STAFF ATTITUDES ABOUT AND KNOWLEDGE OF DOMESTIC VIOLENCE IN THE GAY, LESBIAN, BISEXUAL AND TRANSGENDERED COMMUNITIES: AN EXPLORATORY STUDY

A Thesis
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ABSTRACT

This research investigated the attitudes, training and knowledge of staff and volunteers at domestic violence agencies towards domestic violence in the gay, lesbian, bisexual and transgender (GLBT) communities. Research questions regarding attitudes towards domestic violence in the GLBT communities, attitudes towards GLBT survivors, knowledge of domestic violence in the GLBT communities and relationships between these attitudes and general attitudes towards gays and lesbians, training, agency experience working with GLBT clients, worker experience working with GLBT clients were investigated. A purposive survey was distributed at two agencies, one serving the general population and one serving the GLBT community. The agencies were found to have very similar attitudes. More positive attitudes towards gays and lesbians were found to be related to less agreement with myths about domestic violence in the GLBT community. Implications for practice and future research are discussed.
Dedicated to all those who have suffered from violence in their homes
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
<td>ii</td>
</tr>
<tr>
<td>Dedication</td>
<td>iii</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>iv</td>
</tr>
<tr>
<td>Vita</td>
<td>v</td>
</tr>
<tr>
<td>List of Tables</td>
<td>x</td>
</tr>
<tr>
<td>List of Figures</td>
<td>xii</td>
</tr>
<tr>
<td>Chapters:</td>
<td></td>
</tr>
<tr>
<td>1. Introduction</td>
<td>1</td>
</tr>
<tr>
<td>2. Literature Review</td>
<td>2</td>
</tr>
<tr>
<td>2.1 Prevalence of Domestic Violence in the GLBT Community</td>
<td>2</td>
</tr>
<tr>
<td>2.2 Barriers to Service</td>
<td>7</td>
</tr>
<tr>
<td>2.3 Staff Attitudes</td>
<td>11</td>
</tr>
<tr>
<td>3. Methodology</td>
<td>16</td>
</tr>
<tr>
<td>3.1 Research Questions</td>
<td>16</td>
</tr>
<tr>
<td>3.2 Definitions</td>
<td>19</td>
</tr>
<tr>
<td>3.3 Instrument</td>
<td>21</td>
</tr>
<tr>
<td>3.4 Sampling</td>
<td>24</td>
</tr>
<tr>
<td>3.5 Procedures</td>
<td>25</td>
</tr>
<tr>
<td>4. Analysis</td>
<td>27</td>
</tr>
<tr>
<td>4.1 Significant Findings</td>
<td>28</td>
</tr>
<tr>
<td>4.1.1 Attitudes towards Gays and Lesbians Score</td>
<td>28</td>
</tr>
<tr>
<td>4.1.2 Length of Time Working for an Agency</td>
<td>29</td>
</tr>
<tr>
<td>4.1.3 Perceived Percentage of Clients who are GLBT</td>
<td>30</td>
</tr>
<tr>
<td>4.1.4 Training</td>
<td>31</td>
</tr>
</tbody>
</table>
4.2 Comparison between Agencies

4.2.1 Attitudes towards Gays and Lesbians Score

4.2.2 Agency Services

4.2.3 Experience Working with GLBT Individuals

4.2.4 Training

4.2.5 Severity of the Problem

4.2.6 Male Survivors

4.2.7 Evaluation and Assessment

4.2.8 Dealing with Homophobia

4.2.9 Acceptance and Appropriateness of Shelter Residents

4.2.10 Comparison between Same-Sex and Opposite-Sex Scenarios

4.2.11 Agreement and Disagreement with Myths

4.3 Qualitative Analysis

4.3.1 Agency Services

4.3.2 Respondent Services

4.3.3 Client Concerns

4.3.4 Working with a Transgender Caller

5. Discussion and Implications

5.1 Attitudes towards Domestic Violence in the GLBT Community

5.1.1 Comparison of the Severity of the Problem

5.1.2 Agreement and Disagreement with Myths

5.2 Attitudes towards GLBT Survivors of Domestic Violence

5.2.1 Agreement and Disagreement with Myths

5.2.2 Comparison between Same-Sex and Opposite-Sex Scenarios

5.2.3 Working with a Transgender Caller

5.2.4 Dealing with Homophobia

5.2.5 Agency Services

5.2.6 Respondent Services

5.3 Staff Knowledge

5.3.1 Agreement and Disagreement with Myths

5.3.2 Training

5.3.3 Comparison of the Severity of the Problem

5.3.4 Male Survivors

5.3.5 Evaluation and Assessment

5.3.6 Client Concerns

5.4 Variables Effecting Staff/Volunteer Attitudes

5.4.1 Attitudes towards Gays and Lesbians

5.4.2 Length of Time Working for an Agency

5.4.3 Perceived Percentage of Clients who are GLBT

5.4.4 Training

6. Conclusion

6.1 Recommendations for Further Research
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Means of the Attitudes towards Gays and Lesbians Score and the Social Desirability Score by Agency</td>
<td>32</td>
</tr>
<tr>
<td>4.2 Number of Services Offered to Survivors by Sexual Orientation, Gender and Agency</td>
<td>33</td>
</tr>
<tr>
<td>4.3 Agency A Number of Services Offered vs. Perceived Number of Services Offered by Sexual Orientation and Gender</td>
<td>34</td>
</tr>
<tr>
<td>4.4 Number of Individuals of each Sexual Orientation/Gender Respondent has Worked with by Agency</td>
<td>35</td>
</tr>
<tr>
<td>4.5 Mean Amount of Time Spent in Training and Worked/Volunteered for the Agency by Agency</td>
<td>36</td>
</tr>
<tr>
<td>4.6 Mean Number of Types of Training by Agency</td>
<td>37</td>
</tr>
<tr>
<td>4.7 A Comparison of the Estimated Severity of Domestic Violence as a Problem in the Area as a Whole, and within the Local GLBT Community</td>
<td>40</td>
</tr>
<tr>
<td>4.8 Estimated Acceptance of a Bi/Lesbian Resident and Estimated Appropriateness of a Trans-woman for Shelter by Agency</td>
<td>48</td>
</tr>
<tr>
<td>4.9 Estimated Responsibility of Survivor for his/her Situation by Sexual Orientation and Agency</td>
<td>49</td>
</tr>
<tr>
<td>4.10 Estimated Danger to a Survivor by Sexual Orientation and Agency</td>
<td>50</td>
</tr>
<tr>
<td>4.11 Estimated Likelihood of Providing Shelter by Sexual Orientation and Agency</td>
<td>51</td>
</tr>
</tbody>
</table>
4.12 Mean Agreement with Myths about Same-Gender Domestic Violence by Agency ................................................................. 53
4.13 Attitudes towards Domestic Violence in the GLBT Community Score by Agency .................................................................................................................. 54
4.14 Frequency Table for Services Offered by Agency A to Each Sexual Orientation and Gender ........................................................................................................... 57
4.15 Frequency Table for Services Offered by Agency B to Each Sexual Orientation and Gender ................................................................. 58
4.16 Frequency Table for Services Respondents have Provided to GLBT Survivors ..... 60
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>18</td>
</tr>
<tr>
<td>4.1</td>
<td>38</td>
</tr>
<tr>
<td>4.2</td>
<td>39</td>
</tr>
<tr>
<td>4.3</td>
<td>42</td>
</tr>
<tr>
<td>4.4</td>
<td>44</td>
</tr>
<tr>
<td>4.5</td>
<td>46</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

The problem of domestic violence has been extensively researched, although such efforts have not extended to the problem of domestic violence in the Gay, Lesbian, Bisexual and Transgender (GLBT) communities. These communities, as has been documented in what research has occurred, face this problem on a daily basis, just as the general population does. However, the information available about the specific issues faced by this population is minimal, and this research is still in the exploratory stages.

This thesis aims at investigating one aspect of domestic violence in the GLBT communities, that of the attitudes of staff members at domestic violence agencies. Since staff attitudes effect the kinds of services available to survivors, and the experience a victim has when making contact with social services, this area of research is critical to understanding what kind of reception a GLBT survivor will receive at agencies available to them.
CHAPTER 2
LITERATURE REVIEW

The existence of domestic violence in the Gay, Lesbian, Bisexual and Transgender (GLBT) communities has, in the last few decades, been substantiated by numerous authors, though the actual rate of occurrence of this abuse in the GLBT community has not been established.

2.1 Prevalence of Domestic Violence in the GLBT Community

The greatest amount of research has focused on the lesbian community, so there is more data regarding these relationships than there is about gay men, bisexuals of any gender, or transgender persons. Brand and Kidd (1986) found that 25% of their sample of 55 lesbian women had experienced physical abuse from their partner while in a committed relationship with a woman. Lie and Gentlewarrier (1991) reported that slightly more than half of the 1109 lesbians in their survey replied positively to the question “Have you ever been abused by a female lover/partner?” In the same study, almost one third responded “yes” to the question “Have you ever abused a female lover/partner?” Bradford, Ryan and Rothblum (1994) in their analysis of the National Lesbian Health
Care Survey data discovered that 37% of the sample of 1,925 lesbians had been physically abused, and that over half (53%) of these were abused by their lover. In their study of 174 self-identified lesbians, Lie et al. (1991) reported that 26% (38) of those in a current relationship had experienced some form of aggression in that relationship, and 73.4% of the total sample reported having experienced aggression in a past relationship. Lockhart et al. (1994) reported that 90% of their sample of 284 lesbians had experienced verbal aggression in their relationships in the last year, and 31% had experienced one or more incidents of physical abuse. While Renzetti’s (1988) study of lesbians who have been in abusive relationships can not give us a prevalence rate, it does contribute to documentation that abuse in lesbian relationships does indeed occur, as all of her 100 participants had experienced abuse within their committed, same-gender relationships.

There are a few studies which do address specific rates of domestic violence among male-male couples, either directly or as part of another research endeavor. Hickson et al. (1994) reported that, in their sample of 219 men who had been sexually assaulted by men, 65.4% of those over 21 had been assaulted by either a regular or casual sexual partner. Twenty-nine percent of Kalichman and Rompa’s (1995) sample of 196 gay and bisexual men reported having been sexually coerced. Nieves-Rosa, Carballo-Dieguez and Dolezal (2000) report that about half of the men in their study of Latin-American men who have sex with men had experienced some form of domestic abuse. Island and Letellier (1991) put forward a non-empirical estimate, based on rates of heterosexual domestic violence, of between 350,000 and 650,000 gay male victims of domestic violence per year.
In one of the few ethnically diverse samples, Turell (2000) states that 9% of her sample of 499 GLBT persons in southern Texas reported physical violence in a current relationship. Fifty percent reported physical violence for a past relationship, while 83% responded “yes” to at least one item of emotional abuse at some point. She also reports that 55% of the abusive relationships lasted two years or longer. Lesbians reported significantly higher frequencies of several types of abuse than gay men did, though the author cautions that this may be due to a greater likelihood of women reporting abuse/victimization than men. According to the author, the bisexual participants experienced lower frequencies of abuse in most categories (Turrell, 2000).

Waldner-Haugrud and Gratch (1997) reported that 52% of their sample of 273 gay men and lesbians experienced some form of sexual coercion from a “lesbian/gay partner.” When broken down by gender, lesbians and gay men experienced similar rates of victimization across categories of coercion and unwanted sexual behaviors, although gay men did experience a greater mean number of coercive experiences. In another study of this data, Waldner-Haugrud, Gratch and Magruder (1997), investigated perpetration rates as well as victimization rates. They report that 38% of lesbian respondents and 21.8% of gays reported using violence against their partners. It should be noted that this study did not differentiate between violence used as a means of self-defense and that initiated by the perpetrator. In their study of 34 men and 36 women in same-gender relationships, Waterman, Dawson and Bologna (1989) report that 5.9% of men and 8.3% of women reported forcing a partner to have sex against their will, while 12.1% of men and 30.6% of women reported having been forced to have sex.
In one of the only reports of transgender domestic violence, Courvant and Cook-Daniels (1999) state that “In preliminary data, the Gender, Violence, and Resource Access Survey of trans and intersex individuals found 50% of respondents had been raped or assaulted by a romantic partner.”

It should be noted that almost all of these samples were of primarily white, middle-class individuals, which seriously limits the generalizability of the results. Also, none of the studies used random sampling techniques, due to the difficulties inherent in attaining a random sample of hidden populations, such as the GLBT community and survivors of domestic violence. Therefore, the prevalence in each study may be either over-estimated or under-estimated. In addition, very few of these studies address bisexual and/or transgender victims separately from gay and lesbian victims. This means that the incidence and impacts of violence in these communities is very nearly un-investigated, and hence is invisible.

The National Coalition of Anti-Violence Programs (NCAVP) releases a report each year regarding domestic violence in the GLBT community. The report for 2001 indicates that a total of 5,046 cases of domestic violence affecting GLBT individuals were reported to NCAVP member programs. This is a significant increase from the 2000 number of 4,048 cases, though NCAVP indicates that this may be more due to increased outreach and reporting than to an actual change in the incidence of violence. As one of the few reports which includes transgender victims, NCAVP indicates that 4% of their reported cases were against transgendered persons (43% were against women and 49%
against men). They do state, however, that some of the programs serve only or primarily women, so that reporting for men and trans persons may be underrepresented.

This report is also one of the few which separates bisexual victims from gay and lesbian victims. Six percent of all victims reporting to NCAVP in 2001 identified as bisexual, 72% as gay or lesbian, 4% as heterosexual and 1% as questioning or unsure (16% did not report sexual orientation). The racial/ethnic breakdown for the NCAVP report, for cases where race/ethnicity was reported, is 43% white, 25% Latina/o, 17% African American, 5% Asian/Pacific Islander, 2% Native American, <1% Arab American, 2% multiracial, 4% “other”, and 2% Jewish. They urge caution in applying these statistics to the general population, however, due to a very high incidence of reporting race as “unknown” (39%), and due to difficulties in reaching minority communities. (National Coalition of Anti-Violence Programs, 2002).

Clearly, domestic violence is as much a problem for members of the GLBT communities as it is for members of straight communities, though exact prevalence cannot be established due to the general invisibility of GLBT persons and the societal stigma attached to GLBT status. It is therefore necessary that these persons receive appropriate services and assistance to provide for their safety, leave abusive relationships and otherwise recover from violence perpetrated against them in their intimate relationships. However, many GLBT persons report that they either did not receive appropriate services, or that they felt unable to contact service providers because of perceived homophobia on the part of service providers.
2.2 Barriers to Service

In Renzetti’s (1992) study of 100 survivors of lesbian battering, only 13 of the 100 women surveyed sought help from a shelter, and only 14 sought help from a hotline. Of these, 8 found the shelter to be “not helpful at all” and 5 found the hotline to be “not helpful at all.” Only 4 found the shelter to be “very helpful,” and only 3 the hotline. Renzetti elaborates that most women did not seek assistance from shelters because they felt these services were for heterosexual women, and did not feel they would be accepted or felt that they would be uncomfortable. Schilit, Lie and Montagne (1990) report that less than half of the women who had suffered abuse in their survey had sought help, and only one of the 39 women who had been abused sought the services of a domestic violence shelter. The one person who sought help from a domestic violence shelter in Schilit et al’s (1991) study did not consider the services to be helpful, although 5 of the 6 who used support groups reported them as helpful.

Lie and Gentlewarrier (1991) report that only about one-third of the women in their sample would be willing to use any services for survivors, with a battered woman’s shelter being the fourth choice, after support groups, self-help groups and private therapy/counseling. Stahly and Lie (1995) report that “Lesbian victims...are generally denied the choice of public services because most agencies that serve battered women are ill-equipped and/or unwilling to provide appropriate and culturally sensitive services to lesbian women (pp. 68).” Renzetti (1989) states that “subjects who went to shelters
reported that they were sometimes turned away, or that staff members made them feel unwelcome or unsafe.”

