

Queer and Trans Asians and Pacific Islanders:

Strengths, Resources, and Barriers for
Preventing Domestic Violence-Related Homicides

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Introduction

This report discusses an exploratory qualitative research project examining risk and protective factors for preventing domestic violence-related homicides (**DV homicides**) among queer and trans Asians and Pacific Islanders² (**QTAPIs** - see [Glossary](#) for definitions of key terms), which we refer to as the **QTAPI Project**. In this report, we share our research process and findings, as well as the learnings and recommendations that emerged from these findings.

Context

The QTAPI Project evolved from the Domestic Violence Homicide Prevention Demonstration Initiative (**DVHPDI**), which was a White House-driven Demonstration Initiative funded by the Office on Violence Against Women in the U.S. Department of Justice. The DVHPDI launched in 2013 and was a multiyear, two-phase project intended to assist local sites nationwide in reducing DV homicides through promising prevention models. Part of its mandate was to adapt risk assessment tools and accompanying interventions to be culturally appropriate, so a team of Culturally Specific Technical Assistance Providers, including the Asian Pacific Institute on Gender-Based Violence (**API-GBV**), were engaged to ensure that cultural considerations were addressed and integrated into prevention models. This team also helped surface risk and protective factors unique to or particularly relevant for culturally specific communities, as well as highlighted culturally specific community-based prevention solutions, resources, promising practices, and models. The QTAPI Project evolved out of a set of questions related to culturally-specific DV homicide prevention that included examining: 1) risk factors beyond the interpersonal/single perpetrator-single victim sphere; 2) cultural context beyond just racial/ethnic identity; and 3) victims/survivors of domestic violence (**DV**)³ who are living at the intersections of identities that are marginalized beyond their racial/ethnic identity. More about the DVHPDI can be found [online](#) and in [Appendix A](#).

Team

The QTAPI Project was a collaboration between API-GBV and the National LGBTQ Institute on Intimate Partner Violence, a fellow Domestic Violence Resource Network member organization. Between these two organizations, the team of five brought a range of identities, skills and experiences to the process. The team had one white and four API team members, who self-identify as Punjabi, Pakistani, mixed Iranian/white, and mixed Asian/white. Team members self-identified as queer, bisexual, non-binary, pansexual, femme, cisgender, and/or straight. While the majority of the team did not identify as QTAPI, every team member was a part of LGBTQIA+ and/or API communities. A majority of the team also holds extensive experience in supporting DV survivors, within both nonprofit and community contexts, and several team members identify as survivors, themselves. Some of the team members had high level skill in research and data analysis, while others were very new to the research process. The team members exchanged knowledge in order to equip the most marginalized team members with necessary skills to participate in integral phases of the project, such as conducting interviews and qualitative analysis. The team members with the most relevant lived experience as QTAPI advocates and survivors shared integral cultural context and insights in order to shape the vision and direction of the research and analysis. See [Appendix B](#) for full bios of our team members.

² We use the term “queer and trans Asians and Pacific Islanders” or QTAPI, rather than a different term such as LGBTQIA+ API, (which refers to people who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual, or other sexual orientations and/or gender identities beyond cis and straight - refer to the Glossary for more info) throughout this report. We chose this because the majority of our participants, as well as members of our team, prefer this term. However, we understand that others within these communities may prefer different nomenclature, a reflection of the heterogeneity of this broader community which we acknowledge and honor. We’d also like to recognize that we first encountered the term “QTAPI,” (pronounced CUE-TEE-A-P-I) for queer and trans Asians and Pacific Islanders, through [NQAPIA](#), a federation of LGBTQ Asian American, South Asian, Southeast Asian and Pacific Islander organizations.

³ We generally use the term “survivor” throughout this report, though we recognize that some prefer the term “victim;” when discussing homicide, we do use “victim,” instead. Similarly, for the sake of simplicity we use the term “domestic violence” for reasons described in the Glossary, although we recognize the overlap and differences with related terms such as “intimate partner violence” and “gender-based violence,” and that in some cases, either/both of those terms could arguably fit better.

Background

Our research built on the collective knowledge and wisdom of team members gleaned from their lived experience, professional expertise, and the academic literature. While time did not permit a comprehensive literature review, the team did conduct a scan of the literature regarding QTAPI survivors and DV homicide, to help shape our research design and questions. Because we could not find any references to DV homicide prevention specifically for QTAPI survivors, we broadened our scope to look at sources that discussed DV-related homicide prevention more generally, as well as the experiences of API, LGBTQIA+, and QTAPI DV survivors and homicide victims.

We found that DV homicides of women (sometimes called “femicides” to highlight the gendered nature of the phenomenon) are unfortunately not uncommon,⁴ and when victims leave or attempt to leave the abuser, it increases their risk for femicide.⁵ Abusers’ access to firearms also greatly increases the risk of femicide⁶; there is a high correlation between DV and mass shootings, especially familicide mass shootings.⁷ People besides the victim and abuser, such as children, neighbors, and police officers, are often killed as a result of the violence.⁸ For API victims of DV homicide, this includes very young children (frequently victims of familicides), extended family (usually parents of the victim), and homicides-suicides.^{9,10} Community studies have found that some groups of API women are victims of DV homicides at rates disproportionate to their share of the population.^{11,12,13} In contrast, accurate accounts of the frequency and nature of DV homicides of LGBTQIA+ victims are difficult to produce because victims’ sexual orientations and/or gender identities are often inaccurately described by police and media outlets, and the relationship between the abuser and the victim is often mischaracterized as friendship or roommates.¹⁴ One statewide fatality review suggested that the criminal legal system’s inability to distinguish between the abuser and victim in a same-sex relationship, the poor relationships between law enforcement and LGBTQIA+ and communities of color, and the lack of culturally-specific DV supports for those communities all contribute to the systemic failure to protect LGBTQIA+ DV homicide victims.¹⁵

We also looked at resources, strengths, and barriers for preventing DV more generally among API, LGBTQIA+, and QTAPI survivors, as further clues to what may help prevent DV homicides. Much of the literature focuses on risk factors and barriers. For API survivors, known factors affecting access to and use of DV services include the lack of socio-culturally tailored and linguistically accessible assistance programs; fear, avoidance, or lack of knowledge of systems- and program-based supports; and myriad structural, institutional, and socio-cultural barriers to help-

⁴ Bureau of Justice Statistics, Intimate Partner Violence: Attributes of Victimization, 1993-2011 (Special Report NCJ243300)

⁵ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health*, 93(7), 1089–1097. <https://doi.org/10.2105/ajph.93.7.1089>

⁶ Campbell, J. C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Laughon, K. (2003). Risk factors for femicide in abusive relationships: results from a multisite case control study. *American Journal of Public Health*, 93(7), 1089–1097. <https://doi.org/10.2105/ajph.93.7.1089>

⁷ Krouse, W., & Richardson, D. (2015). *Mass Murder with Firearms: Incidents and Victims, 1999-2013*. Congressional Research Service. <https://sgp.fas.org/crs/misc/R44126.pdf>

⁸ Meyer, E., & Post, L. (2013). Collateral Intimate Partner Homicide. *SAGE Open*, 3(2). <https://doi.org/10.1177/2158244013484235>

⁹ Dabby, C., Patel, H., & Poore, G. (2017, August 1). Shattered lives: Homicides, domestic violence and Asian families, 2010. *Asian Pacific Institute on Gender-Based Violence Website*. <https://www.api-gbv.org/resources/shattered-lives-homicides-domestic-violence-asian-families>

¹⁰ Sabri, B., Campbell, J. C., & Dabby, F. C. (2016). Gender differences in intimate partner homicides among ethnic sub-groups of Asians. *Violence Against Women*, 22(4), 432–453. <https://doi.org/10.1177/1077801215604743>

¹¹ Pobutsky, A., Brown, M., Nakao, L., & Reyes-Salvail, F. (2014). Results from the Hawaii domestic violence fatality review, 2000-2009. *Journal of Injury & Violence Research*, 6(2), 79–90. <https://doi.org/10.5249/jivr.v6i2.473>

¹² Fawcett, J. (2010). *Up to Us: Lessons learned and goals for change after thirteen years of the Washington State Domestic Violence Fatality Review* (p.22-24). Washington State Coalition Against Domestic Violence. <http://wscadv.org/wp-content/uploads/2016/12/2010-dvfr-report.pdf>

¹³ Yoshihama, M., Dabby, C., Luo, S. (2020, October). *Facts & Stats Report, Updated & Expanded 2020: Domestic Violence in Asian & Pacific Islander Homes* [Report] Asian Pacific Institute on Gender-Based Violence. <https://www.api-gbv.org/resources/facts-stats-dv-api-homes/>

¹⁴ Tillery, B., Ray, A., & Cruz, E. (2018). *Lesbian, gay, bisexual, transgender, queer and HIV-affected hate and intimate partner violence in 2017*. Emily Waters; National Coalition of Anti-Violence Programs. <https://avp.org/wp-content/uploads/2019/01/NCAVP-HV-IPV-2017-report.pdf>

¹⁵ Fawcett, J. (2010). *Up to Us: Lessons learned and goals for change after thirteen years of the Washington State Domestic Violence Fatality Review* (p.22-24). Washington State Coalition Against Domestic Violence. <http://wscadv.org/wp-content/uploads/2016/12/2010-dvfr-report.pdf>

seeking.^{16,17,18} API survivors also face barriers related to immigration and refugee experiences, such as smaller sources of family and community support; isolation and disbursement in small communities scattered across the country; and the “triple trauma” of fleeing home country conditions such as war or genocide, conditions experienced in transit such as violence and family separation, and the racism and xenophobia they encounter in their new home.^{19,20} These barriers are magnified for survivors on spousal visas or who are undocumented, who face potential incarceration and deportation as well as limited economic options, fears which are frequently weaponized by abusers.²¹ Thus, API survivors are often disconnected from systems-based supports, which can be sites of further harm or oppression. API survivors must also navigate cultural and heteropatriarchal norms inherited from home countries or operating in their diasporic communities, which amplify isolation and discourage disclosure due to “push and pull” factors like normalization of violence, shame, dishonor, guilt, and victim-blaming.^{22,23,24,25,26} These factors may be even more acute for QTAPI survivors, who are additionally navigating homophobia and transphobia.^{27,28} Many QTAPI survivors have experienced both intimate partner violence and familial violence, both of which are normalized in API and LGBTQ+ communities and serve to normalize each other in an individual QTAPI survivor’s life.²⁹ For QTAPI survivors, these cultural norms can overlap with a fear of betraying their QTAPI communities to further silence survivors and prevent them from seeking help.³⁰

Many LGBTQIA+ survivors who access mainstream DV services consider them to be unhelpful and unwelcoming, largely because these programs often don’t take same-sex relationship seriously, aren’t knowledgeable about LGBTQIA+ issues, and don’t reflect LGBTQIA+ survivors in their organizational language and imagery.³¹ Transgender survivors face additional barriers to seeking help from confidential DV shelters, a potentially life-saving support, because they are made to feel out of place, unwelcome, and sometimes unsafe, by staff and fellow residents.³² Additionally, the ostracization and criminalization of abusers prevents QTAPI survivors from

¹⁶ Tripathi, S., & Azhar, S. (2022). A systematic review of intimate partner violence interventions impacting South Asian women in the United States. *Trauma, Violence, & Abuse*, 23(2), 523–540. <https://doi.org/10.1177/1524838020957987>

¹⁷ Lee, Y.-S., & Hadeed, L. (2009). Intimate partner violence among Asian immigrant communities: Health/mental health consequences, help-seeking behaviors, and service utilization. *Trauma, Violence, & Abuse*, 10(2), 143–170. <https://doi.org/10.1177/1524838009334130>

¹⁸ Yoshihama, M., Bybee, D., Dabby, C., Blazevski, J. (2010, July 30). *Lifecourse experiences of intimate partner violence and help-seeking among Filipina, Indian, and Pakistani Women: Implications for justice system responses*. Asian & Pacific Islander Institute on Domestic Violence. <https://www.api-gbv.org/resources/lifecourse-ipv-help-seeking/>

¹⁹ Lee, Y.-S., & Hadeed, L. (2009). Intimate partner violence among Asian immigrant communities: Health/mental health consequences, help-seeking behaviors, and service utilization. *Trauma, Violence, & Abuse*, 10(2), 143–170. <https://doi.org/10.1177/1524838009334130>

²⁰ Dabby C., & Yoshihama M. (2020). Gender-Based Violence and Culturally Specific Advocacy in Asian and Pacific Islander Communities. In: Geffner R., Vieth V., Vaughan-Eden V., Rosenbaum A., Hamberger L., White J. (eds) *Handbook of Interpersonal Violence Across the Lifespan*. Springer, Cham. https://doi.org/10.1007/978-3-319-62122-7_239-1

²¹ Yoshihama, M., Dabby, C., & Luo, S. (2020, October). *Facts & Stats Report, Updated & Expanded 2020: Domestic Violence in Asian & Pacific Islander Homes* [Report] Asian Pacific Institute on Gender-Based Violence. <https://www.api-gbv.org/resources/facts-stats-dv-api-homes/>

²² Yoshioka, M. R., Gilbert, L., El-Bassel, N., & Baig-Amin, M. (2003). Social support and disclosure of abuse: Comparing South Asian, African American, and Hispanic battered women. *Journal of Family Violence* 18, 171–180. <https://doi.org/10.1023/A:1023568505682>

²³ Ahmad-Stout, F., Nath, S. R., Khoury, N. M., & Huang, H. (2021). Experiences of intimate partner violence: Findings from interviews with South Asian women in the United States. *Journal of Interpersonal Violence*, 36(3–4), NP1941–1964NP. <https://doi.org/10.1177/0886260517753850>

²⁴ Kamimura, A., Nourian, M. M., Assasnik, N., Nourian, K., & Franchek-Roa, K. (2020). Childhood abuse and intimate partner violence victimization among Filipina and South Asian women in the United States. *Women’s Health Reports*, 1(1), 2–10. <https://doi.org/10.1089/whr.2019.0001>

²⁵ Asian Pacific Institute on Gender-Based Violence. (2018). *Fact sheet: Pacific Islanders and domestic & sexual violence, 2018*. [Factsheet] <https://www.api-gbv.org/resources/dvfactsheet-pacificislander/>

²⁶ Yoshihama, M., Dabby, C., & Luo, S. (2020, October). *Facts & Stats Report, Updated & Expanded 2020: Domestic Violence in Asian & Pacific Islander Homes* [Report] Asian Pacific Institute on Gender-Based Violence. <https://www.api-gbv.org/resources/facts-stats-dv-api-homes/>

²⁷ International Gay & Lesbian Human Rights Commission (2017, June 14). *Violence: Through The Lens of Lesbians, Bisexual Women and Trans People In Asia, 2014*. [Report]. <https://www.api-gbv.org/resources/violence-lens-lesbians-bisexual-women-trans-people-asia-2014/>

²⁸ Poore, G. (2020). *Organizing in Asia: A presentation by Grace Poore, outright action international*. [Report]. Outright Action International, API-GBV. <https://www.api-gbv.org/resources/poore-asia-rpt/>

²⁹ Shim, H., (2019, June 24). *With you queer and trans Koreans surviving violence: A community-based research report, 2018*. [Community-Based research report] KACEDA. <https://www.api-gbv.org/resources/with-you-queer-and-trans-koreans-surviving-violence-2018/>

