

# **Survivor Stories**

**Learning from LGBTQ/T Communities in MA**

**A Community Needs Assessment by The Network/La Red**

# Acknowledgements

**Created as a project of:** The Network/La Red

*The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, S/M, polyamorous and queer communities. Rooted in anti-oppression principles, our work aims to create a world where all people are free from oppression. We strengthen our communities through organizing, education, and the provision of support services.*

**Funded with a grant from:**

The Massachusetts Department of Public Health

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## About The Network/La Red

### Our Mission

The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, SM, polyamorous, and queer communities. Rooted in anti-oppression principles, our work aims to create a world where all people are free from oppression. We strengthen our communities through organizing, education, and the provision of support services.

### Our Anti-Oppression Principles

The Network La Red understands oppression to be an imbalance of power intrinsically linked to the privileges bestowed on some at the expense of others, based on but not limited to: race, ethnicity, gender expression and identity, class, ability, sexuality, religion, citizenship status, age, language capacity, and history of incarceration and court involvement.

Partner abuse exists to achieve and maintain control, and reflects and perpetuates the larger violent culture which condones and rewards interpersonal, institutional, and imperialist abuse of power in order to control and/or exploit groups of people. The Network/La Red links domestic violence to all other forms of violence, oppression and abuse, because the values and tactics behind each are identical.

#### Anti-oppression:

The beliefs, actions, and policies that aim to eliminate the imbalance of power within our society.

The Network/La Red defines anti-oppression as the beliefs, actions, and policies that aim to eliminate the imbalance of power within our society. Therefore, in order to do our work effectively, we believe that we must intentionally and consistently do the following:

- Identify, confront, and take action against all forms of oppression.
- Root our work in the experience of survivors.
- Develop and encourage survivor leadership.
- Support the ability and right of individuals – especially survivors – to make their own decisions.
- Recognize that individuals can simultaneously experience multiple forms of oppression and privilege. For example, while a white lesbian experiences oppression, she also benefits from white privilege.
- Work in solidarity with other movements striving to end oppression and violence.
- Hold ourselves and one another accountable to these principles.

## What We Offer

- **24-Hour Hotline:** Crisis intervention, supportive counseling, safety planning, information, and referrals, 24 hours a day, 7 days a week. Phone: 617-742-4911 or Toll-Free: 800-832-1901
- **Individual Support and Advocacy:** Safety planning, court accompaniment, information and referrals, assistance accessing and navigating social, legal, medical, and/or housing services and systems, and supportive listening/counseling.
- **Housing Pathways Program:** Safehome that offers short-term confidential shelter for survivors fleeing an abusive partner. Transitional housing that provides up to two years of rental assistance for up to 14 survivors as they work towards housing stability. Both services also offer safety planning, advocacy, and emotional support.
- **Support Groups:** Phone-based, peer-to-peer support groups with Spanish interpretation available.
- **Training and Technical Assistance:** Education on topics including, but not limited to: Partner Abuse in LGBTQ/T Communities · Working with Transgender and Nonbinary Survivors of Partner Abuse · LGBTQ/T Accessibility in Your Organization · SM Is Not Abuse
- **Visibility and Outreach:** Outreach and tabling at community events, social media, community collaborations, and media advocacy.
- **Organizing and Community Engagement:** Survivor-led relationship-building and organizing in our communities to address and end partner abuse.



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## I. Executive Summary

From April to June 2019, The Network/La Red (TNLR) surveyed 3,084 people across Massachusetts to better understand how LGBTQ/T individuals and communities think and feel about the different options for seeking help if they are worried about their safety in their relationship(s). TNLR defined safety as having “the freedom in your relationship(s) to be yourself and...make decisions about your life, your time, your body, and how you exist in the world.” The survey was conducted through a questionnaire that was distributed throughout multiple networks of LGBTQ/T communities throughout Massachusetts.

The findings in this report discuss whether LGBTQ/T individuals in Massachusetts had concerns for their safety in their relationship(s) within the past five years, where they would or did turn for support, and the catalysts for and barriers to accessing services. The findings also explore how the intersections of various identities such as gender, sexual orientation, and race, among others, play a role in LGBTQ/T folks’ experiences around partner abuse and reaching out for support.

### Among the Top Findings:

1. **Overall, 81% of survey contributors had experienced fear for their safety in a relationship within the past five years.** Those groups whose answers fell outside this norm included South Asian people (100%), transgender women/transfeminine people (94%), Southeast Asian people (90%), and people with disabilities (76%).
2. **Overall, 77% of those who had experienced this fear (survivors) had reached out at least once for support/services.** However, only 22% of transfeminine people, 38% of young people between the ages of 13-21, and 58% of people who identified as African American reached out for support/services.
3. **Survivors see LGBTQ/T-specific domestic violence organizations as an essential resource** as evidenced by responses to several differently focused questions. When asked where contributors **would** turn for support/services if they were concerned for their safety, the most common resource selected was “LGBTQ/T domestic violence organization” (52%).

- When asked where they actually **did** seek support, 91% said “LGBQ/T domestic violence organization.”
- When asked which local domestic violence (DV) program they would refer a friend to, contributors actually named an LGBQ/T-specific organization 47% of the time rather than a local mainstream DV organization.
- And finally, when asked which kind of domestic violence organization they might turn to, 61% indicated they would prefer to seek help from an LGBQ/T-specific organization. The groups whose preference for an LGBQ/T-specific organization was noticeably higher than these overall numbers fell along lines of: sexual orientation (lesbian 72%, queer 70%); gender identity (transfeminine 90%, transgender 79%, transmasculine 77%, queer 74%, nonbinary 72%); and race (Black 83%, Bi-racial 77%, South Asian 76%).

4. **The other most common resources (after LGBQ/T domestic violence program) that contributors said they would turn to were “friends” (47%), “family” (44%), and “therapist/mental health provider” (20%).**

Only 15% selected “local domestic violence organization.” The other most common places contributors actually did seek support from were friends (98%), family (97%) and “therapist/mental health provider (94%).

5. **Homophobia, biphobia, transphobia, heterosexism, and cissexism continue to negatively impact LGBQ/T survivors** as evidenced by the responses they received from family, friends, faith communities, and others. Efforts to address these issues must continue.

6. **Survivors are clear about what they need.**

- From their own community members, they want: non-judgmental, compassionate support; familiarity with

### Definitions

• **Survivor-Centered**

Refers to the practice of recognizing survivors as the experts on their own lives. This means supporting survivors in defining their own needs, making their own decisions, and treating them as competent people to be supported – not broken people in need of rescue.

• **Survivor-Led**

Based on the recognition of survivors as the experts on their own lives, refers to the practice of designing interventions and services that are grounded in survivor expertise and led by survivors.

resources; and belief in the survivor and their ability to make good decisions.

- From providers, survivors want: LGBTQ/T training and competence; knowledge of the different tactics of abuse, issues, and safety needs that LGBTQ/T survivors experience as well as the different barriers that they face; understanding how those who hold multiple marginalized identities experience partner abuse differently. **Essentially, they are looking for survivor-centered/survivor-led support and services.**

## Our Recommendations

### 1. Increased efforts in survivor-led community organizing, engagement, and awareness campaigns

Folks who are concerned for their safety often do or wish they could turn to the people they are closest to – family, friends, and other community members. DV programs should work to ensure that when they do, they are met with awareness and understanding of the issue and appropriate support.

### 2. Increased technical assistance

Technical assistance is needed to support mainstream programs in becoming more connected with LGBTQ/T communities and more culturally competent and accessible to LGBTQ/T survivors (especially those who are transgender), and to support the broader DV movement in becoming more survivor-centered and survivor-led.



### 3. Increased culturally competent support systems for LGBTQ/T youth

The opportunity exists for collaborations between LGBTQ/T youth survivors, LGBTQ/T youth groups, school-based supports, and DV programs to develop ways to fully support LGBTQ/T youth who experience abuse from someone they are dating – from inclusive dating abuse curricula to peer support groups as well as knowledgeable advocacy and other services.

### 4. Across the state, DV programs should return to our roots as a survivor-led and survivor-centered movement

Survivors are ready and able to hold leadership roles – in their own communities as well as in DV organizations – to address partner abuse.

### 5. Review and expansion of the analysis of partner abuse

The experiences of LGBTQ/T survivors are generally not reflected by an analysis that defines partner abuse as “male violence against women” or “gender-based violence.” And since analysis underpins and drives strategies to address and end partner abuse, LGBTQ/T survivors do not generally see themselves as welcomed at mainstream DV programs. An analysis that views partner abuse as related to all oppression is far more complete and encompasses the reality of LGBTQ/T survivors’ experiences.

### 6. Increased funding for LGBTQ/T-specific DV organizations

Additional funds are necessary if LGBTQ/T-specific are to expand their reach and meet the needs of LGBTQ/T communities (both geographically- and identity-based) throughout the state, and to provide the technical assistance and training needed by DV organizations and community members.

## II. Introduction

The Network/La Red defines partner abuse as, “a systematic pattern of behaviors where one person non-consensually uses power to try to control the thoughts, beliefs, actions, body, and/or spirit of a partner.” Partner abuse exists in all communities, however studies documenting partner abuse in LGBTQ/T communities unfortunately remain relatively scarce. In addition, random sampling is nearly impossible with communities who are closeted for their everyday safety. A number of studies in the 1990s and early 2000s suggested that the prevalence of LGBTQ/T partner abuse mirrors that in straight cisgender communities – from 25-33% of relationships.<sup>1</sup> In 2013, the CDC released a report on domestic and sexual violence by sexual orientation which showed that lesbians and gay men experienced partner abuse at rates equal to or higher than heterosexuals, and that bisexual women experienced higher levels.<sup>2</sup> The National Center for Transgender Equality found that 54% of transgender people had experienced some form of partner abuse.<sup>3</sup> The latest National Coalition of Anti-Violence Programs (NCAVP) report on LGBTQ/T partner abuse documented 15 DV-related homicides in 2017 (well below the actual incidence as many homicides are not recognized as relationship-related, and the report draws only from reports to member organizations).<sup>4</sup>

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<sup>1</sup> "Intimate Partner Abuse Among Gay & Bisexual Men: Risk Correlates & Health Outcomes," Journal of Urban Health, New York Academy of Medicine (2007); "Extent, Nature & Consequences of Intimate Partner Violence: Findings From the National Violence Against Women Survey," Tjaden & Thoennes, National Institute of Justice and the Center for Disease Control, (Publication #NCJ181867), Washington DC (2000); "Trans and Intersex Survivors of Domestic Violence: Defining Terms, Barriers and Responsibilities," Survivor Project, Portland, OR (1998); Violent Betrayal: Partner Abuse in Lesbian Relationships. Renzetti, Claire, Newbury Park, CA: Sage. (1992); "Frequency of physical aggression in heterosexual and female homosexual dyads," Brand and Kidd (1986) Psychological Reports, 59, 1307-1313.; Lockhart, White, Causby, & Isaac (1994); "Letting out the secret: Violence in lesbian relationships," Journal of Interpersonal Violence, 9(4), 469-492; Family violence across the lifespan. Barnett, Miller-Perrin, & Perrin, Thousand Oaks, CA: Sage (1997). Heintz, Melendez, "Intimate Partner Violence and Transgender Individuals," Journal of Interpersonal Violence, Feb 2006, Vol. 21 Issue 2, p193-208.

<sup>2</sup> "National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation," National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control and Prevention, January 2013, Atlanta GA.

<sup>3</sup> "The Report of the 2015 U.S. Transgender Survey," National Center for Transgender Equality, December 2016; available at <https://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>.

<sup>4</sup> "Lesbian, Gay, Bisexual, Transgender, Queer and HIV-Affected Hate and Intimate Partner Violence in 2017," NCAVP, available at <https://avp.org/2017-hv-ipv-report/>.

With an estimated LGBTQ/T population of 344,625 – 496,260 people (or more) across the Commonwealth<sup>5</sup>, resources for LGBTQ/T survivors are limited. Only two LGBTQ/T organizations provide survivor services – The Network/La Red and the Violence Recovery Program of Fenway Community Health. (A third, the GLBTQ Domestic Violence Project, closed in 2016.) While LGBTQ/T services offered by mainstream domestic violence organizations exist, they are often provided by a single person rather than integrated into the program as a whole.

### Definitions

- **Partner Abuse**

A systematic pattern of behaviors where one person non-consensually uses power to try to control the thoughts, beliefs, actions, body, and/or spirit of a partner

- **Safety**

The freedom in your relationship(s) to be yourself and make decisions about your life, your time, your body, and how you exist in the world

In December 2018, The Network/La Red, in conjunction with staff from the Division of Sexual and Domestic Violence Prevention and Services of the Massachusetts Department of Public Health, decided to undertake a comprehensive effort to better understand how LGBTQ/T individuals think and feel about the different options for seeking help if they were worried about their safety in their relationship(s). We hoped to use this knowledge to strengthen the organization's services as well as its efforts to eventually end partner abuse.

We are grateful to the 3,084 individuals who opted to take our survey. Their experiences and their willingness to be vulnerable in sharing their stories are crucial to creating necessary change here in Massachusetts. Thus, throughout the survey we will name them for what they are – contributors.

