

Intimate Partner Violence in Rainbow Communities

*A Discussion Paper Informed by the
Learning Network Knowledge Exchange
November 2014*



Western
Education

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on Violence Against Women & Children

LEARNING NETWORK

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1 Introduction



Rainbow communities (or individuals who identify as LGBT or LGBTT2SIQQ) in Canada have a history marked by both struggle and resilience. While some sexual orientations and gender identities were once criminalized and considered psychiatric disorders, they are now protected by provincial and federal human rights legislation.

Indeed, social movements emanating from LGBT communities have resulted in the attainment of rights and recognition of which they were previously denied. Important gains, such as marriage equality, have occurred as recently as 2005, indicative of the long battle advocates and activists have fought for decades. Despite the many triumphs of LGBT communities, discrimination and oppression are still a reality in a variety of settings, including the workplace, health services, and even IPV initiatives. The continual fight for legitimacy undertaken by rainbow communities makes it difficult to recognize and address intimate partner violence (IPV) within LGBT relationships.

For instance, many fear disclosing or discussing partner abuse in LGBT relationships will lead to increased homophobia, biphobia, transphobia, isolation, and rejection within families as well as in society. Further, IPV has predominantly been framed within the heterosexual context and does not include visual and conceptual understandings of IPV in rainbow communities. This gap leaves LGBT experiences and understanding of IPV outside of community members' context and consciousness. These real concerns and the resulting silence have impeded research on this topic and limited discussions within and outside rainbow communities on LGBT partner violence. In addition, advocates have questioned whether current responses to IPV meet the needs of LGBT survivors.

In light of the above and in keeping with its mandate,

the Learning Network convened a Knowledge Exchange on Intimate Partner Violence in Rainbow Communities on November 13 and 14, 2014 in London, Ontario. The goal was to discuss issues that arose out of the collective experience and wisdom of the participants, to learn from the research, and to discuss potential next steps for training and education campaigns, community services, and for future research on IPV in rainbow communities.

Invitations were issued so participants would be as diverse as possible, including young and older adults, new immigrants/refugees, people with disabilities, people who are Deaf, and Indigenous peoples. Despite these efforts, circumstances (e.g. lack of ASL interpreters, last minute scheduling conflicts, personal situations) prevented a number of registered participants from attending. The Learning Network is in discussions with various communities who were not represented to explore ways of contributing to this conversation (e.g. commentary).

The Knowledge Exchange was attended by participants (37) who provide services to rainbow community members disclosing or perpetrating IPV, identify as members of rainbow communities, do research on IPV in rainbow communities, and/or educate on the prevention of violence in relationships in Ontario.

“Recognition of the problem is necessary – but never sufficient. We have to bring diverse groups into the conversation and work together to ensure that there are accessible, inclusive programs to meet the unique needs of survivors. We’ve made a start – and that is good -- but we have a long way to go to make this goal a reality – especially for LGBT survivors of IPV.”

Knowledge Exchange Participant



Organizations participating in the Knowledge Exchange included:

- The AIDS Committee of Cambridge, Kitchener & Waterloo
- Centre for Research & Education on Violence Against Women & Children
- Family Service Toronto David Kelley Services
- Guelph-Wellington Women in Crisis
- Interval House Hamilton
- The Lesbian, Gay, Bi, Trans Youth Line
- LGBTQ Wellness Centre of Hamilton
- London Trans Coffee Social Club
- New Path Youth & Family Services Partner Assault Response
- Ontario Association of Interval & Transition Homes
- Ontario Coalition of Rape Crisis Centres
- LGBTQ Parenting Network at Sherbourne Health Centre
- Rainbow Health Ontario/Santé arc-en-ciel Ontario
- Regional HIV/AIDS Connection
- Simcoe County LGBTQ Network
- Springtide Resources
- University of Windsor
- Women's Habitat
- Women's Place of South Niagara
- Women's Rural Resource Centre
- Women's Shelter of York Region
- York University

The overview and analysis of the current research was provided by Dr. Betty Barrett, Dr. Melissa St. Pierre, and Daphne Vanessa Sheridan (see Biographies in Appendix).

This discussion paper, informed by the Learning Network Knowledge Exchange, includes:

- comments from participants,
- information from the literature on IPV in LGBT communities,
- discussions on the experiences of IPV,
- consequences of IPV and barriers to understanding, disclosing and seeking help,
- considerations for continuing to move forward,
- a glossary,
- resources.

The section on “moving forward” contains ideas generated at the Knowledge Exchange for increasing awareness, education, research, and enhancing supports for survivors of IPV in rainbow communities. These ideas are offered to invite new and continued discussions on this important issue.

The overarching goal is to obtain ongoing input from diverse perspectives within communities while building increased cohesion and connection across the province regarding pathways for responding to and stopping IPV.

Leadership by rainbow communities on the issue of IPV is essential. At the same time, there is a need for allies as rainbow communities cannot solely address this issue. Responsibility for safety, equity and accessibility for all survivors and for inclusive healthy communities rests with society as a whole.

“Today was a rare opportunity for the rainbow community to come together for open conversation.”

Knowledge Exchange Participant

2 A Framework for Understanding IPV in Rainbow Communities



Frameworks for IPV serve as a guide to help us think and learn about the issue and to develop possible solutions to address the problem. Many of the same conceptual frameworks used to explain IPV in heterosexual relationships have been applied to IPV in rainbow communities (see Barrett, 2015). Discussions at the Knowledge Exchange suggested an intersectional approach is a promising framework for understanding IPV in rainbow communities.

An intersectional approach considers individual experience within the layered and interacting social contexts in which violence occurs. How violence is experienced by self, responded to by others, and how and whether safety can be obtained are all influenced by intersecting social contexts such as race, class, gender, and sexual orientation. To understand a given individual's experience of violence, an intersectional analysis requires that we consider the person's unique circumstances, aspects of the person's identity (e.g. disability, skin colour, age, gender, housing situation), the types of discrimination impacting the person's identity (e.g. homophobia, racism, classism), and the larger forces and structures reinforcing exclusion (e.g. colonization, capitalism, war, immigration system, legal system) (see Figure 1).

Policies and programs that do not include an intersectional dimension exclude survivors of IPV who exist at points of "intersection between inequalities" (Krizsan & Lombardo, 2013). An intersectional approach "takes into account the full range of identities and circumstances facing people" and is about "putting a structure in place that is inclusive to all" (Simpson, 2009). When we label all "abusive partners" as "he" and "survivors" as "she", for example, we render IPV in LGBT relationships invisible (Bograd, 1999).

