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# Shelter Response to Intimate Partner Violence in the Lesbian, Gay, Bisexual, and Transgender Community

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Shelter Response to Intimate Partner Violence in the Lesbian, Gay, Bisexual, and  
Transgender Community

by

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MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
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The Clinical Research Project is a graduation requirement for MSW students at the University of St. Thomas/St. Catherine University in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social work research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Shelter Response to Intimate Partner Violence in the Lesbian, Gay, Bisexual, and Transgender  
Community

by Raelene Carlson

Research Chair: Michael Chovanec, Ph.D., LICSW

Committee Members: Kacie Ervasti, MSW, LGSW; Eva Wood, J.D.

**Abstract**

The research on intimate partner violence (IPV) within lesbian, gay, bisexual, and transgender (LGBT) relationships has shown them to have a similar or even higher rate of violence as opposite-sex relationships. While the prevalence rate of IPV within LGBT relationships is similar to that of opposite-sex relationships, there is a gap in IPV services available to LGBT survivors of IPV. The purpose of this research study was to describe the perspectives of professionals working in IPV shelters about the services available to IPV survivors in the LGBT community. This study explored the barriers and supports that exist within IPV shelters that impacted the ability of LGBT survivors of IPV to access shelters, and explored ideas on how IPV shelters could become better at supporting LGBT survivors. This research study was an exploratory qualitative research study and collected data through interviews by using a snowball sampling technique. Three staff members from different IPV shelters completed interviews in-person or over Skype for this study. The participants' interviews were analyzed using a conventional content analysis technique in order to generate themes. Five main themes were generated from the interviews: a) Serve everybody, b) Ways IPV organizations show they are LGBT friendly, c) Small number of LGBT clients, d) Organizational purpose, and e) Barriers to housing services for male-identified survivors.

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## Introduction

The purpose of this paper was to raise awareness about the issue of lesbian, gay, bisexual, and transgender (LGBT) intimate partner violence (IPV) and the gap in IPV services available to this population. While much of the focus within IPV organizations is on violence within heterosexual relationships, violence within LGBT relationships does occur and is a serious problem. The research on IPV within LGBT relationships has shown them to have a similar or even higher rate of violence as opposite-sex relationships. A study on IPV within lesbian relationships has shown that between 22%-46% of all lesbians have been involved in a same-sex relationship that involved physical violence (Elliott, 1996). Another study by Short (1996) found that violence occurred in 28% of opposite-sex relationships, 48% of lesbian relationships, and 39% of gay relationships.

Intimate partner violence was initially known as domestic violence, and physical violence was the only form of abuse included in this initial definition (Sorenson & Thomas, 2009). The term, domestic violence, has since been replaced with intimate partner violence (IPV) in order to include people in non-marital and same-sex relationships, and has also broadened to include sexual assault, psychological maltreatment, and stalking (Sorenson & Thomas, 2009). IPV is defined as violence that occurs between current spouses, current non-marital partners, dating partners, boyfriends or girlfriends, former marital partners, divorced spouses, former common-law spouses, separated spouses, former non-marital partners, former dates, or former boyfriends and girlfriends regardless of the gender of the people in the relationship (Morin, 2014). In the IPV literature, the individuals inflicting the violence are referred to as perpetrators and the individuals experiencing the violence are referred to as survivors. While violence within romantic relationships was the focus of this study, LGBT individuals do experience violence at

the hands of other family members and friends. This study only focused on violence within romantic relationships because IPV shelters only accept survivors of IPV within romantic relationships, and shelter services were the focus of this study.

Much of the attention and research in IPV has been focused on IPV between a man and a woman. In this narrow view of IPV, the man typically inflicts some type of violence onto a woman. A study by Pagelow (as cited in Merrill & Wolfe, 2000) found that 95% of IPV in opposite-sex relationships was perpetrated by the male partner. The problem with this definition of IPV, however, is that it ignores and excludes violence in LGBT relationships.

There are a couple of reasons why violence within LGBT relationships has largely been ignored by the IPV movement and in the IPV literature. First, according to Elliott (1996), the IPV movement has largely adopted and promoted the philosophy that violence in relationships is caused by sexism and patriarchy. In their view of IPV, men cannot be abused and women cannot abuse (Elliott, 1996). Violence within LGBT relationships does not fit this definition of IPV because it requires women to abuse their partners in lesbian relationships and men to be the recipients of violence in gay relationships. As a result, the IPV movement has ignored violence within LGBT relationships. Second, the LGBT community itself has tried to keep the issue of IPV within LGBT relationships out of the public awareness in order to prevent opponents of LGBT relationships from using the information to promote negative stereotypes of the community (Elliott, 1996). The LGBT community tried to maintain the façade that their relationships were not subject to the same problems as opposite-sex relationships in order to avoid even more negative criticism (Elliott, 1996; Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006).

Due to the lack of awareness of IPV in LGBT relationships, the IPV services and resources available to this population are limited. According to Merrill & Wolfe (2000), there are fewer than 12 organizations nationally that adequately address and provide for the needs of gay and bisexual male survivors of IPV, and the majority of IPV women's shelters report that serving gay male survivors of IPV is not an organizational priority.

IPV women's shelters are not well equipped to adequately address and provide for the needs of lesbian survivors of IPV either, despite the fact that these survivors are women. While female survivors of opposite-sex IPV have rated battered women's shelters as frequently helpful, 37% of the 269 gay identified male and female survivors of same-sex IPV involved in this study rated battered women's shelters as not helpful, as compared to other sources of assistance such as family members, legal assistance, or counselors, due to perceived homophobia (Hamilton & Coates, 1993; Turell, 2000). In addition, Renzetti found that, while 96% of the 566 IPV service providers she surveyed responded that lesbians were welcome in their organization, 90% of these service providers could not specifically articulate how their organizations made it clear that lesbians were welcome in their organization and only about 29% of the service providers from Renzetti's study had brochures or written material on lesbian IPV (1996).

This topic is important for social workers to study because it is a social justice issue. Due to the lack of IPV services geared toward the LGBT community, LGBT survivors of IPV may not know where to turn for help, may feel like they do not have anywhere to turn for help, or may feel like they are not getting quality services. Male-identified survivors of IPV are particularly affected by this issue because IPV is often seen as a female issue. The social work code of ethics calls for social workers to fight against social injustice and pursue social change so that all groups have access to needed resources and services (NASW Code of Ethics, 2008). By

studying this issue further, social workers can better advocate for more inclusive IPV services for the LGBT community.

The purpose of this research study was to describe the perspectives of professionals working in IPV shelters about the services provided to IPV survivors in the LGBT community. The interview questions in this study have explored what barriers and supports exist within IPV shelters that impact the ability of LGBT survivors of IPV to access shelters, and explored ideas on how IPV shelters could become better at supporting LGBT survivors. To answer these questions, qualitative interviews with social workers and other professionals who work at IPV shelters were conducted.

## **Literature Review**

The literature review will first begin by discussing the history of IPV and how views and definitions of IPV have changed throughout history. Second, the prevalence and types of IPV experienced in both opposite-sex and same-sex relationships will be explored. Third, the barriers that exist within the LGBT community and outside of the community that prevent LGBT survivors of IPV from reporting their abuse will be examined. Finally, previous studies on the experiences of LGBT survivors of IPV with shelter resources will be discussed.

### **History of the Issue**

IPV was first seen as a problem in the late 1800s when Maryland became the first state to make it a crime for a man to physically abuse his wife (Morin, 2014). Since that initial law in Maryland, IPV has become a much more recognized issue. When researchers first began studying this topic, only physical assault was considered to be IPV (Sorenson & Thomas, 2009). Since that time, however, the definition of IPV has come to encompass not only physical assault, but also sexual assault, psychological maltreatment, and stalking (Sorenson & Thomas, 2009).

### **Opposite-Sex IPV**

When researchers first began studying IPV in the 1960s, they focused exclusively on IPV within heterosexual relationships and IPV within LGBT relationships was completely ignored (Baker, Buick, Kim, Moniz, & Nava, 2013). This is not surprising considering that same-sex relationships were illegal and generally considered immoral at the time (Baker et al., 2013).

According to the 2010 National Intimate Partner and Sexual Violence Survey conducted by the Centers for Disease Control, 35% (N= 16,507) of women and 29% of men in opposite-sex

relationships experienced physical violence, rape, or stalking (Centers for Disease Control and Prevention, 2010). This survey also found that 23.6% of women and 13.9% of men in opposite-sex relationships experienced severe physical violence, such as being hit with a fist or slammed against something (Centers for Disease Control and Prevention, 2010). The two most common forms of abuse experienced by men and women in opposite-sex relationships was physical and verbal abuse (Blosnich & Bossarte, 2009).

### **Same-Sex IPV**

The first preliminary evidence of IPV within same-sex relationships came in the 1980s with a book on physical abuse in lesbian relationships. Research on IPV in gay men's relationships did not appear until the 1990s (Baker et al., 2013).