The survey focuses on the prevalence of concerns about safety in the LGBTQ/T community, the choices contributors would make and/or have made

regarding seeking support when feeling unsafe, their experiences of that support, and catalysts and barriers to

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<sup>5</sup> In their report, "Equality and Equity: Advancing the LGBT Community in Massachusetts," (The Boston Foundation & The Fenway Institute, May 2018, available at [https://www.tbf.org/-/media/tbf/reports-and-covers/2018/lgbt-indicators-report\\_may-2018.pdf](https://www.tbf.org/-/media/tbf/reports-and-covers/2018/lgbt-indicators-report_may-2018.pdf)), The Boston Foundation & The Fenway Institute provide several estimates of the size of the LGBTQ/T population in Massachusetts. They note: a Gallup Daily Tracking Survey, in which 5 percent of Massachusetts' total population identified as LGBTQ/T; MA Dept of Public Health reports of 7.2% of adults overall living in MA identifying as LGBTQ/T; just under 16% of young adults identifying as LGB or something else besides straight. As stated in the report, "Given today's more welcoming environment and relatively high rate of LGBT identification among 18- to 24-year-olds, it is reasonable to think that the LGBT population may, in reality, account for a greater percentage of Massachusetts' total population than 7.2%." (page 10). The Census Bureau (<https://www.census.gov/quickfacts/fact/table/MA/PST045218>) estimates the total 2019 Massachusetts population at 6,892,503. 5% of that number is 344,625, 7.2% is 496,260.

help-seeking. TNLR staff worked with research consultants to set up the survey as well as code and analyze the data. (A sample of the survey can be found in Appendix G.)

### III. Methodology

The purpose of this survey was to inform TNLR's work through gaining a better understanding of LGBTQ/T individuals' and communities' thoughts about and/or experiences with seeking help if they were worried about their safety in their relationship(s).<sup>6</sup> The survey was primarily circulated to a wide variety of stakeholders via the electronic platform SurveyMonkey. It was also distributed in paper form at Pride events across the state. The questionnaire consisted of 21 questions, with a mixture of multiple choice and open-ended questions. The survey was advertised and promoted through organizations across Massachusetts that serve LGBTQ/T communities (see complete list, Appendix A), as well as in-person and social media outreach. The data was collected completely anonymously, and data in this survey is reported in the aggregate.

Access to the survey began on April 24<sup>th</sup> 2019 and was closed on June 20<sup>th</sup> 2019. Far surpassing our original goal of 1,000 responses, in total 3,084 individuals responded to the survey. (Please note that the total contributors for each question may vary from this figure, as some participants opted to skip certain questions, and some questions allowed for multiple answers.)



### IV. Survey Limitations

While this survey represents important information from a large sample of people in Massachusetts, we recognize its limitations.



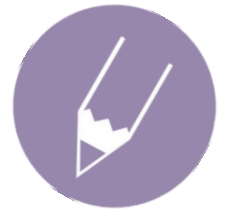
As described in further detail below, survey contributors are from across Massachusetts; however, many of these contributors are concentrated in a handful of towns/cities. Central MA and Northeastern MA had the lowest number of contributors at 12% each.

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<sup>6</sup> The survey included a definition of safety: "By safety, we mean that you have the freedom in your relationship(s) to be yourself and can make decisions about your life, your time, your body, and how you exist in the world. This feeling of safety should extend to your identity, emotional, physical, financial, cultural, spiritual and sexual well-being."

As noted above, achieving a random sample of LGBTQ/T communities is nearly impossible given that many LGBTQ/T individuals are closeted for their safety. An incentive was offered in order to make the survey more attractive through at least nominal compensation for contributors' time, however self-selection is not as reliable as a random sample.

This survey was primarily conducted online, meaning mostly only those with safe internet access could participate; those with lower income or who for other reasons do not have internet access and similar technological assets may be under-represented in this survey. While we did also distribute hard copies of surveys at Pride events around the state, those responses would be limited to individuals a) who did not have to work on weekends, b) whose religious/spiritual practices allowed for weekend attendance at events, c) who were out enough and connected to community enough to attend Pride events, d) who were safe enough to stop at our table, e) who were safe enough to complete a survey, f) who were literate, g) who didn't have disabilities that prevented them from understanding and responding to the questions, especially in an environment with lots of people and noise around them.



The survey was distributed only in English and Spanish, precluding anyone from participating who does not speak one of these languages. The survey was formatted for universal design accessibility which is intended to maximize participation for those with visual disabilities, however we cannot 100% assure that the format was fully accessible.

Another limitation is the underrepresentation of certain communities. Two such groups are folks who identified their age groups as 13-21 or 50+ years. Combined, they make up only 10% of the total number of people who answered the question about age. Up until the last month of the data collection process, due to a software glitch, folks aged 16 or younger were not able to access our survey through SurveyMonkey; this could at least partially explain the low number of contributors under 17.

People of color made up 28.2% of the total sample size. While this number approximates Massachusetts population demographics (people of color make up 28.6% of the state population<sup>7</sup>), we had aimed to gather and uplift the experiences of as many people of color as possible. These voices are widely under-represented

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<sup>7</sup> United States Census Bureau, available at <https://www.census.gov/quickfacts/MA>

in research and are often left unheard. However, even as an organization that is primarily made up of people of color, raising the number of people of color contributors proved difficult.

Approximately, 14% of those who answered the question about disability status self-identified as having a disability. While this somewhat exceeds the percentage of the Massachusetts population with a disability (11.1%)<sup>8</sup>, we had similarly hoped to amplify the experience of LGBTQ/T survivors with disabilities.

For the demographic questions, we provided many options as well as a section where folks could fill in their identity if they did not see it reflected. Although we were able to collect data on a diverse population, that also meant that when doing statistical analyses, we had to condense groups based on similarities because the number of folks in each grouping were too small. We thought long and hard and were as intentional as possible. We recognize that not everyone who we grouped together has the same experiences nor would they necessarily label themselves with the groups we created. (The complete lists of various demographic identities can be found in Appendices C-E.)

And finally, there are also limitations to the reach of this survey based on how as a society we define and portray partner abuse. Partner abuse is often seen as experienced only by cisgender heterosexual people. Societal focus is also often solely on the physical tactics of abuse, leaving out the many other ways that abusers can hold power over survivors. So, someone who is not straight, not cisgender, and/or not experiencing physical tactics of abuse may be more likely to second-guess their experiences and therefore less likely to take a survey such as this.

We are grateful to the **3,084 individuals** who opted to take our survey. Their experiences and their willingness to be vulnerable in sharing their stories are crucial to creating necessary change here in Massachusetts. Thus, throughout the survey we will name them for what they are – contributors.

## V. Demographics

Inclusion in surveys is a crucial and often elusive goal. While we made a strong effort to design this survey so that each individual could claim each of their most salient social identities, as noted above, this presented some challenges. The realities of data collection dictate that there be a minimum number of people in each

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<sup>8</sup> United States Census Bureau, available at <https://www.census.gov/quickfacts/MA>

category to run certain statistical analyses. We wanted to honor individual identities, and we wanted them to be counted. Our intention with this survey was to ensure people felt visible and heard.

The demographics of the survey sample, including age, location of residence, race/ethnicity, sexual orientation, gender identity, disability status, parental or guardian status, are included below.

### Age of Contributors

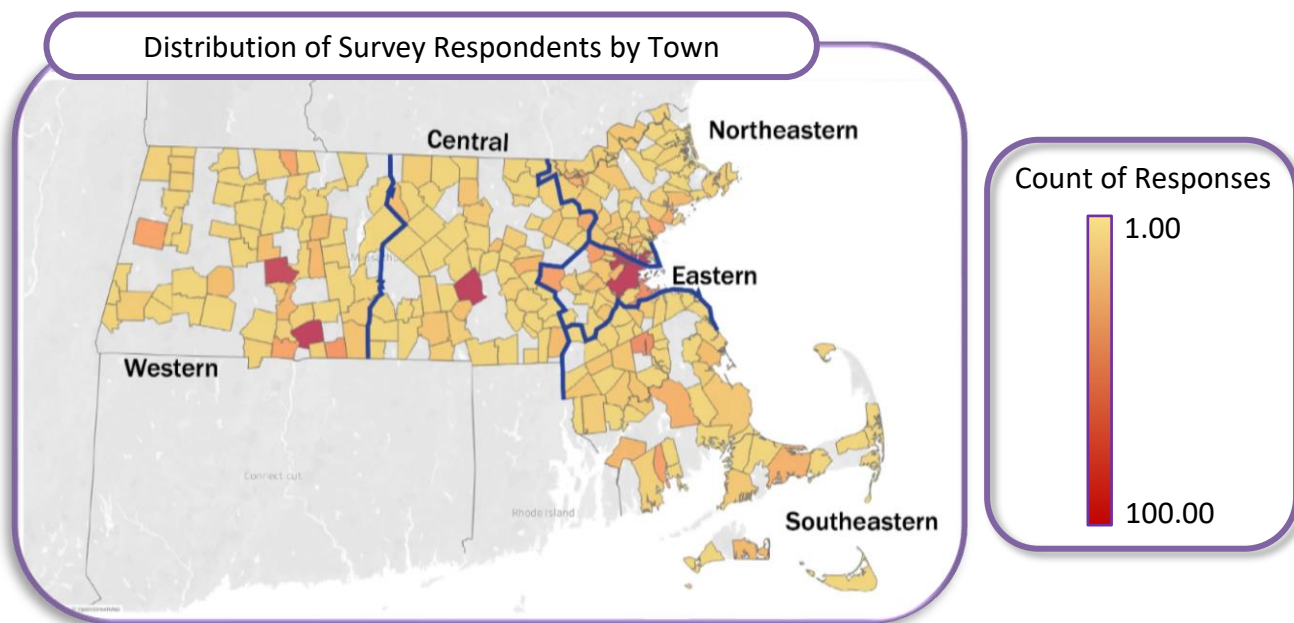
Figure 1: Age of Contributors (n=3,067)

Age Range	Number	Percentage
13 - 18	54	1.8%
19 - 24	434	14.2%
25 - 34	1,665	54.3%
35 - 44	782	25.5%
45 - 54	45	1.5%
55 - 64	49	1.6%
65 - 74	29	0.9%
75 - 84	9	0.2%

The range of ages of contributors was broad, from 13 to 84 years old. The largest group of contributors were aged 31-49 (47%; 1,455), with the second largest being 22-30 (43%; 1,330).

### Town of Residence

Figure 2: Town of Residence of Contributors (n=2,972)



Survey contributors who answered this question came from 251 Massachusetts cities and towns across the Commonwealth. (For the complete list of cities and towns, see Appendix B.)

The majority of the surveys collected came from Boston (26.85%), Worcester (4.91%), Cambridge (3.73%), Springfield (3.67%), and Northampton (3.16%). The regions with the highest responses were Eastern MA (40.38%), Western MA (21.13%), and Southeastern MA (14.74%). The two regions of the state where the lowest amount of surveys were collected were Northeastern MA (11.57%) and Central MA (12.18%).

Figure 3: Area of the State of Contributors (n=2,972)

Regions	Number	Percentage
Eastern MA Cities/Towns	1,237	40.4%
Western MA Cities/Towns	631	21.1%
Southeastern MA Cities/Towns	387	14.7%
Central MA Cities/Towns	371	12.2%
Northeastern MA Cities/Towns	346	11.6%

## Race/Ethnicity of Contributors

Figure 4: Race/Ethnicity of Contributors (n=3,084)

Race and/or Ethnicity	Number	Percentage
White American	2,216	71.8%
Latinx	269	8.7%
African American	136	4.4%
Black	111	3.6%
Southeast Asian	81	2.6%
African	73	2.4%
Jewish	74	2.4%
Indigenous/First Nation and Pacific Islander	69	2.2%
Multi-racial	56	1.8%
Black Caribbean	48	1.6%
Asian	43	1.4%
East Asian	44	1.4%
Middle Eastern/North African/Arab/West Asian	37	1.2%
Bi-racial	34	1.1%
South Asian	30	1.0%



For this question, more than one response was allowed so that each individual's identity could best be represented. White Americans made up the bulk of responses – 71.8% (2,216) of those who answered the question. The five largest groups of people of color answering the question identified as Latinx (8.7%; 269), African American (4.4%; 136), Black (3.6%; 111), Southeast Asian (2.6%; 81), and African (2.4%; 73). In addition to the listed options, contributors selected 72 unique racial/ethnic identifier terms for themselves. (See Appendix C for the full list.)

### Sexual Orientation of Contributors

*Figure 5: Sexual Orientation of Contributors (n=3,084)*

Sexual Orientation	Number	Percentage
Gay	1,018	33.0%
Lesbian	979	31.7%
Bisexual	475	15.4%
Queer	450	14.6%
Pansexual	206	6.7%
Straight	163	5.3%
Asexual	63	2.0%

For this question, more than one response was allowed so that each individual's identity could best be represented. The five most frequently reported sexual orientations of those who answered the question were gay (33%; 1,018), lesbian (31.7%; 979), bisexual (15.4%; 475); queer (14.6%; 450), and pansexual (6.7%; 206). The responses of contributors who identified themselves using a term not offered in the survey (including aegosexual, Grey-A, demisexual, dyke, fluid, kinky, panromantic, questioning, and sapiosexual) were added to the "asexual" and "pansexual" totals as the closest appropriate categories. A small number of people used their names as their sexual orientation. We did not include these in the total as we did not know which, if any, category most closely aligned with their identity. (For the complete list of terms, see Appendix D.)

Younger participants (ages 13 – 21) were more likely than other age groups to identify as asexual, bisexual, and/or pansexual.

## Gender Identity of Contributors

Contributors who answered this question identified their gender identity using a variety of terms.

