

COMMUNITY ASSESSMENT OF SAME- SEX SURVIVORS OF INTIMATE  
PARTNER VIOLENCE (IPV) IN HUMBOLDT COUNTY

By

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A Project Presented to

The Faculty of Humboldt State University

In Partial Fulfillment of the Requirements for the Degree of

Masters in Social Work

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May 2014

## **ABSTRACT**

### **COMMUNITY ASSESSMENT OF SAME-SEX SURVIVORS OF INTIMATE PARTNER VIOLENCE, IPV, IN HUMBOLDT COUNTY**

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This community project involved interviews with same-sex survivors of Intimate Partner Violence (IPV) to further explore their experiences seeking formal support in Humboldt County. There are many barriers to seeking support among the lesbian, gay, bi-sexual, transgender, and queer/questioning, (LGBTQ), community such as being “outed”, facing harsh societal stigmas, and homophobia. By interviewing survivors of IPV, I was able to begin to understand how services were provided, the level of comprehension of services available in Humboldt County, as well as inform those participants that were unaware of the services such as Humboldt Domestic Violence Services, (HDVS). During the interview process participants were given open-ended questions about their experiences with IPV and seeking formal support. The proliferation of these results to the community will provide a brief understanding of same-sex survivors’ experiences as well as opportunities to provide a better form of support from local providers such as HDVS.

*Keywords:* Intimate Partner Violence, (IPV), Homophobia, (LGBTQ), Lesbian Gay Bi-Sexual Transgender Queer/Questioning, Humboldt Domestic Violence Services, (HDVS).

## **ACKNOWLEDGEMENTS**

I would like to sincerely thank Humboldt Domestic Violence Services (HDVS) for providing me the opportunity and space to further educate, assess, and inform individuals in the LGBTQ community of services available to them. Specifically, I am grateful to have the support of HDVS crisis worker Kathryn Hernandez and Shelter Manager, Carey Call throughout my experience of this community project. I am honored to the LGBTQ community and those participants involved for allowing me to interview them and share my most genuine concern. I remain emotionally touched, moved, and inspired by each individual story and their remarkable journeys. I want to acknowledge and thank Parents, Friends, and Family of Lesbians and Gays (PFLAG) for welcoming me into their meetings and their eagerness for involvement in this project. I would also like to thank Humboldt State University Psychology professor, Dr. Emily Sommerman, and Masters in Social Work Director, Dr. Michael Yellow Bird for their guidance throughout this journey. The emotional support from my cohort members during this process was inspiring and much appreciated. Particularly, I would like to thank my friend and cohort member Katherine Jamison- Alward, who has been by my side when I needed her and always encouraging me to be better than I thought I could be. Lastly, I would like to thank my aunt, Anne Banks, through her own experience earning two Masters degrees, has bestowed her knowledge and support to me throughout this process. I am grateful for her attentiveness and motivated by her resiliency and remarkable strength.

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## INTRODUCTION

Intimate Partner Violence (IPV), like other forms of abuse that oppress and marginalize, does not discriminate on the basis of sexual orientation. IPV affects everyone, across all economic and socioeconomic populations. This is especially true for the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) community. Recent research shows the growing epidemic of IPV pertains to more than just women and heterosexual couples. The National Coalition Against Domestic Violence estimates that 25% to 33% of all same-sex relationships include domestic violence. In fact, intimate partner abuse occurs at similar and in some cases at higher rates in the LGBTQ community (Brown, 2008). Studies have shown that there are a lack of support group shelters and treatment programs for the gay community in addition to the discrimination LGBTQ individuals face when they report instances of IPV (Peterman and Dixon, 2003).

As a crisis worker for Humboldt Domestic Violence Services (HDVS), I have noticed a gap in the utilization of services among LGBTQ individuals. HDVS provides services to LGBTQ individuals in addition to sheltering men, which is uncommon in most other shelters, but appears to be underutilized by both of these groups. Research has shown that homophobia, heterosexism, stigma, and lack of knowledge has led to LGBTQ individuals seeking IPV support within their community or elsewhere instead of seeking formal support services. HDVS and the Domestic Violence Coordinating Council (DVCC) provide outreach to the LGBTQ community through community events and through a local monthly newsletter, The L Word.

The purpose of my community project is to conduct a community assessment that will examine the experiences and service needs of LGBTQ survivors of IPV in Humboldt County. From previous and current research on IPV, we know that there is an exertion to gain more control on the victim through isolation creating a lack of a support system for victims to reach out to (McKenry, Serovich, & Mason (2006). The lack of research in Humboldt County on the LGBTQ population and speaking with HDVS advocates, has shown a lack of connection between the LGBTQ community and services available to them. It is important to listen to the LGBTQ survivors concerning IPV in order to build a stronger partnership and support system.

Research has shown that homophobia, heterosexism, stigma, and a lack of knowledge has prevented LGBTQ individuals from seeking formal IPV support and services within their community. Through my work at HDVS, I have discovered there is a lack of support seeking by same-sex survivors of IPV in Humboldt County. One of the goals of this project is to understand why this occurs and, more specifically, how to inform providers such as HDVS. Specifically, what are the experiences and needs for same-sex survivors of IPV in Humboldt County? And, are there any barriers to accessing formal support services for IPV among the LGBTQ population, and if so, what are they? These specific questions helped guide my community project. Additionally, the available research contributed to the comprehension of the experiences and ways in which we can improve support for same- sex survivors of IPV in Humboldt County.

