

Intimate partner violence in the LGBTIQ sector

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South Africa has been reported as having one of the highest rates of intimate partner violence (IPV) in the world. IPV is defined as violence between individuals in a romantic or sexual relationship; this violence encompasses physical, psychological/emotional and sexual violence. However, studies and social and behavioural change interventions have often focussed on violence amongst heterosexual couples and overlooked Lesbian Gay Bisexual Transgender Intersex Queer (LGBTIQ) people, even though studies have shown that rates of IPV amongst this group of individuals are comparable to those documented for heterosexuals¹.

This approach in understanding IPV broadly has left a gap in addressing the issue of IPV amongst LGBTIQ. Some of the key challenges in addressing IPV amongst LGBTIQ people include the difficulty in assessing the exact prevalence as a lot of cases go unreported. Furthermore, understanding the prevalence of IPV against LGBTIQ individuals is further complicated by the historical silence surrounding the issue of IPV amongst LGBTIQ people. Reasons that IPV cases are unreported is due to internalised homophobia, sexism and discrimination from service providers such as law enforcement officers and healthcare providers.

A widespread disapproval of homosexuality in South Africa has resulted in creating stigma and barriers for LGBTIQ persons from accessing important services such as health and police services. An example of this was given at a recent Hlanganisa Institute for Development peer learning workshop whereby a gay identifying man shared his experiences of secondary victimization² when seeking help at a police station after he had been assaulted by a community member for being “isitabane” (gay). The policeman told him to go back to where he comes from and it was his own fault he was beaten up. Secondary victimization has the potential impact of leading to low levels of confidence in the effectiveness as well as efficiency of service providers.

It is further impractical to conceptualize IPV broadly as impacting all individuals irrespective of sexuality in the same way, because the drivers of IPV amongst LGBTIQ people are very different to non-LGBTIQ individuals, for instance there are certain vulnerabilities associated with being in a homosexual relationship that places them at risk of IPV which is different from being in a

¹ Brown TN, Herman JL. Intimate Partner Violence and Sexual Abuse among LGBT People: A review of existing research The Williams Institute 2015.

Chen PH, Jacobs A, Rovi SL. Intimate partner Violence: IPV in the LGBT community 2013

² Behaviours and attitudes of social service providers that are "victim-blaming" and insensitive, and which traumatize victims of violence who are being served by these agencies.

heterosexual relationship, issues such as internalized stigma and the inability to open up to their family or community are some of the stressors that are likely to add to increased strain and thus leading to increased violence in their relationships.

A lot of the times resources and services that are available for people who have experienced violence at the hands of their intimate partner is targeted and marketed towards heterosexual couples, as a result of this, people in same sex relationships do not know where to turn to for information. Either than information that is not gender neutral there is the added complexity of the fear of being “Outed”³, by the particular service provider. This fear of being “outed” is directly linked to the fear of rejection and isolation from family, friends and society who might not have been aware of the individual’s sexuality.

So, the question becomes, what can be done to address intimate partner violence amongst LGBTIQ?

Many may argue that there is no need to develop IPV interventions that are specific to LGBTIQ people. However, based on the challenges stipulated above I would argue that there is definitely a need to develop tailor made interventions for this population to also reduce the prevalence of IPV. At the macro- level there is a need for advocacy efforts to ensure the protection of all IPV survivors irrespective of age, gender identity and sexual orientation when seeking services. The aim is not to isolate LGBTIQ people as a “special” group, however if we are to curb the issue of violence we need to recognise facilitators of violence differ in different groups therefore we cannot apply a blanket approach.

Furthermore, more research needs to be conducted on the prevalence of IPV amongst LGBTIQ in South Africa in order to have a deeper understanding of the extent of the problem. There is also a need for intensified sensitization training of service providers in understanding LGBTIQ as a population, training can be used as entry point in increasing knowledge but this would need to be coupled with continuous mentoring and support of service providers to ensure sustained attitude and behaviour change.

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³ To reveal the homosexuality of an individual to others