The research on IPV within LGBT relationships has shown it to be a serious problem (Baker et al., 2013). According to research, the rates of IPV in same-sex relationships are similar to the rates of IPV in opposite-sex relationships (Brown & Groscup, 2008). A study of 283 gay and lesbian participants conducted by Waldner-Haugrud, Gratch, & Magruder (1997) reported that 47.5% of lesbians and 29.7% of gay men reported being victimized by a same-sex partner. A more recent study of 52 gay men between the ages of 25 and 50 showed that 87% of those surveyed had been or were currently in a relationship in which severe and repeated physical violence was used (Merrill & Wolfe, 2000). A study by Alexander (2002) estimated that the rate of IPV in LGBT relationships ranges from 25 to 50 percent. The wide range of IPV prevalence rates found in these studies may be due to the convenience sampling used in these studies. Transgender individuals also experience IPV within both romantic relationships and at the hands of family members. In a survey of 6,450 transgender and gender nonconforming respondents,

19% reported that they had experienced violence at the hands of a family member or romantic partner, and 57% of survey respondents reported that they experienced family rejection due to their gender identity (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011).

The National Coalition of Anti-Violence Programs (NCAVP) conducted an analysis of 2,697 IPV reports made in 2013 to its member organizations and found that physical violence was the most often used form of abuse in same-sex relationships (National Coalition of Anti-Violence Programs (NCAVP), 2013). According to their analysis, 17.3% of IPV reports involved physical violence (NCAVP, 2013). The second most common form of abuse experienced by survivors in same-sex relationships was verbal abuse (14.3%), such as threats, harassment, or intimidation (NCAVP, 2013). This analysis also found that transgender individuals were 1.9 times more likely to have experienced physical violence and 3.9 times more likely to have experienced discrimination within their intimate relationships (NCAVP, 2013). Contrary to this analysis by the NCAVP, one quantitative study found that verbal abuse was the most common form of abuse experienced in lesbian relationships, with 90% of its 284 participants having been verbally abused during the past year (Lockhart, White, Causby, & Isaac, 1994). Similar to lesbian relationships, 100% of the 52 gay men surveyed in a study by Merrill and Wolfe reported experiencing verbal abuse in their relationships (2000).

Much of the research on same-sex IPV has focused only on violence experienced by lesbian and gay individuals. Very little research has been conducted on IPV experienced by bisexual individuals. The research on IPV experienced by bisexual individuals has shown that bisexual individuals experience more violence in their relationships than lesbian and gay individuals. For example, in a secondary analysis of data from a telephone survey of 23,766 individuals, 46.8% of bisexual respondents reported experiencing violence in their relationships

compared to 26.6% of gay and lesbian respondents (Barrett & St. Pierre, 2013). This study also found that bisexual women were more likely to have experienced violence in their relationships than bisexual men (Barrett & St. Pierre, 2013). Goldberg and Meyer found similar results in their telephone survey of 51,048 adults in California (2013). Goldberg and Meyer found that bisexual women were three times more likely to experience IPV in their relationships than lesbian, gay, and heterosexual survey respondents (2013). Interestingly, the bisexual women in this study were more likely to experience IPV when they were engaged in an opposite-sex relationship than when they were in a same-sex relationship (Goldberg & Meyer, 2013). More research needs to be done to determine a reason for that experience.

### **LGBT Community Barriers**

One major issue that LGBT survivors of IPV face in seeking help for IPV is a lack of awareness that IPV exists within same-sex relationships. One study conducted focus groups with 22 lesbian, bisexual, and transgender individuals and found that many respondents “...had no idea the statistics were that high” in regards to the prevalence of IPV within same-sex relationships (Bornstein et al., 2006, p. 168). Similarly, Turrell, Herrmann, Hollander, and Galletly (2012) interviewed 79 LGBT individuals and found that many of those interviewed were not aware that IPV was a problem in same-sex relationships. For example, some participants stated that IPV was not discussed within lesbian relationships and that there was a belief that a woman would not be abusive toward another woman (Turrell et al., 2012). The lack of awareness of IPV was also discussed by interview participants in the context of relationships between two men. For instance, participants said that a stereotype exists that IPV does not occur between gay men because men can protect themselves and being the victim of violence is not “very manly.” (Turrell et al., 2012, p. 298). This research shows that individuals in same-sex

relationships may not even realize that what they are experiencing is IPV, making them much less likely to reach out for help.

A second barrier within the LGBT community that prevents survivors of IPV from seeking help is the fear of creating even more stigma surrounding same-sex relationships. In their qualitative study of 22 lesbian, bisexual, and transgender participants, Bornstein et al. found that respondents felt the LGBT community did not want to acknowledge that IPV exists within same-sex relationships because there is already a lot of stigma around being in a same-sex relationship (2006).

### **Criminal Justice and Legal Barriers to Reporting IPV**

Other studies on IPV within LGBT relationships have focused on legal and criminal justice barriers that prevent LGBT survivors of IPV from reporting their abuse. One barrier is that LGBT survivors of IPV are reluctant to enlist the help of law enforcement because the police have a long history of harassing LGBT individuals (Merrill & Wolfe, 2000). Examples of inappropriate police responses included “911 operators failing to send assistance, police officers mocking victims, officers blaming victims for the crime that has happened to them, as well as police laughing at victims’ accounts of the situations that occurred” (Wolff & Cokely, 2007, p. 13). In addition, a study by Berrill found that 20% of hate crimes against LGBT individuals were perpetrated by police officers (Berrill, 1992). A study by Kuehnle and Sullivan (2001) reported that 12.4% of 241 LGBT victim incident reports contained claims that they were victimized by law enforcement or security personnel. In their own study, Wolff and Cokely found that, of the 1,896 incident reports filed from 1990 to 2000, 58% of them involved negative experiences with law enforcement (2007).

Another issue that LGBT individuals face when reporting IPV to law enforcement is that officers may not respond appropriately to the situation. Police officers who respond to an IPV incident involving two men may not be able to easily identify who is the perpetrator and who is the survivor, especially if both men are injured (Morin, 2014). Furthermore, Connolly, Huzurbazar, and Routh-McGee (2000) and Island and Letellier (1991) also found that police officers were less likely to intervene, arrest perpetrators, or enforce protective orders in IPV incidents that did not involve traditional male-on-female violence.

LGBT survivors may also be reluctant to report IPV because they believe they will experience discrimination through the legal system. A study of 317 participants conducted by Guadalupe-Diaz and Yglesias (2013) found that non-white lesbian, gay, and bisexual (LGB) individuals are significantly less likely than white LGB individuals to access formal legal resources when experiencing IPV and more likely to hold negative perceptions of IPV law. This study found that non-white LGB participants believe that IPV laws are not inclusive of their same-sex relationships, so they do not seek out legal resources for help (Guadalupe-Diaz & Yglesias, 2013).

Another study looked at the influence of sexual orientation in courtroom decisions. A study with 72 participants on the effects of sexual orientation in the courtroom found that LGBT sexual violence was handled differently than opposite-sex sexual violence (Hill, 2000). For example, when the survivor of IPV was involved in a same-sex relationship, the perpetrator of the sexual violence was less likely to be found guilty than if the survivor was in an opposite-sex relationship (Hill, 2000). A second important finding from that study was that the perpetrator in an opposite-sex sexual violence incident was found guilty less often than a homosexual perpetrator involved in a sexual violence incident with a heterosexual survivor (Hill, 2000).

While this study was not specifically about IPV, it does point to the fact that an individual's sexual orientation does influence people's judgments about LGBT IPV and sexual violence.

These two studies point to the legal barriers that may make LGBT survivors of IPV hesitant to seek out help for fear that the law will not be on their side or that they will be judged differently based on their sexual orientation.

### **Experiences of Transgender People**

Transgender individuals may be particularly reluctant to report incidences of IPV. One reason is that transgender individuals have many issues to deal with in addition to IPV. In one study for example, transgender individuals cited hate crimes, drug use, depression, and shame as some of the issues they face in addition to IPV (Turrell et al., 2012).

Negative interactions with law enforcement officials also pose a barrier to transgender individuals involved in a relationship with IPV. A study of 6,450 transgender and gender nonconforming participants found that 46% of transgender and gender nonconforming respondents reported being uncomfortable seeking law enforcement assistance (Grant et al., 2011). This is due to the negative experiences transgender people have had with law enforcement. In fact, an analysis of 33 studies about transgender people's interactions with law enforcement and criminal justice personnel found that 12%-65% of transgender respondents reported being harassed or verbally abused by law enforcement (Stotzer, 2014). Examples of this harassment and verbal abuse include being called by the wrong name or pronoun, being treated rudely, or having officers assume they are sex workers (Stotzer, 2014).

