Victimization and Help-Seeking Experiences of LGBTQ+ Individuals

Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) individuals are at increased risk for experiencing violence and the negative impacts associated with violence, including stress, PTSD symptoms and injury. LGBTQ+ victims are an underserved victim population in Illinois despite these increased risks. Individuals from underserved victim groups, such as people of color, those who identify as LGBTQ+, or those who are homeless are less likely to seek, access, or receive services following victimization. This article will explore how victimization and help-seeking experiences of LGBTQ+ victims in Illinois differ from those of non-LGBTQ+ victims, and how experiences may vary based on a victim's LGB identity (i.e., lesbian/gay versus bisexual). It concludes with implications for policy and practice and suggestions for how to improve victim service delivery for LGBTQ+ victims and highlights areas for further research to inform how the state can better meet the needs of underserved victim populations.

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Introduction

Research indicates LGBTQ+ individuals are more likely to be victims of certain types of crimes than heterosexual- or cisgender-identified (i.e., individual whose gender identity corresponds to the sex they were assigned at birth) individuals. A nationally representative study of men and women found that women living with same-sex partners were one-and-a-half times more likely to be physically assaulted by an intimate partner and three times more likely to experience rape than women living with opposite-sex partners.[1] This same study found that men living with same-sex partners were three times more likely to be physically assaulted by an intimate partner than men living with opposite-sex partners.[2]

Reported rates of victimization vary within the LGBTQ+ community as well, indicating one's sexual orientation and gender identity may further distinguish victimization experiences. This may be particularly true for bisexual persons as a nationally representative survey of lifetime experiences of intimate partner violence (IPV) found that more bisexual women (46 percent) reported rape in their lifetime than heterosexual women (17 percent) and lesbian women (13 percent).[3] Regardless of the victim's relationship to the perpetrator, bisexual women were twice as likely to experience stalking as heterosexual women.[4] Bisexual men and women also were more likely than gay/lesbian or heterosexual men and women to report violence perpetrated by an intimate partner (i.e., rape, physical violence, and/or stalking).[5] Other researchers report that bisexual women are more likely to experience different types of victimization, such as child or adult sexual abuse, childhood neglect, and intimate partner violence than lesbian women.[6] [7] Research is limited on factors that may increase the risk of bisexual individuals' victimization despite higher risk and prevalence for multiple forms of victimization.

Individuals who identify as LGBTQ+ also experience disproportionate amounts of hate or bias-motivated crime.[8] Research estimates between 2 and 6 percent of the population in the United States identify as LGBTQ+,[9] yet 13 percent of hate crimes reported via the 2012 National Crime Victimization Survey were related to the sexual orientation of the victim[10] and 20 percent of hate crimes reported to police in 2015 involved sexual orientation or gender identity bias.[11] Over three-quarters (77 percent) of hate crimes perpetrated against LGBTQ+ victims were crimes against persons involving bodily harm or threat of bodily harm, such as intimidation, aggravated assault, and murder.[12] Some research suggests one's gender identity may differentiate hate crime risk. Nearly 70 percent of LGBTQ+ bias-motivated homicides reported to the National Coalition of Anti-Violence Programs in 2016 involved transgender or gender nonconforming persons.[13]

Impact

Regardless of one's specific victimization experiences, these incidents can impact a person's overall health and well-being. Research suggests these impacts are distinct for LGTBQ+ victims. In a national probability sample of LGB adults, victims of a bias

crime experienced more psychological distress (i.e., depression, anxiety, and traumatic stress) than LGB victims of a non-bias crime.[14] In a survey of violent crime victims who sought medical treatment at a public hospital, researchers found that even after controlling for crime type and trauma and abuse histories, LGBT victims experienced greater stress and anxiety than heterosexual victims. [15] Among women who had experienced intimate partner violence, more than half of bisexual women (57 percent) and about one-third of lesbian women (34 percent) reported negative outcomes, such as PTSD symptoms, safety concerns and injury, as a result of their victimization.[16] In comparison, about 28 percent of heterosexual women reported negative outcomes.[17]