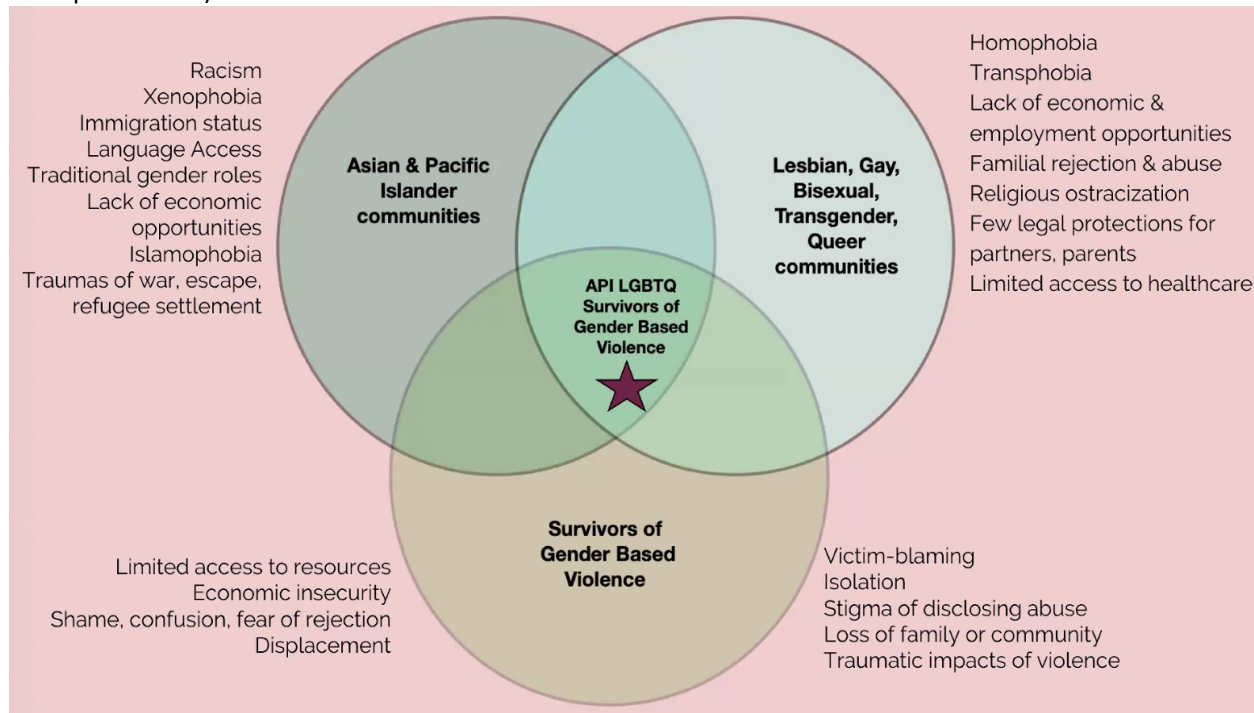
³⁰ Chung, C. & Lee, S. (2016, August). *Raising Our Voices: Queer Asian Women’s Response to Relationship Violence*. [Report] Family Violence Prevention Fund. <https://vawnet.org/sites/default/files/materials/files/2016-08/RaisingOurVoices.pdf>

³¹ The NW Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse. (2018). “Lessons from LGBTQ Survivors Q&A 2018”, C. Lippy and C. Burk.

³² Guadalupe-Diaz, X. L., & Jasinski, J. (2017). “I wasn’t a priority, I wasn’t a victim”: Challenges in help seeking for transgender survivors of intimate partner violence. *Violence Against Women*, 23(6), 772–792. <https://doi.org/10.1177/1077801216650288>

seeking support for fear of exposing their partners to further homophobic, transphobic, and/or racist violence.³³ QTAPI survivors who seek support from culturally-specific programs report that they feel a sense of not being “queer enough” in LGBTQIA+ programs, and not being “Asian enough” in API programs, ultimately leading some survivors to choose to stay in abusive relationships that validate the wholeness of their identities rather than place themselves in a vulnerable position of seeking support from a DV organization that may not validate who they are.³⁴ **Figure 1** below, created by Nathan Naik Shara, summarizes many of the dynamics and systems of oppression faced by API, LGBTQIA+, and DV survivors, with QTAPI survivors at the intersection of these identities.³⁵

Figure 1. Surviving Violence at the Intersections of Multiple Oppressions (N. N. Shara, 2020, Reprinted with permission)



While the academic literature tends to focus on barriers and risk factors, there are also ways in which API and LGBTQIA+ communities support survivors. For example, API communities have drawn on cultural values and practices to mobilize families, clans, elders, and other community leaders and members to mediate disputes, shift cultural norms around violence, and hold abusers accountable for their behaviors.^{36,37,38} Similarly, LGBTQIA+ communities also have protective cultural norms, such as the concept and practice of “chosen family” that serves as a safety net in the absence of traditional support networks. LGBTQIA+ DV programs like the Northwest Network of Bisexual, Transgender, Lesbian, and Gay Survivors of Abuse, can leverage this community value to engage

³³ Chung, C. & Lee, S. (2016, August). *Raising Our Voices: Queer Asian Women's Response to Relationship Violence*. [Report] Family Violence Prevention Fund. <https://vawnet.org/sites/default/files/materials/files/2016-08/RaisingOurVoices.pdf>

³⁴ Chung, C. & Lee, S. (2016, August). *Raising Our Voices: Queer Asian Women's Response to Relationship Violence*. [Report] Family Violence Prevention Fund. <https://vawnet.org/sites/default/files/materials/files/2016-08/RaisingOurVoices.pdf>

³⁵ Shara, N. N. (2020, September 30). *From a spiral of violence to a whirlwind of healing: Strengthening advocacy for API LGBTQ survivors of gender-based violence* [Webinar]. Asian Pacific Institute on Gender-Based Violence. <https://www.api-gbv.org/resources/spiral-to-whirlwind-webinar/>

³⁶ Magnussen, L., Shultz, J., Richardson, K., Oneha, M. F., Campbell, J. C., Matsunaga, D. S., Selifis, S. M., Sapolu, M., Samifua, M., Manzano, H., Spencer, C., & Arias, C. (2011). Responding to the needs of culturally diverse women who experience intimate partner violence. *Hawaii Medical Journal*, 70(1), 9–15.

³⁷ Kanuha, V. K. (2007, July 9). *Ke Ala Lōkahi, Native Hawaiian Batterer Intervention Program Project Summary*. http://www2.hawaii.edu/~kanuha/CV%20%20Publications_files/KAL%20SUMMARY%20REPORT%20JULY%202007-1.pdf [<https://perma.cc/B38Y-M4V2>]

³⁸ Yoshihama, M., Ramakrishnan, A., Hammock, A. C., & Khaliq, M. (2012). Intimate partner violence prevention program in an Asian immigrant community: Integrating theories, data, and community. *Violence Against Women*, 18(7), 763-783. <https://doi.org/10.1177/1077801212455163>

friends and family of LGBTQIA+ survivors to support them before the abuse escalates to a high risk of lethality.³⁹ A study of trans Korean survivors reports that 90% of participants would turn to friends and family first if they were to experience DV in the future, but only if those friends are non-judgmental and equipped with knowledge and skills to support DV survivors.⁴⁰ In another study, queer API women reported that LGBTQIA+ community members have a desire to learn about patterns of power and control, and gain strategies for supporting both survivors and abusers, suggesting a high level of community readiness for DV education.⁴¹ For trans survivors for whom formal structures are inaccessible, unwelcoming, and discriminatory, even just one supportive community connection can be impactful enough to support them in leaving their relationship.⁴²

Methods & Approach

Values Guiding the Research

Interrogating “Asian/Pacific Islander” as a category

The term “API” includes a huge variety of people that are categorized together as a result of a complex dynamic of European and American colonization and orientalism, combined with US-based activism by API folks to build solidarity and political power. Within the category of “API” in the United States, complex power dynamics related to class, religion, skin tone, immigration patterns, foreign relations, and overall proximity to white supremacist notions of respectability serve to privilege some API communities over others. For this reason, it was important for us to name this intracommunity dynamic and seek to center the most marginalized API communities in all aspects of our research. Please see the **Glossary** for API-GBV’s expansive definition.

Re-defining “survivorship”

Within the United States, the term “domestic violence” is often used interchangeably with “intimate partner violence”. For these interviews, we expanded the definition of “domestic violence” to include family violence as well, because of what we learned from both our literature review and our lived experiences around the role of both survivors’ and abusers’ family dynamics, in relationship to their experience of domestic violence (see **Glossary** for a complete definition). We also recognize that the experience of and resulting traumatic impacts of “surviving” can be much applied beyond interpersonal relationship dynamics. For many QTAPI folks, “surviving” includes surviving the violence of the state, family, community, religious institutions, colonization, war, etc.⁴³

Re-defining what it means to “work in the DV field”

For this research, we sought to interview QTAPI people who have done work to support QTAPI DV survivors. We know that working within a non-profit social service setting is one of many ways that QTAPI folks may be offering resources and advocacy to survivors. While all of our participants did have some level of professional experience in supporting DV survivors, we also sought to talk to participants about their experience of working with survivors beyond a professional context, including within communities, support networks, or even in their own personal life. This includes paid or volunteer labor as well as providing community and peer support and/or other types of emotional labor that are not officially seen as “social work” or “social services provision”.

³⁹ The Northwest Network of Bisexual, Trans, Lesbian, and Gay Survivors of Abuse. It Takes a Village, People! Toolkit for Friends and Family of LGBTQ Survivors. <https://static1.squarespace.com/static/566c7f0c2399a3bdabb57553/t/566c9be29cadb6bf7efc8e1e/1449958370563/It-Takes-A-Village-People-Web-Version.pdf>

⁴⁰ Shim, H., (2019, June 24). *With you queer and trans Koreans surviving violence: A community-based research report, 2018*. [Community-Based research report] KACEDA. <https://www.api-gbv.org/resources/with-you-queer-and-trans-koreans-surviving-violence-2018/>

⁴¹ Chung, C. & Lee, S. (2016, August). *Raising Our Voices: Queer Asian Women's Response to Relationship Violence*. [Report] Family Violence Prevention Fund. <https://vawnet.org/sites/default/files/materials/files/2016-08/RaisingOurVoices.pdf>

⁴² Guadalupe-Diaz, X. L., & Jasinski, J. (2017). “I wasn’t a priority, I wasn’t a victim”: Challenges in help seeking for transgender survivors of intimate partner violence. *Violence Against Women*, 23(6), 772–792. <https://doi.org/10.1177/1077801216650288>

⁴³ Shim, H., (2019, June 24). *With you queer and trans Koreans surviving violence: A community-based research report, 2018*. [Community-Based research report] KACEDA. <https://www.api-gbv.org/resources/with-you-queer-and-trans-koreans-surviving-violence-2018/>

Contributing towards a positive vision of QTAPI communities

LGBTQIA+ identities and relationships have frequently been marginalized or erased by both mainstream white US culture and many post-colonial Asian cultures, as have API experiences within white-dominated LGBTQIA+ spaces in the US.⁴⁴ As a result of these complex layers of oppression, QTAPI individuals and communities are often stuck in a dichotomy of invisibility and hypervisibility that contributes to continued erasure, stereotyping, and stigmatization of both API and LGBTQIA+ cultures. While our research focuses on the intersection of highly lethal domestic violence and QTAPI communities, we do not seek to contribute to stereotypes about API cultures as “backwards” or inherently homophobic, transphobic, patriarchal, or misogynistic. We also don’t want to contribute to stereotypes that LGBTQIA+ relationships are inherently harmful or wrong. Instead, our goal with this project has always been to lift up the complex experiences and insights of QTAPI advocates who are working to support survivors in their communities through innovative strategies that API and LGBTQIA+ communities more broadly could benefit from. We know that the intersections of API and LGBTQIA+ identities are rarely researched and examined, especially around DV and survivorship. Yet, QTAPI advocates and activists are consistently at the forefront of DV movements, bringing the expertise from their lived experiences as QTAPI survivors and advocates to vision and implement innovative solutions for addressing violence.

Honoring lived experience as primary knowledge

While there is little published research about the intersections of API, LGBTQIA+, and DV survivor communities, there is a rich history of QTAPI organizing within the anti-violence field. Knowledge about the unique experiences of QTAPI survivors has primarily been held by those survivors themselves, and for those individuals’ communities, there may be little “new” information shared within this report. Rather, we hope that these individuals and communities find that this research validates their experiences and supports larger efforts towards increasing resources and capacity for serving QTAPI DV survivors.

Acknowledging the complexities of small communities

LGBTQIA+ communities, even in large urban areas, tend to be fairly small and interconnected.⁴⁵ There are often few social spaces where LGBTQIA+ individuals can find safety and community connection.⁴⁶ Similarly, API communities in the United States tend to be tightly knit as well because of language barriers and cultural practices, as described in the Background section. Furthermore, DV social service agencies and the advocates who work for them are often interconnected, especially within the same region. All of these things considered, the pool of QTAPI DV advocates is very small and tightly knit. For this reason, we have taken extra precautions to ensure the confidentiality of each participant: we have disaggregated participant demographic info, anonymized participants, avoided sharing any information that could be identifying, and saved participant data only on a secure server.

Lifting up “by and for” advocacy

As evidenced by the process of assembling our team, this project centers the experience, expertise, and needs of the community that we are researching: QTAPI DV survivors and advocates. In our experience, research, advocacy, and policy work that is led by the communities that are most affected tend to be stronger, more

⁴⁴ Shim, H., (2019, June 24). *With you queer and trans Koreans surviving violence: A community-based research report, 2018*. [Community-Based research report] KACEDA. <https://www.api-gbv.org/resources/with-you-queer-and-trans-koreans-surviving-violence-2018/>

⁴⁵ The Northwest Network of Bisexual, Trans, Lesbian, and Gay Survivors of Abuse. It Takes a Village, People! Toolkit for Friends and Family of LGBTQ Survivors. <https://static1.squarespace.com/static/566c7f0c2399a3bdabb57553/t/566c9be29cadb6bf7efc8e1e/1449958370563/It-Takes-A-Village-People-Web-Version.pdf>

⁴⁶ The Northwest Network of Bisexual, Trans, Lesbian, and Gay Survivors of Abuse. It Takes a Village, People! Toolkit for Friends and Family of LGBTQ Survivors. <https://static1.squarespace.com/static/566c7f0c2399a3bdabb57553/t/566c9be29cadb6bf7efc8e1e/1449958370563/It-Takes-A-Village-People-Web-Version.pdf>

innovative, and more relevant to the needs of those communities.^{47,48} While we certainly hope that mainstream DV agencies and policy makers can use the findings and recommendations that come from this research to strengthen their work, we seek first and foremost to do right by QTAPI communities by accurately representing their experiences and perspectives. We hope that QTAPI communities can see their experiences validated, their strengths and challenges highlighted, and their innovative community efforts lifted up by this research.

Trauma-informed research practices

Being a “by and for” research project means that we have to take extra care to attend to the trauma responses that may come up for the team members and participants who identify as members of the QTAPI community and/or survivors as we discuss DV homicide risk factors. We attended to this by prioritizing the process rather than the end goal. This looked like: spending ample time in each meeting getting to build relationships with one another, taking the process slowly, setting up time for debriefing after each interview, offering breaks to interview participants, and paying both researchers and participants adequately. We are also thoughtful to not engage in “trauma porn” in this report by not sharing unnecessarily graphic details of violence against QTAPI people and communities.

Research Methods & Frameworks

We conducted semistructured in-depth interviews (some in person and some by phone or video) with six participants who met the eligibility criteria, as described in the Participants section below. Our research questions and in-depth interview guide were informed by work described in the Background section. The first two participants (with their consent) took part in what we termed “field test interviews,” a participatory process in which we asked them to not only respond to the interview questions, but also give us feedback on the interview guide and process, to help us refine it for subsequent interviewees; we made significant changes based on this feedback. We asked participants questions related to risk and protective factors for QTAPI survivors experiencing high or lethal levels of DV, in the following categories: Personal Experiences & Identities; Abuser Characteristics; Family; Friends & Other Social Supports; Cultural Communities (e.g., racial & ethnic; sexual orientation & gender identity communities); Support Services; and Broader Systems (see [Appendix C](#) - Research Instruments for the interview guide and other data collection and process-related tools).

