Intimate Partner Violence in LGBTTQ Relationships:

Survey of Services in Ottawa

Cathy Brohman, Brianna Clancy, Jessica Dwyer,

Hannah McGechie and Annika Vander Kooy

SOWK 5405

Professor Karen Schwartz

Tuesday, April 12th, 2011

Introduction

The past several decades have seen an increase in support services for women who have been victims of intimate partner violence and sexual violence. The development of these support services has been primarily informed by research on violence within heterosexual relationships in which the victim is usually a woman and the perpetrator is usually a man. There is a large body of literature that focuses on violence against women as well as many essential programs in place to support women that have experienced violence and to reduce the occurrence of violence in the future. With such strong focus on violence in heterosexual relationships, it is unclear whether this has led to the development of resources and services that are inappropriate, exclusionary or inaccessible to LGBTTQ families and individuals. It is also unknown if or how anti-violence practitioners have adapted or developed new resources and services to meet the specific needs of LGBTTQ families and individuals.

Information about violence experienced by LGBTTQ families and individuals is important for social work because it provides a more comprehensive understanding of how violence permeates intimate relationships in society. It broadens our understanding of violence, not just as something occurring in heterosexual relationships, but an issue that is present in LGBTTQ relationships as well. This allows social workers to become more aware of issues that affect their clients and be better able to provide competent services that do not try to view all intimate relationships through a heterosexual lens. This may also draw the attention of policy makers to the experience of violence in LGBTTQ relationships. It is important to create anti-violence policies that acknowledge violence in all intimate relationships and that further the provision of competent and accessible services.

The goal in conducting this research is to gain more understanding about the capacity of anti-violence programs in the Ottawa area to provide services to LGBTTQ families and individuals who have experienced intimate partner violence or sexual violence. More specifically, this research project aims to assess the comfort levels, knowledge, specific needs and gaps in services for LGBTTQ families and individuals.

The research team uses the acronym 'LGBTTQ' to refer to people that identify as Lesbian, Gay, Bisexual, Transgender, Two-spirit or Queer. This acronym will appear in all written work produced by the research team as well as the recruitment forms and interview guide. We use the term 'intimate partner violence' to refer to any violence (physical, verbal, sexual, emotional/psychological, financial, etc.) that can occur in a dating, common-law or married relationship between two people. One partner usually perpetrates this violence towards the other partner. In this research, we are assessing services provided to individuals who have experienced 'intimate partner violence' that also identify as LGBTTQ. We consider sexual violence to be forceful sexual acts in which one partner has not given their consent.

This research project involved qualitative interviews with ten practitioners working within the anti-violence sector in the Ottawa area. Through the interview process, this research aimed to assess anti violence workers' comfort levels and knowledge about working with LGBTTQ families and individuals. As mentioned, the interviews also probed for potential gaps in services for LGBTTQ families and individuals and explored the needs of anti-violence workers to better serve LGBTTQ families and individuals. This report will review some of the literature in the area of violence in LGBTTQ relationships. It will also discuss the methodology of the research project, including the sampling procedures and

the methods of data collection and analysis. The main findings of the research presented

and discussed as well as the implications for social workers and suggestions for future

research.

Literature Review

For the past several decades, feminist activists and theorists have worked to expose

the prevalence, roots, and impact of male violence against women (Irwin, 2008). These

efforts have crystallized into a greater understanding of domestic violence in heterosexual

relationships, a set of services for woman victims (including women's shelters, and specific

legal and social supports) and some services for male perpetrators of violence. Power, and

the relationship between gender and power, has been central to the feminist analysis of

domestic violence (Irwin, 2008; McKenry, Serovich, Mason, & Mosack, 2006). More recent

theorists have argued that traditional feminist understandings of gender, power, and

violence do not explain violence in Lesbian, Gay, Bisexual, Transgendered, Two-Spirited, or

Queer (LGBTTQ) relationships (Irwin, 2008; McClennen, Summers, & Vaughan, 2002;

McKenry et al., 2006). Moreover, heterosexist ways of theorizing intimate partner violence

may contribute to the invisibility of violence in LGBTTQ relationships and lead to

inadequate or inappropriate services for LGBTTQ victims or perpetrators of domestic

violence (Seelau & Seelau, 2006; Speziale & Ring, 2010).

The Prevalence of Intimate Partner Violence (IPV) Among LGBTTQ Individuals and Families

Assessing the prevalence of IPV among LGBTTQ individuals and families is quite

difficult for several reasons: violence in intimate relationships and families is historically

underreported (Statistics Canada, 2009) and institutions who collect statistics (such as

police services, hospitals and statistical agencies) are often working from a hetero-normative framework and do not see that the violence is occurring within an intimate relationship (McHugh, 2005; Turrell, 2000). There is also a great deal of fear within LGBTTQ relationships and families, as well as the larger LGBTTQ community, to acknowledge and subsequently report IPV (Rohrbaugh, 2006). There is a very high rate of discrimination against LBGTTQ individuals and communities, and with this comes the pressure for these individuals and communities to constantly be appearing highly functional and "better than average." There is fear that the occurrence of IPV in LGBTTQ relationships and families could be used to support the homophobic concept of LGBTTQ lifestyles being dysfunctional and even dangerous (Irwin, 2008).

Of the studies where the reporting numbers have been statistically significant, it is estimated that seven percent of heterosexual-identified individuals and 15-28% of LGBTTQ-identified individuals experience IPV, and while 28% of heterosexual-identified victims of IPV report the violence to the police, only 1% of LGBTTQ-identified victims of IPV do the same (Beauchamp, 2004). It is hard to establish prevalence rates across the board, as most studies that looked at IPV in LGBTTQ relationships and families were studying middle-class, white lesbian women. Meta-studies and literature reviews have found that violence in LGBTTQ families happens at the same rates as in heterosexual ones (Kirkland, 2004; Turrell, 2000), but it is far more likely to be perceived as "common-couple violence" (where both partners are abusive and participating in the violence) as the idea of gendered power, socialization and roles in the context of LGBTTQ relationships and families is only beginning to be discussed (McHugh, 2005; Murray, Mobley, Buford & Seaman-DeJohn, 2007).

What Does IPV Look Like in LGBTTQ Relationships and Families?

Just as the prevalence rates of IPV in LGBTTQ relationships and families are similar to those found in heterosexual relationships and families, the type of violence, reasons for it and its effects are similar between these two populations. Violence of all kinds occurs, abusers frequently feel they lack power and control in their lives and so they try to assert it over their partners, family of origin dynamics and gendered socialization carry through to adult relationships, victims feel isolated, guilty, angry and trapped, many do not recognize behaviour as abuse at first, and struggles over whether to leave or not are complex and based around love, security and fear (Craft & Serovich, 2005; Eaton et al., 2008; Irwin, 2008; McClennen et al., 2002; McKenry et al., 2006).

One of the main differences between IPV in LGBTTQ relationships versus heterosexual ones is the way in which children are used. Research has found that female victims of IPV in a LGBTTQ relationship are far more likely to have their children used against them (as a threat to stay in the relationship or not report the violence to police), especially if the children are from a previous heterosexual relationship (Turrell, 2000). Many victims fear that their children will be taken away or that their ex-partner will gain full custody if they are "outted" by reporting the violence; if the child is not the biological child of or legally adopted by the victim, there are often legitimate fears that the victim will lose access to them (Turrell, 2000). Children are still used in situations of IPV in heterosexual relationships, but the homophobic, heteronormative structure of our western society creates different ways in which they can be used.

The other unique characteristic of IPV in LGBTTQ relationships and families is the role homophobia and hetero-normativity play. This societal context makes it incredibly

hard for LGBTTQ individuals and families to ask for help and find resources, and their experiences often become invisible. Due to the lack of models of what healthy LGBTTQ relationships and families look like, individuals who have experienced violence in these contexts can sometimes come to associate the violence with the "LGBTTQ" status of the relationship. This is especially true with children who experience family violence in these settings, as they often don't have another home life to compare the abusive one with and they rarely see their family structure represented among their friends families, in school or in stories about family (Craft & Serovich, 2005; Irwin, 2008; Rohrbaugh, 2006). All of this is due to homophobia and heteronormativity, and not the sexual orientations of those involved.