Support systems and help-seeking

The availability of strong social support systems to whom individuals can disclose victimization experiences and receive help is associated with improved victim outcomes and well-being.[18] Victims may seek help from formal, such as victim service providers and police and informal support sources, including family, friends, and intimate partner. When help is sought, LGBTQ+ victims are more likely to request help from informal sources of support than formal sources, with friends being the primary disclosure recipients.[19][20][21] LGBTQ + victims' disclosure to other informal support sources was as high as 60 percent for family members.[22] Assistance from friends was generally rated as positive by study participants, [23] while the perceived helpfulness of family members was mixed. One study found the majority of LGBTQ+ victims of domestic violence perceived the support they received from family (74 percent) and parents (67 percent) to be helpful,[24] but other researchers reported far fewer gay, male victims perceived relatives to be helpful (20 percent).[25]

Research suggests there are lower rates of formal support help-seeking among LGBTQ+ victims compared to non-LGBTQ+ victims and these help-seeking rates may differ based on one's sexual orientation or gender identity. Few LGBTQ+ victims seek support from medical professionals (8 percent) and domestic violence agencies (4 percent).[26] One study found LGBT victims in same sex relationships were less likely to seek help from domestic violence service providers than heterosexual victims.[27]

However, studies surveying LGBTQ+ victims who are actively seeking services showed LGBTQ+ victims were more likely to seek help from medical professionals (studies range from 27 to 44 percent), victim service providers (43 percent to 67 percent) and mental professionals (41 to 75 percent) than other formal support sources.[28] [29] Researchers also found that lesbian women were more likely than gay men to seek support from a mental health professional, but this finding may be due to gender differences rather than sexual orientation.[30]

LGBTQ+ victims are less likely to report to police. In a national study of LGBTQ+ IPV victims, one-third of respondents indicated they never reported the crime to police.[31] In a study comparing reports of hate crime to law enforcement and community-based organizations in Los Angeles, Calif., researchers found lesbians were significantly less likely to report their victimizations to police than gay men.[32]

Experiences with formal support systems

LGBTQ+ victims who have shared their victimization experiences with formal support sources report having largely negative interactions. Shelters have been rated as one of the least helpful sources of support by LGBTQ+ IPV victims,[33] with almost half of victims reporting being denied access to an emergency shelter (44 percent), where gender identity was the primary reason given for denial of services.[34] Transgender victims have reported denial of services because the policies and practices of victim service providers were heteronormative.[35] Alternatively, a study of gay men showed support received from gay men's domestic violence programs was helpful,[36] suggesting that services designed to specifically meet the needs of LGBTQ+ individuals may be integral to effective and supportive service delivery for LGBTQ+ individuals.

Interactions with police following victimization have been described as unhelpful, or harmful, among samples of LGBTQ+ victims. In one study nearly one-third of LGBTQ+ victims (31 percent) who contacted police for assistance with IPV reported the victim rather than the offender was arrested.[37] Others stated the police were hostile or indifferent.[38] Research suggests transgender persons are more likely than cisgender

persons to report police inadequately addressed their IPV, sexual assault, and property complaints.[39]

Beyond interactions with victim service providers and police, the perceived helpfulness of other formal systems, such as mental health and medical professionals, varies by study. In one sample of LGBTQ+ victims, most participants described support from a counselor (89 percent) or medical doctor (78 percent) as helpful,[40] but other researchers reported substantially fewer study participants perceived psychologists (25 percent) and medical doctors (7 percent) to be helpful.[41]

Barriers to help-seeking

Research points to several factors that may contribute to lower rates of help-seeking among LGBTQ+ victims. Across multiple studies, stigmatization has been identified as a potential barrier to help-seeking. A nationally representative study of LGBT adults found that a substantial number of LGBT adults reported being rejected by friends or close family members because of their sexual orientation or gender identity (39 percent), and nearly 29 percent reported feeling unwelcome in religious settings.[42] Stigma about an individual's LGBTQ+ identity may result in these negative reactions and impact victims' help-seeking. For instance, a study of gay men cited stigmatization as a barrier to seeking help from police and shelters,[43] and also may be a reason LGBTQ+ victims did not report to police.