### **Stigma**

Finally, LGBT individuals may be reluctant to report an incidence of IPV due to the stigma of identifying as LGBT and the fear of a homophobic response from social service professionals or agencies. Many LGBT individuals face stigma in their daily lives due to their sexual orientation and gender identities. This stigma LGBT individuals face makes LGBT individuals reluctant to disclose their sexual orientation or gender identities to social service professional or law enforcement officials. One study involving 16 participants in two focus groups found that older lesbian and gay adults feared revealing their sexual orientation over concerns that they would experience abuse, neglect, violence, and discriminatory treatment by service professionals because of their sexual orientation (Stein, Beckerman, & Sherman, 2010).

Previous research has shown that mental health professionals often do have negative attitudes toward LGBT individuals (Brown & Groscup, 2008). Brown and Groscup conducted a study with 120 social service professionals from a social service agency (2008). The participants were asked questions about several different IPV situations (Brown & Groscup, 2008). Results from the study showed that respondents believed the IPV in the same-sex relationships was less serious, less likely to occur repeatedly and less likely to get worse over time (Brown & Groscup, 2008). The study participants also believed that the survivors of the same-sex IPV would have an easier time leaving the relationship than the survivors of the opposite-sex relationships (Brown & Groscup, 2008). As mentioned previously in this literature review, LGBT survivors of IPV are also reluctant to seek out help from law enforcement or the criminal justice system because of very real fears of experiencing discrimination due to their gender identity and sexual orientation.

The stigma and discrimination that LGBT individuals face when interacting with social service professionals and law enforcement officials makes LGBT survivors of IPV reluctant to seek out help for their abuse. Moore (2002) found that LGBT individuals may avoid seeking

services because of past experiences of discriminatory or insensitive behavior by physicians, law enforcement personnel, and other service professionals.

### **Shelter Resources and Response to IPV**

One of the biggest barriers LGBT survivors of IPV face is the lack of same-sex specific IPV services. According to a study conducted by St. Pierre and Senn, only 4.2% of the 280 survey respondents reported the availability of same-sex specific IPV services in their community (2010). The availability of IPV services equipped to handle the needs of gay and bisexual men, in particular, is even less. According to Merrill and Wolfe, only 12 IPV programs are adequately equipped to provide for the needs of gay and bisexual men (2000).

Due to the lack of same-sex specific IPV services, LGBT survivors of IPV seeking help have to go to mainstream IPV agencies that are not specifically for LGBT individuals. A major problem with this is that LGBT individuals perceive these agencies as not being sensitive to their specific needs. St. Pierre and Senn define an LGBT sensitive agency as one in which the staff members are experienced and knowledgeable about the LGBT community and the issues that individuals in this community face (2010). Other examples of LGBT sensitivity identified by St. Pierre and Senn include agencies requiring LGBT sensitivity training for their staff members, staff members being aware of the similarities and differences between same-sex and opposite-sex IPV, using gender neutral language, and the agency itself displaying LGBT symbols such as the Pride flag or Safe Space stickers (2010).

Several studies have researched LGBT individuals' perceptions of these mainstream IPV services. A study of 269 participants by Turrell found that only 37% of research participants felt that IPV shelters were helpful to them, with perceived homophobia being stated as the reason

why the shelters were not helpful (2000). Additionally, St. Pierre and Senn found that LGBT survivors of IPV perceive mainstream services as not being for same-sex survivors (2010).

Research participants in this study expressed concern over whether mainstream IPV agency staff would take their situation seriously and whether the agency would have resources for same-sex survivors (St. Pierre & Senn, 2010).

Transgender individuals also face unique issues when accessing mainstream services. For example, IPV shelters are designed for, and to make, cisgender women comfortable, and can have the unintended consequence of excluding or traumatizing transgender survivors of IPV (Greenberg, 2012). Additionally, one study of 380 male-to-female transgender individuals found that 29% of male-to-female transgender survivors of IPV trying to access mainstream services were denied access to these services because of discriminatory beliefs (Nemoto, Operario, & Keatley, 2005). Finally, 42 transgender survivors of IPV provided oral and written testimony at a public hearing in Massachusetts that transgender individuals experienced microaggressions from staff members who did not use correct pronouns, asked inappropriate questions, or who blamed their abuse on their gender identity (GLBT Domestic Violence Coalition & Jane Doe Inc., 2005).

A study by Renzetti (1996) looked at the extent to which mainstream IPV agencies for women were sensitive to the needs of lesbian survivors of IPV. Renzetti found that, of the 566 service providers she surveyed, only 9.7% offered support groups specifically for lesbians, distributed informational brochures on lesbian IPV, and advertised their services in lesbian themed newspapers or other media (1996). Additionally, only 47.9% of the staff received training on lesbian IPV and only 40.6% of agency volunteer staff received training on lesbian IPV (Renzetti, 1996). While 96% of the service providers said they welcomed lesbians into their agency, the majority of the service providers could not specifically state how they made it known

that lesbians were welcome at their agency (Renzetti, 1996). Another study by Morin (2014) researched the experience of LGBT survivors of IPV with mainstream IPV resources. According to Morin (2014), shelters are not readily available to this population for a variety of reasons. Shelters routinely do not admit LGBT individuals (Morin, 2014). Those that were admitted experienced judgmental looks or comments, shortened stays, or, in the case of transgender survivors, were forced to undermine their gender identities to access the shelters (Morin, 2014).

Previous research on LGBT IPV has shown that LGBT survivors of IPV prefer same-sex specific services over the more available mainstream IPV services. A majority of the 22 research participants in a qualitative study by Bornstein et al. stated they would not have sought IPV support from a non-LGBT specific agency (2006). One participant described how “it was the most amazing feeling to sit in a room full of women who knew exactly what I was feeling” when she attended a lesbian IPV support group (Bornstein et al., 2006, p. 172).

### **Research Limitations**

A major limitation with research on IPV in LGBT relationships involves trust and access (Baker et al., 2013). Many researchers studying LGBT individuals have had to rely on convenience and volunteer samples because LGBT individuals may choose not to self-identify (Baker et al., 2013). The use of convenience and volunteer samples introduces bias into the studies because the individuals who choose to participate in the studies may be different from those individuals who choose not to participate or identify as LGBT (Baker et al., 2013). Therefore, it is important to keep in mind that the data on prevalence rates of IPV in same-sex relationships are only estimates (Baker et al., 2013).

## **Summary and Current Study**

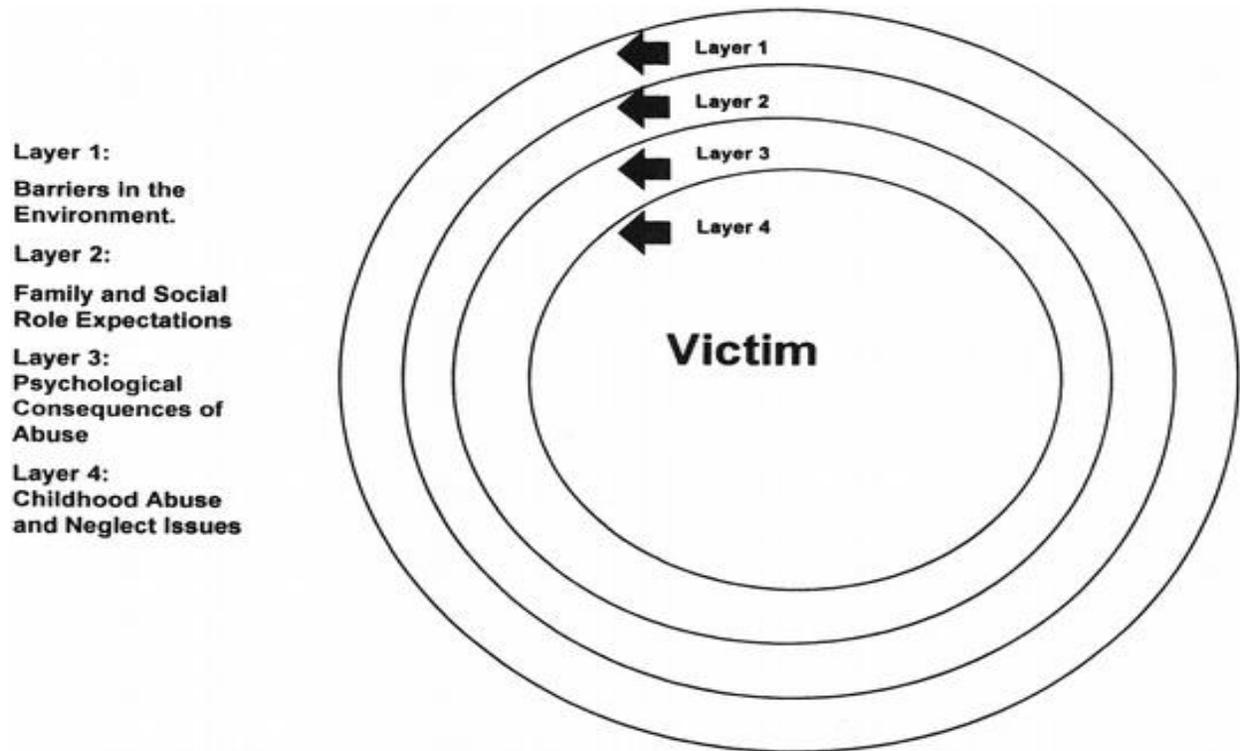
As the research shows, LGBT survivors of IPV face many barriers in seeking help in escaping from their abusive relationships. These barriers include a lack of awareness that IPV exists within same-sex relationships, a fear of police harassment if they report their abuse, the belief that IPV laws do not include protections for same-sex relationships, a scarcity of IPV shelters and agencies specifically for LGBT, and a belief that the mainstream IPV services available in their community are not sensitive to the specific needs of LGBT survivors of IPV. In addition, previous research on IPV shelters has shown that shelter staff have historically not been trained on same-sex IPV and that IPV shelters do not have informational brochures specific to same-sex IPV.

