ABSTRACT

INTIMATE PARTNER VIOLENCE IN THE LGBT+
COMMUNITY: PERCEPTIONS OF SERVICE
PROVIDERS AND COMMUNITY
MEMBERS

Although the prevalence rate of intimate partner violence in LGBT+ relationships is similar to that found in heterosexual relationships, specific services for LGBT+ victims of intimate partner violence are relatively unavailable. In response to the social context and multiple unique barriers experienced by an LGBT+ victim seeking assistance, services must be specific and culturally competent. A qualitative study of interviews with LGBT+ specific intimate partner violence service providers in California, along with a focus group of LGBT+ community members in the Central Valley, was conducted. The perceptions of LGBT+ community members were analyzed regarding the context in which intimate partner violence occurs and the barriers to accessing services by LGBT+ persons, particularly those in the Central Valley. A comparative analysis was conducted in terms of the types of program elements utilized by LGBT+ specific and sensitive intimate partner violence service providers. Recommendations were made for future research and for culturally competent frameworks for service design and delivery.

Ronna Bright
May 2008

INTIMATE PARTNER VIOLENCE IN THE LGBT+

COMMUNITY: PERCEPTIONS OF SERVICE

PROVIDERS AND COMMUNITY

MEMBERS

by

Ronna Bright

A thesis

submitted in partial

fulfillment of the requirements for the degree of

Master of Social Work

in the College of Health and Human Services

California State University, Fresno

May 2008

APPROVED

For the Department of Social Work Education:

We, the undersigned, certify that the thesis of the following student meets the required standards of scholarship, format, and style of the university and the student's graduate degree program for the awarding of the master's degree.

Ronna Bright
Thesis Author

_____
Anne Petrovich (Chair)   Social Work Education

_____
Mark Hanna   Social Work Education

_____
Donna Hardina   Social Work Education

For the University Graduate Committee:

_____
Dean, Division of Graduate Studies

AUTHORIZATION FOR REPRODUCTION

OF MASTER'S THESIS

_____   I grant permission for the reproduction of this thesis in part or in its entirety without further authorization from me, on the condition that the person or agency requesting reproduction absorbs the cost and provides proper acknowledgment of authorship.

_____X_____   Permission to reproduce this thesis in part or in its entirety must be obtained from me.

Signature of thesis author:_____

ACKNOWLEDGMENTS

To Christopher, who silently supports me: your support is silent; yet, I know it is there and for that, I am so very grateful. Your pride in me keeps me going when I do not think I can. Your belief in me sustains me during those times when I struggle with the belief in myself.

TABLE OF CONTENTS

Page

LIST OF TABLES

Chapter 1

INTRODUCTION

Intimate partner violence occurs in all cultures, communities, and populations, including the lesbian, gay, bisexual, and transgender community (LGBT+). The plus symbol relates to the inclusiveness of other related communities that may not be readily identifiable as LGBT. The LGBT+ community experiences oppression and violence directed towards its members from the larger society, as well as internally. It is a dual victimization, therefore, when they experience violence in their own intimate relationships. To further that victimization, LGBT+ persons have limited access to the same types of services that are largely available to heterosexual women who are victims of intimate partner violence.

With rates of violence in LGBT+ relationships similar to those in heterosexual relationships, access to services and assistance for victims should also be similar; however, that is not the case. A review of the California Department of Health's website indicates that nine organizations are funded by the Department of Health Services to provide intervention and services specifically to the LGBT+ victim of intimate partner violence. However, these organizations self-identify as LGBT+ specific service providers (Department of Health Care Services, 2007). According to the program director of STOP, a major service provider to the LGBT+ community for intimate partner violence in Los Angeles, the Department of Health actually funds only one California organization to provide services specifically to the LGBT+ community. The information listed on

the California Department of Health's website is outdated at this writing (S. Holt, personal communication, January 14, 2008).

Sixteen organizations in California are funded to provide intervention and services to both heterosexual and LGBT+ victims. In contrast, 94 organizations in California are funded by the Department of Health Services to provide intervention and services specifically to heterosexual female victims (Department of Health Care Services, 2007).

Between the years 2002 and 2005, an organization, Central California Pride, maintained a program of intervention and services to the LGBT+ victim of intimate partner violence (Office of the Attorney General, 2007; The California Endowment, 2007). The program and organization ceased operations in 2005 (National Coalition Against Domestic Violence, 2005). At present, no organization in central California provides intervention and services specific to the gay, lesbian, bisexual, or transgender victim of intimate partner violence.

Problem Identification

This study seeks to gather information about the provision of services to the gay, lesbian, bisexual, or transgendered victim of intimate partner violence. The research also includes the identification of intimate partner violence within the LGBT+ community, barriers to that identification, as well as barriers to accessing services.

The program coordinator of one of the two major LGBT+ specific organizations in California, as well as an assistant director of one heterosexual women's organization, who has recently included LGBT+ sensitive program elements directed towards intimate partner violence, were interviewed to gain information on LGBT+ specific and sensitive intervention and services. A former

board member of the now defunct Central California Pride Network was interviewed to gain an understanding of prior services in central California. In addition, a focus group of Fresno-area LGBT+ community members was organized to discuss the community's thoughts and feelings of intimate partner violence from their perspective.

The primary research question of this study follows:

In relation to intimate partner violence in the LGBT+ community, what are the experiences and perceptions of service providers and community members about the problem of intimate partner violence and the services available or needed in response?

Background and Context

Historically, the issue of domestic violence became a social change issue in the 1970s. The feminist movement pioneered the battered women's movement as a response to the incidents of violence and battering directed towards wives by their husbands and toward women involved in other intimate relationships with men. Both feminist organizations and grass-roots social movement groups adopted the battered women's movement (Tierney, 2005).

In 1975, the National Organization of Women (NOW) established a taskforce to address the issue of battered wives. The focus of the task force was to raise public consciousness, establish shelters for abused women, and create other support services for women who were abused by their husbands or male partners (Tierney, 2005).

Supporters and activists of the battered women's movement maintained a goal of broad social change to break down the institutionalized male dominance that trigger the conditions that manifest in domestic violence. These activists

utilized educational efforts to change attitudes and generate support and assistance from social agencies, governmental bodies, and other professional organizations (Schechter, 1982).

The battered women's movement was successful in the social change effort of criminalizing intimate partner violence and establishing intervention and services for heterosexual female victims. As the evolution of civil rights and social change continued, the once hidden community of gay and lesbian persons began their own consciousness raising.

The difference between intimate partner violence in the heterosexual community and the LGBT+ community is that LGBT+ persons are subjected to violence from the general population, in addition to that occurring within their intimate relationships. Many LGBT+ persons choose to remain silent about their sexual orientation due to the stigma of homosexuality and the threat of violence from a homophobic society (McClennen, 2005). Thus, the LGBT+ community, as a stigmatized and marginalized population, is dually affected by the stigmatized behavior of intimate partner violence in their relationships (Smith & Dale, 1999).

LGBT+ persons may refrain from seeking assistance because they live in a culture of silence as a result of the stigma of being homosexual and of being a victim of intimate partner violence. They may also believe that their local domestic violence organization or shelter serves only heterosexual women (Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006). This belief may be validated when domestic violence organizations do not provide culturally competent LGBT+ specific literature, outreach, intervention, or services.

<p style="text-align:center">Prevalence</p>

Research on intimate partner violence in LGBT+ relationships is limited, partly due to the context of homophobia and discrimination directed towards LGBT+ persons, resulting in silence about the incidence of abuse (Mahoney, Williams, & West, 2001). There are few comprehensive large-scale studies of the incidence of intimate partner violence in LGBT+ relationships; however, initial reports indicate that the rate is similar to that found in heterosexual relationships (Merrill & Wolfe, 2000). According to the 1995 National Violence Against Women Survey, 20.4% of heterosexual women and 7.1% of heterosexual men reported being the victim of intimate partner violence (Tjaden & Thoennes, 2000).

This is comparable to the few study results of same-sex intimate partner violence reported at a rate of 25% to 50% in those relationships (Gunther & Jennings, 1999; Merrill & Wolfe, 2000). McClennen, Summers, and Daley (2002) reported the occurrence of intimate partner violence at levels of nearly 50% of all lesbian relationships. A sampling of gay and bisexual men reported that 26% percent acknowledging being victimized in their intimate relationships, and 25.5% reported abusing their same-sex partners (Merrill & Wolfe).

Owen and Burke (2004) compared the results of a small sample of 66 gay and lesbian people to heterosexual intimate partner violence data. The results indicate that gay men are more likely to experience intimate partner violence than heterosexual men; however, lesbians and heterosexual women experience intimate partner violence at a similar rate.

<p style="text-align:center">Impact on Social Services</p>

"Intimate partner violence transcends race, ethnicity, sexual orientation and physical ability" (Mahoney et al., 2001, p. 163). Intimate partner violence is not a woman's issue. It is an issue that affects everyone in our society. All systems are

impacted by intimate partner violence. Families, children, schools, workplaces, neighborhoods, law enforcement, court-systems, and social service organizations are all affected by intimate partner violence.

Typically, social workers either refer victims and perpetrators to an organization that specializes in intimate partner violence issues, or they work in these organizations. These organizations may provide shelter, education, counseling, legal assistance, and other services.

In central California, social workers encounter intimate partner violence among the LGBT+ community in their daily work, although they may not know it because of the silence kept by victims. Central California social workers are unable, however, to refer LGBT+ victims of intimate partner violence to a local LGBT+ specific organization because of the nonexistence of such an organization.

Theoretical Framework

A portion of the experience of the LGBT+ person as a victim of intimate partner violence is similar to that of a heterosexual victim. However, there are also distinct elements to their experience due to the context of a LGBT+ sexual or gender identity. Therefore, due to the distinctness of the LGBT+ person's experience, social policies, program elements, intervention, and services must be modeled with those unique experiences in mind.

The theoretical framework utilized to explain intimate partner violence has historically been feminist theory. However, feminist theory fails to explain violence between gay men or lesbian women. Therefore, theories relating to intimate partner violence in the LGBT+ community are a combination of several theories, including social-psychology theory and disempowerment theory, as well as feminist theory.

Summary

In summary, the two-fold purpose of this qualitative study is to explore the perceptions of LGBT+ community members in central California about the topic of intimate partner violence within their community, as well as the experiences of service providers in California of providing adequate program elements to address intimate partner violence. It is hoped that this research will assist in shaping the definition of adequate services, identifying barriers to services, and defining the needs to be addressed in the future.

Due to the unique experience and needs of an LGBT+ victim of intimate partner violence, culturally competent specific interventions and services should be employed by social workers and social service agencies. A review of previous theoretical and empirical research outcomes follows regarding the unique elements involved when working with intimate partner violence in the LGBT+ community.

.

Chapter 2

LITERATURE REVIEW

The purpose of this chapter is to provide the reader with an overview of the theories related to intimate partner violence in the LGBT+ community. A summary of those theories will be followed by a review of the empirical literature. The review of empirical literature will provide evidence that interventions utilized by service providers must be different than those provided to heterosexual women. The cause of, and factors involved in, intimate partner violence in the LGBT+ community are different than those found in heterosexual intimate partner violence.

Theoretical

In their efforts to address the issue of same-gender intimate partner violence, practitioners must be able to utilize theories of causation to provide intervention and other services. Empirical research is still lacking related to theoretical basis of same-gender intimate partner violence; however, there are a few theories that have been proposed to be useful in the analysis of same-gender intimate partner violence (McClennen, 1999).