Intersectionality Influences:

- Whether, why, how, and from whom help is sought
- Experiences with and responses by service providers and justice systems
- How abuse is defined
- What options seem feasible, including escape and safety concerns

Intersectionality:

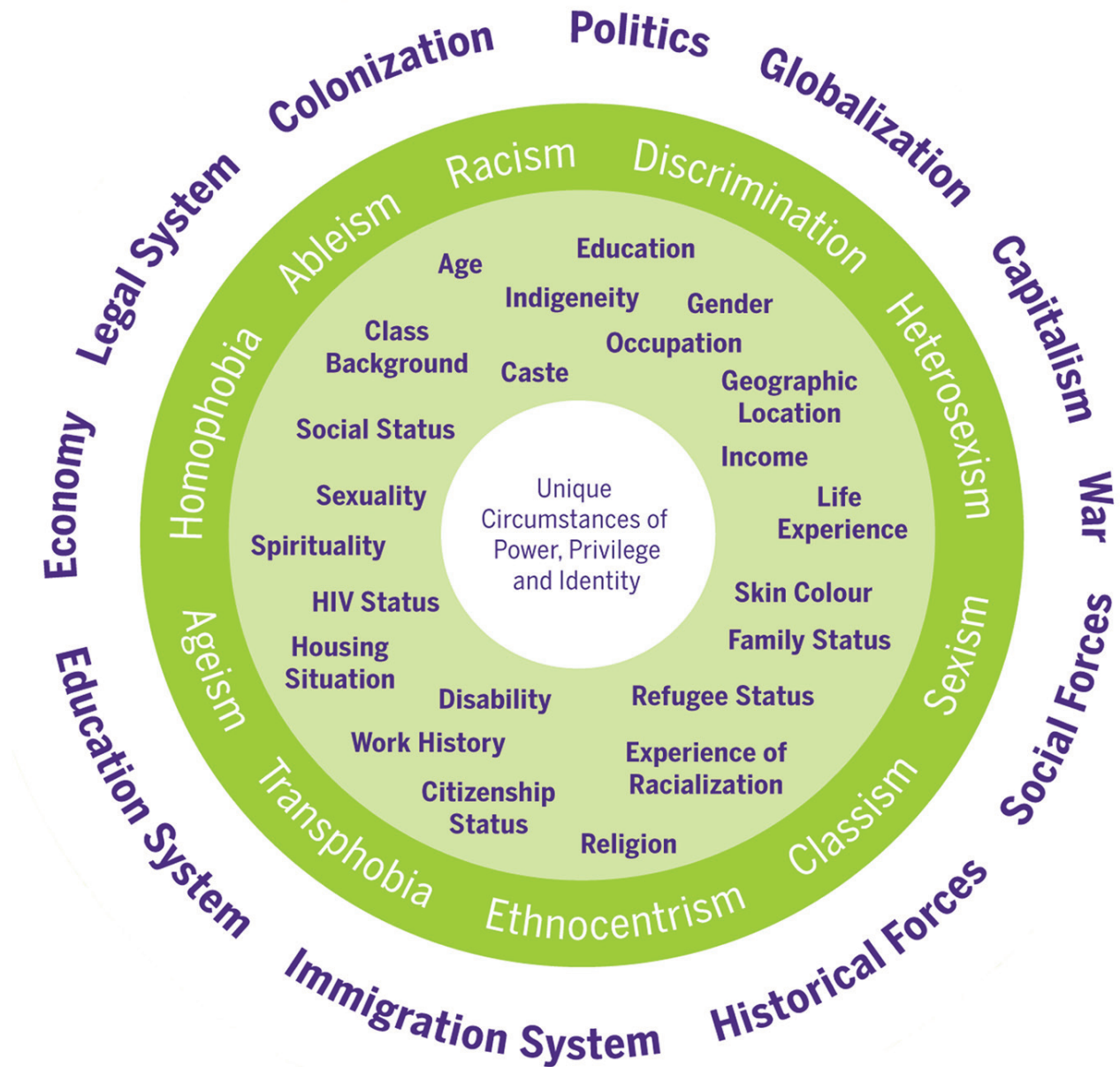
- Aspects of social identity (e.g. sexuality, gender, race) intersect and interact with systems of oppression (e.g. heterosexism, sexism, racism)
- Human lives are multi-dimensional and complex
- No single axis of inequality should be given priority over another

"I never thought, when we came together in 1997 to form the Coalition Against Same Sex Partner Abuse (CASSPA), in Toronto, that 17 years later we would be asking the same questions and struggling with many of the same issues. We must take a harder look at our complicity with all forms of oppression. To take no action against homophobia, racism, or any other manifestation of oppression is to support their continued existence and the use of violence to maintain personal and systemic power over the 'other'."

Knowledge Exchange Participant



Figure 1: Intersectional Approach



Innermost Circle: unique circumstances

Second Circle: aspects of identity

Third Circle: types of discrimination impacting identity

Outermost Circle: larger forces and structures reinforcing exclusion

Note: it is impossible to name every discrimination, identity or structure. These are just examples to help give you a sense of what Intersectionality is.

Graphic adapted from CRIAW/ICREF's Intersectionality Wheel Diagram published in *Everyone Belongs. A Toolkit for Applying Intersectionality* (2009, p. 6)

3 Limitations of Current Research



The weakness of the methods frequently used to conduct applied research limit the conclusions we can draw.

These common challenges are compounded when studying complex, sensitive matters within groups who have experienced historic and ongoing oppression.

For instance, the social stigma experienced by rainbow communities, combined with the further stigma associated with IPV, may make individuals reluctant to self-identify as members of rainbow communities or to share experiences of partner abuse. Individuals experiencing additional social oppressions (e.g. discrimination related to race and/or ability) may be even less likely to trust researchers, especially those associated with dominant and privileged sexual and gender groups.

Researchers must rely on individuals to self-identify as members of rainbow communities and that results in the frequent use of convenience samples (e.g. participants in a LGBT organization or event). Moreover, many methodologies assume gender based on self-identification of sexual orientation. This excludes some, for example, those who identify as both lesbian and transgender. Here, self-identification of 'lesbian' may be noted, but 'transgender' may not be offered as an option.

Convenience samples are rarely representative of the broader population being studied (e.g. sample consists of individuals from large urban area and does not capture those living in rural or remote areas; sample consists only of individuals who are "out" about their sexual and gender identity; sample of transgendered individuals consists largely of sex

workers). Such sampling problems increase the potential for biased findings. The wide range of samples used limits the ability to aggregate findings across studies in order to gain a fuller understanding of IPV in rainbow communities. Even in the few representational population studies conducted, results are limited by methodologies that do not include information about the perpetrator (e.g. is perpetrator a member of rainbow community or not?) and do not provide clarity on who makes up the sample (e.g. does the inclusion criteria accept individuals who self-identify as a lesbian as well as those who would self-identify as a heterosexual who at some point engaged in same sex relations?).