The purpose of this research study was to describe the perspectives of professionals working in IPV shelters about the services being provided to IPV survivors in the LGBT community. The interview questions in this study explored what barriers and supports exist within IPV shelters that impact the ability of LGBT survivors of IPV to access shelters, and explored ideas on how IPV shelters could become better at supporting LGBT survivors. To answer these questions, qualitative interviews with social workers and other professionals who work at IPV shelters were conducted.

### Conceptual Framework

Nancy Grigsby and Brenda Hartman developed the Barriers Model as an intervention strategy to assist therapists in recognizing the barriers standing in the way of their female clients achieving safety from their abusers (1997). Grigsby and Hartman developed the Barriers Model in response to the belief that women were to blame for the abuse that they were experiencing, without taking into account external or internal barriers that prevented these women from seeking help for their abuse (1997). While this model was initially created to analyze the experiences of heterosexual female survivors of IPV, this model has since been utilized to analyze the barriers that LGBT survivors of IPV face when trying to escape abusive relationships (St. Pierre & Senn, 2010).

The Model is composed of four different layers, each layer representing a different barrier that prevents the client from achieving safety, with the client in the center of the layers (Grigsby & Hartman, 1997). The first layer represents the *Environmental Barriers*, the second level represents the *Family and Role Expectation* barriers, the third layer represents the barriers caused by the *Psychological Consequences of the Abuse*, and the fourth layer represents the barriers caused by *Childhood Abuse and Neglect*. Survivors of IPV may experience barriers in all four layers, or may only experience barriers in some of the layers in any combination (Grigsby & Hartman, 1997). The model is visually represented below in Figure 1.

**Figure 1.**

(Figure 1 from Grigsby & Hartman, 1997)

The outermost layer represents *Environmental Barriers* that the survivor faces (Grigsby & Hartman, 1997). Examples of environmental barriers include a lack of IPV shelters or agencies in a community, or a perception that the IPV services in the community, such as the police or IPV shelters, are not accessible to certain populations of people (St. Pierre & Senn, 2010). Environmental barriers are particularly problematic for LGBT survivors of IPV. For example, LGBT survivors of IPV may be reluctant to call the police or access a shelter for fear of harassment or inadequate response from the police, or a homophobic response from social service professionals (Hamilton & Coates, 1993; Turell, 2000; Brown & Groscup, 2008; Connolly et al., 2000; Island and Letellier, 1991; Stotzer, 2014). Additionally, many LGBT

survivors feel that IPV shelters and agencies are only for heterosexual women (St. Pierre & Senn, 2010; Merrill & Wolfe, 2000).

The second layer represents barriers created by *Family and Role Expectations* (Grigsby & Hartman, 1997). This layer reflects the effects of socialization (St. Pierre & Senn, 2010). Societal views on homosexuality may make LGBT survivors of IPV reluctant to seek help because of the fear of having to reveal one's sexual orientation and potentially face a homophobic response from the social service professionals (St. Pierre & Senn, 2010). Additionally, gay or bisexual men may be reluctant to disclose that they have experienced IPV in their relationship because of the societal stigma around men being the victims of violence.

The third layer represents the barriers caused by the *Psychological Consequences of Abuse*. An example of a psychological barrier found in layer three is the defense mechanism (Grigsby & Hartman, 1997). The defense mechanism allows the IPV survivor to deal with the terror he or she has experienced from the abuse, but it has the unintended consequence of allowing the survivor to underestimate the amount of danger they are in (Grigsby & Hartman, 1997).

The fourth layer represents the barriers from *Childhood Abuse or Neglect* (Grigsby & Hartman, 1997). Someone who has experienced abuse as a child from a trusted loved one would experience barriers in layer four. This is because the abuse the IPV survivor experienced as a child may have made them believe that everyone has the right to abuse them, which prevents them from seeking out help for the abuse (Grigsby & Hartman, 1997). Because the barriers in the third and fourth layers are similar between heterosexual survivors and LGBT survivors, most of the literature on LGBT IPV focuses on layers one and two (St. Pierre & Senn, 2010).

This study utilized the Barriers Model to research the environmental barriers that LGBT survivors of IPV in Minnesota face in attempting to seek help for their abusive relationships. Specifically, this study described the perspectives of professionals working in IPV shelters about the services being provided to IPV survivors in the LGBT community, and explored the barriers and supports that exist within IPV shelters that impact the ability of LGBT survivors of IPV to access shelters. The literature review and conceptual framework for this study helped to identify the interview questions the research participants were asked.

## **Methods**

### **Research Design**

The purpose of this study was to describe the perspectives of professionals working in IPV shelters and agencies about the services being provided to IPV survivors in the LGBT community, and explored what barriers and supports exist within IPV shelters that impact the ability of LGBT survivors of IPV to access shelters. The research design for this study was an exploratory qualitative design through the use of interviews. This research design was chosen because it allowed the voices of the professionals most closely connected to the problem of limited access for LGBT survivors of IPV to be heard and examined. These professionals could offer a unique perspective on the potential challenges, barriers, and supports organizations may face in trying to provide services for LGBT survivors of IPV.

### **Participants**

The participants interviewed in this study were three staff members from IPV agencies and shelters located in Minnesota. These individuals were chosen to participate in this study because of their professional experience and knowledge of LGBT IPV. A snowball sampling technique was used to recruit participants for this study.

### **Protection of Human Subjects**

The Institutional Review Board of St. Catherine University reviewed and approved this research study before interviews were conducted. Before the interviews were conducted, a consent form (Appendix A) was provided and reviewed with each participant and formally signed by participants. The consent form was signed over video for the interviews conducted

over Skype. The consent form included the purpose, background information, and procedures of this study. The form also outlined the risks and benefits of this research, the voluntary nature of the study, and confidentiality. Participants in this study were given the interview questions prior to the interview to ensure that they felt comfortable participating in the research process.

Respondents were reminded that they could choose to end involvement in the study at any time with no penalty. The respondents were also informed that full confidentiality would occur, and that the only individuals that would have access to the interview transcripts would be the researcher, the two committee members, and the research chair. All in person interviews and interviews conducted over Skype were recorded and stored on a recording device owned by the researcher. Transcripts of the interviews were saved on a USB drive and stored in a locked cabinet in the possession of the researcher. The interview recordings allowed the researcher to transcribe the interviews word for word and assisted in the data coding process. All interview recordings were destroyed once transcription was complete. Each interview transcript included no identifying information or names. That meant that neither the names of the participants, nor the names of the participants' organizations, were disclosed. Transcripts of the interviews will be destroyed by May 29, 2016.

### **Research Instrument**

A research instrument was created for this study (Appendix B). The research instrument collected demographic information from participants and study-relevant data from participants in the form of open-ended questions. Topics that were covered in the research instrument included the demographics and work experience of the participants, the amount of LGBT training agency staff received, whether the agency had LGBT specific services, how the agency made LGBT clients feel welcome and addressed the stigma attached to identifying as LGBT, and the types of

challenges IPV agencies face in providing services to LGBT survivors. The topics and questions covered in the research instrument were generated from the literature review and the conceptual framework of the study.

In order to ensure the reliability of the data collection instrument, all questions in the research instrument were subjected to a professional review process with committee members to ensure clarity and scope.

### **Data Collection**

The data was collected through a snowball sampling technique. The snowball sampling technique included the following steps: a) Two committee members identified 2-3 potential research participants for the study; b) The researcher contacted potential participants by email; informed them how the researcher got their name, and introduced the study using a protocol and flyer (Appendix C); c) The researcher then distributed the research questions and consent form in an email attachment to the potential participants identified by the committee members so that potential participants could review these documents before making a decision of whether or not to participate; d) Interested participants were then directed on the study flyer to contact the researcher through email to set up an interview date and time with the researcher; and e) The researcher made one follow-up contact via email to potential participants who did not respond within one week to see if they were interested in participating.