Historically, intimate partner violence has been guided by feminist theory. Feminist theory maintains that women are oppressed by the patriarchal society within which we live and that men perpetrate violence against women (Simpson & Helfrich, 2005). Feminist theory guides the paradigm that violence against women is a result of men's socialization and gender roles and is actually institutionalized in our society, culture, and relationships (Jasinski, 2001; Miller, Greene, Causby,

White, & Lockhart, 2001). Feminist theory is solely gender based and seeks to explain intimate partner violence as one of power imbalance and domination of men over women (Heintz & Melendez, 2006).

The problem with feminist theory is that it is unable to explain intimate partner violence between two women or between two men. It is strictly a theory to guide explanations of heterosexual male perpetrated intimate partner violence. It fails to account for the systems of oppression, including heterosexism and homophobia, and it fails to account for the abuser's psychological factors or learned behavior (Heintz & Melendez, 2006).

Another important consideration is that theories of same-gender intimate partner violence must be differentiated from heterosexual intimate partner violence, gay male partner violence, and lesbian partner violence. For example, a lesbian is subject to both oppression in our patriarchal heterosexist society as a woman and as a lesbian. In contrast, gay men may not be oppressed by the patriarchy within our society; however, they are oppressed by the heterosexism and homophobia. The utilization of the same theory would subsequently discount feminist theory and its goals of equality. It would further serve to be counterproductive to an already oppressed population (McClennen, 1999).

The first proposed same-gender intimate partner violence theory is the social-psychological theory. This theory combines both the individual personality characteristics of psychological explanations with social learning theory. In addition, it incorporates feminist beliefs of nongender related oppression by a patriarchal society of marginalized populations, including LGBT+ persons. The social-psychological theory is best utilized for intimate partner violence between gay men or bisexual men (McClennen, 1999).

Social-psychological theory explains intimate partner violence as one of personal characteristics and behaviors that dictate utilizing violence as a means to control. This theory also includes additional elements of learned behavior, oppression, and other societal factors (Ristock, 2003). The psychological component theorizes that intimate partner violence is a result of individual personality disorders and personality characteristics, such as low self-esteem and jealousy, or mood disorders. These theoretical explanations apply to both abusers and victims (Jasinski, 2001).

Social learning theory is evident in the social-psychological theory and is well referenced in the literature of domestic violence and by social service providers in the field of intimate partner violence. Social learning theory maintains that violence is learned in the family socialization of children as a means of conflict resolution, coping with stress, and maintaining control (Burke & Follingstad, 1999). Children socialized in a violent home will grow up to use the same methods of violence and abuse that they witnessed in their families, or they will become victims to others who utilize the same controlling methods (Jasinski, 2001).

Intimate partner violence between lesbians or bisexual women occurs within the same context as social-psychological theory with an additional component of oppression as both women and homosexual persons. Thus, a feminist social-psychological theory is utilized in the understanding of lesbian and bisexual women intimate partner violence (McClennen, 1999).

As previously stated, intimate partner violence among LGBT+ persons cannot be explained within a strict feminist model. McKenry, Serovich, Mason and Mosack (2006) have proposed disempowerment theory as part of the conceptualization of LGBT+ intimate partner violence. The premise of

disempowerment theory is that oppressed people will use other means to gain control or feel empowered, including the strategy of abuse and violence in their relationships.

The theory holds that individual characteristics of personality, learned behavior as children, and intimate relationship dynamics are all factors of intimate partner violence among LGBT+ persons. Additionally, a central theme in all of the elements of disempowerment theory is homophobia. Homophobia can be internalized, be exhibited by society, or by parental and authority figures (Island & Letellier, 1991). Disempowerment motivates an abuser to use control and violence to regain power or to feel empowered (McKenry et al., 2006).

The preceding proposed theoretical framework supports the premise that intimate partner violence among LGBT+ persons is different than that found in heterosexual couples. The empirical evidence illustrates that social context and barriers to seeking help must be incorporated into the policies and procedures of service providers to LGBT+ persons involved in intimate partner violence.

Empirical

The following review of empirical studies will further substantiate the theoretical framework of different experiences encountered by a heterosexual victim of intimate partner violence and that of a gay, lesbian, bisexual, or transgendered victim.

Causation

In their quantitative study, McKenry et al. (2006) hypothesized that intimate partner violence is a "function of disempowerment, i.e., real or perceived challenges to possessions, authority, or control of the intimate partner" (p. 235). The methodology was a sampling of 77 gay men and lesbian women. All

respondents were involved in intimate partner violence. The respondents were either referred for the study or answered an advertisement in a gay and lesbian publication. The instrument was a large questionnaire consisting of 16 previously tested questionnaires, including the Personal Attribute Questionnaire, the Relationship Style Questionnaire, the Homophobia Scale, and the Interpersonal Dependency Inventory.

The results indicated that the factors of disempowerment were evident in the perpetrators and victims of intimate partner violence. For example, gay male abusers and lesbian victims had the lowest self-esteem, while both gay and lesbian abusers scored higher on the masculinity scale. Insecure attachment and relationships stress were scored significantly higher for both gay and lesbian abusers than victims (McKenry et al., 2006).

Although the study failed to show that homophobia, either external or internal, was a significant factor in intimate partner violence, other factors of significance, such as stress and low self-esteem, are characteristic of internalized homophobia. In addition, the sample was not large enough to generalize for widespread use among providers of service to LGBT+ persons experiencing intimate partner violence. However, the study does provide some preliminary evidence of factors to be considered when working with both abusers and victims in the LGBT+ community.

Social Context

In contrast to multiple similarities between heterosexual intimate partner violence and LGBT+ intimate partner violence, there are several significant differences. The heterosexual battered women's movement is based on the

imbalance of power between men and women. It is difficult, then, to explain the imbalance of power between same-sex couples.

Additionally, contextual concerns must be considered when analyzing intimate partner violence within LGBT+ relationships. Sociopolitical factors such as heterosexism, misogyny, and homophobia are all part of the lives of LGBT+ persons (Murphy, 1992). For example, many gay men have few role models to rely on regarding relating to one another. As boys in our society, they are taught to distance themselves from close relationships with other boys. Boys are taught that exhibiting any type of femininity is a stigma (Hawkins, 1992).

The issue of homophobia and violence against homosexual people in our society is real and prevalent. Gay and lesbian communities are silent about the violence in their relationships, often to avoid reinforcing prejudice in the homophobic and oppressive society within which they live (McClennen, 2005). Further negative attention to an already oppressed population by acknowledging violence within that community is something many LGBT+ persons wish to avoid (Bornstein et al., 2006).

The cohesiveness of LGBT+ communities often results in victims feeling unable to seek help or services. For example, the victim and abuser likely share all of the same friends and peers. For some victims, that manifests in resistance of identifying violence and loyalty to abusers (Allen & Leventhal, 1999). Victims of intimate partner violence in a homosexual relationship often are unable to seek help or have limited access to services or resources that are available to heterosexual women victims of intimate partner violence.

Batterers within gay, lesbian, bisexual, and transgendered relationships have additional abusive tactics to use against their victimized partners. Abusers in same gender relationships use the silence within their communities as a means to

control their victims. They also use the threat of exposing the sexual preference of the victim, who may not have come out to family and friends (Bornstein et al., 2006).

Barriers to Help

Within both heterosexual and LGBT+ relationships, victims of intimate partner violence have similar and distinct reasons to avoid seeking help. Many victims of both heterosexual and LGBT+ intimate partner violence maintain a commitment to their partners and their relationships with the hope that the abuse will simply stop (Mahoney et al., 2001).

Merrill and Wolfe (2000) conducted a study of 55 gay victims of intimate partner violence in several metropolitan U.S. cities, including San Francisco, Boston, and Dallas. Their qualitative survey included variables of physical abuse, emotional abuse, help-seeking behavior, and reasons for staying in the relationship.

Fear of retaliation; isolation from family, friends, and community; and lack of information were reported as barriers to seeking help. These barriers are similar to those reported by heterosexual female victims of intimate partner violence. The lack of actual service resources and fear of homophobic responses were also reported as barriers by the gay respondents in the study. The inability to identify oneself as a victim of intimate partner violence was an additional concern (Merrill & Wolfe, 2000).

The previous study results are similar to those found in Bornstein et al.'s (2006) qualitative study of lesbian, bisexual, and transgendered survivors of intimate partner violence. Data were collected using focus groups and semi-structured interviews of self-identified lesbian, bisexual, and transgendered

survivors who had sought services from a community-based provider of services to the lesbian, bisexual, and transgendered community.

The respondents identified barriers to seeking help as follows: failure to identify intimate partner violence, isolation, and fear of homophobic reactions from police and heterosexual service providers. In addition, many victims of same-sex intimate partner violence also fear a lack of confidentiality and exposure of their sexual identity (Bornstein et al., 2006).

Formal services provided by battered women's programs and shelters are mainly for heterosexual women only. These programs do not address services for men, regardless of their sexual identity, and most do not have an environment conducive to serving lesbians or transgendered people (Allen & Leventhal, 1999; Merrill & Wolfe, 2000). Therefore, the perception of many LGBT+ victims that intimate partner violence service providers are strictly for heterosexual women is a tremendous barrier to seeking formal assistance (Bornstein et al., 2006; Merrill & Wolfe).

The homophobic society in which LGBT+ persons live is not conducive to their seeking assistance for intimate partner violence. Heterosexual women's shelters are frequently unable to provide services. Homophobic attitudes of other clients and staff and the inability to differentiate between the abuser and victim in same-gender relationships are two reasons women's shelters decline LGBT+ persons. Heterosexual women's shelters do not have the ability to assist men, particularly battered gay men (Merrill & Wolfe, 2000).

The HIV epidemic within the gay community may also be a barrier to help. Merrill and Wolfe (2000) performed a study of gay male victims of intimate partner violence. Twenty respondents reported an HIV-positive status. The respondents identified their diagnosis as a reason to remain in the abusive

relationship because they feared their own ill health and mortality. They also feared dating once they left the abusive relationship, anticipating rejection due to their HIV-positive status.

<u>Gaps in the Literature</u>

Although nearly all of the literature acknowledges the need for further research and large-scale studies of intimate partner violence in LGBT+ relationships, there is still a significant lack of that data. There is a plethora of research and studies of heterosexual female victims of intimate partner violence based on a wide variety of variables; however, the findings are simply not generalizable to the LGBT+ community.

The literature that is available concerning intimate partner violence in the LGBT+ community is very much lesbian-oriented. The empirical studies utilized in this review include the only current studies of gay men involved in abusive intimate partnerships.

In addition, there are no available studies of actual services provided to the LGBT+ community. Service providers in the field of intimate partner violence must be able to utilize culturally competent policies and procedures for their LGBT+ clients. A quantitative study of services provided, as compared to those provided to the heterosexual community, is needed in order to substantiate the lack of differential services. Qualitative descriptive studies of those services would be beneficial to add depth to the understanding of the perspectives and needs of service providers within the LGBT+ community and to future providers.

<u>Summary</u>

The context in which LGBT+ persons exist underlies their experience of violence from society, as well as from within their own community and intimate

relationships. That context causes the differential experience of an LGBT+ victim, in contrast to the experience of a heterosexual victim of intimate partner violence. The previous review of theoretical and empirical research indicates the need for unique intervention and services to LGBT+ victims of intimate partner violence.

