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Queer Survivors of Intimate Partner Violence : Developing Queer Theory and Practice for Responsive Service Provision

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QUEER SURVIVORS OF INTIMATE PARTNER VIOLENCE:

DEVELOPING QUEER THEORY AND PRACTICE FOR

RESPONSIVE SERVICE PROVISION

A DISSERTATION

Submitted to the Faculty of

Montclair State University in partial fulfillment

of the requirements

for the degree of Doctor of Philosophy

by

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DISSERTATION APPROVAL

We hereby approve the Dissertation

QUEER SURVIVORS OF INTIMATE PARTNER VIOLENCE: DEVELOPING QUEER

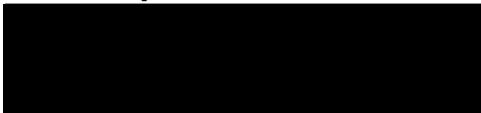THEORY AND PRACTICE FOR RESPONSIVE SERVICE PROVISION

of

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Abstract

QUEER SURVIVORS OF INTIMATE PARTNER VIOLENCE: DEVELOPING QUEER

THEORY AND PRACTICE FOR RESPONSIVE SERVICE PROVISION

by Autumn M. Bermea

Queer individuals (e.g., non-heterosexual and/or non-cisgender) are at a heightened vulnerability to experience intimate partner violence (IPV) than heterosexual and/or cisgender individuals. However, there are few inclusive IPV services available specifically for queer individuals. This may be due to a lack of training or the presence homo/bi/transphobia. This dissertation fills this gap by connecting theory, practice, and research. It proposes a strain of queer theory that is applicable to interpreting IPV through the recognition of heteronormative social structures and heterogeneity of the queer community. Through collaboration with queer/queer friendly IPV service providers, theory was applied to develop empirically-based recommendations for implementing inclusive services. The synthesis of theory and findings from service providers informed a case study of a queer parenting youth who was experiencing IPV in the context of homelessness. Findings from this study increase understandings of how queer individuals are able, or unable, to navigate services in many contexts. Findings highlight heteronormativity within social structures and how it affects services. They increase practitioners' knowledge of how to implement inclusive practices in their work. They also provide insight into the heterogeneity of the queer community, such as through survivors who are also experiencing homelessness, which will move away from the view of queers as a monolithic group.

Keywords: abuse, domestic violence, IPV, LGBTQ, services, social work

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DEDICATION

To my family

For all queer survivors and the passionate people working to change the world.

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CHAPTER I

INTRODUCTION

According to the Centers of Disease Control and Prevention (CDC), intimate partner violence (IPV) is a multifaceted experience that can include physical violence, sexual violence, stalking, and or psychological aggression or coercion (Breiding, Basile, Smith, Black, & Mahendra, 2015). Research indicates that queers (e.g., LGBTQ+) experience IPV at higher rates than those who are heterosexual (Walters, Chen, & Brieding, 2013) or cisgender (Barrett & Sheridan, 2017). Bisexual women experience pushing or slapping (61%), more severe forms of physical violence (49%), and psychological abuse (76%) at higher rates than lesbian (36%, 29%, and 63%, respectively) or heterosexual women (30%, 24%, and 48%, respectively; Walters et al., 2013). Although there is some variability among queer men, they also tend to experience IPV at higher rates than heterosexual men in many capacities. Of bisexual men, 27% have experienced being pushed or slapped; however, they appear to have low to unmeasurable rates of more severe forms of violence, yet 53% do experience psychological abuse. Among gay men, these rates are at approximately 24%, 16%, and 60%, respectively. Heterosexual men experience rates of IPV at 26%, 13%, and 43%, respectively (Walters et al., 2013). Although this data is nationally representative, the gender identities of the respondents are unclear. This is troubling as, although there are higher rates of IPV victimization among transgender and gender non-conforming (TGNC) individuals, there are few nationally based data sets from which to draw representative rates. However, one study suggests that at least 18% of TGNC individuals have experienced some form of physical IPV victimization (Tillery, Ray, Cruz, & Walters, 2018) and a literature review by Barrett and Sheridan (2017) has documented these numbers might be higher from anywhere between 27-90%. It should be noted that research indicates that these heightened rates

of violence can been attributed to internalized homophobia (e.g., past experiences of

discrimination and/or violence, fear or worries of stigma, feelings of self-hate due to sexual

identity) and not a fictitious pathologically violent nature within queer relationships (Balsam &

Szymanski, 2005; Caravalho, Lewis, Derlaga, Winstead, & Viggiano, 2011; Gillum & DiFulvio,

2012). Despite IPV's presence in the relationships of some queers, IPV in this population has

only recently garnered empirical attention.

Queer Specific IPV

In addition to the definition of IPV set forth by the CDC (Breiding et al., 2015), queer

survivors are vulnerable to experience controlling tactics on the basis of their sexual and gender

identities that heterosexual and cisgender survivors do not (Texas Council on Family Violence

[TCFV], n.d.). For example, research has documented an abusive partner may threaten to

disclose a sexual or gender identity ("out them") to others (Head & Milton, 2014; TCFV, n.d.).

Other tactics involve the use of gender presentation. For instance, some abusers control the way

a partner dresses to ensure they do not look too masculine or feminine for fear of looking like a

queer couple (Gillum & DiFulvio, 2012). Additionally, among female-identified survivors, more

feminine presenting partners may use their appearance as a way to control their partner from

accessing resources. Given the stereotype that masculinity is equated with violence perpetration

and femininity is associated with victimization, a female abuser may tell her partner no one will

believe her due to her physical presentation (TCFV, n.d.; Hassouneh & Glass, 2008).

Alternatively, perpetrators, regardless of gender presentation, may tell their partners no one will

believe them because they are in a same gender relationship or, even, that IPV does not happen

in same gender relationships at all and that they are not experiencing abuse (TCFV, n.d.).

Survivors who are identify as TGNC also experience unique abusive tactics that are aimed at

their identities, such as having an abuser who uses the wrong gender to refer to them or objectifies them (e.g., calls them "it"). An abuser might also tell them that no one will believe them because they are not cisgender or withhold gender transition or affirming resources (Cook-Daniels, 2015).

The Need for Inclusivity in Service Provision

Given the rates and experiences outlined above, it is important to have culturally responsive IPV services and organizations for queer survivors. Responsive service providers at these organizations might be a critical resource (e.g., shelter staff, social workers, and counselors; Duke & Davidson, 2009; Ford, Slavin, Hilton, & Holt, 2013; Furman, Barata, Wilson, & Fante-Coleman, 2017). Responsive service providers are those who recognize and are equipped to address the unique needs of queer survivors in addition to those typical of any survivor (Tiwari, Das, & Sharma, 2015; Furman et al., 2017). For example, practitioners may work with survivors in the positive reaffirmation of their queer identity as well as create an open space to discuss any topics that may arise related to sexuality (Tiwari et al., 2015). In order to be responsive, it is also of the utmost importance to validate and legitimize queer clients' experiences of violence, as they may not have been validated at former agencies designed to serve heterosexual women (Furman et al., 2017). Most importantly, queer responsive service providers include policies that include penalties for homo, bi, or transphobic behavior within the organization, not only by staff but by other service users as well (Willis, 2009). Unfortunately, research indicates queer survivors often do not receive responsive services (Simpson & Helfrich, 2014).

Heterosexism, homophobia, and discrimination. Although there have been movements towards more responsive social service and healthcare practices, it may be that

practitioners still hold some heterosexist beliefs about IPV and homophobic views about their queer clients in general that make the receipt of services difficult (Basow & Tompson, 2012; Bermea, Rueda, & Toews, 2018; Lennon-Dearing & Delavega, 2015). Structural discrimination towards queers is not isolated to counseling and social work service provision in this context. Indeed, there is a long history of social intuitions designed for safety and well-being that have physically and psychologically harmed queers. Some include, police brutality (Mallory, Hashenbush, & Sears, 2015; Wolff & Cokely, 2007), the criminalization of same gender sexual activity until 2003 (*Lawerence et al. v Texas*, 2003), medical discrimination during the AIDS epidemic leading to harmful stereotypes about gay men and widespread death (Argüello, 2016), and hostile services within homeless shelter systems (Shelton, 2015).

Although professional organizations such as the National Association of Social Workers (NASW) and the American Counselors Association (ACA) have official cultural competence recommendations for practitioners within their codes of ethics (ACA, 2014; NASW, 2015), it may often be difficult for individual practitioners to overcome personal biases, particularly when they have been reinforced in the helping professions (Lennon-Dearing & Delavega, 2015). Further, they may receive little to no formal clinical education (Hancock, McAuliff, & Levingston, 2014) or on the job training to aid in combating these biases (Ford et al., 2013). To illustrate, in a vignette-based study, practitioners at shelters in Basow and Thompson's (2012) study reported that although they would not turn away a lesbian seeking help, they would feel uncomfortable working with her. Elsewhere, both counselors and social workers working with youth at a residential foster home not only viewed behaviorally bisexual girls' same gender relationships as illegitimate, they also dismissed the IPV that occurred between girls, yet

expressed deep concern regarding the violence that occurred between different gender partners (Bermea et al., 2018). Patterns such as these indicate the need to improve services.

Theoretical Foundations: Queer Theory

This body of work is grounded in queer theory. Queer theory has various strains (e.g., Foucauldian, Lacanian, Relational) largely distinguishable by their perspective on power and the oppression of queers (Ruti, 2017). For example, a Foucauldian perspective, often used in the family sciences, views the exertion of power (heteronormativity) and experiences of oppression (queerness) as oppositional actions (Ruti, 2017). Although there are spaces for movement between heteronormativity and queerness (i.e., *performativity*; Butler, 1990), this perspective inadvertently proposes a binary it seeks to disrupt. A Lacanian perspective emphasizes rebellion from dominant, heterosexist views of sexuality by urging individuals to engage with their desires and make "sexuality a site of mutiny" (Ruti, 2017 pg. 48) from the normative. A Relational perspective is more critical and takes into account the relationships between individuals. It recognizes how systematic oppression occurs and addresses critiques of queer theory as being too specific to White gay men (Halberstam, 2006; Muñoz, 2009; Ruti, 2017). For instance, Muñoz (2009) noted how other theorists have neglected to recognize how their perspectives did not take into account the experiences of ethnic minority youth. He further explores how the gentrification of certain neighborhoods of New York City drove queers, often of color and gender nonconforming, further into marginalization. Within the family sciences, the limited studies utilizing queer theory have implicitly utilized a Foucauldian strain to define sexuality, gender, and family through their reliance on Butler's (1990) concept of performativity (see Allen & Mendez, 2018; Oswald, Blume, & Marks, 2005). However, the present studies differentiate themselves from other studies through the use of a new perspective of queer theory developed

specifically for the family sciences, also the first paper in this series, that relies heavily on

Relationality (Bermea, van Eeden-Moorefield, & Khaw, 2017).