The interviews with participants were conducted either in person or on the computer using a video chat program called Skype. The preference was for interviews to be conducted in person, with Skype interviews being the second preference. All of the interviews lasted approximately 30 minutes and were conducted at the participant's worksite, or another agreed

upon alternative public location such as a local community library, or over Skype. The interviews were audio-recorded on a recording device owned by the researcher and data was transcribed from the audio recordings and written notes. The interview transcripts and written notes did not contain any identifying information to ensure the confidentiality of the participants. After completion of the interviews, each participant was asked to identify an additional 2 to 3 names of potential participants, and the data collection process was repeated until the researcher had completed interviews.

### **Data Analysis**

The interview transcripts were analyzed using a conventional content analysis technique. Content analysis involved the systematic examination and interpretation of research data in order to draw patterns, themes, and meanings from the research data (Berg & Lune, 2012). The patterns and themes drawn from the research data are known as codes (Monette, Sullivan, DeJong, & Hilton, 2014). Conventional content analysis is a specific content analysis technique in which a researcher creates codes directly and logically from the research data itself without drawing on other codes used in previous research on the topic (Berg & Lune, 2012). For this research study, the interview transcripts were reviewed and coded using pattern codes. Pattern codes linked large amounts of research data together to create more meaningful patterns (Monette et al., 2014). Each interview transcript was coded sentence by sentence using a pattern code. Pattern codes that were similar to each other were then combined to create larger themes for the data.

**Bias**

One potential source of bias was that the primary investigator of this study had previously attended trainings on IPV within LGBT relationships where the negative experiences LGBT individuals have with IPV resources was often discussed. These experiences and trainings may have influenced the interpretation of the data in a way that pointed to a need for more education, awareness, and resources around this issue.

Additionally, due to the qualitative nature of this study, the questions that were asked in the interviews could have introduced bias into the study. The types of questions asked and the way the questions were worded could have affected the results obtained in the study. In order to reduce the amount of bias in this study, the interview questions were reviewed by the research committee affiliated with this project.

## Findings

### Sample

The purpose of this research study was to describe the perspectives of professionals working in IPV shelters and agencies about the services being provided to IPV survivors in the LGBT community, and explored what barriers and supports exist within IPV shelters that impact the ability of LGBT survivors of IPV to access shelters. The researcher contacted eight different IPV organizations throughout the state of Minnesota to recruit staff members to offer their perspectives on the services being provided to IPV survivors within the LGBT community and their perceptions of the barriers and supports that exist within IPV shelters that impacted the services that were offered. Of the eight organizations that the researcher contacted, five organizations responded. Three organizations had staff members who agreed to participate in the study, and two organizations stated that their organizations were understaffed and they did not have the time to participate in an interview.

The respondents of this study consisted of two female participants and one male participant, and all three participants had Bachelor's degrees. Two of the participants had between two and five years of working with their current IPV organization, and one participant had been working with their IPV organization for over ten years. Two of the participants in the study identified as heterosexual and one of the participants identified as gay. The participants in this study worked at organizations both in the Twin Cities area and in rural/outstate Minnesota. The interviews were conducted between mid-February and mid-March 2016. In order to maintain the confidentiality of the participants, participants will be referred to as Participant 1, Participant 2, and Participant 3.

## Themes

After the interviews were completed, the researcher transcribed the interviews and coded the responses into general themes that emerged from the data. Due to the small sample size, two participants having the same idea was considered a theme. Five themes were generated from the data: a) Serve everybody, b) ways IPV organizations show they are LGBT friendly, c) small number of LGBT-clients, d) organizational purpose, e) barriers to housing services for male-identified survivors. The research participants' quotes are italicized.

### Serve Everybody

The first major theme to emerge from the data was that all three IPV organizations serve all clients regardless of sexual orientation or gender identity. This theme was generated from asking participants whether their organization provided services to LGBT clients. Participant 3 stated that *We serve everybody. We serve men and women and sexual preference does not play a role in that whatsoever* (p. 4). Participant 1 said

*This particular organization has been around since the early '80s, I think, is the history and it very much was then seen as a place for women, and I think there is still that to some extent, but, again, when the new director came, he made it clear that we serve everybody; and, so while there have been, from my understanding again with my short history here, there have been men coming in here in the past, but, not very many, and just getting that message out there that we serve everybody, and every victim survivor is welcome here has increased* (p. 3).

Participant 1 also reported that *last year they changed their policy so now they accept transgender-female people, which they did not do in the past* (p. 5).

While all three organizations stressed that they served both male and female-identified clients, there was a difference in the services offered to female-identified clients, compared to the services offered to male-identified clients. For example, Participant 2 talked about the services offered to female-identified survivors compared to male-identified survivors.

*At our shelter, it's only women, but we do have our community program that works with victims out in the community, and they occasionally work with gay men. If that is a situation that comes up, they will give them information and resources....If someone wants an order for protection, we would help with that, either give them places they could go for that or help them with it. It just depends upon the situation (Participant 2, p. 3).*

Participant 1 stated that

*There is not one [IPV shelter] for men in the area. So, if a male victim comes in and has no place to go, no place to stay, we typically, unfortunately, just refer them to a homeless shelter, which of course, is not secure. Their partner could easily find them or come there. Like I said, it is not secure. Or, in certain cases or emergencies, we have funds to put them in a hotel for a few days, but it is not a long term solution (p. 5).*

The theme that emerged from the data was that these IPV organizations could provide certain services to all IPV survivors of IPV, but could not provide housing services to all IPV survivors.

### **Ways IPV Organizations Show They Are LGBT Friendly**

Participants were to describe the ways in which their organizations showed that they were welcoming and accepting of LGBT clients. Five sub-themes emerged from this theme: gender

neutral language, partnerships with LGBT organizations, staff diversity, LGBT training, and LGBT symbols.

**Gender neutral language.** All three participants stated that their organizations used gender neutral language and materials when working with IPV survivors and when doing outreach in the community. Participant 2 stated that

*We are very careful about our language by making sure we are keeping things gender neutral so that if someone does talk to us, we are not just automatically saying ‘well, what did he do to you?’ So it’s more of a subtle cue for women (p. 2).*

Participant 1 explained that

*the information we put out, and when we go speak at various groups and organizations as part of our education, we always talk about what our services are, and we just make a point of [saying] it’s for all victim survivors...that it’s not just a place for women (p. 4).*

Participant 3 pointed out that *if you were to walk into our lobby, there is some generic [information] that does not reflect any type of population (p. 4).* For example, Participant 1 stated that their organization started *putting Lavender [LGBT magazine] in the lobby...and got a recommendation to put new material out for children; new toys, new books that have two mommies and two dads (p. 3).*

**Partnerships with LGBT organizations.** Two participants explained how they partnered with well-known LGBT organizations to show they were welcoming and accepting of LGBT clients. For example, Participant 1 explained that *there is a local LGBT organization, and they allow businesses and other organizations to be listed as a resource, and we are listed on*

*their website as a resource (p. 2). Participant 3 explained that on our website we do have 'partnership' listed with [name omitted for confidentiality purposes], a Minnesota LGBT organization; that's our partner agency (p.4).*

**Staff diversity.** Two of the participants described how their organizations were intentionally diversifying their staff in order to show they were welcoming to LGBT clients. Participant 2 explained that *we have several [lesbian] women on our staff and we try to have a very diverse staff...*(p. 2). Participant 1 also explained that their organization was trying to *hire more males and keep more males here to make it easier to let people know it is for males or females, and it is sometimes easier for males to come in to talk to a male (p. 4).*

**LGBT training.** All three of the participants in this study stated that their organizations provided LGBT training for staff and volunteers within the organization. Participant 1 stated *Yes, we do. It's kind of a new thing. We received a grant to enhance our services to the LGBT community, so we have a committee that has been working on things for over a year now, and one of the things that we did recommend and which has been accepted by leadership is to have a training. Last year we had a two-day training. We've had a local person do two half days of training on transgender issues, and then we've offered several webinars throughout the year. We do require now for new employees, and also a refresher training, and then we have volunteer advocates that go through a four year training (p. 2).*

Participant 2 stated that

*It is not really an extensive training. I personally train some volunteers. But because we do not have specific services for GLBTQ clients, it is not very extensive. But we have to make sure we keep our language gender neutral, we do not want to ever assume a woman's abuser is a male,*

*and talking about how power and control and domestic violence plays out in a homophobic society (pp. 1-2).*

Participant 3 stated

*I required it [LGBT training] this past year. It is not like it is officially written, but I required it this past year, and it was extended out to board members and volunteers. All the staff participated, the board president, and I think we had one or two volunteers (pp. 2-3).*

**LGBT symbols.** Two of the participants also talked about placing signs or stickers around the organization as a way to show they were welcoming and accepting of LGBT clients. Participant 1 described how *we are in the process of trying to find something, signs, or something that we can put up either in the lobby or on the door that show we are LGBTQ friendly, whether it's a rainbow sticker or something (p. 2).* Participant 1 also said that *there are already staff members who have in their offices safe zone stickers and rainbow flags (p. 3).* Participant 3 said that *when I first started working in this [field] ten years ago, we had this little symbol that we had up.... I think it was a triangle.... I just remember it said 'safe place' (p. 4).*

### **Small Number of LGBT Clients**

All of the participants were asked whether their organizations keep track of the sexual orientation or gender identity of the clients they serve. None of the participants worked at organizations that officially kept track of the sexual orientation or gender identity of their clients. All three of the participants estimated that only 2%-5% of their clients identified as LGBT. Two sub-themes emerged from the general theme of small number of LGBT clients: clients choosing not to self-identify and question of need.