Figure 6: Self-Described Gender Identity (n=3,084)

Gender Identity	Number	Percentage
Woman	1,198	38.8%
Man	1,171	38.0%
Transgender Woman/Transfeminine	348	11.3%
Cisgender	195	6.3%
Non-binary	189	6.1%
Transgender	129	4.2%
Queer	122	4.0%
Genderqueer	113	3.7%
Transgender Man/Transmasculine	107	3.5%

More than one response was allowed for this question, so that each individual's identity could best be represented. Additionally, participants were encouraged to self-identify their gender if none of the provided terms accurately described them. Gender self-identification terms used more than once included agender (9), genderfluid (7), femme (4), butch (2), two-spirit (2). Other terms that participants self-identified as included:

bi-androgyny or straight androgyny; transmasculine but not transman; in male body; intersex genderfluid; non-binary lesbian; four different individual's names; cis queer femme woman; currently genderqueer but may be a transwoman; demiboy; demigender; female physically and male etheric; gay; gender non-conforming; queer; queer femme; questioning; still figuring it out; this is hard, I don't like being in a box, I chose the one that best aligns; transwoman; transman; transmasculine; transwoman queer; trigenderfluid; two spirit.

### Definitions

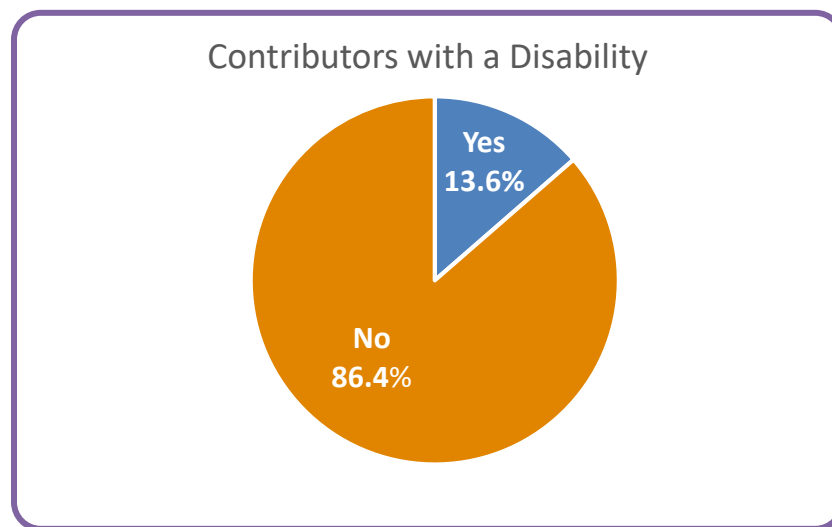
- Gender**  
 Social construct that characterizes self-expression, presentation, behavior, dress, grooming, performance and actions as masculine or feminine
- Gender Identity**  
 How one identifies on or outside of the gender binary. Someone may identify with their gender assigned at birth or may not identify with their gender assigned at birth.

Where possible, we included these responses in genderqueer or nonbinary as the closest appropriate categories. (For the complete list of terms, see Appendix E.)

Those 30 years old and under were more likely than those over 30 to identify as transgender, genderqueer, or to self-identify their gender.

### Disability Status

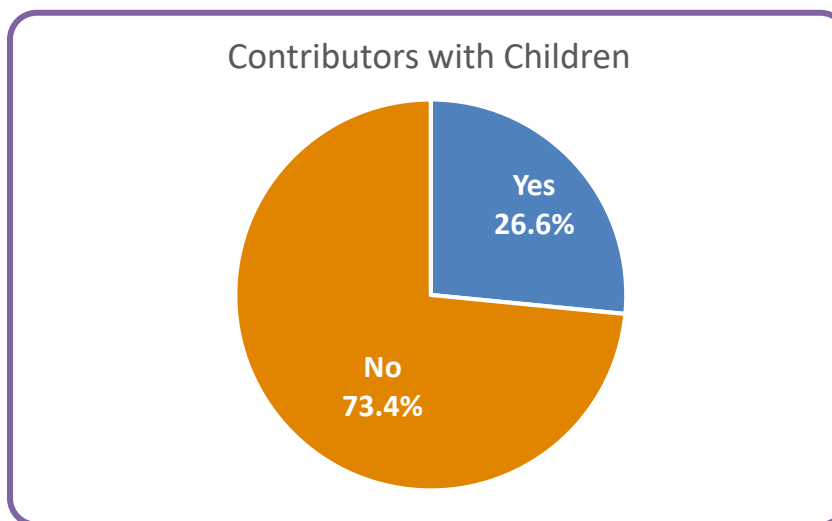
Figure 7: Self-Identified: Do you have a Disability? (n=3,007)



13.6% (409) of contributors who answered this question identified as having a disability and 86.4% (2,598) of contributors did not. 51% of those who identified as having a disability also identified as people of color.

### Parental/Guardian Status

Figure 8: Contributors who Self-Identified as having Children (n=3,009)



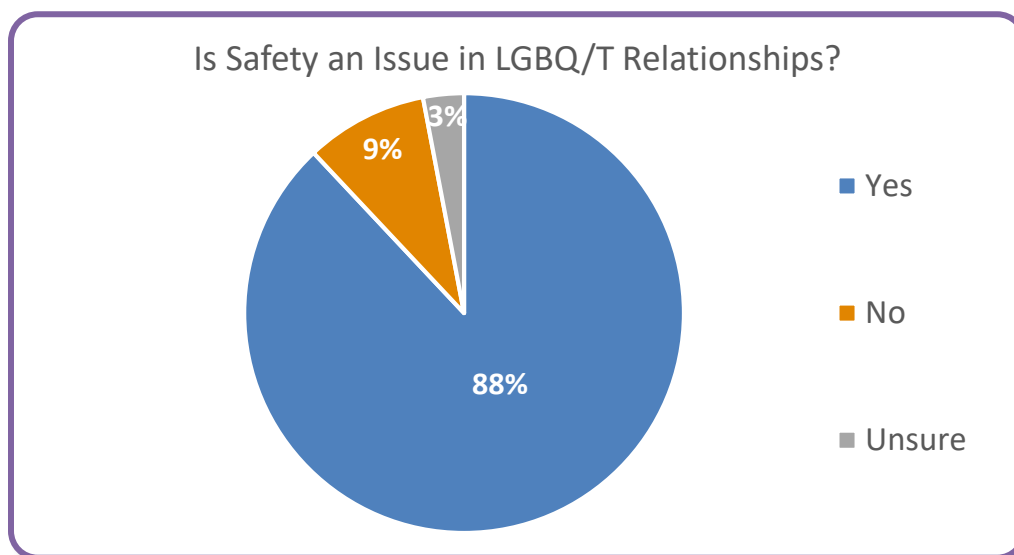
A little over one quarter (26.6%; 799) of contributors had children, while three-quarters (73.4%; 2,210) did not.

## VI. Findings

### Is Safety in Relationships a Concern for LGBTQ/T Communities?

Before asking contributors to describe their experiences in specific relationships with others, we first wanted to know if contributors felt that safety in relationships is an issue in LGBTQ/T communities as a whole. We defined safety to mean having the freedom in your relationship(s) to be yourself and make decisions about your life, your time, your body, and how you exist in the world. We proposed that this feeling of safety should extend to participants' identity, emotional, physical, financial, cultural, spiritual and sexual well-being. Of those who answered this question, 88% (2,661) said they felt safety was a concern, 9% (263) said they did not feel it was a concern, and 3% (86) reported being unsure.

Figure 9: Is Safety a Concern in the LGBTQ/T Community? (n=3,010)



### Help-Seeking Preferences

It is important to know where members of LGBTQ/T communities would want to turn for help if they began to feel unsafe in their relationship. To this end, we asked "Which supports/services would you reach out to if you

were concerned for your safety in your relationship(s)?,” allowing contributors to reply to more than one choice if desired. The most commonly selected resource was an LGBTQ/T domestic violence organization (52%; 1,589). The next most popular was the contributor’s immediate social circle – nearly half of all contributors selected “friends” (47%; 1,445) and/or “family” (44%; 1,348). Of the people who selected family, 39% also selected LGBTQ/T domestic violence organizations; of the people who selected friends, 44% also selected LGBTQ/T domestic violence organizations.

The next most popular response was “therapist/mental health provider” (20%; 616). About 14% of contributors selected “teacher/professor” (445), “local domestic violence organization” (435), “hotline” (435), or “support group” (458). “Doctor/health care provider” was selected by 13% (391), and “roommate” was selected by 11% (326).

Only 1.3% (40) of contributors indicated that they would not turn to anyone for help.

Figure 10: If you Felt Unsafe, to Whom Would You Turn for Help? (n=3,084)

Would reach out to...	Number	Percentage
LGBTQ/T domestic violence organization	1,589	51.5%
Friends	1,445	46.8%
Family	1,348	43.7%
Therapist/mental health provider	616	20.0%
Support group	458	14.8%
Teacher/Professor	445	14.4%
Hotline	435	14.1%
Local domestic violence organization	435	14.1%
Domestic violence shelter	402	13.0%
Doctor/healthcare provider	391	12.7%
Community health center	379	12.3%
Roommate	326	10.6%
Local community center	322	10.4%
Emergency room	299	9.7%

Would reach out to...	Number	Percentage
Hospital	271	8.8%
Police	270	8.8%
Legal services	235	7.6%
Mentor	236	7.6%
Homeless shelter	219	7.1%
School counselor	213	6.9%
Community leader	199	6.5%
Spiritual/faith leader	199	6.5%
Child welfare service	143	4.6%
Financial services	113	3.7%
Restraining order	114	3.7%
Victim compensation	75	2.4%
Elder services	52	1.7%
Court/Tribunal	46	1.5%
No one	40	1.3%
Other (please specify)	25	0.8%

## Reasons for Specific Types of Support-Seeking

When contributors were asked to provide reasons for their support choices, they gave complex and unique responses. Many who answered this question described a relationship that felt unsafe either currently or in the past.

Contributors consistently mentioned seeking support from familiar sources where they feel comfortable, respected, and safe. Contributors frequently referred to their identities when answering this question. In some cases, contributors referenced going only to LGBTQ/T services where they would have overall fewer concerns and would not have to do the emotional labor of educating others and/or be afraid of discrimination. As one contributor put it:

*I would turn to LGBTQ-specific services or forums so that I could talk to someone who understands my relationships more and I don't have to spend half the time educating someone or combatting microaggressions when I just want help.*

Contributors also described the difficulty of seeking help or finding and using one's voice to get the support needed:

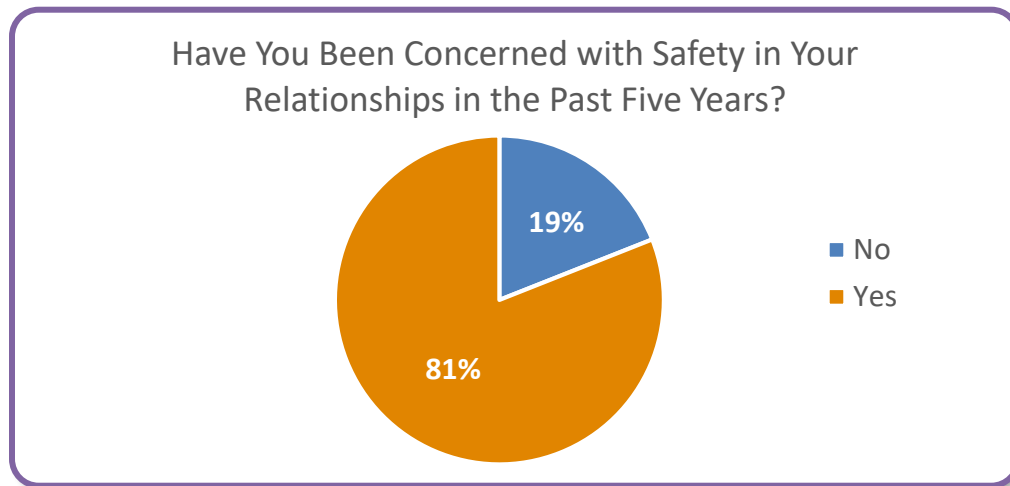
*I have a hard time being vulnerable about abuse I have experienced because even my own family doesn't understand. I stay tight within my circle and then isolate if I feel like I have no support.*

Other contributors expressed that because they hold a marginalized identity, certain options are closed off to them. As one contributor expressed, they would choose “[only] non-institutionalized settings: hospitals are not safe for Black trans bodies.” Only 9% indicated they would reach out to police as a source of support, and several explicitly stated that the police are an unsafe option for our communities. Some contributors indicated that they would approach help-seeking in a scaffolded manner. As one stated:

*I see it as a hierarchy for myself, starting with friends/family/roommates for lower key concerns, and escalating to healthcare providers and organizations if it continues to escalate.*

## Concerns for Safety in Relationships Within the Last 5 Years

Figure 11: Within the Last Five Years, Was Safety in Your Relationships a Concern for You? (n=2,989)



When asked if the contributor had feared for their own safety within the last five years, 81% (2,410) of those who answered this question indicated “yes.” Those groups whose answers fell outside this norm included South Asian people (100%; 29), transgender women/transfeminine people (94%; 324), Southeast Asian people (90%; 72), and people with disabilities (76%; 307).

## Did You Reach Out for Help?

Given 1) the high number of contributors who had experienced concern for their safety within the last five years, and 2) that most could identify a source of support they would seek, we expected to see a high percentage of help-seeking. Indeed, overall 77% (1,845) of contributors who answered this question said they did try to get help when they felt unsafe in their relationship(s).