The theoretical work by Bermea and colleagues (2017) asserts four axioms: 1) queer

families are an active process, 2) given that gender, sexuality, and desire are fluid, they must

consistently be evaluated and re-evaluated both for individuals, within subsystems, and as the

family as a whole, 3) the different identities (e.g., racial, gender, socioeconomic, [dis]ability)

between members of the family must be recognized, and 4) queers and queer families should be

vigilant against institutions with histories of oppression and favorability towards those who best

represent the dominant culture (i.e., *politics of respectability*). These four axioms were developed

by Bermea and colleagues (2017), and draw upon the work of Halberstam (2012); in addition to

his theoretical contribution, this perspective on queer theory was influenced by the concept of

opting-out (Ruti, 2017). Opting-out, as used in the present studies, refers to disengaging from

family as an institution and can be useful in aiding queers in leaving relationships where IPV is

present. A queer theoretical lens, particularly the development of this new framework, is

appropriate for this body of work as it recognizes how institutions may oppress survivors.

Additionally, by developing a lens grounded in a Relational perspective, this work recognizes,

and is able to further explicate on, how these oppressions manifest differently within survivors.

Statement of Problem/Purpose Statement

Over time research on intimate partner violence (IPV) occurring in the context of queer

relationships has increased; however, it still remains scant (Edwards, Sylaska, & Neal, 2015;

Rollé, Giardina, Caldarera, Gerino, & Brustia, 2018). Across this work, research has indicated

queers are more likely to experience IPV than heterosexual or cisgender individuals (Barrett &

Sheridan, 2017; Messinger, 2011; Walters et al., 2013). Despite an increased vulnerability, social

workers, counselors, and shelters offer few inclusive services (Duke & Davidson, 2009; Ford et al., 2013; Hancock et al., 2014). The discrepancies between heightened rates of IPV and lack of adequate service provision may be due to a lack of training (e.g., lack of graduate courses, little on the job training; Hancock et al., 2014) or homophobic/heteronormative biases among practitioners, agencies, or broader social policies (Lennon-Dearing & Delavega, 2015). Thus, the vulnerability among queer IPV survivors is increased even more. As such, it becomes critical to understand the nature of service provision so that these services can be improved for the safety and well-being of queer survivors of IPV.

Moreover, it is also important to recognize that not all queer survivors experience discrimination or difficulties in accessing service provision in the same way. Some queers are multiply marginalized through other identities (e.g., race) and experiences (Cohen, 2013). One such way is through experiences of homelessness (Tierney & Ward, 2017). As homeless youth are especially vulnerable to also experience IPV (Choi, Wilson, Shelton, & Gates, 2015), it is important to understand how queer IPV survivors who experience homelessness are able to navigate services. Queer theory is an effective tool through which to understand and explore service provision within what are often cis-heteronormative institutions (e.g., shelters), the potential for survivors to not receive the services they need if they do not meet cis-heteronormative expectations (Ruti, 2017), and the attention to heterogeneity within groups (e.g., race, socioeconomic status; Cohen, 2013; van Eeden-Moorefield, 2018).

Therefore, the purpose of the program of research included here is to develop a new queer theoretical framework through which to understand service providers' experiences of responsive service provision at queer and queer-friendly organizations that offer IPV services. Doing so aids in the realization that responsiveness provides a level of understanding about

heteronormativity in these contexts. Further, these studies seek to understand how queer

survivors are able to navigate these services when they are vulnerable through other experiences,

such as those related to homelessness.

To do this, an appropriate theoretical lens is needed, as theory allows researchers to

conceptualize families in ways that may not have been previously considered (Knapp, 2009).

Scholars should utilize a critical theoretical framework to understand marginalized populations

that take into account power structures that have the ability of affect their lives (e.g.,

heteronormativity; Chrisler, 2017). It is further important to have continued reflections and

development on current theory (Knapp, 2009). For instance, much of queer theory in the family

sciences, although it recognizes broad heteronormativity, continues to privilege replications of

more "respectable" family forms (e.g., partnerships, parenthood; Allen & Mendez, 2018). To

further develop queer theory in this field, it becomes necessary to question this monolithic view

of queer family life (van Eeden-Moorefield, 2018) in order to best serve queer families. Both

empirical studies will be explored through such a queer theoretical lens developed specifically

with this purpose of understanding queer families and applied towards IPV.

Together, this program of research includes three manuscripts. The first manuscript is the

development of a new queer theoretical framework for the family sciences that recognizes

heterosexism as well as the heterogeneity of queer family structures with an application to

contexts of IPV. The second manuscript seeks to understand the meaning-making of inclusivity

of IPV services by practitioners. This study asks the following research question: *How do service

providers at queer/queer-allied organizations experience responsive practice with queer

survivors of IPV?* The third manuscript, regarding the experiences of a young queer parent

navigating services for IPV in the context of homelessness, is guided by the research question:

How does a young, queer parent experiencing IPV navigate service provision within the context

of homelessness?

CHAPTER II

Using Queer Theory to Understand Intimate Partner Violence

in Queer Relationships

In recent years, intimate partner violence (IPV) researchers have begun to acknowledge and examine IPV within the queer community. National data suggests queers are vulnerable to IPV victimization more so than heterosexual individuals (Walters, Chen, & Brieding, 2013). Bisexual and lesbian women are more at risk than heterosexual women for experiencing physical and psychological abuse (Walters et al., 2013). Bisexual men are more likely than heterosexual or gay men to be pushed, slapped, or shoved by an intimate partner; yet gay men are more vulnerable than heterosexual or bisexual men to experience more "severe" forms of physical violence (e.g., being hit hard enough to leave a mark, having a weapon used against them; Walters et al., 2013). Gay and bisexual men are more likely to experience psychological abuse than heterosexual men as well (Walters et al., 2013). Although transgender individuals (e.g., people whose gender identity does not manifest in accordance with assigned gender at birth, including, but not limited to, genderqueer, non-binary, and trans; James et al., 2016) also experience heightened vulnerability to IPV, their relationships are less studied (Brown & Herman, 2015; Cook-Daniels, 2015). Queer relationships are not inherently dysfunctional or violent; IPV in these relationships has been linked to external discrimination and internalized homo/bi/transphobia (e.g., negative feelings about being queer; Texas Council on Family Violence [TCFV], n.d.). Emotional stressors extending from experiences of discrimination (e.g., stigma, harassment, assault; Edwards & Sylaska, 2013) are linked to violence perpetration. Victimization may also connect to discrimination, as survivors may stay with an abusive partner if their friends and family reject them after coming out (McDonald, 2012). Internalized

homo/bi/transphobia can also play a part, as survivors might feel they deserve abuse (Balsam &

Szymanski, 2005; Cook-Daniels, 2015; Turrell, Brown, & Herrmann, 2018).

Queer survivors, both cis and transgender, are vulnerable to experiencing specific forms

of IPV in addition to forms identified between heterosexual couples. Some forms of IPV unique

to queer survivors include an abuser threatening to disclose the survivor's sexual or gender

identity to others ("out them"), asking if they are "really" queer, perpetuating the false belief that

partners of the same-sex cannot perpetuate abuse, or controlling gender appearance (Cook-

Daniels, 2015; TCFV, n.d.). Transgender individuals in abusive relationships further suffer abuse

through trans specific tactics. Abusers may say that no one else will love them because they are

transgender, withhold finances for transitions or hormones, or dehumanize them by using

incorrect gender pronouns or calling them "it." Transgender abusers, a group considerably less

studied, might tell a cisgender partner they are unable to perpetrate IPV because they are socially

oppressed (Cook-Daniels, 2015). Compounding these vulnerabilities are the difficulties queer

survivors face in accessing services through overt discrimination or a lack of recognition in

institutions designed for aid (e.g., social work, counseling; Carlton, Cattaneo, & Gebhard, 2016).

As survivors begin to consider leaving violent relationships, they often experience

different types of thoughts and mindsets. Moss, Pitula, Halstead, and Campbell (1997) refer to

survivors as *being in*, or unable to leave, and IPV is kept within the relationship. Over time, they

begin to engage in *getting out*, where they make plans and consider their leaving options. More

recently, qualitative findings among queer survivors have noted that in seeking aid, survivors

must be open about their relationship and what occurs therein (Sylaska & Edwards, 2015). Here,

we conceptualize *being open* as comparable to *getting out* and *being closed* compared to *being*

in. During the leaving process, survivors also experience both relational factors, such as how IPV

occurs within the relationship, and structural factors, such as heteronormativity. It is critical to study IPV in queer relationships with an eye towards these contexts (Carlton et al., 2016) yet theory in area of study is underdeveloped. Below, we critique some of the common theories used to study IPV, followed by a review and extension of queer theory's applicability to IPV research.

Theory is important to understanding families and interpreting their everyday experiences through a specific frame (Berkowitz, 2009; Chrisler, 2017; Knapp, 2009). Within post-positivistic frameworks, researchers acknowledge their worldview and establish a lens through which they align themselves with others holding similar theoretical positionalities (Lavee & Dollahite, 1991). Theories explain family phenomena and allow scholars to deeply understand and engage with them. Through theory, researchers can see families in ways they had not previously considered and generate rigorous conceptualizations for future work (Knapp, 2009).

It is particularly important for researchers to explicitly link their studies to theory so that others are able to understand the historical and sociocultural factors that influence their work (Allen & Demo, 1995). For queer family scholars, theoretical transparency is especially important, as certain frameworks could further marginalize or pathologize queers and their families. Others recognize the social contexts of the phenomena under study, such as, in the present case, heteronormativity and homophobia (Allen & Demo, 1995; Chrisler, 2017). Here, we define queer as those who do not reproduce actions, identities, or relationships that are valued within in a culture that privileges heteronormative values and oppresses those outside these norms (Kang, Lessard, Heston, & Nordmarken, 2017). Queer individuals do not align with societal expectations around gender and sexuality regarding being cisgender, heterosexual, or monogamous (Hardy & Easton, 2017). Hetero- and cis-normative individuals are cisgender

persons who have exclusive attraction to and relationships with one other person who identifies as being of a different gender and is cisgender (Oswald, Blume, & Marks, 2005).

Theoretical Perspectives of IPV

Multiple theoretical perspectives are used within IPV research, three of the most common including feminist, social learning, and ecological theory (Ali & Naylor, 2013). Exploring these theories is important as each provide valuable insight. Given a lack of theoretical basis for much of IPV research among queer couples (Carlton et al., 2016), it is also crucial to note their appropriateness in studying this population (Allen & Demo, 1995).

Feminist

A feminist view of IPV recognizes the differentiation between IPV occurring due to conflict escalation and when men are able to exert male privilege to systematically abuse and control a female partner (Johnson, 2017). The value of this theory is in recognizing how power discrepancies perpetuate IPV through an abuser's ability to control a partner through structural advantages (e.g., societal beliefs about women's submissive relationship roles). Feminist theory acknowledges privilege and oppression in IPV but is limited as it perpetuates heteronormativity in conceptualizing IPV by locating men as perpetrators and females as survivors (i.e., a gendered model) without accounting for IPV in same-sex cisgender or transgender individuals' relationships (Carlton et al., 2016; Cook-Daniels, 2015).