The Role of External and Internal Homophobia in Understanding LGBTTQ IPV

Both external homophobia (coming from other people, usually located outside the LGBTTQ community) and internalized homophobia (individuals' negative feelings about identifying as LGBTTQ) have had a profound impact on the study and experience of domestic violence in LGBTTQ relationships. External homophobia creates a wall of invisibility around LGBTTQ relationships (Irwin, 2008). This external homophobia is both implicit (the generalized assumption of heterosexuality) and explicit (purposely excluding LGBTTQ individuals from supports or legal protection). Several studies have indicated that LGBTTQ victims of domestic violence do not report the violence in order to prevent further stigmatization, to avoid homophobic responses, or because they do not expect to receive support. (Irwin, 2008; McClennen et al., 2002) Dominant hetero-normative discourses add to the invisibility of domestic violence in LGBTTQ relationships, keeping LGBTTQ people closeted, unable to leave the abuse, and fearful of seeking help (Irwin, 2008).

Internalized homophobia plays a role in the prevalence and experience of domestic violence in LGBTTQ relationships. McKenry et al. (2006) use a "disempowerment model" to describe how internalized homophobia contributes to IPV, "those who feel inadequate or lacking self-efficacy are at risk of using unconventional means of power assertion, including violence" (p. 233). Similarly, Mary Eaton engages the idea of power in explaining violence in LGBTTQ relationships, "(women batter other women) because they have internalized the interconnected norms of heterosexism, homophobia and misogyny which lie at the core of the sex role system" (as cited in Irwin, 2008, p. 201). Finally, a number of scholars point to the connection between substance abuse and violence, and understand substance abuse as a "coping mechanism" to deal with internal and external homophobia (Eaton et al., 2008; McClennen et al., 2002; McKenry et al., 2006).

What are the Reactions of Service Providers When Violence within LGBTTQ Relationships is Reported?

There is a dearth of research on the reactions of service providers to disclosures of domestic violence by LGBTTQ individuals. In addition, very little research has explored the specific needs of LGBTTQ individuals who have experienced IPV, the levels of awareness within the service community, and the capacity of various institutions to provide services to LGBTTQ victims or perpetrators of domestic violence.

There is some research that seems to show that LGBTTQ individuals receive discriminatory treatment upon disclosure to professionals. Speaking about gay men, McLennan et al. (2002) describe a link between lack of awareness and inadequate service responses, "Victims who do seek formal assistance through the criminal justice system, social-service agencies and law enforcement are often rebuffed due to professionals'

attitudes of disbelief that domestic violence can occur between two men" (p. 26). The

research indicates inconsistent and often negative responses by police to LGBTTQ reports

of domestic violence. Sometimes these responses are described as "hostile or inadequate"

while other times they are described as appropriate (Speziale & Ring, 2010, p. 90). Seelau

and Seelau (2005) argue that police are less likely to arrest perpetrators "...in cases that do

not involve male against female violence," and are less likely to intervene with domestic

violence incidents involving LGBTTQ couples (p. 364).

The research also indicates that social service providers have inconsistent

responses to LGBTTQ reports of domestic violence and often lack training or supports that

are targeted at the needs of LGBTTQ clients (Merlis & Lenville, 2006; Speziale & Ring,

2010). Merlis and Lenville (2006) argue that the levels of awareness among service

providers vary from outright denial to high levels of awareness. Speziale and Ring (2010)

found a lack of specific services for abused lesbians at shelters, and a lack of LGBTTQ

specific approaches among service providers more generally. Problems with the shelter

environment emerged as a key area of concern for LGBTTQ victims of domestic violence, in

particular, female victims did not feel safe in shelters because their abuser would

potentially be able to access the shelter (Merlis & Lenville, 2006).

Methodology

The research approach for this project draws upon several theories including anti-

oppressive research approach, queer and feminist theory. Anti-oppressive principles

suggest that research should be used towards broader social changes, involving the

community that is being researched and their potential allies. By interviewing anti-

violence service providers on their capacity, knowledge, comfort levels and gaps in

providing services to LGBTTQ persons experiencing intimate partner violence, we hope to incite and inspire change in including LGBTTQ persons in anti-violence discourse.

As a group of women conducting research, we are also using a feminist approach in rejecting hetero-normative assumptions, concepts and research questions (Kreuger & Neuman, 2006). Feminist research calls for "sensitivity to how relations of gender and power permeate all spheres of social life", thus our research implement takes into account questions of gender, power and sexuality as it relates to social services (Kreuger & Neuman, 2006, p. 90).

Finally, we are drawing on queer research methodology which, according to Haraway, "...relies on conversation, connection and an open-ended forum where 'objects' of inquiry become the Subjects of their world and where the agency of the people studied itself transforms the entire project of producing social theory" (as cited in Hammers and Brown, 2004, p. 96). Hammers and Brown view such qualitative methods as more appropriate than positivist approaches to research in a queer context.

The Sampling Procedures

For the purpose of this research we used a non-probability purposive sampling method and interviewed eight Ottawa area anti-violence agencies. We aimed to have ten participating agencies however due to time constraints and scheduling, eight were interviewed with a total of 10 workers. We believe that the information obtained through these rich interviews has still met our research goals. Purposive sampling was required to reach the population in question due to the relatively small anti-violence service provider community. Research participants were selected from lists provided by the Ottawa Coalition to End Violence Against Women (OCTEVAW) and Family Services à la Famille

Ottawa's 'Around the Rainbow Project'. These lists contained anti-violence workers from

agencies that deal specifically with intimate partner violence and sexual violence as well as

agencies who specifically serve LGBTTQ individuals, families and communities. Initial

contact and invitation to participate in this research project was initiated by email. We

followed up with a telephone call approximately one week later. The research participants

were emailed a letter of information prior to the interview, which provided general

information about the research project as well as any potential risks and benefits.

Research participants were informed that they are able to withdraw from the study at any

time prior to March 1, 2011.

Data Collection

This study used qualitative research methods to gather data. Data collection

involved semi-structured interviews using an interview guide with open-ended questions

to allow for as much information as possible and to yield rich data. The interviewer asked

follow up questions as themes of importance were identified by the participants.

Interviews were arranged at a time and a place that was mutually acceptable to the

research participant as well as the researchers. Interviews lasted approximately 45-60

minutes. A lead researcher and note-taker (also from the research team) were present at

each interview. Data was typewritten, audio-recorded and transcribed, and retrieved for

analysis.

The Method of Analysis

This research project took a grounded theory approach, thus starting off only with a

research question. We are hoping that this data will lead to future research and

observations on the topic being explored. The method of analysis involved content analysis

of interviews by coding and finding themes. The analysis involved making comparisons, looking for similarities and differences in the interview guide responses, essentially looking for patterns in body of knowledge, attitudes and beliefs.

Findings

These findings were gleaned from 8 qualitative interviews with 10 anti-violence service providers that took place between January and March 2011. Research participants represented a broad range of service areas including the criminal justice system, health care services, and social services. The group of research participants came from diverse academic and professional backgrounds, and possessed a range of work experience within and outside the anti-violence sector. Some research participants were relatively new to the field, while others had over 25 years of experience in the anti-violence sector. The findings are organized based on our four main areas – barriers, gaps, knowledge and comfort – as well as some other themes of disclosure, targeting services and worker's "top three issues" that emerged from the interviews.