We applied Community-Based Participatory Research (CBPR)^{49,50} and Research Justice⁵¹ frameworks to this project, as well as the Values described in the previous section. These frameworks and values informed how we did the work, such as inviting a high degree of participant involvement and co-creation, as with the field test interviews. We also intentionally built in capacity-building elements and multi-directional learning for team members, focusing specifically on building API and QTAPI team members’ capacity to collect and analyze data, as well as non-QTAPI members’ knowledge about issues and concerns central to QTAPI communities. For example, the team members who did not have prior experience on qualitative interviews and analysis were trained on these by team members who did. We used Dedoose to support a highly participatory thematic coding and analysis process by team members in different locations. Both *in vivo* and *a priori* codes were collectively generated and

⁴⁷ Ghanbarpour, S., Palotai, A., Kim, M. E., Aguilar, A., Flores, J., Hodson, A., Holcomb, T., Jimenez, M., Kaur, M., Pusey, O., Rosales, A., Schlater, W., & Shim, H. (2018). An exploratory framework for community-led research to address intimate partner violence: A case study of the survivor-centered advocacy project. *Journal of Family Violence*, 33(8), 521–535. <https://doi.org/10.1007/s10896-018-9987-y>

⁴⁸ Serrata, J. V., Macias, R. L., Rosales, A., Hernandez-Martinez, M., Rodriguez, R., & Perilla, J. L. (2017). Expanding evidence-based practice models for domestic violence initiatives: A community-centered approach. *Psychology of Violence*, 7(1), 158–165. <https://doi.org/10.1037/vio0000051>

⁴⁹ Goodman, L. A., Thomas, K. A., Serrata, J. V., Lippy, C., Nnawulezi, N., Ghanbarpour, S., Macy, R., Sullivan, C. & Bair-Merritt, M. A. (2017). Power through partnerships: A CBPR toolkit for domestic violence researchers. National Resource Center on Domestic Violence, Harrisburg, PA. Retrieved from cbprtoolkit.org

⁵⁰ Ghanbarpour, S., Palotai, A., Kim, M. E., Aguilar, A., Flores, J., Hodson, A., Holcomb, T., Jimenez, M., Kaur, M., Pusey, O., Rosales, A., Schlater, W., & Shim, H. (2018). An exploratory framework for community-led research to address intimate partner violence: A case study of the survivor-centered advocacy project. *Journal of Family Violence*, 33(8), 521–535. <https://doi.org/10.1007/s10896-018-9987-y>

⁵¹ Assil, R., Kim, M., & Waheed, S. (2015). An Introduction to Research Justice. Retrieved from http://solidarityresearch.org/wp-content/uploads/2018/03/RJ101_FINAL_WEB.pdf

refined by the team, applied by the two interviewers/analysts, and used to create a preliminary thematic analysis that was refined via team discussion.

After the data was analyzed, we knew it was important to share our preliminary findings back to the QTAPI community, and ask for their feedback about how the findings resonated with or diverged from their lived experiences and professional expertise, as well as what we may have missed, any important context we should take into consideration when writing our report, and what considerations they would want stakeholders and decision-makers outside the community to hear. Thus, we conducted two validation sessions and one training with a total of about 45 participants, although the training participants ended up giving our team critical feedback on ways to communicate the data and invite the QTAPI community into the conversation without replicating harmful anti-LGBTQIA+ dynamics. We integrated feedback from the validation sessions into our analytic interpretation of the findings, which we note throughout this report. Finally, a draft of this report was shared with two Readers, both of whom identify as QTAPI, and their feedback was also integrated into the final version of this report.

Participants

Our eligibility criteria for the study included participants who identify as QTAPI and had experience supporting QTAPI DV survivors, as defined in our Values statements. We prioritized finding participants who had experience supporting at least one QTAPI individual who was in an intimate relationship with a perceived high risk for lethality, and/or who was killed as a result of DV. We sought as diverse a participant pool as possible, given the project's time and resource constraints, within the additional following categories: gender identity, sexual orientation, age, years of experience working with survivors, immigration status & generation, ethnicity, population density, language(s) spoken, and US geographic region.

We recruited participants primarily through our professional networks of API DV organizations, LGBTQIA+ DV organizations, and QTAPI organizations, as well as through our personal and community networks. Some contacts connected us with potential participants within their networks, for a bit of a “snowball sampling” effect. We screened potential participants (see [Appendix C](#) for Participant Screening Guide) to help us maximize sample diversity, and included trauma-informed research practices in our recruitment process. **Table 1** outlines the demographic data of the six participants. Data has been disaggregated to ensure confidentiality of the participants (as mentioned in our Values statement on small communities.)

Despite our efforts, our sample does not include participants who are Arab/Middle Eastern or North African, first generation immigrants, non-English speaking, youth or elders, or who are from the South, Midwest, or non-urban regions of the US. Given our study's small sample size, it is disappointing but not surprising that we would be missing participants from some important demographic communities, but there's more to the story. Part of it was due to logistical constraints, such as the time and resources allocated to the project. But part also reflects the inherent privileges and gaps related to our individual team members' identities, where we're based (in the San Francisco Bay Area, Seattle, and New York), to whom we're connected, and how we communicate (primarily via phone, text or email rather than in-person or using community-based outreach; not using accessibility features such as TTY; and in English⁵²). We acknowledge that this serves to reinforce existing marginalizations and oppressions, and it's a learning our team takes with humility and the determination to do better. It's especially important to emphasize that our inability to find these participants is not because they do not exist: QTAPI folks are in all API ethnic communities and geographic locations, and have myriad identities, statuses, and abilities.

⁵² Ghanbarpour, S., Noguez Mercado, A. P., & Palotai, A. (2020). A language justice framework for Culturally Responsive and Equitable Evaluation. In L. C. Neubauer, D. McBride, A. D. Guajardo, W. D. Casillas, & M. E. Hall (Eds.), *Examining Issues Facing Communities of Color Today: The Role of Evaluation to Incite Change*. *New Directions for Evaluation*, 166, 37–47.

Table 1. Participant Demographics

Total Number of Participants	6			
Race/Ethnicity	Asian; Korean American Japanese/White (2) Asian; Cambodian Mixed: Native Hawaiian, Filipinx, Portuguese, Irish and German Mixed: Native Hawaiian and Caucasian			
Age	28 years (2) 35 years 26 years 42 years 29 years			
Gender Identity	Cis woman (2) Trans woman Trans feminine		Non-binary Genderqueer Trans masculine	
Sexual Orientation	Queer (4) Lesbian Heterosexual			
Immigration Generation	2nd generation immigrant (i.e., Parent immigrated) (2) 3rd generation immigrant (i.e., Grandparent immigrated) (2) Indigenous (2)			
Other Relevant Identities	Invisible disabilities College-educated 1st gen college grad		Mother Grandmother Survivor of IPV	
State	CA WA NY		NM HI (2)	
Type of Environment	Urban (6)			
Primary Language Spoken	English (6)			
Additional Languages Spoken	Korean Japanese (2) Khmer		Spanish Hawaiian	
Years of Experience working with QTAPI Survivors	8 years 35 years (12-13 work experience, 35 personal) 3 years 1-2 years 25+ years 6 years			
QTAPI Communities Served	East Asian (3) Pan Asian South Asian (2) Southeast Asian Korean (2)	Japanese (2) Filipinx (3) Samoan (4) Tongan (3) Chinese	Taiwanese Native Hawaiian (3) Vietnamese Laotian	Cambodian Afghani Micronesians

Findings

Cultural Communities Can Support or Silence

"There's a really big cultural norm to not discuss things that are taboo or uncomfortable, and that is deeply ingrained... In Japanese culture, [there is] the taboo of admitting that there's a problem, to begin with, or needing support in some way -- at least in my experience of Japanese culture -- it's very frowned upon to need support from, say, family members, neighbors or a lot of times friends... The friends or family who has been reached out to for support might not only not give that support, but then also feel like, 'Why are you roping me into this?'"

"Going back to how traumatizing being a survivor of a genocide could be and how there's always unresolved mental illness. If you're gay, lesbian or queer growing up in that environment and internalizing like, 'I can't talk about this.' It goes back to the culture of silence, not being able to talk about anything including mental illness. That could really be internalized to affect how comfortable someone feels coming out."

Several participants spoke about how their API cultural communities can sometimes further feelings of silencing and isolation. They emphasized that it was important not to generalize, as even within any given API community there is an enormous heterogeneity, and generalizations can feed into racist tropes such as the idea that "Asian" is a monolith, conflating many different cultural communities. For example, one participant spoke about how in Japanese culture, smaller rural communities may be more tight knit, but in large cities like Tokyo, there is perhaps more isolation and pressure on people to handle things on their own, and that the pressure for silence may also vary by class status.

Keeping this important context in mind, participants spoke about ways in which silence as both a cultural and family norm sometimes operated in a way that made conversations about sexuality and gender identity seem difficult or impossible. For example, the participant speaking about Japanese culture described how it can be viewed as disrespectful to bring family into "personal issues." Other participants spoke about taboos against talking about sexuality in general, meaning it would be highly unusual to speak about relationships at all, much less about an abusive QTAPI relationship. Several participants connected silence to historical traumas, as well; for example, one said that if we can't even speak about the historical trauma of the Cambodian genocide, how do we talk about anything else? One of the validation session participants reaffirmed this, by commenting that in their Japanese-American family, no one talks about the internment camps; if that subject is brought up, a specific Japanese phrase is used that means "Don't pass it on to the children," with the sense that merely speaking of this terrible history would taint or harm subsequent generations who did not experience it directly. Similarly, the second quote above illustrates how another participant linked internal pressures to self-silence around coming out, with cultural norms reinforcing prohibitions against speaking about historical traumas, such as war and genocide, and their impact, particularly mental health issues.

When patterns of silence are linked to homophobic and transphobic cultural norms, there is even more pressure for QTAPI folks to hide their sexual orientation and/or gender identity if it doesn't conform to heteronormative and patriarchal standards. This is especially true when one's family reinforces cultural values in a way that's anti-queer or -trans. For example, participants spoke about their own or survivors' experiences in which they were ostracized, disowned, or subjected to violence or the threat of violence by their families or communities due to their LGBTQIA+ identities. This can happen in very extreme ways, in stories that make the headlines, but also in more subtle and complex ways. For example, one participant, who despite being verbally disowned by their family after coming out as trans, was still able to maintain contact with extended family members as long as they didn't talk about their gender identity or queer relationships. All participants spoke about how abusers can be aware of these negative repercussions and weaponize them, threatening to "out" QTAPI survivors unless they accede to

their demands. Outing may not only be about LGBTQIA+ identity; participants spoke about how this can include revealing HIV status, or alerting immigration authorities about undocumented status.

Even when there's not as severe or dangerous a family reaction, there can still be a sense of fear, worry, or disappointment about children who identify as LGBTQIA+. This may be especially true if there's cultural reinforcement around a sense of duty to your parents, which could include pressure around reproducing the family via cisgender, heterosexual marriage and children. As another participant stated, "you're supposed to fulfill your parent's dreams," and coming out or otherwise challenging cultural and familial expectations can feel like letting them down.

"I think it's hard because our communities often or our cultural backgrounds are often framed as weaknesses or sources of, like violence is coming from those communities. I think there's so much racism that gets attached to linking the problem to our cultural uniqueness...like non-white or non- mainstream identity. Some of the models that I see really working well are ones that are based in cultural responses and actually use our cultures' power to shape prevention efforts or to shape healthy relationship models."

"I feel like I've heard from a lot of the Pacific Islander communities that we've worked with that there are legacies of trans and queer people being essential persons of those communities, and that really the impacts of colonization have shaped and religion have really shaped, Western religions, have really shaped a lot of the stigma."

While recognizing that cultural communities can silence and harm, several participants noted negative stereotyping of their communities as uniformly homophobic and transphobic, which can be used as a further form of oppression, when the reality may be much more complex. As noted in the first quote above, one participant spoke about how prevention efforts or models of healthy relationships that are culturally-rooted can be especially powerful and effective (some examples are included in the section on Community-Driven Responses). The second quote is by another participant who spoke about how historically, LGBTQIA+ folks were regarded as essential members of many Pacific Islander communities, but those legacies and cultural traditions of belonging were severely disrupted by colonization and the forced imposition of Western homophobic values and religions, creating shame and stigmatization where it did not exist before.

Small Communities: Benefits and Difficulties

Many QTAPI interviewees and validation session participants spoke about a theme that was closely related to how cultural communities can silence or support: their API and LGBTQIA+ identities are connected to relatively small communities in the US, and those communities get even smaller at their intersection. As described in the Background section, forces related to immigration and refugee experiences, smaller sources of family and community support, language barriers, cultural norms, and external factors such as racism and xenophobia, mean that for many API folks, seeking out and connecting to others from their own ethnic community becomes critical.

Thus, depending on the context, QTAPIs may feel pulled in different directions or not know where to turn when they're in crisis and need support. For example, one participant spoke about how generally, "straight Koreans clump together," or look towards members of their own community as a source of friendship and connection. However, for QT Koreans, because there is often cultural stigma around non-heteronormative identities, "there's that avoidance and kind of like fear," so their social supports tend to be outside of the community -- either with other QT Koreans or non-Korean LGBTQIA+ folks. Yet they may not feel safe talking about an abusive relationship to other QT Koreans: because it is such a small community, it's likely that others within the community know their abuser; whereas if they disclose to non-Korean LGBTQIA+ folks, they might not understand the cultural context or even apply racist stereotypes that further harm the survivor, a finding that comports with other research in this

area.⁵³ This double bind can have far-reaching consequences. For example, participants spoke about survivors who avoid accessing services, because the staff member -- who may be part of the same small community -- may know both the survivor and/or the abuser. Survivors may feel shame or discomfort about others in their community knowing their business, or worry that the abuse will become a point of discussion or gossip in the community.

Survivors may also feel that how they are treated or even if they are believed may hinge on how others view their abusers, since some abusers have high status and social capital in the community. For example, one participant spoke of a situation in which the abuser was widely considered a “smart, cool, nice person,” which left the survivor more isolated because people didn’t believe them. Several participants spoke about how, in such small communities, people may be unwilling to hear that one of their “heroes,” someone who is well-known and respected, is abusive; or they may fear it will bring negative attention to a community that is already stigmatized. Abusers are often aware of these concerns and leverage them to their advantage. While this dynamic of victim-blaming and disbelief, siding with the abuser, and silencing is a common feature of domestic violence generally, it may be particularly magnified in smaller communities, especially if they are more insular and/or stigmatized by the mainstream.

Several participants spoke about how this small community effect can influence QTAPI survivors’ decisions about accessing services. One way is that even if chosen family may wish to be supportive, they may not understand DV dynamics enough to know how to be, and may unintentionally affirm the idea that the abuse is just “drama” and not a serious thing, or is evidence of real love, or similar messages that discourage help seeking behavior. Another way that participants mentioned was that the abuser may be their sole other connection to QTAPIs, or even to other LGBTQIA+ or API folks. But many formal services (such as DV programs) require survivors to sever contact with their abusers and others in order to receive services, such as shelters that are located outside of their community and/or that require nondisclosure of their address and no visits from anyone outside the shelter. Thus, seeking formal services for help with abuse might also mean giving up one of the few or only connection points to a survivor’s community/ies. This would be a very difficult choice for anyone, but is particularly so for someone in crisis in an abusive relationship; a key hallmark of many abusers is they often force survivors to cut ties with friends and loved ones, in order to increase isolation and their control over the survivor, so losing access to the abuser and/or their community may exacerbate the profound isolation that they may already be experiencing.