Social Learning Theory

Social learning theory suggests that IPV occurs by learning abusive behaviors from others through witnessing it directly or being exposed to positive associations and acceptability around violence (Cochran, Maskaly, Jones, & Sellers, 2017; McRae, Daire, Abel, & Lambie, 2017). Positive feedback can lead to perpetration in subsequent relationships. Similarly, the

acceptability of victimization in survivors' previous experiences of violence are also influential (Jewkes et al., 2017). Although some research in this lens suggests that female survivors benefit from increased opportunities to become financially independent, thus gaining power, it also takes into account factors not rooted in systemic power differentials (e.g., substance abuse; Jewkes et al., 2017). Much of this research is conducted from samples of different gender couples (Cochran et al., 2017; Jewkes et al., 2017), furthering a gendered model of IPV. Research accounting for queer couples similarly indicates those exposed to violence were more likely to experience both perpetration and victimization. However, these findings still reflect heteronormativity, such as a greater acceptability of male perpetrated violence, either male-to-male or male-to-female (McRae et al., 2017).

Ecological Theory

One theory that considers larger cultural attitudes is Bronfenbrenner's (1979) nested bioecological model (Ali & Naylor, 2013). Still, many of the commonly explored sociocultural factors include gender norms and the cultural acceptability of violence. Although this model takes into account community and relationship factors as well as individual characteristics (Ali & Naylor, 2013), it raises similar critiques to feminist theory in that many of these factors are contingent on a gendered model. At the cultural level, many of these attitudes include IPV as an outcome of male privilege, with prevention strategies and policy encouraging men to change their violent behavior (Roy, Châteauvert, & Richard, 2013). Community, relationship, and individual characteristics follow this pattern, such as male peers who hold misogynistic attitudes, men's economic control, and witnessing male-to-female perpetrated violence (Ali & Naylor, 2013), and many studies do not explicitly theorize heteronormative influences. Queer theory can more parsimoniously integrate heteronormativity and other influences. Ecological theory links

factors but overlooks the cyclical nature of culture on considerations outside of IPV (Ruti, 2017).

Larger policies deem couples where both partners are heterosexual and cisgender as normative.

As such, resources have been designed for these families, minimizing the presence of queer

families and further regulating them as lesser.

Queer Theory: An Overview

Queer theory recognizes how societal power constructs have privileged heterosexuality,

specifically, monogamous heterosexual relationships with children, as the ideal (i.e.,

heteronormativity). Scholars utilizing a queer lens tune in to this power structure and question

research perpetuating heteronormativity and seek to break binary thinking (Kang et al., 2017).

Binaries are reductionist views that dichotomize complex identities, such as gender and

sexuality, as opposites (i.e., female is the opposite of male, homosexuality is the opposite of

heterosexuality; Kang et al., 2017). Little research has been conducted in the field of IPV using a

queer lens (e.g., Bermea, Rueda, & Toews, 2018). Instead, the literature tends to focus on

comparing queers and queer families to heterosexual norms. Often, this manifests as the over-

representation in research and media of heteronormative-appearing queer couples (i.e., White,

harmonious, married couples with children), both failing to include queers in general who do not

fit this model (Halberstam, 2012) as well as demarcate individuals with a fluid sexual identity as

heterosexual (Hardy & Easton, 2017). Those who do not assimilate into heteronormativity often

receive fewer services or protections and may be actively punished for not conforming to social

expectations (e.g., hate crimes). Other identities, such as race, also impact rights and safety for

queers. Queer theory attunes to the personal and filial outcomes of heteronormativity and seeks

to question the normative. Multiple strains propose how to recognize heteronormativity through

different conceptualizations of the formation of heteronormativity, its manifestation, and how

queers live within, or struggle against, it (Ruti, 2017). To implement this theory, it is important to understand its strains as they influence how findings express these worldviews (Lavee & Dollahite, 1991).

Foucauldian

Much of queer theory used within the family sciences aligns with a Foucauldian strain, although not often explicitly stated (Oswald et al., 2005; Allen & Mendez, 2018). This form of queer theory purports gender and sexuality are forms of discursively constructed oppression (Butler, 1990; Foucault, 1978). This lens views labels as designed by those in power to maintain authority (Foucault, 1978). Foucauldian queer theory proposes that the understanding and treatment of individuals, even to the recognition of their personhood, relies on social interpretation. Butler (1990) refers to this as *performativity*, arguing gender and sexuality are not something a person has, but something they do. Performativity conceptualizes gender and sexuality as action, whereby those who act in ways closer to heteronormativity are granted increased civil rights and recognition (Berkowitz, 2009). Those who perform gender and sexuality in ways that are closer to monogamous heterosexual relationships with children are considered normative, and those who do not are considered deviant or *queer* (Butler, 1990). Although this strain places an emphasis on action, it inadvertently promulgates a restrictive binary by focusing on normativity at one extreme and deviancy on the other (Ruti, 2017). Bisexual individuals, for example, are placed within the binary as performing somewhere *between* being entirely heteronormative or entirely queer. This leads to a misconception that those who are bisexual have privilege when they are in same-sex relationships because they are performing "closer" to heteronormativity (Gurevich Bailey & Bower, 2009). This strain has also

been critiqued for failing to account for racial and cultural influences and White mores largely

determines what constitutes "normalcy" (Acosta, 2018).

Lacanian

Where a Foucauldian strain purports the idea of heteronormativity as restrictive in living

as a queer person, a Lacanian strain views queer expression as active rebellion against

heteronormative institutions and individuals, or "the Other" (Brink, 2016; Ruti, 2017). This

strain emphasizes rebellion through sexual expression and encourages engaging in pleasure

deemed "immoral." In other words, queer pleasure breaks socially imposed boundaries (Ruti,

2017). Although queers face consequences for this rebellion, it leads to what Lacanian theorists

view as freedom from institutionally imposed wants and an embrace of true desires. The ultimate

goal is to experience *jouissance*, or achieving pure individual pleasure without consideration of

the Other (Ruti, 2017). This strain, however, faces critique for being applicable to White,

cisgender, gay men with less consideration for those whose race, gender identity, and/or SES

marginalizes them and cannot seek *jouissance* as they must focus more on survival than

achieving desire (Muñoz, 2009).

Relational

More appropriate to the family sciences is the Relational strain (Galovan & Schramm,

2018). Relational theorists focus on how individuals are inextricable from their contexts and that

experiences cannot be understood outside of context. Relationality accounts for the experiences

of individuals relative to their interactions with others, emphasizing viewing themselves as

connected to others (Galovan & Schramm, 2018). This strain also recognizes power differentials

within both the heterosexual majority and the queer community, such as racial minority status or

SES, and how they impact queer lives. Relational queer theorists highlight macro level

inequalities such as homo/bi/transphobia, racism, and unequal financial distribution (Ruti, 2017).
They critique a Lacanian lens for its focus on personal gratification with less consideration for
those who struggle with other forms of inequality (Muñoz, 2009).

A Relational strain takes into account how historical injustices that propagate gender and
sexuality are constructed within these contexts. It recognizes how heterosexual and gay/lesbian
communities exclude bisexuals and other sexually fluid individuals, as opposed to a Foucauldian
perspective, which views them as marginalized in comparison to "more" queer individuals
(Gurevich et al., 2009). This strain also acknowledges how researchers tend to study queers as a
monolithic group by seeing the oppressed as one group who have all experienced the same forms
of discriminations with some more than others (Gurevich et al., 2009). In recognizing historical
injustices, relational theorists tend not to view marriage as a civil rights cause. Marriage,
particularly among relationalists concerned with multiple marginalization, is considered a
privilege for those who may benefit from tax breaks, insurance, and other monetary and
childbearing incentives (Halberstam, 2012). Yet virtually countless forms of queer relationships
exist outside of institutionalized monogamy and without the production or raising of children
(Hardy & Easton, 2017; Manley, Diamond, & van Anders, 2015; van Eeden-Moorefield, Malloy,
& Benson, 2016). Rarely recognized, these families are provided fewer relationship services
(Kang et al., 2017). Ruti (2017) proposes *opting-out* as an alternative, where queers resist
tradition (e.g., monogamously married, middle to upper class couple with children) and
oppressive structures and form their own version(s) of family life.

Opting-out asserts that societal structures, such as capitalism, control how queers live
their lives (Ruti, 2017). By marketing products specifically to queers, industries are able to
control what is acceptable in queer communities and what is not. The marriage industry is

especially complicit, as it takes many of the unique aspects of queer culture, such as the flexibility of queer family formation, and furthers the notion of the "ideal family" as being married and resembling heterosexual families. Additionally, queers who choose not to get married and/or have relationships for which marriage is not legalized, such as polyamorous relationships, are further marginalized because they do not assimilate into "palatable" queer relationships (Hardy & Easton, 2017; Ruti, 2017 p.14). It is possible to opt-out of this system by actively and purposefully refusing to blend into heteronormative expectations (Ruti, 2017), in this case family life. Doing so gives queers the freedom to live a life not limited to what is considered respectable. We position ourselves as relational queer theorists to examine queer individuals in contexts that affect their experiences of IPV.

Given the many social contexts that influence experiences of IPV, such as race (Lacey, Saunders, & Zhang, 2011) or SES (Reichel, 2017), it is important to use a queer lens that takes these factors into account in studies of queer relationships. Some works in the family sciences have recently acknowledged this (e.g., Allen & Mendez, 2018); however, they have utilized intersectionality as a secondary theory, which does not center specific identities such as sexuality. Allen and Mendez (2018) have recently proposed a queer model deconstructing heteronormativity but also adds racial "spheres." Although they address critiques of Foucauldian and Lacanian strains for being mainly applicable to White, middle-class individuals, they do not recognize other strains (e.g., Relational) that also take these factors into account. This perspective overlooks the way queer theory incorporates multiple identities while privileging sexuality. Although all social positions are important, it is more appropriate to center queerness while recognizing other identities in studies where gender and/or sexuality are the primary factor(s) under investigation (Kang et al., 2017). Survivors often access formal supports, such as

shelters, which are developed and maintained in heteronormative contexts. It is important to examine these experiences through a critical lens as those whose families do not conform to heteronormativity are less often acknowledged or granted services (Carlton et al., 2016).

We begin this process of understanding the influence of heteronormativity and disengagement by creating four guiding axioms, influenced by Halberstam's (2012) principles of Gaga Feminism (pp. 27-28) and Ruti's (2017) idea of opting-out. Instead of stating ideas as fact, axioms propose ideas for understanding phenomena. Each axiom offers theoretical propositions about the nature of intimate partner violence, particularly as it pertains to queer relationships. These are that 1) *queer families are an active process*, 2) *gender, sexuality, and desire are fluid and must be consistently (re)evaluated*, 3) *families are changing*, and 4) *queers should be wary of large-scale institutions through the "practice [of] creative nonbelieving."* To enhance theorizing in research on IPV conducted through this lens, we offer suggested research questions at each axiom (Table 2.1). Research questions are used as qualitative methodologies are often considered appropriate to inquiries on queer experiences; however, we acknowledge that quantitative methodologies are also useful (see Fish & Russell, 2018).