Not being out may be another barrier to help seeking.[44][45] Perpetrators may threaten to expose LGBTQ+ victims' identity to keep victims silent or provoke feelings of shame about one's identity to justify violence. Others may internalize stigma, shaping their understanding of victimization, contributing to feelings of shame, self-blame, and guilt, and decreasing the likelihood they will engage in help-seeking behaviors.[46] In a national sample of LGB adults, 55 percent reported feeling some degree of stigmatization related to their LGB identity. [47] One study found that shame associated with being in a same-sex relationship was one reason mothers gave for not disclosing IPV to their children. [48] Furthermore, LGBTQ+ victims may anticipate negative reactions from non-LGBTQ service providers due to their sexual orientation and avoid seeking help from such sources.[49]

Current Study

To better understand the needs and experiences of LGBTQ+ victims of crime, the present study explores results from an Illinois statewide needs assessment in 2016.[50] ICJIA contracted with Aeffect, Inc. to administer an online survey to Illinois residents on their victimization experiences, needs following victimization, and help-seeking experiences. Individuals were primarily recruited for participation in the study via an online consumer panel invitation, with an additional portion of participants learning about the study through Illinois victim service providers. In this article, data are analyzed to explore differences in experiences among LGBTQ+ and heterosexual victims, as well as differences among lesbian/gay and bisexual victims.

Sample

A total of 1,569 individuals completed the online victim needs assessment survey. Most participants lived in Chicago (41 percent) or the Chicago collar counties, including suburban Cook county[51] (30 percent), with other participants from Central Illinois (13 percent), Northern Illinois (8 percent), and Southern Illinois (8 percent). Most participants were White or Caucasian (75 percent), followed by Black or African American (11 percent), Hispanic or Latino (9 percent), Asian (6 percent), or Other (2 percent).[52] Most participants had some form of post-secondary education or training (85 percent). The participants' average age was 47 years, with ages ranging from 18 to 92 ($SD = 16.3$).

Most participants identified as female (70 percent). Less than one-third identified as male (29 percent) and only four participants identified as transgender male or gender queer/non-conforming (less than 1 percent). When asked about their sexual orientation, most participants reported identifying as heterosexual (89 percent), with the remaining 11 percent identifying as lesbian or gay (3 percent), bisexual (3 percent), queer/questioning (1 percent), or other (1 percent). Three percent did not indicate sexual orientation. About half of the participants had experienced victimization at some point in their lifetime (52 percent).