Waterman, Dawson and Bologna (1989) report that, in their study, the gay men and lesbians who had been sexually victimized believed it would be more difficult to get counseling than those who had not. Even those that were not victimized did not think counseling would be easy to get.

Letellier (1994) highlights an even more obvious reason that gay men do not seek services, and that is, quite simply, that there aren’t any services available for them.

With such reported difficulty in attaining appropriate help and services from agencies designed to help survivors of domestic violence, it seems necessary to ask why this is the case. Island and Letellier (1991) list several myths which impact the lack of services for gay male victims, and reasons they do not seek services. While some of these are in common with heterosexual woman victims, a few bear mentioning here. A major myth is that there is no domestic violence in the GLBT community, and therefore no need for services. Another is the attitude of “boys will be boys,” towards two men fighting which gives the impression that male on male domestic violence is normal. The idea that fights between partners of the same gender are “fair fights” affects survivors of lesbian battering as well as gay male victims. Letellier (1996) states that “…many existing domestic violence services will not provide help to any man….Battered gay men report that workers on domestic violence hotlines sometimes hang up on them or tell them to call batterers’ treatment programs (pp.75).” An issue especially pertinent to gay men is
HIV status, which can also effect how service providers see the victim, and can make accessing services even more difficult (Letellier, 1996).

A lack of services targeted to lesbians and bisexual women can be traced at least partially to a fear of loss of agency funding, especially when funders have actively threatened this loss (Girshick 2002; Hammond, 1988). Another contributing issue is the desire to combat the stereotype of shelter workers as “man-hating dykes” (Girshick, 2002) as well as staff training which does not cover issues that lesbian survivors face. The presence of homophobic shelter residents also poses a problem for lesbians and bisexual women who do seek services with traditional agencies (Girshick, 2002).

Shelter and agency staff often do not understand specific issues faced by GLBT victims of domestic. Some of these issues are: (1) a fear of being "outed," including attendant loss of jobs and friendships; (2) lack of accessible legal services; (3) concerns regarding the loss of children, especially if they are the non-biological parent; (4) the idea that abuse in same-gender relationships is normal; (5) the relative isolation of GLBT relationships; (6) and societal homophobia (Elliott, 1996; Smith & Mancoske, 1999; McClennan, 1999; Renzetti, 1992; Island & Letellier, 1991; Morrow & Hawxhurst, 1989).

Perhaps the most pervasive influence on the lack of services for lesbians and gay men, however, is the existing theory of domestic violence as a product of a patriarchal society. While a great contribution to explaining domestic violence in heterosexual relationships, this theory implies that perpetrators are always men and victims are always women (Girshick, 2002; Island & Letellier, 1991; Merrill, 1996; Renzetti, 1992). Such a
theory denies the very existence of same-gender domestic violence, and therefor denies the need for services for its victims. This theory also contributes to the difficulty many shelters - lacking appropriate training - have in distinguishing who the victim is in a same-gender relationship (Hammond, 1988).

Another major barrier is the denial in the GLBT community of the existence of same-gender domestic violence. This denial comes from a desire not to give any ammunition to those who attack the community, and especially in the lesbian community, not wanting to betray the vision of a “utopia” (Girshick, 2002; Island & Letellier, 1991; Merrill, 1996; Renzetti, 1992).

Difficulties for transgender and intersex victims of domestic violence who attempt to access services may be even greater than those suffered by gay, lesbian and bisexual victims. This is related, in part, to the fear that they might be “outed” as transgender or intersex, the widespread view that trans and intersex persons are mentally ill, and the gender segregation of services for survivors (Courvant & Cook-Daniels, 1999). While being “outed” is also a concern for gay, lesbian and bisexual survivors (Renzetti, 1992; Girshick 2002; Island & Letellier, 1991), it is especially of concern to trans and intersex persons due to the extreme ignorance of society regarding these populations. Gender segregation of services for survivors generally results in trans and intersex persons not being eligible for services, unless they conform quite well to gender-role expectations for women (Courvant & Cook-Daniels, 1999). However, Courvant and Cook-Daniels (1999) state that the most significant barrier to receiving services for transgender and intersex individuals is their invisibility.
2.3 Staff Attitudes

Clearly, the attitudes and knowledge level of agency staff effect the quality and types of services offered to GLBT survivors of domestic violence. Very few studies have directly addressed the issue of staff/social worker/counselor responses to GLBT domestic violence, however. Wise and Bowman (1997) conducted a study of beginning counselors' responses to domestic violence between lesbian partners and between heterosexual partners. They found that respondents tended to view violence in the lesbian relationship as less violent than that in the heterosexual relationship. They also found that the beginning counselors had a tendency to recommend inappropriate treatment, such as couples' counseling, for the lesbian couple much more often than for the heterosexual couple. They discovered that these counselors also did not see shelters and domestic violence services as available to lesbian victims, reinforcing the above findings regarding unavailability of services. (Wise & Bowman, 1997).

Studies of the attitudes of counselors, social workers, and students show that negative preconceptions and perceptions toward GLBT persons are still relevant forces in the social services. Barrett & McWhirter (2002) found that, in their sample of 162 counselor trainees, the more homophobic trainees assigned significantly fewer favorable adjectives to a gay or lesbian client than to a heterosexual client. They also found, however, that less homophobic trainees assigned more favorable adjectives to gay and lesbian clients than to heterosexual ones. Their data suggest that homophobia is lower among trainees with at least one gay or lesbian friend (Barrett & McWhirter, 2002). This
finding supports that of Berkman and Zinberg (1997), that among their sample of 187 heterosexual social workers with an MSW, there was a negative correlation between the number of relationship categories in which the person had a homosexual acquaintance and levels of both homophobia and heterosexism. The importance of religion was positively correlated to heterosexism and homophobia, and past psychotherapy of respondents was negatively correlated with these measures. However, they also found that education received on homosexuality was not related to homophobia and heterosexism levels. (Berkman & Zinberg, 1997). This is in contrast to Cerny and Polyson’s (1984) study, which showed that students exposed to material regarding homosexuality has lower homonegativity than those who were not so exposed.

Cotton-Huston and Waite (2000) also found that participation in a workshop about homosexuality was non-significant. They did, however, confirm that religious conviction was correlated with anti-homosexual attitudes, and that knowing at least one gay, lesbian or bisexual person was negatively correlated with these attitudes. Interestingly, they found that people who showed liberal and egalitarian attitudes towards women on the Attitudes towards Women Scale, also showed less negativity towards GLB persons.

Hayes and Gelso (1993) found that, for their sample of 34 male counselors, sexual orientation of the client did not predict discomfort with clients; however, they did find that higher levels of counselor homophobia were linked with greater discomfort with gay clients. They hypothesize that the lack of over-all discomfort could have to do with the over-all low level of homophobia among the counselors in their study.
Bieschke and Matthews (1996) investigated career counselor attitudes towards GLB clients, and found that counselors were significantly more likely to use affirming behaviors if they perceived the organizational climate where they worked as non-heterosexist, and/or if the counselor was themself gay, lesbian or bisexual.

In his review of the research regarding attitudes towards GLB clients, Rudolph (1988) found that “counseling professionals hold divergent opinions regarding the acceptability of homosexuality,” and that “counselors often have contradictory attitudes about homosexuality.” In one more recent study, Liddle (1995) found that the female counselors-in-training in the study actually rated the lesbian client as more likable than the heterosexual client. This finding, coupled with no significant difference in liking for the male counselors-in-training, indicates a possible shift in counselor bias, although the author cautions that these results could be due to a flaw in the research or social desirability effects.

DeCrescenzo (1984), in her study of mental health professionals, had the interesting finding that social workers had the highest scores for homophobia, while psychologists had the lowest. The implications of this finding, if it continues to hold true, are serious for GLBT survivors of domestic violence, since most domestic violence agencies are much more likely to be staffed by social workers than by psychologists. These findings may be related to other variables, however, such as levels of education, or the cultural background of those who chose to work in social work as opposed to those who chose psychology.
The negative impact of homophobia and heterosexism on the ability of counselors to work with GLB clients have been documented through a variety of studies. Kingsley and Molineux (2000), in their qualitative interviews with Occupational Therapists, found that, while most of their subjects considered themselves non-homophobic, they were usually not as comfortable as they stated they were with GLB clients, and were not well-educated on issues that GLB clients face in the workforce. Counselors have been found to view homosexual clients as less healthy with regards to female sex roles, and to set different therapeutic goals for gay/lesbian clients than for heterosexual clients with the same issues (Garfinkle & Morin, 1978). Gelso et al (1995) found that counselors are more likely to show avoidance responses to a lesbian client than to one perceived as heterosexual. Information that is “non-congruent” with sexual orientation stereotypes has been shown to be more difficult for counselors to process and remember (Casas, Brady, & Ponterotto, 1983). It has also been shown that heterosexuals can experience situational anxiety when they are interacting with someone they perceive to be homosexual (Cuenot & Fugita, 1982). In their study, Mohr, Isreal, and Sedlacek (2001) found that counselors with low levels of “moral tolerance” for bisexuals were “especially likely to believe that they would impose their personal values on the bisexual client.”

The existence of domestic violence in the GLBT community and in GLBT relationships is an issue we are learning that we can’t ignore. Provision of services for this community has been difficult, and the perception by survivors has been that such services are not available. Since negative attitudes towards GLBT persons clearly affect the services they receive, it is important to investigate the attitudes of staff in domestic
violence agencies in order to improve service to GLBT survivors. Given the stated impact that myths and misconceptions regarding GLBT domestic violence have, it is also necessary to investigate staff’s level of education regarding GLBT domestic violence. Knowledge of the state of these two factors, staff attitudes and staff knowledge, will allow people working to help victims/survivors of GLBT domestic violence to make existing services for survivors/victims of domestic violence, more accessible and appropriate for GLBT persons.
CHAPTER 3

METHODOLOGY

This is a cross-sectional survey that examines staff and volunteers of two domestic violence agencies. The first agency (Agency A) provides a shelter, hotline and other services for survivors of domestic violence and its services are aimed at the entire population. The second agency (Agency B) provides a hotline and specializes in working with GLBT survivors of violence, including domestic violence and hate crimes. Conducting the survey at both agencies was designed to allow for some comparison of data across the different venues.

3.1 Research Questions

This is an exploratory study, investigating the attitudes of staff members and volunteers in domestic violence agencies towards domestic violence in the Gay, Lesbian, Bisexual and Transgendered communities. Four related research questions are investigated in this research:

1) What are the attitudes of staff/volunteers in domestic violence agencies regarding domestic violence in the GLBT communities?
2) What are the attitudes of staff/volunteers in domestic violence agencies regarding GLBT survivors of domestic violence?

3) How educated are staff/volunteers in domestic violence agencies regarding domestic violence in the GLBT communities and relationships?

4) What variables effect the staff/volunteer attitudes in questions 1 & 2?

Since this is an exploratory study, several potential variables are being examined as possibly contributing to staff/volunteer attitudes toward domestic violence in the GLBT communities and GLBT survivors of domestic violence.
The variables investigated include Agency Policies, Agency Experience, Staff Training, Staff Experience, Homophobia/Acceptance and Staff Attitudes. These variables are potentially interrelated in a complex, multi-dimensional way. Potential interrelationships are pictured visually in Figure 1. While staff attitudes can be effected by these other variables, it is also understood that staff members often come into an agency with their attitudes already formed. For this reason, it is expected that the other variables will have only a partial impact on these attitudes. The relationship of Staff Attitudes to Service Provision has been documented in the Literature Review, and is the underlying reason for the study. Both agency-based variables and personal variables potentially influence staff attitudes. Agency variables studied in this research include agency experience, agency policies and staff training. Personal variables included in this
study are acceptance/homophobia and staff experience. These variables are not seen as completely discrete, but potentially interact with each other, as well as influencing staff attitudes towards GLBT survivors of domestic violence and towards domestic violence in the GLBT communities.

3.2 Definitions

Domestic violence, for the purposes of this study, is defined as physical, emotional, fiscal or sexual abuse. While there are other components to domestic violence, and each individual situation is unique, this study will limit itself to these four aspects.

Agency Experience is how much experience the agency has in dealing with GLBT clients. This was measured by asking how many GLBT survivors the agency serves, as well as how many survivors they serve of all sexual orientations.

Agency Policies are the policies held by the agency with regards to serving GLBT survivors.

Another aspect of the agency policies towards GLBT survivors of domestic violence is the staff/volunteer understanding of these policies. This was measured by asking a question regarding the individual’s understanding of these policies, and comparing this understanding with the actual policies of the agency.
Staff training was measured by asking each staff member/volunteer how much and what types of training they have had regarding domestic violence in the GLBT community.

Staff experience is how much experience a staff member/volunteer has in working with GLBT survivors of domestic violence.

Acceptance/Homophobia is defined as a score on Daly’s Attitudes Toward Gay Men and Lesbians scale, with lower scores indicating more homophobia and higher scores indicating more acceptance of gay & lesbian persons (Daly, 1990).

Staff attitudes are defined as how staff react to the idea of domestic violence in the GLBT community and GLBT survivors of domestic violence. These attitudes were measured through use of questions in the survey addressing issues such as presumed responsibility for violence, myths regarding same-sex violence and the level of seriousness of violence in the GLBT community. The survey is described in further detail in the section entitled “Instrument.”

A gay man/lesbian is defined as a person who only has sex and sexual relationships with people of the same gender, or is only attracted to people of the same gender.

A heterosexual person is defined as someone who only has sex and sexual relationships with a person of the opposite gender, or is only attracted to people of the opposite gender.

A Bisexual person is defined as someone who has sex and sexual relationships with members of both/all genders, or is attracted to members of both/all genders.
A transgendered person is defined as a person who does not easily fit into gender categories of male and female, who chooses to live in the gender category opposite to the one which they were assigned at birth or who otherwise noticeably defies gender roles.

These definitions (as with all definitions in this area) are necessarily limiting, and may not include everyone who would potentially identify in these categories. This is recognized, and it is hoped that future research can refine the definitions in ways that are appropriate for this area of study.

3.3 Instrument

The survey consisted of open-ended questions, scale questions and multiple-choice questions aimed at determining attitudes and level of knowledge and training regarding working with GLBT survivors of domestic violence. An attempt was made to determine how aware of existing services within the agency staff and volunteers are, as well. The use of multiple choice and scale questions allowed for some quantitative analysis, while the inclusion of open-ended questions provides for richness of meaning. Since this subject is still in exploratory stages, the open-ended questions also were used to provide information about potential future avenues of research. The organization of the survey started with questions about severity of the problem (two questions), followed by questions about the agency and personal experience (five questions), and then more personal questions regarding attitudes (21 questions). After these questions were scales
to measure acceptance/homophobia (32 questions) and social desirability (ten questions),
ending with demographic information (two questions) (see Appendix).

Questions used to determine attitudes attempted to investigate different
dimensions of the idea “attitude.” One such dimension is the willingness to provide
services to GLBT survivors. An example of a question addressing this dimension is:

11) While talking to a survivor on the phone, she reveals to you that she is
transgendered. Provided she is otherwise eligible, how appropriate, on a scale of
0 to 10 (0 = not appropriate at all, 10 = very appropriate) would it be to allow her
to come to a domestic violence shelter? ____

   a. Why? __________________________________________________________
   __________________________________________________________

This question addressed the willingness to provide services, through the scaling segment.
It also solicited further information regarding rationale from the respondent, since this
study is exploratory. Other questions addressing this dimension included multiple-choice
questions regarding services that would be offered to GLBT survivors contacting the
agency.