Advancing Queer Theory in IPV

We situate ourselves in the Relational strain of queer theory and offer ways to further extend it for the study of family life, generally, and IPV, specifically. This strain recognizes queers' agency in their perceptions and development of family as well as experiences of IPV. Many theories currently used to examine the experiences of queer family life fail to adequately acknowledge the role of heteronormativity in those experiences, especially those related to IPV. The following axioms further an understanding of IPV in queer relationships within the contexts of oppression by highlighting the influence of structural heteronormativity instead of attributing

it to either normativity or deviancy (e.g., Oswald et al., 2005). Queers may disengage from how family scientists have conceptualized family, such as marking monogamous, intact families as the norm to which they should aspire, as well as family as an institution itself. Particularly, it allows for disengagement from expected rigid alignment with the necessity of biological and/or legal ties even in circumstances in which such ties may perpetuate IPV (Ruti, 2017). We also propose that, at the relational level, experiences of IPV within each axiom can be viewed as more *closed* or *open*, or the extent to which IPV is kept within or acknowledged with others outside of the relationship (Table 2.1). It should be noted that although IPV becomes more *open* and structurally influenced across axioms 1-4, these experiences are not linear, but co-occur.

Axiom 1

Queer families are an active process. Individual queerness is inherently fluid and queers bring fluid locations and identities into their relationships. Each family member is a complete individual who hold their own social locations, experiences, and desires before any form of partnering (Hardy & Easton, 2017). Relationality emphasizes interpersonal interactions in relationship formation (Galovan & Schramm, 2018) and how one's individual gender and sexual identities interact with others' in engaging new relationships and families. Members of queer families often are able to choose who is family, regardless of biological and/or marital status, and, are thus, likely intentional and strategic in family formation (Hardy & Easton, 2017). We propose that families are comprised of individuals who have their own unique sexual and gender identities, but, given their fluidity, their experiences change as they are actively involved at their partner(s)' axes over the course of time. Queerness is often attached to the social narrative of fixed identities (e.g., gay, lesbian), even within the queer community (Gurevich et al., 2009). Yet a comprehensive view of queer lives requires an understanding that this is not always the case.

For example, almost half of all transgender individuals identify with more than one gender and are more likely to have a fluid sexual identity (e.g., pansexual, bisexual) rather than a gay, lesbian, or heterosexual identity (James et al., 2016). Queers may also change gender and sexual identities simultaneously (Diamond & Butterworth, 2008). Individuals express their sexuality in unique ways and, when creating family, their gender and sexual identities become intertwined with other members. Some individuals eschew sexual identities entirely and engage in sexual and romantic relationships with those to whom they are attracted and/or are attracted to in the moment, change their labels within specific contexts, or consistently change how they conceptualize their sexuality across the lifespan (Baldwin et al., 2015; 2017). Although queers may experience marginalization via gender and sexuality in conjunction with other experiences, when brought together, many are able to form a resilient family whose members actively support one another. As such, it becomes important to focus on the strengths that all partners bring to the relationship to foster positive, healthy, and nonviolent interactions (Hardy & Easton, 2017).

Application. When individuals come together and (re)construct family, they bring together various hierarchical levels of minority/majority statuses, each including unique strengths and/or risk factors for experiencing IPV. Although social institutions impact individuals, this axiom focuses on internal relational dynamics. As the process of family creation occurs mainly at the relational level between partners, experiences of IPV can largely be kept hidden from others, and the survivor is better able to control what others know or do not know about the IPV. Should the survivor choose, IPV can be kept *closed*, or not shared with others.

As a Relational perspective centers on how couples' interactions impact other family members, whether fictive kin, children, or partners outside the central couple (Galovan & Schramm, 2018), the interactions around family formation between individuals impacts how IPV

manifests within the relationship. Intentional relationships where both partners hold queer

identities may strengthen their family through connections of historically similar experiences of

discrimination as a protective factor (Hardy & Easton, 2017). Alternatively, when both partners

are queer, they might become more vulnerable to experience IPV as both are bringing minority

stressors (external discrimination, internalized homophobia) to the relationship, which have been

associated with both victimization and perpetration (Balsam & Szymanski, 2005; Edwards &

Sylaska, 2013). Once an individual embraces their many, and often fluid, identities, they can

bring more nurturing interactions into their relationships (Hardy & Easton, 2017).

Mixed-orientation relationships are queer, even if one member is not individually queer

(e.g., a bisexual person partnered with a heterosexual person). One partner can use heterosexual

or cisgender privilege to control the other, such as by threatening to "out" them to their family

who may not know they are queer (Head & Milton, 2014; Cook-Daniels, 2015). As the

individuals in the family continue to interact, these tactics may become more prominent.

Walker's (1979) *Cycle of Violence* suggests that as time passes the frequency and severity of IPV

increases. The normalization of heteronormative control during both times of tension (the first

phase of the cycle) and violence (the second phase of the cycle) also may increase and begin to

cement as "predictable" aspects of violence within their relational dynamics. This may be

exacerbated if one partner is both cisgender and heterosexual, making them especially

unaccustomed to the impacts of heteronormativity that are associated with being in a queer

family and, thus, more susceptible to minority stressors. Predictable and cemented patterns of

IPV may be in place when couple dynamics have become more stabilized (Burge et al., 2016). It

requires examination in regards to increased fluidity, such as mixed-orientation relationships,

before heteronormative control becomes increasingly embedded in the relationship.

Axiom 2

Gender, sexuality, and desire are fluid and must be consistently (re)evaluated. As a result

of the fluidity of queer lives, fluidity also manifests in terms of relationship membership and

desire. For individuals raised within a heteronormative culture, an awareness of or feelings about

different forms of queer relationships may not come automatically. Instead, they should actively

consider their needs and desires to maintain a relationship that is satisfactory for them, as

opposed to cultural definitions of relationships (Hardy & Easton, 2017). Variances of non-

monogamy have been documented in many relationships to meet a myriad of needs for different

members of the family (e.g., sexual desires, acts, emotional fulfillment; Brewster et al., 2017;

van Eeden-Moorefield et al., 2016). The potential for such should be evaluated as needed within

relationships as desires change (Baldwin et al., 2015; Manley et al., 2015). For example,

heterosexual individuals may explore sexual relationships with members of the same gender to

achieve physical pleasure not found with a partner of a different gender (Baldwin et al., 2015;

Hardy & Easton, 2017). Monogamous and polyamorous relational makeup may shift throughout

the course of relationships (Domínguez, Pujol, Motzkau, & Popper, 2017). Manley and

colleagues (2015) have noted changes within polyamorous relationships via the desire for

individuals in the relationship as well for the gender(s) of relationship members. There may also

be polyamorous relationships with members of multiple genders, but a partner of one gender

leaves, making it a same gender partnership (Baldwin et al., 2015). Relational fluidity calls into

question static families (Kang et al., 2017), which can impact the ways queers experience IPV.

Application. As families undergo continued change, their experiences of IPV also

change. Theoretically, when other members enter the relationship, they may be a resource for the

survivor as they witness it firsthand. However, an abuser may use this as a way to exert power

over their partner. For instance, one member may make unilateral decisions on who are the external members of the relationship regardless of the survivor's own desires. As such, IPV becomes *open* through the exposure to new and/or different partners, but still *closed* as IPV is mainly kept within the relationship itself.

Queers in relationships whereby gender and relationship fluidity are present for one or more partners may exacerbate IPV due to the cultural stigmatization of these identities and experiences. Individuals who identify as heterosexual but have sexual relationships with members of the same gender (Baldwin et al., 2015) may be at risk for jealousy, and subsequent violence, by a different gender partner due to false assumptions about those who choose to engage in non-monogamy (Turrell et al., 2018). It is important to consider that this relationship structure is not dysfunctional, but rather are the characteristics of the abuser who may be able to seek treatment to change their internalized narrative of sexual fluidity and consensual non-monogamy (Hardy & Easton, 2017). Although members may begin to exclude an abuser as boundaries and desires shift within the relationship, this exclusion may also instigate further violence. When survivors leave an abusive relationship, they are in the most danger (Niolon et al., 2017). If a third member of the relationship helps a survivor to leave, an abuser may retaliate with increased violence to maintain their control to stop them from leaving. Increased control and escalations of violence place those experiencing IPV at risk for partner homicide (Fowler, Jack, Lyons, Betz, Petroski, 2018).

As the nature of violence begins to shift from closed to open through relational formations, having others who recognize and legitimize experiences of IPV often helps survivors make sense of IPV and consider leaving (Chang et al., 2010). Shifts in relational boundaries can also influence survivors' leaving processes. Although some research shows survivors consider

separation when abusers override boundaries into other relationships (Khaw & Hardesty, 2015), the inverse may also apply, wherein a new family member shifts boundaries between a survivor and abuser. If another person enters the relationship, they may witness IPV and serve as a source of support for the survivor by validating them, aiding them in resource gathering, or removing the abusive member from the relationship. For instance, about 2% of transgender individuals are in some form of polyamorous relationship (James et al., 2016). As transgender individuals face a heightened danger to experience IPV victimization (Brown & Herman, 2015), a third member of the relationship may increase the probability for this form of protection. These partners may particularly help as an informal form of support for a survivor leaving an abusive partner in "unidentified openish" relationships, wherein there is a primary couple that is emotionally exclusive yet have outside relationships with someone who the other partner may or may not know (van Eeden-Moorefield et al., 2016). The survivor's external partner may be able to provide aid as they do not have an emotional attachment or are less identifiable to the abuser. With more fluidity, more opportunities to leave may arise as various partners enter and exit the relationship. As non-monogamous relationships are less "respectable" (Hardy & Easton, 2017), queers must opt-out of a heteronormative family system to access this opportunity.

Axiom 3

Families are changing. Just as gender and sexuality are in constant flux, some families have been granted structural legitimization over the course of time. Where the first axiom focuses on the formation of family within the unit and between members, this axiom focuses on families in relation to larger social structures. For instance, as marriage becomes increasingly normative among queers, consideration of the composition of these families to understand how some have more legitimacy than others becomes important. For example, although around 18%

of transgender adults are legally married, more describe being out to or receiving support from their queer community than their biological or legal family (James et al., 2016). There also has been a small but notable shift in the recognition of consensually non-monogamous families, such as polyamorous relationships, despite not having legal recognition, which can create a strong network of social support (Brewster et al., 2017; Domínguez et al., 2017; Hardy & Easton, 2017). Although house and ball families have been present for decades, queers, particularly male and transgender queers of color as well as queer youth, may find family within this community (Muñoz, 2009; Rowan, Long, & Johnson, 2013). These form when queers create a community based on "houses" headed by fictive, rather than biological, "house parents" who provide emotional and, often, instrumental support (Rowan et al., 2013). However, individuals may not be out or open about their membership in these families. As such, it is important to increase the visibility and depathologization of a multitude of queer families to provide individuals with interpersonal resources (Hardy & Easton, 2017).

Herz and Johansson (2015) propose a *bottom-up* version of sexual freedom, emphasizing the importance of everyday queer life in interpreting and resisting heteronormativity. It is important to understand the many personal identities that can both marginalize or empower queer families. Families are not solely *queer*; each family brings to it some form of queerness in addition to other identities, such as race, gender, and SES among others (Halberstam, 2012). As marriage in the queer community becomes a more "acceptable" family form, it may incentivize those who otherwise would not have chosen married life given it can be viewed as conformative (Halberstam, 2012). Queers already in vulnerable social positions, such as those who are of a low SES or undocumented, may get married for insurance, citizenship, and hospital visitation when these should be basic human rights (Hopkins, Sorenson, & Taylor 2013).