My community project focused on interviews that ask LGBTQ survivors about their experiences while seeking support for IPV. HDVS is a non-profit organization that provides services to intimate partner violence survivors within Humboldt County. Key questions for participants are whether they have, or attempted to use HDVS previously and if so, what services or support they did use, and if not, what were the barriers to receiving services. This project is focused on improving the way formal support providers assist LGBTQ individuals regardless of the location where the IPV occurred. If the interview participants are residing in Humboldt County now, their voices are extremely relevant to this project.

Subjects for this research were recruited using flyers and through convenient sampling. The flyers were posted throughout Humboldt County, however I worked closely with HDVS and similar organizations that brought me closer to the target population. I also attended LGBTQ community events, Queer Student Union club on Humboldt State University campus, and Parents, Friends and Family of Lesbians and Gays (PFLAG) meetings in order to create a network. The community project was explained to the interested participants with the understanding of the projects' purpose and the efforts put in place to ensure confidentiality. When they agreed to participate, their involvement remained voluntary and were able to stop at any time during the interview. This is an extremely vulnerable population due to decades of being ostracized by mainstream communities and societal pressures for intimate relationships and gender roles. Sensitivity is critical when asking questions relating to IPV or trauma. The participant's emotional reactions when sharing their story and participation in this project was

unexpectedly low, as only one out of the four participants had a strong emotional reaction. By asking these individuals to retell and relive their traumatic experiences, uncomfortable feelings and anxiety did arise. However, considering the delicate information asked of these survivors, their strength and self-awareness seemed to keep most of the participants calm and engaged. The HDVS crisis line was available to support participants, in addition to myself as a certified crisis worker. Participants were also provided an opportunity with a different crisis worker for a one on one debriefing session immediately following the interview to discuss any triggers that might have come up for them.

The goal of the research was to evaluate why survivors of IPV in Humboldt County are not utilizing HDVS more and what other methods they are supplementing. Bringing these issues to light helps fight the stigma against the LGBTQ community, which is a huge barrier to using primarily heterosexual services like HDVS. Half of the participants had no knowledge of HDVS prior to the interview, which provided a great opportunity to shed light on efforts of HDVS in the community. The networking and outreach provided by this community project has tied bonds together that were not there before and has therefore made it easier for LGBTQ individuals to approach HDVS. Through the interviews, I was able to bridge the gap between individuals that did not know the services provided to them through HDVS as well as listen to and validate their personal journey. The project's findings from the interviews has shed light on the LGBTQ community in Humboldt County, lending ideas for HDVS on how they can provide more support to LGBTQ survivors of IPV.

Formal support agencies provide survivors with an opportunity to disclose experiences with IPV in an effort to adhere to their immediate needs and future safety. Immediate needs might include food, clothing, transportation and safety planning in the event of escalated violence in which the survivor would need to leave the home. Disclosure from survivors of IPV give the community an understanding of the challenges survivors face, which can lead to more beneficial services within the community. The possible disconnect between formal support services and the LGBTQ community coincides with the quality of support these individuals are capable of receiving. Stigma, homophobia, and the fear of being “outed” are only a few examples of the barriers LGBTQ individuals face when seeking formal support that primarily assist heterosexual individuals. My community project focused on asking survivors of IPV about their experiences, seeking support for IPV, in any capacity, and the amount of satisfaction they felt from this avenue of support seeking. The interviews provide the necessary data to formal support providers like HDVS and similar agencies in Humboldt County. Considering the lack of information on the LGBTQ community in Humboldt County, this data will provide a perspective desperately needed for better comprehension of this population in relation to IPV.

The National Coalition Against Domestic Violence (NCADV) estimates one in every four women will experience domestic violence in her lifetime. Additionally, 1.3 million women are victims of physical assault by an intimate partner every year. Research suggests that lesbians and gays report IPV similar to heterosexual women, with psychological abuse being the most common. A nationally representative sample taken

by the National Violence Against Women Survey (NVAWS) examined same-sex IPV based not on the self-identification of being gay or lesbian but on their behavior living with a same-sex intimate partner. “Lifetime rates of physical or sexual IPV or both were almost twice as high for women who had ever cohabited only with a male intimate (39.2% and 20.3%, respectively), which might lead some to conclude that lesbian relationships are more likely than heterosexual ones to be violent” (Sorenson & Thomas, 2009).

## **REVIEW OF LITERATURE**

Domestic violence does not belong to one population, gender, or class. It is essential to social workers and domestic violence advocates that we investigate the populations who, through research, we know are also suffering. The National Coalition Against Domestic Violence estimates that up to 33% of all same-sex relationships include some form of IPV. The purpose of my literature review is to provide an overview and a glimpse into the lives of same-sex couples that are survivors of IPV so we can better serve the LGBTQ population in Humboldt County. While researching the literature on same-sex survivors of IPV, similar topics came to light such as homophobia and heterosexism, stigma, and the pressure of gender roles forced onto them by society.