Another dimension of attitudes that was explored is the understanding of causes
of and responsibility for domestic violence. In the domestic violence service sector, it is
widely understood that a heterosexual woman survivor is not to be held responsible for
the violence perpetrated against her (Margolin, Sibner & Gleberman, 1988). However,
this type of victim-blaming is a common complaint leveled by many GLBT survivors of
domestic violence towards mainstream domestic violence agencies in the few studies
available (Island & Letellier, 1991; Renzetti, 1992). Therefore, questions were aimed at
learning how much responsibility the respondents place on the survivor for their situation, as well as certain myths that are understood to be related to victim-blaming with regards to GLBT survivors. Examples of questions addressing this dimension of attitude include scaling questions (where the respondent rates agreement on a scale of 0-10) such as:

17) ___ Women are inherently non-violent.

19) ___ If a man hits another man, the second man is responsible to defend himself.

A third dimension to attitudes are beliefs about the seriousness of domestic violence in the GLBT community. This dimension of attitudes was measured using similar scaling-type questions, such as:

18) ___ There is no domestic violence in the GLBT community.

The survey also included a scale measuring homophobia that was developed by Daly (1990), in order to begin to explore the issue of whether or not homophobia is correlated with the answers given regarding attitudes toward GLBT survivors. This tool also helped to estimate the general climate among staff when a survivor contacts the agency or accesses services. Daly reports high construct validity and test-retest reliability of \( r = .91 \) (\( p < .001 \)) for this scale (Daly, 1990).

Whenever measuring a trait such as homophobia, there is a risk that social-desirability concerns will enter into answers made by the respondents. Therefore, a short form of the Marlowe-Crowne social-desirability scale (version M-C 1(10)), which was developed by Strahan and Gerbasi in 1972, was included in the survey. Both Strahan and
Gerbasi’s (1972) and Fischer and Fick’s (1993) analyses confirm that the short form is acceptable when compared with the long form of the scale. Strahan and Gerbasi report reliability coefficients for several tests of this scale to be between .59 and .70. Minimal demographic information was also be collected for purposes of analysis and determining generalizability of the results. Due to the need for anonymity, it was only possible to collect information regarding which agency the respondent works/volunteers for and how long they have been working/volunteering for that agency.

This limitation makes it impossible to look at the relationships of attitudes and knowledge with such factors as race, gender, sexual orientation, education, religion, socio-economic status, position in the agency, etc. It also makes it impossible to compare data for volunteers and staff, one piece of which is whether or not staff and volunteers receive the same training. These would be appropriate topics for future research, where the sample size is large enough to ensure anonymity.

For a complete copy of the survey questions, see the Appendix.

3.4 Sampling

Due to limitations in funding and time, a purposive sample was used for this survey. The surveys were distributed to all staff and as many volunteers as possible at the two agencies participating in this study in order to get as many responses as possible. The agencies were chosen so that one agency is a “mainstream” domestic violence agency, serving the general population, and the second agency specifically serves the
GLBT community. As this is an exploratory survey, this is seen as sufficient for the purposes of this study. In future research, it would be preferable to survey agencies in other locations, and to use random sampling methods.

3.5 Procedures

Surveys were distributed to the staff and volunteers at the two agencies in several ways. First, as many as possible were distributed at staff meetings. Surveys take approximately 30 minutes to complete, and staff were asked to return the survey at the end of the meeting if at all possible. Self-addressed stamped envelopes were provided for returning any surveys that were not completed at this time. Surveys were also distributed with self addressed stamped envelopes for any staff and volunteers who were not present through agency supervisors who were present, or through staff mailboxes when these were available. An attempt was made to distribute surveys to all agency staff and volunteers, in order to access the largest sample possible, since neither agency has a very large staff.

Introductory letters were attached to the surveys explaining that response is completely voluntary and that choosing to return the survey implies consent to participate. All surveys were anonymous, with no names or identifying data collected. Agency staff and supervisors will not be able to see individual surveys that have been returned, though aggregate data and results will be shared with both agencies. This
protects staff and volunteers from accidentally being identified through handwriting or their answers.

Information was also collected from the Shelter Director at Agency A regarding what programs the agency currently offers, and what training they provide for staff and volunteers about domestic violence in the GLBT communities. This allows for triangulation of data with that collected directly from the staff members and volunteers regarding agency programs and training.

Twenty-five surveys were distributed at Agency A and ten at Agency B, for a total of thirty-five surveys distributed. Agency A participants returned seventeen surveys, Agency B three surveys, for a total of twenty surveys returned. This gives a total response rate of 57%.
CHAPTER 4

ANALYSIS

Data analysis was conducted using SPSS 11.5.0 software. Pearson’s correlations were calculated for responses to questions 1, 2, 10, 11, 14-30 on the survey and amount of time worked at the agency, the Attitudes Towards Gays and Lesbians (AttGL) Score, the amount of time spent in training, the number of types of training experienced, the number of GLBT individuals the respondent has served, and the perceived percentage of the agency’s clients which are GLBT. Pearson’s correlations were also run for the amount of time worked for the agency, the AttGL score, the amount of time spent in training, the number of GLBT individuals served by the respondent and the perceived percentage of the agency’s clients which are GLBT with each other.

An attempt to add the scores for questions 17-30 was made. These scores were added together to form an “Attitudes Towards Domestic Violence in the GLBT Community” (Att DV GLBT) score. Pearson’s correlations were run for this score and questions 1, 2, 4, 10, 11, 14-16, the Social Desirability score, amount of time worked for the agency, and the AttGL score.

For amount of time spent in training, number of GLBT individuals the respondent has served and the perceived percentage of the agency’s clients which are GLBT, n’s
were very low (below 15 cases for each correlation), so Spearman’s correlations (non-parametric) were run for these variables as well. This was also done for the AttGL score and questions 10 and 11, since these also had n<15.

Scatter plots were created for all significant correlations. Where the scatter plot indicated a far outlier, the correlations were re-calculated without this outlier. This was done for the correlations between the amount of time worked for the agency and questions 24, 25, 26, and the Att DV GLBT score.

25 surveys were distributed to Agency A staff and volunteers, 10 were distributed at Agency B. Agency A respondents returned 17 surveys, while Agency B returned 3. This results in an over all response rate of 57%.

4.1 Significant Findings

4.1.1 Attitudes towards Gays and Lesbians Score

The Attitudes towards Gays and Lesbians Score (AttGL) correlates significantly with several variables from this survey. It is positively correlated with an increased estimation of domestic violence as a problem in the GLBT community in the area (r=.54, p<.05, n=18). This score does not correlate with an increased estimation of domestic violence as a problem in general, so, among respondents to this survey, more positive attitudes toward gay and lesbian people indicates a greater likelihood to be concerned about domestic violence in this population.
The AttGL score is also significantly negatively correlated with belief in several myths and misconceptions about domestic violence in the GLBT community. These include the idea that there is no domestic violence in the GLBT community ($r = -.77, p < .01, n=18$), the idea that a male victim has a responsibility to defend himself ($r = -.55, p < .05, n=18$), the idea that domestic violence is more likely to occur in gay male relationships than in straight relationships ($r = -.80, p < .01, n=17$), the idea that women cause less damage than men ($r = -.77, p < .01, n=18$), the idea that survivors of same-sex domestic violence should primarily seek services in the GLBT community ($r = -.653, p < .01, n=18$), and the idea that a man who dresses like a woman is mentally ill ($r = -.767, p < .01, n=18$). These results indicate that, for participants in this study, a more positive attitude towards gays and lesbians also indicates a lower likelihood to believe in these particular myths about domestic violence in the GLBT community. The other myths/misconceptions which were investigated in this study did not show any significant relationship with the AttGL score.

4.1.2 Length of Time Working for an Agency

The length of time an individual has worked for their agency was positively correlated to an increased belief that the agency’s funding was at risk if they served Lesbians/bisexual women ($r = .90, p < .01, n=19$), Gay/bisexual men ($r = .89, p < .01, n=19$), and transgendered individuals ($r = .90, p < .01, n=19$). Length of time worked for the agency was also positively correlated with the Att DV GLBT score ($r = .69, p < .01, n=17$).
However, when these correlations were graphed on a scatter plot, there appeared to be a far outlier. The average length of time an individual has worked for their agency is 3.43 years, with a standard deviation of 4.51 years. This outlier had worked for their agency for 20 years, more than 3 times the standard deviation above the mean. When this outlier was removed from the calculation, none of these correlations proved significant.

4.1.3 Perceived Percentage of Clients who are GLBT

The perceived percentage of an agency’s clients which are GLBT was significantly correlated to the increased belief that male victims have a responsibility to defend themselves ($\rho = .75, p < .01, n=12$). This perceived percentage is also correlated with the increased belief that victims of same-sex domestic violence should seek services primarily within the GLBT community ($\rho = .593, p < .05, n=12$). This indicates that a perception on the part of the respondent that the agency has a higher percentage of GLBT clients served is related to a higher likelihood to believe that a male victim of domestic violence is responsible to defend himself and a higher likelihood to believe that victims of same-sex domestic violence should seek services primarily within the GLBT community.
4.1.4 Training

The number of types of training received regarding domestic violence in the GLBT community is positively correlated with the amount of responsibility attributed to a female victim of same-sex domestic violence \((r=.47, p<.05, n=19)\), a male victim of same-sex domestic violence \((r=.47, p<.05, n=19)\), and a female victim of opposite-sex domestic violence \((r=.47, p<.05, n=19)\). The number of types of training received is also positively correlated with the amount of time spent in training \((r=.66, p<.01, n=14)\).

4.2 Comparison between Agencies

Due to the small number of surveys returned by Agency B employees/volunteers \((n=3)\), it is not possible to run statistical comparisons between Agency B and Agency A. However, for exploratory purposes, it is interesting to look at the different means for the variables in this study by agency.
<table>
<thead>
<tr>
<th>Agency respondent volunteers/works for</th>
<th>Attitudes towards Gays and Lesbians Score</th>
<th>Social Desirability Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A</td>
<td>135.67</td>
<td>4.20</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>S.D.</td>
<td>22.66</td>
<td>1.32</td>
</tr>
<tr>
<td>Agency B</td>
<td>144.33</td>
<td>5.33</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>S.D.</td>
<td>2.89</td>
<td>1.53</td>
</tr>
<tr>
<td>Total</td>
<td>137.11</td>
<td>4.39</td>
</tr>
<tr>
<td>Mean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>S.D.</td>
<td>20.86</td>
<td>1.38</td>
</tr>
</tbody>
</table>

Table 4.1 Means of the Attitudes towards Gays and Lesbians Score and the Social Desirability Score by Agency

4.2.1 Attitudes towards Gays and Lesbians Score

It is noticeable that Agency B has a higher mean AttGL score than Agency A, meaning that the respondents from Agency B have more positive attitudes towards Gays and Lesbians than those from Agency A. However, it should be noted that this score has a possible range from 30 to 150. Therefore, the means for both agencies are quite high in the possible range.

Agency B also has a higher mean Social Desirability score, meaning that the respondents from Agency B indicate more concern with giving socially desirable answers than those from Agency A do. The range for this scale is 0 to 10.
### Table 4.2 Number of Services Offered to Survivors by Sexual Orientation, Gender and Agency

<table>
<thead>
<tr>
<th>Agency respondent volunteers/works for</th>
<th># of Services offered to gay/bi men</th>
<th># of Services offered to lesbians/bi women</th>
<th># of Services offered to transgender</th>
<th># of Services offered to hetero men</th>
<th># of Services offered to hetero women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A Mean</td>
<td>2.73</td>
<td>4.13</td>
<td>3.14</td>
<td>2.13</td>
<td>4.20</td>
</tr>
<tr>
<td>n</td>
<td>15</td>
<td>15</td>
<td>14</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>S.D.</td>
<td>1.33</td>
<td>1.64</td>
<td>1.92</td>
<td>1.13</td>
<td>1.57</td>
</tr>
<tr>
<td>Agency B Mean</td>
<td>5.00</td>
<td>5.33</td>
<td>5.33</td>
<td>2.33</td>
<td>3.33</td>
</tr>
<tr>
<td>n</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>S.D.</td>
<td>2.65</td>
<td>2.08</td>
<td>2.08</td>
<td>4.04</td>
<td>.58</td>
</tr>
<tr>
<td>Total Mean</td>
<td>3.11</td>
<td>4.33</td>
<td>3.53</td>
<td>2.17</td>
<td>3.56</td>
</tr>
<tr>
<td>n</td>
<td>18</td>
<td>18</td>
<td>17</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>S.D.</td>
<td>1.75</td>
<td>1.71</td>
<td>2.07</td>
<td>1.72</td>
<td>2.06</td>
</tr>
</tbody>
</table>

4.2.2 Agency Services

At Agency B, most likely due to the specific focus on GLBT survivors, the mean number of services respondents believe are offered to gay/bi men, lesbians/bi women and transgendered people is greater than that offered to heterosexual men and women. It is interesting to note that the respondents believed Agency B offered more services to heterosexual men than heterosexual women. This may be because of a perceived lack of availability of services elsewhere.

At Agency A, the most services were perceived to be offered to heterosexual women, closely followed by lesbian/bi women. Transgendered individuals fell in the middle, while gay/bisexual men were perceived to be offered more services than
heterosexual men and less than transgendered people. An intriguing aspect of this is that the mean number of services that the respondents perceived to be offered to survivors is lower than the actual number as reported by the Shelter Director for each sexual orientation category.

<table>
<thead>
<tr>
<th></th>
<th># of Services offered to gay/bi men</th>
<th># of Services offered to lesbians/bi women</th>
<th># of Services offered to transgendered</th>
<th># of Services offered to hetero men</th>
<th># of Services offered to hetero women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Perceived</td>
<td>2.73</td>
<td>4.13</td>
<td>3.14</td>
<td>2.13</td>
<td>4.20</td>
</tr>
<tr>
<td>Actual # offered</td>
<td></td>
<td>7</td>
<td>8</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Difference</td>
<td></td>
<td>-4.27</td>
<td>-3.87</td>
<td></td>
<td>-3.80</td>
</tr>
<tr>
<td>T score</td>
<td></td>
<td>-12.38***</td>
<td>-9.12***</td>
<td></td>
<td>-9.49***</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-13.31***</td>
<td></td>
<td>-9.39***</td>
</tr>
<tr>
<td>df</td>
<td>14</td>
<td>14</td>
<td>13</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

Table 4.3 Agency A Number of Services Offered vs. Perceived Number of Services Offered by Sexual Orientation and Gender (**p < .001; ? = number is unsure due to lack of clear agency policy)

As is clear from this table, there is a large difference in the number of services the agency offers and the number that the employees/volunteers thought of when asked to list them on a survey. When T-tests were run, all of the differences were determined to be significant at the p < .001 level. This may, however, simply be due to the desire to
complete the survey quickly and/or to not having access to all materials available during a normal hotline call.

<table>
<thead>
<tr>
<th>Agency respondent volunteers/ works for</th>
<th>Trans-gender</th>
<th>Bi Men</th>
<th>Bi Women</th>
<th>Lesbians</th>
<th>Gay Men</th>
<th>Total GLBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A Mean</td>
<td>.67</td>
<td>1.75</td>
<td>16.22</td>
<td>28.67</td>
<td>8.13</td>
<td>20.00</td>
</tr>
<tr>
<td>n</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>15</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>S.D.</td>
<td>1.66</td>
<td>2.19</td>
<td>18.20</td>
<td>32.07</td>
<td>9.46</td>
<td>16.71</td>
</tr>
<tr>
<td>Agency B Mean</td>
<td>6.67</td>
<td>13.33</td>
<td>13.33</td>
<td>70.00</td>
<td>70.00</td>
<td>173.33</td>
</tr>
<tr>
<td>n</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>S. D.</td>
<td>11.55</td>
<td>23.09</td>
<td>23.09</td>
<td>112.69</td>
<td>112.69</td>
<td>283.08</td>
</tr>
<tr>
<td>Total Mean</td>
<td>2.17</td>
<td>4.91</td>
<td>15.50</td>
<td>35.56</td>
<td>18.44</td>
<td>71.11</td>
</tr>
<tr>
<td>n</td>
<td>12</td>
<td>11</td>
<td>12</td>
<td>18</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>S.D.</td>
<td>5.80</td>
<td>11.80</td>
<td>18.43</td>
<td>50.92</td>
<td>46.16</td>
<td>161.51</td>
</tr>
</tbody>
</table>

Table 4.4 Number of Individuals of each Sexual Orientation/Gender Respondent has Worked with by Agency

4.2.3 Experience Working with GLBT Individuals

As expected, individuals at Agency B report having worked with many more GLBT survivors than individuals at Agency A. This reflects the nature of each agency, that Agency B is an agency specifically oriented towards working with GLBT victims of violence, while Agency A is a general Domestic Violence agency, serving survivors of
any sexual orientation, but receiving many more calls from heterosexual individuals than GLBT ones.