Figure 12: Did You Try to Reach Out for Support/Services (Within the Last 5 Years)? (n=2,409)

Total	Yes	No
<b>n = 2,409</b>	<b>76.6%</b>	<b>23.4%</b>
By Disability Status	Yes	No
Disabled	81.0%	19.0%
Not Disabled	76.0%	24.0%
By Sexual Orientation	Yes	No
Asexual	64.9%	35.1%
Bisexual	83.3%	16.7%

By Sexual Orientation (cont.)	Yes	No
Gay	83.1%	16.9%
Lesbian	63.8%	36.2%
Pansexual	75.4%	24.6%
Queer	80.4%	19.6%
Straight/Heterosexual	85.7%	14.3%
By Gender Identity	Yes	No
Genderqueer	62.3%	37.7%
Man	84.7%	15.3%
Non-binary	65.8%	34.2%
Queer	70.0%	30.0%
Transgender	72.0%	28.0%
Transgender Man/Transmasculine	71.6%	28.4%
Transgender Woman/Transfeminine	22.0%	78.0%
Woman	88.9%	11.1%
By Race/Ethnicity	Yes	No
African	79.0%	21.0%
African American	57.7%	42.3%
Asian	75.0%	25.0%
Bi-Racial	73.1%	26.9%
Black	91.3%	8.7%
Black Caribbean	70.0%	30.0%
East Asian	94.4%	5.6%
Indigenous/First Nation & Pacific Islander	81.1%	18.9%
Jewish	76.9%	23.1%
Latinx	84.2%	15.8%
Middle Eastern/North African/Arab/West Indian	89.7%	10.3%
Multi-Racial	58.5%	41.5%
South Asian	62.1%	37.9%
Southeast Asian	81.9%	18.1%
White American	73.5%	26.5%

The contributors who were much more likely than the overall group to reach out for support included those who were straight (85.7%), bi (83.3%), or gay (83.1%); people who identify on as women (88.9%) or men (84.7%); and those who identified as East Asian (94.4%) or Black (91.3%). Groups who were less likely than the total sample to reach out for help included those who identified as transwomen or transfeminine (22%) and people who identified as African American (57.7%).



## Which Supports/Services Did You Try to Reach Out to (in the Last Five Years)? Were They Supportive?

The answers to this question seemed to not match up exactly with what we were asking. Upon review of the data, we found that almost every contributor indicated that they had reached out to almost every support. For example, almost everyone who answered this question indicated that they had reached out for child services even though the majority of contributors indicated that they did not have children. We do not know if “survey fatigue” was a factor or if there was something else at play, however the responses made it difficult to trust that the question was properly understood. On the advice of our research consultant, we therefore have reported only on the top six places that contributors turned to.

*Figure 13: Which Supports/Services Did You Try to Reach Out to (Within the Last 5 Years)? Were They Supportive? (n=1,932)*

Supports/Services	Did You Reach Out to This Support?	Very Supportive	Adequately Supportive	Somewhat Supportive	Not Supportive	N/A
Friends	98% (1,823)	38.2% (696)	35.4% (645)	20.7% (378)	5.0% (92)	0.7% (12)
Family	97% (1,801)	21.9% (395)	43.5% (784)	24.5% (441)	6.5% (117)	3.6% (64)
Therapist/Mental Health Provider	94% (1,800)	24.9% (448)	33.6% (605)	28.1% (505)	9.9% (179)	3.5% (63)
LGBQ/T Domestic Violence Program	91% (1,758)	42.4% (746)	27.0% (475)	18.0% (316)	6.3% (110)	6.3% (111)
Doctor/Healthcare Provider	91% (1,763)	15.3% (269)	39.3% (693)	31.4% (553)	7.8% (138)	6.2% (110)
Local Domestic Violence Program	90% (1,750)	21.4% (374)	37.4% (654)	25.8% (452)	7.8% (136)	7.7% (134)

Lining up with folks’ theoretical preferences in the previous section for where they *would* reach out for support, those who actually *did* reach out for help most commonly indicated turning to friends (98%), family (97%), therapist/mental health provider (94%), LGBQ/T domestic violence program (91%), doctor/health care provider (91%), and local domestic violence program (90%).

Overall, 73.6% of those who reached out to friends found them to be very or adequately supportive; likewise, 65.4% for family, 58.5% for therapist/mental health provider, 69.4% for LGBTQ/T domestic violence program, 54.6% for doctor/healthcare provider, and 58.8% for local domestic violence program.

It should be noted that contributors from a number of communities reported that family was “not supportive,” including those who identified as transfeminine (41.2%), transmasculine (40%), transgender (30.2%), non-binary (27.4%), and asexual (25%) individuals.

With an estimated LGBTQ/T population of 344,625-496,260 people (or more) across the Commonwealth, resources for LGBTQ/T survivors are limited. Only two LGBTQ/T organizations provide survivor services – The Network/La Red and the Violence Recovery Program of Fenway Community Health. (A third, the GLBTQ Domestic Violence Project, closed in 2016.)

## What Was it Like to Reach Out for Support?

Contributors who reached out for support when feeling unsafe in their relationship(s) indicated they experienced a variety of responses, ranging from direct and sustained support to denial and minimization.

Contributors who received support described it as affirming, comforting, and mobilizing. Many noted the crucial role support resources played in their ability to seek help. As one contributor reported, “Thankfully my friends believed me. That’s what I needed.”

Contributors indicated that help-seeking was challenging, and required a great deal of energy and courage:

*It’s really vulnerable and hard to say if it’s worse to go it alone or be inadequately supported by someone. I don’t know which is more heartbreaking.*

Another stated:

*It was complicated and confusing at first, but learning your rights, autonomy, and confidentiality are key to seeking help. I didn’t get help for a long time, but once I didn’t have a choice it saved my life.*

Contributors frequently described the challenges they faced as a result of being part of a marginalized community. One said:

*Specific difficulties for me as not out as gender queer/pansexual to a lot of my social circles. [LGBQ/T resources were] pretty much lifesaving.*

Many named first the difficulty, then concluded with the idea that it was ultimately worth it. As one stated:

*In the moment, it was hard for me to accept their advice, but looking back now I am so grateful for it. It planted the seed in my brain to help me to decide on my own to get out.*

Contributors stated that sometimes, their hesitancy in seeking help was connected to the pressure of being representative of an entire community. They feared that if they shared their experience of abuse, it would confirm oppressive stereotypes about LGBQ/T relationships being inherently unstable, immature, or unhealthy.

Many others shared they were not believed or affirmed. Their worlds, in fact, got smaller and they lost access to the people and spaces they were seeking support and safety from. One contributor said:

*It was like re-living the abuse all over again. Everyone wanted more information and hardly anyone believed me/was supportive.*

Contributors reported feeling minimized and invalidated. One person shared:

*My fear wasn't physical, so I was constantly doubting whether I deserved to feel fearful. I was constantly belittled by people who told me what I experienced wasn't abuse and I was diluting the rhetoric for other survivors.*

Other responses highlighted the fear of seeking support as people who don't fit the typical profile of a survivor of abuse. Several contributors spoke to their concerns for safety being dismissed or belittled because they were trans, masculine-presenting, disabled, or they were someone who was well known for being a leader in their respective communities.

*I wouldn't have even thought to go to a general DV org because I would just assume that they were not going to believe me because I am read as a man, queer, look pretty strong, etc.*

*I stopped reaching out after pretty much every service I reached out to either "couldn't help", [or] was transphobic or ableist.*

*It was difficult because there was a perception in the community that I was a leader/source of support because I did survivor support work and therefore that me needing support wasn't a reality.*

Furthermore, several contributors indicated that internalized homo/bi/transphobia made them hesitant to seek support, especially from organizations that do not specifically center LGBTQ/T communities.

*It's not easy reaching out. It's already difficult knowing that simply being queer may raise obstacles, but being a queer survivor is imbued with shame in the eyes of many Americans. I internalized that shame and let myself receive inadequate care because of how normalized homophobia is.*

## If You Didn't Seek Support, Why Not?

While most contributors in this survey did seek help when they felt unsafe in their relationship, it was important also to learn more from those who chose not to seek help, and their reasons for this decision. More than 1,000 contributors indicated that at some point during the relationship, they decided not to seek help.

Most indicated that fear of judgment, fear of their partner's reaction, self-blame, and/or concern about privacy and confidentiality drove their reluctance to seek support. Multiple factors often weighed on these individuals and their decision-making efforts, as reflected in the words of a contributor who said they feared "stigma, and I was worried about the other person. They were threatening to hurt me and themselves if I did anything."

Others mentioned religious oppression – whether directed at them personally from their own families or faith communities, or more on a social level from legislation and the overarching atmosphere created by anti-LGBTQ/T religious groups.

Some contributors indicated that those who served as putative support resources were anything but supportive, leading the contributors to forego reaching out. One described that they were discouraged by:

*Community leaders siding with my abuser and then victim-blaming me and other survivors when we tried to talk to them about it.*

Frequently, contributors reported feeling isolated and alone in their situation, a feeling that exacerbated the decision not to seek help. Fear of being seen as “crazy,” as “responsible for the abuse,” and “feeling embarrassed or ashamed” were factors that led many to suffer in silence.

*As the non-gestational parent who is also trans, GNC, and with fewer financial and familial resources than my [abuser], I feared my reporting the abuse officially would backfire on me and jeopardize my ability to secure custody of my child. My abuser presents much more “traditional” in terms of gender and background than myself. No one knew that she was abusive so...I felt no one would believe me.*

One survivor, who stated they were assigned-male-at-birth and identified as an immigrant, shared:

*I was not seen as someone who could be a survivor of abuse because of my body. My partner who abused me at the time was technically a member of a “more” marginalized community and weaponized social justice ideals against me. I lived for a long time with guilt until [one organization] helped me unpack “where the power lies.”*

## **If You Were to Seek Support from a Domestic Violence Organization, Which Would You Prefer?**

When asked where they would prefer to seek support if they felt unsafe in a relationship, most who answered this question showed a strong preference for receiving support from an LGBTQ/T organization.

Figure 14: What Kind of Domestic Violence Support Organization Would You Turn To? (n=2,968)



61% (1,805) indicated they would prefer to seek help from an LGBTQ/T-specific organization, while 28% (833) chose a local organization with LGBTQ/T inclusive programming, and 11% (327) stated they would prefer to seek help from a local domestic violence organization without a specific LGBTQ/T focus.

The groups whose preference for an LGBTQ/T-specific organization was noticeably higher than these overall numbers fell along lines of:

- Sexual Orientation: lesbian (72.2%), queer (70%)
- Gender Identity: transfeminine (89.8%), transgender (79.2%), transmasculine (76.8%), queer (74.2%), nonbinary (72.4%)
- Race: Black (82.6%), Bi-racial (76.5%), South Asian (75.9%)

## Would You Recommend Local DV Services to a Friend, and Which?

To assess contributors' knowledge of and confidence in the domestic violence program serving their area, we asked them to name their local domestic violence program(s) and to indicate whether they would recommend the service(s). They could also state that they didn't know any domestic violence services in their area.

Looking strictly at the numbers (n=2,963), at first glance the great majority of contributors who answered this question seemed to indicate that they would recommend their local services – 73% (2,148) said yes, 17% (507) were unsure, 2% (43) would not, and 8% (251) said they did not know of domestic violence services in their area.

Upon closer examination of the data, however, it is not nearly as clear. Of the 2,148 people who said they would recommend a local program, only 13% (271) named any services at all. Contributors named 62 different services a total of 328 times, but only 42% (26) of those services actually were local domestic violence programs (including three hospital-based programs). These programs were mentioned 101 times (31%). The rest of the services named included:

- LGBTQ/T-specific domestic violence organizations, mentioned 153 times (47%)
- Local sexual assault programs, mentioned 32 times (10%)
- National DV/SA hotlines, 4 times (1%)
- DV/SA state coalition, 11 times (3%)
- General LGBTQ/T organizations, 11 times (3%)
- Homeless shelters, 7 times (2%)
- Health services, 2 times (1%)
- Other services, 7 times (2%)



Among those contributors who said they would recommend a local program, a handful commented that they knew that the programs were inclusive. But many others stated that they 1) did not know of any services, or 2) assumed that there must be some but they didn't know their names. Others qualified their responses, such as the contributors who stated:

*I would recommend them to services/local programs, but only select the ones that I know of or have heard of as not only being LGBTQ inclusive, but have an understanding of how an LGBTQ survivor's experience/needs may differ than that of a cisgender/heterosexual person.*

And,

*I'd be careful referring trans/NB people to organizations that are not LGBTQ-specific, because I worry the orgs would be okay dealing with not-straight people but struggle with gender identities outside of cisgender men/women.*

## What Kind of Support is Needed: Family and Friends?

Family and friends were identified as crucial sources of support in contributors' minds, and many spoke clearly about the benefits and harms of the responses received from those closest to them when expressing concern about their safety. It was important, thus, to ask,



“What do you wish your family and friends knew to do and/or say, if you were concerned about your relationship(s)?”

Responses to this question were clear and impassioned, and generally articulated three common needs:

- **Non-judgmental, compassionate support:**



Giving non-judgmental time and attention to those experiencing concern for their safety was a frequent theme in response to this question. Reflecting the reality that abuse in relationships revolves around controlling behaviors, contributors noted that it is important to “be validating of experiences regardless of gender”, and “provide support and listen without trying to control my next steps or response.” Reiterating that “it’s not the victim’s fault,” contributors noted that listening, caring, and “not forcing me into actions” are key elements of this non-judgmental support, as is “tactfully discuss[ing] relationship safety without blaming it on queer relationships.”