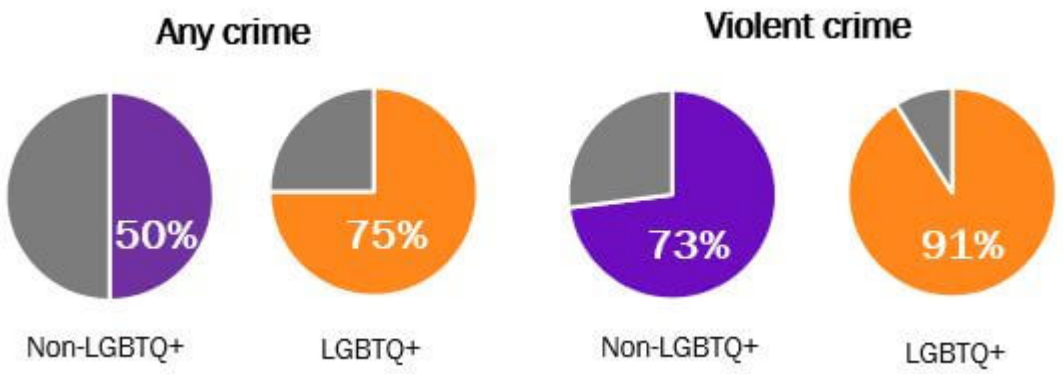
Findings

Victimization

Individuals who identified as LGBTQ+ were more likely to report having been victimized at some point in their lifetimes than non-LGBTQ+ individuals (χ^2 [1, n = 1,515] = 26.54, p < .000; *Figure 1*). Additionally, LGBTQ+ victims were more likely to have experienced a violent crime in their lifetimes,[53] compared to non-LGBTQ+ victims (χ^2 [1, n = 790] = 13.29, p < .000). Victims who identified as LGBTQ+ (M = 3.11, SD = 2.24) also reported significantly more victimization experiences than non-LGBTQ+ victims (M = 2.39, SD = 2.02), t(788) = -3.12, p = .002. These findings suggest LGBTQ+ individuals are at greater risk than non-LGBTQ+ persons of not only being victimized, but of experiencing a violent victimization and a larger number of victimization experiences.

FIGURE 1

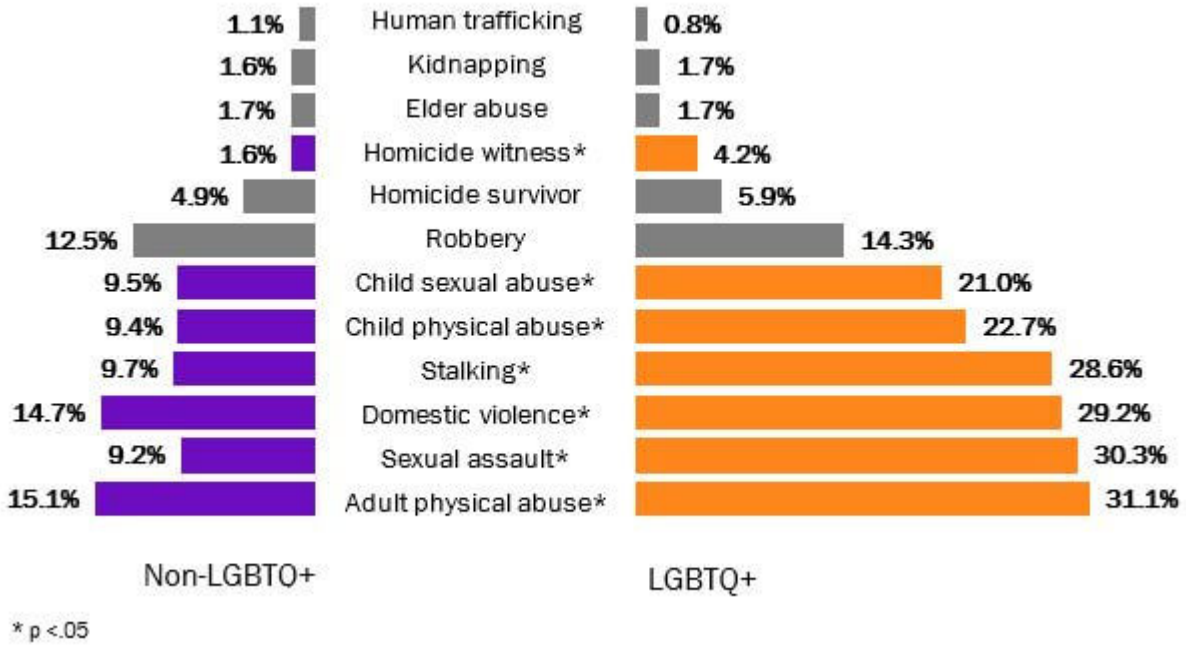
VICTIMS OF CRIME



LGBTQ+ individuals also were more likely to experience certain types of victimization, specifically sexual assault, domestic violence, stalking, physical abuse as an adult, physical or sexual abuse as a child, or to have witnessed a homicide (*Figure 2*). There were no differences between the percentages of LGBTQ+ and non-LGBTQ+ victims for robbery, homicide, and elder abuse, kidnapping, and human trafficking.