Other difficulties relate to measurement issues. Largely, the use of tools to measure IPV in heterosexual relationships (i.e. Conflict Tactics Scale-2) has been generalized to research with rainbow communities.

This generalized use of measures assumes that the nature of IPV is the same within and outside of rainbow communities, as well as across LGBT communities (e.g. lesbian, gay, bisexual, transgendered).

Barrett's review (2015) of the literature questions this assumption and calls for modification, development and validation of instruments to specifically measure IPV in rainbow communities. Two promising measures are the Lesbian Partner Abuse Scale Revised and the Fairness Relationship Equality Screen for use with gay males. Measures of IPV for other rainbow communities (e.g. transgender) need to be developed.

4 Rates of IPV in LGBT Communities



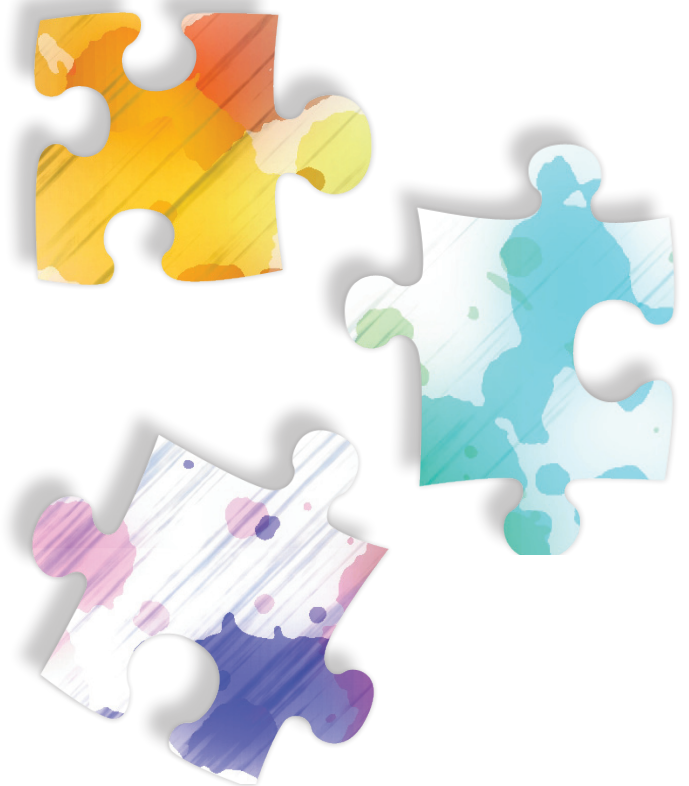
After reviewing the current literature, Barrett (2015) concludes that IPV against LGBT persons “may occur at rates comparable to those reported in the heterosexual IPV literature”.

West’s (2012) review found that rates of IPV in rainbow communities vary greatly across studies and that the research comparing rates of IPV experienced by lesbians, gays and bisexuals is inconclusive. Both authors urge caution in interpreting prevalence rates and identify numerous limitations of current research methodologies. In addition, research with youth members of rainbow communities is needed as this group’s experiences are likely to vary from previous generations growing up in markedly different social and cultural contexts (e.g. connections, education, and harassment through internet and social media; changes to laws and human rights legislation).

Participants in the Knowledge Exchange were polled to obtain their perceptions of the scope of the problem and the current response to IPV within rainbow communities. Ninety-five percent of the participants estimated the prevalence of partner abuse in rainbow communities was between 11 and 50 percent, with the majority estimating 21 to 30 percent of community members experience partner abuse during their lifetime. Despite the high estimates of partner abuse, 88 percent of the participants believed that the issue was not being discussed enough within the community and that efforts to raise awareness about the issue have been largely ineffective (60%) or have had limited effectiveness (35%).

While this snapshot cannot be generalized to the broader rainbow community, it illustrates the perceptions and issues identified by this group of service providers.

In summary, there is evidence that rainbow communities are impacted by IPV. The preponderance of research, however, has focused on heterosexual and cissexual individuals. Additional research that avoids the methodological limitations of much of the current research is needed to develop a fuller understanding of the nature and scope of IPV in rainbow communities.



5 Potential Unintended Consequences



Research and community participants in the Knowledge Exchange noted that concerns about negative consequences are greater in research with oppressed communities.

For instance, elevated concerns may be related to historic and current experiences of discrimination, and in some cases, negative experiences with past research initiatives (e.g. feeling disrespected, lack of communication with the community and individual participants after the data is collected). Such negative experiences or second hand knowledge of them,

may exacerbate concerns about how research or education campaigns will impact their communities, especially if the initiatives are lead by non-community members.

Examples of potential negative consequences that rainbow communities may worry about when it comes to research or awareness campaigns on IPV include:

- diverting attention from hate crimes against rainbow communities;
- creating backlash by identifying women as perpetrators; and,
- reinforcing stereotypes and further stigmatizing rainbow communities.

6 Promising Practices and Future Research

Participants viewed qualitative and quantitative research as an important way to help build a reliable and relevant knowledge base to inform promising education campaigns, training initiatives and services. Promising practices included:

- researchers and rainbow agencies respectfully partner to plan and conduct research;
- contextualize research findings in written and verbal communications; and,
- build robust two-way communications that enable rainbow communities to inform, learn about, and comment on research findings.

Participants also identified the need for relevant research to more fully answer questions such as:

- What is the incidence and prevalence of intimate partner violence within rainbow communities? (e.g. in the community that self-identifies as gay? lesbian? transgendered—regardless of whether they have taken medical steps to change their sex?)
- Do people who identify as members of rainbow communities aggress differently (e.g. type, severity, pattern, frequency)? If so, what does that look like?
- What is required to support and encourage disclosures by members of rainbow communities?
- What is needed to provide effective, sensitive and knowledgeable service?

7 Experiences of Partner Violence within Rainbow Communities



It is critical to understand how heterosexism, heteronormativity, homophobia, biphobia and transphobia impact ongoing partner violence and the marginalization of survivors in rainbow communities.

Systemic oppressions, vulnerabilities and differences—racialization, poverty, recent immigration to Canada, disabilities, Deafness, HIV Status—add to the complexity of the lived reality of survivors in rainbow communities and provide their abusive partners with additional leverage for exerting power and control (see Figure 2).