<table>
<thead>
<tr>
<th>Agency respondent volunteering for</th>
<th>Total time in training about DV in the GLBT community (hours)</th>
<th>Length of time worked/volunteered for that agency (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A</td>
<td>Mean 16.67</td>
<td>3.83</td>
</tr>
<tr>
<td></td>
<td>n 12</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>S.D. 14.37</td>
<td>4.81</td>
</tr>
<tr>
<td>Agency B</td>
<td>Mean 35.00</td>
<td>1.25</td>
</tr>
<tr>
<td></td>
<td>n 2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>S.D. 21.21</td>
<td>.90</td>
</tr>
<tr>
<td>Total</td>
<td>Mean 19.29</td>
<td>3.43</td>
</tr>
<tr>
<td></td>
<td>n 14</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>S.D. 15.92</td>
<td>4.51</td>
</tr>
</tbody>
</table>

Table 4.5 Mean Amount of Time Spent in Training and Worked/Volunteered for the Agency by Agency

4.2.4 Training

Respondents from Agency A report more time having worked for their agency, but less time spent in training specific to domestic violence in the GLBT community. Agency B respondents report having engaged in more different types of training.
<table>
<thead>
<tr>
<th>Agency respondent works for</th>
<th>Mean Number of Types of Training</th>
<th>n</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A</td>
<td>2.25</td>
<td>16</td>
<td>1.34</td>
</tr>
<tr>
<td>Agency B</td>
<td>3.33</td>
<td>3</td>
<td>1.53</td>
</tr>
<tr>
<td>Total</td>
<td>2.42</td>
<td>19</td>
<td>1.39</td>
</tr>
</tbody>
</table>

Table 4.6 Mean Number of Types of Training by Agency

37
Figure 4.1 Bar Graph of the Percent of Employees at Each Agency Who Participated in Each Type of Training
A comparison of the percentage of employees who received each type of training at each agency shows that the highest percent was for sensitivity training at Agency B. It appears that a roughly equal percent of employees had training through reading materials about domestic violence in the GLBT community. Each of the other types was reported by a larger percentage of individuals at Agency B than Agency A.

Figure 4.2 Number of Respondents at Each Agency Who Reported Each Type of Training
It is evident from this chart that reading is the most common form of training, with sensitivity training and conferences and/or workshops being next. The “Other” category for Agency A for this question consisted of answers related to on the job training (three responses), University classes (two responses), and oneself being a member of the GLBT community (one response). Agency B “Other” responses included on the job training (one response) and that the individual provides this type of training to others (one response). Some individuals gave more than one of these categories in their “Other” response.

<table>
<thead>
<tr>
<th>Agency respondent volunteers/ works for</th>
<th>Estimated Severity of the Problem of Domestic Violence in the GLBT Community in the Area</th>
<th>Estimated Severity of the Problem of Domestic Violence in the Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A</td>
<td>Mean 7.50 n 17 S.D. 1.60</td>
<td>8.21 17 1.10</td>
</tr>
<tr>
<td>Agency B</td>
<td>Mean 7.67 n 3 S.D. 2.08</td>
<td>7.67 3 2.08</td>
</tr>
<tr>
<td>Total</td>
<td>Mean 7.53 n 20 S.D. 1.62</td>
<td>8.13 20 1.23</td>
</tr>
</tbody>
</table>

Table 4.7 A Comparison of the Estimated Severity of Domestic Violence as a Problem in the Area as a Whole, and within the Local GLBT Community
4.2.5 Severity of the Problem

While Agency B respondents give a greater average estimated severity of domestic violence within the local GLBT community than Agency A, they indicate a lesser average severity of domestic violence as a problem in the area as a whole. It is interesting to note that Agency A respondents indicate a greater average severity of domestic violence within the area as a whole than within the GLBT community, while Agency B respondents gave the same average severity rating to both. Comparing the means for Agency A using a paired-samples t-test indicates that the difference between these two means is significant ($t=-2.22$, $df=16$, $p<.05$).
4.2.6 Male Survivors

The majority of respondents at both agencies gave appropriate responses to the question about how they would respond to a male caller in a same-sex domestic violence situation. The most "popular" response was to help him make a safety plan, followed by non-shelter services and "Other." "Other" for Agency A included a referral to Agency B.
(eight responses), a referral elsewhere for shelter (four responses), support group (two responses), phone counseling (two responses), referral to legal and counseling services (one response), and referral to an agency specific to assist a gay man (one response).

"Other" for Agency B had one response, which was "provide him with comprehensive options, after conducting screening."

No one at either agency responded with "the agency can't help him," or "hang-up." However, a small percentage at Agency A did say that they would refer him to a batterer's group, and one person from each agency stated that they would refer him for couple's counseling. One person from each agency also indicated that they would recommend self-defense training. Only one individual, who was from Agency B, responded that they would provide shelter for this caller.
Figure 4.4 Percentage of Respondents at Each Agency Who Chose Each Method of Evaluating Who is the Victim in a Female Same-Sex Relationship with Domestic Violence

4.2.7 Evaluation and Assessment

When asked how they would determine who is the abuser and who is the victim in a female same-sex domestic violence situation, the highest percentages of respondents at both agencies indicated that they would ask if the caller how her lover’s actions affect
her, ask her if she is afraid of her lover and/or assess the caller’s level of self-blame for the situation. None of the callers indicated that they would automatically assume that neither was an abuser or that they thought that women can’t be abusers. At Agency A, six people (35.29% of the respondents from this agency), indicated that they thought the woman who called was the survivor. A variety of responses were given in the “Other” category for Agency A, including:

- History of violence in the relationship
- Ask about isolation, determine safety, usual process would be followed
- Determine (as best can be done) who has power/control
- Refer to counseling, [Agency B] & support group
- Attempt to determine primary aggressor
- Ask other “screening” questions
- Safety; Initiator; Catalysts
- Inquire about physical violence, etc.
- Ask other pertinent questions & make sure her lover is not already here for domestic violence

Agency B’s “Other” response was “determine the context, intent, and effect of this incident and the patterns over the course of the relationship.”
Figure 4.5 Percentage of Respondents at Each Agency Who Indicated Each Response to a Complaint that a Resident is a Lesbian
4.2.8 Dealing with Homophobia

When asked how they would respond to a resident complaining that another resident is a “damn dyke” and demanding her removal, most respondents from both agencies indicated that they would explain that the shelter accepts lesbian residents and/or do anti-homophobia training with the residents in the shelter. No one indicated that they would ask either the “lesbian” resident or the complaining resident to leave the shelter. One respondent at Agency A indicated that they would try to find out if the resident is really a lesbian, and one indicated that they would let the “lesbian” resident stay, but would inform her that the other residents in the shelter aren’t happy. There was a large “Other” category for this question among Agency A respondents, which included:

- Warn complaining resident that she is in a shelter where verbal abuse is not appropriate & she must be respectful of others
- Warn complaining resident about her inappropriate language
- Tell resident to focus on her own service plan
- Advise resident that unless she has done something to her that she [indecipherable word] to grieve about so [indecipherable word] to concentrate on her goals and not worry about other people
- Consult with lesbian resident to assess the effect of the hostility on her
- [Anti-homophobia training] possibly with complainers, but nothing formalized to make “lesbian” resident feel targeted as a topic – she may not even be lesbian & is irrelevant
• Give the woman who came to the crisis office some anti-homophobia education

• Ask the potentially lesbian resident how she is doing upon next contact; see if she has concerns re: treatment by other residents.

• Clarify underlying issues

• Discuss issues further with complaining resident

• Explain all victims of DV women are accepted in the shelter

One individual from Agency B wrote “N/A no shelter” in the other space, which was not counted as an “other” answer, since it did not address ways of dealing with a homophobic resident.

<table>
<thead>
<tr>
<th>Agency respondent volunteers/ works for</th>
<th>Estimated Acceptance of a Bi/Lesbian by Other Shelter Residents</th>
<th>Estimated Appropriateness of a Trans-woman for Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A Mean</td>
<td>7.27</td>
<td>8.36</td>
</tr>
<tr>
<td>n</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>S.D.</td>
<td>2.60</td>
<td>1.99</td>
</tr>
<tr>
<td>Agency B Mean</td>
<td>10.00</td>
<td>10.00</td>
</tr>
<tr>
<td>n</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>S.D.</td>
<td>.</td>
<td>.00</td>
</tr>
<tr>
<td>Total Mean</td>
<td>7.44</td>
<td>8.56</td>
</tr>
<tr>
<td>n</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>S.D.</td>
<td>2.61</td>
<td>1.93</td>
</tr>
</tbody>
</table>

Table 4.8 Estimated Acceptance of a Bi/Lesbian Resident and Estimated Appropriateness of a Trans-woman for Shelter by Agency
4.2.9 Acceptance and Appropriateness of Shelter Residents

Looking at how accepting the respondent believes the other residents would be of a lesbian or bisexual woman, Agency B has a higher mean acceptance than Agency A. Agency B also indicates a greater mean estimated appropriateness of a transgendered woman for shelter.

<table>
<thead>
<tr>
<th>Agency respondent volunteers/ works for</th>
<th>Estimated Survivor Responsibility for her situation for a Female-Female Relationship</th>
<th>Estimated Survivor Responsibility for his situation for a Male-Male Relationship</th>
<th>Estimated Survivor Responsibility for her situation for a Female-Male Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A</td>
<td>Mean .44</td>
<td>Mean .44</td>
<td>Mean .44</td>
</tr>
<tr>
<td></td>
<td>n 17</td>
<td>n 17</td>
<td>n 17</td>
</tr>
<tr>
<td></td>
<td>S.D. .75</td>
<td>S.D. .75</td>
<td>S.D. .75</td>
</tr>
<tr>
<td>Agency B</td>
<td>Mean .33</td>
<td>Mean .33</td>
<td>Mean .33</td>
</tr>
<tr>
<td></td>
<td>n 3</td>
<td>n 3</td>
<td>n 3</td>
</tr>
<tr>
<td></td>
<td>S.D. .58</td>
<td>S.D. .58</td>
<td>S.D. .58</td>
</tr>
<tr>
<td>Total</td>
<td>Mean .43</td>
<td>Mean .43</td>
<td>Mean .43</td>
</tr>
<tr>
<td></td>
<td>n 20</td>
<td>n 20</td>
<td>n 20</td>
</tr>
<tr>
<td></td>
<td>S.D. .71</td>
<td>S.D. .71</td>
<td>S.D. .71</td>
</tr>
</tbody>
</table>

Table 4.9 Estimated Responsibility of Survivor for his/her Situation by Sexual Orientation and Agency
4.2.10 Comparison between Same-Sex and Opposite-Sex Scenarios

There is no reported difference within either agency between the responsibility a female survivor of opposite-sex domestic violence holds for her situation and the responsibility held by a survivor of either sex in a same-sex relationship (see questions 14-16 on the survey). However, Agency B indicated a lower average level of estimated survivor responsibility than Agency A. Since the number of respondents from Agency B is so low (n=3), no statistically significant comparison can be made, but it must be noted that both scores are very low (less than 1 on a scale of 0 to 10).

<table>
<thead>
<tr>
<th>Agency respondent volunteers/ works for</th>
<th>Estimated Survivor Danger for a Female-Female Relationship</th>
<th>Estimated Survivor Danger for a Male-Male Relationship</th>
<th>Estimated Survivor Danger for a Female-Male Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A</td>
<td>Mean 8.90</td>
<td>Mean 8.97</td>
<td>Mean 9.03</td>
</tr>
<tr>
<td></td>
<td>n 15</td>
<td>n 16</td>
<td>n 16</td>
</tr>
<tr>
<td></td>
<td>S.D. 1.11</td>
<td>S.D. 1.10</td>
<td>S.D. 1.01</td>
</tr>
<tr>
<td>Agency B</td>
<td>Mean 9.00</td>
<td>Mean 9.00</td>
<td>Mean 9.00</td>
</tr>
<tr>
<td></td>
<td>n 3</td>
<td>n 3</td>
<td>n 3</td>
</tr>
<tr>
<td></td>
<td>S.D. 1.00</td>
<td>S.D. 1.00</td>
<td>S.D. 1.00</td>
</tr>
<tr>
<td>Total</td>
<td>Mean 8.92</td>
<td>Mean 8.97</td>
<td>Mean 9.03</td>
</tr>
<tr>
<td></td>
<td>n 18</td>
<td>n 19</td>
<td>n 19</td>
</tr>
<tr>
<td></td>
<td>S.D. 1.06</td>
<td>S.D. 1.06</td>
<td>S.D. .98</td>
</tr>
</tbody>
</table>

Table 4.10 Estimated Danger to a Survivor by Sexual Orientation and Agency

The means for Agency B are all obviously the same in estimating the danger to a survivor, regardless of whether the relationship is same-sex or opposite sex, and regardless of the gender of the survivor in an opposite-sex relationship. While the means
appear to vary for Agency A, a one-way ANOVA test indicates that the differences are not significant \[F(2, 44)=.058, p>.05\]. Also, while there appear to be some differences between the two agencies, these differences are so small as to appear insignificant, even without being able to perform statistical analysis due to the small (n=3) number of responses from Agency B.