When communities are so small, survivors may not even have a choice to disclose to others within their community. For example, one participant spoke about being a QTAPI person at a small liberal arts campus with a predominantly white student population; there weren’t many folks of color there at all, much less QTAPI folks, so they felt isolated there. Of course, some QTAPI folks may not feel safe or comfortable to be out, furthering their feelings of isolation. So, depending on the context, it may not be possible to easily connect to other QTAPIs; for example, one participant said, “I literally can’t even think about another queer API person I know.”

“The drag culture and chosen families is really a strength. It’s fundraising. It’s finding housing. It’s the immediate survival needs but also the emotional support and larger social needs, which is really wonderful then when they rally around you in IPV. The loss of it is even more devastating if you lose access to that family because of IPV and isolation.”

It’s important to emphasize that participants also spoke at length about the many ways in which being part of a small community, which many refer to as part of their “chosen family,” is beneficial, and can be protective for survivors. As illustrated in the above quote, they described how chosen family can show up for each other, break feelings of isolation or “otherness,” provide material and emotional resources, and understand the pressures and

⁵³ Shim, H., (2019, June 24). *With you queer and trans Koreans surviving violence: A community-based research report*, 2018. [Community-Based research report] KACEDA. <https://www.api-gbv.org/resources/with-you-queer-and-trans-koreans-surviving-violence-2018/>

joys of this shared identity in ways that almost no one else can. They spoke about the intimacy and ease of being with others with whom you can be your whole self, that might not be easily found outside of this circle. This strength and power of chosen family was a theme that was reiterated by many participants, in both the interviews and the validation sessions. Thus, these two aspects of small communities -- the closeness that can nourish and support, or that conversely can feel intrusive or be weaponized -- are both sides of the same coin. Since we spoke to participants (both for the interviews and at the validations session) who were overwhelmingly from urban environments, we can imagine these may be magnified in more rural locales. However, geography can also be an advantage: one participant noted the example of Japanese diasporic communities, which “tend to be in pockets around the country... the flip side of small communities [is that] you can easily access everyone in the community for awareness, education, and community-building stuff,” thus leveraging small communities’ size to have a big program impact in a relatively compact geographic area.

System Responses Fall Short or Reinforce Oppression

The system responses participants described most commonly included domestic violence services, LGBTQIA+ programs, law enforcement, and court systems, but frequently intersected with others such as immigration, housing, and mental health care systems. While participants described some ways in which these systems can provide critical services to QTAPI survivors, there were far more examples of how they fall far short of what survivors need, or worse, reinforce oppression in ways that are harmful, dangerous, or even life-threatening. Most of the bright spots regarding systems came up when participants were discussing programs that focus specifically on QTAPI folks - unsurprisingly, QTAPI participants described these as most responsive to their whole personhood, and least likely to cause feelings of bifurcation, stigmatization or oppression. However, QTAPI folks may still avoid them due to issues related to small communities, described in more detail in the previous section.

When describing either their own personal experiences or advocating in support of survivors, participants overwhelmingly discussed mixed or negative interactions with systems. A strong theme throughout both the interviews and the validation sessions was how QTAPI survivors face racism, homophobia and transphobia within systems. Examples include QTAPI survivors not being believed, having their abuse not taken seriously or minimized as “not that big a deal,” or being made an object of ridicule or abuse by system agents; it also came into play in other arenas, such as employment discrimination. Many systems have barriers or are inaccessible for non-English speakers, leading to examples in which a survivor’s family member, child, or even their abuser are asked to interpret for them. Finally, participants spoke about how survivors often lack information about services and how to access them, for myriad reasons described in the Background section.

An important set of themes focused on law enforcement responses, which were overwhelming negative. Every participant and several validation session participants had negative things to say about the police, whom one participant described as “useless at best, traumatizing and distressing at worst.” Another participant described a situation in which a gay man was abusing his partner: the police treated it like “this isn’t that big a deal” and “stopped showing up,” after which the DV program no longer heard from the survivor. One participant said that police called to a domestic disturbance often assume the larger partner is the aggressor/abuser, because they don’t understand LGBTQIA+ DV dynamics and how to ask the right questions. Further, because of police violence and disproportionate incarceration and deportation especially against LGBTQIA+ BIPOC communities, QTAPI survivors may not risk any police contact. Trans folks in particular, either due to their or their abuser’s identity or immigration status, may feel they cannot risk being in contact with law enforcement and the possibility of deportation or prison, due to extremely high rates of violence against incarcerated trans people.

One participant noted that abusers sometimes use their own marginalized identities as a way to leverage control: “If the abuser experienced incarceration or was criminalized in some way, it makes the survivor more freaked out about calling police, the survivor doesn’t want to get them in trouble.” Some communities may also use this to victim-blame: “I can’t believe you’re gonna call the police on a person of color.” In general, participants expressed

that the criminalization of abusers makes survivors less likely to engage law enforcement or the court system, i.e., “there need to be alternative methods for abuser accountability besides carceral punishment.” For all of these reasons, some “standard” DV tools that require contact with police and courts may have mixed or little utility for QTAPI survivors. The only mildly positive mention of police was a participant who wanted them to be better at enforcing restraining orders. Perhaps unsurprisingly, then, multiple participants clearly stated they did not want to put more resources into engaging with police, one saying wryly, “we could have more community policing or a rainbow flag sticker, but is that really what we want?”

Another set of themes related specifically to DV or LGBTQIA+ programs. A strong theme was about how often services feel siloed in these programs. Several participants spoke about how it feels like they have to give up part of their identities to be served by the (non-LGBTQIA+) API organization, or the (non-API or white) LGBTQIA+ program, as the program is only responsive to part of their identity rather than their whole personhood. When these programs mis-gender survivors or don't understand cultural dynamics, they can be a place of further harm or trauma. Participants described DV shelters that don't allow trans folks, men, gender non-conforming or non-binary folks; one spoke about shelters that disallow pets, an issue when “our animals are our children.” Shelters also enforce isolation from the community and abuser, as described in the Small Communities section. A participant noted there may not be supports for abusers to change or take accountability, which can be of great importance to survivors. Another participant spoke about how DV advocates are trained to support a survivor around abuse, but not other issue, so they are “not holistic in their approach” to QTAPIs who may be disproportionately experiencing homelessness, mental health issues or substance abuse, or who are engaging in criminalized work like sex work. One participant wished DV programs could also uncouple more from systems and “resist the urge to bring in bigger structures or navigate liability when feeling overwhelmed, by just calling in the police, for example.” A final desired change was for DV programs to move beyond providing just transitional and temporary shelter, to getting permanent housing “to get people into their own places and become independent.” Access to stable, affordable housing was a significant theme on its own. It intersects with the economic insecurity disproportionately experienced by LGBTQIA+ folks, as well as by immigrants; whether undocumented immigrants who are barred from accessing certain types of affordable housing, or documented immigrants who are avoiding potential “public charge” disbarment from being granted citizenship.

While health care overall did not come up as much of a theme, mental health services were spoken of by several participants. The overall sentiment was that access to mental health services (including treatment for addiction and substance use) is insufficient, inaccessible, and not culturally-responsive to QTAPI identities. This contrasts with what is seen as a high need for these services for a number of reasons, including the disproportionately higher rates of suicide in the LGBTQIA+ community. This overlaps with abuser behavior: some abusers threaten suicide as a form of control; abusers often have experienced their own trauma and survivorship, as well. They may be “leveraging that to make the survivor feel bad for them, or acting out their trauma on their partner.” This is complicated by the stigma against mental health issues which is common in mainstream culture and in some cases, equally or more so in some API communities. Even when stigma is not an issue, culture competence or even just comfort may be. As one participant noted,

“People from the Native Hawaiian Asian Pacific Islander community feel safer going to their church, rather than going to a western colonized mental health professional. [We should focus on] really building the church’s capacity to understand and to work with that person... As a Hawaiian, I’d rather go to [x] Church to get services and get assistance and get support, rather than go to Dr. [X] that works over on a very tiny street on the 25th floor of the glass building. It’s just more comfortable.”

Another example mentioned was of a Hawai’i-based program that was “not just about [the Western model of] healing individually, but also healing the relationships that had been impacted by the abuse; it incorporated family and larger chosen family. It’s an intervention that’s building off the strength of cultural collectivist values.” Overall,

participants expressed strongly that they ultimately want community-directed responses that don't rely on the state or social services. They also noted how QTAPIs are leading the way, as one said, "when we look at a lot of the systems change work that is happening within API communities, a lot of it is LGBTQ-led, which is really exciting to think about."

Domestic Violence is Interwoven with Other Experiences of Violence, Trauma, and Oppression

"The more folks are used to a generalized level of violence in their life, the more they're going to accept it in their relationship, too, or be at risk for it in a relationship, too. I think people make trade-offs all the time around being in relationships that may be abusive but are a resource for housing or food or human connection that they aren't able to get in another place. People are consciously making those trade-offs and have agency in that... I feel like the violence that they experience from a partner is one thing they choose over violence of being on the street or being without an income or being without immigration papers or what have you."

What I know about domestic abuse and homicide in my community is that it's normal. It's something that happens all the time, all across the world. It happens a lot within the Native Hawaiian and Asian Pacific Islander community. It's because it's normalized in cis relationships as well. But trans women accept a lot more abuse for whatever reason. Some of those reasons are, we think we're not going to be able to have another relationship like that one. Some of the other reasons are that he's financially supporting me or he accepts me for who I am. Some of the other reasons are intimidation or fear. I have trans girls that move across the fucking country to go be with these military boys and they get killed. The desperation for acceptance and love makes us do very high risk things in our romantic relationships and compromise a lot of our own beliefs and our own values, doing it.

As noted elsewhere in this report, QTAPI folks and their cultural communities are not immune from the epidemic rates of violence, trauma, and abuse in the US. Add to this the other sources of violence and oppression experienced by QTAPI folks, such as racism, homophobia and transphobia, and xenophobia, as well as gender-specific forms of violence particularly against women and gender nonconforming people, and it is not surprising that the vast majority of interviewees and validation session participants reported experiencing one or more of these forms of violence. Participants spoke about the specific ways in which experiences of violence and trauma overlapped and were interwoven with DV in their communities and their personal experiences. In this sense, survivorship can be seen to exist along many different axes of identity and oppression.

As discussed in the Cultural Communities section, several participants spoke about the impact of intergenerational and historical trauma, such as the Korean war, Japanese internment, and Cambodian genocide. Like other forms of trauma, this can result in family violence as well as community violence. Several participants spoke about their own experiences or that of survivors with whom they worked, who witnessed or personally experienced violence such as intergenerational domestic violence and child sexual abuse. One spoke about the normalization of violence that can occur from such experiences, and how that can impact DV: "I think for many survivors...the violence that you witness, internalize, and what you normalize for yourself later on.. I think [it] can make you vulnerable [to DV] because you don't see the signs."

Participants spoke about how domestic violence in survivors' families of origin was common and accepted to the point of limiting their hopes or expectations of what a healthy, non-abusive relationship could look like, much less be attainable. This is mirrored in the normalization of abuse against women in cis relationships, as described in the second quote above. Both trans women participants spoke about this normalization, and one described how experiencing abuse from one's straight male intimate partner is sometimes thought of as "proof" that a trans woman is a "real girl," because of how common DV against women is in cis relationships.

Relatedly, the first quote above discusses how QTAPI folks in abusive relationships are “consciously making those trade-offs” between the violence in the relationship, versus other forms of violence such as “being on the street or being without an income or being without immigration papers.” Any of these other conditions can result directly from the different experiences of trauma and oppression that a QTAPI person may experience along the different axes of their identities, such as fleeing violence in their family, perhaps directed at them because of cultural stigma against their gender identity or sexual orientation; or from limited job opportunities resulting from homophobic and transphobic discrimination in hiring practices; or the many forms of criminalization and barriers to participation in society faced by a person who is undocumented. In these circumstances, deciding to stay in an abusive relationship that provides some protections against other, worse forms of violence, is a painful but rational choice that many QTAPI survivors face.

Community-Driven Responses and Stronger Social Supports

“I think it's hard because our communities often or our cultural backgrounds are often framed as weaknesses or sources of, like violence is coming from those communities. I think there's so much racism that gets attached to linking the problem to our cultural uniqueness...like non-white or non-mainstream identity. Some of the models that I see really working well are ones that are based in cultural responses and actually use our cultures' power to shape prevention efforts or to shape healthy relationship models.”

Reflecting our value of approaching this research with a positive vision, we asked participants not only about the risk factors for DV homicides in QTAPI relationships, but also about the strengths and values in their communities that may serve as protective factors, as well as what supports they desired to see. Some participants were able to identify existing supportive community-based responses, but struggled to envision how QTAPI community and cultural values could be strengthened to increase community-based responses to violence. These challenges seem to mirror the larger DV field's challenges in envisioning strategies to end violence that move beyond a crisis response. At the same time, other participants were able to answer this question easily, and even shared their visions of how to build upon specific cultural values to create structures and programs to better support QTAPI survivors, and shift the conditions that support violence against QTAPI people and communities.

Of the strengths discussed, the tradition of “chosen family” that exists within LGBTQIA+ communities came up several times as the first line of support for QTAPI survivors. While chosen family is a concept that is common amongst LGBTQIA+ communities of various racial and ethnic backgrounds, some participants also connected it back to the large extended families that are commonplace in some API communities. Chosen family and community are often preferred over formal service providers as the first place to seek support for QTAPI survivors. Therefore, some participants desired more resources that build up QTAPI communities' abilities to respond positively to survivors.

One way this could happen is creating more spaces for QTAPI survivors to build community with one another. This can look like identity-based support groups for QTAPI survivors to share their unique experiences with one another and build community through those shared experiences of survivorship. One idea shared by a participant is a weekly Resting Circle for survivors to spend time simply relaxing together, centering self-care, and building relationships with one another. These spaces don't have to be centered around a shared experience of violence in order to be supportive to DV survivors. A participant who works professionally as an advocate in a mainstream DV program started hosting monthly yoga nights centering QTAPI folks as part of their prevention programming. While the monthly event does not directly offer any explicit DV assistance or education, the event in and of itself is felt to boost protective factors by supporting QTAPI individuals to build stronger community connections and hopefully chosen family. This space also serves to send a message to the larger API and LGBTQIA+ communities that QTAPI people exist and that API people are not inherently homophobic.

Other participant suggestions also took a more non-traditional approach to DV prevention by uplifting anti-oppressive cultural values that have been lost or erased due to colonization. One participant shared about a batterer's intervention program in Hawaii that provides education to Native Hawaiian communities about indigenous values and practices relating to family, gender roles, and relationships. In these lessons, community members learn about pre-colonial traditions of queer and trans people being uplifted as essential and sometime even sacred persons in their communities. Through this kind of education, QTAPI identities are normalized and uplifted even within non-LGBTQIA+ API spaces so QTAPI folks are able to bring their whole selves to community spaces. It is this ability to be fully integrated, to show up as their "whole selves" that many participants desired for themselves and the QTAPI survivors they serve. QTAPI survivors' queer and trans identities cannot be weaponized against them (by their abuser or their communities) if they are normalized and celebrated within API communities.

The bifurcation of identity that QTAPI survivors are often forced into can be alleviated not only within heteronormative API spaces, but also white-dominant LGBTQIA+ community spaces and mainstream DV support services. Participants shared that, in order to better serve QTAPI survivors, they would like to see more collaboration and knowledge-sharing between these siloed community supports. These intersectional collaborations require not only the desire by all for more integrated support, but also a greater investment of resources into community-based API and LGBTQIA+ programs that are often already struggling financially to meet community needs, thus limiting their organizations' capacity to try out new programs and strategies. Regardless, several participants felt the potential positive impacts of meaningful collaboration between API and LGBTQIA+ communities would be huge.