- **Familiarity with resources:**

Being prepared to offer knowledgeable service providers who can provide new information was also named as optimal. Contributors hailed those who “know how to recognize warning signs and know resources,” and who also understand the importance of “diversity of providers! [and] making sure providers are informed about class, race, etc.” Noting that “I’d like to hear possible solutions,” contributors appreciated when friends and family were open to visiting resources together to explore options.

- **Believing in the contributor and their ability to make good decisions:**

More than being an expert on resources, though, contributors were most likely to feel ready and comfortable seeking help from friends and family when they expressed belief in the contributor and confidence in their ability to make good decisions. The ability to move forward was ensured when contributors felt their friends and family were not victim-blaming, and they “listened and held space without trying to ‘fix’ it.” That “everything I wanted to be, I already am.”



## What Kind of Support is Needed: Service Providers?

While family and friends are important sources of support, most contributors pointed to the need for accessing more formal resources. When asked, “What do you wish service providers knew to do and/or say if



you were concerned about your relationship(s)?,” contributors echoed themes similar to those expressed in the previous question. First and foremost, contributors indicated a strong desire to ensure that service providers understand, and provide information of most relevance for, the specific concerns of LGBTQ/T survivors. As one contributor stated, “I would really want them to be LGBT-competent and trained.” Other contributors broke this down further as “using gender-inclusive language,” “understand[ing] and are comfortable with non-traditional relationships (kink, poly[amory], etc.),” “not question[ing] my sexuality when I need help with my relationship,” and “understanding how queerness/transness and other identities block safe access to more traditional routes...”

Contributors also indicated the value of service providers who are non-judgmental, don’t victim-blame, center the survivor’s needs and concerns, and allow space and time to make the best decisions for their present circumstances and futures. As one contributor summed it up:

*They need to be culturally competent, not homophobic, and warm.  
They need to be empowering and meet people where they are at. They  
need to not make assumptions and always present all of the options.*

Concern for LGBTQ/T survivors’ different safety needs was also described as important to experience from service providers. One contributor stated it simply:

*I wish that DV providers always screened for power and control in  
queer relationships, instead of assuming that the first partner to seek  
services is the survivor in that partnership.*

A preference for specifically survivor-centered work – trusting the survivors’ instincts and ability to make the best decisions for themselves – coupled with safety planning, were frequently mentioned. As one contributor provided in a clear and comprehensive set of needs:

*To listen & not jump to action. To believe me & trust my decision-  
making, to check in on it and ask me questions, to tell me I deserve  
better. To give suggestions about what choices I could make.*

Once again, those who held additional marginalized identities expressed concerns that were unique and centered on the need for receptive and culturally conscious service providers. As one contributor who identified as Black described:

*It's key to understand that POC and Black folks are susceptible to slander by their abusive exes and will need support navigating, debunking, healing, and maybe legal action.*

Said another:

*I wish that they understood the complex intersecting layers of disability, transness, kink, and polyamory; the stigma of each of these layers often creates a barrier for effective listening and support, and ... can create more tension, shaming, and blaming... The stakes feel harder with service providers, whose biases and stigma have additional weight and power when held by gatekeepers of services.*

## VII. Discussion and Recommendations

The conclusions we draw from the above data fall into a number of areas, many of which overlap. For the purposes of this report we will divide those areas into: issues related specifically to survivors, community support, the wider Massachusetts movement, and TNLR's work – with the understanding that each of these areas is intertwined with the others.



Given that 81% of survey contributors were survivors, we strongly recommend that readers – whether community members, service providers, funders, and/or government agencies – use the information from this assessment to guide their response to LGBTQ/T partner abuse in their communities.

We do have one note of caution, however. We hope that readers will *not* conclude from the prevalence numbers in this study that 81% of LGBTQ /T people experience partner abuse. As noted in the introduction to this document, research suggests that partner abuse occurs in 25-54% of LGBTQ/T relationships, depending on which subcommunity the research focuses on. We believe that the high representation of survivors in this assessment is likely a reflection of where survivors find themselves at this moment: LGBTQ/T survivors have few places to talk about partner abuse, and they are eager to use such a painful experience for positive

change by adding their experiences to the body of knowledge about abuse. It is also likely that LGBTQ/T people who have not experienced partner abuse did not choose to participate in this survey possibly because they themselves are still unaware of how large an issue it is and/or they think they have little to say about it.

## Survivors

One thing that the data made crystal clear is that survivors are just waiting for the opportunity to have their stories heard. We had originally hoped for 1,000 responses to the surveys with a mix of those who had experienced partner abuse and those who had not. By the time we closed the survey, 3,084 people had submitted responses. 81% of respondents had feared for their safety in a relationship within the past five years, and had we gone back further in time, that percentage would likely have been even higher.

In their responses, survivors were quite clear about what they need, and they have a lot to teach about how to support LGBTQ/T people who are experiencing abuse. Some of what they are searching for relates specifically to their identities; they stated repeatedly that when reaching out for support, they did not want to have to educate the person they were talking with about their identities and/or the issues and barriers they faced in addressing partner abuse. They asked for awareness of the ways that both abuse as well as getting help look different for LGBTQ/T individuals. They also wanted those to whom they turned to understand how being LGBTQ/T intersects with other marginalized identities – the ways that abuse plays out when a survivor experiences multiple forms of oppression. They asked that support services become more accessible and competent, making the case for more ongoing trainings on LGBTQ/T communities and homo/bi/transphobia.

The ability to move forward was ensured when contributors felt their friends and family were not victim-blaming, and they “listened and held space without trying to ‘fix’ it.” That “**everything I wanted to be, I already am.**”

Additionally, they wanted members of their own communities as well as providers to offer support in ways that respect the survivor’s strengths, autonomy, and ability to make informed decisions about their future – or to put it more succinctly, to provide survivor-centered support.

The sheer number of survivors responding to this survey, combined with their clarity about what LGBTQ/T survivors need, made it more than apparent that survivors are ready and able to take positions of leadership

to guide community response to partner abuse – in their own communities as well as within provider organizations.

## Community Support

In some ways, contributors' descriptions of what it was like to reach out for support from community members (whether LGBTQ/T community, family, or friends) did not differ much from the experience of many straight cisgender survivors of abuse – the courage it took to reach out, the danger when support was not available, the disappointment when potential supports were unhelpful, or worse, victim-blaming or otherwise harmful. However, LGBTQ/T survivors described additional hurdles based on their identities.



Over half of survivors stated that they would not reach out to friends or family. While LGBTQ/T rights in Massachusetts have come a long way, rights and acceptance are two different things. Contributor comments suggest that a great deal of work remains to overcome the homo/bi/transphobia that LGBTQ/T survivors experience from their families and communities of origin as well as internalized homo/bi/transphobia that survivors may carry within themselves.

**People of color made up 28.2% of the total sample size.** While this number approximates Massachusetts population demographics (people of color make up 28.6% of the state population), we had aimed to gather and uplift the experiences of as many people of

In addition, awareness of LGBTQ/T partner abuse has been slowly growing in Massachusetts over the years – but knowing that abuse exists is not the same as understanding what it looks like or feels like, or how best to support survivors. Even within their own LGBTQ/T communities, misinformation and myths about partner abuse abound – contributors had to contend with denial and minimization of their experiences as well as alienation from their communities. Visibility of the issue of partner abuse, information and education campaigns directed towards LGBTQ/T community members and service providers, and publicity about resources are all essential to expanding the pool of knowledgeable supporters that survivors can reach out to.

## The Wider MA Movement

The responses to this assessment provide ample direction for the Massachusetts movement to end partner abuse and those who fund this work.

1) **As evidenced by responses to several differently-focused questions, survivors see LGBTQ/T-specific DV organizations as an essential resource.** When asked where contributors would turn for support/services if they were concerned for their safety, the most common resource selected was “LGBTQ/T domestic violence organization” (52%). When asked where they actually did seek support, 91% said “LGBTQ/T domestic violence organization.” When asked which local DV program they would refer a friend to, contributors actually named an LGBTQ/T-specific organization 47% of the time rather than a local mainstream DV organization. And finally, when asked which kind of domestic violence organization they might turn to, 61% indicated they would prefer to seek help from an LGBTQ/T-specific organization. The groups whose preference for an LGBTQ/T-specific organization was noticeably higher than these overall numbers fell along lines of:

- Sexual Orientation (lesbian 72%, queer 70%)
- Gender Identity (transfeminine 90%, transgender 79%, transmasculine 77%, queer 74%, nonbinary 72%)
- Race (Black 83%, Bi-racial 77%, South Asian 76%).

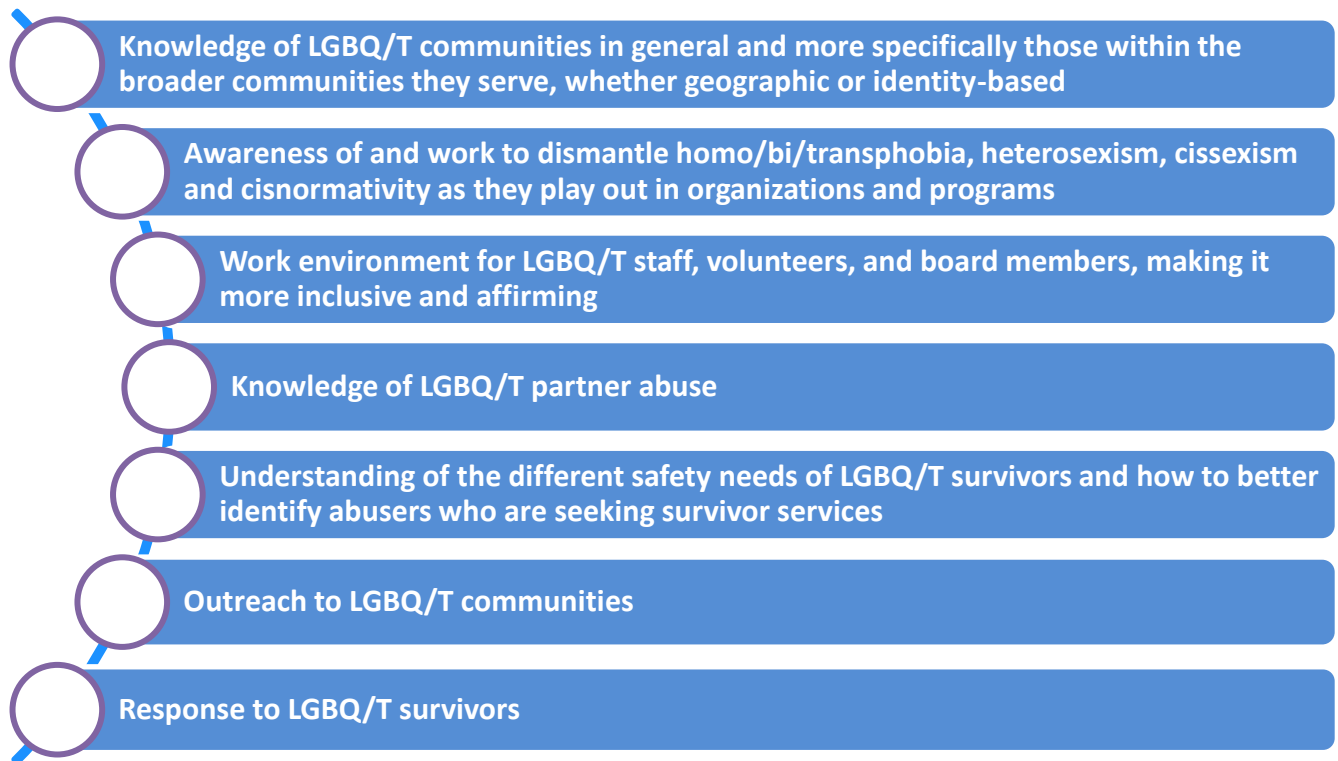
2) **Mainstream programs remain an essential resource as well** – 28% of contributors indicated a preference to seek help from a local DV organization with LGBTQ/T-inclusive programming and 11% preferred an organization without any specific LGBTQ/T focus, perhaps reflecting concerns about privacy, confidentiality, or being “outed” if they sought help from an identity-specific organization. (This could be especially true for survivors who: don’t identify as LGBTQ/T but who are in a same-sex relationship or who are involved with someone who does identify as LGBTQ/T; already face multiple oppressions and barriers related to other identities they hold; fear deportation if their sexual orientation and/or gender identity were revealed; work in sensitive positions [or whose abusers do]; are members of faith communities that would ostracize them if they were known to be LGBTQ/T; are/were abused by a leader in their LGBTQ/T community; live in small interconnected communities; etc.)



However, only 13% of those who said they would recommend their local DV program to a friend could or did name a program. And unfortunately, less than half of those services named actually *were* local DV programs, suggesting that mainstream DV organizations are not well-known in LGBTQ/T communities. It is not enough for service providers to simply say that they are welcoming or inclusive,

or to have one token assigned LGBTQ/T advocate. LGBTQ/T inclusion needs to exist at every level and program/project of the organization. They must actively reach out to LGBTQ/T survivors and then when the resulting calls come in, they must show their competence in issues specific to LGBTQ/T partner abuse. If organizations are not actively dismantling the barriers that marginalized community members experience when seeking support, they risk further isolating these survivors. So the question is not if, but how competently, programs work with LGBTQ/T survivors.

Providers can take a number of steps to become more accessible. Ongoing training, consultation, and technical assistance can improve their:



**3) Only 22% of transwomen and transfeminine people sought help.** While alarming, this is not surprising, as we know the multiple layers of systemic barriers these communities face due to their identities, including that DV organizations often lack the basic knowledge to offer adequate support. Additional funds for technical assistance and training for community-based providers and DV organizations are essential for learning how to support transgender folks – transwomen and transfeminine people in particular – and to receive ongoing information and support on best practices for providing services.