Application. In light of the changing landscape of families and a *bottom-up* viewpoint, we propose that when individuals begin to think about leaving the relationship, they must consider the influences of their identities on disclosing victimization to others. In this way, IPV is more *open* than *closed*, as survivors are giving thought to disclosure or to their perception of how individuals may react. Societal influences are also somewhat more impactful than the relational experiences in this axiom. Queer survivors must take into account their various identities when deciding to seek help. Women in same gender partnerships may stay in a violent relationship because she does not want to further stigmatize queer relationships or go against norms that women are inherently supportive and nonviolent (Patzel, 2006; Turrell & Herrmann, 2008). Queer survivors may also consider a parenting identity in their ability to leave. A heteronormative legal system may deny them access to nonbiological children (Hardesty, Oswald, Khaw, & Fonseca, 2011), or a heterosexual abuser may tell the court they should not be granted custody because they are queer (Hardy & Easton, 2017; Head & Milton, 2014).

Although changing families may occur at the relational level, researchers can take structural considerations into account during this time. For example, queer survivors of color may feel the need to protect those in their community from negative stereotypes or persecution by law enforcement and a punitive prison system in which queers and people of color are overrepresented (Carlton et al., 2016; Mogul, Ritche, & Witlock, 2011; Meyer et al., 2017). Survivors, particularly youth, may also be almost entirely reliant on their families of choice if they have left or have been forced to leave their homes due to family of origin unacceptance or victimization. They may be willing to trade off violence in their relationships to avoid homelessness or other difficult circumstances. On a more positive note, those who have found family within house and ball communities may have a house mother or father to whom they can

turn for support and protection if their relationship becomes violent (Rowan et al., 2013).

Similarly, polyamorous communities among people of color provide a space for these families to

support and care for each other in the face of prejudice (e.g., racism) as well as individual

struggles (Hardy & Easton, 2017). Although marriage equality has been lauded for increasing

custody and insurance protections for queers, resources for well-being, such as insurance,

housing, and citizenship, should be considered basic human rights and such protections should

exist outside a heteronormative marriage model (Halberstam, 2012). To illustrate, a seropositive

survivor may have to get or stay married to an abusive partner for insurance when they should

not have to rely on another for treatment. It further becomes increasingly difficult to opt-out of

these systems based on survivors' positions of marginalization or privilege. For instance, when a

survivor an is undocumented immigrant, they are less able to access insurance (Passel & Cohn,

2009), which might keep them in a violent relationship in order to receive care. More

specifically, trans survivors unable to afford hormones or surgery are at a particular disadvantage

(Halberstam, 2018) and may stay with a violent partner to do so. It is important to consider ways

to do opt-out in order to resist the power structures that put these systems in place.

Axiom 4

Lastly, queers should *be wary of large-scale institutions through the "practice [of]*
creative nonbelieving" and question historically oppressive structures (Halberstam, 2012, p.28)

such as legal and religious policies promoting the politics of respectability. The politics of

respectability are those in which individuals who are closer to what is socially desired (e.g.,

middle-to-upper SES, White, cisgender, heterosexual, monogamous) receive more respect and

legitimization. Those who do not conform to these norms, even within the marginalized groups

(e.g., the queer community) to which they belong, receive less respect and are distanced from

dominant social narratives to maintain the idea they are "just as good" as majority populations

(Landor & Barr, 2018; Mastick & Conley, 2015). Here, a *top-down* version of heteronormativity

is applicable (Herz & Johansson, 2015), as structural considerations are taken into greater

account and macro-level institutions further heteronormativity and continue to oppress queers

(Halberstam, 2012; Matsick & Conley, 2015). A Relational strain recognizes how power

imbalances impact queers and their ability to receive appropriate services, including those for

IPV survivors. To ignore forms of structural inequality is to ignore queerness itself (Ruti, 2017).

For instance, heteronormativity influences even medicine, which tends to be viewed as an

objective science (Hardy & Easton, 2017; Kang et al., 2017). Medical practitioners often deem

seropositive queer men as less socially acceptable than those who are HIV-negative given

cultural perceptions of respectability around HIV and the behaviors of those who contract it,

such as practicing consensual non-monogamy (Argüello, 2016). It is important for queers to opt-

out of these systems and shift away from cultural respectability narratives to generate increased

quality of life and access to services for *all* queers (Ruti, 2017).

      Application. As survivors are seeking help, they are more *open* concerning their

relationships and IPV than *closed*. Survivors meet reactions from potential resources, both

formal (e.g., social workers) and informal (e.g., family). Here, the potential reactions survivors

have considered become reality, whether or not their expectations are accurate. In this axiom,

societal structures directly impact survivors far more than relational factors. Where a *bottom-up*

approach may influence how queer survivors interpret their experiences and potentialities for

leaving, a *top-down* approach views their experiences after they have decided to seek help or

leave the relationship, often through structural means. When seeking help, queer survivors must

consider that practitioners who do not understand queer identities or relationships may not

provide services that meet their needs (Carlton et al., 2016). During the process of becoming

more *open* about the violence within their relationships, survivors in same gender relationships

may be reluctant to access formal supports given the potential for first responders to struggle to

differentiate between abuser and survivor (Patzel, 2006) or hostility from police (Carlton et al.,

2016; Mogul et al., 2011). Research has documented police who might not quickly respond to a

call where both partners are women, take their reports seriously, or ridicule them in private

(Hardesty et al., 2011). Masculine presenting ("butch") women may face unique fears of re-

victimization in accessing police, as they may arrest her when she is the victim due to a

conceptualization of IPV through a gendered model (Hassouneh & Glass, 2008).

These reactions are documented among more heteronormative queer family types, such

as monogamous relationships with children. Queers who are perceived to be less respectable may

face an increased possibility to experience these and be less likely to view formal resources as

viable options for help. For instance, many transgender individuals experience violence from

police (James et al., 2016) or are denied access to shelters because staff do not view them as their

true gender (Carlton et al., 2016; Greenberg, 2012). Transwomen may also have to weigh options

regarding medical care more so than cisgender individuals as professionals who do not believe

they have been abused can re-traumatize them. Professionals may misgender them through

interacting with them as men, whom they might not believe can be abused, and making the

survivor feel as though she must present more femininely to be believed (Guadalupe-Diaz &

Jasinski, 2017). As such, the queer community itself may be a place to offer resources for those

who have experienced trauma and engage in restorative justice practices (e.g., have other queers

run anti-violence programs, facilitate personal reflexivity of the underlying motivations for

perpetration) for those who have perpetrated IPV (Hardy & Easton, 2017).

Family is also a social institution. Survivors can opt-out of formal supports when they have family, either biological, of choice, or both, who are supportive regardless of the "respectability" of their relationships. Opting-out of formal resources may be easier when survivors have supportive friends who are also queer, also referred to as family but is less of a formal institution than legal or biological family (Turrell & Herrmann, 2008). Despite the positive implications of the queer community as resources, this form of family support may differ for survivors of different queer populations (Carlton et al., 2016) Bisexual survivors might be less likely to seek this support as they frequently face rejection from gay and lesbian communities while also being rejected from heteronormative individuals and structures that may otherwise be supportive (Head & Milton, 2014). Those in more stigmatized relationship types, such as forms of non-monogamy, may choose not to disclose as respectability politics can limit their access to responsive care (Hardy & Easton, 2017).

Conclusion

Families that do not meet heteronormative standards are less likely to be legitimized and IPV survivors within these relationships have unique experiences both within the relationship itself as well as in accessing heteronormative structures. To address these differences, the four axioms outlined in this paper further theorize how and why this occurs. They also offer potential research directions for scholars in this field. In recognizing the proposed axioms, researchers can understand how survivors process their experiences and how macro-level structures influence these processes to create culturally responsive ways to liberate queers from heteronormativity and its manifestation within IPV.

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Table 2.1 Queer Theory Axioms, Definitions, and Applications

Axiom	Definition	Relationship Openness	Application to IPV	Potential Research Questions
1	Queer families are an active process	Mainly Closed	Individual identities actively create unique protective factors and/or vulnerabilities towards IPV for families as a unit through continuous interaction	What spaces in queer family formation can be used for IPV prevention?
2	Gender, sexuality, and desire are fluid and must be consistently (re)evaluated	Both Open and Closed	Relationship fluidity allows for changes in relationships that can provide protection; it may also create a dangerous turning point in the relationship	What factors are present in multiple queer family forms that are preventative of IPV?
3	Families are changing	Both Open and Closed	Survivors must begin to consider how their multiple identities may impact their experiences in disclosing and/or help-seeking based on either previous experiences or expectations	Are there generational changes in the acceptability of IPV in queer relationships when families gain more cultural legitimacy?
4	Queers should be wary of large-scale institutions through the "practice [of] creative nonbelieving"	Mainly Open	Survivors must navigate heteronormative social and structural institutions when help-seeking and leaving	What are the characteristics of helpful formal supports for queer survivors when leaving abusive relationships? What are the characteristics of helpful social supports?

CHAPTER III

Developing Diversity, Inclusion, and Social Justice in Service Provision for

Queer Survivors of Intimate Partner Violence

Across the lifespan, gay men, lesbians, and bisexual cisgender individuals are at an increased likelihood to become survivors of some form of physical or psychological intimate partner violence compared to heterosexual individuals (IPV; Tillery, Ray, Cruz, & Walters, 2018; Walters, Chen & Breiding, 2013). Although less research exists, transgender and gender non-conforming (TGNC) individuals appear to experience IPV victimization at even higher rates than cisgender individuals (Barrett & Sheridan, 2017; Tillery et al., 2018). Intimate partner violence includes behaviors of stalking, raping, and or physical acts, such as hair pulling, that typically leave no mark (Walters et al., 2013). Severe IPV includes acts of violence that leave physical marks, such as being burned, beaten, or choked, as well as being slammed against hard surfaces or using a weapon against a partner (Walters et al., 2013). Additionally, IPV includes psychological violence, such as calling names and acting in violent or intimidating ways. Psychological violence also includes coercive control, which includes tactics used to keep a survivor in a relationship (e.g., isolation, monitoring, controlling all household finances; Walters et al., 2013). Such tactics can be toward the survivor, loved ones, pets, or the perpetrator themselves (e.g., suicide threats and/or attempts used as forms of manipulation).