One participant pointed out that while small communities can sometimes be a risk factor for QTAPI survivors, they can also be utilized as a very strong protective factor if those communities have been equipped with the knowledge to combat racism and/or homophobia and transphobia within their communities, and the skills to understand and support DV survivors. The need for more education on DV within both API and LGBTQIA+ communities came up several times in conversation with participants. According to one participant, LGBTQIA+ survivors may not even define their experiences as DV because of the lack of education and awareness of what it can look like within LGBTQIA+ relationships. This mirrors issues discussed in previous sections by participants, such as how experiences of family violence and other forms of violence experienced by QTAPI folks, can normalize interpersonal violence, making it harder to identify abusive dynamics within relationships and seek support accordingly. It also connects with an earlier quote by a trans woman survivor, discussing the normalization of DV in cis hetero relationships as a distorted mirror by which trans women may measure their own relationships.

Participants suggested that further education should be community-led and center the relevant cultural values of each API community, and some also shared that these educational supports should exist not only to support survivors, but also to support abusers in shifting their behavior. Several participants lamented that there are few existing culturally-responsive, non system-based resources that support abuser accountability and behavior changes. The abuser accountability supports most commonly offered by the DV field are Batterer's Intervention Programs, which are closely linked with the criminal legal system; center heteronormative, cisgender, and white experiences in their curriculum and activities; and are usually costly and inaccessible. However, one participant spoke of an exceptional Batterer's Intervention Program based in Hawai'i that centers Native Hawaiian cultural values and practices in their curriculum, which includes education about traditional gender-expansive familial and community roles.⁵⁴ By grounding in the strengths of their culture, this program supports not only the

⁵⁴ Kanuha, V. K. (2007, July 9). *Ke Ala Lōkahi, Native Hawaiian Batterer Intervention Program Project Summary*. http://www2.hawaii.edu/~kanuha/CV%20&%20Publications_files/KAL%20SUMMARY%20REPORT%20JULY%202007-1.pdf [<https://perma.cc/B38Y-M4V2>]

transformation of an individual abuser's behavior, and subsequently the increased self-determination and safety of their partners, but also the preservation of cultural knowledge for the community as a whole.

Cross-cutting Themes

The themes described above, while often overlapping or intersecting with each other, tended to cohere around fairly defined boundaries. However, participants also spoke at length about other factors that permeated or undergirded much of their discussion and operate at the macro level of systems and norms, with society-wide impacts. These meta or cross-cutting themes describe vast and complex phenomena that cannot be adequately addressed in the space of this report, but they have such an outsized influence on all of the other themes that they can't be excluded or ignored. We have chosen a middle road of giving some descriptions of these themes, with details and framing provided by our interview and validation session participants, knowing that this can only be an incomplete portrait within the limitations of this report.

White supremacy

"Queer POC people are a lot of times isolated from their families because of this sort of queerness being seen as in proximity to whiteness, or the conversation being dominated by white analysis of queer experience in the States."

"I didn't have access to my family. I got cut off from my family when they found out about my queerness, my trans identity, and all that stuff. This person who I was dating that was white was turning me against my own family in a way that at that time felt like they were sort of like.. I was like, 'This person is on my side. They are sympathizing with me that I have this hard dynamic with my family,' and it took me a long time in getting out of that relationship and all of the work that I've done after that to parse out what was actually going on, that that was something that also was being used to isolate me from not just my family, but my culture and my support."

Several participants spoke about how white supremacy, including anti-Asian racism and xenophobia, plays an important part in barriers and harms experienced by QTAPI survivors. One important dimension highlighted in the first quote above is about how queerness is often conflated with whiteness, a conflation that can be reinforced by LGBTQIA+ programs and organizations that are predominantly staffed and led by white LGBTQIA+ folks with priorities that don't necessarily reflect the values and experiences of QTAPI folks. QTAPI participants described how this can feel as though if they identify as queer, they are accused of abandoning their culture to try to be white (although a participant noted this reflects a kind of "amnesia" about how many pre-colonial cultures recognized different gender identities and sexual orientations). This can also show up as an internalized oppression, in which QTAPIs may feel they have to choose which one is their primary identity. As one participant noted, queerness in the US is so dominated by white values about coming out, "being really loud about your sexuality," etc., that because those are the norms of queerness in the US, it becomes internalized that that's how you're supposed to be queer.

Abusers can leverage race and racism against survivors, one form of which is described in the second quote. A participant gave the example of a Japanese survivor they were working with, whose white abuser said, "your family isn't supportive, but I am." They used this as an isolation tactic, as a way of saying "why are you still talking to your parents," to disconnect the survivor from potential supports the survivor might be able to access, who could threaten the abuser's control. Participants described the "different vulnerabilities of dating a white person vs. another API & queer person:" if the abuser is from the same API community, they know what that survivor has access to because it's a small community, and they can leverage that against them; but if the abuser is white, they might use racist stereotypes against the survivor to further isolate them, as described in the second quote.

Colonization

"I feel like I've heard from a lot of the Pacific Islander communities that we've worked with that there are legacies of trans and queer people being essential persons of those communities, and that really the impacts of colonization have shaped and religion have really shaped, Western religions, have really shaped a lot of the stigma."

Colonization was another big theme, especially among participants in Hawai'i. It was often connected to white supremacy and the imposition of Western religions like Christianity, which enforced a heteropatriarchal gender binary system that often denied, stigmatized, and criminalized nonconforming identities. Participants discussed both "physical colonization," with examples such as white European or American settler colonialism and the construction of US military bases on Native Hawaiian land; as well as "cultural colonization," such as described in the above quote. One participant spoke about how Native Hawaiians can become agents of colonial power, such as Native Hawaiian men who became part of the colonial police force, and how that can manifest as generations of physical and emotional abuse in families where those men enacted punishing and destructive colonial values in their own homes. Another participant described how colonization not only traumatizes, but also cuts off access to cultural resources that could help people respond to and heal from that trauma.

Immigration and xenophobia

"People don't think about LGBT immigrants... they think about immigration as being this economic, family oriented decision of someone is moving to the States to make more money for their family... [LGBT immigrants] disrupts this narrative that we're fed through the media in the States about what a "right immigrant story" is supposed to look like. I think talking about immigration and queerness at the same time really blows a lot of people's minds, which is just indicative of a larger issue and layer of support that people are missing."

Discussions about immigration and xenophobia permeated every interview and validation session, with many descriptions about the multilevel impact on QTAPI survivors, including personal, familial, community and systemic effects. It's important to note here that none of the interview participants (we don't know about the validation session participants) were themselves immigrants, they were all the children and/or grandchildren of immigrants, so they were speaking from that experience or from their work with immigrant survivors.

Several participants spoke about the immigration process: the many push and pull factors that drive people to immigrate (including reasons related to homophobic and transphobic violence in home countries, as the above quote alludes to), the disruption and potential trauma of immigration, and the different levels of privilege and oppression that accompany various waves and groups of immigrants. One participant gave the example of how current Japanese immigrants do not face the same circumstances as have refugees from other countries, who were fleeing war, persecution, or government instability. These themes connected back to discussions about isolation and the lack of support networks that many new immigrants feel, as well as potential language barriers and limited knowledge about available resources. First generation immigrants (born in the US to parents born abroad) often face their own pressures of acculturation and assimilation, described by one participant as the "confusion [of] having to create your own culture between the home country culture & US culture." For QTAPIs, this "3rd culture" can include trying to navigate between traditional cultural and US mainstream views of LGBTQIA+ folks, as well as racism, xenophobia, linguisticism, and other forms of oppression linked to their racialized identity in the US. A couple of participants also discussed clashes laterally across API communities, who may share different values, religions, privileges such as education or class, access to resources, and/or deep-rooted enmities from their home countries.

Undocumented immigrants face extra stresses and barriers to accessing systems due to fears about incarceration and deportation, and limited economic options. This can contribute to isolation: a participant described a survivor

they worked with who feared disclosing the abuse to their social network, a potential source of support, because it would entail disclosing their undocumented status. Undocumented status can lead to economic insecurity due to job instability and work restrictions, as how one participant described a survivor that was dependent on their abuser for an off the books job that was a critical source of income. Undocumented QTAPI survivors also often avoid calling the police or using other system supports, due to fear of reprisal related to their status. Participants gave multiple examples of how abusers leveraged these immigration-related issues to isolate, threaten, manipulate, and control survivors.

Heteropatriarchal, homophobic, and transphobic gender norms

“What I know about domestic abuse and homicide in my community is that it's normal. It's something that happens all the time, all across the world. It happens a lot within the Native Hawaiian and Asian Pacific Islander community. It's because it's normalized in cis relationships as well. But trans women accept a lot more abuse for whatever reason. Some of those reasons are, we think we're not going to be able to have another relationship like that one. Some of the other reasons are that he's financially supporting me or he accepts me for who I am. Some of the other reasons are intimidation or fear. I have trans girls that move across the fucking country to go be with these military boys and they get killed. The desperation for acceptance and love makes us do very high risk things in our romantic relationships and compromise a lot of our own beliefs and our own values, doing it.”

Many of the preceding sections discuss how heteropatriarchal gender norms, homophobia, and transphobia -- in both API cultural communities as well as mainstream US culture -- are sources of pain and oppression for many QTAPI survivors. The normalization of violence in cis intimate relationships is prevalent, as well. In this project, we heard from trans participants in particular that these toxic norms have specific implications for trans API survivors experiencing abuse, and especially trans women. A participant gave an example of how when trans women experience abuse in their relationships with cis straight men, this can be seen as a “typical” way for a man to treat a cis woman, when violence is so normalized in cis heterosexual relationships; so “the fact you're experiencing this, makes you a ‘real girl.’” Transphobia intersects with toxic gender norms in a way that can exacerbate the potential for lethality. One participant gave an example of a cis military man who was dating a trans woman; when his military buddies found out, “he started being accosted or put down for that. He took it out on her,” by dousing her in gasoline and fatally setting her on fire. The participant described how dating a trans woman is “ok until his buddies find out or there’s risk of exposure;” disclosure puts pressure on him to “re-establish his masculinity,” often through brutal rejection of his trans partner, including escalating violence or homicide.

Discussion

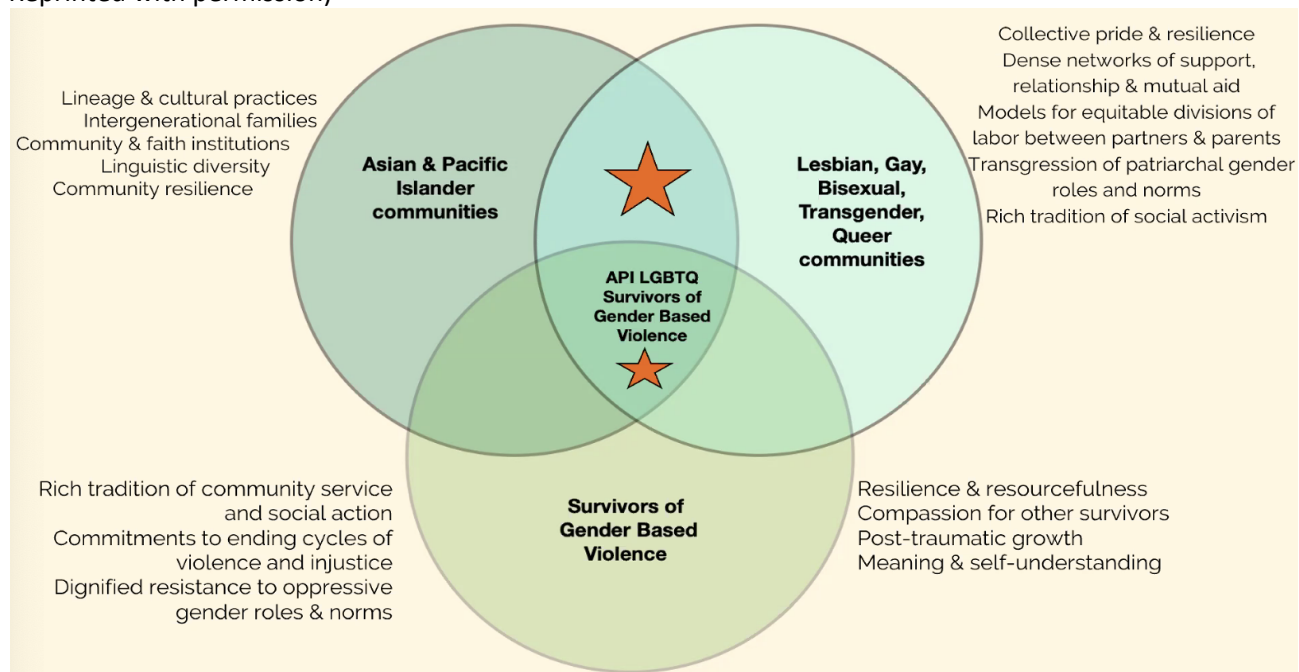
In this study, participants detailed the myriad ways isolation is central to QTAPI experiences of DV. While isolation is a common factor in keeping survivors disconnected from potential supports, and one that abusers often magnify or exploit, our findings suggest there are particular ways it can manifest for QTAPI survivors. For example, family or cultural norms around silencing and taboo subjects can prevent QTAPI survivors from bringing up any personal or difficult topics, including sexual relationships and gender identity or sexual orientation. This is exacerbated when homophobia or transphobia, and particularly the threat of violence or other forms of reprisal, are factors. The challenges of small communities -- when they’re potentially unsupportive, minimize violence, or reinforce oppression -- can have a similar effect. That means that those closest to QTAPI survivors, who are arguably the best positioned to offer impactful support, may be the least likely to know about their abuse or offer support, leaving them more vulnerable and with fewer options when abuse ramps up to potentially lethal levels of danger. Thus, reducing isolation is crucial for successful DV homicide prevention and intervention work.

Participants also described how experiences of violence in the family, community, and society are interlocking with violence in personal relationships, in ways that can increase risk, isolation, and harm within abusive

relationships. They spoke about how violence manifests itself in very personal ways, via experiences of family violence and intergenerational trauma; as well as through structural and systemic xenophobia, racism, homophobia and transphobia, linguicism, and the continuing legacies of colonialism, white supremacy, and heteropatriarchy. QTAPI survivors spoke about repeatedly encountering these structural forms of violence in system responses that often failed them: abusive or disengaged police officers, discriminatory housing and workplace practices, and the constant threat of immigration enforcement if they or their loved ones are undocumented. When they access community-based programs, many of the same programs that embrace one essential part of them, reject or misunderstand the rest; this can leave QTAPI survivors feeling bifurcated and only half-seen. The implication is that for many QTAPI survivors, continuing to invest the majority of resources in reforming systems-based responses, or analyzing system failures using tools such as lethality reviews, may have limited utility as an effective DV homicide prevention and intervention strategy.

But QTAPI advocates and survivors also told us how wholeness is possible by drawing on the collective strengths of their communities, illustrated in Figure 2.⁵⁵ They described community-driven DV prevention and intervention programs that integrate cultural values and healing, decolonize gender norms, and build in family, chosen family, and community as trusted supports. They envision accountability structures that rest in the community, not in the carceral state, and they reimagine community spaces as sites of healing and connection. They remind us that a better world is possible for all survivors, and through their creativity and resilience, it is already being built.

Figure 2. Healing and Cultivating Resilience at the Intersections of Multiple Oppressions (N. N. Shara, 2020, Reprinted with permission)



⁵⁵ Shara, N. N. (2020, September 30). *From a spiral of violence to a whirlwind of healing: Strengthening advocacy for API LGBTQ survivors of gender-based violence* [Webinar]. Asian Pacific Institute on Gender-Based Violence. <https://www.api-gbv.org/resources/spiral-to-whirlwind-webinar/>

Learnings & Recommendations

“I think a lot of DV and SA work, to begin with, if you prioritize, or you center the conversation in the advocacy, in the policies, in everything around folks that are experiencing the most oppression, and are experiencing the most barriers in access to this stuff, then everybody else is going to benefit from it. If we can address this layer, anybody in those communities, like trans, queer, or not is going to be benefiting from that cultural shift of being able to talk about this stuff more.”