**Clients choosing not to self-identify.** Two of the participants in this study discussed how many clients choose not to self-identify as LGBT. For example, when Participant 2 was asked how many LGBT clients their organization serves, Participant 2 replied *I was thinking about that because I was like, how many do you think we [organization] actually have [LGBT clients]? Because we do have some women who won't tell us, or they don't tell us until much later* (p. 1). Participant 1 also talked about how the clients in their organization do not always self-identify as LGBT, and how their organization is trying to get more clients to feel safe or comfortable enough to self-identify as LGBT.

*...We have to get more people to come in to self-identify....We're going to try to get people to self-identify with sexual orientation so we have more of that information. So it will be possible for them [to self-identify], but we just don't know how many people will be comfortable. Everything is confidential here of course, but if a lawyer or if we are subpoenaed by a court, we have to turn over our paperwork so someone may be afraid to identify as gay or lesbian. But, we are changing our paperwork so we can at least make an attempt to get people to self-identify* (Participant 1, pp. 4-5).

**Question of need.** One of the issues that arise when clients do not disclose their identity as an LGBT client is that the IPV organizations do not have a good sense of the number of LGBT clients they serve. As a result, it can be hard for organizations to create IPV services specifically for LGBT clients if they do not know if there is a need for those types of services. Two of the participants in this study described how not knowing whether there is a need for LGBT specific services makes it difficult to create those services. Participant 1 talked about how their organization would like to create LGBT specific services, but that a big barrier to providing those services stems from not knowing whether there is a need.

*We do not [have LGBT specific services] ..., but we've certainly talked about it, and we're certainly open to it. We'd love to start a group, but we have to get more people to come in to self-identify....So, it's like a double-edged sword or a catch 22; it's hard to provide the specific services or know what the needs are when people are not self-identifying, when there is a fear to do that (Participant 1, p. 4).*

Participant 2 also talked about how small client numbers was a barrier for their organization being able to provide housing for male survivors of IPV. *I think it has to do with numbers because more women are victims than men. So I think that's a big part of it, we don't know what that would look like [number of male clients] (Participant 2, p. 4).*

### **Organizational Purpose**

A fourth major theme to emerge from the interview data was the purpose of the organization. This theme was generated by asking participants what barriers prevented IPV organizations from providing LGBT-specific services. Two of the research participants pointed out that a barrier to providing LGBT specific services and shelter housing for male-identified clients was that their organization had a different purpose and mission. For example, Participant 2 said that, in terms of providing programming services specifically to LGBT clients,

*I think that's not our main mission. I think our main mission is helping victims of domestic violence. So we just don't have the specific program to say that we are [an LGBT specific organization]. We are here for LGBTQ [clients], but our main focus is to shelter women in abusive relationships....We turn away 60% of calls for space right now, and so I think that we are having a hard time keeping up with the women that we are serving (pp. 4-5).*

Participant 3 discussed how the grant money an organization receives has an impact on the services an organization is able to provide and the focus and mission of an organization.

*It comes down to dollars for development and if there are dollars available, and you know we're grant funded and drawing grants to do the work, and if it's not in your current grant, you can't do anything. You can't just spend the money however you wish. You have to find the grant* (Participant 3, p. 8).

### **Barriers to Housing Services for Male-Identified Survivors**

The fifth major theme to emerge from the data was the barriers to providing housing for male-identified survivors of IPV. This theme was generated by asking participants about the barriers that exist that prevent IPV organizations from providing shelter services for male-identified clients. For example, Participant 2 said that

*I think that it is a real problem to have co-ed housing. I mean we have a really hard time sometimes if someone has a female partner, we have to find out what her female partner's name is and we have to try and figure out, are they going to try and come in here to find her. Adding housing for male victims would just add a whole other level of problems with that* (pp. 4-5).

Participant 3 also talked about the difficulties providing housing for both male and female-identified survivors.

*To have a man in the shelter, one of the complications is well, a man just abused her right, and now there is a man that could be her next door person. Having that separation so that the victim still feels safe, I think can be issues for some of the victims. It could be a trigger* (Participant 3, p. 7).

## Discussion

### Sample

The demographic characteristics of the sample in this study may have influenced participant responses to the interview questions. The sexual orientation of the participants may have influenced their responses. For example, the participant who identified as gay may have placed greater importance on providing LGBT specific services than the participants who identified as heterosexual. In total, the researcher contacted 11 potential participants. Three participants agreed to participate in the study and seven participants declined to participate in the study.

### Connections to the Literature

**Ways organizations show they are LGBT friendly.** All of the participants in this study were able to provide specific examples of the ways in which their organization showed that they were welcoming and accepting of LGBT clients. The most common methods mentioned by the participants in this study were by using gender neutral language and materials, partnering with LGBT organizations, having a diverse staff, providing LGBT training to staff, and hanging LGBT symbols around their organization. This theme was supported by research studies highlighted in the literature review. Findings by St. Pierre and Senn (2010) identified LGBT friendly organizations as organizations which required LGBT sensitivity training for their staff members, organizations in which staff members were aware of the similarities and differences between same-sex and opposite-sex IPV, organizations which used gender neutral language, and organizations which displayed LGBT symbols such as the Pride flag or Safe Space stickers.

**Small number of LGBT clients.** All of the participants in this study stated that they did not know exactly how many LGBT survivors their organizations serve yearly, but all stated that LGBT survivors make up a small portion of their client base. Participants 1 and 2 both stated that one of the difficulties in accurately determining how many LGBT clients their organizations serve annually was clients' fear and hesitancy to identify themselves as members of the LGBT community.

LGBT survivors' fear and hesitancy to self-identify as LGBT was strongly supported in the research literature. Moore (2002) found that LGBT individuals may avoid seeking services because of past experiences of discriminatory or insensitive behavior by physicians, law enforcement personnel, and other service professionals. Another study found that older lesbian and gay adults feared revealing their sexual orientation over concerns that they would experience abuse, neglect, violence, and discriminatory treatment by service professionals because of their sexual orientation (Stein, Beckerman, & Sherman, 2010). Previous research has also shown that mental health professionals often do have negative attitudes toward LGBT individuals (Brown & Groscup, 2008). Results from the study showed that respondents believed the IPV in the same-sex relationships was less serious, less likely to occur repeatedly and less likely to get worse over time (Brown & Groscup, 2008). The study participants also believed that the survivors of the same-sex IPV would have an easier time leaving the relationship than the survivors of the opposite-sex relationships (Brown & Groscup, 2008). This previous research suggested that LGBT individuals were hesitant to seek help and, when they did, they were reluctant to disclose their sexual orientation or gender identity because of the real potential for discrimination based on their sexual orientation or gender identity.

Not represented in the research literature on LGBT IPV was the effect that not choosing to disclose their sexual orientation or gender identity had on the services provided by IPV organizations and shelters. By interviewing staff members within IPV organizations, this research study was able to explore barriers to providing LGBT-specific IPV services. One of the major themes discovered was that IPV organizations have a difficult time providing LGBT-specific IPV services when they do not know whether there is a need for them because LGBT survivors do not always disclose their sexual orientation or gender identity.

LGBT individual's fear and hesitancy to self-disclose their sexual orientation or gender identity also has implications for the ability of IPV organization to generate funding for LGBT-specific services. As stated by some of the research participants in this study, many IPV organizations are funded through grants or by donations. If IPV organizations do not have an accurate sense of how many LGBT clients they serve, these organizations are not going to be able to persuade or articulate to potential donors and funding sources the importance and need of LGBT-specific IPV services.

**Organizational purpose.** A majority of the participants in this research study discussed how the organizational purpose of their respective organizations was a barrier to providing LGBT-specific IPV services. Participants 2 and 3 stated that their organizational purpose was to support survivors of IPV in general, not just LGBT survivors, and that the grant money IPV organizations receive plays a role in determining what services are offered. This theme was supported by previous research highlighted in the literature review. The lack of organizations whose sole focus is to provide LGBT-specific IPV services was supported by previous research studies. According to a study conducted by St. Pierre and Senn, only 4.2% of the 280 survey

respondents reported the availability of same-sex specific IPV services in their community (2010).