Chapter 3

METHODOLOGICAL APPLICATION

Intimate partner violence is prevalent in our society, occurring within both heterosexual and LGBT+ relationships at approximately the same rate. The feminist movement has supported the establishment of hundreds of shelters and other services for heterosexual women involved in violent and controlling intimate relationships. Members of the LGBT+ community, however, have limited access to safety, confidential services, and other helping services. The establishment of services for LGBT+ persons has been slow and awareness of those that are available is limited.

Concept

The concept examined in this research project is the perceptions of intimate partner violence organization service providers and members of the LGBT+ community about the nature of intimate partner violence, the services available to members of the LGBT+ community who are experiencing intimate partner violence, and the barriers to accessing those services.

Definitions

New terminology is replacing the historical terms domestic violence and family violence. Domestic violence and family violence include child abuse and elder abuse. Intimate partner violence is being used increasingly as the terminology when describing violence and abuse between intimate partners or former intimate partners (McClennen, 2005).

Definitions of intimate partner violence are similar among professionals (Heintz & Melendez, 2006; Merrill & Wolfe, 2000). By definition, intimate partner violence is a pattern of abusive behaviors that occur within the context of an intimate relationship, or former intimate relationship, whereby one party intimidates, coerces, restricts, and controls the other. Abusive behavior is nonconsensual in nature and is either intentionally or recklessly done to harm or restrict the freedom of another. Forms of abusive behavior include physical, emotional, verbal, financial, and sexual (Merrill & Wolfe).

The previous examples of definitions are utilized in the literature for both heterosexual and homosexual intimate partner violence. For the purpose of this research, the following specific definition by Burke (1998) will be used:

Gay domestic violence will be defined as a means to control others through power, including physical and psychological threats (verbal and nonverbal) or injury (to the victim or others), isolation, economic deprivation, heterosexist control, sexual assaults, vandalism (destruction of property), or any combination of methods. (p. 164)

It is also important to define the term LGBT+ community. LGBT is an acronym for gay, lesbian, bisexual, and transgendered persons. The individual gay, lesbian, bisexual, or transgendered person self-identifies as such and is thus a member of the group or community of people who share this common identification (Barker, 2003). The plus symbol relates to the inclusiveness of other related communities that may not be readily identifiable as LGBT.

Intimate partner violence services are defined as safety, crisis intervention, emotional support, shelter, counseling, education, legal assistance, and other social services provided to victims of intimate partner violence. These services may also

include education and counseling for perpetrators of intimate partner violence (Barker, 2003).

Intimate partner violence service providers for the LGBT+ community are uniquely distinct from those that provide services to the heterosexual woman. Service providers are identified as either specific or sensitive.

Specific intimate partner violence services to the LGBT+ community are defined as having been "designed specifically and/or primarily for LGBT communities. Providers of these services specialize in working with LGBT individuals and families" (L.A. Gay & Lesbian Center, 2008a).

On the other hand, LGBT+ sensitive intimate partner violence services "have been designed primarily for the heterosexual community but welcome members of the LGBT community. Providers of these services receive varying amounts of training in LGBT issues" (L.A. Gay & Lesbian Center, 2008a).

Research Questions

The goal of this research is to gain knowledge about the specificity or sensitivity of services available to LGBT+ persons who are involved in intimate partner violence, as well as the barriers to access those services. Therefore, the primary research question follows:

In relation to intimate partner violence in the LGBT+ community, what are the experiences and perceptions of service providers and community members about the problem of intimate partner violence and the services available or needed in response?

Type of Study

This research is qualitative. Qualitative research lends itself to the study of people, behavior, and social issues in their own context. It provides a deeper

understanding of the project in its own environment. In that regard, context is highly valued in qualitative research and is very useful when researching oppressed populations (Shaw & Gould, 2001).

The study of intimate partner violence in LGBT+ relationships is, therefore, well suited for qualitative study. The study of services provided to LGBT+ persons involved in intimate partner violence must be done with cultural sensitivity, including factoring in context and environment in which intimate partner violence occurs.

Interviews and a focus group were used as the method of research. The interview portion was focused. This type of focused interviewing is considered to be appropriate for interviewing professionals about specific identified concerns. The responses can easily be categorized and analyzed with respect to the area the researcher is exploring (Shaw & Gould, 2001).

Sampling Plan

The sampling for the interview portion of this research was purposive. The interviews were conducted, utilizing an interview guide, with a program director and a former board member of established organizations that currently or previously provided specific services to the LGBT+ community in Los Angeles and Fresno (see Appendix A for sample invitation). These organizations were chosen because of the proximity to Fresno and the ease with which this researcher was personally able to conduct the interviews.

An electronic interview was conducted with an associate director of an LGBT+ sensitive service provider in Sacramento. Although not as in-depth as a personal interview, the electronic interview was sufficient to gain knowledge of LGBT+ sensitive program elements provided by the organization.

The structure of a focus group allows respondents or participants to describe themselves, programs, or topics in their own words. This approach lends richness to data that may potentially be overlooked by a researcher who is not a member of the studied community. The participants are active members of the research process, a format that equalizes their relationship with the researcher (Shaw & Gould, 2001).

The focus group consisted of members of the LGBT+ community in Fresno. The focus group added depth and understanding to the topic of intimate partner violence in their community. These participants were recruited using a snowball sampling method. The initial participants are professional acquaintances of the researcher. The initial participants introduced the researcher to other community members for participation in the focus group (see Appendix B for sample invitation).

<div align="center">Data Collection</div>

Qualitative interviewing is done in a comfortable environment, allowing for conversation to develop naturally, focusing on a particular topic. An interview guide is typically developed and practiced by the researcher prior to the actual prescheduled interview. The researcher uses it only as a guide. The researcher uses other skills, such as follow-up and probing questioning, to facilitate a richer understanding of the interviewees' responses. This method allows the interview to flow naturally without abandoning the purpose of the interview (Padgett, 1998).

This researcher developed an interview guide for the interview portion of the study (see Appendix C). Questions were formatted in an open-ended manner to facilitate discussion and lead to more in-depth follow-up questions, as needed. The interview guide was utilized while interviewing professionals from the

participating organizations providing services to LGBT+ persons involved in intimate partner violence.

In an attempt to gain a richer understanding of the LGBT+ community in Fresno, this researcher facilitated a focus group comprised of community members. The topic of the focus group was identification of intimate partner violence in the LGBT+ community and the barriers to that identification and subsequent help seeking behaviors. Thoughts about re-establishing services in the Central Valley were also discussed. This researcher had a guide of open-ended questions to begin the conversation and allow the conversation to develop among focus group participants (see Appendix D). This researcher was prepared to utilize facilitation skills to keep the discussion related to the general topic of intimate partner violence in the LGBT+ community.

<p align="center">Data Analysis</p>

Qualitative research methods include the use of tapes, interviews, and documents as sources of data. Once the research is complete, data management and analysis must take place. Organizing raw data from tapes, interviews, and other sources into categories or codes is the process of data analysis.

Data analysis in qualitative research is inductive; the analysis of raw data flows from specific information to general themes. Common themes and concepts tend to emerge after listening to interview tapes or reviewing notes. These themes are identified by grouping word clusters or descriptors around meaning categories, which emerge during the interviews. The researcher attempts to illuminate themes common to respondents, as well as unique issues, which may be very important to some participants, but not others. These common identifiers are organized for a final analysis and report of findings (Padgett, 1998).

The data collected from the interviews and focus groups in this research were analyzed thoroughly in the attempt to capture the common themes and patterns. For example, following the interviews of the program professionals, a table of program elements among the different service providers was developed. The table provides a summary of both common and original program elements utilized by the various LGBT+ specific and sensitive service providers.

Descriptions of common themes and the context in which they exist are also included in the final analysis. The data from the focus group itself provide depth to the contextual meaning of program elements utilized by organizations providing services to LGBT+ persons experiencing intimate partner violence.

<u>Trustworthiness</u>

This researcher was conscious of possible resistance from members of the LGBT+ community because of a perceived outsider status. This researcher was introduced as a master's level student conducting research in partnership with California State University, Fresno and the Department of Social Work Education. This researcher conveyed respect and professionalism at all times during the course of the research as a means to establish further credibility and trust.

This researcher answered questions openly and honestly from all prospective research participants. In addition, the rapport already established between this researcher and a few members of the LGBT+ community facilitated further introductions and validity.

Beyond the establishment of personal rapport between the researcher and participants, qualitative research originates with the goal of providing rich data and information from the participants themselves. The researcher must remain sensitive to emerging themes and be able to conceptualize them to give validity to

the participants' interviews and information. Qualitative research, particularly raw data, is abstract and, thus, a researcher needs to be open to capturing the participants' meanings (Padgett, 1998).

This researcher facilitated the focus group with no preconceived ideas of the flow of the conversation. This researcher allowed the group participants to provide information during the course of the time allowed, as opposed to gathering information from them. The participants of the focus group participated fully and with a great depth of personal meaning, as well as community-based insight into the topic of intimate partner violence.

The sample interview questions for the interview portion of the research were open-ended questions to allow the respondent to provide answers as descriptive as he or she deemed necessary. Allowing the program professionals to provide information in that manner enabled them to give information at their discretion. The validity of this research originates with the methodology used, which gives the participants the opportunity to provide information.

This researcher clarified participants' descriptions, ideas, and thoughts in an attempt to accurately interpret the information. All participants had the option to review the study to ensure the validity of the research. When needed, the researcher followed up with participants after the initial interview or focus group to make sure the participant's meaning was conveyed accurately.

Limitations

The strongest limitation to this research is time and budget constraints. With that in mind, this research was purposely limited to LGBT+ intimate partner violence service providers in California. The limited geographic focus and small

number of participants means that the findings cannot be generalized to other regions or sample population.

Recruiting participants for a research study can be difficult. The invitation to participate in this research study was extended to no less than three service providers in the hopes that at least two agreed to be interviewed.

Community United Against Violence (CUAV) in San Francisco is the only specific LGBT+ service provider funded by the California Department of Health. Participation in this research was solicited from CUAV through four electronic mail and two voice mail invitations. Ultimately, this researcher failed to make contact with CUAV. CUAV is a well-established service provider to the LGBT+ community. Their input would have been valuable to this research.

<u>Empowerment, Social Justice, and Diversity</u>

This research is dedicated to seeking social justice for the oppressed population of LGBT+ persons and the silent victims of intimate partner violence in that community. The study can be utilized to bring the issue of intimate partner violence to consciousness in the Fresno-area LGBT+ community.

The inclusion of local members of the LGBT+ community in a focus group provided a sense of ownership and responsibility. The participation in the focus group may empower these community leaders and members to begin openly addressing the issue of intimate partner violence in the Fresno LGBT+ community. Support from the community itself is vital.

The interviewees, focus group participants, and actual programs represent this researcher's dedication to diversity. The participants come from diverse cultures and a variety of socio-economic, professional, and educational

backgrounds. In addition, sexual and gender identity is diverse among the participants.

Confidentiality

This research does not include the vulnerable populations of victims or perpetrators of intimate partner violence. Therefore, there is minimal risk in this research. The methodology and sampling plan was such that it reduced any potential harm that could cause trauma. Those interviewed in the study are professionals working in the field of intimate partner violence in the LGBT+ community. The organizations studied are prominent in the field of intimate partner violence and information is public, via each organization's website.