Research and community participants at the Knowledge Exchange noted commonalities between the experiences of survivors and the abusive behaviour of their partners within and outside of rainbow communities. In common are the basic tactics used to gain power and control—physical, sexual or emotional abuse; financial control; isolation and more. For instance, research found that abusive partners in LGBT relationships also use children and pets to engender fear and force compliance by their partners.

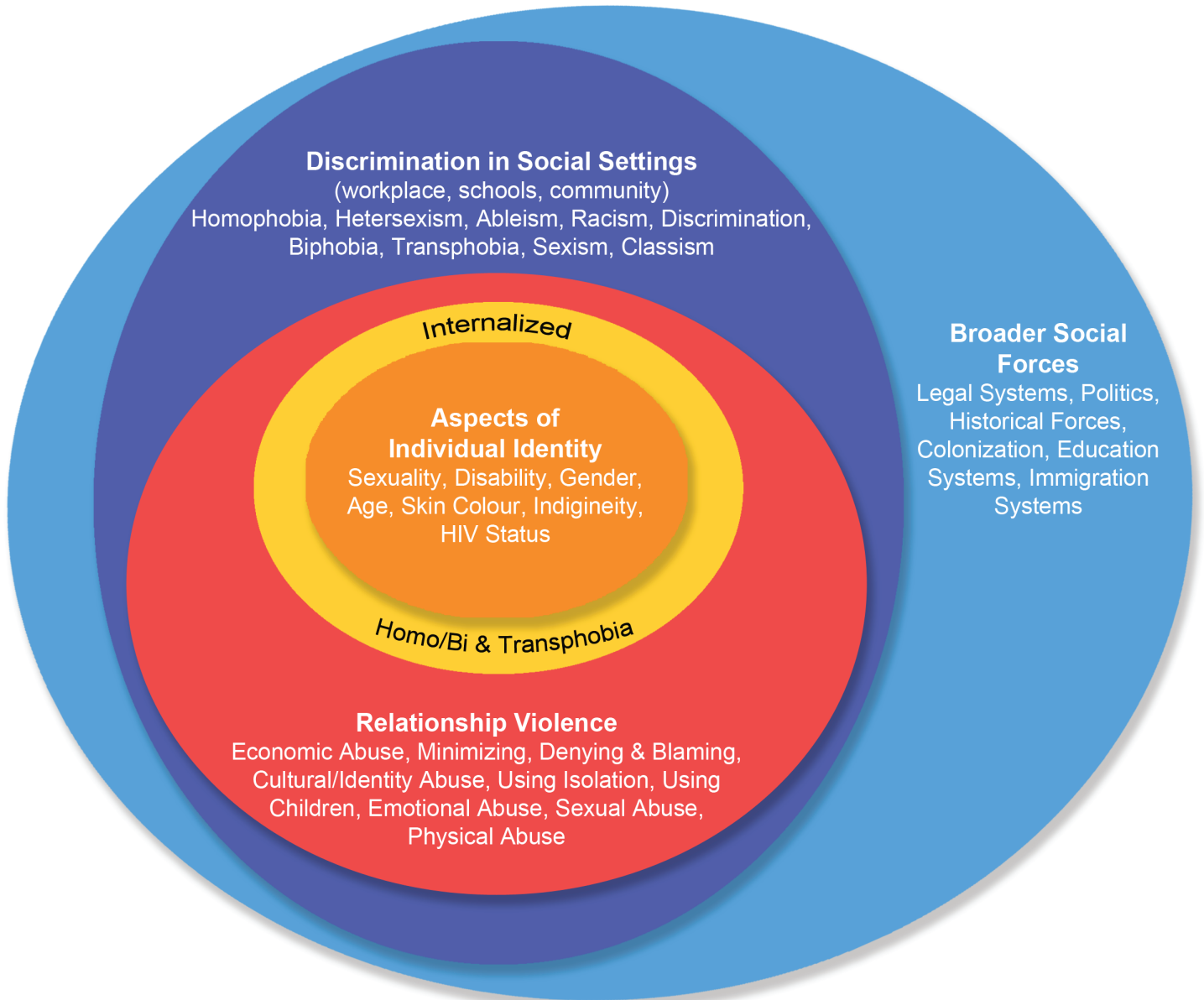
Participants also discussed expressions of partner abuse distinct to rainbow communities. For instance, abusive partners in rainbow communities reinforce their power and control over their partner by using societal factors such as homophobia, biphobia or transphobia to negatively impact their partner's identity and intensify exclusion. This form of abuse compounds and complicates the consequences faced by LGBT survivors.

“Homophobia, biphobia, and transphobia do the work for abusive partners by isolating the survivor, destroying their self-esteem and convincing them that no one will help them because of their sexual orientation and/or gender identity.”

The Network/La Red, 2010



Figure 2: Partner Violence in LGBT Relationships



Adaptation of the Power & Control Wheel originally developed by Duluth with Intersectional & Socio-Ecological Influences.



Consider the following experiences of partner abuse specific to rainbow communities:

- “outing” or threatening to “out” the survivor’s sexual orientation or gender identity to family members, employers, community members or others
- saying that no one will help the survivor because of the survivor’s sexual orientation or gender identity
- justifying the abuse or further isolating the survivor by stating that the partner is not “really” a member of a given rainbow community (e.g. survivor may have had/may still have other relationships or express a gender identity inconsistent with the abuser’s definitions)
- threatening that the survivor will be ostracized from the rainbow community if they tell someone about the abuse
- monopolizing support resources by manipulating friends, family supports, and formal supports in order to isolate survivor from potential supports/resources (this is a particular issue for LGBT survivors where there are often fewer formal resources, social networks and social outlets.)
- telling or threatening to tell others that survivor has HIV/AIDS
- portraying the violence as mutual and even consensual, or as an expression of some “desirable” trait (e.g. strength, masculinity)

Transgender survivors who experience violence from an abusive partner may:

- have hormones withheld or be prevented from attending medical appointments that the survivor requires to live life in their gender
- be ridiculed for their sex and/or gender identity
- be told that they are not a “real” man/woman
- be referred to by gender pronouns not consistent with how they self-identify

For additional examples, see Figure 3.

“LGBT individuals are submersed in all of the dominant, heteronormative systems that exist. Our lives are further compounded when our LGBT identities don’t fit within these structures, creating an incredibly complex experience. When abuse is present in a relationship, with people who experience daily forms of homo/trans/biphobia, the actual relationship becomes a place of safety and fear at the same time.”

Knowledge Exchange Participant

“VAW sector agencies who are truly effective in responding to IPV in rainbow communities not only commit to developing this competency within their organizations (facilitating this commitment at all levels of the organization) they also continuously lend their ally voice at community tables to help reframe the conversation to ensure that victims of IPV from the rainbow community are included and to deepen the awareness of IPV issues specific to our communities—including the barriers to seeking support.”