- 4) **Of young people between the ages of 13-21, only 38% reached out for help, again underscoring the need for additional visibility of the issue and outreach about resources.** However, we also believe this highlights the damage done to LGBTQ/T youth left out of some dating abuse prevention curricula and programming that focus exclusively or primarily on cisgender heterosexual youth's relationships. LGBTQ/T youth will be more likely to identify that what is happening to them is abuse if dating violence prevention activities include LGBTQ/T examples, role models, etc. The opportunity exists for collaborations between school-based supports, DV programs, LGBTQ/T youth groups, and LGBTQ/T youth survivors to develop ways to fully support LGBTQ/T youth who experience abuse from someone they are dating – from inclusive curricula to peer support groups as well as knowledgeable advocacy and other services.
- 5) **Survivors are whole people with multiple identities which cannot be siloed.** LGBTQ/T survivors are also disabled, immigrants, polyamorous, part of the BDSM community, and/or of different races, classes, ages, religions, etc. Services and resources need to be more inclusive and welcoming to survivors who hold multiple intersecting marginalized identities. While no single organization can be all things to all people, every program can do more to center the experiences of those who are marginalized as they create and implement programs. For instance, an organization that wants to develop a legal program can begin by asking itself what an undocumented, disabled, transwoman of color who doesn't speak English might need from such a program. By doing so, fewer survivors will be required to decide which identities to carry with them and which to hide as they seek services.
- 6) **Providers must expand their analysis of abuse to encompass the reality of partner abuse in LGBTQ/T communities.** Contributors to this survey stated repeatedly that:



They didn't realize that they were being abused because what they had learned about partner abuse (whether in the media, in high school health class, or elsewhere) was that it was something that cis straight men/boys do to their cis straight women/girl partners.



They didn't think they could call their local domestic violence program because the outreach/advertising they saw equated "survivor" with "she" and "abuser" with "he."



They didn't think that anyone would believe them because they were the bigger or stronger or more butch partner, or because they didn't fit into mainstream gender categories.

An analysis based exclusively on male violence against women (or its trying-but-failing-to-be-more-inclusive cousin, “gender-based violence”) is incomplete and exclusionary, and it prevents DV providers from reaching and supporting survivors fully in the ways they deserve. It also prevents them from developing effective strategies to end partner abuse. An analysis that views partner abuse as related to all oppression is far more complete and encompasses the reality of LGBTQ/T survivors’ experiences.

- 7) **This data shows us that we need to do more work as a movement in both prevention and education around partner abuse.** Increasing efforts in community organizing, engagement, and awareness campaigns are vital because folks who are concerned for their safety often do or want to be able to turn to people they are closest to, like family, friends, and other community members. For LGBTQ/T survivors in particular, the combination of societal messages about abuse being mostly physical and perpetuated by cisgender, straight men leaves many survivors internalizing messages about abuse not being possible in our communities and second guessing what is happening to them. We know that abuse happens in LGBTQ/T communities at the same or higher rates as cisgender straight women, and it is our duty as a movement to talk about this more in our outreach and education, on our websites and social media, in our paperwork, etc.
- 8) As stated above, **survivors were very clear that they were looking for survivor-centered services.** Over and over they stated that they wanted:
- To be seen as whole people
  - Information that is relevant to their particular situation
  - The space to feel the whole range of feelings they have about their abusive partner
  - To know the options and resources available to them
  - To be respected as the experts on their own lives
  - The freedom to make their own decisions

Inseparable from survivor-centered services is the need for survivor leadership within DV organizations. What started as a survivor-founded and -led social movement has turned over time into a “field” in which degreed professionals and businesspeople hold leadership positions. They then decide which programs to undertake and how and by whom those services and projects are implemented. What the responses to this survey made clear is that survivors know what they need and want, and they do not need others to speak for them. They reinforce the essential nature of the



second Service Principle from the MA Department of Public Health’s most recent procurement of services, which states:

*“...Organizations should systematically engage survivors in the planning, development, leadership, oversight and quality improvement of the program’s domestic and/or sexual violence services using the “Nothing about us, without us” philosophy. Survivor engagement and leadership values the lived experiences of survivors without exploiting or tokenizing survivors in the process.”*

- 9) **All of this work takes money – funders should increase their support for LGBTQ/T-specific DV programs** so that they can expand their reach across the state through direct services, outreach, education, organizing, and technical assistance.

## What this Means for The Network/La Red’s Work

The responses to this assessment also provide ample direction for TNLR’s work to end partner abuse.

- 1) **TNLR’s survivor-led/centered practice matches up with contributors’ stated needs for support services.** We will continue training staff on how to provide empowerment-based and survivor-led/centered services. We will also continue to prioritize hiring survivors, especially survivors of color and those holding other marginalized identities, for all levels of the organization. As TNLR continues to evolve and grow, this will allow us to remain an organization that speaks *as* survivors, rather than *for* survivors.

TNLR will continue finding and/or creating channels for LGBTQ/T survivors to lead the efforts to acknowledge, address, and end partner abuse in LGBTQ/T communities. We will continue our annual Wild Tongues event which showcases survivor visual and performing arts. Our new Survivor Leadership Series supports survivors with skill-building, experience, support, and confidence-building to raise and/or address partner abuse in their own circles and communities. And we will continue to work on developing creative ways to support survivors as they add their voices and experiences to the growing community conversations on partner abuse.

**2) Partner abuse work cannot be done in isolation.** As seen throughout the survey, survivors do not turn only to service organizations for support – they also reach out to their families, friends, and other community members. Anyone can be a source for support; thus work to address and to prevent partner abuse must take place at every level of the community. This highlights the critical need for expanding TNLR’s community capacity-building work: education/training, community awareness and engagement campaigns, leadership development for survivors, and survivor-led community conversations about abuse.



### 3) Outreach

The survey identified areas for increased outreach by TNLR.

- 1.4% of contributors indicated that they would turn to no one for help. While a low percentage, this number is still concerning, and presents an opportunity for continued outreach. Transgender women/transfeminine people as well as those who identified as African American were the groups least likely to reach out for support if they experienced abuse.
- Older (50+) and younger (13-21) participants were under-represented in the survey and may indicate a need to provide additional outreach to those communities.
- The heat map suggests that we are not as well known in the Central, Northeastern, and Southeastern parts of the state.

To address this, TNLR should:

- Ensure that our outreach (materials, social media, advertising, website) continues to include representation from these communities as well as content that speaks specifically to their experiences.
- Develop new outreach strategies specific to these identity-based communities.
- Develop a plan to increase TNLR’s visibility in these areas of the state.

With increased visibility about the issue as well as about our services, more LGBTQ/T survivors will be able to recognize that what is happening to them is abuse. And – if and when they choose to reach out – they will know that respectful and empowering support is available within the LGBTQ/T community.

#### 4) Training and TA for mainstream programs

Prior to conducting this assessment, TNLR had questioned the efficacy of our technical assistance efforts as the effects did not go as far nor did they last as long as we had hoped. We therefore developed a new approach that would a) set minimum standards for participation and b) rely more on building a Learning Community of providers who would participate together in trainings and who could help each other over time with shared ideas, strategies, and experiences. As described above, survey



contributors pointed out clearly the work that mainstream programs need to take on if they want to reach and appropriately support LGBTQ/T survivors; this provides direction for the TA providers and the Learning Community as they shape, implement, and further develop this program.

Addressing contributors' desire for survivor-centered services through direct technical assistance will unfortunately have to unfold over time. TNLR has been survivor-centered and survivor-led since our inception and is uniquely situated to develop this as a branch of our technical assistance and training work. However, current capacity limits do not allow us to focus on assisting programs beyond occasional conversations and distributing our manual "Power With, Power For: Creating survivor-centered services." We will continue to advocate for additional funds to address this clear need.

## APPENDIX A: OUTREACH AND RECRUITMENT SITES FOR COMMUNITY NEEDS ASSESSMENT

AGLY Network

Asian Taskforce Against Domestic Violence

Cambridge Women's Center

Club Cafe

De Novo Center for Healing & Justice

DotOUT

DOVE, Inc.

Dyke March

Earthdance

Elizabeth Freeman Center

Facebook Groups

- Boston Sober Queer Space
- LGBTQ+ Easthampton
- Queer and Trans POC Exchange: Boston
- Queer Disability Alliance
- Queer Exchange Plymouth, MA
- Queer Exchange Western Mass
- Queer Nightlife/Events Boston
- UniTy of the Pioneer Valley
- Worcester County LGBTQIA+

GLASS Network

Good Vibrations

Hampshire College

Keshet

LGBT Cafe/Kate's Cafe

MIT

NELA

OutNow

Planned Parenthood League of MA

Queers with Beers

Quinsigamond Community College

Tapestry Health

Trans Club of New England

Victim Rights Law Center

Westfield State University

Advertisements

- Boston Pride Guide
- Edge Boston
- Facebook
- Rainbow Times

Events Attended

- Bay State Butches Group
- Bell of the Brawl
- Berkshire Pride
- Big Gay Dance Party
- BLOWW Event
- Boston Dyke March
- Boston Pride
- Boston Youth Pride
- BrAGLY meeting
- DotOUT's Annual Spring Thang
- Drag Race Thursdays @ Club Cafe
- Kate's Cafe Monthly Dinner
- Multi-Generational Dinner for Trans, NB, and GNC Folks
- 'Out and Asian' Panel Discussion @ MIT
- Queers with Beers monthly gathering
- Quincy Pride
- Rethinking Medical Advocacy @ Tufts
- Tantra Class @ Good Vibrations

## APPENDIX B: LIST OF TOWNS/CITIES REPRESENTED BY REGION

## Northeast

Amesbury	Haverhill	Reading
Andover	Ipswich	Revere
Arlington	Lawrence	Rockport
Belmont	Lexington	Rowley
Beverly	Lowell	Salem
Billerica	Lynn	Saugus
Boxford	Malden	Stoneham
Burlington	Manchester	Tewksbury
Chelmsford	Marblehead	Tyngsborough
Chelsea	Medford	Wakefield
Danvers	Melrose	Wenham
Dracut	Methuen	West Newbury
Everett	Newbury	Winchester
Georgetown	Newburyport	Winthrop
Gloucester	North Reading	Woburn
Hamilton	Peabody	

## East

Acton	Concord	Newton
Allston	Dedham	Quincy
Auburndale	Dover	Somerville
Bedford	Framingham	Waltham
Boston	Lincoln	Watertown
Boxborough	Millis	Wellesley
Brookline	Milton	Westford
Cambridge	Natick	Westwood
Carlisle	Needham	

## Southeast

Abington	Fairhaven	
Acushnet	Fall River	
Aquinah	Eastham	Pembroke
Attleboro	Easton	Plymouth
Avon	Edgartown	Provincetown
Barnstable	Falmouth	Randolph
Berkley	Foxborough	Raynham
Bourne	Hingham	Rehoboth
Braintree	Hyannis	Sandwich
Brewster	Kingston	Scituate
Bridgewater	Mansfield	Seekonk
Brockton	Marshfield	Sharon
Canton	Martha's Vineyard	Stoughton
Carver	Middleborough	Taunton
Chatham	Nantucket	Vineyard Haven
Chilmark	New Bedford	Walpole
Cohasset	Norfolk	Wareham
Dartmouth	North Attleborough	Weymouth
Dighton	Norton	Whitman
Duxbury	Norwood	Yarmouth
East Bridgewater	Orleans	

## Central

Ashburnham	Fitchburg	
Ashby	Franklin	
Ashland	Gardner	Phillipston
Athol	Groton	Princeton
Auburn	Holden	Rutland
Ayer	Holliston	Southborough
Barre	Hopedale	Spencer
Bellingham	Hopkinton	Sterling
Berlin	Hubbardston	Sturbridge
Blackstone	Hudson	Templeton
Bolton	Leicester	Upton
Boylston	Leominster	Uxbridge
Brimfield	Marlborough	Wales
Brookfield	Maynard	Warren
Charlton	Medway	West Boylston
Clinton	Milford	Westborough
Douglas	Northborough	Winchendon
Dudley	Oakham	Worcester
Dunstable	Oxford	
East Brookfield	Pepperell	

## Western

Adams	Deerfield	Otis
Agawam	East Longmeadow	Palmer
Alford	Easthampton	Pelham
Amherst	Egremont	Petersham
Ashfield	Erving	Pittsfield
Becket	Goshen	Rowe
Belchertown	Great Barrington	Shutesbury
Berkshire	Greenfield	Southwick
Bernardston	Hadley	Springfield
Blanford	Hampden	Sunderland
Buckland	Hawley	Turners Falls
Charlemont	Hinsdale	Tyringham
Cheshire	Holyoke	Ware
Chester	Leverett	Warwick
Chesterfield	Leyden	West Springfield
Chicopee	Ludlow	West Stockbridge
Clarksburg	Monson	Westfield
Colrain	Montague	Williamsburg
Conway	Monterey	Williamstown
Cummington	North Adams	
Dalton	Northampton	

**APPENDIX C: LIST OF RACIAL IDENTITIES/ETHNICITIES OF CONTRIBUTORS & GROUPINGS**

*While every effort was made to create this survey so that everyone could name each of their identities, this presents some challenges in terms of having a sufficient number of people of all identity groups to run statistical analyses that accurately document the experience of violence among people of each group. Contributors selected 72 different race/ethnicities that reflected their identities. To both honor their experiences and get statistically significant data, we sat with ourselves and considered geography, diasporic histories, and cultural similarities, among other factors to create the fifteen main groups below.*