Barriers to LGBTTQ Individuals and Families Accessing Anti-Violence Services

When we asked anti-violence service providers about the barriers that played a role in LGBTTQ individuals and families accessing their services, their responses fell into eight main categories. The first barrier they identified was individuals making assumptions about the anti-violence agency or service in question. Several workers expressed a wish that it was more commonly known their programs and services are not just for individuals experiencing violence in a heterosexual relationship. They cited program advertisement and the historical exclusion and discrimination of LGBTTQ individuals and families as reasons behind these assumptions.

The second barrier ties into this and is interactions with first responders (who were described as police officers, workers at a hospital or a victim crisis unit). Many of the workers we interviewed emphasized the importance of first responders being trained to work with LGBTTQ individuals and made aware that violence can and does occur in these relationships. "The experience of the first responders has a big effect on the survivor. It changes the course for that person forever. It makes or breaks it," one person told us. Several workers also noted cases where they had found out that first responders were not referring LGBTTQ individuals and families to anti-violence services either because "they [had] their own prejudices" or did not know that the services in question worked with LGBTTQ individuals.

The third barrier is the structure of the anti-violence services themselves. As described above, services that rely on self-referral and first responder referral may not often be accessed because of outside beliefs about the structure of the service. In some cases, the reality of the structure of the program was a barrier: some programs received funding that dictated that their services had to be geared towards male-perpetrated violence against women only, some programs are severely under-resourced and subsequently understaffed, and some required that the individual disclose their sexual orientation and gender identity. One worker talked about how when her program was in its early stages and not clearly defined, the staff had more discretion for who to accept as clients and how to deal with them. They lost this freedom as the program got more defined and structures were put in place.

The fourth barrier was location of anti-violence services as well as the individuals wanting to access them. "Our location is a barrier – we are not located close to other

services targeted to this community. We are out in the suburbs!" one worker told us. Others noted that individuals living in rural and outlying areas were particularly isolated and would have to find someone to refer them to an anti-violence service in Ottawa. One worker told us that individuals who had small children had restricted mobility and schedules and this prevented them from coming to an agency for counselling and group support. Individuals who worked for agencies that were geared specifically towards anti-violence (and not one program in an agency with diverse services) told us that people did not want to be seen coming to them or accessing anti-violence services.

The fifth barrier – the stigma of experiencing intimate partner violence – is also common among heterosexual individuals who experience violence in their relationships and families. The workers we interviewed told us that the LGBTTQ individuals they worked with were sometimes afraid to call the police, afraid that they would be judged or that the violence they experienced wouldn't be acknowledged. They were particularly afraid of the stigma they might experience in the small, close-knit LGBTTQ communities they belonged to. One worker said, "It takes a lot of energy to stay in an abusive relationship – so people often don't have leftover energy to seek help." This sentiment was echoed by most of the other workers who told us that the individuals they worked with would have little money and nowhere to go if they left their abusive relationships.

Many of the workers we interviewed identified the "double-whammy" of having to disclose both LGBTTQ and "victim of intimate partner violence" identities as a barrier to accessing anti-violence services. "When you're gay and lesbian," one worker said, "there's barriers in just coming out with that. So you're like 'I'm gay or lesbian AND I'm abused…' you know, that's super hard." The workers identified it not only takes a great deal of

strength and energy to disclose both these facts, both identities are often the subject of a great deal of discrimination as well.

The seventh barrier is the fear of disclosure of violence making LGBTTQ communities and relationships look bad and dysfunctional. "It's one more thing to be discriminated about, and that isn't something you want to bring on your community. Like bringing a negative light to your community, one more stigma or problem," one worker articulated. The individuals we interviewed told us that this pressure to not make LGBTTQ communities look bad came from both community members as well as the individuals who are actually experiencing violence. "There is still that myth that [violence in LGBTTQ relationships] doesn't happen, so they are scared to talk to people, scared they won't understand what's going on… [feel like they cannot] reach out into [their] community," another worker told us in describing how individuals were encouraged to not go outside the LGBTTQ community for support but then had their experiences denied within the community.

The eighth and final barrier is the wellbeing and custody of children. As with heterosexual families experiencing violence, LGBTTQ individuals who had children were afraid for the safety of the children and concerned that if they accessed anti-violence services and separated from their abusive partners, they might lose custody of their children. One worker we interviewed told us about the historical occurrence (and continuing fear) of LGBTTQ individuals who had experienced violence being treated discriminatorily and like unfit parents by the courts. Another told us that this happens particularly "if the children are from previous heterosexual relationships… I think when there are legal issues, it's stressful. And when you're working poor, it's impossible to pay

for because you don't qualify for Legal Aid and you're having this huge battle. It's bad

enough when homophobia DOESN'T play a role."

Gaps in Anti-Violence Services for LGBTTQ Individuals and Families

Gaps in anti-violence services for LGBTTQ individuals and families fell into three

main categories. The first category is services for male-identified LGBTTQ individuals

experiencing intimate partner violence. The majority of the workers we interviewed

worked in anti-violence agencies that only dealt with female-identified victims and all

noted that most anti-violence services in Ottawa have a similar structure. One worker told

us that "there are almost not sexual assault resources for a male [in Ottawa]" and another

said that they would probably have to seek support from a general counselling program.

Most of the individuals we interviewed noted that there are no shelters for men

experiencing intimate partner violence to go to: "shelter space would be huge, considering

there are no male shelters. There is no safe space for them to go except homeless shelters."

Another individual noted that when these men do end up in homeless shelters as they flee

abuse, "the will not find the same support or domestic violence services there".

The second category of gaps in anti-violence services for LGBTTQ individuals and

families is services and resources for working with trans-identified individuals:

> The lack of services and solutions for the trans community [is this biggest gap
> in anti-violence services]. That's the biggest one. A lot of organizations want
> to put people in a box and that's the worst thing we can do because it doesn't
> allow people to be themselves. It marginalizes people even further. Can you
> imagine? "I'm being abused and getting help, but you're being abused too and
> no one knows what to do with you." We need to see more agencies in Ottawa
> specifically for GLBTTQ people, we need a shelter for trans people, we need
> [agencies] like mine specifically for gay and lesbian individuals.

Several individuals we spoke to indicated that they feel least comfortable working with

client who are trans because they have virtually no resources or referrals to offer them.

Virtually all workers expressed frustration with this lack of services, especially the lack of

safe shelter spaces. Several told us about the discussions going on within the anti-violence

services community about how to balance the needs and comfort of trans and cisgendered

individuals in group counselling as well as shelters. "There is that debate within the

feminist movement about 'should we enable trans women into our services?'" one

individual told us, and several others echoed the statement, saying that this gap is one that

needs to be discussed more and addressed within the anti-violence service community.

The third category of gaps that emerged is a general lack of resources (including

financial), training and research on working with LGBTTQ individuals and families

experiencing intimate partner violence. One individual noted that one of the main things

needed is "funding for stuff that isn't direct service. Funding for prevention and research.

You know, funding for education in schools to make it okay to be gay, it's okay to come out

if there's a problem in your family or your relationship. Just like we need that for

heterosexual relationships." Another individual told us that:

> We talk about [violence in LGTBQ couples and families] a lot, but [don't
> get] a lot of training about it... on the bigger level, you know what I mean...
> having larger conversations with lots of difference agencies. My sense is
> that the conversations have been in the agencies and in amongst
> themselves that people are talking about issues... but in terms of going
> broad, of creating or developing services – I think those needs cross the
> community.

Another really valuable observation that was made is that it is hard for anti-violence

workers to comment on the gaps in services for LGBTTQ individuals and families because

most of these workers do not belong to LGBTTQ communities themselves.

> It's hard for me to say [what the gaps are] because I'm not part of the
> rainbow community. I think if I was, I would be able to see the gaps
> better... If I needed the service I would see the gaps, but if I don't need the

service, you don't see it as clearly. It's just like any other service I guess, you don't notice it's missing until you need it and it is not there.