Knowledge Exchange Participant



Figure 3: Experiences of Partner Violence

IPV Survivors--including LGBT Survivors--may experience:

LGBT Survivors may also experience:

Emotional Abuse

- Put downs
- Humiliation
- Questioning the validity of the survivor's gender identity or sexual orientation
- Controlling how partner expresses their gender or sexuality
- Using homo/bi/transphobic slurs

Minimizing, Denying or Blaming

- Minimizing abuse
- Blaming survivor for the abuse
- Accusing survivor of "mutual abuse"
- Denying abuse can occur in same sex relationships or with transgender partner

Physical Abuse

- Shoving, pushing
- Slapping, hitting
- Kicking
- Biting
- Strangulation
- Withholding hormones for gender transition
- Forced public displays of affection in areas that are not LGBT friendly to intimidate or scare partner
- Forced public displays of affection that "out" a partner

Sexual Abuse

- Physical assaults to "sexual" body areas
- Forced sex
- Refusal to allow safe sex practices
- Using gender roles to control what partner does sexually
- Forcing partner to have sex in a way that doesn't align with their gender identity

Cultural/Identity Abuse

- Using the survivor's culture/identity against them
- Preventing survivors from observing the customs of their faith
- Using the survivor's sexual orientation or gender identity against them
- Reinforcing internalized homo/bi/transphobia

Using Children

- Using children to relay abusive messages
- Threatening to take the children
- Threatening to harm the children
- Threats to or revealing sexual orientation and sexual and gender identity to children
- Threats to use sexual orientation or gender identity to gain custody of children

Using Isolation

- Limiting the survivor's activities and contact with others
- Making survivors account for their whereabouts
- Threatening to or isolating from LGBT networks and social spaces
- Threatening to "out" survivors to estrange them from family or friends

Economic Abuse

- Controlling finances
- Making survivor ask for money
- Interfering with work or education
- Using credit cards without permission
- Threatening to "out" partner to employer
- Identity theft which can be easier if the partner is the same sex

8 Consequences of IPV and Barriers to Disclosure and Seeking Help



An individual's experience of IPV is shaped by many factors (e.g. sex, race, age, ability, ethnicity, faith, sexual orientation and gender identity, and income level) and the stereotypes, prejudices and social inequities related to such factors (e.g. ableism, homophobia, transphobia). Thus, many contexts—not just the physical or other details of the abuse itself—shape the impacts of partner violence, as well as a survivor's decisions and attempts to reach for supports. Stereotypes, prejudices and social inequities also influence the help or support experienced following violence.

Consequences of IPV are harmful for all survivors and can affect every domain of their lives: psychological (e.g. depression, anxiety, fear, trauma), physical (e.g. mild through to severe injuries, health complications from the withholding of medications), and social (e.g. loss of friends, loss of resources). However, the social and structural marginalization of some gender and sexual communities create vulnerabilities that are often exploited by abusive partners, shape the consequences of IPV experienced by survivors, and increase barriers to disclosing and reaching for supports.

Potential consequences of IPV for rainbow community survivors that also create barriers to disclosure and help seeking include:

- pressure to come out to family, work colleagues, the police or service providers as a member of a rainbow community in order to obtain support
- apprehension about the consequences of coming “out” or being “outed”
- concerns or fears that they will be shamed, ridiculed or not believed by authorities (e.g. health professionals, police) because of homophobia, transphobia, heteronormativity

- concern that the abuse will be minimized because they are the same sex as their intimate partner or a member of the transgender community
- guilt about or fear of reprisal from indirectly or directly “outing” their abusive partner
- isolation from their rainbow community that in many jurisdictions is small and shared with their abusive partner
- concern that they will not find another partner because rainbow communities are very small in some locations (e.g. rural or remote)
- concerns that their children may be bullied or teased because their parents' sexual orientation and/or gender identity will become known
- concerns that their children may be removed (or access to their children limited) because heterosexism, homophobia and transphobia will influence decisions by the Child Welfare System
- increased vulnerability in relation to HIV and other sexually transmitted infections (e.g. abusive partner is or threatens to be violent if safe sex practices are requested by survivor)
- believe that they deserve to be abused because of internalized homophobia, biphobia or transphobia

Social and structural marginalization create vulnerabilities that are often exploited by abusive partners, shape the consequences of IPV experienced by survivors, and increase barriers to disclosing and reaching for supports.



Figure 4: Barriers to Services





Other barriers to seeking help are related to perceptions about or the actual practices of service providers. Some of the barriers to services are presented in Figure 4.

The use of non-inclusive, heteronormative language and practices creates barriers. For example, this occurs when a service provider always uses the pronoun “he” to refer to abusive partners or uses a gender pronoun that is not consistent with how the client self-identifies.

Barriers are also created when the service system struggles to effectively respond to the needs of individuals who are coping with IPV and other difficulties such as substance abuse and/or mental health issues. While this service struggle is a problem generally, it may create particular barriers for the rainbow community given its historic and continuing association with bars, alcohol, and drug culture.

Participants in the Knowledge Exchange viewed the Criminal Justice System’s historic and ongoing response to the LGBT community as a significant barrier for disclosures of IPV by rainbow community members. For example, concerns were raised about an increased incidence of dual charging that results from a skewed assessment and inaccurate identification of the primary aggressor within a lesbian or gay or transgender relationship. Anecdotal evidence suggests increased rates of dual charging of lesbians, particularly when there are additional vulnerabilities such as recent immigration, racialized identity and disabilities involved.

“Clearly, the issue of relationship abuse is affecting the LGBT and there are barriers to entering and accessing supports within and outside the community.”

Knowledge Exchange Participant



9 Considerations for Continuing to Move Forward



Participants at the Knowledge Exchange discussed potential next steps for increasing awareness and education about IPV in rainbow communities, as well as enhancing supports for survivors of partner violence and interventions for partners using abusive behaviour. Their ideas are offered with the hope that they will start, renew or add value to existing discussions.

Rainbow community organizations and members have diverse voices and positions. Accordingly, participants emphasized the importance of obtaining ongoing input from diverse perspectives to build increased cohesion and connection across the province on how best to respond to and end IPV.



Leadership by rainbow communities on the issue of IPV is essential. At the same time, there is a need for allies as rainbow communities cannot solely address this issue. Responsibility for safety, equity and accessibility for all survivors and for inclusive healthy communities rests with the whole society.