<table>
<thead>
<tr>
<th>Agency respondent works for</th>
<th>Estimated Likelihood of Providing Shelter for a Survivor in a Female-Female Relationship</th>
<th>Estimated Likelihood of Providing Shelter for a Survivor in a Male-Male Relationship</th>
<th>Estimated Likelihood of Providing Shelter for a Female Survivor in a Female-Male Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency A</td>
<td>Mean 9.76 n 17 S.D. .44</td>
<td>Mean 3.41 n 17 S.D. 4.66</td>
<td>Mean 9.76 n 17 S.D. .44</td>
</tr>
<tr>
<td>Agency B</td>
<td>Mean 9.00 n 2 S.D. 1.41</td>
<td>Mean 9.00 n 2 S.D. 1.41</td>
<td>Mean 9.00 n 2 S.D. 1.41</td>
</tr>
<tr>
<td>Total</td>
<td>Mean 9.68 n 19 S.D. .58</td>
<td>Mean 4.00 n 19 S.D. 4.75</td>
<td>Mean 9.68 n 19 S.D. .58</td>
</tr>
</tbody>
</table>

Table 4.11 Estimated Likelihood of Providing Shelter by Sexual Orientation and Agency

The means of the responses for Agency B for the estimated likelihood of providing shelter to a survivor are the same for all three relationship types. For Agency A, the means do have a significant difference, as determined by a one-way ANOVA (F(2, 48)=30.99, p<.01). After calculating Tukey’s HSD, it is apparent that the mean difference between the male-male relationship and the female-female relationship (mean
difference=6.35, \( p<.05 \) and the mean difference between the male-male relationship and the female-male relationship (mean difference=6.35, \( p<.05 \)) are significant for Agency A. Since the means for the female same-sex relationship and the opposite-sex relationship are the same, there is no significant difference here for this agency. While the significance of the differences between agencies cannot be determined, the difference between responses for male-male relationships is quite large. The difference between the responses for female-female and female-male relationships seems much smaller for the two agencies.
<table>
<thead>
<tr>
<th>Myth</th>
<th>Agency respondent volunteers/works for</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Agency A</td>
<td>Agency B</td>
<td>Total</td>
<td>Agency A</td>
<td>Agency B</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>n</td>
<td>S.D.</td>
<td>Mean</td>
<td>n</td>
<td>S.D.</td>
</tr>
<tr>
<td>Women are inherently non-violent</td>
<td>1.35</td>
<td>17</td>
<td>2.40</td>
<td>.67</td>
<td>3</td>
<td>1.16</td>
</tr>
<tr>
<td>There is no DV in the GLBT community</td>
<td>1.18</td>
<td>17</td>
<td>3.32</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>If a man hits another man, the 2nd man is responsible to defend him</td>
<td>1.47</td>
<td>17</td>
<td>2.94</td>
<td>2.00</td>
<td>3</td>
<td>2.65</td>
</tr>
<tr>
<td>Men are inherently violent</td>
<td>2.18</td>
<td>17</td>
<td>2.51</td>
<td>.67</td>
<td>3</td>
<td>1.16</td>
</tr>
<tr>
<td>GLBT victims of DV are more likely to be “femme” than not “femme”</td>
<td>.33</td>
<td>15</td>
<td>1.29</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>DV is more likely in gay male than in straight relationships</td>
<td>.94</td>
<td>16</td>
<td>2.29</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>A woman’s violence is less damaging than a man’s</td>
<td>.41</td>
<td>17</td>
<td>1.70</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Funding is in jeopardy if we serve lesbians/bi women</td>
<td>.76</td>
<td>17</td>
<td>2.44</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Funding is in jeopardy if we serve gay/bi men</td>
<td>.88</td>
<td>17</td>
<td>2.55</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Funding is in jeopardy if we serve transgender people</td>
<td>.82</td>
<td>17</td>
<td>2.48</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Victims of same-gender DV should seek services from the GLBT community</td>
<td>1.76</td>
<td>17</td>
<td>2.93</td>
<td>4.00</td>
<td>3</td>
<td>1.732</td>
</tr>
<tr>
<td>A man who dresses like a woman is mentally ill</td>
<td>.18</td>
<td>17</td>
<td>.73</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>DV is primarily caused by patriarchy</td>
<td>3.47</td>
<td>17</td>
<td>3.52</td>
<td>2.33</td>
<td>3</td>
<td>2.517</td>
</tr>
<tr>
<td>“Butch” person is more likely to be an abuser than non-“butch” person</td>
<td>.06</td>
<td>16</td>
<td>.25</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 4.12 Mean Agreement with Myths about Same-Gender Domestic Violence by Agency

53
4.2.11 Agreement and Disagreement with Myths

For most of the myths, Agency A had a higher mean level of agreement than did Agency B. The two exceptions are “if a man hits another, the second man is responsible to defend himself,” and “victims of same-gender domestic violence should seek services primarily from the GLBT community.” Most of the differences, in either direction, are less than one point on a 0 to 10 point scale. The exceptions to this are “men are inherently violent,” and “domestic violence is primarily caused by patriarchy,” both of which Agency A has a higher mean for; and “victims of same-gender domestic violence should seek services primarily from the GLBT community,” for which Agency B has a higher mean.

<table>
<thead>
<tr>
<th>Agency respondent volunteers/works for</th>
<th>Attitudes Towards DV in the GLBT Community Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>Agency A</td>
<td>13.33</td>
</tr>
<tr>
<td>Agency B</td>
<td>9.67</td>
</tr>
<tr>
<td>Total</td>
<td>12.72</td>
</tr>
</tbody>
</table>

Table 4.13 Attitudes towards Domestic Violence in the GLBT Community Score by Agency
Agency B has a lower mean Attitudes towards Domestic Violence in the GLBT Community score than Agency A. However, both agencies' scores are below 20 points out of a possible 140 points, indicating that the difference between the two may be inconsequential. Lower scores potentially indicate less belief in myths about domestic violence in the GLBT community.

4.3 Qualitative Analysis

4.3.1 Agency Services

Several qualitative/short answer type questions were asked in order to gain a greater depth and richness of meaning. The first of these was a question regarding what services the respondent is aware of that their agency provides for each sexual orientation/gender. Elsewhere in this analysis, the sheer number of services offered has been addressed. Here the types of services will be looked at. The most frequent services offered at Agency A are shelter, which is offered to women of any sexual orientation and sometimes transgender individuals; and SOS counseling, which is offered to any sexual orientation or gender. Related to shelter, but much less frequently offered, was a referral for shelter and movement to housing.

The next most popular services are peer support groups, legal services and hotline counseling. It is interesting that two respondents indicated that they would offer peer support groups to heterosexual men, as the discussion with the Shelter Director indicated
that there are no peer support groups for heterosexual men, though gay or bisexual men can attend the GLBT peer support group. Related to hotline counseling is crisis intervention, although this service could also take place face to face, if the respondent is serving as an outreach worker or in some other public capacity.

After these categories, referrals received four responses across all sexual orientations and genders. Specific referrals to Agency B were also mentioned by one respondent, but for every category except transgender. Smaller numbers of respondents mentioned outreach, case management and education as services offered by Agency A. One person stated that "no policy exists," two "unknown," and one "don't know about shelter."
<table>
<thead>
<tr>
<th>Services Offered by the Agency</th>
<th>Gay &amp; Bi Men</th>
<th>Lesbians &amp; Bi Women</th>
<th>Trans</th>
<th>Hetero Men</th>
<th>Hetero Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter</td>
<td>0</td>
<td>16</td>
<td>5</td>
<td>0</td>
<td>15</td>
</tr>
<tr>
<td>Referral for Shelter</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Movement to Housing</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Counseling</td>
<td>14</td>
<td>15</td>
<td>13</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Peer Support Group</td>
<td>8</td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Legal Services</td>
<td>7</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Hotline Counseling</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Referrals</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Agency B</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Outreach</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Case Management</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No policy exists</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Don’t know about shelter</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 4.14 Frequency Table for Services Offered by Agency A to Each Sexual Orientation and Gender
<table>
<thead>
<tr>
<th>Services Offered by the Agency</th>
<th>Agency B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gay &amp; Bi Men</td>
</tr>
<tr>
<td>Emergency Housing Assistance</td>
<td>2</td>
</tr>
<tr>
<td>Counseling Referrals</td>
<td>1</td>
</tr>
<tr>
<td>Peer Support Group</td>
<td>1</td>
</tr>
<tr>
<td>Legal Services</td>
<td>3</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>2</td>
</tr>
<tr>
<td>Safety Planning</td>
<td>1</td>
</tr>
<tr>
<td>Safe Space</td>
<td>0</td>
</tr>
<tr>
<td>Referrals</td>
<td>1</td>
</tr>
<tr>
<td>Refer elsewhere</td>
<td>0</td>
</tr>
<tr>
<td>Outreach</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
</tr>
<tr>
<td>Violence Documentation</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 4.15 Frequency Table for Services Offered by Agency B to Each Sexual Orientation and Gender
In an interview with the Shelter Director, she stated that Agency A offers shelter, a 24 hour hotline, support groups, individual counseling, legal advocacy, outreach and information to all women. She stated that shelter is not available to men of any sexual orientation and that the agency has no clear policy regarding transgender individuals, though she felt that post-operation male-to-female (currently female) women would certainly be allowed. She also stated that no female-to-male transgender individuals would be allowed in the shelter, since they would identify as men. The Shelter Director also indicated that the agency offers a specific support group for survivors of same-sex domestic violence, which is open to men and women. She states that all services offered to women are available to men, except for shelter and services dependent on being in the shelter. Other services offered by Agency A include prison outreach regarding same-sex domestic violence in the women’s prisons, staff training and community education, including domestic violence in the workplace. She states that transgender individuals will also be referred to a local transgender support group and Agency B and linked with staff who can be supportive of them.

Agency B respondents primarily stated that their agency offers legal services, crisis intervention and emergency housing assistance. Several other services, such as referrals, support groups, safety planning, outreach and education were also mentioned. One service which Agency B offered that Agency A had no equivalent or similar mention of was violence documentation. These services were offered for gay and bisexual men, lesbians and bisexual women, and transgendered individuals. Some of them were also mentioned by one respondent for heterosexual men. However, heterosexual women
either did not have any services listed, or were referred elsewhere. Agency B’s mission is to serve the GLBT population, and all of their services are aimed towards this population.

<table>
<thead>
<tr>
<th>Services Provided to GLBT Survivors by Survey Respondents</th>
<th>Agency A</th>
<th>Agency B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Housing Info</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Emergency Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hotline</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Referrals</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Crisis Intervention</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Safety Planning</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Counseling</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Support Group</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Legal</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Advocacy</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Agency B</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>No Answer</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.16 Frequency Table for Services Respondents have Provided to GLBT Survivors

4.3.2 Respondent Services

When asked what services they had personally provided to GLBT survivors, most of the respondents from Agency A indicated shelter and hotline, with referrals the next most common. A variety of other services were also provided, including counseling, support groups, crisis intervention, legal, advocacy, housing information, case
management and education. Referrals to Agency B also appear, and one person did not answer the question.

Agency B’s most common answer was referrals, with two respondents. Emergency housing, crisis intervention, safety planning, legal and advocacy each had one person listing them. One individual answered this question “N/A.”

The next qualitative question asks what the individual’s understanding of the agency guidelines for serving GLBT survivors is. A variety of answers were given, which can be broken into the following categories. Some responses do fit more than one category, in that they mention more than one guideline. The largest category for Agency A was some variation on the idea of non-discrimination and/or serving all survivors, with eleven individuals including this in their response in some way. The next largest general category is that the shelter does not take men, with nine respondents indicating this. Three respondents indicated that they in some way didn’t have an understanding of the guidelines, two of these specific to transgender individuals, one more generally about GLBT survivors. One individual specifically mentioned the GLBT domestic violence survivors’ group offered by this agency. Another individual indicated referral to Agency B. One survey had no answer to this question.

Interestingly, for Agency A, four of the responses specifically mention gay, lesbian and/or bisexual individuals in some way, while there are three which mention transgender individuals. Of the transgender responses, two are indicating a lack of understanding of the guidelines, while one lists services available.
For Agency B, two of the responses indicate that this agency specifically serves this population. The other response states “to serve individuals based on need.”

4.3.3 Client Concerns

Question number nine on the survey asks “A woman receiving services from your agency reveals to you that she is bisexual. What are some concerns that you think she may have?” Responses to this question also seemed to fall into several categories, with some responses overlapping because of multiple concerns mentioned.

For Agency A, the most responses (thirteen) included some reference to the idea of discrimination or negative attitudes, either by staff or by other clients of the agency. Four respondents indicated that they thought the woman might be concerned with being outing to family, friends, employer, etc. One individual stated that they thought she might believe “her situation does not qualify as domestic violence.” Another indicated she thought the woman might have a concern that the staff would think she is “interested in them.” One individual stated a concern for safety because the woman’s female partner might be able to gain access to the shelter. The idea of isolation from family was also mentioned by one respondent, and one person did not answer this question.

Two Agency B respondents indicated concern about using the legal system. One respondent each indicated uncertainty about using a GLBT specific agency, being outing, and fear her support systems won’t help her. One respondent did not answer this question.
4.3.4 Working with a Transgender Caller

The final qualitative question is related to the quantitative estimate of how appropriate a transgendered survivor who identifies as a woman is for shelter. Qualitatively, it was asked why the respondent gave the answer that they did. Results again fit several categories and often overlap.

For Agency A, the largest category is that the survivor deserves shelter, with six individuals giving some variant of this idea. Three people indicated concern for the other residents' comfort or ability to meet their goals in response to dealing with the transgender woman potentially being in the shelter. Three respondents also indicated concern for the safety of the transgendered individual, given the possible attitudes of other residents. One person overlapped on these two concerns. Two people indicated that the shelter doesn't house men. One asked whether the transgendered person was pre- or post-operation. One stated that they would refer the question to someone with more experience and background, one stated that the agency had no clear policy and four did not answer this question.

Of the Agency B responses, two indicated that she deserves shelter, and one of these also stated that there is a service gap for the transgender community. One person did not answer this question.

Overall, a variety of correlations were found, especially with the Attitudes Towards Gays and Lesbians score. These include a positive correlation between the AttGL score and the estimated severity of the problem of domestic violence in the GLBT
community and negative correlations between this score and agreement with several myths. These myths include: the idea that there is no domestic violence in the GLBT community, the idea that a male victim has a responsibility to defend himself, the idea that domestic violence is more likely to occur in gay male relationships than straight ones, the idea that women cause less damage than men, the idea that survivors of same-sex domestic violence should primarily seek services in the GLBT community and the idea that a man who dresses like a woman is mentally ill. A positive correlation was also found between the perceived percentage of an agency's clients who are GLBT and the belief that a male victim has a responsibility to defend himself and belief that victims of same-sex domestic violence should seek services primarily within the GLBT community. In addition, a correlation was found between an increased number of different types of training and belief a greater attribution of responsibility to the victim for his/her situation regardless of sexual orientation or gender.

Comparisons between Agency A and Agency B were made which can not be considered significant, due to the low number of responses from Agency B, but which do point to areas of interest. Qualitative data regarding services provided, agency guidelines, concerns of GLBT clients and working with transgender clients was compared and reviewed for both agencies, and interesting patterns of answers were noted. The analysis revealed several areas of significance, to be discussed in the next section.
CHAPTER 5

DISCUSSION AND IMPLICATIONS

In looking at the meaning of the data and analysis from this research, it is important to evaluate it in the framework of the original research questions outlined in the Methodology section. In order to answer these questions, the next section is structured around the original research framework, addressing the questions one at a time. As previously noted, Agency A is an agency which serves domestic violence survivors in general, while Agency B specializes in working with GLBT survivors of violence. Comparisons between the two agencies are made, and implications of the previously outlined findings are discussed.

5.1 Attitudes towards Domestic Violence in the GLBT Community

The first question was “what are the attitudes of staff/volunteers in domestic violence agencies regarding domestic violence in the GLBT communities?” A part of the answer to this question can be gained from looking at the estimated severity of the problem of domestic violence in these communities, as compared with estimates made for the problem of domestic violence in the area as a whole. Also relevant to this...
question are the “myth” statements which respondents were asked to agree with on a scale of 0 to 10.

5.1.1 Comparison of the Severity of the Problem

As has been seen, for Agency A, the estimated severity of the problem in the area as a whole is statistically higher than the estimated problem for the GLBT community (t=-2.22, df=16, p<.05). For Agency B the estimated severity is exactly the same for both problems, though the small (n=3) number of respondents from this agency makes it difficult to draw conclusions from this. Interestingly, however, both estimates are fairly high, a mean above 7 on a 0-10 scale, indicating that, while the respondents from Agency A felt that domestic violence was less of a problem in the GLBT community than in the community at large, they still found it to be a significant issue.

5.1.2 Agreement and Disagreement with Myths

Similarly, when asked to rate agreement with the statement “there is no domestic violence in the GLBT community,” respondents from both agencies indicated very low (means less than 2 on a 0-10 scale) agreement with this myth. This also points to an awareness of domestic violence as an issue that the GLBT community faces, and a willingness to take this issue seriously on the part of the respondents of both agencies.
Statements about gender and violence are also related to this question, since in same-sex domestic violence, the gender of either the victim or the abuser is not the societally expected gender. There was very low agreement with the statement “women are inherently non-violent” (means for both agencies of less than 2). For the statement “men are inherently violent,” the mean for Agency A is 2.18, and that for Agency B is .67. While Agency A respondents seem somewhat more likely to believe this than that women are non-violent, agreement with the belief is still quite low. Both agencies indicated means of less than one for agreement with the statement “a woman’s violence is less damaging than a man’s,” and Agency B indicated no agreement at all (mean=0) with this statement.

A final statement related to the first research question is “domestic violence is more likely in gay male relationships than in straight relationships.” Again, the mean agreement with this statement was quite low, .94 for agency A and 0 for Agency B.