Disclosure of Sexual Orientation in the Context of Anti-Violence Work

When we asked about this disclosure of sexual orientation and gender identity, three main themes emerged. The first was the observed comfort levels around disclosing. The anti-violence workers we spoke to told us that the comfort level varies: some individuals do not feel comfortable coming out "based on their experiences with homophobia" while others did disclose their gender identity and/or sexual orientation readily. Those who worked with groups as well as individuals noted that there tended to be more hesitancy to come out to a group in comparison to an individual counsellor:

If they haven't publicly identified themselves as part of the community, they may be concerned that someone might ask them a question that they are not ready to answer. They know we don't care but they don't know that the other people around will not care.

One anti-violence worker we spoke to told us that it was important for individuals to disclose so that they could receive LGBTTQ-friendly counselling and services. When we asked what individual workers and agencies did to create environments conducive to disclosure of sexual orientation and gender identity, a second theme emerged. Several agencies had rainbow visuals on walls and doors and visibly displayed pamphlets and information about LGBTTQ relationships; many workers also told us they tried to be mindful of their language (e.g. saying "partner" instead of "boyfriend") and emphasized the importance of building a rapport of trust and non-judgement in order to create an environment safe for disclosure. On the other hand, some workers reported some concern over how much advertisement should be done to target certain groups (i.e. that if they

include rainbow stickers then they will also need to include stickers or symbols for every

other group).

The third theme around disclosure was whether anti-violence workers should ask

individuals how they identify. Only one of the eight workers we interviewed told us the

individual would be asked about their partner's gender and this worker emphasized that if

the individual seemed at all uncomfortable answering, the question would be dropped. The

remaining seven workers we spoke to indicated that they would not ask the individual to

self-identify (one stated it would be "rude" to do so and another noted that she's not legally

permitted to ask) but that the information usually became obvious as the therapeutic

relationship developed. Our discussions with workers revealed that there is debate and

discussion within the anti-violence community about this idea of asking about identity:

> The question is, is it appropriate to ask those questions, or when do you
> ask those questions? Because that would open up a conversation to make
> someone feel more open but we're not currently doing that, and that's
> something that we need to think about changing. Do you want to put
> someone in the position to have to respond? Whether they say "don't talk
> about it" ... I mean that says something in itself.

Specific Anti-Violence Services for LGBTTQ Individuals and Families

Two of the agencies we spoke to ran groups for different members of LGBTTQ

communities (a gay women's group in one case and a gay men's group in another case)

when there were enough people. When there were not enough people to make up a group,

LGBTTQ individuals were given the option of joining a general group in addition to

individual counselling. Many workers who dealt with individuals on a one-on-one basis

had participated in training geared towards working with LGBTTQ individuals and families

experiencing intimate partner violence; it should be noted that most of these trainings focused on lesbian relationships.

In contrast to those who had received specific training and adopted a specific approach to working with LGBTTQ individuals, several workers we interviewed indicated that training around diversity, inclusivity and human rights implicitly covers working with LGBTTQ individuals. Furthermore, these individuals told us that in their anti-violence work, "we don't clump people together like that" and that "the language of anti-violence is inherently neutral", stating that services and approaches specifically for LGBTTQ individuals was not needed. In many cases, there were no specific programs or sources for referral for LGBTTQ individuals; the workers indicated the individuals would receive the same services and the same approach no matter what their sexual orientation or gender identity. One worker told us that "usually, women want to be served in a VAW [Violence Against Women] program"; we also heard that LGBTTQ individuals were sometimes hesitant to seek services in LGBTTQ communities.

Knowledge/Resources

In general, the research participants indicated that there was an awareness of violence in LGBTTQ relationships within the anti-violence sector. Several participants stated that this awareness had grown within the past several years. "There is more discussion about queer issues within the anti-violence sector within the last few years. It's not perfect, but it's coming up more." Some participants made a link between the inception of OCTEVAW and greater awareness of violence in LGBTTQ relationships. Similarly, several participants credited the increased awareness with the "closeness" of the anti-violence community and the tendency to share knowledge and resources. "As far as

community changes, we are all working closer together, we know each other much more on a face to face basis then we did when I started. We keep each other more informed of information sessions or whatever, we are on each other's panels and things like that, so it's tighter than it used to be!"

Many respondents indicated a lack of specific knowledge of the prevalence of violence in LGBTTQ communities - including reasons for reporting (and not reporting), and specific needs within the anti-violence structure. "Why are the numbers not higher? Is it because the police aren't charging or because they're not making the calls?" " [It is] very hard to know whether IPV is not happening or if it's not being reported." "I don't know why [the community wouldn't be accessing this program]. I don't know if they're not getting referred to programs like this...possibly. There might be assumptions made at court." Many respondents stated that they would like more information and research into the prevalence of IPV in LGBTTQ relationships, and the needs of LGBTTQ victims of violence.

Some respondents felt that there was adequate awareness in the broader social service community of violence in LGBTTQ relationships. Many respondents felt that it would be important to increase awareness in the community at large. "I think it's under talked about – I don't know what the appropriate word...under talked about" "We need to increase our awareness and have more conversations at – at power making tables – you know, to change those systems." Some respondents described actively attempting to increase knowledge and awareness of violence in LGBTTQ relationships through their own training activities or public education initiatives. "In all the teaching presentations, whether it's for students or whoever it is... we talk about it everywhere. In all the

presentations when we talk about our mandate I purposefully include that line in the presentation as to who gets to use the service. Essentially anybody who is 16 and up, but I don't just leave it at that, I purposely say LGBT because I want people to hear it for sure."

In response to the question, "What are some of the structural issues faced by LGBTTQ individuals experiencing violence," several respondents brought up the impact of internalized homophobia. One respondent spoke about their own understanding of power dynamics within violent LGBTTQ relationships. "... there has been acknowledgement of same sex relationships in terms of how they operate or don't operate within patriarchal structures, although there are elements of it in there. It is not the traditional men abusing women and the dynamic of that. So there has been awareness creating around the notions of multiple subjectivity and stuff, so knowing that it is not just queer women as an isolated identity but multiple...whether she is racialized or able bodied...the awareness of how that intersects with violence has been something that I can say exists, based on research, based on other collective knowledge..." Other respondents also acknowledged the importance of understanding multiple oppressions in dealing with violence in queer relationships. Still other respondents felt that violence in LGBTTQ relationships was not fundamentally different from violence in heterosexual contexts. These respondents felt that they should be "neutral about everyone, to be inclusive of everybody" rather than to tailor services specifically to the LGBTTQ population.

There was a mixed response to questions about what resources are drawn upon to better understand and support victims of violence in LGBTTQ relationships. Most commonly, respondents referred to trainings that they had received. Several participants said that there was a LGBTTQ component to the more general diversity training for new

staff or volunteers. Several respondents had attended trainings put on by outside agencies – PTS, Family Services and the Ottawa Police were mentioned. Several participants said that they used resources (handouts etc.) that they received in trainings for their own information or while working with LGBTTQ individuals who had experienced violence. Some respondents felt comfortable with the amount of LGBTTQ-specific resources that they had access to. Specifically named resources include a book by Janice Rice: "...she wrote a book about abuse in lesbian relationships and she's quite well known for breaking the silence around that, a document called "Inclusive Spaces" put out by OAITH (Ontario Association of Interval and Transition Houses). When asked where they might refer a LGBTTQ client (or where they might seek extra information), research participants named the "Around the Rainbow" program at Family Services, Pink Triangle Services (PTS), the AIDS Committee of Ottawa, and the Ottawa Police LGBTTQ committee.

Comfort

Most respondents felt that there was a high level of comfort in their agency with working with the LGBTTQ community. Responses included: "I think everyone would be 100% comfortable;" "...our comfort level is fine. It's a non-issue;" and "We are absolutely comfortable working with the queer community." Other service providers felt that the comfort level among staff would be more varied. "I can't speak for everyone, but we have a lot of gay staff members...some of the older people on staff might have a harder time with it..."; "There are mixed levels of comfort among staff. Some people can be more judgmental than others"; "probably there are people in every agency struggling with their own issues...I'd say for the most part there's a high comfort level but I wouldn't say it's 100%."