### **Stigma**

Power dynamics, the cyclical nature of abuse, and the escalation of abuse over time are many aspects of IPV in the LGBTQ community are similar to that of heterosexual relationships. “LGBT individuals often hide outward expression of their sexual gender identity for fear of stigma and discrimination” (Ard & Makadon, 2011). The concept of stigma is a common barrier to seeking help and is repeatedly discussed within the literature on same-sex IPV. Due to the lack of reporting violence to law enforcement because of fears relating to bias and stigma, data can be skewed. Individuals participating in same-sex relationships involving violent behavior are reluctant to seek support for fear of many repercussions such as harsh treatment and backlash from law

enforcement, being “outed” by their partner, re-traumatization by the legal process, or feel it will misrepresent the LGBTQ community, whether they consider themselves apart of that community or not (Baker, Buick, Kim, Moniz, & Nava, 2013). As Ard and Makadon (2011) highlight in their research, although some batterers may not be threatening to “out” their partners, victims’ reluctance to out themselves may be a barrier to seeking family, friends, or the police for support, which is further isolating them in an abusive relationship. In addition to stigma and discrimination, many LGBTQ individuals have experienced previous psychological and physical trauma in the form of rejection from family or community members, hate crimes, or bullying in schools. These experiences are extremely common among transgender and “questioning” individuals (Ard & Makadon, 2011).

### **Homophobia/Heterosexism**

Weinberg (1972) coined the term “homophobia” in reference to the “irrational emotional reaction of fear, disgust, anger, discomfort, and aversion to homosexuals” (Brown, 2008, p. 145). Pressure from society urges individuals to leave the abusive relationship, and even judges them, however same-sex victims of IPV cannot “leave a homophobic society and culture” (Brown, 2008). The trauma of past experiences can cause a lack of trust and confusion about opening up and reaching out for help. Law enforcement can make the decision for seeking help harder depending on the location. Police have been known to be less likely to arrest perpetrators or to enforce protective orders that do not involve male-against-female violence. This lack of police intervention

in violent homosexual relationships can possibly be connected to homophobia or society's general assumptions that women cannot be the primary aggressor or abuser against a male as the abused (Seelau & Seelau, 2005). Helping professionals involved in assisting same-sex survivors of IPV must be willing to acknowledge their own limits and bias surrounding both LGBTQ issues and IPV (Walsh, 1996). Brown (2008) has also found in her research that heterosexism contributes to the determining factors of who can and cannot be a victim of partner abuse; creating inexperience and the lack of LGBTQ friendly helping/legal agencies and limiting the legal protection that is available to those suffering from same-sex partner abuse. In addition, Walsh (1996) has found that heterosexism creates logistical confusion in relation to violence in LGBTQ partnerships, such as the belief that the abuse is mutual abuse or a form of sadomasochism.

### **Minority Stress**

The emotional reaction from acts of homophobia can be manifested in a variety of ways, both internally and externally, causing additional fundamentals of minority stress to an abusive situation (Brown 2008). Minority stress can be defined as the cultural ascription of inferior status to particular groups. This ascription of inadequacy to categories of people, particularly categories based on sex, race, and sociosexual preference, and often precipitate negative life events...over which the individual has little or no control (Brown 2008). Lesbians have a unique opportunity to experience minority stress, and in addition can experience what is known as "triple jeopardy," if they are lesbian women of color, which can cause minority stress threefold, gender, race, and

sexual preference (Brown 2008). Bias, stigma, and the chance of being “outed” are real concerns that are not just unique to the LGBTQ community but also to the undocumented immigrants and their partners. This is an additional stress that is exacerbated by the media and being targeted by law enforcement (Baker et al., 2013).

### **Gender Roles**

It is estimated that men in heterosexual relationships are the abuser in 95% of the cases of IPV (Peterman, 2003). Both gay and lesbian relationships that involve IPV have a higher rate than heterosexual relationships, however both partners in a homosexual relationship have the same probability of being abusers (Peterman, 2003). In a study of 100 lesbians who self-identified as battered women, were studied by Renzetti (1992) to determine types of violence used by lesbian abusers. The study reported 11% had experienced only psychological abuse, 8% had only reported one or two incidents of physical violence and psychological abuse, and 87% were chronically subjected to both physical and psychological abuse. In this study, physical abuse included pushing and shoving, hitting with fists or open hands, scratching or hitting the face, and throwing things. The study shows that even though these, self-identified, battered women reported high numbers of both physical and psychological abuse, the range of acts of domestic violence was considered to be quite low (Rohrbaugh, 2006). We must also make the distinction between violence and abuse. Neilson (2004) suggests that: Violence is behavior or action; abuse is a pattern of demeaning, controlling, intimidating action, including violence, within the context of evolving power and control dynamics of an

intimate relationship causing psychological (and often physical) harm (Neilson, 2004, p. 418). Domination, intimidation, degradation, and control are essential elements of abusive violence. (Neilson, 2004, p.426). Burke and Follingstad (1999) conclude in their research that even though same-sex lesbian couples have a high occurrence of partner abuse, it is more common for the abuse to be psychological, rather than physical or sexual. The two variables that are crucial to remember when working alongside same-sex victims are the influence society has on gender roles and function of power dynamics (Brown 2008). Given the majority of reported domestic violence cases involve a heterosexual couple, where the man is the main abuser, has created power imbalances and a skewed sense of expectations creating a variety of issues in regards to same-sex abusive relationships. These issues are especially problematic when health care providers and law enforcement get involved and need to identify the victim. The risk of trivializing the situation could come with dangerous consequences such as encouraging the abuse and lessening the responsibility of the guilty party (Brown 2008).