Broaden how we think about survivorship

Survivor supports that center only on the experience of intimate partner violence can alienate QTAPI survivors, whose experiences of DV are closely related to and overlap with familial, intergenerational, and systemic violence. In order to better serve the needs of QTAPI survivors and other survivors who live in the intersection of multiple marginalized identities, the DV field needs to shift towards a broader understanding of survivorship that inextricably links the experience of surviving structural racism, classism, and other forms of socioeconomic oppression to the experiences of surviving DV. From this more expansive and holistic understanding of what survivorship entails, DV service providers, community leaders, funders, and policy-makers can more responsively use their resources, networks, and skills towards supporting communities to address and transform the conditions that perpetuate violence.

Increase capacity to serve QTAPI survivors and create more QTAPI-specific programs

While mainstream, API, and LGBTQIA+ DV programs should all work together to increase their collective capacity to better serve QTAPI survivors, the DV field would be strengthened by investing in the creation of more “by and for” QTAPI-specific survivor supports. These supports would make space for QTAPI survivors to show up as their whole selves and receive culturally-relevant and responsive services and care.

Invest in community-led solutions instead of systems

The professional DV field partners closely with other systems, especially law enforcement and the criminal legal system, to address domestic violence. But these systems continuously fail and further traumatize QTAPI survivors in ways that can only be resolved by the fundamental restructuring of those very systems. Instead of continuing to invest valuable time, energy, and resources into attempting to reform systems that are inherently at odds with QTAPI survivor needs, the DV field should redirect resources towards uplifting and strengthening “by and for”, survivor-led supports that incorporate cultural values, knowledge, and traditions in their approach.

Support cultural decolonization as a strategy for supporting QTAPI survivors

In order to address the impacts of colonization and assimilation, supports for QTAPI survivors should include cultural knowledge preservation and opportunities for survivors to reconnect with their cultures. This kind of cultural knowledge sharing can support both the healing of QTAPI survivors and their communities from the repression of LGBTQIA+ people by imposed European, American, and Christian cultural norms.

More research, and different research, is needed

The QTAPI Project described in this paper was an exploratory research project that complements knowledge and experiences that QTAPI advocates and survivors have been sharing for decades. This was a small study that could not begin to take into account the enormous heterogeneity of the QTAPI community, let alone the unique experiences of survivors within those communities. API, LGBTQIA+ and DV researchers should build on this and other work, and create more space and commit resources towards uplifting and amplifying a variety of QTAPI voices through research. These projects should center on more than just the trauma that QTAPI survivors experience, but also on the resilience and innovative responses to violence that QTAPI communities are creating. Similarly, instead of focusing only on the risk factors that QTAPI survivors face, research should also explore

protective factors that support QTAPI communities, as well ways to build on the existing values, strengths, and resilience of QTAPI communities, and envision what could be.

Center survivors with participatory and trauma-informed research approaches

Based on our own experience as well as what participants told us, “by and for” approaches to research are critical for centering QTAPI survivors’ knowledge and lived experiences in the work. Community-based participatory research is one tool researchers can use to do this.^{56,57,58} This includes building in time and space to examine how the research team’s own intersections of privilege and oppression, and each team member’s unique positionality, affects the research process. Relatedly, we learned that in working with and doing research about one’s own communities, especially around topics relating to violence and trauma, great care must be taken to support both the participants and the researchers who are most closely connected with the communities being studied. Other ideas for creating a trauma-informed, survivor-centered research process include: prioritizing relationship-building as an integral part of the research process; mindfulness around not engaging in tokenization while still deferring to the expertise of team members with relevant lived experience; and creating a realistic and accessible work timeline that takes into account time for debriefs, processing, and periods of rest and recovery for team members that may be triggered or feel the impact of the data more personally.

⁵⁶ Ragavan, M. I., Thomas, K. A., Fulambarker, A., Zaricor, J., Goodman, L. A., & Bair-Merritt, M. H. (2020). Exploring the needs and lived experiences of racial and ethnic minority domestic violence survivors through community-based participatory research: A systematic review. *Trauma, Violence, & Abuse*, 21(5), 946-963. <https://doi.org/10.1177/1524838018813204>

⁵⁷ Goodman, L.A., Thomas, K.A., Serrata, J.V., Lippy, C., Nnawulezi, N., Ghanbarpour, S., Macy, R., Sullivan, C. & Bair-Merritt, M.A. (2017). Power through partnerships: A CBPR toolkit for domestic violence researchers. National Resource Center on Domestic Violence, Harrisburg, PA. Retrieved from cbprtoolkit.org

⁵⁸ Ghanbarpour, S., Palotai, A., Kim, M. E., Aguilar, A., Flores, J., Hodson, A., Holcomb, T., Jimenez, M., Kaur, M., Pusey, O., Rosales, A., Schlater, W., & Shim, H. (2018). An exploratory framework for community-led research to address intimate partner violence: A case study of the survivor-centered advocacy project. *Journal of Family Violence*, 33(8), 521–535. <https://doi.org/10.1007/s10896-018-9987-y>

Resources

Organization Name	Websites
For a national list of API DV programs: Asian Pacific Institute on Gender-Based Violence (API-GBV)	https://www.api-gbv.org/resources/directory-api-services/
For a list of LGBTQIA+ DV programs - National Coalition of Anti-Violence Programs (NCAVP)	https://avp.org/ncavp-members/
QTAPI-specific DV programs: Asian Women's Shelter - Queer Asian Women and Transgender Support (QAWTS) Program in the San Francisco Bay Area	https://www.sfaws.org/programs
API Chaya - in Seattle	https://www.apichaya.org/

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Glossary

These definitions vary widely and are constantly evolving, so people in different communities have different opinions about and relationships to them. We offer these brief, non-comprehensive definitions as an aid in reading this report, especially for those unfamiliar with or new to these terms, while acknowledging that they are by no means definitive.

Asians and Pacific Islanders (APIs) - The term “API” comprises a large variety of people from across Asia and Oceania that are categorized together. It was coined in the 1960’s by US activists of different Asian & Pacific Islander ancestries as a mean of building solidarity and political power, although the term is still contested by some.⁵⁹ API-GBV’s definition includes people of Asian, Asian American, or Pacific Islander ancestry who trace their origins and identities to the countries, states, or jurisdictions and/or the diasporic communities of the following geographic regions:⁶⁰

Central Asia: Afghani, Armenian, Azerbaijani, Georgians, Kazakh, Kyrgyz, Mongolian, Tajik, Turkmen, Uzbek.

East Asia: Chinese, Japanese, Korean, Okinawan, Taiwanese, Tibetan.

Hawai’i and Pacific Islands: Carolinian, Chamorro, Chuukese, Fijian, Guamanian, Hawaiian, Kosraean, Marshallese, Native Hawaiian, Niuean, Palauan, Papua New Guinean, Pohnpeian, Samoan, Tokelauan, Tongan, Yapese.

Southeast Asia: Bruneian, Burmese, Cambodian, Filipino (also regarded as Pacific Islanders), Hmong, Indonesian, Laotian, Malaysian, Mien, Singaporean, Timorese, Thai, Vietnamese.

South Asia: Bangladeshi, Bhutanese, Indian, Maldivians, Nepali, Pakistani, Sri Lankan.

West Asia/Middle East. Geographically, it includes the countries of Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey (straddles Europe and Asia), United Arab Emirates, and Yemen.

Domestic violence - Domestic violence is a pattern of behaviors used by one person to maintain power and control over another person in an intimate relationship. Domestic violence is sometimes used interchangeably with “intimate partner violence” and “gender-based violence,” although there are subtle differences between these terms and how they’re used. We use the term domestic violence or DV throughout this report, both for simplicity and consistency, and also because it includes abuse by other members of a household beyond an intimate partner, which is often a factor in API and other communities.⁶¹

The United Nations defines gender-based violence as any act that “results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life.”⁶² Another more expansive definition of gender-based violence that is closer to the phenomena highlighted in this report, describes it as “largely male-patterned violence [that] can include the victimization of women, girls, men, boys, adolescents, and lesbian, gay, transgender, and gender non- conforming people. Gender-based violence also includes familial abuse, child sexual

⁵⁹ Kandil, C. Y. (2018, May 31). *After 50 years of “Asian American,” advocates say the term is “more essential than ever.”* NBC News. <https://www.nbcnews.com/news/asian-america/after-50-years-asian-american-advocates-say-term-more-essential-n875601>

⁶⁰ Asian Pacific Institute on Gender-Based Violence. (2019). *Asian and Pacific Islander identities and diversity*. [Factsheet]. <https://www.api-gbv.org/resources/asian-and-pacific-islander-identities-and-diversity/>

⁶¹ Yoshihama, M., Dabby, C., & Luo, S. (2020, October). *Facts & Stats Report, Updated & Expanded 2020: Domestic Violence in Asian & Pacific Islander Homes* [Report] Asian Pacific Institute on Gender-Based Violence. <https://www.api-gbv.org/resources/facts-stats-dv-api-homes/>

⁶² *A brief overview of the United Nations and violence against women*. (n.d.). UN Women; United Nations Entity for Gender Equality and the Empowerment of Women. Retrieved October 6, 2023, from <https://www.un.org/womenwatch/daw/vaw/v-overview.htm>

abuse, elder abuse, sexual violence, trafficking and more.”⁶³ Domestic violence doesn’t discriminate: people of any race, age, gender, sexuality, religion, education level, or economic status can be a victim — or perpetrator — of domestic violence. It includes behaviors that physically harm, intimidate, manipulate or control a partner, or otherwise force them to behave in ways they don’t want to, including through physical violence, threats, emotional abuse, or financial control.⁶⁴

Homophobia - The irrational fear of love, affection, and erotic behavior between people of the same gender. Homophobia is expressed as negative feelings, attitudes, actions, and institutional discrimination against those perceived as non-heterosexual, often on the basis of gender expression or presentation.⁶⁵

Homophobia is also closely linked to heterosexism, which is the assumption that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay, bisexual and queer people while it gives advantages to heterosexual people. It is often a subtle form of oppression, which reinforces realities of silence and erasure.⁶⁶

LGBTQIA+ - LGBTQIA+ stands for lesbian, gay, bisexual, transgender, queer, intersex, asexual and “plus,” which represents other sexual and gender identities such as pansexual, non-binary, and more. LGBTQIA+ is an inclusive way to refer to people who do not identify as straight and/or cisgender.⁶⁷ For more definitions of the individual terms, please refer to the LGBTQIA Resource Center Glossary.⁶⁸

Patriarchy - Patriarchy, sometimes referred to as heteropatriarchy, is a structure of beliefs and practices (institutional, cultural, and individual) which establishes the binary gender system of two distinct genders (“men” and “women”), within which men are given power and privilege at the expense of women, transgender and gender-variant people.⁶⁹

QTAPI - Queer and Trans Asians and Pacific Islanders (used synonymously with LGBTQIA+ APIs, see [footnote 2](#)).

Transphobia - The irrational fear of those who are perceived to break or blur stereotypical gender roles. Transphobia is expressed as negative feelings, attitudes, actions and institutional discrimination directed at those perceived as expressing or presenting their gender in a transgressive way.⁷⁰ Transphobia is closely linked to cissexism, the pervasive system of discrimination and exclusion founded on the belief that there are, and should be, only two genders and that one’s gender or most aspects of it, are inevitably tied to assigned sex. This system oppresses people whose gender and/or gender expression falls outside of cis-normative constructs. Within cissexism, cisgender people are the dominant group and trans/ gender non-conforming people are the oppressed group.⁷¹

⁶³ Shara, N. N. (2020, September 30). *From a spiral of violence to a whirlwind of healing: Strengthening advocacy for API LGBTQ survivors of gender-based violence* [Webinar]. Asian Pacific Institute on Gender-Based Violence. <https://www.api-gbv.org/resources/spiral-to-whirlwind-webinar/>

⁶⁴ *Understand relationship abuse*. (n.d.). The Hotline. Retrieved October 6, 2023, from <https://www.thehotline.org/identify-abuse/understand-relationship-abuse/>

⁶⁵ Shara, N. N. (2020, September 30). *From a spiral of violence to a whirlwind of healing: Strengthening advocacy for API LGBTQ survivors of gender-based violence* [Webinar]. Asian Pacific Institute on Gender-Based Violence. <https://www.api-gbv.org/resources/spiral-to-whirlwind-webinar/>

⁶⁶ UC Davis LGBTQIA Resource Center Glossary. (2015, May 5). *Lgbtqia resource center glossary*. LGBTQIA Resource Center. <https://lgbtqia.ucdavis.edu/educated/glossary>

⁶⁷ Bloodworth, A. (2018, March 15). *Do you know what LGBTQ+ stands for?* PinkNews | Latest Lesbian, Gay, Bi and Trans News | LGBTQ+ News. <https://www.thepinknews.com/2018/03/15/what-is-lgbtq-what-does-the-plus-stand-for-and-is-anyone-left-out/>

⁶⁸ UC Davis LGBTQIA Resource Center Glossary. (2015, May 5). *Lgbtqia resource center glossary*. LGBTQIA Resource Center. <https://lgbtqia.ucdavis.edu/educated/glossary>

⁶⁹ Shara, N. N. (2020, September 30). *From a spiral of violence to a whirlwind of healing: Strengthening advocacy for API LGBTQ survivors of gender-based violence* [Webinar]. Asian Pacific Institute on Gender-Based Violence. <https://www.api-gbv.org/resources/spiral-to-whirlwind-webinar/>

⁷⁰ Shara, N. N. (2020, September 30). *From a spiral of violence to a whirlwind of healing: Strengthening advocacy for API LGBTQ survivors of gender-based violence* [Webinar]. Asian Pacific Institute on Gender-Based Violence. <https://www.api-gbv.org/resources/spiral-to-whirlwind-webinar/>

⁷¹ UC Davis LGBTQIA Resource Center Glossary. (2015, May 5). *Lgbtqia resource center glossary*. LGBTQIA Resource Center. <https://lgbtqia.ucdavis.edu/educated/glossary>

White supremacy - White supremacy is the idea (ideology) that white people and the ideas, thoughts, beliefs, and actions of white people are superior to People of Color and their ideas, thoughts, beliefs, and actions. It is expressed on interpersonal, institutional, and systemic levels.⁷²

⁷² *White supremacy culture*. (n.d.). WHITE SUPREMACY CULTURE. Retrieved October 6, 2023, from <https://www.whitesupremacyculture.info/>

Appendix A - DVHPI Background & timeline

Domestic Violence Homicide Prevention Demonstration Initiative (DVHPDI)

History and Purpose of the DVHPDI

- To implement promising domestic violence homicide reduction and prevention models focused on identifying high-risk victims and offenders in order to target specific community-based resources directly to those cases
- To improve upon existing cooperative efforts and partnerships between and among systems agencies, victim advocacy groups, other service systems, and other parties involved in the prevention and responses to domestic violence
- Provide training and technical assistance on evidence-based risk factors for domestic and dating violence homicide and how to appropriately administer risk assessment instruments
- Adapt risk assessment tools and accompanying interventions to be culturally appropriate