The actual interviewees are named only if authorization to this researcher was granted via written consent (see Appendix D). The members of the focus group are referred to by first name only, provided consent was given to do so (see Appendix E). Demographics of the focus group are stated without identifying actual participants.

Written consent was requested from all participants prior to the use of audiotape. Any tapes, notes, or correspondence regarding the interviews or focus group were locked in this researcher's filing cabinet. This researcher had sole access to these files. Upon completion of the research, all tapes and data collection instruments were destroyed.

Summary

In summary, an analysis was constructed that includes the different elements of participating intimate partner violence programs in the LGBT+ community, including a historical analysis of those services previously provided in Fresno. The needs of LGBT+ persons involved in intimate partner violence are

complex and must be addressed utilizing a combination of established program models as a basis.

The needs of LGBT+ persons involved in intimate partner violence were identified as part of the discussion of the focus group with local members of the LGBT+ community. A descriptive analysis was also constructed as a means to identify the important concepts in relation to understanding the experiences of LGBT+ persons in the local area who do not have access to LGBT+ specific services.

Chapter 4

RESULTS

In an attempt to understand the perspectives of intimate partner violence service providers to the LGBT+ community, as well as those of members of the LGBT+ community, interviews and a focus group were conducted utilizing qualitative methods. The participants of this research were given the opportunity to share their thoughts and knowledge of the issue of intimate partner violence in the LGBT+ community. The data obtained were rich in describing the substance and context in which intimate partner violence occurs in the LGBT+ community.

This researcher secured nearly 4 hours of recorded interviews and focus group proceedings. The recordings were transcribed solely by this researcher. The transcriptions were printed for ease in the content analysis of the data.

The process of data analysis began with this researcher reading the printed material once without interruption and without preconceived ideas of what the content contained. A second reading was completed in which the researcher searched for themes arising from the data. These themes were characterized in terms of identified clusters of words and ideas, which conveyed the themes' meanings, as they became clearer in subsequent readings. The findings of the data analysis are separated into two categories based on type of methodology used. The interviews and service provider information is reported first, followed by the analysis of data from the focus group.

Service Providers

Through electronic mail, an invitation was extended to Susan Holt, Program Director of STOP at the LA Gay & Lesbian Center, to be a part of this research. Her name is used herein with permission. The invitation was accepted and a meeting was scheduled. The interview took place at the offices of the program director in Los Angeles, CA and lasted 90 minutes.

The STOP program is an acronym for support, treatment and intervention, outreach, and prevention. STOP became an official program of the LA Gay & Lesbian Center in 1996, although the mental health program of the LA Gay & Lesbian Center had been working with intimate partner violence in the LGBT+ community since at least 1987. STOP had, at one time, 12 staff members. However, due to funding cuts, the staff is currently consists of five individuals (S. Holt, personal communication, January 14, 2008).

This researcher attempted to gain a professional introduction to the director of the former Central California Pride Network (CCPN). Although many individuals are acquainted with the former director, the researcher was unable to secure an introduction. However, this researcher was able to interview one of the board members of the former CCPN. Permission to use this representative's name in the final research was not granted.

Through both electronic mail and a telephone conversation, this researcher briefly interviewed an assistant director of Weave, Inc. in Sacramento, CA as representative of an LGBT+ sensitive intimate partner service provider. Permission to use this representative's name in the final research was not granted.

Although Weave, Inc. does not have a specific LGBT+ intimate partner violence program, the organization does have sensitive services, including

information specifically addressing LGBT+ persons on the organization's website (Weave, Inc., 2008).

This researcher attempted to contact the intimate partner violence program coordinator and the executive director of Community United Against Violence (CUAV) in San Francisco, CA. Attempts were made via four electronic mails and two voice mails. The inability to reach this particular service provider is a stated weakness and limitation of this research.

A content analysis of the three service providers' (STOP, CUAV, and Weave, Inc.) organizational websites was conducted. Information found included historical data and program elements (L.A. Gay & Lesbian Center, 2008a, 2008b; CUAV, 2008a, 2008b; Weave, Inc., 2008). The two interviews with services providers supplements the information publicly provided on the organizations' websites.

The service providers named in this research include LGBT+ specific and LGBT+ sensitive organizations. It is important to again note the definitions of specific service providers and sensitive service providers, as explained in chapter 3. Providers of specific services specialize in working with LGBT individuals and families. Providers of sensitive services, on the other hand, are primarily intended for the heterosexual female community; however, they may have some knowledge of LGBT+ issues (L.A. Gay & Lesbian Center, 2008a).

Program Elements

There are common program elements shared by both the LGBT+ specific and sensitive service providers included in this research. These elements include website-based prevention and education information, as well as individual and group counseling and intervention.

The LGBT+ specific service providers (CUAV, CCPN, and STOP) do have unique program elements not shared by the LGBT+ sensitive service provider, Weave, Inc. The LGBT+ specific service providers utilize in-depth assessment by highly trained professionals. The assessment is such that it takes into consideration the uniqueness and context of experiences of an LGBT+ person affected by intimate partner violence. The assessment is crucial to the provision of accurate and competent services because of the many previously stated social and contextual barriers felt by an LGBT+ person experiencing intimate partner violence (S. Holt, personal communication, January 14, 2008).

In addition, the training of professionals in the LGBT+ specific organizations is much more in-depth than the mandated 40 hours of training that other service providers require of their staff. LGBT+ specific outreach is a common element of the specific service providers. The in-depth training of their staff is conducive to providing competent outreach and information to both the LGBT+ community and the mainstream community about the issue of intimate partner violence (CUAV, 2008b; S. Holt, personal communication, January 14, 2008).

Outreach for the purpose of this research is defined as literature, informational posters, printed images and similar tools that are used to educate the public regarding LGBT+ intimate partner violence and services available. Outreach is normally done in the form of informational tables at festivals and social events, for example. The LGBT+ specific service providers share this element by providing outreach to LGBT+ events and pride festivals (S. Holt, personal communication, January 14, 2008).

A table of program elements (see Table 1) is included for the purpose of comparative analysis of similarities and differences between LGBT+ intimate partner violence service providers.

Table 1

Program Elements of LGBT+ Intimate Partner Violence Service Providers

Service Providers	Hotel Voucher	Outreach	Training/ Education	Gender Inclusive Shelter	Treatment/ Intervention	Website
CUAV	X	X	X		X	X
CCPN		X		X	X	
STOP		X	X		X	X
Weave					X	X

The element shared by all of the service providers is therapeutic treatment or intervention. This program element may include individual counseling, support groups, psychoeducational groups, and court-mandated batterers' intervention groups (CUAV, 2008b; S. Holt, personal communication, January 14, 2008). Weave does not have any specific groups for LGBT+ persons, however, this organization does have a stated nondiscrimination policy (Weave, Inc., 2008).

An LGBT+ specific service provider may find it imperative to include education as an essential component of group intervention. The education portion of any of the therapeutic/intervention groups encompasses such topics as definitions of abuse, effects of abuse, and examples of functional relating. As Susan Holt of STOP stated,

All of [STOP's] groups are psychoeducational. There has to be that component with this community, I believe, because so many people in this community do not identify with the term domestic violence, partner violence, or partner abuse. They do not identify with it because the images are always heterosexual.

As per the representative of the former CCPN, CCPN did not have court-mandated batterers' groups and, as a result, their groups were gender inclusive, mixing all gender and sexual orientations. These groups were also psychoeducational in nature. By comparison, STOP does have court-mandated batterers' groups and, therefore, are required to separate those groups into male and female. These groups are designed for primary aggressors (S. Holt, personal communication, January 14, 2008). Primary aggressors are those partners who are the most significant aggressor, as determined by the criminal justice system. The primary aggressor definition is not limited to the partner who uses physical battering as a method of control.

STOP also has several groups that are gender-inclusive because they are not court-mandated. STOP has groups for primary victims, defending victims, and for secondary aggressors (S. Holt, personal communication, January 14, 2008). Primary victims are those partners who are the most significant victim in violent intimate relationships. Defending victims are those victims who may have physically fought back against a primary aggressor, and secondary aggressors are those partners who became involved in mutual violence with his or her intimate partner. These groups are gender-inclusive because, as Susan Holt stated, "we found that mixed-gender groups, that do not have anyone who is court-mandated, are actually more effective."

Another program element shared by all of the service providers is the establishment of a website. CCPN also had a website when that organization was active. Website-based information is an important tool to reach people who do not have any other access to information. This is a crucial method for oppressed populations, such as the LGBT+ community, to gain vital information. Written outreach and educational material about intimate partner violence in the LGBT+ community is scarce. The use of other means of disseminating information, such as a website, is vital.

Funding

The other very common element shared by LGBT+ specific service providers, which is not noted in the table, is lack of funding. There is no state funding provided to LGBT+ service providers with the exception of CUAV (S. Holt, personal communication, January 14, 2008). CCPN was funded by a limited-year grant from a private endowment in 2002 (California Endowment, 2007). STOP is solely supported by the L.A. Gay Center. Yet, STOP serves 200 unduplicated clients per month for intimate partner violence issues (S. Holt, personal communication, January 14, 2008).

There is a history of funding that is important to understand with regard to intimate partner violence services in the LGBT+ community. CUAV receives funding from the California Department of Health Services to maintain its hotel voucher program (S. Holt, personal communication, January 14, 2008). CUAV is an LGBT+ anti-violence organization with an intimate partner violence program as part of its overall services. The clients of CUAV and the hotel voucher program may be experiencing intimate partner violence or they may be victims of what is

commonly referred to as hate-violence from other members of the homophobic society (CUAV, 2008a).

The California Department of Health Services funded LGBT+ specific service providers, including STOP and CUAV, from 2000 to 2005 to provide LGBT+ specific intimate partner violence outreach and prevention services. The funding was sufficient to support a wide variety of outreach activities, such as advertisements and other forms of prevention education to the underserved LGBT+ communities (S. Holt, personal communication, January 14, 2008).

By the end of 2004, however, the California Department of Health Services combined funding awards for both prevention and underserved populations with awards to shelters for safe housing. Shelters then received all funding awards designed for safe housing, prevention, outreach, and for underserved communities (S. Holt, personal communication, January 14, 2008). Thus, the organizations with shelters received all funding awards that were previously divided among other organizations, that may not have had shelters. This transition of funding removed LGBT+ specific organizations from the funding stream because none of those organizations were receiving any shelter funding, with the exception of CUAV and their hotel voucher program.

The organizations with shelters are, according to their funding awards, required to provide outreach and prevention education to those communities that are underserved. These organizations were historically heterosexual women's' shelters and service providers (S. Holt, personal communication, January 14, 2008).

Due to their heterosexual focus, these organizations were not trained to work with the complex issues, including identity issues, common to an LGBT+ person affected by intimate partner violence, even though those organizations

received funding awards to provide outreach and prevention education to the LGBT+ community (S. Holt, personal communication, January 14, 2008). The lack of training has also translated into minimal LGBT+ specific intimate partner violence outreach, prevention, and education.

In 2007, California Partnership to End Domestic Violence, CUAV, and STOP began a training program in which intimate partner violence shelters and service providers, funded by the California Department of Health, are trained to work with underserved populations, including the LGBT+ community. This was an initial step toward becoming sensitive to the needs of this population as it is affected by intimate partner violence (California Partnership to End Domestic Violence, 2008).