African	Indigenous/First Nation/Pacific Islander	<ul style="list-style-type: none"> <li>• Puerto Rican</li> <li>• Salvadoran</li> <li>• Venezuelan</li> </ul>
<ul style="list-style-type: none"> <li>• African</li> <li>• Cape Verdean</li> <li>• Ethiopian</li> <li>• Ghanaian</li> <li>• Kenyan</li> <li>• Nigerian</li> <li>• Somali</li> </ul>	<ul style="list-style-type: none"> <li>• First Nation Alaska</li> <li>• First Nation Apache</li> <li>• First Nation Blackfoot</li> <li>• First Nation Cherokee</li> <li>• First Nation Chippewa</li> <li>• First Nation Choctaw</li> <li>• First Nation Iroquois</li> <li>• First Nation Lumbee</li> <li>• First Nation Navajo</li> <li>• First Nation Sioux</li> <li>• First Nation Wampanoag</li> <li>• Hawaiian</li> <li>• Maori</li> <li>• Pacific Islander</li> <li>• Samoan</li> </ul>	Middle Eastern/North African <ul style="list-style-type: none"> <li>• Arab</li> <li>• Egyptian</li> <li>• Lebanese</li> <li>• Moroccan</li> <li>• Palestinian</li> </ul>
African American	Jewish	Multi-Racial
Asian	Latinx	<ul style="list-style-type: none"> <li>• Cajun</li> <li>• Multi-Racial</li> </ul>
Bi-Racial	<ul style="list-style-type: none"> <li>• Brazilian</li> <li>• Colombian</li> </ul>	South Asian
Black	Cuban	<ul style="list-style-type: none"> <li>• Bangladeshi</li> <li>• Nepali</li> <li>• Pakistani</li> <li>• South Asian</li> <li>• Sri Lankan</li> </ul>
Black Caribbean	Dominican	Southeast Asian
<ul style="list-style-type: none"> <li>• Bahamanian</li> <li>• Barbadian</li> <li>• Haitian</li> <li>• Jamaican</li> <li>• Trinidadian &amp; Tobagonian</li> <li>• West Indian</li> </ul>	Ecuadorean	<ul style="list-style-type: none"> <li>• Burmese</li> </ul>
East Asian	Guatemalan	<ul style="list-style-type: none"> <li>• Cambodian</li> </ul>
<ul style="list-style-type: none"> <li>• Chinese</li> </ul>	Honduran	<ul style="list-style-type: none"> <li>• Filipino</li> </ul>
<ul style="list-style-type: none"> <li>• Japanese</li> </ul>	Latinx	<ul style="list-style-type: none"> <li>• Hmong</li> </ul>
<ul style="list-style-type: none"> <li>• Korean</li> </ul>	Mexican	<ul style="list-style-type: none"> <li>• Indonesian</li> </ul>
<ul style="list-style-type: none"> <li>• Taiwanese</li> </ul>	Peruvian	<ul style="list-style-type: none"> <li>• Laotian</li> </ul>
		<ul style="list-style-type: none"> <li>• Southeast Asian</li> </ul>
		<ul style="list-style-type: none"> <li>• Thai</li> </ul>
		<ul style="list-style-type: none"> <li>• Vietnamese</li> </ul>
		White American



**APPENDIX D: LIST OF SELF-IDENTIFIED SEXUAL ORIENTATIONS**

Outside of the six options that were presented for sexual orientation in the survey, 55 contributors self-identified with additional terms that reflects their identities. To maintain confidentiality and uplift these folks' voices, their responses without identifying information are shared below. Some identities although listed once were repeated multiple times.

- Ace
- Affinity for women
- Aegosexual
- Biromantic Asexual
- Butch
- Demi(sexual)
- Demiromantic
- Dyke
- Fluid
- Gray-A(sexual)
- Gray-Ace
- Graysexual
- Homoflexible
- Humanoid
- I have chosen to NOT identify with any grouping of sexual orientation unless it is a discussion with a potential partner
- It all depends on the person, so I really don't like labels
- Kinky
- Lesbian also drawn to non-binary/ambiguous/androgynous peeps
- Pan-lithsexual
- Panromantic
- Pansexual (heteromantic)
- Poly
- Questioning
- Sapiosexual
- Somewhere in the vicinity of not straight
- Straight Androgyny

**APPENDIX E: LIST OF SELF-IDENTIFIED GENDER IDENTITIES**

Outside of the nine options that were presented for gender identity in the survey, 56 contributors self-identified with additional terms that reflects their identities. To maintain confidentiality and uplift these folks' voices, their responses without identifying information are shared below. Some identities although listed once were repeated multiple times.

- Agender
- Androgynous
- Butch
- Demiboy
- Demigender
- Female physically + male etheric
- Femme
- Gender non-conforming
- Genderfluid
- I don't like being in a box
- In male body
- Intersex Genderfluid
- Questioning
- Still figuring it out
- Trigenderfluid
- Two-Spirit

## APPENDIX F: GLOSSARY OF TERMS

**Ace** – Someone who identifies as asexual. See asexual.

**Aegosexual** – A sexual orientation on the asexual spectrum defined as someone who has a disconnect between oneself and the object of arousal. These folks might feel sexually attracted to someone or have sexual fantasies, but they themselves do not want to be personally involved in sexual activities.<sup>9</sup>

**AFAB** – Someone who was “assigned female at birth” based on their external sex organs or sex characteristics

**Agender** – Someone who doesn’t identify as having any gender – man, woman, or otherwise

**AMAB** – Someone who was “assigned male at birth” based on their external sex organs or sex characteristics

**Androgyny** – Describes a gender presentation of someone who presents/expresses their gender as neither masculine nor feminine

**Asexual** – Someone who has limited or no sexual feelings or desires for other people

**Biphobia** – Prejudice, fear, or hatred directed toward bisexual people, or people perceived to be bisexual

**Biromantic** – Someone who is romantically attracted to more than one gender<sup>10</sup>

**Bisexual** – Someone who is emotionally, romantically or sexually attracted to more than one gender<sup>11</sup>

**Butch** – An identity term often used to by queer women, particularly by lesbians, who express themselves in masculine ways<sup>12</sup>

**Cis(gender)** – Someone who identifies as the gender they were assigned at birth based on their sex organs

**Cissexism** – The belief that being cisgender is the norm or default. This creates an environment in which transgender people are seen as the exception to the rule and therefore inferior to cisgender people.

**Closeted** – Describing a person who identifies with an identity or identities under the broad LGBTQ/T umbrella, but has not shared it to some or any people in their life. Many LGBTQ/T people choose to do this for safety reasons.

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<sup>9</sup> Adapted from OU LGBTQ+ Society, available at <http://www.oulgbtq.org/acearo-spectrum-definitions.html>

<sup>10</sup> Adapted from The Tab, available at <https://thetab.com/uk/2020/02/20/what-does-it-mean-to-be-biromantic-144941>

<sup>11</sup> Adapted from Human Rights Campaign, available at <https://www.hrc.org/resources/glossary-of-terms#:~:text=Bisexual%20%7C%20A%20person%20emotionally%2C%20romantically,or%20to%20the%20same%20degree.>

<sup>12</sup> Amherst College, available at <https://www.amherst.edu/campuslife/our-community/queer-resource-center/terms-definitions>

**Demiboy** – A gender identity describing someone who partially, but not wholly, identifies as a man<sup>13</sup>

**Demigender** – Someone who feels a partial connection to a particular gender identity<sup>14</sup>

**Demigirl** – A gender identity describing someone who partially, but not wholly, identifies as a woman<sup>15</sup>

**Demiromantic** – Someone who only experiences romantic attraction after developing a strong emotional connection to another person<sup>16</sup>

**Demisexual** – Someone who typically does not feel sexual attraction to others unless they form a strong emotional bond with them<sup>17</sup>

**Dyke** – A derogatory term that has been reclaimed by many lesbians to refer to themselves

**Gay** – Someone who is emotionally, romantically or sexually attracted to members of the same gender<sup>18</sup>

**Gender** – Social construct that characterizes self-expression, presentation, behavior, dress, grooming, performance and actions as masculine or feminine

**Gender Identity** – How one identifies on or outside of the gender binary. Someone may identify with their gender assigned at birth or may not identify with their gender assigned at birth.

**Gender Nonconforming (GNC)** – Describes people whose gender expressions, whether internal or external, do not match stereotypes of how girls/women or boys/men are “supposed to” look, act, and feel, or whose gender expressions are outside of the binary of women or men

**Genderfluid** – Describes a person whose gender expression and identity are fluid and changing

**Genderqueer** – An identity commonly used by people who do not identify or express their gender within the gender binary<sup>19</sup>

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<sup>13</sup> Adapted from Ravishly, available at <https://ravishly.com/2015/11/18/what-does-mean-gender-and-sexuality-glossary>

<sup>14</sup> Adapted from Gender Wiki, available at <https://gender.wikia.org/wiki/Demigender>

<sup>15</sup> Adapted from Ravishly, available at <https://ravishly.com/2015/11/18/what-does-mean-gender-and-sexuality-glossary>

<sup>16</sup> Adapted from OU LGBTQ+ Society, available at <http://www.oulgbtq.org/acearo-spectrum-definitions.html>

<sup>17</sup> Adapted from OU LGBTQ+ Society, available at <http://www.oulgbtq.org/acearo-spectrum-definitions.html>

<sup>18</sup> Adapted from Human Rights Campaign, available at <https://www.hrc.org/resources/glossary-of-terms#:~:text=Bisexual%20%7C%20A%20person%20emotionally%2C%20romantically,or%20to%20the%20same%20degree.>

<sup>19</sup> University of Nebraska Omaha Gender and Sexuality Resource Center, available at <https://www.unomaha.edu/student-life/inclusion/gender-and-sexuality-resource-center/lgbtqia-resources/queer-trans-spectrum-definitions.php>

**Gray-A** – Short for “Gray-Asexual.” Someone who sometimes, occasionally, or rarely experiences sexual attraction<sup>20</sup>

**Heterosexism** – The belief that being heterosexual is the norm or default. This creates an environment in which LGBTQ people are seen as the exception to the rule and therefore inferior to heterosexual people.

**Homoflexible** – Someone who is predominantly attracted to others of the same gender identity but sometimes attracted to people from another gender identity<sup>21</sup>

**Homophobia** – The fear and hatred of or discomfort with people who are, or people perceived to be, attracted to members of the same gender<sup>22</sup>

**Intersex** – An umbrella term used to describe a wide range of natural biological variations of individuals who are born with a chromosomal pattern, a reproductive system, and/or sexual anatomy that does not fit typical binary notions of “male” or “female” bodies<sup>23</sup>

**Kink (Kinky)** – Refers to consensual, negotiated power exchange. Most commonly referred to as unconventional sexual practices, from which people derive varying forms of pleasure and consensually play-out various forms of desires, fantasies, and scenes. *See SM.*<sup>24</sup>

**Lesbian** – A woman who is emotionally, romantically, and/or sexually attracted to other women<sup>25</sup>

**LGBTQ/T** – Acronym for “lesbian, gay, bisexual, queer, and/or transgender”. The Network/La Red uses this acronym, rather than LGBT or LGBTQ, to honor the difference between sexual orientation and gender identity and to uphold space for multiple identities

**Lithosexual** – Someone who experiences sexual attraction to people but has no desire to have those feelings reciprocated<sup>26</sup>

**Nonbinary** – A person who does not identify exclusively as a man or a woman, as in, their gender identity is outside of the gender binary

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<sup>20</sup> OU LGBTQ+ Society, available at <http://www.oulgbtq.org/acearo-spectrum-definitions.html>

<sup>21</sup> Adapted from Montclair State University LGBTQ Center, available at <https://www.montclair.edu/lgbtq-center/lgbtq-resources/terminology/>

<sup>22</sup> Adapted from Human Rights Campaign, available at <https://www.hrc.org/resources/glossary-of-terms#:~:text=Bisexual%20%7C%20A%20person%20emotionally%2C%20romantically,or%20to%20the%20same%20degree.>

<sup>23</sup> Adapted from Intersex Human Rights Australia, available at <https://ihra.org.au/18106/what-is-intersex/>

<sup>24</sup> Adapted from Spectra Counseling, available at <https://spectracounseling.com/vocabulary-list/>

<sup>25</sup> Human Rights Campaign, available at <https://www.hrc.org/resources/glossary-of-terms#:~:text=Bisexual%20%7C%20A%20person%20emotionally%2C%20romantically,or%20to%20the%20same%20degree.>

<sup>26</sup> OU LGBTQ+ Society, available at <http://www.oulgbtq.org/acearo-spectrum-definitions.html>

**Panromantic** – Someone who is romantically attracted to others regardless of their gender identity<sup>27</sup>

**Pan(sexual)** – A person who has the potential for emotional, romantic, or sexual attraction to people of any gender identity<sup>28</sup>

**Partner Abuse** – A systematic pattern of behaviors where one person non-consensually uses power to try to control the thoughts, beliefs, actions, body, and/or spirit of a partner

**Polyamory** – A form of consensual non-monogamy where there are one or more partners at a time (also referred to as ethical or responsible non-monogamy)

**Queer** – A reclaimed word used as a positive term describing folks who are not cisgender and/or straight

**Safety** – The freedom in your relationship(s) to be yourself and can make decisions about your life, your time, your body, and how you exist in the world

**Sapiosexual** – A person who is attracted to others based on intelligence, rather than gender identity<sup>29</sup>

**Sex** – Refers to biological difference, chromosomes, hormonal profiles, internal and external sex organs.

**Sexual Orientation and/or Sexual Identity** – Describing a person's pattern of emotional, romantic, or sexual attraction to other people<sup>30</sup>

**SM** – Refers to consensual, negotiated power exchange. A generally accepted umbrella-term for a broad group of behaviors that involve the consensual giving and receiving of intense erotic sensation. SM can also be referred to as BDSM, Leather sex, Kink, Leather, and many other terms.

