

Intimate Partner Violence in Brantford's LGBTQ+ Community: Preliminary Research Brief

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Developed by:

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Background

This research project was a collaborative effort between The Bridge, BRAVE, and Dr. Jennifer Root, Wilfrid Laurier University. The purpose was to conduct a preliminary study about the impacts and experiences of intimate

investigated through patriarchal and heteronormative marriage models which did not allow for considering Queer experiences of IPV (see Baker et al., 2013). Early researchers were often cautious of unduly impacting already marginalized groups, such

"Don't disqualify any experiences based on the gender or sex of the partners involved. It can happen to anyone" – Study participant

partner violence (IPV) within the Brantford/Brant County LGBTQ+ community. Using an anonymous, online survey we gathered self-report information (n=101) about individuals' unique experiences of IPV within the local LGBTQ+ community.

Literature

The study of IPV, now approaching 50 years of empirical study, was initially

as LGBTQ+ communities, by highlighting experiences of IPV within 'same-sex' relationships. While much of the research on IPV has been focused on heterosexual experiences, research is expanding to include the experiences of same-sex IPV (Barrett & St. Pierre, 2013; Langenderfer-Magruder, Whitfield, Walls, Kattari, & Ramos, 2016; Renzetti, 1992) and there is growing recognition of IPV being a serious problem within the

A note on language

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Typically, we avoid the use of gendered language when examining issues of IPV in LGBTQ+ relationships. However, for this report we have used binary and single category terms (e.g., woman, man, trans*, etc.) to illustrate experiences of abuse and abusive tactics that are decidedly gendered as they are rooted in sexist, homo/bi/transphobic, and/or patriarchal notions.



LGBTQ+ community (Balsam & Szymanski, 2005; Duke & Davidson, 2009; Eaton et al., 2008; Hassouneh & Glass, 2008; Landolt & Dutton, 1997; Messinger 2011; McClennen, 2005; McLaughlin & Rozee, 2001; Stanley et al., 2006). One of the aims of this project is to contribute to this growing body of knowledge.

Methodology

This research was conducted in Spring 2017 using an anonymous survey, both online and in hard copy. The online survey was distributed via The Bridge's email list, BRAVE member agencies, and social media. Paper copies of the survey were distributed by the research team at Brantford Pride festivities. The researchers thematically analyzed data with an eye towards 1) identifying abusive tactics unique to sexual orientations and gender identities of victim/survivors, and, 2) help-seeking processes.

Findings

Participants

Among study participants (n=101), just under half (40) reported experiencing IPV within the previous 5 years; five participants reported being uncertain, yet some

endorsed survey items that would indicate experiences of IPV; and 16 indicated experiencing IPV prior to 2012 (i.e., not within the previous 5 years).

Participants who experienced IPV within the past 5 years were asked to provide demographic details. Given the intersectional nature of identity, and our purposeful avoidance of static categories, participants could indicate multiple categories of ethno-racial and sexual orientation identities. Because these categories were not treated as exclusive, the characteristics of the sample are quite dispersed. However, the most frequently reported identities were White (32); woman (12) and trans* (5) identified; bisexual (13), lesbian (18), and/or queer (5); between 18 and 24 years of age (20); in a monogamous relationship at the time of IPV (34); living on under \$24,000 annually at the time of IPV (22); and college/university graduates (19), or some completion of post-secondary studies (13) at the time of IPV.

Targeted Abuse Tactics

This project was mainly concerned with illustrating abuse tactics that target

"When I was in this relationship, I didn't see what others saw. I didn't see how bad things had gotten, as there had been a slow progression to the worst points. When talking about some of the experiences of my IPV with nurses, as well as the hotline, they were seeing things more clearly, from a fresh perspective, and helped to explain to me how unhealthy the relationship was. They offered other resources as well to help me deal with it, and all recommended that I end the relationship to save myself from further harm. Ultimately, I did."

aspects of sexual orientation, gender, gender identity, and gender expression among LGBTQ+ individuals.