For the most part, research participants had a high level of confidence in the comfort

levels of their own team (particularly where they worked in an anti-violence program

within a larger agency.) Some research participants were unsure about the comfort levels

of other individuals or departments within the broader agency:

> ...I do think it is higher here than in the rest of the agency. I think you have
> to be sensitive to work here [in this program] anyway. I think having that
> awareness and that increased sensitivity, in a way, helps with every other
> sort of issue. If you are a sensitive person than you just are. You can't say,
> 'Well I'm sensitive to this but not to that.'

Several research participants stated that "older" or "more senior" staff in the agency might

be less comfortable working with LGBTTQ clients. Several research participants noted a

particular concern with the comfort levels of the first "layer" of staff in their agency

(reception/ intake/ triage). They stated that "first responders" and/or intake are not

always comfortable working with LGBTTQ clients and might be misinformed about their

experiences with violence and/or the services available to them.

In response to whether they felt more comfortable with certain segments of the

queer population than others, many research participants said that they would feel less

comfortable serving trans clients "In general I'm more comfortable working with gay

women rather than trans women because there are far more resources for them."

"Generally speaking, most people are more comfortable with gay men and women than

with anything other than that. Like its anything trans creates a little confusion and

confusion is uncomfortable." "It's a little awkward when you are (dealing with a client)...,

and you are not sure if they are male or female, or transitioning and don't want to ask." For

the most part, research participants attributed this discomfort to lack of experience

working with trans clients, or with the lack of services available to trans clients.

Most respondents stated that homophobic or transphobic remarks (either on the part of staff or on the part of clients) would be directly addressed by themselves or by their managers. "You would talk about it...I believe that it's important to at least have a dialogue about it, to at least break down some of those stereotypes... I think on a bigger level, if a joke happened, you'd talk about it and acknowledge that it's not really funny or could be offensive, that kind of dialogue." "Homophobic remarks would not be tolerated." Several respondents who worked in unionized environments stated that their collective agreements demanded that any discriminatory remark be addressed. One respondent drew a distinction between "serious" and "not-serious" homophobic remarks:

> If they were serious? It would depend on the comment and depend on the person. We ask volunteers their biases. I'm not going to judge someone if they are homophobic. I'd explore if they could put that away and show the same amount of respect. If they could not put it away, then I would not take them. Everyone has their biases, it's their ability to cope with it and put it away.

Several anti-violence service providers stated that their agency asked specific questions about comfort with LGBTTQ populations in hiring and volunteer screening processes. "I have been on interview panels before and for general counselling, it would always be included. Something around sexual orientation." Other service providers stated that the potential for bias toward LGBTTQ clients was covered in more general attention to diversity. "We ask in the volunteer interviews if they have any biases that they need to be aware of"; "The volunteers need to be flexible or able to work with anybody." Some service providers stated that comfort with LGBTTQ communities was not part of their screening or hiring processes. "Yeah, I don't remember them asking me that (about my comfort with LGBTTQ community)"; "I don't remember them asking me in my interview about same sex relationships....maybe that's another area that needs to be expanded on."

Some respondents recalled staff training sessions that were intended to make staff more comfortable with LGBTTQ clients.

> In our [volunteer/staff] training we do have a whole day on LGBTTQQQ (everyone laughs) issues and the experience of violence. And also we do want to give women the space to learn because often there is this normative of gay/lesbian and although women may choose to identify that way we do want to give women the knowledge that comes with what it means to be two-spirited, what it means to be queer, what it means to be transgender.

Several service providers stated that sensitivity training would not be useful at increasing comfort levels. "LGBTTQ is one of the things we touch on [in our training]. It is really about tolerance not acceptance. We all have our own ideas but still have to treat everyone the same. You can't come on too strong to people at work by pushing ideas on them or changing their minds about things."

"Top Three" Issues

As a way of closing each qualitative interview, we asked anti-violence service providers for the "top three issues" that they would like us to take away from the interview. Several themes emerged from this exercise.

First, several service providers identified the idea of targeting anti-violence services toward the LGBTTQ community as a key area of interest. Interest in this area ranged from the possibility of queer community centres, to considering the specific needs of trans individuals across the spectrum of anti-violence services, to developing specific services for gay men. One participant said, "We need to play with the idea of having queer specific agencies, not just an add-on to existing agencies/services." Another service provider echoed this idea.

> We need to see more agencies in Ottawa specifically for GLBTTQ people, we need a shelter for trans people, we need resource centres....specifically

for gay and lesbian individuals. Some of us do a bit, we have a couple programs, but we need more like Pink Triangle. It would make the world of difference.

Similarly, several service providers brought up the need for policies and services directed at trans individuals as one of their top three issues. "The lack of services and solutions for the trans community. That's the biggest one. A lot of organizations want to put people in a box and that's the worst thing we can do because it doesn't allow people to be themselves. It marginalizes people even further." Challenges finding housing for trans women and men who were victims of IPV was identified as a key area of concern for several participants. One participant identified the need for awareness and services directed at two-spirited individuals, and another participant brought up the need for services directed at gay men who had experienced IPV.

Several service providers cited a desire to increase awareness of their services within the LGBTTQ community, or to address misconceptions about their programs.

> What I wish is that people who need the service came to it, whoever they are. I understand that coming through the intake department is intimidating and difficult but I want people to know about this program specifically. One that it is accessible to everybody, once you get through the wall of intake...it's not always a wall, but sometimes it's a brick wall...the service that they will get will be soft and understanding, it's not forced like on TV, its autonomous, you decide what is going happen to you.

Several research participants stated that their key interest was to increase the recognition of violence in LGBTTQ relationships, and to increase awareness of the impact of intersecting, or multiple oppressions. "... to recognize how these intersecting oppressions contribute to more violence for specific individuals, whether that is within immigrant or refugee families, whether it's about accessing the education systems etc. So being able to look at how the intersections play within the violence that individuals

experience." Similarly, some research participants wanted to focus on the structural reasons for violence in LGBTTQ relationships, and the structural barriers to accessing services. One participant stated that they would like to see more <u>training and awareness for first responders.</u>

Many research participants stated that a <u>lack of resources and/or funding</u> was a key concern. "We need more funding for programs." "[We] need more resources to do a better job." Some research participants said that they wanted more resources in the community, particularly to use when training new staff. "There is no formal resource that you could offer to a new staff person, you know what I mean? These are kind of guidelines about what you might want to address if you're working with a gay or lesbian couple..."

Several respondents addressed the lack of research into LGBTTQ IPV in Ottawa, and stated that an increased <u>understanding of IPV in LGBTTQ relationships</u> would be a key area of interest.

> [We need to answer] the question, why do we get so few referrals, in [our program] for gay and lesbian clients? We know it happens, proportionately or more. Perhaps because there's pressure on the couple and family unit because of external pressures... Why are the numbers not higher? Is it because the police aren't charging or because they're not making the calls? Is it because... what? Where along the line are the barriers?
> Finally, a number of respondents stated an interest in working with the community

to translate information into actions. "We need to move beyond the talk – we need actions."

Discussion

Knowledge and Awareness

Our enquiries into the state of knowledge of anti-violence service providers reveals there is a growing awareness and discussion about violence in LGBTTQ relationships.

Considering the literature shows a historic invisibility of LGBTTQ partner violence, its emerging presence in the anti-violence dialogue is encouraging (Irwin, 2008; Seelau & Seelau, 2006; Speziale & Ring, 2010). In part, participants attribute the increase in awareness to the expanding connections amongst agencies in the anti-violence sector, allowing for shared resources and training initiatives. Perhaps more engagement in intra-disciplinary, collaborative practice, rather than silo constructs, will increase agencies' ability to develop and participate in the circulation of LGBTTQ IPV knowledge.