There is a great need for service providers specifically trained to work with cisgender individuals who are not heterosexual and TGNC individuals (referred to as *queer survivors* throughout) in culturally responsive ways as many services are not yet equipped to provide care that reflects specific needs of queer survivors, such as queer specific tactics (Ford, Slavin, Hilton, & Holt, 2014). Broadly, cultural responsiveness refers to the ability to provide care to

marginalized groups that recognizes not only the uniqueness of individuals within groups but also understands and addresses how their positionalities (e.g., privilege and oppression) influence their experiences and ability to access care (Boyce & Chouinard, 2017). Culturally responsive care for queer survivors includes an awareness of the homo, bi, or transphobic discriminations unrelated to IPV (Turrell, Herrman, Hollander, & Galletly, 2012) as well as taking actions to navigate and mitigate these stressors. Queer specific services and specially trained staff provide a safe space in an otherwise heterosexist/homophobic environment. Cis/heterosexist and trans/homophobic environments often impact experiences of IPV within queer relationships as minority stressors can facilitate both perpetration (e.g., bringing external stressors into a relationship) and victimization (e.g., thinking that they deserved the abuse; Balsam & Szymanski, 2005). As such, these safe spaces are critical. In spite of the heightened rates of IPV, research documents a dearth of resources (e.g., shelters, counselors) that can responsively serve queer survivors (Duke & Davidson, 2009; Ford et al., 2014). A phenomenological approach provided strategies to uncover an understanding of what it means to experience cultural responsivity in services by those who work at queer/queer-allied organizations (Wertz, 2011). Accordingly, the purpose of this study was to understand practitioners' experiences of responsive practices at queer/queer-allied organizations that offer IPV services. The study was guided by the research question: *How do service providers at queer/queer-allied organizations experience responsive practice with queer survivors of IPV?*

Theoretical Framework: Queer Theory

Queer theory generally asserts that gender and sexuality are social constructions, as opposed to being biological givens (see Ruti, 2017). As such, sexuality and gender are labels that afford power and privilege to some, but serve to oppress others (Ruti, 2017). Specifically, this

theory recognizes the influences of power on social resources (e.g., social work, mental health; Halberstam, 2012). Queer theory encourages skepticism of these institutions, as they have, historically, been the perpetuators of ideologies that privilege cisgender, heterosexual, monogamous couples (*heteronormative*) and punish those who do not fit this standard (*queer*; Ruti, 2017). Part of these punishments for not fitting into heteronormative roles is being denied services that can provide safety and well-being.

Stigmatization during service delivery is based on social constructions of sexual normativities that manifest within potential resources, such as social workers or police, who may otherwise be perceived as helping professionals, may be unhelpful, stigmatize, or revictimize survivors who experience IPV in the context of what service providers perceive to be immoral behavior (Bermea, Rueda, & Toews, 2018). The social service provision model for IPV survivors has been critiqued for facilitating the heteronormative assumption that violence is between a male (perpetrator) and female (survivor) heterosexual couple (Cannon & Buttell, 2015). When an individual or family does not fit the heteronormative, they often become *unintelligible*, or do not fit into cultural expectations around gender and sexuality. When a person is considered *unintelligible* they might be met with confusion or overt hostility (e.g., trans/homophobia) by those who mirror dominant expectations (Butler, 2004). Individuals become further unintelligible when they hold other marginalized identities, such as race or socioeconomic status (Muñoz, 2009). Accordingly, considering a person's full social location is a critical to responsive service provision (Simpson & Helfrich, 2014). Often, unintelligibility extends into the denial of services, human rights, and can lead to further violence (Butler, 2004). Survivors in non-heteronormative abusive relationships are less likely to be understood by service providers than those who are. If service providers already view same-gender

relationships as inherently illegitimate, toxic, or unhealthy, they are more likely to be dismissed, thus unable to access necessary services (Bermea et al., 2018) placing them in further danger.

Intimate Partner Violence

Prevalence

Across the lifespan, queer individuals are more likely to experience IPV than their heterosexual (Walters et al., 2013) and cisgender (Barrett & Sheridan, 2017) peers. Recent national data suggests that, across the lifespan, 44% of lesbian and 61% of bisexual, assumed cisgender, women experienced physical victimization (e.g., being pushed, slapped) and stalking compared to 35% of heterosexual women. Queer men also experience comparative or heightened rates of physical violence and stalking, with 24% of gay men and 27% of bisexual men have experienced this form of IPV, compared to 26% of heterosexual men (Walters et al., 2013). Queer survivors are also at greater risk to experience other severe forms of IPV (e.g., being hit hard enough to leave a mark), with 29% of lesbian and 49% of bisexual women compared to 24% of heterosexual women experiencing severe violence. Among men, 16.4% of gay men experienced severe IPV compared to 14% of heterosexual men. However, national rates of severe violence of bisexual men appear to be minimal to none (Walters et al., 2013). Further, queer survivors are more vulnerable to psychological violence, with rates of 76% for bisexual women, 63% for lesbian and, compared to 48% among heterosexual women (Walters et al., 2013). Similarly, bisexual (53%) and gay (60%) men experience higher rates of psychological violence compared to heterosexual men (49%). Despite heightened rates, there have been no nationally representative federal datasets of TGNC-individuals' rates of IPV (Strickler & Drew, 2015). However, of an entirely queer and/or HIV positive national sample comprised of over 2,100 IPV survivors, 18.1% identified as TGNC (Tillery et al., 2018). Such rates might be

attributed to stressors brought on by living in a heteronormative culture (Balsam & Szymanski, 2005) or a hesitancy to report IPV for fear of service providers' negative reactions, thus continuing the violence (Turrell & Herrmann, 2008). Queer survivors might not always recognize that they are in an abusive relationship given cultural narratives portraying IPV as cisgender male to female perpetrated violence (Gillum & DiFulvio, 2012).

Queer survivors also face a number of forms of psychological tactics that heterosexual survivors do not. For instance, as a means of control, a perpetrator may threaten to disclose a partner's sexual identity to others ("out" them; Texas Council on Family Violence [TCFV], n.d.). An abuser may also control a partner's gender expression (i.e., to present in a more feminine/masculine way) in order not to out themselves (Gillum & DiFulvio, 2012). More specifically, TGNC survivors might be controlled through threats or actions that limit access to hormones and other transition and medical resources. A cisgender partner might be able to exert privilege over a TGNC partner, such as tell them that they are unlikely to be believed because of their gender identity (Barrett & Sheridan, 2017). Although less studied, queer survivors of color appear to experience higher risks for victimization than White survivors (Tillery et al., 2018).

Service Provision

Despite increased IPV rates and risks, scant research exists on the services that aid in maintaining queer survivors' safety, leaving, and separation from an abuser. As such, there is little evidence from which to develop culturally responsive or targeted services and practices for queer individuals leaving violent relationships (Duke & Davidson, 2009; Ford et al., 2014; Hancock, McAuliff, & Levingston, 2014). This is troublesome given the aforementioned unique tactics of IPV queer survivors may experience (e.g., threats of outing; TCFV, n.d.).

Inclusivity. Some service providers have begun to implement more inclusive practices within their organization. Inclusive care among queer populations includes having and exhibiting positive attitudes towards queer individuals and issues and recognizing struggles that this population faces (e.g., homophobia; Willis, Raithby, Maegusuku-Hewett, & Miles, 2017). Examples of inclusive behaviors comprise positive reaffirmation of a queer identity, validation of same-gender IPV, and creating a space open for discussions around issues concerning sexuality. To be inclusive specifically within the context of IPV survivorship, is important that all staff members with whom the survivor might come into contact have queer-affirmative training as this enhances an understanding about and use of inclusive behaviors (Furman, Barata, Wilson, & Fante-Coleman, 2017). Inclusivity also recognizes other identities (e.g., race) that might make it difficult for survivors to find services (Moe & Sparkman, 2015; Simpson & Helfrich, 2014). As queer people of color are disproportionately vulnerable to IPV (Tillery et al., 2018), but given less attention in research (Bermea, van Eeden-Moorefield, & Khaw, 2018), it is important to address this gap.

Service providers have reported feeling undertrained even when somewhat responsive educational courses or workshops on IPV are provided (Furman et al., 2017). Some IPV organizations work to create a safe space for queer survivors by including hotlines and providing information on their websites (Duke & Davidson, 2009; Furman et al., 2017). Yet, one study in California reported almost 25% of participants who worked for IPV service organizations did not receive culturally responsive training and, when they did, over half of the time training suggested practitioners refer clients to an external queer organization without providing services at their own (Ford et al., 2013). As such, there is currently a need to train service providers to implement culturally responsive care.

Social justice. Although organizational inclusion is a valuable asset to providing culturally responsive services, it typically has not been differentiated from other approaches, such as social justice (Boucher, 2018; Strickler & Drew, 2015). Socially just approaches often seek to make *structural* changes that move beyond the *organizational*. Some organizations and service providers work to empower their clients in making choices for themselves and developing efficacy that transcends direct services (Kasturirangan, 2008). For example, some practitioners work to help their clients create communities of survivors who can help each other break down barriers in resources accessibility, as opposed to relying on a service provider (Singh & McKleroy, 2011). Others are advocates against violence and for policies that support survivors (Tillery et al., 2018). Some educational programs are training clinical students to do more advocacy focused work within more generalized populations of IPV survivors (see Goodman, Wilson, Helms, Greenstein, and Medzhitova, 2018). It might be particularly beneficial to further target these efforts for working specifically with queer survivors.

Queer/queer-allied organizations. Queer/queer-allied organizations have more experiences within the queer community and might be more likely to focus on strengths within it than deficits (Singh & McKleroy, 2011; Strickler & Drew, 2015). Limited research can provide insight on how to highlight unique strengths through families of choice, which have historically been a source of support for queer individuals facing rejection and victimization (Barrett & Sheridan, 2017; Singh & McKleroy, 2011; Turrell & Herrmann, 2008). However, these families have not been examined specifically within a service setting (Tillery et al., 2018).

Service providers at queer/queer-allied organizations may aware of the discrimination faced by their clients and likely have received more trainings (e.g., taken more graduate courses, attended more professional development) than those who do not work at these organizations

(Moe & Sparkman, 2015). Service providers at these organizations might also be queer and have firsthand knowledge of many of the experiences their clients face (Turrell et al., 2012). As minority stressors can impact experiences of IPV (Balsam & Szymanski, 2005; Gillum & DiFulvio, 2012), as well as an ability to access care (Willis et al., 2017), it is important for service providers to understand these experiences to successfully navigate these barriers. Services providers who have taken advanced trainings on doing so as well as those with firsthand experiences with trans/homophobic discrimination might have key insights on doing so.

Despite the many strengths of working within the queer community, some research suggests that although general queer organizations are culturally responsive, they may not be prepared with specialized trainings to help queer IPV survivors. Turrell and colleagues (2012) also noted a lack preparedness of these organizations for working with IPV survivors or knowing what resources exist. This might be because they provide more general services and are not able to provide more specialized care. Given the difficulties for organizations to provide responsive IPV services, the present study seeks to understand how practitioners experience doing so.

Methodology

Design

Phenomenology is suited to explore the core essences of peoples' experiences (Merriam & Tisdell, 2016). It focuses on the internal, rather than external, and differs from grounded theory approaches that seek to explain processes or case studies that focus on context (Wertz, 2011). Instead of explaining the world at large, phenomenology focuses on an individual's world and how they make sense of it. Given its focus on the internal, it gives voice to individuals and phenomena outside of dominant social narratives, such as IPV in queer relationships and service provision for this population (Bermea et al., 2018).

Recruitment and Sample

    Through purposeful sampling, we collected data from five queer/queer-allied

organizations located in an urban city in the Northeast US following approval from the

university's instructional review board. The primary investigator (PI), and first author here,

contacted individuals who worked at queer philanthropic organizations and program evaluation

services that had knowledge of organizations that met the study's criteria (i.e., queer-allied, IPV

services). The contacts referred the PI to queer/queer-affirming organizations that explicitly

served queer survivors but did not have to exclusively provide IPV services.