FIGURE 2

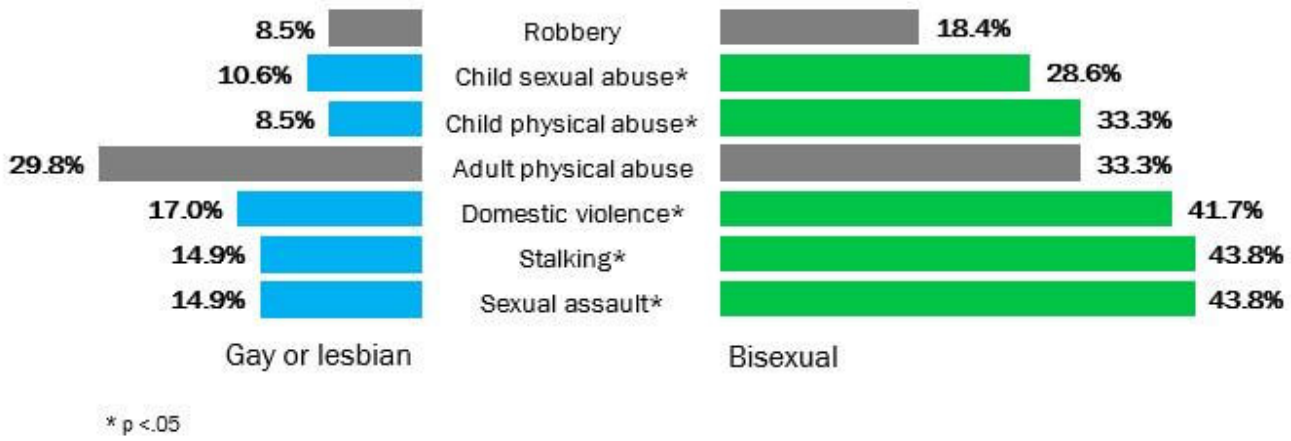
VICTIMIZATION TYPE



While there was no difference in overall number of victimization experiences between gay or lesbian individuals and bisexual individuals, χ^2 (1, n = 95) = 3.00, p = .083, some significant differences emerged across victimization types. Specifically, bisexual individuals were more likely to have experienced sexual assault, stalking, domestic violence, and child physical or sexual abuse than gay or lesbian individuals (*Figure 3*). There were no differences in victimization for adult physical assault and robbery.[54]

FIGURE 3

VICTIMIZATION TYPE BY LGBTQ+



Victims identifying as LGBTQ+ were more likely to report having experienced a hate crime: [55] than victims who did not identify as LGBTQ+, χ^2 (1, n = 731) = 13.05, p < .000. Researchers did not find any differences in the likelihood of experiencing a hate crime between gay or lesbian identified and bisexual identified individuals, χ^2 (1, n = 65) = .002, p = .964. Researchers were not able to test if transgender or gender non-conforming individuals were more likely to experience hate crime than cisgender individuals due to sample size restrictions to (n = 4).