While the agreement with statements representing myths about domestic violence in the GLBT community appears slightly higher at Agency A than at Agency B, respondents from both agencies indicate generally low agreement with all of these statements. In general, then, it seems that the attitudes in both of these agencies, as represented by these questions, are appropriate and lacking in myths.
5.2 Attitudes towards GLBT Survivors of Domestic Violence

The second research question was "what are the attitudes of staff/volunteers in domestic violence agencies regarding GLBT survivors of domestic violence?" Several methods of getting at this question were employed. One of these was similar to the first question, agreement, on a scale of 0-10, with statements representing myths about GLBT survivors of domestic violence. Scenario questions, measuring differences in the estimation of survivor responsibility, likelihood of providing shelter, and survivor danger across sexual orientations and genders, also on a scale of 0-10, were also included. In addition, a question specifically asking the appropriateness of a transgendered woman was included, due to the lack of material generally available addressing transgender issues. This question was paired with the qualitative question "why," aimed at understanding some of the attitudes and thoughts that go along with making this decision. A multiple-choice question asking how the respondent would deal with a homophobic resident provides insight into another dimension of this question.

Questions about what services the individuals perceive the agency to be offering GLBT survivors and heterosexual survivors, when compared with actual services offered, are designed to help address the level on which attitudes affect services. In addition, questions regarding which services a respondent has actually provided GLBT clients is addressed to this issue.
5.2.1 Agreement and Disagreement with Myths

With regards to the myths, again agreement with these myths was generally quite low. Average agreement for both agencies was equal to or below 2 for the statements “if a man hits another man, the second man is responsible to defend himself,” “GLBT victims of domestic violence are more likely to be ‘femme’ than not ‘femme’,” and “someone who is ‘butch’ is more likely to be an abuser than someone who is not ‘butch’.” Agreement with the statement regarding responsibility for self-defense was actually higher at Agency B (mean=2.00) than Agency A (mean=1.47), which goes against the general trend for these statements.

This finding is of interest due to the documented difficulty that male survivors have with contacting domestic violence service agencies, and the existing myth of the “fair fight” (Island and Letellier, 1991). Since this is of concern in providing services, it seems somewhat unusual that individuals at an agency primarily aimed at serving the GLBT population would have a higher reported agreement with this myth. A possible explanation for this would be that increased exposure to male survivors would cause increased burnout with regards to dealing with this issue, but since the findings can’t be considered significant due to the small number of respondents, this is pure conjecture. Further research in this area would help to expand on whether greater exposure causes a greater belief in victim responsibility or not in this case. If it does, then it would be important for agencies to consider ways of helping staff and volunteers to deal with their burnout.
Interestingly, Agency B respondents had a much higher agreement (mean=4.00) with the statement “victims of same-gender domestic violence should primarily seek services from the GLBT community,” than did Agency A respondents (mean=1.76). While it is not possible to draw definitive conclusions from this difference, it may be related to the documented difficulty that many GLBT survivors have faced in dealing with general domestic violence agencies. Since Agency B deals specifically and primarily with GLBT survivors of violence, they are likely to be familiar with the literature on this and aware of the potential difficulties faced by GLBT individuals dealing with any system that is not specifically formed with them in mind.

Both survivors (Lie and Gentlewarrior, 1991; Renzetti, 1992; Waterman, Dawson & Bologna, 1989) and counselors (Wise and Bowman, 1997), believe that services are unavailable, inappropriate and/or difficult to access for GLBT survivors. This finding confirms that service providers, especially those working specifically with the GLBT population, also have some belief that these services may be inappropriate for these survivors. One implication of this finding is that agencies need to be aware not only of what types of services they provide to whom and how appropriately they provide them, but also of how they are viewed within the GLBT community. Further research into how the perspective of GLBT survivors on their experiences with both mainstream and community-specific services would shed further light upon this area.
5.2.2 Comparison between Same-Sex and Opposite-Sex Scenarios

The scenario questions, #14, #15, and #16 (see Appendix), describe a caller’s situation exactly the same way, except that the caller is either a woman in a same-sex relationship, a woman in an opposite-sex relationship or a man in a same-sex relationship. Questions are then asked about the responsibility the survivor holds for his/her situation, the likelihood that the respondent would offer shelter for this caller and the danger the caller is in.

Respondents from both agencies rated the caller’s responsibility for their situation as very low across all sexual orientations and genders, less than 1 on a scale of 0-10. The estimates of caller danger all ranged around 9 on this scale, for both agencies and across all sexual orientations.

The estimated likelihood to provide shelter had somewhat different results. At Agency B, all three scenarios were given an equal likelihood of shelter. At Agency A, however, the male survivor was given a much lower, but not zero, likelihood of being accepted for shelter. The differences between the male-male and both the female-male and female-female relationship likelihood of shelter were found to be significant. A reasonable explanation for this is that Agency A has a shelter which has a policy that they do not admit adult males to the shelter. Therefore, people from this agency who responded that they would not admit male survivors were following the policy of their agency. This does not explain the indication of some likelihood of shelter for men at this agency, however. It seems likely that those who did give some indication of being
willing to bring him in for shelter may have been either thinking hypothetically that they would if it had been allowed, or thinking that they would help him to find some other resource for shelter.

These results indicate that respondents from both agencies have similar attitudes towards danger and responsibility across genders. They also point to the need for shelter services of some sort for male survivors of domestic violence. As Letellier (1994) pointed out, one major reason that male victims of same-sex domestic violence do not seek services is that they are not available.

5.2.3 Working with a Transgender Caller

The question about the appropriateness of a transgender woman for shelter resulted in interesting responses. Agency B had a mean appropriateness on a scale of 0-10 of 10; Agency A had a mean of 8.36. The qualitative answers to the follow-up question of why the respondent had given the rating they did reveal some more depth to this situation. Many responses indicated a concern for the safety of the survivor, 6 stating that she was deserving of shelter and safety and three indicating worry about her safety in the shelter, given that other residents might not be accepting. There were also three responses that indicate concern for other shelter residents. Two responses stated that the shelter did not house men, and one asked whether the survivor was pre- or post-operative. The two responses about men indicate some lack of understanding or confusion about transgender issues and situations. The question about pre- or post-operative seems to
indicate some level of understanding of the process of transitioning, and a possible belief that the “line” between male and female is drawn at the operation (although this was not clearly stated, and this may only be one consideration). This is problematic, as many transgendered individuals do not choose to undergo surgery, even if they live their entire lives as the gender that they feel they are.

Two responses indicated a clear lack of understanding, one stating that they would refer the situation to someone with more experience and the other stating that there is no clear agency policy. Since there really isn’t a clear agency policy, it is not surprising that there are such a variety of responses to this question. This question had the highest number of non-responses of all the qualitative questions, with four respondents leaving it completely blank. In talking with the Shelter Director and the Outreach Coordinator after the data was collected, it became clear that several people did not understand the question clearly. The Outreach Coordinator stated that she had had several questions about this question, some of which indicated a desire to know the survivor’s stage in transition from male to female, while others indicated a lack of understanding about transgender as a whole.

Also related to the attitudes towards transgendered individuals is the statement “a man who dresses like a woman is mentally ill,” which was used in the section addressing myths. There was very low agreement with this statement at both agencies, with Agency A having a mean of .18 and Agency B a mean of 0. In combination with the above responses about transgender survivors, this seems to indicate a somewhat positive, yet confused, set of attitudes about transgendered individuals who are survivors of domestic
violence. It may be that the attitude towards the individuals is generally positive, but that, since policy is not clear, the response is also not clear.

One implication of these findings is that a clear policy is necessary for services to be appropriately offered and provided. It also indicates a need for further research and information about domestic violence and transgendered individuals, so that appropriate, helpful policies can be developed. As was documented in the literature review, transgendered individuals often do not have much recourse as survivors, since they are rarely seen as women whether they have completed surgery or not. They are at increased risk due to dangers related to being “outed” and due to the general non-acceptance of transgendered individuals in society.

5.2.4 Dealing with Homophobia

In general, responses from both agencies were very appropriate with regards to the question about how the individual would deal with a homophobic resident (question #13, see Attachment). The most popular responses were to explain that the shelter accepts lesbians and to do anti-homophobia training with the shelter residents. At Agency A, there was one response each for trying to find out if the “accused” resident is a lesbian and letting the lesbian resident stay but explaining to her that the other residents aren’t happy. These responses are not appropriate, but the very small frequency for each indicates that the majority of individuals at this agency are aware of more helpful ways to react.
Agency A respondents also included quite a few “other” responses to this question. These responses seemed to either deal with getting the complaining resident to focus on her own plan and not use insulting language or with helping the potentially lesbian resident deal with the hostility and assessing it’s effect on her. None of these responses were inappropriate or problematic. These responses indicate that employees/volunteers from both agencies generally know appropriate ways of handling homophobia among other clients/residents, and are prepared to deal with situations such as this if they arise. Since a major concern facing GLBT survivors if they do gain access to shelter is how the other residents may treat them (Girshick, 2002), this willingness on the part of the staff to deal properly with these issues is important.

5.2.5 Agency Services

In answering the question regarding what services the agency offers survivors of each gender/sexual orientation, the respondents at Agency A gave higher mean numbers of services to women, regardless of sexual orientation, than to men. Transgendered survivors were offered a mean number of services between that of men and women. Heterosexual men were actually offered the least services of all, next being gay/bisexual men, then transgender, than lesbians/bisexual women, and the most services were offered to heterosexual women. This progression is interesting, as according to the Shelter Director, the agency offers the same number of services to all women, regardless of sexual orientation. There is no policy regarding transgender individuals in shelter, but
they and men are offered all other services. The main exception is that there is no support group for heterosexual men, whereas a gay male could attend the same-sex survivors group and a transgender person who identified as a woman could attend whichever group seemed appropriate for her.

It is also interesting that across all categories, people listed significantly fewer services than the agency actually provides. This may, at least in part, be due to having to fill out a survey when they are not at the phones/near the resource listings that they would normally have access to while working with survivors. During a conversation with the Shelter Director, it was also pointed out that the number and type of services that someone would recall might be reflective of their position in the agency and which services they are most familiar with. Since this phenomena holds across all sexual orientations and genders, it does not unduly impact GLBT survivors as compared to heterosexual ones, but it may indicate a need for staff to be updated on what services are available and to whom.

Agency B, as per their mission, tended to offer more services to the GLBT population than to heterosexual callers, although some services were offered to heterosexual men. They also listed more services being offered to GLBT callers than Agency A did, though there was quite a bit of variation in the number of services offered, indicating that this may have been more of a function of the specific individuals in such a small sample than of the agency as a whole.

Looking at the specific services offered by Agency A, the major difference seems to be with shelter. Shelter wasn’t listed by anyone for men, regardless of sexual
orientation. It also was listed by only five people for transgender individuals. These responses reflect shelter policy, in that the shelter will not house men, and there is no policy with regards to transgender survivors in the shelter. Also, some individuals did indicate that they would “refer for shelter,” for gay men, transgender, heterosexual men and heterosexual women. This indicates that some thought is being put into other methods of housing survivors who cannot come into the shelter for some reason.

Agency B does not have a shelter, but can sometimes provide for emergency housing for survivors in need. This category was listed for all GLBT survivors and by one respondent for heterosexual men, but not for heterosexual women. The only service listed by Agency B for heterosexual women was to refer her elsewhere, which is indicative that their mission is to serve the GLBT population.

Another major service listed by Agency A is provision of counseling. Again the differences in service provision are broken down more along lines of gender than sexual orientation, with 13 individuals offering this to transgender survivors, 14 to men of any sexual orientation and 15 to women of any sexual orientation. A related service, peer support groups, also seem to be broken down by gender. Interestingly, 2 individuals said they would offer this service to heterosexual men even though this agency does not have this service for straight men. Agency B, rather than offering counseling, offered referrals for counseling, and they also listed peer support groups.

Hotline counseling, and related services such as crisis intervention, were offered pretty much equally across genders and sexual orientations. Agency A respondents listed this as hotline counseling or crisis intervention, while Agency B respondents listed safety
planning or safe space, but both agencies offer this kind of services. Agency B did not offer these services to straight women, as discussed above.

At Agency A, other services, such as legal services, outreach, education and case management all seem to be offered based on gender more than sexual orientation. Since case management is provided only to shelter residents, this response is related directly to shelter policy. The other services, however, seem to go along with the general trend to be more likely to be aware of services offered to women than men or transgendered individuals, even if the agency offers these services without regard for gender. This is especially confusing with regards to transgender, as indicated by several responses indicating "no policy exists," "unknown," and "don't know about shelter."

Agency B responses tended to offer services to the GLBT population, with somewhat less services offered to heterosexual men and none offered to heterosexual women. This agency also offers the service "violence documentation," which is related to their mission, and is not a service offered by Agency A.

Agency A respondents tended to perceive that services were available more based on gender than on sexual orientation. The implications of this are that it may be necessary to increase communication with staff/volunteers about services available to men, as well as transgender individuals. While the agency does offer less services to men, due to the inability to house men in the shelter, people also were not listing services which are offered, and in some cases inappropriately listed services which are not available (support groups) for heterosexual men.
In contrast to the literature, which indicated that survivors have faced a lack of available services (Renzetti, 1989; Stahly & Lie, 1995), these answers demonstrate that the respondents at these agencies perceive their services to be available to lesbians and bisexual women. This may be due to more recent education, the small nature of the sample, the specific location in which the agencies are located, or some other factor. The lower perceived availability for men and transgender individuals is partially reflective of a lower actual number of available services. It does, however, indicate a need to look into providing more services for these populations.

5.2.6 Respondent Services

In looking at what services were actually provided by the respondents to this survey, as opposed to being generally offered by the agency, a variety of responses were given. At Agency A, the most common were shelter, hotline and referrals, which is fairly consistent with the number of individuals listing these as services offered by the agency. This helps to support the idea that what services were perceived as being offered by the agency may be related to what the individuals do for the agency.

The data for Agency B is so minimal for this question that it is impossible to see any patterns. Most services had only one person listing them, with only referrals having two.
5.3 Staff Knowledge

Research question #3 was "how educated are staff/volunteers in domestic violence agencies regarding domestic violence in the GLBT community?" In part, this question can be addressed using the same statements representing myths that were presented in the previous two sections. Another dimension of this question is how much training, and of what types, individuals have had regarding domestic violence in the GLBT community. Also related is the simple estimation of how severe the problem is, and how this compares to an estimate of the problem of domestic violence in the general population. In addition to these questions, multiple-choice questions addressing how the respondent would evaluate who the abuser is in a female same-sex relationship and how they would respond to a male survivor of same-sex domestic violence were asked to gain insight into respondents knowledge of same-sex domestic violence issues. A qualitative question addressing concerns a bisexual woman in a shelter might have contributes depth to this dimension as well.

5.3.1 Agreement and Disagreement with Myths

As previously discussed, the general agreement with the myth statements was low, with mean agreement being near or below 2 for most of the statements at both agencies. One of the statements which deserves some attention is that "domestic violence is primarily caused by patriarchy." This statement was included because of the tendency
to view domestic violence as being only perpetrated by men against women that goes along with this theory. While it cannot be conclusively stated that patriarchy is not related to domestic violence, women, men and transgender individuals all perpetrate and suffer from domestic abuse. This makes an attribution to patriarchy as the primary cause misleading in the face of people's daily experience. Agreement with this statement was higher than for most of the others, with Agency A respondents giving a mean of 3.47 and Agency B respondents a mean of 2.33. This may reflect the generally feminist training most domestic violence agencies provide and/or a history of belief in this statement as a part of dealing with victim-blaming and other societal ways of keeping survivors in relationships with their abusers. It is important to note, however, that both of the means are still relatively low, below 4 on a scale of 0 to 10), and therefore it cannot be said that there is general agreement with this statement.