The service providers included in this research are and were committed to the work of providing services to people affected by intimate partner violence. CUAV, CCPN, and STOP are specifically committed to the LGBT+ community in their services. Weave, Inc. is a LGBT+ sensitive organization that has made a concerted effort to reach the LGBT+ community, particularly through its website.

Members of the LGBT+ community have much to say about the issue and the services provided to their community, or lack thereof. It was crucial to this researcher to provide community members with the opportunity to speak about the issue, regardless of whether or not they had personally experienced intimate partner violence, or had knowledge of the subject in general.

<u>Focus Group</u>

A focus group was the method chosen to gain the vital perspectives of LGBT+ community members themselves. Participants were recruited using a snowball technique for reaching participants. This researcher asked two

colleagues, who are members of the LGBT+ community, if they were interested in participating. One of these colleagues introduced this researcher to other members of the LGBT+ community who were subsequently invited to participate.

Ultimately, the focus group consisted of seven members of the LGBT+ community. Their first names are used herein with permission. With the help of one of the participants, this researcher was able to secure participation from a diverse group of community members. The breakdown of the focus group was as follows: two gay men, two lesbians, one female-to-male transgender, and two individuals who identified as pangendered pansexuals. The latter participants defined pangender gender identity as being simultaneously male and female on the gender continuum, and pansexual sexual orientation as having sexual attraction, which is completely independent of how the individual to whom they are attracted identifies on the gender continuum.

Ages of the participants ranged from college-age to retirement age. As with all communities, the LGBT+ community is richly diverse. This researcher's goal of representative diversity within the LGBT+ community as focus group participants was well achieved.

This researcher invited participants via electronic mail to meet at the private residence of one of the participants for dialogue regarding intimate partner violence in the LGBT+ community. This researcher had a guide of open-ended questions available for the topic; however, she was also prepared to allow the participants to freely speak of the topic, based on their own perceptions.

It was not necessary for this researcher to begin the discussion during the allotted time for the focus group. The focus group participants began the discussion themselves with the topic of identity issues within the LGBT+ community and then segued into intimate partner violence. This researcher's

prepared open-ended questions to facilitate the conversation were not required because the content of the discussion focused spontaneously in the areas of the prepared questions.

As Padgett (1998) indicates, the organization and depth of the questioning and dialogue of a focus group is dependent upon the topic itself. The researcher holds the responsibility of facilitating the flow of the dialogue; however, the participants of the focus group also have responsibility in the level of strength or weakness to the dialogue itself.

The purpose of this type of qualitative research is to allow the participants to provide perspectives in their own words and at their own discretion with little prompting by the researcher. This dynamic helps to equalize the power imbalance between the researcher or facilitator and the focus group participants (Shaw & Gould, 2001).

The discussion within the focus group flowed naturally and required very little facilitation by this researcher. Each participant had many important perspectives, ideas, and thoughts related to the topic of intimate partner violence within the LGBT+ community. The focus group itself clarified myths about intimate partner violence, as well as identification issues among the LGBT+ community. The participants were fully engaged in the topic and provided depth to the entire discussion, which concluded with the outline of a plan to continue the dialogue surrounding intimate partner violence within the local LGBT+ community and the provision of services.

This researcher had no preconceived ideas about the actual content or eventual outcome of the focus group. This is congruent with Padgett's (1998) description of initial data analysis from focus groups. Qualitative researchers should refrain from having concepts in mind during the transcription or data

analysis process. Rather, the words, or codes to identify the words, should be allowed to develop naturally without input from the researcher.

The process of transcribing the recordings of this research established several themes and concepts. These themes and concepts were established by identifying groups of related word clusters that were noted throughout the transcribed recording of the focus group.

The themes included silence among LGBT+ persons; the failure to identify intimate partner violence or to minimize it within and by the LGBT+ community; education and training of people about intimate partner violence; and the burden of another issue for members of the LGBT+ community to accept and cope with. None of these topics were specifically sought by this researcher. The process was inductive; the themes emerged from the analysis of the voice recording itself.

Table 2 provides a visual illustration of the identification of themes by displaying the number of times each word cluster appeared in the transcribed focus group recording. A summary of each theme follows the table with more in-depth definitions of the word clusters.

Table 2

Common Themes of Focus Group Participants' Perspectives

Themes	Silent Community	Failure to Identify or Minimize IPV	Burden	Education/Training
Number of times noted in transcription	17	24	11	29

<u>A Silent Community</u>

       A concept that was well represented in the transcription from the focus group discussion was the silence surrounding the LGBT+ community and the members' isolation from the society in which they reside. The words identified for this theme included silence, secret, hide, isolation, protective, fear, and invisible. This researcher noted these words as similar and part of a cluster of terms to characterize a silent, hidden community.

       LGBT+ persons learn at an early age that they need to survive in a homophobic culture that is against them. They often do so by keeping silent about their identity or problems they experience, particularly in their relationships. Focus group participant, Bev, characterized that silence as part of the pathology of isolation:

       One of the things that we learn is to lie at every level. We learn to keep secrets well and to hide things and that fits really well into that pathology. A lot of us learn that really well early on. It is a survival skill. You know how to walk into a room and play the game so that people don't pick-up on it. What part of our community doesn't even say "I have a partner" to people at work, let alone "my partner is abusive."

       This type of silence and isolation reinforces intimate partner violence. The isolation of being LGBT+ is internalized and hidden; as a result, that isolation is often effortless for the abusive partner to act on in a relationship. Isolation is one of the most essential tools for an abusive partner to use to control the victim.

       The participants spoke of isolation as a tool of abuse. Focus group participant, Dakota, commented by stating, "Isolation is a huge characteristic of [intimate partner violence]." Bev responded, "And that's in a community that hides." "Nobody in the neighborhood is going to help because we [LGBT+] are

the weirdos, anyway," commented focus group participant, Blue. Given that LGBT+ persons are isolated, in general, and have internalized that isolation and silence to survive, the utilization of isolation as a tool of abuse and control is highly likely in intimate partner violence within those relationships and may come to characterize the relationship over time.

<u>Failure to Identify Intimate Partner</u>
　　　<u>Violence</u>

As noted in chapter 2's literature review, a significant barrier to accessing help for the LGBT+ person experiencing intimate partner violence is the failure to identify abuse and violence within his or her intimate relationships. Historically, intimate partner violence has been defined as male domination and violence perpetrated against women. An LGBT+ person does not recognize himself or herself in the equation of the historical definition of intimate partner violence.

The focus group participants were candid about their lack of knowledge of intimate partner violence and its manifestations. Several participants have been educated on the issue through their own personal growth and education processes; however, there were plenty of words and phrases that were related to the failure to identify or to minimize intimate partner violence within the LGBT+ community.

The words and phrases identified were ignorance, smacking, physical abuse, bruises, understanding, encompassing, and benign. Many of the related words, such as smacking and bruises, were physical manifestations of abuse. The exclusion of terms describing emotional, verbal, or sexual abuse was significant as evidence of failure to identify the scope of intimate partner abuse.

These related words were stated in discussions among participants about personal ideas of intimate partner violence. Focus group participant, Ron, articulated the confusion well when he stated,

If I look at two guys and they smack each other around, I figure that is what they are into, and I walk away. And maybe I do that because it makes me feel comfortable. But I have a hard time understanding, and it is my ignorance. I have a hard time encompassing what intimate partner violence is.

As a consequence of the isolation of the LGBT+ community, as a whole, abuse within intimate relationships is not only unidentified, but also minimized by the community. As noted in chapter 2's literature review, the heterosexual women's domestic violence movement has done an outstanding job of educating the public about the types of behavior of intimate partner violence, including verbal or emotional abuse. Although the same abusive behaviors occur in intimate relationships within the LGBT+ community, the images and language used by the heterosexual women's domestic violence movement is not inclusive of LGBT+ persons.

Also noted in chapter 2, historically, the domestic violence movement is based on the feminist paradigm of male perpetrated violence towards women. That theory does not fit the experiences of LGBT+ persons and, therefore, they simply do not see themselves as visible in the movement. An LGBT+ person is unable to identify that same verbally or emotionally abusive behavior within his or her own relationships because the education depicting types of intimate partner violence among LGBT+ relationships has not been a part of the historic domestic violence movement.

For example, in the context of controlling and isolating behavior seen in lesbian relationships, focus group participant, Yvette, stated, "Well, I knew it was dysfunctional. I could attach the word dysfunctional. But intimate partner abuse; I would never have attached to [controlling behavior]." Dakota discussed the

difficulty of identifying intimate partner violence in a LGBT+ relationship by saying, "Generally speaking, the dynamic of [LGBT+] relationships is much more equal, so you cannot even go by who has the bruises. You cannot go by the bruises."

LGBT+ persons do not have the same information available to them about intimate partner violence that mainstream society does. The result is an inability to recognize when abuse is occurring. Some may be able to recognize that physical battering is wrong; however, other abusive behaviors are minimized.

Education and Training

This theme was identified due to the repeated emphasis of the study's participants on the need to educate people in the LGBT+ community about intimate partner violence, as well as to teach service providers about the context in which LGBT+ persons exist. That context includes gender identification issues and homophobia.

The words related to this theme are education, training, role model, qualified, information, and attention. This particular topic was at the heart of the focus group discussion. The focus group participants indicated that lack of education about intimate partner violence seems to relate to all of the other identifiable issues and barriers to access services as noted in previous chapters.

"People…don't know about intimate partner violence at all much less about intimate partner violence in our own community. We go back to the whole thing that lack of education is a real problem for everyone," said focus group participant, Corky. Participants of the focus group had a lengthy discussion about the need to be educated about intimate partner violence in order to be able to identify it, so that it can be prevented or eliminated. As Bev stated,

[We have to have] the basic competency, get the information out, [and]

begin to talk about it [intimate partner violence]. Because you have to start

at the basic level of everything and that is where we are. In this

community, we have to start talking about it [intimate partner violence] and

we have to start saying "this is abuse."

In addition, the focus group participants agreed that members of

mainstream society must be educated, not only about who the LGBT+ community

is, but that LGBT+ persons are experiencing intimate partner violence in their own

relationships, as well. "And when we speak with the straight community about the

gay community, we are speaking basic education; let alone trying to get to more

advanced topics," said focus group participant, Blue.

The focus group participants spent a fair amount of time discussing the

need to train service providers on LGBT+ issues. They agreed that failure to be

trained in at least LGBT+ sensitivity equals a lack of service provision. This is

parallel to what Susan Holt of STOP stated regarding the need to adequately train

service providers to the LGBT+ community. As Blue clearly stated, "It calls for

more training to identify [intimate partner violence] in a LGBT+ relationship than

it does in a heterosexual relationship."

Burden

The focus group participants discussed the challenge of being LGBT+ in

our society, specifically noting that intimate partner violence is another issue that

must be addressed in the lives of people who have so many other burdens to bear.

The words that this researcher identified related to this theme are problems,

pressure, implode, struggle, vulnerable, and baggage. As described by Bev,

I think we [LGBT+ persons] are very vulnerable. We have so much baggage sometimes: externally, internally. It is just coming at you. Historically, we have wanted to deny our own problems for lots of reasons. And we have lots of them because there are a lot of external pressures coming in and people implode. And we don't really want to look at that because a lot of times there is not a lot we can do about it.

Members of the LGBT+ community have a plethora of challenges to face. These challenges, similar to those of many people, include substance abuse, mental health, and physical health. However, LGBT+ persons are also challenged by discrimination and oppression from the heterosexist society. Types of discrimination include overt hatred, as evidenced by hate violence, and other subtle forms of discrimination that are built into the structure and institutions of society, such as the inability to legally marry.