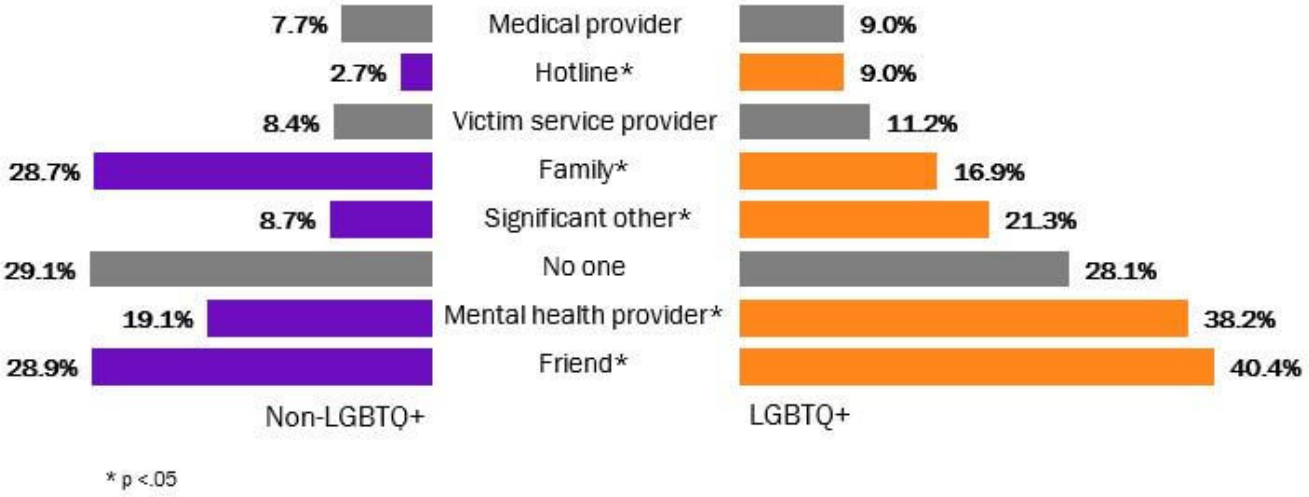
Help-seeking

Friends and mental health providers were the support sources that most LGBTQ+ identified victims reported seeking out for help, whereas medical providers, victim service providers, and hotlines were least likely to be sought for help (*Figure 4*). In examining whether help-seeking behaviors differed based on a victim's LGBTQ+ or non-LGBTQ+ identity researchers found no difference in whether victims sought help from others, but bisexual victims were significantly less likely to seek help (20 percent) than gay or lesbian victims (47 percent), χ^2 (1, n = 72) = 5.91, p = .[^015]: While there were no overall differences in overall help-seeking, researchers learned the type of support victims sought varied by LGBTQ+ versus non-LGBTQ+ identity. For instance, LGBTQ+ victims were more likely to contact a hotline, reach out to mental health providers for help, and seek support from friends or significant others (*Figure 4*). But they were less likely to seek help from family members and were no more likely to seek help from victim service providers and medical providers than non-LGBTQ+ victims. Two-thirds of LGBTQ+ victims indicated they did not report

their most impactful experience to police compared to half of non-LGBTQ+ victims, χ^2 (1, n = 774) = 9.01, p = .003.

FIGURE 4

SUPPORT SOURCE



Participants also rated the helpfulness of these formal support sources. LGBTQ+ victims (M = 3.76, SD = 1.08) reported the support they received from mental health providers were less helpful than the help non-LGBTQ+ victims received from these sources (M = 4.14, SD = 0.89), t(166) = 1.93, p = .031. There were no differences in the helpfulness of other formal support sources (i.e., medical providers, hotlines, victim service providers, family, significant others, and friends).

Researchers found that among informal support sources, LGBTQ+ victims (M = 3.73, SD = 0.80) reported family members as less helpful than the support non-LGBTQ+ victims received from these sources (M = 4.22, SD = 0.93), t(213) = 2.02, p = .045. No other differences were seen in how LGBTQ+ victims perceived the helpfulness of other informal sources (e.g., friends, significant others) compared to non-LGBTQ+ victims.

Barriers to help-seeking

LGBTQ+ victim participants who did not report their most impactful victimization to police cited anticipated negative responses from police as affecting their decision to report. More than one-third of LGBTQ+ victims indicated they did not report to police because they did not think the police could do anything to help (39 percent). Other top reasons LGBTQ+ victims did not report to police were the concern they would be blamed (34 percent), the belief that police would not do anything to help (32 percent), and the concern they would not be believed (32 percent). LGBTQ+ victims were more likely than non-LGBTQ+ victims to cite these factors as barriers to reporting the victimization to police. [56]