Timeline of the DVHPDI

- March 2013: Vice President Biden and former Attorney General Holder announced the initial grant awards establishing the demonstration initiative
- Fall 2013: Phase One – 12 initial sites were assessed for readiness for model implementation and data-sharing capacity
- Culturally Specific TA Providers brought in as consultants on the project
- Fall 2014: Phase Two – 4 sites selected to implement 2 promising domestic violence homicide prevention models: 1) Lethality Assessment Program (LAP); and 2) Domestic Violence High Risk Team (DVHRT)
- Culturally Specific TA Providers brought in as equal partners on the project
- Fall 2016: 2 additional sites selected to implement; continued technical assistance to all sites

Partners of the DVHPDI

- Office on Violence Against Women (funder)
- Model Technical Assistance Providers
 - Maryland Network Against Domestic Violence (creator of the LAP)
 - Jeanne Geiger Crisis Center (creator of the DVHRT)
- Culturally Specific Technical Assistance Providers
 - Asian Pacific Institute on Gender-Based Violence (Language Access)
 - Casa de Esperanza's National Latin@ Network for Healthy Families and Communities (Organizational Assessment)
 - Howard University (Community Engagement)
 - Institute on Domestic Violence in the African American Community (Community Assessment)
- Evaluation Team
 - National Institute of Justice
 - Yale University
 - Local Site Evaluators

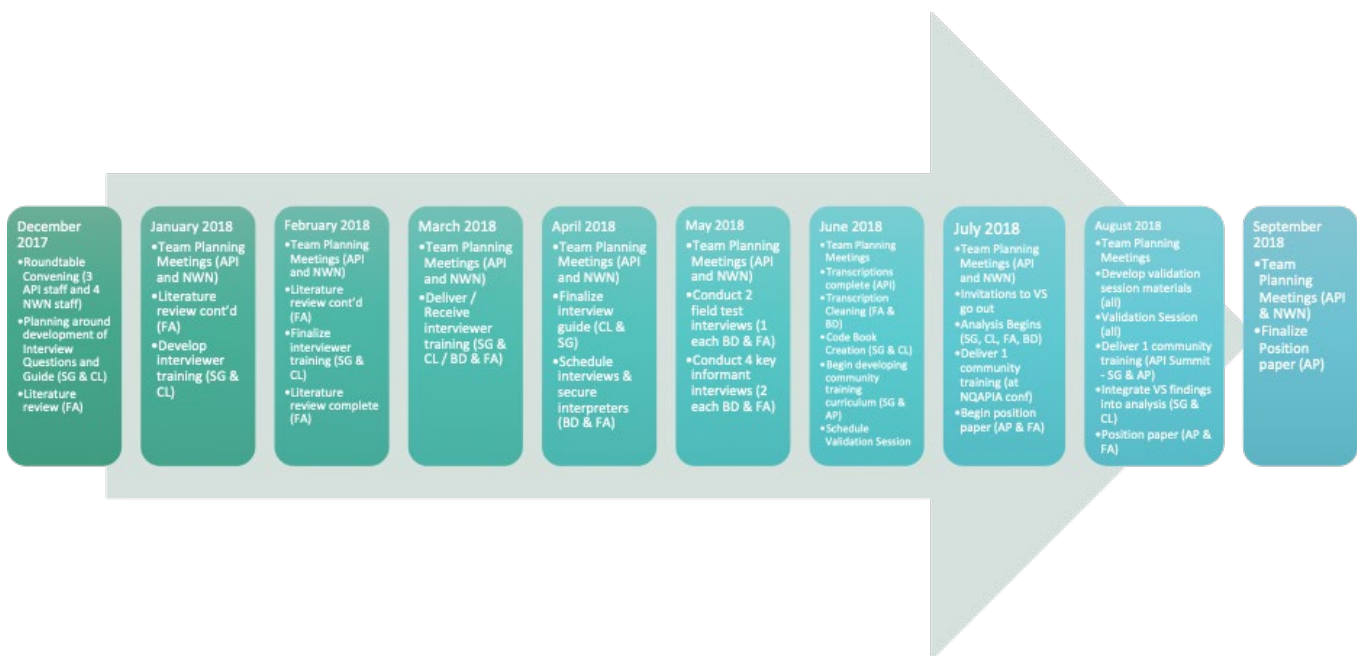
The Culturally Responsive DV Homicide Prevention Project

How did we land on this particular intersection?

- Because it was meaningful to people on our team and represented real lived experience of some of us doing the work
- Because of prior meaningful collaborations between members of our team and members of the NWN team
- To dig deeper into our analysis of risks posed to victims and survivors due to cultural context
 - *What about risk factors beyond the interpersonal/single perpetrator-single victim sphere?*
 - *What about cultural context beyond just racial/ethnic identity?*
 - *What about those victims/survivors who are living at the intersections?*

Culturally Responsive Project Timeline

- December 2017 – March 2018: Literature Review
- March 2018 – May 2018: Interviewing Key Informants
- June 2018 – July 2018: Preliminary Analysis
- July 2018 – September 2018: Feedback sessions from community
- September 2018 – December 2018: Write and present position paper (*report write-up subsequently moved to August-September 2020*)



Appendix B - Team Bios

Fatima Arain

Fatima Arain (they/them) was Field Coordinator at the Northwest Network and was a community-based researcher and interviewer on the QTAPI project team. Fatima is a queer Muslim Pakistani writer, facilitator, educator, and advocate. They have spent over 15 years supporting survivors of domestic and sexual violence, including LGBTQ, houseless, immigrant, refugee, and youth survivors. They believe strongly that the task of caring for survivors and ending abuse necessitates the dismantling of anti-Blackness, misogyny, homophobia, transphobia, ableism, and capitalism. It is from this intersectional lens that Fatima approaches their work to support individuals, collectives, and organizations in building a just and humane world. Fatima draws from their own lived experiences and brilliance of their communities to guide their work. Fatima also has their BA in Gender Studies from DePaul University, MSW from the University of Chicago, and MA in Teaching from Seattle University.

Biney Dev

Biney Kaur Dev (she/her) was Program Coordinator at the Asian Pacific Institute on Gender-Based Violence, and was a community-based researcher and interviewer on the QTAPI project team. At API-GBV, she provided culturally-specific technical assistance and training in the Domestic Violence Homicide Prevention Initiative. She also worked on statewide projects that enhance the leadership and capacity of advocates from racially and ethnically diverse communities across California. Some of her most recent work supported a CBPR project in California that brought together a diverse group of advocates from culturally-specific communities to co-generate knowledge and build research capacity around survivor-centered advocacy. This work highlighted her skills and lived experience in centering language justice and equitable access. With a BA in Peace and Conflict Studies from UC Berkeley, Biney previously worked on the Immigrant's Rights Project with the ACLU as well as with Human Rights Watch. Biney is also an artist, community organizer and activist involved within the Punjabi/Sikh community across North America, leading and developing programs to engage and support 1st and 2nd generation immigrant youth through education, art, spirituality, social justice, and critical analysis.

Susan Ghanbarpour

Susan Ghanbarpour (she/her) was Senior Research Analyst at the Asian Pacific Institute on Gender-Based Violence, and co-led the research design and capacity building components on the QTAPI project team. Dr. Ghanbarpour is an independent researcher and evaluator focusing on community-led and participatory methodologies. She applies her expertise in culturally-responsive and qualitative and mixed-methods research in local and national contexts, and is co-author of the Community-Based Participatory Research (CBPR) Toolkit for Domestic Violence Researchers. Most recently, she has provided training and technical assistance to advocates across the country serving Asian and Pacific Islander survivors of gender-based violence, many of whom are immigrants or refugees. She focuses on strengthening advocates' capacity to evaluate their programs, engage in community-led research, and adapt evidence-based practices. Her skills include strengths-based capacity building; centering language justice in multilingual spaces; and attending to issues of trauma and oppression via equity-focused and trauma-informed research practices. She is a peer-vetted member of the Advancing Culturally-Responsive and Equitable (ACE) Evaluation Network. Dr. Ghanbarpour received her doctorate (DrPH) from the Johns Hopkins School of Public Health, MA in Health Policy from New York University, and AB in Chemistry from Cornell University. Her approach to her work is grounded in her experience as a mixed-race woman of color from the Bronx.

Carrie Lippy

Carrie Lippy (she/they) was Director of the National LGBTQ Institute on IPV at the NW Network of Bi, Trans, Lesbian & Gay Survivors of Abuse (Research Coordinator at the time of the project), and co-led the research design and capacity building components on the QTAPI project team. She is a community-based researcher and evaluator who focuses on evaluating and building the practice-based evidence of culturally specific domestic violence programs. Dr. Lippy has partnered extensively with organizations in immigrant, refugee, and LGBTQ communities to collaboratively design and implement culturally responsive evaluations. She has designed and conducted participatory evaluations for multiple community-based programs, authored ground-breaking reports on the findings, and presented nationally on unique culturally-specific approaches to research. Before consulting, Dr. Lippy worked in the Division of Violence Prevention at the Centers for Disease Control and Prevention where she collaborated on projects examining evidence-based approaches to intimate partner and sexual violence prevention. While at CDC, Dr. Lippy co-authored widely cited manuscripts on the experiences of LGBTQ young people and community- and societal-level approaches to violence prevention. Throughout her career, Dr. Lippy has used research and evaluation to promote prevention, elevate the voices and strengths of communities, and foster social change.

Ada Palotai

Ada Palotai (she/they) was Program Manager, DVHPI & SCA at the Asian Pacific Institute on Gender-Based Violence, and was a community-based researcher on the QTAPI project team. Ada is a queer, mixed race woman of color, an artist, healer and Theatre of the Oppressed practitioner, exploring embodiment practices as vehicles for individual and collective healing, transformation and liberation. With over 20 years of experience in facilitation and training, and programs and organizational development, she has a strong community organizing and public health orientation with deep expertise in supporting multi-disciplinary teams, complex systems and diverse and diasporic communities to move in alignment toward a common vision. Rooted in the magic of collaboration and network weaving, Ada builds bridges in and brings a sharp power analysis to her work at the intersections -- of violence prevention and racial justice, of organizations and organizers, and of the scientific and the sacred. In her free time, Ada loves to play with her dogs, be with human loved ones, and experiment with fashion.

Appendix C - Research Instruments

Consent Form

Consent to Participate in Research Key Informant Interviews No translation services needed

Title: API-LGBTQ Domestic Violence Homicide Study

Researchers:

Susan Ghanbarpour, DrPH
Asian Pacific Institute on
Gender-Based Violence

Carrie Lippy, PhD
NW Network of Bi, Trans,
Lesbian, and Gay Survivors of Abuse

Introduction

You are invited to participate in a research study. To participate in this study, you need to give your informed consent. Informed consent means you understand what this study is about, the potential risks of participating, and your rights and protections. This document gives information that is important for this understanding. Please take as much time as you need to decide if you want to participate. You do not have to participate, and you can stop participating at any time with no consequences to you. You can ask questions at any time.

What is the purpose of this study?

The purpose of this study is to learn more about the risk of domestic violence (DV) homicide for Asian Pacific Islander (API) folks who identify as lesbian, gay, bisexual, trans, or queer. You were invited to participate because of your expertise on the experience of DV for this population. We would like to hear your thoughts about what increases and decreases the risk of homicide for this community of DV survivors. We plan to interview 5-8 other experts.

What will happen during this study?

If you decide to participate in this study, we will ask you to participate in an interview. The interview will take up to 2 hours. You will only be interviewed once. The conversation will be audio-recorded, and then typed up. We will tell you when the recording starts and stops. We will not ask for any information that may identify you. We ask that you do not give any identifying information about yourself or others. We will use a fake name rather than your real name on the transcript. We will remove from the transcript any personal information you share during the interview. We will also give you an opportunity to review the transcript to make sure there is no identifying information.

Do I have to participate in this study?

No. Being in this study is completely voluntary. It is your choice whether to be interviewed, and you can refuse to participate. You can also skip questions or stop participating at any time. Whatever you decide, there will not be any negative consequences for you. You will still receive full compensation for participating, even if you skip questions or stop participating.

What are the potential risks or discomforts if I participate?

You may feel upset or uncomfortable during the interview. If that happens, the interviewer will talk with you, and you can stop the interview. The interviewer can also refer you to someone who may be able to help you, at no cost to you.

What are the potential benefits if I participate?

Being in this study may not help you directly. But the information we learn from the interviews will help us to understand more about DV homicides in API-LGBTQ relationships and communities. This information may help us to develop policies, practices, and programs that can better serve API-LGBTQ people.

How will my information be kept private?

We will keep your records private to the extent permitted by law. Any information that is obtained in this study and that can be identified with you will remain confidential and will only be disclosed with your permission or as required by law.

We will not ask for your name or other information that might identify you. When the recording of the interview is typed up, we will make sure that there is no identifying information about you or anyone else in the notes or transcript. The computer in which the interview information is kept will be protected so that only people who have permission will be able to see that information. The recorded files and anything else with identifying information will be destroyed no later than one year after today's date.

Biney Dev, Fatima Arain, Susan Ghanbarpour, Carrie Lippy, Deborah Son, and Ada Palotai, who are members of our research team, will have access to the information from the interview. We may also share this information with the Asian Pacific Institute on Gender-Based Violence, the NW Network, or consultants for either agency.

Your name and other facts that might point to you will not appear in presentations or publications of the study. We will report the findings of this study in group form. You will not be identified personally.

Will I be paid for participating in this study? Will my costs be covered?

You will receive \$50 for being in this research study. In addition, we will reimburse you for transportation and/or parking you paid for to attend the interview.

Whom can I contact about this study?

If you have any questions, concerns or complaints about this study, please contact Susan Ghanbarpour at 415-568-3315 or sghanbarpour@api-gbv.org or Carrie Lippy at 206-568-7777 or clippy@nwnetwork.org.

How do I give my consent to participate in this study?

If you understand and agree with everything stated above, please check the box below. We are not asking for your signature so that your name will not be attached to any study documents. We will give you a copy of this consent form to keep for your records.

Are you willing to volunteer for this study and be recorded?

YES ☐ NO ☐

Signature of Interviewer/Person Obtaining Consent _____ Date _____

Participant ID _____

Participant Screening Guide

Participant ID:

Interviewer Name:

Date and Time:

Demographics

1. Where do you live?
2. Rural/Urban/Suburban (circle one)
3. Race/Ethnicity
4. Language
5. Sexual Orientation
6. Gender Identity

Experience

7. Tell me a little bit about your experience with queer API survivors of abuse – using any experience you can or choose to draw upon, for example from your community, your own life experience, professional work capacity, etc.

Logistics

8. What is your preferred medium to use for the interview? In person? Video call? Phone call?
9. Do you have a preferred space in which to conduct the interview?
10. If yes to 10, is it private, secure, good for audio-recording?
11. If no to 10 or 11, what about [suggestion for alternative place]?

If Video Call is the preferred method:

12. Do you have internet access?
13. Do you have/have access to a computer?
14. Does your computer have a webcam and speakers?

If Phone is the preferred method:

- 15. Do you have access to a phone?
- 16. Can you use it for an extended period of time?

General Accessibility and Accommodations

- 17. What do you need to make the space accessible and comfortable for you?
- 18. What language do you feel most comfortable speaking in?
- 19. Will you need childcare support to attend the interview?
- 20. Is there anything else you will need to make your participation possible?