Not all respondents saw the same budding awareness echoed in the broader social service community. There is a call for an increase of knowledge in the community at large and more specifically at the 'power tables'. How can space for LGBTTQ IPV awareness be created within the realm of academia and research, funding institutions, policy level boards and the political agenda?

Some participants were able to identify broader structural challenges such as the impact of internalized or externalized homophobia, intersecting or multiple oppressions, and power dynamics can have within violent LGBTTQ relationships. Though the experience of multiple oppressions is a missing element from our literature review, the experience of internal/external homophobia and the status of power dynamics in LGBTTQ IPV are corroborated through the literature (Irwin, 2008; McKenry et al., 2006).

Despite growing awareness, our findings suggest there is a felt lack of specific knowledge amongst service providers regarding the prevalence of violence in LGBTTQ relationships, the reasons why individuals may or may not report, and the needs particular to LGBTTQ clients. This finding is echoed throughout the literature on the LGBTTQ community and IPV (McHugh 2005; Statistics Canada, 2009; Turrell, 2000). The lack of

knowledge regarding whether violence in queer relationships expresses differently or not,

and subsequently, whether the needs of queer survivors of IPV are different, plays out in

the debate for targeted versus universal services. For example, respondents who interpret

violence in LGBTTQ relationships as inherently similar to violence in heterosexual ones,

often take a neutral stance of 'inclusivity' over targeting services to any specific client

population.

Finally, the literature illustrates how traditional theoretical frameworks used to

understand violence, including heterosexist or feminist frameworks, contributes to the

invisibility of LGBTTQ IPV (Irwin, 2008; McClennen, Summers, & Vaughan, 2002; McKenry

et al., 2006; Seelau & Seelau, 2006; Speziale & Ring, 2010). Yet this is not fully replicated in

our findings. While some service providers discussed the inherent problems in working

from a hetero-normative stance when dealing with LGBTTQ IPV, none brought up the

possible flaws in taking a feminist understanding of violence (such as violence in queer

relationships 'disrupting' feminist ideas of IPV as a manifestation of male dominance over

women and an expression of the gender hierarchy). This may indicate a hesitation to

deconstruct a feminist stance as it disturbs a pillar of the anti-violence sector.

Training and Resources

Most participants in our study name trainings as the predominant source of

information they draw upon to better understand and support LGBTTQ survivors of IPV.

However, the LGBTTQ components of these training sessions are limited to part of the

agencies' larger, generalized diversity training. The literature lists a lack of LGBTTQ

specific training and supports as possible reasons for inconsistent, inadequate or

discriminatory responses on the part of service providers (Merlis & Lenville, 2006; Speziale

& Ring, 2010). One might wonder if a day of training in a larger, inclusivity/human rights approach provides enough space for the unique issues facing the LGBBTQ community?

Alternatively, some respondents took part in trainings put on by outside agencies, all of which already have targeted services for the LGBTTQ community. This could reflect how active participation with, and outreach to, the LGBTTQ community fosters knowledge of queer clients and increases the capacity to serve them. Overall, respondents' reliance on workplace trainings for their LGBTTQ information may indicate a gap in professional degree curriculum.

The limited trainings participants take part in do not represent a lack of willingness or interest on the part of service providers. All our respondents were eager for more resources and training on LGBTTQ specific topics. They often just don't have the time, energy or practical resources to search out such tools or create them on their own. One area that service providers identified for future training initiatives is training for first responders, particularly because of their ability to act as gatekeepers and form first impressions for clients. All these factors have the possibility of creating barriers for LGBTTQ survivors of IPV who are accessing services.

Generally, participant's responses are mixed, regarding whether or not they have access to enough LGBTTQ specific resources for their comfort. While some service providers feel sufficiently armed, others point to the scarcity of LGBTTQ specific resources and funding as a crucial area of concern. This concern increases when discussing the training of new staff or volunteers. Respondents are unanimous in their observations that resources are insufficient with regards to gay men and trans individuals. While LGBTTQ issues, including IPV, are starting to be recognized by social services, significant segments

of the community are still being ignored. Is the anti-violence community more adept at

expanding their services to queer women because it often remains within their mandate,

program structure and funding to serve women?

Comfort of Practitioners

Our research suggests that individual service providers feel very comfortable

working with LGBTTQ clients. There was an acknowledgement that comfort level differed

between individuals and may not reflect the agency as a whole. This questions whether

agencies should advertise a queer friendly environment as it points to an existing risk for

LGBTTQ clients.

It appears that comfort level was associated with the knowledge and resources to

meet the needs of the client. This suggests that increased resources for men or trans

individuals could increase comfort level of anti-violence service providers in working with

this population. There is an increased discomfort when issues of gender identity or gender

presentation arise, causing confusion among service-providers. This is possibly due to

more research and awareness on gay and lesbian issues and less knowledge on trans

issues.

Comfort also appears higher among workers involved in direct intervention with

the clients as opposed to those who may have more limited contact such as administrators

and intake workers. Thus LGBTTQ clients accessing services may still be facing some

discrimination and homophobia from individuals at agencies whose service-providers aim

to be queer friendly. There also appears to be generational differences in that older

individuals in the field (both age and length of time in agency/field) are less comfortable

with LGBTTQ issues and clients. While knowledge surrounding violence is evolving and is

beginning to include the queer community, new knowledge may not be reaching workers who have been in the field since older conceptualizations of violence were being taught. Information provision and awareness to increase comfort level should be key for everyone that comes into contact with clients in an agency through continuing training and awareness for older generation workers.

The high comfort levels in working with LGBTTQ clients could be due to a hesitancy to admit discomfort and fear of appearing homophobic.

Homophobia and Discrimination

Most agencies feel confident that they create a safe environment for LGBTTQ individuals. Safety included addressing homophobia in group settings, addressing worker reactions or comments and inquiring as to the individual's comfort level in disclosing.

Internalized homophobia was often cited in our research as a barrier to accessing services. There is an acknowledgement by service providers that the LGBTTQ community has historically been discriminated against and that this might impact their experience with anti-violence providers. Some service providers felt that it is the LGBTTQ individuals' own perceptions and fears of discrimination but that this would not be the case if they sought services at their agencies. Few service providers spoke of the agencies' efforts and responsibility in disproving this perception. This would suggest that the burden of responsibility is sometimes placed on the individuals to challenge this on their own. There are some agencies that are doing public education outreach with the queer community in an attempt to dispel myths the community might have about their agencies. This proactive endeavour may begin to elicit change in the community's perceptions of anti-violence

services thereby increasing the community's comfort in accessing those services. What is the agency's responsibility in making sure their services are accessible?

Service providers in our research confirmed that the stigma and discrimination surrounding LGBTTQ communities act as a barrier to the disclosure of violence because the community has pressure to appear highly functional and better than average (Irwin, 2008).

Incidences of external homophobia were not often discussed during the interviews. This might be because it is no longer happening; because heterosexual individuals might not be as attuned to incidences of homophobia; or because their definition or understanding of homophobia might differ from what the literature suggests. According to the literature, external homophobia can be both implicit, such as generalized assumption of heterosexuality, and explicit, such as the exclusion of LGBTTQ individuals (Irwin, 2008; McClennen et al., 2002). As discussed in disclosure findings below, there appears to be this assumption of heterosexuality or a fear of offending someone by asking questions. The exclusion of gay men and trans individuals in the discourse and in service provision could also be, in part, due to homophobia as well as lack of awareness. Thus there exist implicit and explicit forms of homophobia in service-provision that still need to be acknowledged by service-providers and broader structures alike.