LGBTQ+ victims reported a lack of knowledge or availability of service providers and anticipated negative responses were among the top barriers to service seeking and receipt. Not knowing how to access services was the greatest barrier to both service seeking (25 percent) and receipt (12 percent), with more LGBTQ+ victims reporting this barrier than other victims.[57] They were also more likely than non-LGBTQ+ victims to cite a lack of local providers as a barrier to receiving services, at 11 percent and 6 percent, respectively, χ^2 (1, n = 790) = 5.73, p = .017. Anticipated negative reactions impacted LGBTQ+ victims' decisions to seek services. More LGBTQ+ victims than non-LGBTQ+ victims feared they would be blamed or not believed (17 percent), χ^2 (1, n = 789) = 6.90, p = .009. Others did not believe services would be helpful (14 percent).

Recommendations for Policy and Practice

Ensure LGBTQ+ individuals are screened for victimization

LGBTQ+ individuals are victimized at higher rates than non-LGBTQ+ individuals and are more likely to experience certain types of violent victimizations, including adult physical assault, domestic violence, sexual assault, and abuse. Given that one's LGBTQ+ identity may be a risk factor for victimization, social service agencies and LGBTQ+ providers can assist by screening LGBTQ+ individuals for victimization and providing connections to needed trauma-informed resources and services.

Develop victim service provider and LGBTQ+ provider partnerships

By partnering, victim service providers and LGBTQ+ providers, whose services are tailored to meet the needs of LGBTQ+ individuals, can offer more comprehensive services that are more sensitive to the unique needs of LGBTQ+ victims. Victim service providers can gain knowledge around how to best serve LGBTQ+ victims while LGBTQ+ providers can increase their understanding of victimization and learn how to improve their capacity to serve victims. These partnerships also have the potential to create more seamless referral networks, in which victim service providers have more direct knowledge of LGBTQ+ service providers best equipped to meet the needs of clients and LGBTQ+ providers can refer victims to LGBTQ+ allied victim service providers.

Provide services to meet LGBTQ+ victims' needs

LGBTQ+ victims often have limited service provider options in more rural parts of the state. Rural areas may not be densely populated enough to substantiate specialized services[58] or to specialize in providing services for a particular underserved victim population. Therefore, all providers should be trained on how to sensitively respond to LGBTQ+ victims who may have extensive trauma histories, including experiences with discrimination and prejudice and prior negative help-seeking experiences with formal support providers (e.g., police, medical professionals, and social service agencies). In addition, if providers are not equipped to meet LGBTQ+ victims' needs there should be established agency protocols ensuring victims are connected to appropriate services. In equipping more providers to sensitively respond to LGBTQ+ victims¸ providers improve LGBTQ+ victims' connection to and engagement with services.

Victim service providers can make themselves more welcoming to LGBTQ+ victims by openly identifying themselves as allies. They can display posters in their offices, graphics on their websites, and make posts on social media to indicate they are LGBTQ+ friendly providers. Another way is to ask clients' preferred gender pronouns and names and to use them during all client interactions.

Provide victim services for all gender-identified victims

Historically, cisgender women and children have benefited most from Illinois' victim services structure. As a result, victims identifying as cisgender male, transgender male, transgender female, genderqueer, or another gender identity may be less likely to seek services. Victim service providers should explore how their current programming can be expanded to include services for all gender-identified victims.

Train and educate formal support providers. LGBTQ+ victims anticipate receiving negative responses from police and victim services providers, impacting their decision to seek help from these support sources. And while LGBTQ+ victims are more likely to seek help from mental health professionals, they report this support source as less helpful. These findings suggest training and education on how to sensitively assist LGBTQ+ victims using a non-stigmatizing and victim-centered approach is needed. Local LGBTQ+ service and national technical assistance providers can help police departments, victim services providers, and mental health professionals receive training directly or by connecting them to other training resources.