Build networks and alliances

A foundational step is to strengthen/build connections between LGBT specific services throughout the province (e.g. locally, regionally and provincially), as well as to build relationships between provincial LGBT organizations (e.g. Rainbow Health Ontario) and provincial VAW organizations (e.g. Ontario Association of Interval & Transition Houses, Ontario Coalition of Rape Crisis Centres). For instance, building networks between LGBT organizations and the VAW sector would bring their respective expertise together and result in benefits for LGBT clients seeking IPV supports in either service stream. A resource base to support and strengthen linkages and networks is likely needed. Additionally, IPV in LGBT relationships needs to be on the agenda in interagency relationships with allied services and, where appropriate, working protocols and/or agreements developed (e.g. health/mental health services, child protection services, law enforcement).

“For example, I think it’s important to build a relationship with a provincial HIV/AIDS organization as they can be a conduit to reach out to gay, bisexual and men who have sex with men. HIV/AIDS organizations also have many years of experience working with the larger LGBT community, using Community Based Research Models, and effecting Knowledge Translation and Exchange.”

Knowledge Exchange Participant

www.vawlearningnetwork.ca

Bridge research and community practice

Participants viewed qualitative and quantitative research as an important way to help build a reliable and relevant knowledge base to inform promising education campaigns, training initiatives and services. Promising practices included:

- Build respectful partnerships with members of rainbow communities to plan and conduct research;
- Use anti-oppression and intersectional frameworks;
- Consider rapid political, social, and technological shifts when planning and implementing research studies because these shifts impact IPV, service, and the experiences of survivors;
- Design and implement practice-oriented research using approaches that are more responsive to the realities of marginalized communities (e.g. appreciative inquiry, community centred models);
- Develop research in response to the needs of rainbow communities (e.g. ensure inclusion of transgender, youth, and HIV positive individuals);
- Evaluate current services with a view to supporting service providers to provide the most effective services and to strengthen linkages between community practice and researchers;
- Contextualize research findings in written and verbal communications;
- Use knowledge-to-action approaches that communicate research results back to the community and collaboratively determine implications for practice (e.g. providing realistic and specific strategies for service providers whenever possible).



Develop public awareness, education and prevention

Develop broad public education campaigns about IPV in rainbow communities that will enable friends, family and neighbours to recognize warning signs, respond supportively, and provide referral information (e.g. where to go for support, refuge, safety planning). Considerations should include: how to increase awareness of homophobia, transphobia, and biphobia, heterosexism, and heteronormative attitudes and/or the healthy opposites of such discriminatory attitudes; how to show links between discrimination and IPV; how to model inclusive and supportive responses to survivors of IPV in LGBT communities; how to develop education that includes the diversity of rainbow communities (e.g. youth, HIV positive individuals, disabled members, refugee and immigrant members).

Identify core competencies for service providers

Determine the core competencies required by service providers to respond effectively to the needs of survivors of IPV in LGBT relationships, to provide interventions to abusive partners, and to support children. Many of these competencies will be essential no matter what door an individual opens in their attempt to reach help (e.g. LGBT specific services, VAW services, health/mental health services, social services). It may be helpful to convene a focus group or round table comprised of a diverse group of researchers, service providers, survivors to draft core competencies for review.

Develop training to build core competencies

Use the core competencies required by service providers to respond effectively to the needs of survivors of IPV in LGBT relationships to inform training curricula for service providers. There may

be value in having LGBT and the VAW providers collaboratively develop the training curriculum given the anticipated overlap in some core competencies for effective responses for IPV in heterosexual and in LGBT relationships. Further, research shows that some LGBT survivors will seek help in agencies largely serving survivors of heterosexual IPV. Consider an approach that would start training with LGBT specific organizations, followed by VAW agencies, and then make training available to mainstream agencies including but not limited to: health care providers, workers dealing with housing needs, mental health workers, social justice advocates, law enforcement officers, and child welfare advocates.

The use of multiple trainers from different perspectives with a range of entry points into the issue, may be the most inclusive approach and would engage collaboration among sectors and community members. The existing general infrastructure to respond to IPV may be helpful in co-delivering and/or disseminating training.

Build inclusive organizations

Create inclusive organizations through agency policies and procedures for all aspects of the organization (e.g. governance, management and employees, programs, and clients). To this end, a mechanism is needed so that organizations can review the inclusivity of current policies, procedures and organizational climate/culture. For instance, organizations will require audit tools that assess for discrimination such as racism, homophobia, biophobia, transphobia, and heterosexism.





Ensure responsive services

In keeping with Rainbow Health Ontario's statement on the social determinants of health, it is recommended that IPV services for both partners and children be based in the understanding that "the social, cultural, political and economic context of peoples' lives has a big impact on their health" (see www.rainbowhealthontario.ca/about-us/). It follows from this understanding, that sexual orientation and gender identity impact health and wellness. In developing, enhancing, or retooling responses (e.g. education, advocacy, supports, prevention) to IPV in the LGBT community, consideration should be given to using an intersectional approach; an understanding of coercive power and control dynamics within LGBT relationships, awareness of the barriers to disclosing and seeking help; a sex positive and harm reduction philosophy; and a social determinants of health lens. A holistic approach to planning will consider the multiple doors that could lead to supports and the best way to reach out to those who have experienced violence, those in relationships where there is a greater risk a partner will use abusive behaviour, and those in positions to recognize warning signs and offer support and referral information.

Leverage current resources

Current IPV research and resources need to be documented and housed in one location so that they are readily accessible to community members, researchers and the general public. As this area expands, new resources can continue to be added.

We invite you to join the discussion (Twitter: [@learntoendabuse](https://twitter.com/learntoendabuse) | [#RainbowKE](https://twitter.com/RainbowKE)) or send us your thoughts about this discussion paper and possible next steps for responding to and preventing IPV (vawln@uwo.ca).



10 Glossary



It is preferable to ask people how they identify their gender and sexual orientation, including their preferred use of pronouns.

Biphobia

- Biphobia is the irrational fear or hatred of bisexual people based on negative stereotypes. This term addresses the ways that prejudice against bisexuals differs from prejudice against other queer people.
- People of any sexual orientation or gender identity can experience such feelings of aversion.

Bisexual

- A person who is attracted to both people of their own gender and another gender. Also called “bi”.

Cissexual

- Individuals whose gender identity, body of birth, and gender presentation have always been aligned as either male or female.

Coming out

- Refers to the process in which one acknowledges and accepts one’s own sexual orientation. It also encompasses the process in which one discloses one’s sexual orientation to others. The term closeted refers to a state of secrecy or cautious privacy regarding one’s sexual orientation.

Gay

- A person who is attracted primarily to members of the same sex. Although it can be used for any sex (e.g. gay man, gay woman, gay person), “lesbian” is sometimes the preferred term for women who are attracted to women.