**Serve everybody and barriers to housing services for male-identified survivors.** All of the participants in this study stated that their organizations serve everybody, regardless of gender identity or sexual orientation. However, the services available to IPV survivors were different depending upon the survivor's gender identity. For example, all of the participants in this study discussed that male-identified survivors of IPV are not able to access IPV shelters and Participant 1 stated that male-identified survivors who need shelter are referred to unsecured homeless shelters. This theme significantly correlated with previous research studies highlighted in the literature review. Merrill and Wolfe (2000) found that only 12 IPV programs in the United States were adequately equipped to provide for the needs of gay and bisexual men in 2000. Nemoto, Operario, & Keatley (2005) found that 29% of male-to-female transgender survivors of IPV were denied access to mainstream IPV services because of discriminatory beliefs, and Morin (2014) found that transgender survivors may have to undermine their gender identity to access IPV shelters.

Under represented in the research literature were the barriers that prevent IPV shelters from providing housing services to male-identified survivors. The researcher was unable to find any research studies on the barriers that prevent IPV shelters from providing shelter services to male-identified clients during the literature search prior to the start of this current study. Merrill and Wolfe (2000) found that only 12 IPV programs in the United States were adequately equipped to provide for the needs of gay and bisexual men in 2000, but the researcher was not able to find any studies in the literature that researched the barriers that prevent IPV organizations for providing shelters services to male-identified survivors. Most of the research

literature only focused on whether or not male-identified survivors were able to access IPV shelters. Morin (2014) found that transgender survivors have had to undermine their gender identity to access IPV shelters and Greenberg's (2012) study found that IPV shelters are designed for and to make cisgender women comfortable and can have the unintended consequence of excluding or traumatizing transgender survivors of IPV. By interviewing staff members within IPV organizations, this study was able to explore the barriers that exist to providing housing to male-identified survivors. The main themes found in this study were lack of money, issues with providing co-ed housing, and a different organizational purpose.

### **Researcher Reaction**

After completing this research study, the researcher was surprised by how much the IPV organizations had done to make their organizations more welcoming and accepting to LGBT survivors. Based on their interview responses, it was clear that creating an organizational environment that was welcoming and accepting to LGBT survivors was something these organizations had thought about and were in different stages of implementing into their organizational culture. The researcher was also surprised that the IPV organizations that participated in this study had recently started providing housing services to transgender female survivors.

The researcher was not surprised, however, to find that male-identified survivors were still not provided with housing services at IPV shelters. This was a common gap in service delivery identified in previous research studies. As previously referenced, Merrill and Wolfe (2000) found that only 12 IPV programs in the United States were adequately equipped to

provide for the needs of gay and bisexual men in 2000, and Morin (2014) found that transgender survivors have had to undermine their gender identity to access IPV shelters.

### **Limitations/Recommendations for Future Research**

First, since this was a qualitative research study, the results of this study are only representative of the participants in this study and cannot be generalized to other geographic locations or IPV agencies and shelters. Second, this study used both a small sample size and a convenience sample. These two factors also affect the generalizability of the study results.

A second major limitation of this study was the small sample size. The researcher initially reached out to two potential participants recommended by a member of the researcher's research committee. Both of these potential participants responded and agreed to participate in the study. These two research participants provided the names of two other IPV organizations to contact. The researcher contacted these organizations, but did not receive any response after the initial contact and a follow-up contact a week later.

The researcher also contacted six other IPV shelters throughout Minnesota. The researcher received responses from four of the six organizations. Three of the organizations responded and said that their organizations were currently understaffed and not able to participate in the study at this time. The fourth organization initially did not respond to the initial inquiry to have staff members participate in the study, but had one staff member agree to participate after a follow-up contact one week later. The other two organizations the researcher contacted did not respond when the study flyer was initially sent out by email and did not respond to a follow-up email a week later.

During the committee meeting, the researcher and committee members speculated on possible reasons for the low response rate in this study. The committee speculated that the low response rate for a research study on LGBT IPV shows the lack of prioritization regarding this issue among IPV organizations. The implication of this is that, if IPV organizations do not see this issue as a priority, they will not take steps to improve the IPV services available to LGBT survivors, and this issue will continue to be a problem.

For future research studies on this topic, the researcher has several recommendations. The first recommendation is that future researchers identify and gain access to IPV coalitions, such as the Minnesota Coalition of Battered Women (MCBW) or the Minnesota Coalition against Sexual Assault listservs, early in the research design formulation process. The researcher of this study did not reach out to the MCBW listserv until after the IRB approval process was set in motion and, because of the condensed time frame of this project, did not have enough time to wait for the MCBW to give the researcher permission to send out the study flyer on their listserv. By contacting the MCBW and other IPV coalitions early in the research design process, future researchers will have much more time to gain access to the listservs and the hundreds of potential participants on the listservs.

The second recommendation for future researchers is to have participants who have already been interviewed provide the contact information for a specific person within an IPV organization, rather than just the name of another IPV organization. The researcher noticed that staff members within IPV organizations were much more likely to agree to participate in the study if the researcher was able to state from whom the researcher had gotten their name, rather than just cold calling IPV organizations and asking if people would be interested in participating in the study.

A third recommendation is to change the way data was collected. For this study, the researcher gathered data through in-person interviews and Skype interviews. Collecting the data through an online survey may increase the response rate because it would require less time and effort on the part of the research participant. Additionally, an online survey would be able to reach a much larger pool of participants in a shorter period of time than sending recruitment emails or making phone calls to IPV organizations.

Finally, the research on the IPV shelter services available to LGBT survivors of IPV is largely outdated. Many of the studies found in the research literature on LGBT IPV are 10-20 years old and reflect the time periods in which they were conducted. Societal views on same-sex relationships and LGBT individuals, in general, have drastically shifted even within the last year, with LGBT individuals having gained more legal protections and the legalization of gay marriage nationally in June 2015. More current research is needed to examine both the perspectives of staff members of IPV shelters, and LGBT survivors themselves, in order to accurately determine the IPV services available to LGBT survivors. This research study found that, while service gaps still exist for male-identified survivors, some IPV shelters are interested in providing more services to LGBT survivors if a need for these services became more apparent, and some of the shelters in this study are working to provide their services in a more LGBT-friendly environment. Future research studies on this topic could provide up-to-date information on the IPV services offered to LGBT survivors.

### **Implications for Social Work**

The IPV services available to LGBT survivors need to be addressed on a mezzo and macro-level. It is important for social workers working in IPV shelters to advocate for policy

changes within their organizations in order to provide housing services to male-identified survivors of IPV. Social workers also need to educate and advocate for more gender inclusive IPV services in shelters on a macro-level with donors, churches, political leaders, organizations that provide grants to IPV organizations, and other important community organizations. A major finding from this study was that the purpose of the organization was a barrier to providing LGBT specific services. By creating more awareness of LGBT IPV among donors and other important community leaders and organizations, these individuals and organizations will come to realize the importance of this issue. As a result, more money could potentially be allocated to help IPV organizations broaden their focus and mission in order to provide complete IPV services to all IPV survivors, regardless of their gender identity or sexual orientation.

The participants in this study stated that their organizations did not keep track of the sexual orientation and gender identity of their participants, but that they know LGBT clients only make up a small percentage of their client base. Since these organizations do not actually keep track of the sexual orientation and gender identity of their participants, how do they know only a small percentage of their clients identify as LGBT? In order for IPV organizations to get a more accurate picture of the number of LGBT clients they serve, IPV organizations should start keeping track of the sexual orientation and gender identity of their clients. IPV organizations could accomplish this by asking about sexual orientation and gender identity on intake forms, or by creating space for clients to self-disclose when clients are meeting with staff members. Having an accurate count of the number of LGBT clients they serve has implications for funding. IPV organizations would be able to better articulate the need for LGBT-specific IPV funding to donors if they started keeping track of the number of LGBT clients they serve.

## **Implications for Policy**

This research study asked research participants whether their organizations provided training to staff and volunteers on working with LGBT survivors, but this study did not go in-depth on what was specifically being taught in those trainings. More research needs to be done to determine what should be taught in LGBT trainings, how often trainings should occur, and the specific populations that LGBT trainings should be created for. For example, LGBT trainings could be created for churches, funders, legislators, volunteers, and community members. Providing LGBT trainings for these specific populations would raise awareness about this issue among individuals who could donate to IPV organizations or make policy and legislative changes that make it easier and financially possible for IPV organizations to provide LGBT-specific services. When creating the LGBT trainings, it would be important to involve people and organizations knowledgeable about LGBT issues and LGBT IPV because they would best know the content to include in the trainings.

Additionally, this research study found that some IPV organizations are working to make their organizations more LGBT-friendly by hiring staff members who identify as LGBT or using gender neutral language or materials. Future research should study the perspectives of LGBT survivors about whether organizational policies and decisions make them feel welcomed and accepted, and what other suggestions they would have to improve the extent to which IPV agencies are LGBT-friendly.