In cases where homophobia was discussed, it was in the context of a joke or comment. These comments would be addressed by either the worker or management, and in some cases would result in a conversation to break down stereotypes and the underlying prejudices. However, some believed that a person's individual homophobic values, attitudes and beliefs would not necessarily be challenged insofar as it does not impact their ability to work with LGBTTQ clients. Research on social work practice and a worker's

ability to 'put away' inherently homophobic beliefs and provide the same level of service to a client is recommended. Prejudices however were cited as the reason some queer individuals were not referred to an agency or the reason behind negative experiences with first responders. Participants were hesitant to challenge people's views thus not taking a stance against these beliefs. It may be because it is still perceived as acceptable, or people feel it is not their role to challenge people's views. People may also view systems of beliefs as static and thus difficult to change.

Disclosure

Participants discuss their client's disclosure of sexual orientation or gender identity as a range of comfort. Some service providers recognize that experiences with discrimination may inhibit LGBTTQ clients' disclosure. Similar to the literature, respondents note clients might wish to avoid judgement, homophobia or denial on the part of service providers (Irwin, 2008; McClennen et al., 2002). How do service providers acknowledge the reality of such fear while facilitating client disclosure? The experience of marginalized communities adds an extra hurdle to accessing services when energy is spent worrying over what reaction their disclosure will elicit.

The findings also highlight worker's understanding of how queer clients may not disclose violence for fear of bringing shame or stigma to an already marginalized community. Replicated through the literature, LGBTTQ clients face pressure from themselves and their community to avoid strengthening homophobic constructs of LGBTTQ relationships as 'dysfunctional' (Irwin, 2008; Rohrbaugh, 2006). This could signify work that still needs to be done in the broader community, breaking down homophobic myths regarding LGBTTQ relationships and families. As discussed in the

findings and literature, LGBTTQ survivors of IPV face two stigmatized identities, that of

being queer and that of being a 'victim'. Queer parents in particular are under harsh

scrutiny. Furthermore, the service providers discuss how coming from a small, tightly knit

community may dissuade queer clients from disclosing violence occurring in their

relationship.

Though some service providers and agencies undertake creating an environment

conductive to disclosure (e.g. through rainbow visuals, pamphlets or gender neutral

language on forms), others feel that advertising for one marginalized client population

would mean having to advertise for all marginalized client populations. Is this an excessive

cost? As a whole, participants recognize the value in establishing rapport and trust with

clients when creating a safe setting for disclosure.

Our findings indicate service providers experience hesitation in asking clients how

they identify, most often avoiding the question all together. Some respondents explain they

are not legally allowed to do so. Other service providers feel asking is not professionally

appropriate. Does this reluctance mask a deeper belief that it is offensive to throw into

question heterosexual clients' sexual orientation? Regardless of the reason, the stance of

not questioning makes an assumption of heterosexuality.

All of these intersecting difficulties surrounding disclosure create barriers to service

for LGBTTQ clients.

Barriers

The results of our study points to several barriers LGBTTQ survivors of IPV face in

accessing social services. Some of these barriers, such as interactions with first responders,

the stigma of IPV, the 'double whammy' of two stigmatized identities and the fear of disclosure, have already been discussed.

Service providers interviewed also make reference to individuals' assumptions about agencies, programs, or workers, as a barrier. Recognizing how program advertisement and the historical discrimination and invisibility of LGBTTQ clients may play a part in this, several participants wish the community at large would understand that their programs are not for heterosexual survivors of violence alone. This identifies that some barriers can reside within the client.

Respondents further identify how the structure of agencies can act as barrier, including their referral structures, funding dictates, or limited practical resources. This throws into view how factors that contribute to barriers do not always fall under the control of individual agencies. Another practical barrier participants make reference to, are the physical location of their agency or the location of the individuals needing them. Agencies that are out of the way, clients living in rural areas, or clients who have small children are all aspects that interplay with already existing barriers.

Lastly, the service providers interviewed saw the existence, wellbeing and custody concerns surrounding children as a barrier. Respondents note clients' fears of being treated discriminatorily as 'unfit' parents or of loosing access to their children if they disclose the violence, particularly when the children are from previous heterosexual relationships or when the survivor is not the biological parent. The literature validates this finding and illustrates how queer clients are more likely to have their children used as a threat against them by their abuser (Turrell, 2000). This is significant as broad societal and

legal implications can have an extensive effect on the potential for services to be effective

or even accessible.

Targeting of Services

Among the agencies interviewed, there were very little anti-violence services

targeted at the LGBTTQ community. The lack of targeted services was identified in the

literature as a gap in anti-violence services (Speziale & Ring, 2010).

Most agencies believed that their services would meet the needs of the population

but would refer out if they needed to. This approach may be contributing to the lack of

development of targeted services in individual agencies. Most agencies felt that

intervention and services would be the same with LGBTTQ individuals as with

heterosexual individuals. Although the literature reveals that IPV in LGBTTQ relationships

is similar to heterosexual relationships, LGBTTQ individual face particular challenges when

it comes to family issues, legal issues, discrimination and homophobia (Craft & Serovich,

2005; Irwin, 2008; Rorhbaugh, 2006). The literature suggests that the hetero-normative

framework of many anti-violence services may not address the needs of the community,

resulting in inadequate or inappropriate services (Seelau & Seelau, 2006; Speziale & ring,

2010). If agencies believe that their services are neutral they may inevitably be

overlooking the needs of the queer community. Research into whether services need to be

targeted and the specific needs of the community is recommended

Other reasons cited for not targeting the LGBTTQ community in services or in

outreach included the belief that agencies would have to target every community and

therefore choose to be 'all inclusive' in their approach. There is a question whether

inclusivity and the human rights approach is sufficient when reaching a community that

have historically been discriminated against in the anti-violence community. The human

rights approach used by agencies may also be because targeting specific communities can

be perceived as discriminatory in nature. This calls for an evaluation of the effectiveness of

a universal approach.

The agencies that expressed that they only have a limited number of LGBTTQ clients

accessing their services did not engage in outreach or explicitly advertise that their agency

is queer friendly. Whereas agencies who do, report higher numbers of LGBTTQ clients.

Targeting the LGBTTQ community in anti-violence agencies' may increase access and/or

disclosure of LGBTTQ clients. It is possible that clients access these services but do not

disclose their sexual orientation for other reasons unrelated to the agency. Agencies with

targeted services or outreach may also be geographically closer to the queer community

thereby making their services more accessible.

When asked about training, and policies or mandates on LGBTTQ clients, it often fell

under an overall diversity policy. Diversity policies protect communities from

discrimination and access to services, however may not address specific issues related to

the population.

Some agencies advocate for targeted services, suggesting that the community needs

an anti-violence resource dedicated to serving LGBTTQ clients. Although most want to

increase their knowledge and capacity to work with the community, very few expressed an

interest in creating or offering targeted services in their own agencies. This may be as a

lack of desire to do so; however, it is likely that agencies do not have the funding, the

mandate, or capacity to offer these services.

Structural Issues

In tying themes together, we observed significant structural issues & barriers facing service providers, agencies, and the queer community when addressing violence in LGBTTQ relationships. Anti-violence agencies are often funded and governed by larger bodies and must operate under the mandate for which they are funded. Agencies that work in a violence against women program and framework have a limited or no ability to offer services for gay men or trans individuals. Thus the structure of the program itself does not enable agencies to expand services to include men and trans individuals. It would require an acknowledgement that men can be survivors of IPV, and that we begin to recognize gender fluidity and identity. A gap in services for men and trans individuals could exist in part because it would require an acknowledgement that the feminist conceptualization of male-perpetuated violence against women shift to embody an additional queer conceptualization, although this was not discussed by service-providers.

Lack of funding or stipulations around funding was the most prevalent structural issue. However without a broader understanding of violence and its prevalence in LGBTTQ relationships, funding and larger structures will continue to be limited to women survivors of male-perpetrated abuse. Limited funding for these agencies also mean that they are understaffed and under-resourced thus making it difficult to actively reach out to the community when they are stretched so thin.