Gender-based violence

- Gender-based violence (GBV) is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity. Gender-based violence is sometimes used interchangeably with “violence against women” although the latter is a less inclusive concept.

Gender Expression

- A term which refers to the ways in which we each manifest masculinity or femininity. It is usually an extension of our “gender identity,” our innate sense of being male, female, etc.

Gender Identity

- Refers to one’s sense of oneself as male, female, or transgender

Genderqueer

- People who possess identities which fall outside of the widely accepted sexual binary (i.e. “men” and “women”).
- May also refer to people who identify as both transgendered and queer (i.e. individuals who challenge both gender and sexuality regimes and see gender identity and sexual orientation as overlapping and interconnected).

Heteronormativity

- The cultural bias in favor of opposite-sex relationships of a sexual nature and against same-sex relationships of a sexual nature.



Heterosexism

- It is the assumption that heterosexuality is the norm from which LGBT people “deviate”. Heterosexism implies that heterosexual families and relationships are natural, normal and better than relationships within the LGBT community.

Heterosexual

- Refers to individuals who are attracted to individuals of the other sex.

Homophobia

- Homophobia is the irrational fear and hatred of those who love and sexually desire those of the same sex. It can include dislike, avoidance, refusing to employ, and acts of violence sometimes referred to as “gay bashing”.

Homosexual

- A person who is sexually attracted to people of their own sex.

Intersex

- A person whose sexual anatomy or chromosomes do not fit with the traditional markers of “female” and “male” (e.g. people born with both “female” and “male” anatomy (penis, testicles, vagina, uterus); people born with XXY chromosomes).

In the closet

- Describes a person who keeps their sexual orientation or gender identity a secret from some or all people.

Intimate partner violence (IPV)

- Describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. Although women can be violent against their male partners and violence may be found in male-male and female-female partnerships, it is well documented that the overwhelming burden of partner violence around the world is borne by women at the hands of men.

Lesbian

- A woman who is primarily attracted to other women.

Queer

- An umbrella term sometimes used by LGBT people to refer to the entire LGBT community.
- An alternative that some people use to terms such as lesbian, gay, bisexual, etc. The word queer is an in-group term, and a word that can be considered offensive to some people, depending on their generation, geographic location, and relationship with the word.

Questioning

- For some, the process of exploring and discovering one’s own sexual orientation, gender identity, or gender expression.



Rainbow Community/LGBT Community

- The terms rainbow communities or rainbow community take their names from the Rainbow Flag, an internationally recognized symbol of the Lesbian, Gay, Bisexual and Transgender (LGBT) Community. Another acronym used to refer to rainbow communities is GLBTTI2SQ* (gay, lesbian, bisexual, transsexual, transgender, intersex, two-spirit, queer & questioning). LGBT is the acronym most commonly used. All of the above terms acknowledge the diversity inherent within the “community of communities.”

Sex

- Refers to a person’s biological status and is typically categorized as male, female, or intersex.

Sexual Orientation

- Refers to the sex of those to whom one is sexually and romantically attracted. Categories of sexual orientation typically have included attraction to members of one’s own sex (gay men or lesbians), attraction to members of the other sex (heterosexuals), and attraction to members of both sexes (bisexuals).

Transgender

- An umbrella term for a person whose gender identity does not match society’s expectations of someone with their physical sex characteristics.

Transphobia

- The fear or hatred of transgender people. This term was created to call attention to the ways transgender people are subjected to prejudice, discrimination, harassment and violence. Transphobia exists in gay, lesbian, and bisexual communities, as well as straight communities.





Organizations and Networks

2Spirited People of the First Nations

www.2spirits.com

This website offers a number of resources, reports and information regarding aboriginal, LGBTQ and 2 spirit people including information regarding health and domestic violence.

The 519 Church Street Community Centre

www.the519.org

The 519 is a community centre in Toronto that provides supports and services to LGBT communities. Services include education and training, sports and recreation, community drop-in, and newcomer settlement services.

Egale

www.egale.ca

Egale is a national charity that promotes LGBT human rights through education and research on such topics as safe schools and hate crimes. In Toronto, Egale supports the Egale Youth OUT Reach program which provides crisis intervention, counselling and provides assistance with housing for LGBT youth.

Lesbian Gay Bi Trans Youthline

www.youthline.ca

1-800-268-9688

The Lesbian Gay Bi Trans Youth Line is a toll-free peer support phone line for lesbian, gay, bisexual, transgender, transsexual, 2-spirited, queer and questioning youth (26 years and younger) in Ontario. The Youth Line also provides support through online forums and email. The Youth Line peers offer callers support, information and referrals.

LGBTQ Newcomer Settlement Network Toronto

[https://sites.google.com/site/](https://sites.google.com/site/lgbtqnewcomersettlementnetwork/)

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The LGBTQ Settlement Network was developed to support frontline staff in their work with LGBTQ newcomers; act as a community hub for those interested in this work; stimulate dialogue in relation to LGBTQ newcomers and their settlement needs in broader forms; act as a forum to develop partnerships; increase visibility of the network in the larger community as well as in LGBTQ communities; coordinate outreach efforts to LGBTQ newcomers; and act as a catalyst for systemic change.

Ontario Association of Interval & Transition Houses (OAITH)

www.oaith.ca

OAITH is a provincial network of shelters and transition houses serving primarily women who are experiencing violence in intimate relationships.

Ontario Coalition of Rape Crisis Centres (OCRCC)

www.sexualassaultsupport.ca

The OCRCC works toward the prevention and eradication of sexual assault. The Coalition recognizes that violence against women is one of the strongest indicators of prevailing societal attitudes towards women. Members of the Coalition include sexual assault centres from across Ontario, offering counselling, information and support services to survivors of sexual violence, including childhood sexual abuse and incest.



Ontario Rainbow Alliance of the Deaf (ORAD)

www.new2.orad.ca

ORAD serves LGBTQ deaf, deafened and hard of hearing people. ORAD coordinates events and activities and provides educational and social outreach workshops. ORAD is located at 519 Church St; Toronto

PFLAG

www.pflagcanada.ca

PFLAG is Canada's only national organization that helps all Canadians with issues of sexual orientation and gender identity. A number of resources and links are identified.

Rainbow Health Ontario

www.rainbowhealthontario.ca

Rainbow Health Ontario (RHO) works to improve access to services and promote the health of LGBTQ communities in Ontario. RHO provides training to service providers about LGBTQ health including trans specific training; shares information and resources; encourages, promotes, and shares research; consults on public policy issues; provides consultations to organizations across the province to develop their capacity; and hosts the only national LGBTQ health conference.