**Survivor-Centered** – Refers to the practice of recognizing survivors as the experts on their own lives. This means supporting survivors in defining their own needs, making their own decisions, and treating them as competent people to be supported not broken people in need of rescue.

**Survivor-Led** – Refers to the practice of recognizing survivors as the experts on their own lives and therefore designing interventions and services that are grounded in survivor expertise and led by survivors.

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<sup>27</sup> Adapted from University of North Carolina LGBTQ Center, available at <https://lgbtq.unc.edu/resources/exploring-identities/asexuality-attraction-and-romantic-orientation>

<sup>28</sup> Adapted from Human Rights Campaign, available at <https://www.hrc.org/resources/glossary-of-terms#:~:text=Bisexual%20%7C%20A%20person%20emotionally%2C%20romantically,or%20to%20the%20same%20degree.>

<sup>29</sup> Adapted from Healthline, available at <https://www.healthline.com/health/different-types-of-sexuality#why-it-matters>

<sup>30</sup> Adapted from Movement Advancement Project, available at [https://www.lgbtmap.org/tally\\_rubric](https://www.lgbtmap.org/tally_rubric)

**Transgender** – An umbrella term for people whose gender identity differs from the sex they were assigned at birth<sup>31</sup>

**Transman/Transmasculine/Transmasc (FTM, Female to Male)** – A person assigned female at birth who identifies as a man or leans towards the masculine aspects of internal or external gender expression

**Transphobia** – The fear and hatred of, or discomfort with transgender people or people perceived to be transgender<sup>32</sup>

**Transwoman/Transfeminine/Transfemme (MTF, Male to Female)** – A person assigned male at birth who identifies as a woman or leans towards the feminine aspects of internal or external gender expression

**Trigenderfluid** – Someone who experiences three gender identities, either simultaneously or varying between them<sup>33</sup>

**Two-Spirit** – An Indigenous American term for individuals who blend the masculine and the feminine<sup>34</sup>

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<sup>31</sup> Adapted from Human Rights Campaign, available at <https://www.hrc.org/resources/glossary-of-terms#:~:text=Bisexual%20%7C%20A%20person%20emotionally%2C%20romantically,or%20to%20the%20same%20degree.>

<sup>32</sup> Adapted from Human Rights Campaign, available at <https://www.hrc.org/resources/glossary-of-terms#:~:text=Bisexual%20%7C%20A%20person%20emotionally%2C%20romantically,or%20to%20the%20same%20degree.>

<sup>33</sup> Adapted from MyUmbrella, available at <https://leics-fire.gov.uk/wp-content/uploads/2016/08/flags-booklet.pdf>

<sup>34</sup> Adapted from Montclair State University LGBTQ Center, available at <https://www.montclair.edu/lgbtq-center/lgbtq-resources/terminology/>

## APPENDIX G: SURVEY SAMPLE

Thank you for taking this survey! It should take less than 15 minutes to complete. The purpose of this survey is to better understand how LGBTQ/T individuals and communities think and feel about different options for seeking help if they are worried about their safety\* in their relationship(s)\*\*.

This survey is completely confidential and all data will be reported anonymously.

Thank you for your time and participation!

**\*By safety we mean that you have the freedom in your relationship(s) to be yourself and can make decisions about your life, your time, your body, and how you exist in the world. This feeling of safety should extend to your identity, emotional, physical, financial, cultural, spiritual and sexual well-being.**

**\*\*By relationship(s) we are referring to a range of intimate relationships including but not limited to:**

boyfriend/ girlfriend	date	primary, secondary, or other non- monogamous partner	spouse	sexual partner
play partner	boo	hookup	lover	life partner

Any questions or concerns about this survey, please contact:

Charly Robles, Interim Community Organizer  
Phone: (617) 695-0877 ext. 108 or email: mobilize@tnlr.org

Tre'Andre Valentine, Director of Outreach, Education and Organizing  
Phone: (617) 695-0877 ext. 101 or email: strategize@tnlr.org.

Please return the materials by **June 20<sup>th</sup>**  
Community Needs Assessment  
The Network/La Red  
PO Box 6011 :: Boston, MA 02114





**Part 1: Demographics**

The following questions 1-7 refer to personal information about yourself.  
Please answer to your comfort level.

1. In what year were you born? \_\_\_\_\_
2. In which town/city in Massachusetts do you currently live? \_\_\_\_\_
3. How would you describe your gender? (Please check all that apply). Don't see your identity listed? Write your identity in the "self-identify" box.

Transgender <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Cisgender <input type="checkbox"/>
Transgender woman/transfeminine <input type="checkbox"/>	Genderqueer <input type="checkbox"/>	Woman <input type="checkbox"/>
Transgender man/transmasculine <input type="checkbox"/>	Queer <input type="checkbox"/>	Man <input type="checkbox"/>
Self-identify ( <i>please name</i> ):		

4. How would you describe your sexual orientation? (Please check all that apply). Don't see your identity listed? Write your identity in the "self-identify" box.

Asexual <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Pansexual <input type="checkbox"/>	Straight/heterosexual <input type="checkbox"/>
Lesbian <input type="checkbox"/>	Gay <input type="checkbox"/>	Queer <input type="checkbox"/>	Self-identify ( <i>please name</i> ):

5. Do you have a disability? \_\_\_\_ YES \_\_\_\_ NO

6. Do you have any children? \_\_\_\_ YES \_\_\_\_ NO

7. How would you describe your race & ethnicity? (Please check all that apply). Don't see your identity listed? Write your identity in the "self-identify" box.

African <input type="checkbox"/>	African American <input type="checkbox"/>	Arab <input type="checkbox"/>	Asian <input type="checkbox"/>	Bahamian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Barbadian <input type="checkbox"/>	Bi-racial <input type="checkbox"/>	Black <input type="checkbox"/>	Brazilian <input type="checkbox"/>	Burmese <input type="checkbox"/>	Cajun <input type="checkbox"/>
Cambodian <input type="checkbox"/>	Cape Verdean <input type="checkbox"/>	Chinese <input type="checkbox"/>	Colombian <input type="checkbox"/>	Cuban <input type="checkbox"/>	Dominican <input type="checkbox"/>
Ecuadorian <input type="checkbox"/>	Egyptian <input type="checkbox"/>	Ethiopian <input type="checkbox"/>	Filipino <input type="checkbox"/>	First Nation-Alaskan <input type="checkbox"/>	First Nation-Apache <input type="checkbox"/>
First Nation-Blackfoot <input type="checkbox"/>	First Nation-Cherokee <input type="checkbox"/>	First Nation-Chippewa <input type="checkbox"/>	First Nation-Choctaw <input type="checkbox"/>	First Nation-Iroquois <input type="checkbox"/>	First Nation-Lumbee <input type="checkbox"/>
First Nation-Navajo <input type="checkbox"/>	First Nation-Sioux <input type="checkbox"/>	First Nation-Wampanoag <input type="checkbox"/>	Ghanaian <input type="checkbox"/>	Guatemalan <input type="checkbox"/>	Haitian <input type="checkbox"/>
Hawaiian <input type="checkbox"/>	Hmong <input type="checkbox"/>	Honduran <input type="checkbox"/>	Indonesian <input type="checkbox"/>	Jamaican <input type="checkbox"/>	Japanese <input type="checkbox"/>
Jewish <input type="checkbox"/>	Kenyan <input type="checkbox"/>	Korean <input type="checkbox"/>	Latinx <input type="checkbox"/>	Laotian <input type="checkbox"/>	Lebanese <input type="checkbox"/>
Maori <input type="checkbox"/>	Mexican <input type="checkbox"/>	Moroccan <input type="checkbox"/>	Multi-racial <input type="checkbox"/>	Nepali <input type="checkbox"/>	Nigerian <input type="checkbox"/>
Pacific-Islander <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Palestinian <input type="checkbox"/>	Peruvian <input type="checkbox"/>	Puerto Rican <input type="checkbox"/>	Salvadorean <input type="checkbox"/>
Samoan <input type="checkbox"/>	Somali <input type="checkbox"/>	South Asian <input type="checkbox"/>	Southeast Asian <input type="checkbox"/>	Sri Lankan <input type="checkbox"/>	Taiwanese <input type="checkbox"/>
Thai <input type="checkbox"/>	Trinidadian & Tobagonian <input type="checkbox"/>	Venezuelan <input type="checkbox"/>	Vietnamese <input type="checkbox"/>	West Indian <input type="checkbox"/>	White American <input type="checkbox"/>
Self-identify (please name):					

**Part 2: Survey Questions**

In answering questions 8-21, please share your thoughts and experiences in seeking help if you are or have been concerned for your safety\* in your relationship(s) within the last **5 years**.

Please share as much or as little as you like.

\*By safety, we mean that you have the freedom in your relationship(s) to be yourself and can make decisions about your life, your time, your body, and how you exist in the world. This feeling of safety should extend to your identity, emotional, physical, financial, cultural, spiritual and sexual well-being.

8. Do you think safety in LGBTQ/T relationship(s) is an issue for LGBTQ/T communities?

\_\_\_ YES \_\_\_ NO \_\_\_ UNSURE

9. Which supports/services would you reach out to if you were concerned about your safety in your relationship(s)? Please check all that apply.

Family	Friends	Roommate	Spiritual/Faith leader	Community leader
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor	Teacher/Professor	School counselor	Therapist/Mental Health provider	Local community center
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor/Healthcare provider	Hospital	Emergency room	Community Health Center	LGBTQ/T domestic violence organization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local domestic violence organization	Domestic violence shelter	Homeless shelter	Hotline	Support group
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder services	Child welfare services	Legal services	Police	Court/Tribunal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restraining Order	Financial Assistance	Victim Compensation	No one	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify):				

10. Please share your reasons for choosing these supports/services. Please share as much or as little as you like.

11. Please think back on your last 5 years and relationship(s) within that time. Have you ever been concerned for your safety\* in your relationship(s)? \_\_\_\_YES \_\_\_\_NO

**\*By safety we mean that you have the freedom in your relationship(s) to be yourself and can make decisions about your life, your time, your body, and how you exist in the world. This feeling of safety should extend to your identity, emotional, physical, financial, cultural, spiritual and sexual well-being.**

If you answered YES to Q. 11 go to Q. 12

If you answered NO to Q. 11 go to Q. 16 (on page 7)

12. Did you try to reach out for support/services (within the last 5 years)? \_\_\_\_ YES \_\_\_\_ NO

If you answered YES to Q. 12 go to Q. 13

If you answered NO to Q. 12 go to Q. 15 (on page 7)

13. Which supports/services did you try to reach out to (within the last 5 years)? Were they supportive?

Supports/Services	Very supportive	Adequately supportive	Somewhat supportive	Not supportive	N/A
Family					
Friends					
Roommate					
Spiritual/Faith leader					
Community Leader					
Teacher/Professor					
Mentor					

Supports/Services	Very supportive	Adequately supportive	Somewhat supportive	Not supportive	N/A
Doctor/Healthcare provider					
Therapist/Mental Health provider					
School counselor					
Local Community Center					
Hospital					
Community Health Center					
Emergency Room					
LGBQ/T specific domestic violence organization					
Local domestic violence organization					
Domestic violence shelter					
Homeless shelter					
Long-term housing					
Hotline					
Support Group					
Elder services					
Child welfare services					
Legal services					
Police					
Court/Tribunal					
Restraining order					
Financial Assistance					
Victim Compensation					
Other (specify):					

14. What was it like reaching out for support? Please share as much or as little as you like. **SKIP to Q. 16**

15. What prevented you from reaching out for support? Please share as much or as little as you like.

16. Sometimes when people are concerned about their relationship(s) they reach out to domestic violence organizations for support. If you were to seek support from a domestic violence organization, which would you prefer?

- ☐ LGBQ/T specific domestic violence organization
- ☐ Local domestic violence organization
- ☐ Local domestic violence organization with LGBQ/T inclusive programming

17. If you had an LGBTQ/T friend who is concerned for their safety\* in their relationship(s), would you recommend the domestic violence services in your area? Please share as much or as little as you like.

**\*By safety we mean that you have the freedom in your relationship(s) to be yourself and can make decisions about your life, your time, your body, and how you exist in the world. This feeling of safety should extend to your identity, emotional, physical, financial, cultural, spiritual and sexual well-being.**

Name of domestic violence services in your area	YES I would recommend this service	NO I would not recommend this service	UNSURE I don't know if I would recommend this service	N/A I don't know any services in my area

18. What do you wish your family and friends knew to do and/or say if you were concerned about your relationship(s)?

19. What do you wish service providers knew to do and/or say if you were concerned about your relationship(s)? By service providers we mean anyone you consider to be a resource (that is not family or a friend).

20. If there was a focus group held in your area to talk about safety in relationship(s), would you be interested?   ☐ YES   ☐ NO   ☐ UNSURE

21. Is there anything else you would like for us to know?

**THANK YOU FOR YOUR TIME AND FOR SHARING YOUR THOUGHTS AND EXPERIENCES!**

**This survey is completely confidential AND all data will be reported anonymously.**