Establish a provider grievance system

LGBTQ+ victims seeking help from formal support providers report these sources to be largely unhelpful, with some victims being denied services or treated with hostility or indifference. By providing a mechanism through which LGBTQ+ victims can speak out about negative help-seeking experiences, they may regain a sense of power and control. This system could help identify providers who may be unintentionally contributing to negative help-seeking experiences, decreasing the likelihood that LGBTQ+ individuals will seek future help.

Conduct more research on LGBTQ+ victim needs and provider capacity

LGBTQ+ victims are more likely than non-LGBTQ+ victims to experience a violent victimization or a hate crime and report more victimization experiences. As a result, the services they need may differ, requiring a greater focus on victimization types LGBTQ+ victims are more likely to experience and the service needs associated with these victimization types. Further research is needed to better understand how the

needs of LGBTQ+ victims overlap with and diverge from non-LGBTQ+ victims and learn more about the ability of LGBTQ+ providers and victim service providers to meet those needs. Research should also examine how the needs of LGBTQ+ victims differ by their sexual orientation and gender identity. These data can promote informed discussions of violent victimization in the LGBTQ+ community and enlighten public health or criminal justice initiatives to assist victims and improve service and engagement.

Conclusion

Individuals identifying as LGBTQ+ are at heightened risk for violent victimization and experience substantially worse outcomes than non-LGBTQ+ victims. They also are more likely to experience certain types of violent victimizations, including domestic violence, sexual assault, and child abuse, with bisexual victims having an even more increased risk than gay or lesbian victims.

When seeking support, LGBTQ+ victims are more likely to rely on informal support sources, largely viewed as helpful, than formal support sources, which garnered low rates of perceived helpfulness. Unhelpful interactions with formal providers may negatively impact future help-seeking behaviors. LGBTQ+ victims cited anticipated negative responses among the top reasons they did not seek help from formal sources, which may be related to prior experiences they have had with the providers or experiences of others within the LGBTQ+ community.

Providers, funders, and researchers can work to improve the help-seeking experiences of LGBTQ+ victims. Providers can take steps to screen LGBTQ+ clients for victimization, improve agency capacity to serve LGBTQ+ victims, and address concerns related to service access and receipt expressed by victims. Funders can support these initiatives by designating funds for services to this traditionally underserved victim population and by providing a mechanism through which LGBTQ+ victims can voice concerns related to service access and receipt. Researchers can inform the work of providers and funders through the continued research of LGBTQ+ victim needs, including how needs vary within this population and provider capacity to meet these needs. Collaboratively, these agencies may work to define and

implement best-practice models of service delivery that are sensitive to the experiences and needs of LGBTQ+ victims of crime.

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50. See Aeffect, Inc. (2017). *2016 Victim Needs Assessment.* Chicago, IL: Illinois Criminal Justice Information Authority. Retrieved from https://research.icjia.cloud/files/2016_ICJIA_Victim_Needs_Assessment_Summary_Report-190913T22142297.pdf ↩

51. Collar counties include Lake, DuPage, Will, McHenry, and Kane counties. ↩

52. Percentages exceed 100% because participants were able to select more than one race. ↩

53. Violent crime was defined as adult physical assault, child abuse/assault, domestic violence, driving under the influence, elder abuse, homicide, human trafficking, kidnapping, and rape/sexual assault. ↩

54. Other victimization types could not be examined due to sample size. ↩

55. Survey participants indicated if they perceived the crime(s) they experienced were related to their race, gender, religious affiliation, or sexual orientation. ↩

56. Chi-square analysis values for barriers to reporting to police. Police could not help: χ^2 (1, n = 403) = 7.36, p = .007; Police would blame them: χ^2 (1, n = 403) = 6.91, p = .009; Police would not help χ^2 (1, n = 403) = 7.02, p = .008; Police would not believe them: χ^2 (1, n = 403) = 6.36, p = .012. ↩

57. χ^2 (1, n = 789) = 5.39, p = .021 and, χ^2 (1, n = 790) = 4.23, p = .040, respectively. ↩

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