Rainbow Youth Advisory - Ottawa

www.ysb.on.ca/index.php?page=rainbow-youth-advisory&hl=eng

The Rainbow Youth Advisory works with community partners to raise awareness of issues facing Ottawa's GLBTTQ youth. Members work with GLBTTQ youth in community to identify barriers to accessing existing service and resources, and advocate for services to address their needs.

Springtide Resources

www.springtideresources.org

Springtide develops and implements programs and resources that support the educational, prevention and training needs of those who work towards ending violence against women. Springtide has developed a number of resources and programs for and about LGBT communities.



Toolkits

Asking the right questions 2: Talking about sexual orientation and gender identity in mental health, counselling, and addiction settings

http://knowledgex.camh.net/amhspecialists/Screening_Assessment/assessment/ARQ2/Documents/arq2.pdf

This manual was developed for all therapists, counsellors, clinicians, nurses and doctors assessing or treating clients who have substance use and/or mental health concerns that may be related to sexual orientation and/or gender identity issues. The manual helps clinicians create an environment where lesbian, gay, bisexual, transgendered, transsexual, two-spirit, intersex, and queer (LGBTTTIQ) clients feel comfortable identifying themselves as such so that a clinician can best assess the specific needs of the client; engage these clients in a positive treatment process; develop specifically tailored treatment plans; and make appropriate referrals.

Building Pride: A resource for LGBT inclusion in the workplace

www.buildingpride.ca

Building Pride is a resource that provides materials and information on how to create LGBT-inclusive workplaces in Ontario. Building Pride provides best practices, personal stories of change, a list of available inclusive jobs, and other resources. A resource offered is the Employment Toolkit developed by Pride At Work. The purpose of the toolkit is to help employers and employees make the workplace more inclusive of lesbian, gay, bisexual and trans-identified Canadians through dialogue, education and leadership.

Our Relatives Said: A Wise Practices Guide (2008)

www.2spirits.com

This booklet provides information on traditional roles of Trans-people in the Aboriginal community, and tools and resources to support health providers and organizations in Aboriginal communities.

Positive Spaces Initiative

www.positivespaces.ca

An initiative from OCASI to support agencies and organizations to develop welcoming environments where LGBTQ+ newcomers are able to access services free from discrimination based on sexual orientation, gender identity and gender expression. Positive Spaces offers an online assessment tools, starter kit and access to training programs.

Training for Change: Practical Tools for Intersectional Workshops. Rainbow Health Network.

www.oaith.ca/assets/files/Publications/Intersectionality/Practical-tools-intersectional-workshops.pdf

This toolkit provides practical exercises to promote intersectionality and address stereotypes and sexism in LGBT communities.

Violence in same-sex relationships: Tips for service providers and organizations

www.springtideresources.org/resource/archives-violence-same-sex-relationships-tips-service-providers-and-organizations

Springtide offers practical tips to VAW agencies for providing services to LGBTQ people, and developing safe and inclusive spaces.

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13 Appendix



The overview and analysis of the current research was provided by Dr. Betty Barrett, Dr. Melissa St. Pierre, and Daphne Vanessa Sheridan at the Learning Network Knowledge Exchange on Intimate Partner Violence in Rainbow Communities in November 2014.

Betty Barrett (MSSW, PhD) is an Associate Professor of Social Work and Women's Studies at the University of Windsor, Ontario, Canada. She received her doctoral degree in Social Welfare from the University of Wisconsin, Madison in 2006. Dr. Barrett specializes in the study of intimate partner violence, with a particular interest in violence perpetrated against those in socially, economically, and racially diverse populations. She is currently conducting research funded by the Social Sciences and Humanities Research Council (SSHRC) investigating variations in intimate partner violence survivors' help seeking behaviors and interactions with police over a ten year period in Canada.

Melissa St. Pierre (PhD) is a recent graduate of the Applied Social Psychology PhD program at the University of Windsor. She is currently a Post-Doctoral Visitor on the LGBTTTQI Home Care Access Project (<http://yorku.ca/lgbthome>), a CIHR funded study housed at York University in Toronto. Her research is concentrated in the areas of LGBT health and health care access. She also enjoys teaching courses in Health Psychology at York University. Melissa has published in the areas of intimate partner violence in heterosexual and LGB partnerships and lesbian health. Her research has been supported by the Ontario Graduate Scholarship program, SSHRC, and a Lesbian Health Fund of the Gay and Lesbian Medical Association.

Daphne Vanessa Sheridan is currently a fourth year social work student and will be graduating this year with a combined bachelors degree in Social Work and Women's Studies. She has been attending the University of Windsor, where she is a Research Assistant for Dr. Barrett. Daphne is very interested in mental health, transgender issues, and policy in regards to how minority groups are affected by oppressive and discriminatory policies.

The Knowledge Exchange was facilitated by:

Sly Castaldi is Executive Director of Guelph-Wellington Women in Crisis. Sly has served as President of the Board of Directors and Founding Member of the Legal Clinic of Guelph and Wellington County, Chair and Founding Member of the Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence, Chair and Founder of the Safe City Committee, and Executive Member of the Ontario Coalition of Rape Crisis Centers. Sly was also a Member of the Board of Directors of Victim Services Wellington and a Founding Member of the Sexual Assault Care and Treatment Program at the Guelph General Hospital. Sly was the recipient of the Women of Distinction award, the Diamond Jubilee Medal, and the Community Award from Crime Prevention Ontario. Sly is a member of the Learning Network's Provincial Resource Group.

Clare Freeman holds a child and youth diploma, BA degree in social policy and a Masters of Social Work degree. For the past thirty years, she has been a passionate advocate, therapist, educator, and researcher in the area of sex-gender-based intersectional work; including violence (sexual and domestic), human relations, trauma, family worker and human sexuality. Since 2002, she has been the Executive Director for Interval House of Hamilton women's shelter and outreach legal advocacy and counselling services for abused women and children. She has been involved with numerous provincial and national research projects with McMaster and University of Western Ontario. Clare is a member of the Learning Network's Provincial Resource Group.

Marsha Sfeir is the Executive Director of Springtide Resources. She is an educator and activist on gender based violence and human rights. She has worked internationally for over 42 years. She has been listed in Who's Who of Canadian Women and has received the Soroptimist International's "Women Helping Women" Award and the Mt. Sinai Hospital's Women's Achievement Award for "Promoting Awareness of Domestic Violence as a Significant Health Issue". Her publications include five volumes of curriculum for high school students on social issues and numerous manuals, study guides, essays, and fact sheets on woman abuse. Marsha is a member of the Learning Network's Provincial Resource Group.