, but you suspect is being abused:
Let the patient know that he or she can come to you at any time regarding abuse.

- Remind the patient that no one deserves to be abused, and you hope that if he or she is a victim in the future, he or she feels safe coming forward to you or a domestic violence advocate.

**Provide Referrals**

When referring LGBT individuals to resources in the community, consider how community resources may perceive them. Certain organizations may be more LGBT friendly than others.

Steps to referring LGBT individuals to community resources:

1. Understand your local shelter’s policies for transgender victims.
   
   Unfortunately, some shelters may not allow non-operative or pre-operative transgender women to stay in women-only shelters.

2. Become familiar with organizations that specifically work with LGBT victims, or who are welcoming to LGBT individuals.

3. When referring patients to resources, let them know that the agency is LGBT-friendly.

The following Hotlines are LGBT-friendly and can assist victims who are gay, lesbian, bisexual, transgender, or other gender and sexual minorities:

- National Domestic Violence Hotline: 1-800-799-7233
- GLBTQ Domestic Violence Project: 1-800-832-1901
- RAINN Network (Rape, Abuse and Incest): 1-800-656-4673
References


2. VAWNet. LGBT domestic violence training.  


4. Anti-Violence Project.. Policies Training for Providers  


6. Anti-Violence Project. LGBT Intimate Partner Violence 101|PPT (34 p.) by The Pride Center.  