    The PI contacted the supervising practitioners (e.g., social workers) at the organizations

to establish collaboration (Merriam & Tisdell, 2016). The supervisors were interviewed and

referred the PI to other service providers within the organization who might be willing to be

interviewed. These service providers were eligible to participate if they were over 18-years-old

and worked directly with queer survivors. All service providers who were able and willing to

participate were individually interviewed onsite using a semi-structured interview protocol.

Interviews were conducted in a private room at the organizations and lasted an average of 78.31

minutes (SD= 15.50 minutes). Interviews were recorded and transcribed verbatim into Microsoft

Word. Transcripts were uploaded into NVivo 10, a qualitative analysis software, for analysis.

    The sample included seven service providers, five of whom were supervisors, with an

average of 1.4 participants across 5 sites ($range$= 1-2). They had worked an average of 7.00

years (SD= 3.15 years) and were trained in social work (n=2), counseling (n=2), psychology

(n=1), education (n=1), and theology (n=1). Their educational attainment included some college

(n=1), bachelors (n=1), masters (n=4), and doctorate (n=1). Two were currently pursuing a

higher level of education. Most practitioners identified as Black (n=4) but also identified as

White (*n*=2) and Biracial (*n*=1). Four identified as cisgender women, two as genderfluid, and one

as a transgender woman. Regarding to sexuality, participants reported identifying as heterosexual

(*n*=2), lesbian (*n*=2), queer (*n*=2), and bisexual (*n*=1). Their average age was 30.00 years (*SD*=

3.43). This sample size has been used in previous studies on service providers working with

queer IPV survivors (Simpson & Helfrich, 2008), but builds on it in regards to increasing racial

and gender heterogeneity. All participants were given pseudonyms and identifying information

was removed. The natures of the organizations are not reported to avoid identification.

Analysis

Approaches to phenomenological analyses have fewer set rules and tend to be more fluid

than other forms of analyses. Here, the coding team followed four broad components (Wertz,

2011). The first author read through each individual transcript as a whole (i.e., data immersion).

She then identified meaning units from descriptions the participants provided, followed by

making general notes and thoughts on the impact of the experiences for the participants. Last,

she developed clearly defined "psychological structure[s] of each meaning unit" (Wertz, 2011, p.

131) as a code. This process was repeated across each transcript until a codebook was created.

To ensure trustworthiness, we used coder triangulation (Merriam & Tisdell, 2016). The

PI who had collected the data and another member of the research team who also specialized in

IPV research coded the data. Each coded individually, then met to reach consensus, resolving

differences as needed. This was done in all iterations of coding. Further, we also used coder

triangulation through outside review by another member of the research team who had

experience with social service provision and expertise in queer families. Memos were taken

during data collection that accounted for participant nonverbal reactions and researcher thoughts

during the interview. Coders also took memos during all stages of the analysis. All memos were

referenced by coders and discussed during meetings (Merriam & Tisdell 2016). All members

engaged in reflexivity to examine how personal identities and experiences might have impacted

how interviews were held and how data were interpreted (Merriam & Tisdell, 2016).

Findings

Findings suggest three related approaches practitioners used to provide responsive care

for IPV queer survivors. Within these are various types of aligned strategies. The first is

Diversity, or having clients' backgrounds and experiences mirrored by service providers.

Inclusion, or creating a space that is welcoming for queer survivors and knowledgeable about

their unique experiences, is second. Finally, service providers strove for *Social Justice*, an

approach focused on empowering clients and creating systemic change for survivors. Together,

findings propose a three-pronged approach to implementing responsive care.

Diversity Approach

The first approach practitioners took in their work was diversity. As their clients were

queer and often occupied more than one other oppressed social location, service providers

acknowledged that survivors often were unable to seek help from those with similar backgrounds

to their own. Service providers who were too dissimilar from their clients often were unable to

meet some of their unique needs as they did not share their clients' experiences. Participants felt

this inability to connect with clients hindered an ability to be fully responsive.

Service providers described working to address diversity by mirroring the makeup of

their clients. Here, they acknowledged a need to represent multiple identities (e.g., race) and

experiences (survivorship) in addition to queerness. Overall, they felt that diversity was

important because of the struggles their clients experienced accessing other services from those

who did not share some of the identities that were most salient to them: "They've been like,

'Jade, I'm going to a professional who doesn't understand my trans-ness, who doesn't

understand my gender performativity, who doesn't understand me…. I wanna go to another trans

person.'" As such, the service providers voiced a need to mirror their clients' gender and sexual

diversity. Aliyah shared how her work was motivated by her connection with her clients: "my

own experience with the community and the discrimination every day, obviously, is a part of my

passion for it." She went on to describe how this was an asset to providing responsive services:

> I find in my work with certain clients here, because I am kind of close in their age and
>
> because they relate to me because of that look... they come to me on some real shit and
>
> they want to hear a person.

> Lena further disclosed how it was critical to also recognize diversity in other social

locations: "it's important to have older queer folk to look to, right?... There's not a lot of

representation of queer elders or Black queer elders or Black queer folk in this [anti-violence]

work." Jade gave an example of how she and the rest of her organization helped to ensure that

her clients were represented: "[One programs is] specifically geared towards TGNC youth of

color…this is a space specifically for them. I also don't facilitate it as a cis person… we hired a

trans person of color who was able to facilitate it."

Some service providers shared with their clients that they were also survivors of IPV in

queer relationships to help facilitate trust and create bonds. Jade highlighted the importance of

sharing her own history of IPV:

> Even a lot of [staff] reveal during their session that they're a survivor of violence. Like,
>
> yesterday I did a class in [this part of the city] for women who were survivors of intimate
>
> partner violence. And I revealed that… my ex-girlfriend and I, we lived [here] together

and I essentially escaped to [my new home] to just be free from her... I wanted to

acknowledge that I'm also a survivor of violence.

Diversity helped survivors feel represented and connected. Given clients' wishes to work

with providers who shared identities and experiences, it was important for them to implement a

diverse approach.

Inclusive Approach

Where diversity focused on service provider representation, the second approach,

inclusivity, incorporated active practices within organizations that recognized and validated

clients' identities and experiences. As clients often faced discrimination and trauma, inclusivity

provided a safe space through three overarching strategies: creating a chosen family, providing

affirmative supports, and developing an understanding of IPV in queer relationships.

"We're your chosen family." One specific way that the staff and practitioners described

creating an inclusive environment was through fostering relationships that reflected chosen

family networks, which historically has been a particular strength of the queer community (Hull

& Ortyl, 2018). Taking a unique approach to creating a family environment for queer clients,

particularly for those who identified as TGNC, Octavia emphasized:

The people who were honing the community, and creating the first safe space ever, was

the Ballroom mothers and… I try to make the environment homey in that sense. Like,

we're your chosen family. Your family is who witnesses your existence the most, you

know? It's not who can tell you that I have the same DNA or we have the same

chromosomes. It's who witnesses your existence…. So when I call her my sis, she's my

sis, 'cause she knows me and you know of me, you know? I try to keep that same

anatomy when they come into the group.

She went on to share how, "They tend to call me Mother because of that. So it's like, I look at 'em like my little kids." Similarly, Jade was regarded as family by many of her clients: "[The clients] were like, 'you're like our mom…you're just so nurturing. Like, you like care so much, you listen, and you know.'" Tina illustrated creating chosen family where she worked: "If you're available you're gonna like go and sit and eat with [clients] as a more [of a] family meal."

Affirming supports. Service providers' second inclusivity strategy was making the space welcoming for queer clients and ensure services were created with them in mind. Tina described a holistic approach to creating an inclusive environment:

I think this space as a whole is a queer-affirming space but I think consistently encouraging a young person to know that whatever expression they feel best as is correct and that there's not one way to present or one way to be and that there's room for their gender expression and their sexuality, however that looks.

Aliyah described one way her organization made the space inclusive: "We have a beauty school. Some of our [trans] clients don't have the means or accesses to make-up and stuff so they can come here during that group and get their make-up done." Cameron gave another example of a way her organization fostered responsivity in relationship education: "We're putting these notecards on the desks for our program over the summer and we intentionally made them so you could erase it. So every day if you wanted to change your name or your pronouns you can."

Service providers pursued trainings that emphasized affirmative services. Tina described some of the steps all of the service providers at her organization were mandated to take: "We have a required interns' standard of care that is an all-day training that really runs the topics of this is cisnormativity, this is gender identity… this is what trauma-informed care looks like." Highlighting the importance of providing inclusive services, Tamika described taking initiative

to learn more about doing work with queer relationships in that her background, "trained you to be an open-minded but… it didn't help students do their work in attending to biases…. I've had to seek that out on my own based on my own personal experience or based on me seeking training." Lena described how she did so specifically when working with queer survivors:

> I'm actually doing a training next week on working with clients that are poly and how does jealousy and intimate partner violence come up in poly relationships…In order to provide competent care, it needs to be constantly learning.

Understanding queer IPV. As an extension of creating a queer affirming space, service providers reported it was important to understand IPV in queer relationships because of the many larger cultural misconceptions that permeated experiences of abuse. Cameron shared how these ideas around IPV in queer relationships manifested within other organizations: "generally the more butch person is gonna be perceived as the more violent person. Like, the more feminine person is gonna be perceived as the victim and that's obviously not always the case at all." Given these ideas, it was critical to develop a knowledge of IPV in queer relationships. Tamika felt that part of this understanding involved being aware of biases:

> There's a bias that I feel like, when you're [a] feminist there's a way you react to [IPV] when it's a heterosexual couple. Almost you don't react to that when it's two women…. I think we do not have the same fire and the same reaction… that one would have if it was a heterosexual…. So, I feel like we also need to…do whatever work we need to do to help people tend to their ways in which we're minimizing and normalizing.

Similar to Lena's desire to learn about the dynamics in a variety of queer relationships, one key way that service providers fostered inclusivity was by demonstrating a knowledge of how IPV manifested within them. Even if they were not formally trained in IPV, they described working

towards creating an understanding of its dynamics. Tina summed up why doing so was critical in that, "the heteronormativity and how it connects to IPV is, I think, [is] complicated with queer relationships and spaces."

Inclusivity involved taking actions to provide a safe space. The three strategies described above helped to foster inclusivity. After making an inclusive organizational environment, the service providers strove to make larger structural changes through a social justice approach.

Social Justice Approach

Where diversity focused on individual connection with clients and inclusion focused on the organization, social justice included actions to make structural changes. Social justice recognized power discrepancies that impacted their clients' experiences within their relationships and in accessing services. Here, service providers worked through an anti-oppressive framework, empowered clients, advocated for them, and helped to foster their clients' advocacy abilities.

"Anti-oppressive framework." The use of anti-oppressive frameworks occurred when service providers considered how power, privilege, and oppression impacted their clients. Specifically, within this study, service providers discussed acknowledging and accounting for how the structural challenges their clients faced impacted how they experienced their romantic relationships. These included challenges related to queerness, race, and socioeconomic status. Lena shared:

> The person is political and I think for me I approach everything even when it's exhausting and daunting from an anti-oppressive, anti-racist, and trauma-informed lens. So with that I acknowledge that within myself even being a queer woman of color, I come with a certain level of privilege and a certain level of oppressions that I need to navigate. So with each client I'm very cognizant of that and very transparent about that.