### **Intimate Terrorism/Shame**

The partnership of psychological and physical abuse is characterized by Rohrbaugh (2006) as intimate terrorism. Although the types of abuse in same-sex couples are the same for heterosexual couples, according to Rohrbaugh (2006), there are two unique features that set them apart. The first is the threat of “outing”, or exposing the partner’s sexual orientation to work colleagues, family, and friends. The second threat is the extreme isolation due to being “in the closet,” lack of civil protections, and lack of

access and comprehension of the legal system. The ability to leave an abusive relationship is difficult and courageous, however the unique opportunity to extort ones partner makes it especially difficult and intimidating for lesbian and gay victims to leave their abusers (Renzetti, 1998).

### **Theoretical Framework**

A theory that can be directly applied to this community project is disempowerment theory. A theory that can be directly applied to this community project is disempowerment theory. McKenry, Serovich, & Mason (2006) used the disempowerment theory as a way of analyzing the power/control paradigm within same-sex IPV. They have found that those who feel inadequate and have low self-esteem are at a higher risk of using violence against their partners due to unconventional means of assertion. In an effort to protect themselves against the exposure of their insecurities, their threatened state forces control over others (Gondolf, Fisher, Fisher, & McPherson, 1988). Research shows that same-sex IPV is at the same rate and sometimes higher than heterosexual IPV and disempowerment theory helps us better understand the challenges LGBTQ individuals face. There is an overall misconception of IPV in addition to its effects on the LGBTQ community from a heterosexual majority standpoint. The perspective from LGBTQ individuals on IPV will help mitigate formal support seeking in Humboldt County, if needed, based on the findings from this community assessment.

## METHOD

The literature clearly states the common barriers to formal support seeking for LGBTQ individuals for IPV, such as homophobia, stigma, and fear of being “outed”. In addition to the mentioned barriers, there is also the added barrier for seeking help in a small, rural community for fear of people knowing your personal business when you don’t want them to. My community project has opened the doors for communication and given LGBTQ individuals a voice directly to the providers to further receive the most effective care in Humboldt County.

The participants for my community project are self- identified members of the lesbian, gay, bi- sexual, transgender, and queer/questioning (LGBTQ) community in Humboldt County. The participants were mainly recruited through trusted leaders and members of the LGBTQ community and flyers posted throughout Humboldt County. The recruitment tactic instills the voluntary aspect of the project and gives the participants ample time to decide if they would like to participate. The participants were given a copy of the consent form electronically before the interview took place and given a hard copy for their records. In addition, the HDVS crisis line number was provided to participants for support, if at anytime the participant felt they wanted to talk to someone after the interview. The interview questions may be found in Appendix A for reference, in addition to the flyer that can be found in Appendix B, and the consent form in Appendix C.

The participants for this study were recruited using flyers that were posted locally, also utilizing convenience sampling as a way of social networking with LGBTQ and social service agencies in Humboldt County. There were four participants in this study, two older self identified lesbians, and two younger homosexual men. The interview questions included demographics, e.g. age, ethnicity, and county where IPV took place. However, due to the extremely small population of Humboldt County, those details and any other identifying information will not be entered into this study. The participant's safety is the main priority of myself as the researcher and as a crisis worker at HDVS. Although some of the participants have not seen their previous abusers in several years or the IPV took place outside of Humboldt County, IPV can escalate quickly and be very dangerous if participants' identities are not well protected. HDVS agreed to host interview participants for this research. Interview participants were invited to participate in the interview at the HDVS confidential business office, with the benefit of being in a safe comfortable, and supportive space. The other benefit to conducting the interview at the HDVS office was the opportunity to give the participants, who were unaware of HDVS, context of what HDVS looks like and familiarity. Interview participants were offered an alternate and private location depending on their comfort level and city of residence. Interview participants were informed prior to choosing a location for interviewing that the HDVS address must remain confidential for the safety of the clients and HDVS staff.

Prior to beginning the interview, the consent form was verbally discussed, a copy of the consent form was sent to the participants electronically or hard copy, giving them

an opportunity to ask any remaining questions they may have pertaining to the project. The participants were interviewed for an average of 45 minutes to fully complete the interview. As the interviewer, notes were diligently taken during the interview to ensure accurate thoughts and feelings were recorded. Because I chose not voice record the participants during the interview, and after the transcription process, the password-protected transcript was sent via email to the participants. For the sensitivity of this community project, and the protection of the participants living in a rural and small community, it was important to me that they approve the information that would soon be published. After the interview, myself or another HDVS crisis worker were be on- site and available to process thoughts and feelings brought about from the interview, based on participants preference and need. The participants interviewed at an alternate location were encouraged to call the HDVS crisis line to process if they express need to do so and they feel uncomfortable doing so with myself as the interviewer.