Individual agencies are also limited by the resources and the current state of knowledge on violence in LGBTTQ relationships, stressing the necessity for more research and training on the topic.

services as well as let clients know that workers are comfortable with their identity. This could involve saying "partner" rather than "boyfriend/husband" or "girlfriend/wife" and perhaps asking the client how their partner identifies their gender. Some clients may not feel comfortable answering but will at least know that if they do decide to disclose to that social worker, it will be well received. It is also important for social workers to be mindful of the two stigmatized identities occupied by LGBTTQ individuals accessing their services – having to disclose their queer identity, and having to disclose that they have been experiencing IPV. This may be a factor in why some clients may not feel comfortable disclosing their sexual orientation.

Outreach to the LGBTTQ community also seems to be valuable and can be done by individual social workers by making their office or workspace queer friendly. This could involve having rainbow stickers on display and ensuring that agency advertisements and information have images and information that represent the queer community.

Another important aspect of the research for social workers to consider is the need for more inclusive and accessible services for gay men and transgender persons. This is important for policy makers and social workers involved in policy making decisions. As mentioned, one of the barriers for agencies that receive government funding is that they may have strict mandates that guide the limits of their work. This means that as much as some agencies may wish to reach out to all individuals, they may be limited to working with (cisgendered) women. It is important that policy makers develop anti-violence policies that formally acknowledge violence in all intimate relationships and that take steps towards improving services for gay men and trans people.

A salient theme in our research is the need for consciousness-raising and increased dialogue in the community itself as well as within larger funding, decision-making and political bodies. There is a need to examine how homophobia and discrimination continues to play a role in the exclusion of LGBTTQ individuals and families in anti-violence services. Prejudices within broader societal attitudes and beliefs need to continue to be challenged. Homophobia needs to re-enter the discourse and we need to address its implicit, explicit and residual manifestations.

Implications for Social Work Practice

This research is valuable for social work practice because it brings awareness to some of the barriers being faced by LGBTTQ individuals and families that are experiencing intimate partner violence. Being aware of these barriers can help social workers to be more aware of the way they deliver services and to consider what may be preventing potential clients from reaching out, or current clients from receiving the best services possible. It is also important to acknowledge homophobia and transphobia in the way that services may be set up and to try not to view all intimate relationships through a heterosexual lens. It is important for social workers to be aware of the barriers identified in this report since it is likely that they will be working with an LGBTTQ individual or family at some point in their career. We feel that each social worker has a role to play in reducing homophobia and gaps in services as well as working to break down barriers.

This research shows a need for service providers to ask about clients' sexual orientation in order to provide appropriate and relevant services and referrals. This is valuable for both social workers and clients since, if workers are asking in a non-judgmental way, it could help to reduce some of the barriers for LGBTTQ people accessing

We hope that this research will help to start a dialogue within the community about what can be done to improve anti-violence services for LGBTTQ individuals and families. Several agencies expressed a desire for more training and resources and perhaps a valuable outcome of this research would be for community organizations to formulate an LGBTTQ coalition. This could help agencies to access and share current information about IPV in LGBTTQ relationships as well as to form strong community partnerships to improve services and referrals for clients. Doing so may help clients to feel more included and supported since agency services could become more consistent in terms of decreasing barriers and increasing comfort.

Limitations of our Study

There were a few limitations in completing this research. One is the time constraints and scheduling conflicts that are involved in organizing in-person meetings with research participants. The research was completed within the academic year which placed time limits on when we could begin contacting participants and when the interviews had to be completed. As a result, we were only to meet with 8, rather than our desired 10, agencies. Some agencies had to decline participation due to conflicting schedules or lack of time. Another limitation that we encountered was in the wording of a couple of the questions in our interview guide. In practice, some of the questions were worded in a way that, while gleaning rich data, did not access a certain set of information that we expected.

Recommendations for Future Research

We recommend that future research be conducted in partnership with the LGBTTQ community in Ottawa and elsewhere. Research topics to be explored are the prevalence of IPV in queer relationships; the needs of the queer community as identified by the queer

community; LGBTTQ clients' experiences accessing anti-violence service providers; the

effectiveness of universal versus targeted services with queer clients; frameworks of

violence that includes a queer conceptualization; and research that gives voice to

previously ignored populations such as trans individuals or gay men.

Conclusion

There is evidence in the literature that intimate partner violence in the LGBTTQ

community has unique characteristics and that the needs of LGBTTQ persons experiencing

IPV may not be acknowledged or addressed by the dominant anti-violence discourse. This

can be seen at various levels such as in policy, in IPV research and in anti-violence services,

which are primarily geared towards heterosexual relationships with male perpetrators.

Thus the aim of this qualitative research project has been to increase awareness of LGBTTQ

intimate partner violence, as well as identify the barriers in providing queer positive and

queer appropriate services to IPV survivors in Ottawa.

References

Beauchamp, D. (2004). *Sexual orientation and victimization*. Ottawa: Statistics Canada,

Canadian Centre for Justice Statistics.

Craft, S. M. & Serovich, J. M. (2005). Family-of-origin factors and partner violence in the

intimate relationships of gay men who are HIV Positive. *Journal of Interpersonal

Violence, 20*, 777-791.

Eaton, L., Kaufman, M., Fuhrel, A., Cain, D., Cherry, C., Pope, H. & Kalichman, S. C. (2008).

Examining factors co-existing with interpersonal violence in lesbian relationships.

Journal of Family Violence, 23, 697-705.

Hammers, C., & Brown, A. (2004). Towards a feminist–queer alliance: A paradigmatic shift

in the research process. *Social Epistemology*, 18 (1), 85-101.

Irwin, J. (2008). (Dis)counted stories: Domestic violence and lesbians. *Qualitative Social

Work, 7*(2), 199-215.

Kirkland, K. (2004). *Abuse in gay male relationships: A discussion paper.* Ottawa: Public

Health Agency of Canada, National Clearinghouse on Domestic Violence.

Kreuger, L., & Neuman, L. (2006). *Social work research methods: Qualitative and

quantitative applications.* Boston: Pearson Education, Inc.

McClennen, J. C., Summers, A. B., Vaughan, C. (2002). Gay men's domestic violence:

Dynamics, help-seeking behaviours, and correlates. *Journal of Gay and Lesbian

Social Services*, 14(1), 23-49.McHugh, M. C. (2005). Understanding gender and

intimate partner abuse. *Sex Roles, 52*(1),

717-724.

McKenry, P. C., Serovich, J. M., Mason, T. L. & Mosack, K. (2006). Perpetration of gay and
    lesbian partner violence: A disempowerment perspective. *Journal of Family Violence,
    21*, 233-243.

Merlis, S. R. & Linville, D., (2006). Exploring a community's response to lesbian domestic
    violence through the voices of providers: A qualitative study. *Journal of Feminist
    Family Therapy, 18*(1), 97-136.

Murray, C. E., Mobley, A. K., Buford, A. P. & Seaman-DeJohn, M.M. (2007). Same-sex intimate
    partner violence: Dynamics, social context, and counselling implications. *Journal of
    LGBT Issues in Counseling, 1*(4), 7-30.

Rohrbaugh, J. B. (2006). Domestic violence in same-gender relationships. *Family Court
    Review, 44*(2), 287-299.

Seelau, S. & Seelau, E.P. (2005). Gender-role stereotypes and perceptions of heterosexual,
    gay and lesbian domestic violence. *Journal of Family Violence, 20*(6), 363-371.

Speziale, B. & Cynthia R. (2010). Intimate violence among lesbian couples. *Journal of
    Feminist Family Therapy*, 18 (1) 85 -96.

Statistics Canada. (2009). *Family violence in Canada 2009*. Ottawa: Statistics Canada,

Canadian Centre for Justice Statistics.Turrell, S. C. (2000). A descriptive analysis of same-
    sex relationship violence for a diverse sample. *Journal of Family Violence, 15*(3), 281-
    293.