This generally low level of agreement is important, as the theory that domestic violence is a product of a patriarchal society is documented to negatively affect provision of services to survivors of same-gender domestic violence (Girshick, 2002; Island & Letellier, 1991; Merrill, 1996; Renzetti, 1992). Therefore, the low agreement with this statement may be indicative of the otherwise generally supportive and knowledgeable outcomes for both agencies. It would be interesting for future research to be aimed at learning the direct effects of belief in this particular theory and the ability of staff to provide services.

Other possible theories have been put forth by Renzetti (1992) and Merrill (1996). Renzetti (1992) addresses issues related to dependency within lesbian relationships, and
how these impact the occurrence of domestic violence in such relationships. Merrill (1996) raises the idea of a dual level explanation for domestic violence, including both the psychology of the individual and the social acceptance of violence and power over others. Further work in this area, addressing issues of power and gender, would greatly enhance our understanding of how and why domestic violence happens, thus providing theories which are inclusive and helpful for expanding services to all those in need.

5.3.2 Training

As far as training is concerned, Agency B, as the agency specializing in working with the GLBT population, had a higher mean amount of time spent in training specific to domestic violence in the GLBT community (35 hours) and a higher mean number of types of training as well (3.33). However, Agency A respondents also had received a good amount of training (a mean of 16.67 hours) and a mean of 2.25 types of training. The difference is probably due to the need to educate Agency A personnel on other populations/areas, whereas Agency B training would almost all be dealing with this population since that is their mission. The types of training reported did not vary all that much between the agencies.

These findings imply that the level of knowledge may be similar between the two agencies, with some difference due to specialization on the part of Agency B in working with the GLBT population. While amount and general type of training cannot say how much knowledge an individual has on a given topic, it is an indicator. It is important,
however, for agencies to be aware of not just the general amount and type of training provided, but the specifics involved, and whether or not additional training is actually improving a specific individual’s ability to work with a given population.

5.3.3 Comparison of the Severity of the Problem

As previously discussed, the estimated severity of the problem of domestic violence in the GLBT community and for the general population was significantly different for Agency A respondents, while it was exactly the same for Agency B respondents. This may reflect the fact that someone from Agency B is certain to work with GLBT survivors, while someone from Agency A most likely will encounter less GLBT survivors and may therefor give a lower estimate of the severity of the problem. It may, however, also indicate a lower level of understanding of the problem of domestic violence in the GLBT community.

5.3.4 Male Survivors

In order to get a more in-depth look at knowledge of issues specific to GLBT domestic violence, two multiple-choice and one open-ended question were asked. The first of these questions was a multiple-choice question regarding the response of a worker to a man calling because he is afraid of his male partner. The variation of responses for this question was large, but most responses were appropriate for dealing with this kind of
situation. Agency A responses included helping him make a safety plan and non-shelter services as the most common, as well as quite a few “other” category responses. All of the “other” responses were also appropriate and showed some knowledge, if nothing more than where to refer for more services (the majority of this category involved referrals to Agency B).

Some respondents from Agency A did choose the responses for referring him to self-defense training, referring him to a batterer’s group and referring him for couple’s counseling. While self-defense training may be appropriate as a part of other services offered, a batterer’s group and couple’s counseling would both be inappropriate for a victim of domestic violence. Interestingly, one individual from Agency B also responded that they would refer for couple’s counseling, and one with self-defense training. The rest of Agency B’s responses were similar to those from Agency A, with the exception that one person responded with shelter as a possible service.

Over all, looking at the services offered, it seems the majority of respondents had a reasonable understanding of appropriate ways to assist this caller. Contrary to expectations from the literature (Island and Letellier, 1991), no one from either agency said they would hang-up or that they would tell him the agency couldn’t help him, and most of the responses given were appropriate. There do appear to be a few respondents who do not understand appropriate services, or which services are not appropriate to recommend. If a caller were to receive these responses, this might cause him further danger, especially if he is referred for couple’s counseling. He might also choose not to access other services from the agency because his situation was clearly misunderstood,
such as if he was referred to a batterers’ group. The implications of this are that it is important to be sure all employees and volunteers understand what services are and are not appropriate, regardless of sexual orientation and gender. Since the number of inappropriate responses is small, this could probably be addressed fairly easily, though some attention is warranted.

5.3.5 Evaluation and Assessment

The second multiple-choice question was regarding how a worker would determine who the abuser is in a female-female abusive relationship. As with the previous question, most of the given responses to this question would be considered appropriate methods of determining who is the survivor and who the abuser. The one exception to this is that six (35.29%) of the respondents from Agency A indicated that they thought the person who called is the survivor. The difficulty with this answer is that, as has been discussed in the literature review, abusers in female same-sex relationships sometimes call and act as if they are the victims in order to gain access to the shelter where their victim is, or to prevent her from gaining access to the shelter. In opposite-sex relationships, it is usually appropriate to assume that the woman is the victim, since statistically most victims in these relationships are women. In same-sex relationships, this determination is much more difficult. It is therefore important that staff and volunteers in agencies working with GLBT survivors be aware of other ways to
determine who is the survivor and who the abuser, since a mistake could result in having an abuser in the shelter, and a victim who does not receive needed services.

All of the other responses to this question were appropriate, however, with no one choosing “women can’t be abusers,” or “neither is the abuser.” All of the listed responses in the “other” category were either appropriate or too general to determine appropriateness.

These responses indicate a general understanding of the issues involved in determining who is a survivor in a same-sex domestic violence situation, with some confusion about the idea that the caller is necessarily the victim in a minority of the respondents from Agency A. Again, some staff education specifically addressing the issue of determining who is the victim and who the abuser in same-sex domestic violence situations might help to clear this up.

The indication that close to a third of the employees at Agency A would make this assumption means that some of the concerns brought out in the literature review are relevant to these agencies. A concern that GLBT survivors must deal with is the idea that their abuser may gain access to the shelter in which they are staying. Also, all survivors staying in a shelter would be concerned if there was an abuser staying there. This means that this issue is one which would need to be addressed, and is something of concern to shelter staff and policy. More generally, this confirms that even generally knowledgeable individuals and agencies can believe myths and misconceptions, which underscores the general need for more information to be available in this area.
5.3.6 Client Concerns

The qualitative question addressing this part of the research was “a woman receiving services from your agency reveals to you that she is bisexual. What are some concerns that you think she may have?” The responses for this question all indicated concerns that someone might actually have, although one respondent from Agency A thought she might be concerned that the staff would think she was “interested in them,” which seems an unusual response for this question. The majority of responses from Agency A had to do with negative reactions, either from staff or agency personnel. Some respondents also put forward ideas about fear of being “outed,” concern for safety because a female abuser might gain access to the shelter and dealing with isolation. These smaller categories show greater depth, and an understanding of some of the specific issues beyond homophobia and obvious discrimination. Many of these concerns were well documented in the literature review as having been faced by GLBT survivors. This indicates that at least a minority of the individuals from Agency A who responded to this question have a deeper understanding of the issues surrounding domestic violence in the GLBT community. Others may have an understanding that is more general, but at least includes the basic concept of homophobia and discrimination as a barrier and a difficulty.

The Agency B responses also indicated deeper understanding, since they too were related to more specific manifestations of discrimination and difficulties faced by GLBT survivors.
Understanding of the issues facing a bisexual client seems to be greater than that documented in the literature. This would indicate that perhaps, since there has begun to be research into this area, some of the information is reaching the shelter staff and volunteers.

5.4 Variables Effecting Staff/Volunteer Attitudes

The last research question posed for this study was “what variables effect the staff/volunteer attitudes in questions 1 and 2?” This question makes an attempt to start to understand what causes or is related to staff attitudes, and is important for understanding not only what is believed, but where it comes from. Several possible variables were advanced and investigated.

5.4.1 Attitudes towards Gays and Lesbians

The most clear-cut findings were related to the Attitudes towards Gays and Lesbians (AttGL) score. This score was found to positively correlate with an increased estimation of domestic violence as a problem in the GLBT community, but not to correlate with the estimation of domestic violence as a problem in general. This means that, among respondents to this survey, more positive attitudes towards gays and lesbians indicates a greater likelihood to be concerned about domestic violence in the GLBT community.
The AttGL score is also negatively correlated with agreement with several of the myth statements. This indicates that a more positive attitude towards gays and lesbians is related to less likelihood of believing in these myths. These myths include the idea that there is no domestic violence in the GLBT community, the idea that a male victim has a responsibility to defend himself, the idea that domestic violence is more likely to occur in gay male relationships than in straight relationships, the idea that women’s violence causes less damage than men’s, the idea that survivors of same-sex domestic violence should primarily seek services in the GLBT community and the idea that a man who dresses like a woman is mentally ill.

The first of these confirms the findings for the estimation of the problem of domestic violence in the GLBT community, and the idea that someone who thinks more positively about gays and lesbians is more likely to be concerned about domestic violence in this community. The second myth, regarding male responsibility for self-defense, indicates that someone who is more positive towards gays and lesbians is less likely to place the responsibility in this situation on the victim. This is important, because societal stereotypes often include the idea that a man should stand up for himself, and the potential for victim-blaming is high.

The idea that domestic violence is more common in gay male than straight relationships is related to the idea that men are more violent than women are. The fact that the AttGL score was negatively correlated with agreement with this myth indicates that those with more positive attitudes toward gays and lesbians are less likely to think gay male relationships are prone to violence. The negative correlation with the idea that
women cause less damage than men is related to this as well, meaning that more positive attitudes towards gays and lesbians also indicates less likelihood of believing women abusers don’t hurt their victims as much as men abusers do. It means that more positive attitudes also indicate a greater likelihood of taking the danger posed by a female abuser seriously, since she would be seen as being capable of causing as much damage as a male abuser.

The issue of where survivors should seek services is an interesting one. It could reasonably be argued that, because of the difficulty in accessing services elsewhere, GLBT survivors should access services within the GLBT community. However, this means that GLBT survivors are limited to what the GLBT community is able to offer. Also, in smaller towns and areas without GLBT specific services, this would mean that such survivors would not have access to any services. In addition, while Agency A, the agency which serves the general population, does show slightly less knowledge in the area, and Agency B shows slightly better attitudes, the differences for these agencies actually seem to be quite small in most cases.

It is interesting that the idea that more positive attitudes towards gays and lesbians was negatively correlated with the idea that victims of same-sex domestic violence should seek services primarily from the GLBT community. This may be related to the idea that GLBT survivors should be able to get whatever services they need from whatever agencies are available to them. It most likely does not indicate that there should not be GLBT specific services, as there will always be people who are more comfortable
seeking these types of services, and as it is useful to have people who are focused on working with the community.

The negative correlation between the idea that a man who dresses like a woman is mentally ill and the AttGL score indicates that more positive attitudes towards gays and lesbians are related to more positive attitudes towards at least this aspect of transgender. While the issue of transgender is much broader than this, it does give some idea of how people may react to a transgender person. Further research in the area of attitudes towards transgendered individuals is needed, as well as further research on domestic violence towards and by transgender people.

The generally negative correlation between agreement with myths and a positive attitude towards gays and lesbians indicates that it is important for service agencies to take the attitudes of their employees towards GLBT persons seriously. This data supports the idea of screening new employees and volunteers regarding their attitudes towards GLBT persons, especially as there is no indication in this study that training makes much of a difference with regards to these attitudes. If future research supports these findings and indicates that having a positive attitude towards gays and lesbians in general is likely to lead towards positive attitudes towards GLBT survivors, then a screening tool can be invaluable in helping agencies to bring in employees and volunteers who will be best able to work with GLBT clients.
5.4.2 Length of Time Working for an Agency

The findings regarding the length of time an individual has worked for the agency are interesting. There at first appears to be a correlation between the length of time worked for the agency, and the belief that the agency’s funding is at risk if they serve GLBT survivors. However, when the data from a far outlier, who had worked at the agency for 20 years (more than 3 times the standard deviation above the mean) was removed, there was no significant correlation. This may be an indicator that people who have worked in the domestic violence field for a very long time have different attitudes about this issue, but this data is insufficient to come to any conclusions. This would be a good question for further research involving a larger sample, which might include more people who have been working in with domestic violence survivors for very long periods of time.

5.4.3 Perceived Percentage of Clients who are GLBT

The perceived percentage of an agency’s clients who are GLBT was positively correlated with an increased belief that male victims have a responsibility to defend themselves and also with an increased belief that victims of same-sex domestic violence should seek services primarily within the GLBT community. This indicates that respondents who see their agency as serving more GLBT clients also agree more with the idea that male victims should defend themselves and with the idea that GLBT survivors
should seek services within their own community. At first glance, these correlations seem counter-intuitive. The idea that people who work with more GLBT survivors may be more inclined to think they should use services within the GLBT community has already been discussed in the section above comparing the agencies with regards to this statement.

In a discussion with the Shelter Director and the Outreach Coordinator at Agency A about the data, the idea that the correlation between the perceived percentage of agency clients who are GLBT and an increased belief in a male survivor’s responsibility to defend himself may be related to the position the respondent holds in the agency was brought up. This would mean that perhaps the position a person holds in an agency would influence both how many GLBT persons the agency serves and how responsible they would hold a male survivor for self-defense. It is also possible that these variables are both related to some other circumstance which was not measured in this study. This finding merits further investigation, as the implications indicate that greater perceived experience with the population may be related to greater victim-blaming. If so, then some means of counteracting these beliefs would need to be determined.

5.4.4 Training

This result is related to another finding, that the number of different types of training a respondent reports having received is positively correlated with the amount of responsibility they attribute to a survivor of domestic violence, whether same-sex or
opposite sex, and whether the survivor is male or female. This correlation is also counter-intuitive, and opens up questions about the value of training. Since it implies that more training may result in greater victim-blaming, it becomes important to look closely at this finding.

In the discussion with the Shelter Director and the Outreach Coordinator for Agency A, it was pointed out that one of their ways of dealing with individuals who are showing attitude difficulties is to get them training in the area in which they are having problems. This may mean that the cause-effect sequence is reversed from the one initially proposed, i.e. that more victim blaming results in being assigned to take more training. This would imply that this training has not been completely effective, and some other complementary method of dealing with these issues may be necessary.

The Shelter Director at Agency A stated that the initial training at this agency consists of a required reading packet which includes material on same-sex domestic violence and a required staff interview with the outreach coordinator regarding agency services and special populations, as well as on the job training. She also says that there is a required annual training addressing homophobia and/or HIV and AIDS and/or cultural competency. She stated that when hiring staff, they are required to fill out an “attitudes and values survey,” which includes some questions regarding working with gay and lesbian clients. In individual staff evaluations, and at any time that there is a complaint or observed inappropriate interaction regarding GLBT issues, the staff member and supervisor would develop goals in the staff development plan. She stated that this could include punitive and educational consequences. The Shelter Director also pointed out that
they have books in their resource library and on their bibliography, which are available to
staff and volunteers, regarding same-sex domestic violence.

Another possible explanation is that the training received is not correct or
appropriate with regards to issues of survivor responsibility. This would mean that it is
very important for those providing and approving training to be careful about what
training is provided and/or approved for their employees/volunteers in this area.

Other explanations are related to the length of time the individual has been
working in this field. One of these would be burnout, which might tend to cause
generally negative attitudes. Another would be the idea that the individual responding
wants to believe themselves to be safe, and so they feel the need to assign some
responsibility to the victim. This way, they would be able to see themselves as safe,
since they would see themselves as someone who would take responsibility and get out of
the situation. These types of explanations imply that it is necessary to find ways to help
deal with burnout and help employees and volunteers to process and overcome the
secondary trauma of working with victims of domestic violence.

It is important to note that the actual values for the rating of agreement with the
idea that male victims of same-sex domestic violence have a responsibility to defend
themselves are relatively small, so we are talking about a relationship which is dealing
with people who generally disagree with this statement. Since there is such a variety of
possible explanations for this finding, further research is needed to determine which, if
any, of these is the real explanation. This would be important research, since it will
impact victim-blaming phenomena, a major issue in working with survivors of all
genders and sexual orientations.