My community project collected qualitative data from interviews with same-sex survivors of IPV. Data analysis procedures by Guest, MacQueen, and Namey (2012) for qualitative data were used through the inductive approach of Applied Thematic Analysis, (ATA). ATA emphasizes identifying, examining, and recording patterns and themes within the collected data. With the use of ATA I have identified themes from the interview transcripts through the process of six coding phases to create established, meaningful patterns. Those phases are: familiarization with data, generating initial codes, searching for themes among codes, reviewing themes, defining and naming themes, and producing the final report (Guest, MacQueen, & Namey, 2012). After familiarizing

myself with the data, segments were coded and then sorted and merged together. All textual segments were that had been coded for a specific theme from a single participant were displayed together; then were compared with segments from other participants. Through the use of analytical memos based on participants' responses, meaningful definitions were created of each category. For example, for the category "Regulation and Retaliation" a memo was written: "A noteworthy theme that emerged across a couple of the participants was an ability of self awareness when feelings arose of retaliation during an altercation and the ability to regulate those feelings." The participants expressed feelings of guilt when they fought back or wanted to fight back against their partners during times of combative behavior. The power and control wheel provides representation for this thought process of the victim feeling as if they are somehow apart of the problem and therefore they deserve the ramifications of the abusive situation. Throughout the data collection phase and transcription process, I was in contact with the participants to make sure I was interpreting their answers accurately and that they were portrayed in a fair way. The participants were sent copies of the transcripts for their review of interpretation and approval and all but one participant took the opportunity to do so.

## **RESULTS**

The participant's interviews were transcribed through detailed note taking at the time and directly following the interview. Each line of transcription was placed into a chart with additional space for codes that coincide with the text. Using the ATA, phase 3 was specified for the extraction of themes prominent throughout the text through the coding process.

### **Dedication to Relationship**

Two out of four participants expressed their awareness of problems in their relationship where IPV was present and their commitment and dedication to the relationship. Participants told researcher that they knew they were not being treated well or that their partner needed to get help but that they wanted to stay with them. One participant expressed feelings of loneliness and entrapment at the time of the IPV due to the limited people in their life that they could go to for help about the problems they were facing in their relationship. The participant expressed, "I knew the way I was treated wasn't right, but I felt like I had no one else to turn to" (Participant D, Interview, April 7, 2014).

### **Friend Support System**

Seeking support for something as vulnerable as IPV can be difficult for anyone, even for people with caring friends, some people just don't want to admit that something in their life is not working. Whether it was someone to help them escape from the area or just a shoulder to lean on, three out of the four participants were able to utilize their

friend support system as a way of getting help or escaping an abusive relationship. One participant expressed that they only had one friend but that they were their main support. The one participant that did not have the support of their friends sought support through a spiritual center. That participant felt well supported in a time when their friends were unable to understand the participant's decisions.

### **Low Self-Esteem**

Two out of the four participants identified their abuser as having suffered from low self worth and self- esteem issues, taking their internal frustrations out on their partner. McKenry et. al. (2006) have found in their research that psychological symptoms, such as depression, anxiety, low self-esteem, and the inability to trust may place one in a helpless or disempowered position in their intimate relationship impacting one or both partners tendency toward abuse. One of the participants expressed that their previous partner had lost all of their motivation and was resulting in high alcohol consumption, which Gelles (2000) refers to in their research as a major contributor to IPV and perpetrator of low self-esteem.

### **Dual Relationships**

A dual relationship can be described as a friendship that has a specific individual as a common denominator. It is common for couples to share friends, however, depending on where that friend originates from, their loyalty is up to them. Two out of the four participants expressed complications do to a dual relationship while they were suffering from IPV. One participant explained that the friend they had in common with their abuser was helping the participant leave the area, and elaborated on the delicate

situation by saying, “I was grateful for her help but also understood that there was only so much I could divulge, and only so much that she could offer” (Participant B, Interview, March 5, 2014). Small community is a sub theme here. One participant received a severe negative reaction from people in the community that quickly found out that they were seeking formal support services for IPV. Another participant expressed that living in a small community, and thus having a small social circle of LGBTQ individuals, perpetuated and escalated unhealthy relationships.

### **Regulation & Retaliation**

In addition to all four participants experiencing emotional and verbal abuse, three out of the four participants also indicated physical abuse as a type of abuse suffered during their experience with IPV. When speaking to the participants about the physical altercations they endured, two out of the four participants expressed feelings of guilt due to feelings of retaliation during the altercation. One of the two participants was able to stop themselves, while the other was hesitant about admitting that they participated in the abuse. One participant said, “It was negative on both parts. I was feeding into it by giving him the reactions he was looking for and wanted” (Participant D, Interview, April 7, 2014). Due to a societal pressure for men to protect and defend, not only themselves but also those around them, from various abusive situations, accepting this from another man might be seen as a form of weakness or lack of masculinity (Tesch, B., Bekerian, D., English, P., & Harrington, E., 2010).

### **Awareness of HDVS & IPV Services**

This study showed that half of the participants were aware of HDVS and other support services available in Humboldt County and the other half were not. One out of the two participants that knew about HDVS had utilized their services during their experience with IPV and the other participant was unaware that their services applied to the LGBTQ community. The other two participants that were unaware of HDVS found out through a friend that mentioned this study and through the flyers posted throughout Humboldt County. One of the participants that were aware of HDVS expressed being “put off by the phrase ‘domestic violence’ ” and feeling like HDVS serves only heterosexual, married couples (Participant C, Interview, March 13, 2014). When asked if they would utilize their services, given what they now know, they said yes. They also added that it helped to have a personal contact for HDVS, such as myself, to reach out to if they were in need of support or knew someone that needed services.