However, experiences of physical (22), sexual (12), and financial (18) forms of violence were reported by a large portion of participants. In total, 16 types of abuse tactics targeting, and rooted in, sexual and gender identities

were presented in the survey. All participants who indicated experiencing IPV within the previous 5 years reported experiencing *at least one* of the 16 tactics, with most participants experiencing more than one tactic. The 16 tactics are listed below, with the frequency count reported in parentheses:

1. Experiencing jealousy and/or being made to feel guilty for having platonic friendships and relationships with others (e.g., demanding ongoing reassurance about loyalty) (33)
2. Being accused of having primarily sexual motivations when interacting with others (28)
3. Being subjected to expressions of unhappiness and/or anger when connecting with LGBTQ+ community, family, and/or friends (25)
4. Having their sexual orientation questioned (15)
5. Having gender and/or sexual identity controlled (15)
6. Being prevented from online/electronic and/or in-person access to LGBTQ+ community, family, and/or friends (12)
7. Being forced into a sexual activity that felt risky and/or was known to be

- beyond personal boundaries (11)
8. Being subjected to purposeful misgendering (i.e., use of incorrect pronouns), either privately or publicly (10)
9. Being referred to as not a 'real' man/woman (10)
10. Being made to feel bisexuality is not a 'real' sexual orientation (e.g., confused; afraid to come out; just experimenting) (9)
11. Being called, or referred to, using homo/bi/transphobic slurs (8)
12. Being forced to display affection or sexual touching in non-LGBTQ friendly spaces, to scare or intimidate (8)
13. Being outted, or threatened to be outted to an employer (4)
14. Being outted, or threatened to be outted to a partner, their child(ren), or family (4)
15. Being denied access to medical aides (e.g., medications, hormone therapy, binders, etc.) (3)
16. Being denied access to contraception/STI/HIV protection (1)

Help-seeking Activities

All participants who identified experiencing IPV were asked to comment on experiences of seeking help from *formal services* including

healthcare providers, counsellors, police, legal advisors, and faith leaders. The most frequently utilized formal supports were counsellors (25) and physicians (10). *Informal* supports including friends, family, co-workers, and neighbours were also accessed by participants, with friends (31) and family (21) being accessed most often. Responses revealed both helpful and unhelpful experiences while engaging with helping services in Brantford/Brant.

The following examples are quotes taken directly from participant responses.

Helpful Responses - Formal.

"I found the services I received from my doctor were both beneficial and helpful for me because I know and trust my doctor personally, allowing me to be in a comfortable environment and assuring the confidentiality that I needed."

"The crisis hotline was helpful as I was able to maintain my anonymity."

Unhelpful Responses - Formal.

"There were no materials geared to same-sex couples

“Make services more visibly welcoming to LGBTQ and Indigenous [people]. I don't go to formal services because I feel like I will be judged, and they won't know how to react.”

“Use inclusive language - don't assume who my partner is!”

“We need more counseling services that have been properly educated about how to help LGBTQ people with all types of issues.”

and the counselor was not at ease with us.”

“They [counsellor] saw the risk as minimal, as I was never hit.”

“They [DV advocate] told me I either wasn't in their jurisdiction or my abuse was not valid enough to need their help”

Helpful Responses – Informal.

“They [family] just listened to me.”

“[Friends] Offered me a place to stay if I felt unsafe. Acted as a buffer with required interaction.”

“They [friend] provided me with a safe environment while I healed and gave me time to process and determine my next steps.”

“They were helpful because I knew them to be trustworthy and because they did their best to understand and be sympathetic to the situation that me and partner were in.”

“They've [friend] stood beside me through my court battles and never judged me.”

Unhelpful Responses – Informal.

“The individuals [family & friends] that I had sought advice from could not remove themselves from the equation and allowed their personal interests to outweigh any benefits.”

“[Family & friends] Didn't think anything was wrong.”

Practice Recommendations

Based on these findings, the following practice recommendations are offered:

1. Locate, develop, and/or display materials that acknowledge the existence and unique impacts of IPV for LGBTQ+ individuals;
2. Develop organizational capacity to more fully understand the dynamics, tactics, and experiences unique to LGBTQ+ survivors of IPV;
3. Seek out and dedicate resources to regular training about help seeking, common barriers, and needs of LGBTQ+ survivors;
4. Be attuned to, assess for, and/or ask about things like partner gender, sexual identity, relationship style (monogamous, polyamorous, open, etc.)

To assist with some of these recommendations, including access to Brantford/Brant specific materials, please see the Resources section of this report.

Future Research

One of the main limitations of this study is the smaller sample size. However, given almost half of the participants

indicated an experience of IPV, the importance of future research within smaller communities can be argued. Based on the findings of this preliminary study, future research is needed to explore service provider perceptions and practices that prevent LGBTQ+ persons from accessing services. Furthermore, abusive tactics that target an LGBTQ+ person's sexual orientation, gender, gender identity, and/or gender expression would directly inform formal and informal responses.

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Resources

The Bridge Brant

<http://thebridgebrant.com/community-resources/>

BRAVE

<http://www.brant-brave.org/resources/>

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