In general, the findings from this study show very low agreement with myths and
relatively high knowledge about issues and concerns regarding same-sex domestic
violence. This may be related to the generally large GLBT population in the relatively
small city in which this study took place. It is also possible that social desirability, which
was in the middle of the scale for both agencies, played a part in this. Finally, since it
was not possible to collect information on the sexual orientation of workers, this is a
possible variable influencing their belief in myths and level of knowledge.

Confusion about working with transgender individuals is high, especially at
Agency A, where the policy is not clear. More positive attitudes towards gay and lesbian
people in general are correlated with less agreement with myths about domestic violence
in the GLBT community. Many important areas for further research and some policy
implications are indicated by these findings.
CHAPTER 6

CONCLUSION

In general, the findings of this research show that staff/volunteers who responded to the survey at the two agencies have positive attitudes towards GLBT survivors of domestic violence. The respondents indicated very low agreement with several myths about domestic violence in the GLBT community and showed an understanding of concerns and issues facing GLBT survivors. As this is an exploratory study, further research is recommended, investigating this general topic and several related topics that came out in the process of analyzing the data. It is recommended that future research involve larger sample sizes, random sampling, and collection of more demographic data. Research recommendations are in order of importance.

6.1 Recommendations for Further Research

1. Is training effective in combating negative attitudes towards GLBT survivors? If so, what types of training? What elements might make these negative attitudes worse, and what are helpful? What relationship, if any, is there between training and victim blaming?
2. What are the possible relationships between victim-blaming and increased experience working with the GLBT population? Are these unique to work with the GLBT population or are they more generally related to working in the domestic violence field? What are the causes of these relationships?

3. How does the GLBT community views mainstream and GLBT specific domestic violence agencies, and what types of experiences have GLBT survivors had at both types of agencies?

4. What are attitudes towards transgender individuals? How much knowledge do staff/volunteers have about working with these survivors?

5. General research into domestic violence committed against and by transgender individuals.

6. What are the direct and indirect effects upon service provision of belief the patriarchal theories explaining domestic violence? What evidence is there for other theories, such as Renzetti’s (1992) theories about dependency and Merrill’s (1996) Social-Psychological theory, and how do these theories change service provision?

7. How helpful is screening new employees/volunteers with regards to their attitudes towards GLBT persons in helping to ensure appropriate service provision?

8. What differences, if any, are there between the attitudes of employees/volunteers who have been working in the domestic violence field for a very long time and those who are relatively new?
6.2 Implications for Practice

A variety of practice implications can be drawn from the findings in this research. Since the research is exploratory, it is important to implement these recommendations slowly, and follow up to see if they are effective within the individual agency.

Given the preliminary findings that increased experience working with the GLBT population is related to increased victim blaming, one recommendation would be to work towards helping workers to deal with burnout and secondary trauma, related to working in the domestic violence field for longer periods of time. This is possibly a more general issue, not related specifically to the GLBT communities, but is still of importance for work with this and all populations of survivors.

When agencies are already working effectively to provide appropriate services and promote cultural competency with regards to this population, it is also important for these agencies to pay attention to the attitudes in the GLBT community regarding their agency. Working to improve their image, when backed up by action within the agency, can help to increase service availability within the community.

Up to date and accurate information needs to be regularly provided to staff and volunteers about what services are available. This is especially important with regards to serving men and transgender individuals, as greater confusion and inaccuracy was apparent in working with these groups. Also, updating information for all agency personnel will help workers to know what services are available in areas of the agency they do not normally work with.
A major gap in services is apparent for service for male and transgender survivors. Making sure that staff are appropriately trained and informed about serving these communities is very important to providing services. Some way of housing male and male-identifying transgender survivors is also needed, as there really is not much available in this area, either through agencies in the local area or nationally, as documented in the literature review.

Clear policies need to be developed and communicated to staff and volunteers with regards to serving GLBT clients. This is especially important with regards to transgender clients, as there seems to be a great deal of confusion about this population, at least in the agency which was not directly oriented towards serving GLBT clients.

Agency supervisors and directors need to take care with what types of training are provided and approved for staff/volunteers about working with GLBT survivors. Possible inappropriate training needs to be screened out, since this may contribute to belief in myths about same-sex domestic violence. Training should be provided with regards to assessment in same-sex domestic violence situations, especially with regards to how to determine who is the abuser and who the victim.

Screening of new employees/volunteers is an important way in which agencies can help to ensure appropriate service later. One area in which screening may be helpful is the attitudes towards GLBT persons, which this study indicates are related to their attitudes towards GLBT survivors and domestic violence in the GLBT community.

This study, in beginning the investigation into staff attitudes about and knowledge of domestic violence in the GLBT community has opened an area of investigation which

100
has not previously been opened. The findings have raised more questions than they have answered, but they also begin to give a picture of what to look for. Future research and investigation of this area is important to providing services to all survivors, and to increasing cultural competency for staff and volunteers.

This is especially important for the field of social work, due to social work's historical work with oppressed populations and concerns about cultural competency. The strong connection between social work and the domestic violence movement, and the role of social work in helping to change the response to victims in general, link this research and this problem with the responsibilities of social work. The problem of domestic violence affects everyone, regardless of sexual orientation or gender, and finding ways to serve survivors and prevent violence is a worthy goal. Learning more about how staff can best do these things can only help in this goal.
APPENDIX

SURVEY QUESTIONS

Please complete all questions in the order in which they appear; do not skip ahead or go back and change any answers. Answer each question as truthfully as possible. There are no right or wrong answers. All survey responses are anonymous. Please DO NOT include your name or other identifying information. For the purposes of this survey, the abbreviation GLBT means Gay, Lesbian, Bisexual and Transgender. Thank you for your participation.

1) On a scale of 0 to 10 (0 = not a problem at all, 10 = a very severe problem) how severe do you think the problem of domestic violence is in the GLBT community in Columbus? __

2) On a scale of 0 to 10 (0 = not a problem at all, 10 = a very severe problem) how severe do you think the problem of domestic violence is in Columbus? __

3) Please estimate how many survivors of domestic violence your agency serves in a year: __

   a. Please estimate how many of those are:
      b. Heterosexual women ____
      c. Heterosexual men ____
      d. Bisexual women ____
      e. Bisexual men ____
      f. Lesbians ____
      g. Gay men ____
      h. Transgender individuals ____
4) What services are you aware of that your agency offers for the following groups of domestic violence survivors:

a. Gay/Bisexual Men: _________________________________

b. Bisexual women/ Lesbians: _________________________________

c. Transgendered persons: _________________________________

d. Heterosexual men: _________________________________

e. Heterosexual women: _________________________________

5) How many GLBT survivors have you ever worked with (include hotline calls, shelter residents, counseling, groups and any other services you were involved in providing)? Please indicate the number in the blank next to the appropriate category:

Transgendered ___ Bisexual men ___ Bisexual women ___ Lesbians ___ Gay men ___

a. What services did you provide for them? _________________________________

6) What types of training did you receive regarding providing services for GLBT survivors of domestic violence? (please check all that apply)

___ Sensitivity training
___ Video about DV in the GLBT community
___ Panel discussion with survivors
___ Readings about DV in the GLBT community
___ Attend conference(s) or workshop(s)
___ Other (please specify): _________________________________

a. How many total hours did you spend in this training? ______

7) What is your understanding of your agency’s guidelines regarding serving Gay male, Lesbian, Bisexual and Transgender survivors? _________________________________

______________________________
In the follow section, please read the scenarios and answer the questions as honestly as possible. If you have never been in the described situation, please answer as you think you would react.

8) A man calls your agency and says that he has been hit by his male partner. He says his partner calls him names and that he is afraid to go home. Would you: (check all that apply)

___ Help him make a safety plan
___ Tell him your agency can't help him
___ Hang up
___ Refer him to self-defense training
___ Refer him to a batterer's group
___ Recommend couples' counseling
___ Bring him into the shelter
___ Hook him up with non-shelter survivor services
___ Other (please specify): ________________________________

9) A woman receiving services from your agency reveals to you that she is bisexual. What are some concerns that you think she may have? ______________________________________________________________________________________

10) If your agency has a shelter service, how accepting of a lesbian or bisexual woman would the other shelter residents be, on a scale of 0 to 10 (0 = not accepting at all, 10 = very accepting)? __

11) While talking to a survivor on the phone, she reveals to you that she is transgendered. Provided she is otherwise eligible, how appropriate, on a scale of 0 to 10 (0 = not appropriate at all, 10 = very appropriate) would it be to allow her to come to a domestic violence shelter?

  a. Why? ______________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________
12) A woman contacts your agency and states that her female lover is abusing her. She claims that her lover calls her names and yells at her, and that she (the caller) has to yell back to protect herself. How would you determine who the abuser is in this situation? (check all that apply):

- The woman who contacted the agency is the survivor
- Ask the caller if she is afraid of her lover
- Neither is an abuser, they are just having an argument
- Women can't be abusers
- Ask the caller about how her lover's actions are effecting her life
- Evaluate the caller's level of confusion and self-blame regarding the incident
- Other (please specify): ____________________________

13) One of the residents in your shelter comes to you and says that another resident is a "damn dyke," and demands that you make "that woman" leave because there are children in the shelter. Would you: (check all that apply)

- Ask the lesbian resident to leave.
- Try to find out if the resident really is a lesbian
- Ask the complaining resident to leave
- Explain to the complaining resident that the shelter accepts lesbian survivors
- Do some anti-homophobia education with residents
- Let the lesbian resident stay, but warn her that the other residents are unhappy
- Other (please specify): ____________________________

14) You speak with a woman who says her girlfriend is beating her. She is crying and says she hits her, calls her names and takes all the money she earns on her job. She also says her girlfriend won't let her talk to her mother, or have any friends, because she is jealous of her. She is asking for shelter to escape her girlfriend.

a. On a scale of 0 to 10 (0 = no responsibility, 10 = total responsibility) do you think the caller is responsible for the situation she is in? _____

b. On a scale of 0 to 10 (0 = not at all dangerous, 10 = life threatening) how dangerous is this situation for the caller? _____

c. If your agency had/has a shelter, on a scale of 0 to 10 (0 = definitely would not, 10 = definitely would) how likely would you be to have her come in to the shelter? _____
15) You speak with a man who says his boyfriend is beating him. He is crying and says he hits him, calls him names and takes all the money he earns on his job. He also says his boyfriend won’t let him talk to his mother, or have any friends, because he is jealous of him. He is asking for shelter to escape his boyfriend.

a. On a scale of 0 to 10 (0 = no responsibility, 10 = total responsibility) do you think the caller is responsible for the situation he is in? ____

b. On a scale of 0 to 10 (0 = not at all dangerous, 10 = life threatening) how dangerous is this situation for the caller? ____

c. If your agency had/has a shelter, on a scale of 0 to 10 (0 = definitely would not, 10 = definitely would) how likely would you be to have him come in to the shelter? ____

16) You speak with a woman who says her boyfriend is beating her. She is crying and says he hits her, calls her names and takes all the money she earns on her job. She also says her boyfriend won’t let her talk to her mother, or have any friends, because he is jealous of her. She is asking for shelter to escape her boyfriend.

a. On a scale of 0 to 10 (0 = no responsibility, 10 = total responsibility) do you think the caller is responsible for the situation she is in? ____

b. On a scale of 0 to 10 (0 = not at all dangerous, 10 = life threatening) how dangerous is this situation for the caller? ____

c. If your agency had/has a shelter, on a scale of 0 to 10 (0 = definitely would not, 10 = definitely would) how likely would you be to have her come in to the shelter? ____

Please complete the following questions by indicating your level of agreement with each statement. 0 = totally disagree, 10 = completely agree.

17) ____ Women are inherently non-violent.

18) ____ There is no domestic violence in the GLBT community.

19) ____ If a man hits another man, the second man is responsible to defend himself.

20) ____ Men are inherently violent.

21) ____ GLBT victims of domestic violence are more likely to be “femme” (more feminine in dress/mannerisms) than not “femme.”

106
22) ____ Domestic violence is more likely in gay male relationships than in straight relationships.

23) ____ A woman’s violence is less damaging than a man’s.

24) ____ My agency’s funding is in jeopardy if we serve lesbians/bisexual women.

25) ____ My agency’s funding is in jeopardy if we serve gay/bisexual men.

26) ____ My agency’s funding is in jeopardy if we serve transgender people.

27) ____ Victims of same-gender domestic violence should primarily seek services from the GLBT community.

28) ____ A man who dresses like a woman is mentally ill.

29) ____ Domestic violence is primarily caused by patriarchy.

30) ____ Someone who is “butch,” (more masculine in dress/mannerisms) is more likely to be an abuser than someone who is not “butch.”

In this section, please rate how strongly you agree or disagree with each of the following statements, based on a 5-point scale.

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<td>STRONGLY AGREE</td>
<td>SOMEWHAT AGREE</td>
<td>NEUTRAL OR UNSURE</td>
<td>SOMEWHAT DISAGREE</td>
<td>STRONGLY DISAGREE</td>
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</tbody>
</table>

31) ____ I believe gay male couples should be allowed to adopt children

32) ____ I think female homosexuality is an acceptable, alternative lifestyle

33) ____ I think it’s o.k. if a man’s homosexuality is used as a reason to keep him from having certain jobs

34) ____ I don’t think male homosexuality is morally wrong

35) ____ I don’t think our society has the right to say female homosexuality is wrong

36) ____ I don’t think gay men should be kicked out of the military because of their homosexuality

37) ____ I wouldn’t want to eat at a restaurant where I knew gay men worked
38) ___ I believe gay men should be accepted in our society
39) ___ I believe female homosexuality is an abnormal way of life
40) ___ If I found out a close female friend of mine was a lesbian, I think I would terminate the friendship
41) ___ I don’t think it’s possible for a gay man to be really psychologically healthy
42) ___ I think gay men can be just as good fathers as heterosexual men can be
43) ___ I don’t think female homosexuality is morally wrong
44) ___ I think there are some jobs that lesbians should be prohibited from having
45) ___ I don’t understand how a woman could be attracted to another woman
46) ___ I wouldn’t mind sitting on a bus next to a woman I knew was a lesbian
47) ___ I believe male homosexuality gets too much bad publicity
48) ___ I think male homosexuality is an acceptable, alternative lifestyle
49) ___ I think lesbians should not be allowed to influence children in any way
50) ___ I don’t think it would bother me to see two women kissing
51) ___ I believe female homosexuality is as natural as heterosexuality
52) ___ If a man is openly gay, I think he deserves whatever hassles he gets
53) ___ I don’t think it’s possible for a lesbian to be really psychologically healthy
54) ___ I think gay men should be quarantined because of the AIDS epidemic
55) ___ It wouldn’t bother me to be neighbors with a woman I knew was a lesbian
56) ___ I believe male homosexuality is an abnormal way of life
57) ___ I would feel uncomfortable if I found out a close male friend of mine was gay
58) ___ I think female homosexuality is indecent
59) ____ I believe male homosexuality should not subject a man to discrimination

60) ____ I think female homosexuality is a type of illness

In this section please indicate to the best of your ability whether each statement is true (T) or false (F) for you.

61) ____ I'm always willing to admit it when I make a mistake

62) ____ I always try to practice what I preach

63) ____ I never resent being asked to return a favor

64) ____ I have never been irked when people expressed ideas very different from my own

65) ____ I have never deliberately said something that hurt someone’s feelings

66) ____ I like to gossip at times

67) ____ There have been occasions when I took advantage of someone

68) ____ I sometimes try to get even rather than forgive and forget

69) ____ At times I have really insisted on having things my own way

70) ____ There have been occasions when I felt like smashing things

71) What agency do you work/volunteer for? ______________________

72) How long have you worked for this agency? ________
BIBLIOGRAPHY