### **Recommendations to HDVS**

Prior experiences of discrimination, coupled with an inadequate response from providers, can hinder help seeking for LGBTQ individuals. When they do decide to attempt seeking services it is strictly limited. There are many regions that do not allow men and will not shelter men in addition to transgender individuals. HDVS provides services to all LGBTQ individuals, including emergency shelter for men, however it is unclear of the training involved or expertise needed to work with these individuals within the agency. Although same-sex survivors share similar challenges and traumas of heterosexual couples, there are distinctions and it is vital to their healing that they are supported by a well-informed individual that understands all of their needs. When

services are provided to LGBTQ survivors, a lack of cultural awareness and humility can re-traumatize the victim (Ard, K. L., & Makadon, H. J., 2011). All of the participants were asked for their recommendations for HDVS, whether or not they were aware of the organization. I am proud to say that because two of the four participants were not aware of HDVS, by the end of the interview not only were they familiar with their services but they now had the personal contact information for myself as a trained domestic violence crisis worker. The purpose of this study was to find out how the LGBTQ community felt about HDVS and how those feelings could be constructively given to HDVS for future implementation. Since we are aware that IPV affects all people from different places and socioeconomic backgrounds, the overall goal was to create a better line of communication between groups of people and HDVS. This study's relevance does not fall on whether or not others are aware of HDVS or support services but how comfortable the individuals are utilizing those services. As a helping professional I can say that you can never do enough outreach and communication when you're providing support services, no matter how solid or well-known your agency may be at serving a particular population. Two out of the four participants recommended that HDVS attend the Humboldt Gay Pride Parade. In response to this, the participants were told that HDVS has attended the Gay Pride Parade for many years. Another recommendation was to change the name HDVS so that it did not have the word "domestic" in it due to the participant's feelings that the word "domestic" is "not welcoming to the gay community". The one participant that had utilized HDVS responded to this question by saying that the agency is "out there" but that it is part of a "bigger, systemic problem" (Participant A,

Interview, March 6, 2014). The participant that had utilized HDVS in the past had attended the support groups regularly provided to clients of HDVS but felt it did not feel it met their needs, as it was primarily a group of women with alcohol and other drug (AOD) issues talking about losing their children.

The participant explained that it felt good to be a support to these women but also felt that there was a lack of support for their issues it was not enough for their own healing.

After speaking with these wonderfully resilient participants and individuals in Humboldt County, it is my own recommendation to HDVS that there should be a specific outreach program specifically for LGBTQ individuals such as a support group and alike events.

HDVS is a voluntary support system, which means the clients must approach them for help. Due to the lack of LGBTQ clients, I feel that there needs to be an effort made on the side of HDVS to show the LGBTQ population that they are ready to support them.

## DISCUSSION

IPV can ignite isolating tendencies and produce a sense of shame that add to the barrier of support seeking, for both hetero and same-sex partners. We know through the research that there is a need for IPV support within the LGBTQ community; the interviews in this community project will help providers adhere to those specific needs identified in the interviews. Acknowledging the barriers and validating the survivors experiences will start the process of partnership between formal support providers and the LGBTQ community.

One of the anticipated limitations of this community project initially was the possible lack of LGBTQ community member involvement. As I personally am not a direct member of this community, it was anticipated that LGBTQ individuals would view this as a lack of credibility and have a lack of trust in me as the researcher. However, it is possible that because I am not a direct member of this population, they felt they could trust me not to relay the findings or be seen with them in the community. Listening to the participant's stories for this project was not unlike the support I give to HDVS clients through my field placement work. The situations and cycle of abuse is very similar to heterosexual relationships, in addition to the manipulation and guilt survivors feel. It was expected that hearing participant's narratives would be more intense due to the oppression and subjugation they have endured their whole lives solely from being gay. Since I was knowledgeable of the population I was set out to interview, I was prepared

for their stories of multiple forms of abuse from young ages but I was not as prepared for the reaction that some participants had from reliving their traumatic experiences with IPV. I was aware of what I was asking people and that it might upset them, however I did not expect that it would upset me as much as it did. The difference, I realized, between helping HDVS clients with their current situation and listening to peoples past experiences for this project was the role of a researcher versus the role of a social worker. The role of a social worker is to actively listen to the client's situations and assess what their needs are in order for them to be safe and feel validated. The role of a researcher, in this case, was to only listen and look for themes within their stories. I was able to educate two of the four participants of HDVS and create a bridge to the gap that has been between them and formal support services such as HDVS. However, giving the information and education post-IPV abuse was harder for me. We know that it is common for people in abusive relationships to have a past of violence while growing up and that it can be hard for people to redesign their lives that does not involve that type of violence. Witnessing violence in their families or experiencing abuse as children may be an explanation for coping mechanisms in the form of violence towards others later in life. Having control over ones life in an intimate partner relationship may be difficult with an individual that has a past of abuse and may cause them to result to violent behavior because it is the most accessible coping strategy in dealing with loss of power (Coleman, 1990; Renzetti, 1992). The other aspect of this project was the emotional impact that it had on me as the researcher, knowing that I was asking people to relive their past experiences with IPV versus HDVS clients that are voluntarily requesting services and

referrals. The respondents in this study were voluntarily participating, however, there were emotional moments that were difficult to listen to without giving a solution or problem solving. In seeking support through my community members, specifically my community partner and HDVS supervisor, I posed the question of whether or not this community project was causing more harm than good. I was comforted by the enthusiasm from my HDVS supervisor and felt the support from the other participants that thanked me for a chance to tell their story and validate their journey. Overall, I thoroughly enjoyed every interview and new connection I made within the community. Although there were different themes brought about from the participant's transcripts, all of their stories were unique and special, just like their personalities.