## **Conclusion**

### **Strengths of the Study**

The first strength of this study was that all of the participants were professionals working in IPV organizations. Because the participants were working in the IPV field, they were very knowledgeable and the best source for studying the LGBT IPV services within IPV shelters. By interviewing professionals working in the IPV field, this study was able to get the perspectives of professionals working in the field on the barriers that exist to providing IPV services to LGBT clients, which previous research studies have identified as a gap in IPV service delivery. A second strength of this study was the qualitative research design. The qualitative design of this study was a strength of the study because it allowed the researcher to get detailed responses from the research participants, and to ask follow up questions of participants if their responses were unclear or surprising. A third strength of the study was the researcher's previous experience and familiarity with the topic, which made the researcher more sensitive to the issue and, thus, able to develop more pertinent questions.

The estimated prevalence rate of IPV within LGBT relationships ranges from 25 to 50 percent (Alexander, 2002). Despite the high prevalence rate of IPV within LGBT relationships, previous research has shown that there is a significant lack of IPV organizations that provide LGBT-specific IPV services, especially for male-identified IPV survivors. This study interviewed professionals working in IPV shelters to get their perspectives on the LGBT services available in IPV shelters and the barriers that prevent IPV organizations from providing specific services for LGBT survivors. This study revealed that IPV organizations are implementing changes within their organizations to create a more welcoming and accepting environment for

LGBT survivors, such as requiring LGBT training for staff and volunteers, using gender neutral language and materials, and posting LGBT symbols around their organization. This study also revealed that the services available to LGBT survivors vary depending upon the gender identity of the survivor. The organizations that participated in this study reported that they are not able to provide shelter to male-identified survivors because of lack of funding and issues with providing co-ed housing.

Many changes need to be made within IPV shelters to improve this issue, however. The low response rate of professionals within IPV organizations for this study may indicate that providing LGBT-specific services is not an organizational priority. In order to make this issue a priority, more advocacy and education is needed so that IPV organizations, funders, legislators, churches, and community members are made more aware of the gaps in services for LGBT survivors and more funding can be generated to fill these service gaps.

Some of the participants who participated in this study are part of organizations that are doing outreach and advocacy for LGBT survivors of IPV, which can result in organizational change. Participant 1 described how advocacy on the part of staff helped change the policy of a shelter in regards to serving transgender clients.

*I think us advocating for it [policy change], and I know they got a new person on staff there who really pushed for it, so advocating, whether by us or her, or a combination, but it was somebody seeing the need and requesting the policy change (Participant 1, p. 6).*

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## Appendix A. Informed Consent Form

**Shelter Response to Intimate Partner Violence in the Lesbian, Gay, Bisexual, and Transgender Community****INFORMATION AND CONSENT FORM****Introduction:**

You are invited to participate in a research study investigating the extent to which local Intimate Partner Violence (IPV) service providers are equipped to address and provide for the needs of lesbian, gay, bisexual, and transgender (LGBT) survivors of IPV. This study is being conducted by Raelene Carlson, a graduate student at St. Catherine University under the supervision of Michael Chovanec, a faculty member in the School of Social Work. You were selected as a possible participant in this research because of your professional experience and knowledge of LGBT Intimate Partner Violence. Please read this form and ask questions before you agree to be in the study.

**Background Information:**

The purpose of this study is to assess the extent to which local IPV service providers are equipped to address and provide for the needs of LGBT survivors of IPV. Approximately six to eight people are expected to participate in this research study.

**Procedures:**

If you decide to participate, you will be asked to participate in an interview, either in person or over Skype. This study will take approximately one hour over one audio-recorded session, and will include 11 pre-approved interview questions. At the end of the interview, the participant will be asked to provide the names and contact information of two to three potential participants that the researcher may contact.

**Risks and Benefits of being in the study:**

The study has minimal risks. The organizations where participants work may respond negatively to comments made in the interviews. To address this risk, confidentiality will be maintained in the interviews.

There are no direct benefits to you for participating in this research

**Confidentiality:**

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no participant or organization will be identified or identifiable.

I will keep the research results in a locked file cabinet in the researcher's home and only I and my research chair will have access to the records while I work on this project. I will finish analyzing the data by May 29, 2016. I will then destroy all original reports and identifying information that can be linked back to you. The audio recording of the interview will be stored

on a recording device and computer that only I, my advisor, and my committee members will have access to. The audio recording of the interview will be destroyed by May 29, 2016.

**Voluntary nature of the study:**

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

**Contacts and questions:**

If you have any questions, please feel free to contact me, Raelene Carlson, at 763-232-5963. You may ask questions now, or if you have any additional questions later, the faculty advisor, Michael Chovanec and 651-690-8722, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

**Statement of Consent:**

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study.

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I consent to participate in the study and I agree to be audio-taped.

---

Signature of Participant

Date

---

Signature of Researcher

Date

## Appendix B. Interview Questions

**Shelter Response to Intimate Partner Violence in the Lesbian, Gay, Bisexual, and Transgender Community**

**Directions**

Please provide the following demographic information prior to the start of your interview by circling the correct response. Bring this form with the completed demographic information to your interview and give to the interviewer at the start of the interview. If the interview is being completed through Skype, return the form to the researcher by mail or email.

**Demographic Information**

1. Highest level of Education:  
High School Graduate; GED; Associates; Bachelors; Masters; Ph.D.
2. How many years have you been working with your organization?  
6 months to 1 year; 1-3 years; 4-6 years; 7-9 years; 10 years or more
3. Gender:  
Male; Female; Other
4. Sexual Orientation:  
Heterosexual; Lesbian; Gay; Bisexual; Other
5. Age:  
18-25; 26-40; 41-60; 60-80; 81-100
6. Location of Organization:  
Twin Cities; Outstate City/Town; Rural

**Interview Questions**

Please review these questions prior to the interview and write down and bring with you to the interview key ideas.

1. Does your organization keep track of the gender identity and sexual orientation of the clients you serve?
  - a. If yes, approximately how many LGBT clients do you think your agency has served within the past year?
2. Does your agency require staff and volunteer training on common LGBT terminology, the issues specific to the LGBT population, and how to work with LGBT survivors of IPV?
  - a. If yes, please describe the information staff and volunteers learn in the training.
    - i. In your opinion, how could your organization improve the training staff and volunteers receive?
  - b. If no, please describe the barriers that make it difficult to provide LGBT training to staff and volunteers.
3. In what ways does your organization show that it is an LGBT friendly organization?
  - a. Please describe
  - b. In your opinion, how could your organization improve in this aspect?

4. How does your organization address the stigma attached to identifying as LGBT? Stigma refers to the shame, embarrassment, and negative feelings associated with identifying as LGBT.
  - a. Please explain.
  - b. In your opinion, how could your organization improve the way it addresses this stigma?
5. How does your organization address the stigma attached to being a male-identified survivor of IPV?
  - a. Please explain
  - b. In your opinion, how could your organization improve in this area?
6. How does your organization address the needs of LGBT clients?
  - a. Please provide examples
7. Does your organization provide any services that are specifically designed for LGBT clients?
  - a. If yes, what kind of services?
  - b. If no, what barriers do you face in providing services to LGBT clients?
8. In your opinion, is your organization capable of providing support for a transgender client?
  - a. If yes, what kinds of support is your organization able to provide?
  - b. If not, what barriers does your organization face that make it difficult to support transgender clients?
9. Does your organization provide support for gay men?
  - a. If yes, what services do you provide?
  - b. If no, what barriers do you face in providing services to gay men?
10. How does your organization meet the Violence Against Women Act's non-discrimination provision that requires agencies who have a compelling reason for sex-specific programming to provide comparable services to those clients who cannot be provided with the sex-specific programming?
11. Does your organization have any areas for improvement in terms of services to LGBT clients?
  - a. What barriers does your organization face in incorporating these improvements?
  - b. In your opinion, how would you recommend addressing these barriers?

**Thank you for participating in this study!**

## Appendix C. Recruitment Flyer

**Email Sent to Potential Participants**

Dear \_\_\_\_\_,

My name is Raelene Carlson and I am a Master's of Social Work student at the University of St. Thomas and St. Catherine University. I received your name from \_\_\_\_\_ as someone working in a shelter who could provide their perspective as to the extent LGBT survivors of Intimate Partner Violence are able to access shelter services.

I am conducting a research project on intimate partner violence in LGBT relationships. The title of my research project is "Shelter Response to Intimate Partner Violence in the Lesbian, Gay, Bisexual, and Transgender Community."

I am currently looking for professionals working in IPV agencies and shelters to participate in a one hour interview. Attached to this email are the informed consent form and the questions I will be asking in the interview. Please review both the informed consent and interview questions before agreeing to participate in this research study. The informed consent form outlines what you will be asked to do in the study and outline any risks or benefits of participating in the study.

If, after reviewing the informed consent form and interview questions, you are interested in participating in this study or have any questions, please contact me by email at [raelene.carlson@stthomas.edu](mailto:raelene.carlson@stthomas.edu) or by telephone at 763-232-5963.

I look forward to hearing from you,

Raelene Carlson