In-depth Interview Guide

API LGBTQ DV Homicide Project

Semi-Structured Interview Guide

Participant ID# _____

REVIEW CONSENT FORM BEFORE STARTING INTERVIEW

A. INTRODUCTIONS

1. [Self Intro] I know it can feel strange talking to someone you don't know well, so let me tell you a little about who I am. I'm an interviewer and researcher on this project. I also work in the domestic violence (DV) field and focus on culturally specific communities. I personally identify as _____ [interviewer identities, especially as they relate to being API and/or LGBTQ]
2. [Project Goal] As I mentioned in the consent form, I'm working on this project because I care about reducing the risk of serious harm or death related to DV, for Asian and Pacific Islander folks who identify as lesbian, gay, bisexual, trans, or queer (API LGBTQ folks).
3. [Role] In my role as researcher, it's important for me to hear every part of your story and your opinions. So I'm going to try to just listen and not offer any opinions or feedback, so that you can feel comfortable expressing yourself fully. OK?
4. [Roadmap] I'm going to start by asking you some basic demographic and identity-related questions. Then I'm going to ask you to draw on your experiences to answer questions related to domestic & family violence in the API LGBTQ communities. Finally, I'll ask you to hone in on your experiences specifically related to homicide or life-threatening risk or harm for this community. You may find this interview challenging at times as we'll be talking about violence and life-threatening situations. We can pause the interview at any time if you need a break. Or you can skip any questions you don't want to answer or stop the interview at any time.
5. [Time & Recording] Before we begin – just a reminder that I'll be keeping track of time to make sure we don't run over, and I will also be audio recording our conversation to make sure I don't miss anything you say. Again, your identifiable information will be removed from final transcripts.
6. Do you have any questions before we begin? [Answer questions]
7. OK, I'm turning on the recorder now.

BEGIN RECORDING INTERVIEW

B. DEMOGRAPHIC QUESTIONS

As I mentioned, I'm going to start by asking you some basic identity-related questions.

1. How old are you? _____
2. What best describes your race and/or ethnicity? _____
3. What best describes your sexual orientation? _____
4. What best describes your gender identity? _____
5. What pronouns do you use? _____
6. Did you, or any of your parents or grandparents immigrate to this country? Who?

Me [if yes – ask at what age?] _____

Parent/guardian 1 [describe] _____

Parent/guardian 2 [describe] _____

[Circle if appropriate]

Maternal grandfather Maternal grandmother

Paternal grandfather Paternal grandmother

7. What languages do you speak? How comfortable do you feel speaking them?

Language 1 _____ a) Fluent, native speaker, b) other: _____

comfortable

Language 2 _____ a) Fluent, native speaker, b) other: _____

comfortable

Language 3 _____ a) Fluent, native speaker, b) other: _____

comfortable

Other languages: _____

8. What state and city/town do you live in? City/town _____ State _____

9. Would you describe the place you live in as rural, urban, or suburban? [Circle answer]

10. Are there any other identities we haven't already talked about that are important to you or that might affect your connection to API LGBTQ communities? [Circle answer]

No Yes (describe) _____

C. INTERVIEW QUESTIONS

Now I'm going to shift to asking about your experiences with API LGBTQ communities, specific to domestic & family violence.

By "**domestic and family violence**," I mean patterns of power and control that can include physical, sexual, or psychological harms between intimate, married, and/or dating partners, or also other family members like parents, children, in-laws, or extended family members.

By "**experiences**," I mean what you've seen in your work, communities, support networks, or even in your own life. This can include paid or volunteer labor as well as providing community and peer support and/or other types of emotional labor.

By "**API**", this include folks who identify as Pacific Islander; Native Hawaiian; East, South, Southeast, or Central Asian/ Asian American; or Middle Eastern and/or Arab folks.

Now I'm going to begin asking a few questions.

1. **How long have you had experience with domestic and family violence issues?**

_____ months / years [circle one]

2. **How long have you had experience with API LGBTQ survivor communities?**

_____ months / years [circle one]

Prompts

Again, this can include experiences in your work, communities, support networks, or even in your own life.

3. What API LGBTQ communities have you worked with around DV/family violence issues?

Prompts

Are there any other API LGBTQ communities that you have worked with? [add to list above]

4. Now I'm going to ask you to take a few minutes and do a quick free-thinking activity with me. Think about what influences how API LGBTQ communities experience DV/family violence. What aspects of their life or environment might play a role in their experiences?

Now I want to shift gears a bit and start focusing on cases where someone in the API LGBTQ community was in serious or life-threatening risk. This might be challenging to talk about, so please let me know if you want a break or want to skip any questions or stop.

5. Have you ever had an experience with a DV/family violence homicide case in any API LGBTQ community? [circle Yes or No, and follow skip prompts]

Yes -- What community/ies? _____

6. Have you ever had an experience with a DV/family violence situation in any API LGBTQ community where you were really worried that someone might be in life-threatening danger?

Yes -- What community/ies? _____

7. If yes, think about one specific homicide/life-threatening case in the community you mentioned. In that case, was anyone killed or in life-threatening danger besides the victim/survivor?

Abuser

Child/ren

Other family member related to victim/survivor [describe] _____

Other family member related to abuser [describe] _____

Other _____

8. Still thinking about that one particular case, let's look back at the free-think list you generated. Which things on this list do you think played an important role in making that a high-risk or life-threatening situation?

Finally, I'd like to shift gears again and hear your thoughts about what could be helpful for API LGBTQ survivors and communities.

9. What are some things that could support or protect API LGBTQ communities from DV/family-violence?

10. These are all of the questions I have for you today. Are there any closing thoughts or comments about our discussion, or anything else you think we should know?

Thank you so much for participating in our interview! I am now turning off the recorder.

Post-Interview Summary Form

Participant ID #: _____ Date: _____

Please rate the interview as follows:

1. How comfortable did the participant seem talking to you? [circle answer]

Very comfortable

Very
uncomfortable

1

2

3

4

5

2. How easy did you find the participant's story? [circle answer]

Very easy to
follow

Very difficult to
follow

1

2

3

4

5

3. What main themes or ideas emerged during the interview?

4. What challenges emerged during this interview? E.g., interruptions, participant confused by a question, interviewer difficulties.

5. What changes should we consider for future interviews (including changes to the interview guide or process)?

6. What other thoughts or reflections from this interview do you want to share?

Trauma-informed Interviewer Guide

API LGBTQ Homicide Prevention Project

Interviewer Context, Principles, & Techniques⁷³

Foundational Study Principles

Below are some principles that shape the overall approach of the project and form the foundation for several key components of the interviews.

Foundational Principle 1. Ethical

Many communities, particularly culturally-specific and marginalized communities, have had negative experiences with researchers and evaluators. Thus, it's even more important to conduct our project and interviews in ways that are transparent, respectful, and ethical.

Consent Forms

One of the key ways we do this is by thoroughly reviewing the project's **consent form** and confirm that participants understand and agree to it before the interviews are conducted. The consent form ensures that participants are fully informed about the project and can thus knowingly consent to participate. The consent form provides details about the following areas of the study:

- a. Purpose of the interview
- b. Potential benefits and harms
- c. Scope of participants' involvement
- d. Participant's rights
- e. How participant information will be shared and protected
- f. Whom participants can contact if they have a complaint or grievance

Before each interview, interviewers will review the consent form, address any questions participants have, and then mark the consent form to indicate whether a participant agrees or disagrees to participate. Only those who agree to participate will be interviewed. After the consent process, we work to ensure the ethical nature of the study by abiding by what is spelled out in the consent form. That is our contract with participants, and we demonstrate our respect for their participation by honoring what we said we would do.

Foundational Principle 2: Trauma-informed

Given the challenging topic of the interviews and the likelihood that participants have previous experiences of violence, it's important that we create comfortable conditions and know how to handle potential trauma responses of both participants and interviewers. We want interviews to be trauma-informed for both participants and interviewers. This involves planning beforehand about how to minimize potential stress and build in the necessary supports for the interviews.

⁷³ Material comes from Krueger & Casey, 2000 and Patton, M.Q. (2002). *Qualitative Research & Evaluation Methods*. Sage: Thousand Oaks. Also from SCA Project's CBPR Principles & Agreements; Dr. Mimi Kim's trainings for the SCA Project

Minimize participant stress

One major way to reduce stress is to **let participants know what to expect**, and then ensure as much as possible that their experience matches that expectation. We will be letting participants know what to expect for the interviews through the recruit and consent process. Following closely to that plan will help to minimize potential stress and give participants a greater sense of security about what's going on. So for example, the interviews should start and end on the time we specified to participants. This can alleviate a sense of not knowing when something is going to start or end, feeling like they cannot reliably make plans before or after the interview, etc.

Another key strategy is to **identify and prepare for challenging interview questions**. We will look through the guide as a team to see what questions may be harder or potentially more triggering for participants. For those questions, it may help to preface them with a brief warning about their content so that participants can ready themselves or decide to opt out altogether. For example, "Thank you so much for answering my previous questions. For this next section, I would like to ask you about experiences of violence in different relationships. These questions may be challenging, so please let me know if at any point you would like a break, want to skip a question, or if you'd like to stop altogether."

We can also minimize potential participant stress by **creating comfortable conditions for the interviews**. This includes giving participants' options for where and when to conduct the interview (as long as it's a safe location where you can't be overheard). Additionally, if it's an in-person interview, we can provide some snacks, water, and anything else we think could help ensure the comfort of participants.

Minimize interviewer stress

During interviews, we may hear about experiences that can raise our own painful memories. Even if we are not triggered, participants' stories and experiences can be hard to hear. It's important to try to mitigate the potential effects of vicarious trauma, be self-aware about your reactions to interview content, and to have a plan for support.

One major way to minimize interviewer stress is to **practice self-care** before the interviews. This can include making sure you're well-rested, have had a meal, and have water or anything else you need to keep yourself comfortable during the interview. Additionally, given the heavy nature of the topic, it's important to space out the interviews so that you have enough time to rest and recover between them.

Another way to minimize stress is for interviewers to **feel prepared**. By thoroughly reviewing the guides and practicing them beforehand, interviewers can increase their confidence and reduce feelings of nervousness. Additionally, interviewers can prepare themselves by troubleshooting with the team beforehand about common issues that might emerge. For example, which questions should be skipped if time is short.

Build in supports

For participants, the team will generate a referral list that interviewers can either share directly with participants or can be reviewed verbally with participants as needed.

For interviewers, it will be important to **create a regular debriefing time** with other to build support. Although the timing and length of the debriefs can be adjusted to match the interview schedule and interviewer needs, having a regular time to check in will help interviewers to process and digest some of the challenging topics that emerge during the interviews.

Interviewing Principles

Principle 1: We want participants to feel comfortable sharing their opinions and experiences.

We want everyone to feel like they can share their stories and that it will be helpful. To do this, we have to make a space where it does not seem like there is a right or wrong answer, a space that feels comfortable and non-judgmental.

Be Compassionately Neutral

Facilitators should be compassionate and understanding without judgment. We want to build rapport with participants but remain as neutral as possible to what they share with us.

Tips & Techniques

In general (whether in-person or phone):

Avoid short responses that indicate you agree with what someone says

- Avoid: “correct,” “that’s good,” “excellent,” “right.”
- Say instead: “Ok,” “uh huh” or “I understand what you’re saying.”

Avoid giving personal opinions

- Participants with different opinions may not feel as comfortable sharing.
- We don’t want to provide language that participants then repeat back to us.

Provide feedback throughout

- Let participants know you appreciate their feedback, that things are going well, that you need more detail, etc.
- Examples: “thank you for the helpful detail on that experience.” Or “I know that is a challenging question. I appreciate you doing your best with it” or “We’re about halfway done. You’ve been providing really helpful feedback.”

In person:

Limit head nodding

- A fast head nod can indicate you agree with what someone is saying, that they’re saying the “right” thing. This tends to elicit more comments of the same type.

Principle 2. Participants should be talking the most (not interviewers).

As interviewers, it can be hard because we often feel passionately about and/or have direct experiences of the interview topic. However, the goal of the interview is to learn from participants about their experiences in their own words.

Facilitators as Directors, not Actors

Although an interview might feel like a conversation for participants, the interviewer's role is to direct that conversation. We direct the flow of the conversation, make sure that we're getting enough detail, that we're covering all of the necessary topics, etc.

Tips & Techniques

Keep your questions as short as possible.

- It can be easy to ramble on a little when we ask follow-up questions, but try to keep your questions as short as possible.

Think about what a transcript of the interview would look like

- An ideal transcript should have 1 or 2 lines of a facilitator, followed by many paragraphs or even pages of a participant's responses.

5- second pause

- Avoid the (natural) urge to jump in and fill a silence. Pause. Take a breath. Wait 5-10 seconds after a participant comment before speaking again. This can help create space for additional information from participants.

Don't analyze participants' experiences for them

- If you paraphrase what someone said, make sure it is as close as possible to what they actually said. We don't want to provide new language for participants to understand their experiences because then we're not capturing things in their own words.

Principle 3. We want participants to provide lots of details about their direct experiences and beliefs.

One challenge is that participants may talk broadly and not provide much detail. Another challenge is the tendency for participants to offer analysis of their experiences instead of diving into first-person accounts. It is the facilitator's role to encourage people to talk from their personal experience. This is especially helpful at the beginning of interviews to set the expectation of what information we're looking for from participants.

Tips & Techniques

Ask follow-up questions (probes) to redirect people and/or get more details

- Questions like: “Explain more about what you mean.” “Can you provide an example?” “What did that look like?” “Can you tell me more about that?”

Ask open-ended questions (not yes/no questions)

- Avoid: questions that start with “Do” “Are” “Is” “Have.” E.g., “Do you identify as ___?” “Have you ever ___?”
- Ask instead: questions that start with “What,” “how,” “when” & “where”
- Example: Did the staff seem competent at the shelter? ➔ How competent did the shelter staff seem?

Principle 4. We want participants to understand our questions in the same way.

The wording of interview questions must be especially clear in order for us to be able to analyze the answers later. If participants understand our questions differently and answer them in different ways, it makes it hard to compare their answers.

Tips & Techniques

Ask only one question at a time

- Try to avoid asking double-barreled questions that really ask about 2 separate things.
- Examples:
 - i. What are the program’s strengths and weakness? ➔ What are the program’s strengths? What are the program’s weaknesses?
 - ii. How welcoming and competent were the staff? ➔ How welcoming was the staff? How competent was the staff?

Avoid asking “why”

- “Why” questions are often vague and can often put people on the defensive. E.g., “Why did you do that?”
- Most “why” questions can be turned into preferred types of questions. E.g., Why didn’t you seek housing? ➔ What influenced your decision not to seek housing?

Principle 5. We want our interviews to be trauma-informed.

It's important to create conditions that are comfortable and non-triggering, to be able to adapt to participants' potential trauma responses, and to provide support options for those who may be triggered.

Tips & Techniques

Look for and attend to participants' signs of stress, grief, or other negative feelings during the interview.

- Signs to watch/listen for: participant pauses a long time before answering a question; participant's voice sounds strained; participant is taking fast and shallow breaths; participant starts crying; participant seems spaced out or stops talking.
- For in-person interviews, additional signs to look for include: slumping down, avoiding eye contact, hugging themselves, rocking or making other self-soothing motions, or tearing up.

If the above signs occur:

- Immediately pause the interview
- Say: "I just want to pause the interview and check in with you to see how you're doing. I know we've been talking about difficult things, so would you like to take a break? [Give them a couple of minutes.] It's ok to stop the interview, too, or schedule another time to continue chatting. Would you prefer that? Or would you like to continue?"
- Interviewers can also employ a brief grounding exercise or technique.
- At the end of the interview, offer to connect the participant to someone they can talk to, or to give them the contact information if they want to contact them later

Remind participants that they can skip any questions they want to or opt out at any time.

- Especially if participants seem to be struggling or hesitant about answering any particular questions.
- You can use language from the consent form and remind them that they can still receive compensation.

Note any questions or situations that appear to cause harm.

- Relay this information back to the team so that we can discuss whether we need to modify our interview guide or interview protocol to minimize the risk of harm for future participants.

Ensure enough time for closure and support at the end of the interview.

- Make sure there is enough time for closure & support
- Keep reasonable expectations for getting through the interview guide within time constraints. It may make sense to change the order of questions or skip certain questions altogether if the interview has been especially challenging or emotional.
 - One caveat: we'll want to end the interviews on a positive note, so the last question or two should be lighter and more positive in nature.