My involvement with this project stems from my responsibility as a social worker and the instinctual compassion, love, and respect I have for various oppressed groups. Through my practice I have come to understand the concept of colonization, which is an effort to compartmentalize strong people and societies into something less threatening and submissive by taking away their right to cultural preservation and self-determination. We have seen and continue to this concept play out with the Native Americans, as white settlers took away their freedom, land, rituals, and spirits in addition to kidnapping their children and placing them in boarding schools. This connection is relevant to the implications this project has to social work practice. It is vital that social workers set a good example and provide resources and empowerment to those who need and want it, without force or coercion. To decolonize is the effort in which we can give people a chance at embracing their natural tendencies and traditions. In research on decolonizing

social work from an Indigenous perspective, Gray, Coates, Yellow Bird, and Hetherington (2013) call decolonization a way of continuing social work's advocacy on social justice and of progressive elements within the profession that confront authoritarian forms of practice. Due to this **egocentric** way of living in the world today, I feel that if we are truly meant to make an impact and create positive change, it is vital that we defy all that comforts and challenges us. Sometimes that is an internal struggle with what is right and what is easy. To decolonize is to reframe ones thinking that was set in place through colonization and manipulating individuals into something they are not. This concept resonates with me in terms of the LGBTQ community and the way society has been trying to force those individuals into a box that has been constructed by hypocrites. Throughout this project I have maintained my stance as a genuine individual that is interested in the protection and betterment of the human rights and treatment of same-sex survivors of IPV in Humboldt County.

Another anticipated limitation of this project was the nature of living in a rural, and small community. The LGBTQ community in Humboldt County is very small and it was anticipated that individuals would be weary to speak with me in fear that others would find out their story and past trauma. This limitation came to fruition through only one participant that visibly showed signs of fear for a good portion of the interview. I did my best to comfort this fear by way of reiterating HDVS' confidentiality agreement and location. In addition, a copy of the interview transcript was also sent to the participant as a way of settling worries of published identifying information about the participant.

Baker et al., (2013) highlights in her research that the limitations in same-sex IPV studies, when it comes to definitions and sampling, are the stigmatized view of same-sex relationships. It can also be argued that one of the limitations is the perspective of the providers in Humboldt County that serve LGBTQ individuals. These limitations are reminders of the intense sensitivity in conducting trauma informed research and emphasize the importance in interpretation of the findings (Baker et al., 2013). In their research on Latina immigrants experiencing IPV, Adames & Campbell (2005), poignantly state the effects IPV has on a daily basis for everyone, not just Latinas or LGBTQ individuals. “It appears that what makes the experience of IPV in the community of immigrant Latinos in this study distinct from the experience of IPV in mainstream U.S. culture is not exactly the underlying mechanisms themselves but rather the way in which these transpire in the daily lives of immigrant Latinos in this community.” This project has given same-sex survivors of IPV validation of their stories and a stronger sense of community. With the efforts made to reach out to the LGBTQ community in Humboldt County, HDVS has made a statement of commitment their mission and activism. For a transparently articulated idea of this intensive effort, a more in-depth analysis of this population needed. This community project has only scratched the surface of the barriers and aspects that make seeking support services more difficult. With a more in-depth examination of these aspects, and involvement in the LGBTQ culture, helping professionals can alleviate hesitations from this population and create a better model for future LGBTQ support services.

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**APPENDIX A: INTERVIEW**COMMUNITY ASSESSMENT OF SAME SEX SURVIVORS OF INTIMATE  
PARTNER VIOLENCE IN HUMBOLDT COUNTY- INTERVIEW

What gender do you identify as?

What is your ethnicity?

What is your age?

Have you ever experienced IPV?

When?

What county?

How long did it last?

There are many types of abuse such as financial, emotional, sexual, medical, and physical; what type(s) of abuse did you experience?

2.) Did you seek support through friends, family, professional (Domestic Violence Hotline or counseling), or other?

a. **If yes**, then what?

What led you to seek support?

How was that experience for you?

Did that satisfy your need for support? Why or why not?

b. **If no**, what stopped you from reaching out for support?

Are you aware of any local domestic violence agencies that serve same-sex intimate partner violence?

3. Have you ever heard of Humboldt Domestic Violence Services (HDVS)?

3a) **If yes**, how did you hear about them?

3b) **If yes**, have you ever used HDVS?

Did you know that HDVS serves same-sex victims and survivors of intimate partner violence?

a. **If no**, would you ever utilize HDVS? Why or why not?

b. **If yes**, based on your knowledge, what is your opinion about HDVS or any DV service organization?

What are your recommendations for DV organizations working with same-sex victims and survivors?

## **APPENDIX B: CONSENT FORM**

### Title of Study: **Community Assessment of Same Sex Survivors of Intimate Partner Violence (IPV) in Humboldt County**

Humboldt State University

#### **Who is conducting research and why?**

Susan Dickens, current Masters of Social Work student at Humboldt State University, is conducting research to assess same-sex survivors of intimate partner violence (IPV) in Humboldt County. Susie is fulfilling the MSW internship requirements with Humboldt Domestic Violence Services (HDVS) and will be using the information from this research to enrich HDVS, which in turn will create a better perspective and support for the community.

#### **Description of the research**

Susan is conducting interviews to examine the experiences and service needs of same-sex survivors of IPV using a series of open-ended questions. Participation is completely voluntary. Direct quotations from participants may be used in the final evaluation. There will be no compensation for participation.