The focus group participants discussed a certain type of discrimination of which much of mainstream society is not aware. Discrimination occurs with the failure to recognize LGBT+ relationships on most documents, and forms that organizations and institutions use on a daily basis. These same documents and forms also fail to recognize gender identity. Bev explained the discrimination as follows:

Forms can be a real barrier at the beginning because they [ask] "your name and spouse's name," and that is a legal term. I do not legally have a spouse. I have a partner of almost eleven years. I have a domestic partner [who] is registered. If you start at the beginning of a form and you do not see your relationship identified, then you have a hard time figuring out relationship problems if whoever is doing the assessment does not realize you have a partner because the form does not have a space for you to put it in.

In regards to seeking services or assistance from a provider, Blue commented on the gender discrimination of forms and documents by stating,

Gender identity is the same issue because on most forms, it is just male or female. If you are transgender, your issue is not addressed up front. Your counselor may have no clue; and because it [gender identity] is not addressed anywhere, you may not feel safe enough to divulge that information and simply talk on a more surface level instead of getting down to what is really deep.

In addition, LGBT+ persons experience basic personal identity problems far more than those in mainstream society. Therefore, LGBT+ persons feel the weight of many problems. Blue personalized that feeling well when he said,

Now, sitting here at [the age of] 47, single, and trying to deal with transgender issues and dating and all of the life practice, I would be happy for someone to just love me. I am prone to getting into any relationship, abusive or not.

Often, LGBT+ people feel lonely and ostracized and need relationships with people who will, for the most part, accept who they are, regardless of the presence of abuse and violence.

As a response to the homophobic society in which they live, many LGBT+ persons internalize that hatred and discrimination. This internalization often manifests in feelings of shame that directly or indirectly lead to other issues, substance abuse, and intimate partner violence. Therefore, part of the concept of burden is the internalization of blame for the issue itself. Providing services to an LGBT+ person experiencing intimate partner violence must include the probability of multiple issues and dysfunctions, not counting the burden of the social context of homophobia, which is always present.

The focus group participants spoke of their acceptance of dysfunction as a part of their existence, including the presence of intimate partner violence. Corky described that internalization as, "I knew that I was being treated exactly how I deserved. I knew I was deviant, therefore, I deserved whatever I got." And Blue's description was, "You know you're screwed up anyway, and intimate partner violence just goes along with it."

Although LGBT+ persons are far more visible now than in previous generations, particularly with school-based organizations for LGBT+ youth, the youth are not immune from the multiple challenges faced because of their LGBT+ identity. Focus group participant, Jesse, described the burden of dysfunction and intimate partner violence in youth as follows:

> There are so many emotional things that LGBT+ persons go through that when they get into an abusive relationship, it is just another thing: [for example], "Oh, my family kicked me out already. I have already been in one abusive relationship. I have been suicidal. My GPA is low in school." How am I going to complain to someone else?

LGBT+ persons learn to accept the challenges of their lives. Many become complacent and comfortable in their existence. This is perhaps not unlike the majority of people, regardless of their orientation. However, the difference for LGBT+ persons is that when they do recognize violence and abuse in their relationships, they do not have the same opportunity to access resources and services specifically available and trained for them, as do people in mainstream society.

Plan

The focus group participants were so engaged in their discussion that they moved it along to a plan to address the issue in the local community. The participants acknowledged that members of the LGBT+ community must be willing to identify and address the issue of intimate partner violence as a community. As Dakota stated,

> The straight community is not going to [care] about intimate partner violence in the gay community. If *we* [italics added] are not talking about it [and] if *we* [italics added] are not coming up with answers or moving in a direction of *doing* [italics added] anything about it, then we are participating in our own oppression.

The focus group concluded that an educational campaign is needed to bring awareness to the topic of intimate partner violence within the LGBT+ community. As examples, the objectives included a panel discussion, a documentary about intimate partner violence to be shown during Fresno's Reel Pride Festival, educational presentations at events, and a newsletter column.

The consensus of the focus group was that education of both LGBT+ community members and mainstream community must be done concurrently. LGBT+ people can be educated about intimate partner violence at the same time that service providers are trained and educated about LGBT+ people and the context in which intimate partner violence occurs.

The plan developed by the focus group participants seems to parallel the initial focus of attention as seen by the new program of training service providers in California about the topic of LGBT+ intimate partner violence. The focus group agreed that established intimate partner service providers, regardless of the

historical context of their work with heterosexual women, are the likely partners in providing services to the LGBT+ community.

The role of the LGBT+ community is to collaborate with the service providers for training and education of the service providers and for the outreach components into the LGBT+ community. The focus group concluded that as a means of identification of intimate partner violence, it is imperative that the LGBT+ community perceive themselves in visual and written outreach and educational material. Dakota describes the involvement of the LGBT+ community as follows:

> It is important for us not to just educate in a big way when we are ready,
> but along the way. There has to be pictures of two men. We have to educate
> along the way in little ways. We need to see ourselves.

Summary

Providing services to LGBT+ persons experiencing intimate partner violence is challenging because of the social context in which they live. The challenges are felt by service providers as they attempt to expertly train staff to provide those services and, at the same time, to receive adequate funding to do so. The challenges also include the lack of LGBT+ specific funding to provide education and outreach to the LGBT+ community, as well as to the mainstream community.

The lack of funding experienced by service providers manifests in a scarcity of education and resources available to the LGBT+ community. This community is challenged because of their own identity issues in this homophobic society, inability to identify abuse and violence in their relationships, and a lack of specific resources that are focused for them.

Perceptions of LGBT+ specific service providers and community members themselves are crucial to understanding and contemplating the best practice methods of providing services for intimate partner violence. An understanding of the multiple layers of challenges and contextual issues is at the base of moving forward in a plan to be inclusive and specific when providing intimate partner violence services to the LGBT+ community.

Chapter 5

DISCUSSION

<u>Theoretical Framework</u>

Feminist theory supported the basis of the women's intimate partner violence shelter and support services movement. Feminist theory centers on women as victims of violence perpetrated by men and is rooted in concepts related to the limitations and oppression of patriarchy. Chapter 2 of this research proposed that feminist theory fails, therefore, to explain intimate partner violence within LGBT+ relationships.

Social-psychology theory frames intimate partner violence between gay and bisexual men as explained by personality characteristics, learned behavior, and other social pressures, such as oppression from a homophobic society. A feminist social-psychology theory is proposed as the theoretical framework for intimate partner violence between lesbians and bisexual women. This viewpoint combines the premises of social-psychology theory, focused on homophobic oppression, with the additional oppression from a patriarchal society as proposed by feminist theory.

The experiences of an LGBT+ person affected by intimate partner violence are both unique and similar to those experienced by a heterosexual woman. However, the heterosexual woman has many resources and is supported by much of mainstream society. An LGBT+ person, on the other hand, does not have the same level of support and resources. The social context of living in a homophobic society must be taken into consideration. The theoretical understanding of intimate

partner violence in the LGBT+ community should provide the framework for adequate, effective LGBT+ specific services.

The history of the women's movement and the resulting social awareness that brought about change, which resulted in support services and shelters for heterosexual women who were victims of intimate partner violence, is well documented and researched. Those services began with consciousness raising techniques such as education and identification of the issue of violence and abuse.

This same type of consciousness raising, awareness, and identification must be initiated to provide a demand for and the development of services for LGBT+ persons affected by intimate partner violence. The large urban areas of California have those LGBT+ specific services as represented by CUAV and STOP, described in previous chapters of this research. In addition, the history of CCPN in Fresno is important to understand for the future of LGBT+ specific services in the Central Valley.

For approximately 3 years, ending in 2005, CCPN filled a need for intimate partner violence services in the Central Valley. According to the representative of the former CCPN, CCPN had more clients seeking services than they had available to provide. The closing and disbanding of CCPN left a void that has yet to be filled in the LGBT+ community. LGBT+ persons continue to experience intimate partner violence in the Central Valley; however, there are no longer services provided or outreach and awareness material available. The result is the inability to identify or to minimize violence in those relationships.

In the absence of quantitative data that validate the incidence of intimate partner violence in the LGBT+ community, particularly in the Central Valley, qualitative research was chosen as a means to gain substantive information and perspectives from service providers and LGBT+ community members about

intimate partner violence. The qualitative methodology of this research, by allowing participants to provide information from their perspectives, gives credibility to the theoretical framework of differing contexts and barriers experienced by an LGBT+ person involved in intimate partner violence. The inductive reasoning of this researcher's data analysis allowed the common themes to arise from the participants' own voices.

The common themes of a silent community, a burdensome issue, failure to identify, and lack of training and funding all support the theory that the experience of an LGBT+ person affected by intimate partner violence is different from that experienced by a heterosexual woman. Therefore, services must be unique and culturally competent to address those differing contexts.

A heterosexual female victim of intimate partner violence is not excluded by service providers, as are many LGBT+ persons. A heterosexual female victim of intimate partner violence has the ability to identify herself in the literature and awareness material that is supported by our society and by government funding that allows that awareness to take place. LGBT+ persons are routinely excluded from that identification process.

The process of providing services to LGBT+ persons must include differential education and awareness that considers the context in which they live. The social psychology theory and the feminist social psychology theory provide the framework of unique, but similar experiences within the LGBT+ community as it is affected by intimate partner violence. The oppression of LGBT+ persons by a homophobic society and, in many cases, by a patriarchal society as well, substantiates the need for LGBT+ specific services.

The perspectives provided by LGBT+ specific service providers and the richness of the local LGBT+ community focus group participants provide further

cause to the need of unique and specific services. The lack of awareness in the Central Valley and the failure to identify intimate partner violence by LGBT+ persons are initial obstacles to overcome in providing unique and culturally competent specific services.

<div align="center">Relevancy to Social Work</div>

Social workers adopt the values and ethics of social justice, providing services to oppressed populations and utilizing culturally competent best practice methodology in providing those services. With that in mind, a social worker is ethically bound to provide services to an LGBT+ person affected by intimate partner violence in a culturally competent manner, employing what is known about best practices. Those services, then, must be unique to the experiences and social context in which an LGBT+ person experiences violence and abuse in an intimate relationship. Services provided for, and based on the experiences of, heterosexual women cannot be assumed to be culturally competent, best practices for an LGBT+ person.

Social workers are obligated to seek social justice even when that justice is not popular to mainstream society. Social justice, in this case, is the willingness to change policies, procedures, and theoretical frameworks. Advocating on behalf of oppressed and marginalized communities is a social work value that is at the heart of providing LGBT+ specific services to those experiencing violence and abuse in their intimate relationships.

Social workers provide services to all people, including LGBT+ persons. The social work value of cultural competency is essential to the provision of services to those affected by intimate partner violence. As noted in the interview of LGBT+ specific service providers, social workers must be highly trained to

understand the unique dynamics of LGBT+ intimate partner violence. Specific training will lead to competent services, resources, information, and understanding.

Limitations of Research

Several issues limit the generalizability of this research. There are very few prior studies of intimate partner violence in the LGBT+ community. No local studies have been carried out, and the researcher was forced go to Los Angeles to search for systematic attention to the subject. In addition, there was little time for this researcher to interview more LGBT+ sensitive service providers.