#### **Location and Time**

Same-sex survivors of IPV who agree to participate can choose to do the interviews on the phone, in-person, or email. The in-person interviews will be conducted at the business office of HDVS or a confidential location of their choosing. The confidential location of the HDVS office will be given to them after consent to the interview for protection of other HDVS clients. Location of the interview will be determined according to the comfort level of the participant, however if participants choose the HDVS business office, there will be an HDVS crisis worker

on-site to address any uncomfortable feelings that come up during the interview. Interviews will take 30 minutes, after the 30 minutes it is up to the participant whether or not they would like to continue or choose to end.

### **Confidentiality & Data Storage and Destruction**

Any information that is collected as a part of this study will be confidential and only disclosed with participants written permission or if required by law. All participants' identity will be anonymous, identified as 'Subject 1, Subject 2, Subject 3...' and so on, in addition there will be no specific identifying information given about any of the incidents reported in the interview. The results of the study will be published on the Humboldt State University Library website, but the names and identity of the subjects will remain confidential. The participant's interview transcript will be stored in a locked file cabinet by Dr. Yellow Bird to provide security for this data. The data will be maintained until June 1, 2014, and the data will be disposed of by shredding the interview transcripts.

### **Risks & Benefits**

Potential Benefits: The participants may benefit through the participation of this community project depending on their emotional response to the interview. Being given the opportunity to have a part in a project that is focused on personal experiences of a minority group, such as the lesbian gay bi-sexual transgender queer (LGBTQ) population, may be liberating by expressing the barriers surrounding their experiences with intimate partner violence and seeking local agency support. This process may possibly create healing for participants and survivors and reinstall faith in local rural agency support for intimate partner violence. In addition, it might also help survivors and members of the LGBTQ population with feeling proactive about future generations of same sex survivors of intimate partner violence based on their input from the interview.

**Potential Risks:** There might be questions in the interview that cause concern for the participant by remembering when they had specific experiences during intimate partner violence or seeking help for intimate partner violence with local resources, law enforcement, or medical providers. Some questions may trigger memories of traumatic events involving intimate partner violence. This can be an upsetting experience for the participants if precautions are not taken, or a conversation about what the expected outcome of this community project is before having the interview.

**Risk Management:** The risk management procedure for participants will include a follow-up debriefing, one on one meeting with a Humboldt Domestic Violence Services crisis team member if needed. On the consent form, there will be the crisis line phone number for Humboldt Domestic Violence Services for participants to contact in case any problems were brought up during the interview. In addition, there will be a clear understanding before the interview is administered on volunteer participation, consent, confidentiality, and what the information is being used for will help ease concerns that could arise.

### **Contact Information**

If you have any questions about this research you may contact Susan Dickens, MSW student, at (925) 497-3297 or by email at [sed276@humboldt.edu](mailto:sed276@humboldt.edu) and/or Dr. Michael Yellow Bird, MSW, Ph. D. Humboldt State University Masters of Social Work Program Director at (707) 826-5346 or by email at [mjy9@humboldt.edu](mailto:mjy9@humboldt.edu). Humboldt Domestic Violence Services crisis/support line is open 24 hours a day, 7 days a week at (707) 443-6042 and toll free at (866) 668-6543.

If you have concerns with this study, contact the Chair of the Institutional Review Board for the Protection of Human Subjects, Dr. Ethan Gahtan, at [eg51@humboldt.edu](mailto:eg51@humboldt.edu) or (707) 826-4545. If you have questions regarding your rights as a participant, report them to the Humboldt

State University Dean of Research, Dr. Rhea Williamson, at [Rhea.Williamson@humboldt.edu](mailto:Rhea.Williamson@humboldt.edu) or (707) 826-5169.

**Informed Consent Statement**

This research has been explained to me by Susan Dickens, MSW student at Humboldt State University. I understand that the investigator will answer any questions I have about this study. I understand that my participation is voluntary and that I may stop at any time. I understand the investigator may terminate my participation in the study at any time. I understand that I will not receive any compensation for participating in this research.

I give my informed consent to participate in this study.

Printed name:

Signature:

Date:

## APPENDIX C: FLYER

Humboldt State University- Masters of Social Work Community Assessment

### Research Recruitment Flyer

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Are you or have you ever been in a same-sex relationship  
that involved violence?



Do you identify as Lesbian, Gay, Bi-sexual, Transgender, or  
Queer (LGBTQ) or Same-Sex Attracted?

#### HAS A CURRENT OR PAST PARTNER EVER...

Insist on knowing where you are, who you are with, how long  
you'll be gone?

Constantly accuse you of having sex or flirting with people  
in your life (teachers, friends, bosses, co-worker(s)?

Monitor what you wear, how you wear it, how much make-up  
you put on?

Get angry easily and have quick mood changes or  
unpredictable behavior?

**If you have answered yes to any of these questions we would  
like to talk to you.**

We invite you to take part in a study to help us better understand how to help LGBT people, 18 years or older, get support for Intimate Partner Violence (IPV).

This is a confidential, LGBT-affirming research study. Participants will be given support resources through Humboldt Domestic Violence Services (HDVS) as needed.

If you are interested in learning more about the project or to see if you qualify, please contact Susie [sed276@humboldt.edu](mailto:sed276@humboldt.edu) or call at (925)497-3297 or call toll-free (866)668-6543.