The failure to interview CUAV has been previously stated as a major limitation of this research. The inclusion of both CUAV and STOP as the two LGBT+ specific service providers in California was important to gain a broader perspective. The perceptions of the focus group participants cannot be generalized beyond the local Fresno community. Nevertheless, the qualitative methodology used is appropriate for a beginning exploration of a phenomenon and yielded valuable insights from the perspectives of the participants.

Future Research

In contributing the perspectives of LGBT+ persons and service providers, this research helped to define and illuminate the contextual issues and barriers experienced by an LGBT+ person affected by intimate partner violence. Further research can build on the rich personal data generated by this study that are focused on the perceptions from the local community. For example, systems mapping and needs assessments could be conducted in a variety of regions and localities to define the need for providing LGBT+ specific services versus LGBT+

sensitive services and to obtain sources of community, political, and financial support that would assure their sustainability.

A quantitative needs assessment in the LGBT+ community is essential. A study of reported incidents is not currently feasible because law enforcement and mainstream heterosexual women's service providers do not largely track LGBT+ intimate partner violence. The hidden nature of the problem indicates that intimate partner violence in the LGBT+ community is undoubtedly vastly underreported.

Addressing this issue through public education and training of law enforcement and service providers is essential. Because available data via official reports are largely absent, the researcher recommends that a self-report survey be conducted with members of the LGBT+ community with regard to violence in their relationships. To substantiate that intimate partner violence exists in LGBT+ relationships, the sampling size should be large enough to generalize.

However, in order to do a large-scale study, people in the LGBT+ community must be able to identify the dynamics of intimate partner violence. It is essential that education and awareness be initiated.

<u>Recommendations</u>

When education, outreach, and prevention material is directed towards the heterosexual community and violence or control is depicted only between a man and a woman, a member of the LGBT+ community has difficulty identifying with the information. He or she does not see himself or herself in that dynamic. Therefore, it is imperative that education and outreach material be inclusive of LGBT+ relationships. It is essential that posters, brochures, pictures, websites, and

other educational, training, and prevention material visually depict relationships between LGBT+ persons.

This researcher recommends educational campaigns in the LGBT+ community itself. They need readily accessible information. A community center at minimum is highly suggested for all cities with a large LGBT+ community. The community center can be a centralized location for many types of information and resources.

This research has described information about California Department of Health funding awards that are provided to heterosexual women's organizations and shelters for outreach and prevention education, as well as for services to underserved populations. This researcher recommends that those organizations participate in LGBT+ community events and pride festivals to provide LGBT+ specific outreach material. It is essential that these organizations work with established LGBT+ community organizations or activist organizations in their local areas.

Once a consistent effort has been made to provide LGBT+ persons with the ability to identify the issue of intimate partner violence, as well as a safe environment in which to do so, larger-scale studies could be carried out concerning the incidence and characteristics of intimate partner violence in the LGBT+ community. These studies would likely yield more valid results. Locally, needs assessments can also be performed. These studies would most likely substantiate the need for LGBT+ specific services and could lead to the establishment of partnerships with established women's shelters and organizations, or to the development of LGBT+ specific organizations with their own power and ability to request and apply for funding awards.

The focus group dialogued at length about identity issues as an LGBT+ person. As a matter of fact, it was that issue that spontaneously launched the discussion. The discussion began of its own accord, without prompting by this researcher. As a result of realizing the centrality of this issue to members of the LGBT+ community, this researcher's perception is that any service, education, training, or help offered to the LGBT+ community must be sensitive to the fact that identity issues are paramount. Identity and its context in our homophobic society is woven throughout all aspects of the lives of LGBT+ persons.

LGBT+ persons live in a world that excludes them. LGBT+ relationships are institutionally nullified. Their relationships are rarely identified on any type of form, document, or survey. It is imperative, therefore, that the impact of this context of official and unofficial invisibility be kept in mind when working with an LGBT+ person involved in intimate partner violence. All research, service provisions, education, policies, and procedures must be carried out with sensitivity to the context of LGBT+ identity.

Personal Implications

The ethical and scholarly conduct of qualitative research requires that the researcher become aware of his or her own biases and opinions, so that the results report the voices and lived experience of the participants rather than the researcher's biases. Similarly, the researcher's ability to reflect on the subjective, personal impact of the research on his or her own intellectual and emotional development is considered an important part of the discussion about the research results (Padgett, 1998).

This research has been a journey. I have been at the receiving end of many strange expressions after disclosing the topic to people. Many people were excited

and supportive to hear that I was in the middle of research and finalizing a master's thesis; yet when the topic was revealed, some froze and responded with a curt "oh."

The journey has, at times, been very difficult yet, at its conclusion, more rewarding than I ever imagined. The research took on a life of its own and manifested itself with little intent from me. It is a timely and important topic.

As a researcher, it seems that the topic of intimate partner violence in the LGBT+ community found me. I did not seek out this topic. Several years ago, I was informed about a young gay man who was involved in an abusive relationship with his partner. I was able to provide some resources to him in his hometown, which happened to be in the Los Angeles area. Of course, Los Angeles is one of the two large urban areas in California with a very supportive LGBT+ community and resources.

I wondered at the time, however, where I would refer this young man if he lived in the Central Valley. After a brief Internet search, I found CUAV in San Francisco and, of course, STOP in Los Angeles. More time searching revealed CCPN and its shelter, Rainbow Haven. At that time, CCPN had already disbanded and Rainbow Haven was closed. I again wondered what I would do if I had a LGBT+ client who needed services for intimate partner violence. That was the beginning of the journey that has become this research.

The process of this research has illuminated my own biases. I, unknowingly, had a perception that intimate partner violence was known to exist in the LGBT+ community. I understood intimate partner violence to occur in all forms of intimate relationships. My bias was the belief that people experiencing intimate partner violence generally had equal access to services, regardless of the type of intimate relationship they were involved in.

I could not have been more wrong. That the unique issues involved in LGBT+ intimate partner violence remain largely invisible in the funding, structure, agency forms, and design of services indicates that our society and its institutions remain seriously homophobic. Therefore, LGBT+ relationships are not accepted and are oppressed by our society. If the relationship does not exist within our society, which focuses formally and informally on heterosexual relationships, then intimate partner violence certainly is not seen as an issue in LGBT+ relationships. I had never had the opportunity to learn that, specifically.

This particular concept of invisibility of sexual or gender orientation that is not heterosexual strikes me. This is the same mechanism historically used by all types of abusers to control their victims. Abusers have the ability to isolate the victim to the point of making him or her invisible as a human being. Our homophobic society is doing the same in its oppression of the LGBT+ community. Society oppresses the LGBT+ community to the point of near invisibility and, thus, the intimate partner violence occurring in those relationships is also invisible. Therefore, intimate partner violence in the LGBT+ community is impacted further by the oppression and context of our homophobic society.

At times, this research has been emotionally difficult because of those biases and also by my own naivety about the problem of self-identification in the LGBT+ community. This researcher was completely ignorant of that issue. As a social worker, it is a vital lesson to have learned and one that brings much significance to my future work.

Future Relevancy

The relevance of this research has already been validated. This researcher has completed three presentations on the topic in the Central Valley as a part of

educational training for intimate partner violence service providers, general community members, and as part of a professional conference. It is my endeavor to continue working towards establishing a new inclusive, gender-neutral paradigm involving intimate partner violence.

That paradigm will result in new policies and procedures to provide culturally competent specific services to the LGBT+ community. In the meantime, I will provide education and outreach regarding intimate partner violence to both the LGBT+ and mainstream communities. In addition, at the time of this writing, the California Office of Emergency Services has released a new request for funding proposals to be awarded to four service providers in California to provide intimate partner violence services specifically directed into the LGBT+ community. As a social worker and as a person, it is exciting and rewarding to be involved in the new paradigm that is manifesting.

Conclusion

In summary, the intent of this research was to begin a dialogue in the hopes that the issue of intimate partner violence in the LGBT+ community would begin to be addressed. The dialogue has begun with a plan to educate and provide outreach information to both the LGBT+ and mainstream communities

The data analyzed in this research support the notion that intimate partner violence interventions cannot be generalized; that is, it cannot be assumed that interventions aimed ostensibly at all victims of intimate partner violence will apply to LGBT+ members of the community at large. The diversity of all people, including those within the LGBT+ community, dictates that access to interventions need to be equal and those services must be specific enough to

address people's unique needs, as well as to address those needs that are universal to all people.

REFERENCES

REFERENCES

Allen, C., & Leventhal, B. (1999). History, culture, and identity: What makes LGBT+ battering different. In B. Leventhal & S. E. Lundy (Eds.), *Same sex domestic violence: Strategies for change* (pp. 73-81). Thousand Oaks, CA: Sage.

Barker, R.L. (2003). *The social work dictionary* (5th ed.). Washington, DC: NASW Press.

Bornstein, D.R., Fawcett, J., Sullivan, M., Senturia, K.D., & Shiu-Thornton, S. (2006). Understanding the experiences of lesbian, bisexual and trans survivors of domestic violence: A qualitative study. *Journal of Homosexuality*, *51*(1), 159-181.

Burke, L.K., & Follingstad, D.R. (1999). Violence in lesbian and gay relationships: Theory, prevalence, and co relational factors. *Clinical Psychology Review*, *19*(5), 487-512.

Burke, T.W. (1998). Male to male gay domestic violence: The dark closet. In N. Jackson & G. Oates (Eds.), *Violence in intimate relationships: Examining sociological and psychological issues* (pp. 161-179). Boston: Butterworth-Heinemann.

California Endowment. (2007). *Grant finder*. Retrieved August 6, 2007, from http://64.78.9.34/grantfinder_inter/index.cfm?fuseaction=getindividualgrant&grant_id=20012234

California Partnership to End Domestic Violence. (2008). *Programs and services*: Highlights. Retrieved February 3, 2008, from http://www.cpedv.org/programs.html

Community United Against Violence. (2008a). *About CUAV*. Retrieved February 2, 2008, from http://www.cuav.org/about.php

Community United Against Violence. (2008b). *Services*. Retrieved February 2, 2008, from http://www.cuav.org/services.php

Department of Health Care Services. (2007). *California family and domestic violence referral directory*. Retrieved December 11, 2007, from http://www.dhs.ca.gov/epic/fvrefer/default.htm

Gunther, J., & Jennings, M.A. (1999). Sociocultural and institutional violence and their impact on same-gender partner abuse. In J.C. McClennen & J. Gunther (Eds.), *A professional guide to understanding gay and lesbian domestic violence* (pp. 29-34). Lewiston, NY: Edwin Mellen Press.

Hawkins, R.L. (1992). Therapy with the male couple. In S.H. Dworkin & F.J. Gutierrez (Eds.), *Counseling gay men & lesbians: Journey to the end of the rainbow* (pp. 63-79)*. Alexandria, VA: American Counseling Association.

Heintz, A.J., & Melendez, R.M. (2006). Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals. *Journal of Interpersonal Violence, 21*(2), 193-208.

Island, D., & Letellier, P. (1991). *Men who beat the men who love them.* Binghamton, NY: The Haworth Press.

Jasinski, J.L. (2001). Theoretical explanations for violence against women. In C.M. Renzetti, J.L. Edleson, & R.K. Bergen (Eds.), *Sourcebook on violence against women* (pp. 5-21). Thousand Oaks, CA: Sage.

L. A. Gay & Lesbian Center. (2008a). *Domestic violence*. Retrieved January 14, 2008, from http://laglc.convio.net/site/PageServer?pagename=YH_DV_ Family_Violence_Partner Abuse

L. A. Gay & Lesbian Center. (2008b). *Welcome to the center*. Retrieved January 14, 2008, from http://laglc.convio.net/site/PageServer

Mahoney, P., Williams, L. M., & West, C. M. (2001). Violence against women by intimate relationship partners. In C. M. Renzetti, J. L. Edleson & R. K. Bergen (Eds.), *Sourcebook on violence against women* (pp. 143-178). Thousand Oaks, CA: Sage.

McClennen, J.C. (1999). Prevailing theories regarding same-gender partner abuse: Proposing the feminist social-psychological model. In J.C. McClennen & J. Gunther (Eds.), *A professional guide to understanding gay and lesbian domestic violence* (pp. 3-11). Lewiston, NY: Edwin Mellen Press.

McClennen, J.C. (2005). Domestic violence between same-gender partners: Recent findings and future research. *Journal of Interpersonal Violence*, *20*, 149-154.

McClennen, J.C., Summers, A.B., & Daley, J.G. (2002). The lesbian partner abuse scale. *Research on Social Work Practice, 12*, 277-292.

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.

Merrill, G.S., & Wolfe, V.A. (2000). Battered gay men: An exploration of abuse, help seeking and why they stay. *Journal of Homosexuality, 39*(2), 1-30.

Miller, D.H., Greene, K., Causby, V., White, B.W., & Lockhart, L.L. (2001). Domestic violence in lesbian relationships. *Women & Therapy, 23*(3), 107-127.

Murphy, B.C. (1992) Counseling lesbian couples: Sexism, heterosexism, and homophobia. In S.H. Dworkin & F.J. Gutierrez (Eds.), *Counseling gay men & lesbians: Journey to the end of the rainbow* (pp. 63-79). Alexandria, VA: American Counseling Association.

National Coalition Against Domestic Violence. (2005). *Public policy update*. Retrieved December 10, 2007, from http://www.ncadv.org/files/ May13,2005.pdf

Office of the Attorney General. (2007). *Charity detail*. Retrieved August 6, 2007, from http://partners.guidestar.org/cadoj/controller

Owen, S.S., & Burke, T.W. (2004). An exploration of prevalence of domestic violence in same-sex relationships. *Psychological Reports, 95*, 129-132.

Padgett, D. (1998). *Qualitative methods in social work research.* Thousand Oaks, CA: Sage.

Ristock, J.L. (2003). Exploring dynamics of abusive lesbian relationships: Preliminary analysis of a multisite, qualitative study. *American Journal of Community Psychology, 32*(3/4), 329-341.

Schechter, S. (1982). Women and male violence: The visions and struggles of the battered women's movement. In R.K. Bergen, J.L. Edleson, & C.M. Renzetti (Eds.), *Violence against women: Classic papers* (pp. 198-217). Boston: Pearson Education.

Shaw, I., & Gould, N. (2001). *Qualitative research in social work.* Thousand Oaks, CA: Sage.

Simpson, E.K., & Helfrich, C.A. (2005). Lesbian survivors of intimate partner violence: Provider perspectives on barriers to accessing services. *Journal of Gay & Lesbian Social Services, 18*(2), 39-59.

Smith, R., & Dale, O. (1999). The evolution of social policy in gay/lesbian/bisexual domestic violence. In J.C. McClennen & J. Gunther (Eds.), *A professional guide to understanding gay and lesbian domestic violence* (pp. 3-11). Lewiston, NY: The Edwin Mellen Press.

Tierney, K. (2005). The battered woman movement and the creation of the wife beating problem. In C.M. Renzetti & R.K. Bergen (Eds.), *Violence against women* (pp. 243-259). Lanham, MD: Rowman & Littlefield.

Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the national violence against women survey. *Violence Against Women, 6(2)* 142-161.

Weave, Inc. (2008). *LGBTQ services*. Retrieved February 1, 2008, from http://www.weaveinc.org/dp/lgbtq

APPENDICES

APPENDIX A

REQUEST TO PARTICIPATE IN THESIS INTERVIEW

Dear Professional:

My name is Ronna Bright and I am a graduate student at the California State University, Fresno, Department of Social Work. I am currently working on my master's thesis. The topic of the thesis is intimate partner violence services to the gay, lesbian, bi-sexual, and transgendered community.

This study is a qualitative study of previous and current services provided to the LGBT+ community in Fresno and other urban cities in California. Based on the information gathered, a model program will be presented for possible future use in re-establishing intimate partner violence services to the LGBT+ community of Fresno.

Your organization is one of the programs that I would like to include in the study. It is my intent to conduct interviews with program managers who are able to provide me with historical information and descriptions of program elements. It is my preference to conduct these interviews in person and I am willing to travel, if it is conducive for all. If not, a phone interview, or perhaps electronic interview, may be sufficient. I estimate a personal interview will last approximately one hour. A consent form will be provided at the beginning of each personal interview.

I would be honored to have your participation in the proposed thesis work. Please contact me if you are interested in participating. If it is not possible for you to personally be involved, perhaps you can provide another contact person at your organization. I will follow-up with this request in a few weeks.

Please feel free to contact my thesis chair, Dr. Anne Petrovich at (559) 278-8319, or me at the contact information noted below, if you have any questions. Thank you for your time and consideration.

Ronna L. Bright

ronnab66@csufresno.edu

APPENDIX B

REQUEST TO PARTICIPATE IN THESIS FOCUS GROUP

Dear Participant:

My name is Ronna Bright and I am a graduate student at the California State University, Fresno, Department of Social Work. I am currently working on my master's thesis. The topic of the thesis is intimate partner violence services to the gay, lesbian, bi-sexual, and transgendered community in Fresno.

A focus group will be conducted with six to eight members of the LGBT+ community in Fresno. The topic of the focus group will be prior services provided to LGBT+ persons involved in intimate partner violence, as well as thoughts about re-establishing those services in Fresno.

If you choose to participate in the focus group, your participation will be anonymous in the published master's thesis, unless you consent to be named by first name only. No other personal information will be included. You may choose to withdraw participation at any time. It is my intent for the focus group to occur as a casual open dialogue, lasting approximately one hour. A consent form will be provided at the beginning of the focus group.

I appreciate your consideration to participate in the focus group. If you have any questions or concerns, please feel free to contact my thesis chair, Dr. Anne Petrovich at (559) 278-8319, or me via the contact information below. Thank you for your time and consideration.

Ronna L. Bright

ronnab66@csufresno.edu

APPENDIX C

INTERVIEW GUIDE

Please provide the history of the program.

Who was involved in the design of elements?

Describe the different elements of the IPV program.

Describe those elements that are specific to the LGBT+ community.

Describe resistance from the LGBT+ community, if any.

Describe resistance from other organizations, communities, etc., if any.

Describe the mission of the organization.

Describe the funding sources for the program.

If possible, please provide the approximate number of LGBT+ persons served by the program in the prior year.

Describe the most utilized service in the program and why.

Were there any program elements that were deemed unusable and thus eliminated?

Are there any program elements that the organization would like to establish? Other comments or information.

APPENDIX D

FOCUS GROUP GUIDE

Does anyone have any thoughts or experiences they would like to share about intimate partner violence in the community?

Was there an impact that CCPN's closure had on the local community?

Is there a need in the community for the services that CCPN provided?

Are there any barriers to utilizing the services of a mainstream intimate partner violence organization?

APPENDIX E

INTERVIEW CONSENT FORM

I,_____, have been informed about the purpose of this study and the procedures that will be used by Ronna Bright to protect my confidentiality, if I choose. I understand that this study has been reviewed for compliance with Human Subjects Protections by the Human Subjects Committee of the Department of Social Work Education at California State University, Fresno. I may contact the researcher, Ronna Bright at (559) 349-3257; or the thesis chair, Dr. Anne Petrovich at (559) 278-8319, if I have any questions or need further information.

I understand that my name and any information that could identify me will be kept confidential and will not be released to any individual unless I consent otherwise, as noted below. I may refuse to answer any question or to withdraw from the study at any time. I can also choose to withdraw my interview tape from the study's subsequent to the interview if I choose to do so. I may request a copy of the study's subsequent master's thesis. I also have the right to refuse to have the interview taped. If I do give consent to be taped the audiotape will be kept in a locked file cabinet. I understand that only the researcher will have access to the tape and that the tapes will be destroyed at the conclusion of the study.

PARTICIPATION

_____ I consent to participate in this study.

_____I do not consent to participate in this study.

AUDIOTAPING

_____I will permit the researcher to tape my interview.

_____I will not permit the researcher to tape my interview.

USE OF IDENTITY

_____I will permit the researcher to identify me by name in the final research report.

_____I do not permit the researcher to identify me by name in the final research report.

Signed_____ Date_____

APPENDIX F

FOCUS GROUP CONSENT FORM

I, _____, have been informed about the purpose of this study and the procedures that will be used by Ronna Bright to protect my confidentiality, if I choose. I understand that this study has been reviewed for compliance with Human Subjects Protections by the Human Subjects Committee of the Department of Social Work Education at California State University, Fresno. I may contact the researcher, Ronna Bright at (559) 349-3257; or the thesis chair, Dr. Anne Petrovich at (559) 278-8319, if I have any questions or need further information.

I understand that I will be participating in a focus group, consisting of several other participants, which limits my anonymity. I understand that my name and any information that could identify me in the final research report will be kept confidential and will not be released to any individual unless I consent otherwise, as noted below. I also understand that if my consent is given, only my first name will be used in the final research report. I may refuse to answer any question or to withdraw from the study at any time. I also understand the focus group interview will be taped. I understand the audiotape is for convenience to the researcher and data analysis purposes only. I understand the audiotape will be kept in a locked file cabinet. I understand that only the researcher will have access to the tape and that the tapes will be destroyed at the conclusion of the study.

PARTICIPATION

_____ I consent to participate in this focus group.

_____I do not consent to participate in this focus group.

AUDIOTAPING

_____I will permit the researcher to tape my interview.

_____I will not permit the researcher to tape my interview.

USE OF IDENTITY

_____I will permit the researcher to identify me by my first name in the final research report.

_____I do not permit the researcher to identify me by my first name in the final research report.

Signed_____ Date_____

California State University, Fresno

<u>Non-Exclusive Distribution License</u>

By submitting this license, you (the author or copyright holder) grant to CSU, Fresno Digital Scholar the non-exclusive right to reproduce, translate (as defined in the next paragraph), and/or distribute your submission (including the abstract) worldwide in print and electronic format and in any medium, including but not limited to audio or video.

You agree that CSU, Fresno may, without changing the content, translate the submission to any medium or format for the purpose of preservation.

You also agree that the submission is your original work, and that you have the right to grant the rights contained in this license. You also represent that your submission does not, to the best of your knowledge, infringe upon anyone's copyright.

If the submission reproduces material for which you do not hold copyright and that would not be considered fair use outside the copyright law, you represent that you have obtained the unrestricted permission of the copyright owner to grant CSU, Fresno the rights required by this license, and that such third-party material is clearly identified and acknowledged within the text or content of the submission.

If the submission is based upon work that has been sponsored or supported by an agency or organization other than California State University, Fresno, you represent that you have fulfilled any right of review or other obligations required by such contract or agreement.

California State University, Fresno will clearly identify your name as the author or owner of the submission and will not make any alteration, other than as allowed by this license, to your submission.

Ronna Bright
Print full name as it appears on submission

(signature)
Authorized signature of author/owner

April 18, 2008
Date