In regards to IPV, Tamika shared how she considered sociocultural norms that queer clients experienced, "Within the conversation that we're having with queer people who are survivors of violence is ensuring we're attending to…queer as an identity and stressors of being queer in a heteronormative world." Aliyah felt, "to work with this population… is to know that they are at the intersection of so many forms of discrimination. Not just for their race. Not just for their gender or how they identify their gender." Specifically, Octavia used her educational background and experiences to resist these systems:

> A lot of [my clients] were oppressed by religion. So me going to a bible college first before going to a regular college kinda equipped me with the counter arguments. And also to help give them mechanisms to cope with the long, long-lived, trauma that they've been facing from the biblical or religious backgrounds.

"Disrupt and dismantle violence." Service providers felt it was of the utmost importance to create a safer culture for both their clients and others they did not directly serve. Creating a safer culture included empowering clients, becoming advocates, and helping their clients to become advocates for themselves and others. Aliyah stressed empowering clients to make changes that allowed them to be safe even when not receiving services:

> [We're] giving them education on how to empower themselves and how to navigate the situations, knowing that they maintain their power and…keeping themselves safe, rather than feeling like they need other people to keep them safe.

Tina described how: "I think what helps people not be in abusive relationships is giving them their own resources and stability and I think that's probably the biggest thing that we do [here]."

In addition to empowerment, Jade felt her job involved being an advocate for not only her clients, but for all queer IPV survivors:

I've sat on coalitions and queer survivorship doesn't come up. And [I] raise my hand and

bring it into the space…always bring it into the space even if people hate you for it…

That's one of your jobs, to be a voice for those who are not able to have a place in those

spaces.

In addition to *being* advocates, service providers emphasized that it was important to help

clients *become* advocates for queer survivors and healthy relationships. Cameron, who worked

specifically with youth, shared one highlight of her work: "I love seeing people who are involved

with [our program] as [youth] leaders and take hold of that. 'Cause it's personal and political,

and people really start to develop their own political consciousness."

In fact, creating advocates was so important that Octavia noted how this was one of the

main goals of her work: "instead of just making them empower themselves, let's teach them how

to be better advocates and organizers… that's one thing the next generation always thinks about.

I feel inspired by that." Jade also offered a specific example in her own work:

We have this one person, who's non-binary [and] is a sexual assault survivor and came to

us…[it] wasn't through IPV but was actually through a parent … And watching this

person come into our program, probably around seventh or eighth grade, and now they're

in tenth grade and speaking out at rallies…. They're already an advocate, they're already

a speaker, they're already an activist, they're already a community organizer.

Service providers used three approaches to implementing culturally responsive care for

queer survivors of IPV. These were diversity, inclusion, and social justice which worked to

address representation needs, organizational actions, and striving to make structural change.

These approaches can be used to effectively and responsively work with queer IPV survivors.

Discussion

The essence of the participants' experiences of providing culturally responsive services involved three overarching approaches: diversity, inclusion, and social justice. They further provided examples with which they implemented each approach. When interpreted through a queer theoretical lens, it is possible to understand how to apply culturally responsive service provision for queer IPV survivors within a heteronormative society. Queer theory argues that gender and sexuality are cultural constructs that afford some people privilege while oppressing others. Service providers are in a unique position to resist these forms of cisgenderism and heterosexism by implementing care that addresses these issues. Those in the present study discussed how these privileges and oppressions manifested within their clients' experiences as well as how they worked to center them in their own work.

Diversity in service provider representation is an important facet to cultural responsiveness. Service providers who share identities might be able to better understand the struggles their clients face, such as cis/heterosexism (Furman et al., 2017). Given the unique concerns that impact queer survivors, such connections are important. Feminist researchers have noted that experiences of IPV victimization, such as those discussed by Jade, is sometimes motivation to work with survivors (Wood, 2017). It is also important to have a diverse staff as having a single service provider who identifies as queer can lead that individual to becoming the person who is expected to meet the needs of *all* queer clients (Simpson & Helfrich, 2008).

Further, the idea of having a diverse staff should not be limited solely to queer identities. Critiques of queer theory have noted how queer people of color have an inherently different experience than White queer individuals (Acosta, 2018). Indeed, IPV research has noted how queer survivors of color face unique challenges to accessing care based on structural barriers that White survivors do not experience (Simpson & Helfrich, 2014), including discriminatory service

providers. Those in the present study, such as Lena, documented how there was a great need for

"Black queer elders"; however, she also noted that they were often difficult to find.

Inclusion within practice settings is a way to provide responsive interactions with queer

IPV survivors (Strickler & Drew, 2015). Service providers have noted a need to require

organizational structures to work towards equipping staff with strategies to work with queer IPV

survivors (Furman et al., 2017). For instance, mandating responsivity training, such as those

recommended by the service providers here, is consistently documented as a necessity in

providing responsive care (Barrett & Sheridan, 2017; Duke & Davidson, 2009; Hancock et al.,

2014). The service providers in this study suggested training for queer-affirmative services for

IPV practitioners as well as for IPV within queer organizations. Both types of organizations

should take stock of where there is a lack of knowledge and continuously work to fill the gaps.

However, some research also documents that trainings may not be sufficient (Ford et al., 2013).

As such, it is important to explore multiple inclusivity strategies.

Queer theory proposes that because gender and sexuality labels are socially imposed,

queer individuals and families are not inherently lesser than those who are not. In taking a queer

approach, it is imperative to highlight the strengths and resiliencies of the queer community

(Tillery et al., 2018). One unique way the service providers did so was through creating an

atmosphere of *chosen family* within their organizations (Hull & Ortyl, 2018; Singh & McKleroy,

2011), as exemplified in Octavia's discussion of House and Ball culture's (see Rowan, Long, &

Johnson [2013] for a discussion of House and Ball culture) influence on how she implemented

services. Some research has documented the importance of chosen family within informal

supports in that survivors may choose to disclose IPV to other members of the queer community

before turning to more formal supports who might find them and their relationships

unintelligible. Being able to move this dynamic into a service-oriented environment can help to foster feelings of safety in interactions with those with specialized trainings and are often viewed as more helpful (Turrell & Herrmann, 2008). Such a strategy draws on a positive perspective and is unique in that it is an interpersonal approach, transcending traditional service approaches.

Social justice builds on diversity and inclusion by seeking to make structural changes (Pulliam, 2017). Cis/heterosexism and trans/homophobia are inherent in both victimization and many service provision models (Simpson & Helfrich, 2008). As such, national anti-violence organizations have recently recommended social change as key to aiding queer IPV survivors (Tillery et al., 2018). Existing social justice work through feminist models of IPV emphasize power discrepancies as well as survivors' agency to seek safety (e.g., empowerment, self-advocacy; Kasturirangan, 2008). However, despite some changes, feminist models have been critiqued for less recognition of IPV in queer families than cisgender male to female perpetrated violence (Furman et al., 2017). A queer theoretical framework works to mend the gaps in this critique. Here, service providers worked to address discrepancies in existing cis/heteronormative service provision (Ruti, 2017), centering on structural inequalities.

In recent years, there has been a movement within social services to implement anti-oppressive frameworks, such as those described by the providers in this study. Given its recognition of identities and disrupting inequitable power and resource distribution, it is an appropriate framework through which to work with queer clients (Hines, 2012). Although a social justice approach focuses on making larger structural changes, it is important for an anti-oppressive framework to start with the individual service provider, move within all others at the organization, and then into social settings (Boucher, 2018). As heterosexism and homophobia are often related to queer survivors' experiences (Gillum & DiFulvio, 2012), it might be helpful to

examine queer identities, how those manifest within the organization (e.g., oppressive policies), and then work to help clients identify if, and how, their experiences have been shaped by cis/heteronormativity (e.g., internalized trans/homophobia; Hines, 2012).

In addition to battling inequalities based on queerness, an anti-oppressive framework also addresses inequalities at other social locations (Boucher, 2018). Some queer theorists acknowledge that the experiences of queer people of color are inherently different than those of White queer individuals (Acosta, 2018; Muñoz, 2009). Although queer clients might be viewed as unintelligible, being a queer person of color can amplify instances of discrimination, historical traumas, and feelings of being othered (Gill, 2018). The service providers, such as Lena, described how they would interrogate their own social locations. Although service providers might be able to connect with their clients in some social locations, they can also recognize where they hold privilege in order to bring attention and change to where their clients are marginalized or oppressed (Gill, 2018). Here, service providers can build upon the previous approaches, such as attending to diverse representation and understanding unique needs of the queer community, to begin working through an anti-oppressive framework.

The work the service providers did in regards to empowerment and advocacy was viewed as especially important to social justice. Incorporating this approach may be especially valuable as research has documented that engaging in activism can serve as a way to help survivors to heal from their experiences (Singh & McKleroy, 2011). One particular reason that survivors can be advocates is because they are knowledgeable about some of the larger sociocultural challenges that are associated with IPV (Wood, 2017). Survivors within the queer community might be further able to heal from homo/transphobic experiences in conjunction with IPV in advocating specifically for queer survivors (Singh & McKleroy, 2011). This idea was discussed

by the survivors among these service providers, which may also make it applicable to their clients. Further, there have been some, albeit limited, movements to train new generations of service providers to change a dynamic of care from practitioner driven towards collaborative efforts (Goodman et al., 2018). As many IPV services move towards understanding social justice, findings can help to guide service providers to work responsively with queer clients who experience IPV through strategies of diversity, inclusion, and social justice.

Limitations and Conclusion

Despite the implications this study has for service providers working with queer IPV survivors, there are some limitations. Recommendations were drawn from service providers and did not account for their clients' perceptions, which may differ (Bermea et al., 2018). Further, data were collected from an urban location in a region of the US with some of the greatest availability of general IPV services (Hines & Douglas, 2011), which might limit its transferability to areas with fewer resources and/or queer representation. Participants also represented different service sectors, which might impact how they experienced responsiveness. As such, the findings do not differentiate between strategies used in different professions.

Diversity, inclusion, and social justice approaches to implementing responsive care to queer survivors of IPV provides guidance on how to best serve this population. As the service providers were directly involved with queer/queer-allied organizations, they were able to give insight to how to offer care directly from their own experiences. As such, these recommendations should be considered in working with queer survivors at all organizations that provide IPV services.

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CHAPTER IV

Homelessness and Intimate Partner Violence as a Parenting Queer Youth

Many queer (i.e., LGBTQ+) youth experience housing instability at some point and are disproportionately overrepresented among all homeless youth (Choi, Wilson, Shelton, & Gates, 2015; Morton et al., 2018). Experiences of homelessness include extensive periods of housing instability (e.g., "couch surfing"), being unsheltered, and/or residency in housing that is unintended for long-term residence (Morton et al., 2018). Approximately 4% of youth who experience homelessness identify as transgender or gender-nonconforming (TGNC; Choi et al., 2015). Experiences of homelessness among TGNC-identified individuals might still be underreported, as some studies tend to conflate gender and sexual identity (Shelton & Bond, 2017), or do not ask about gender identity at all (Ecker, 2016). However, TGNC individuals do experience disproportionate rates of homelessness, and queer youth who experience homelessness are particularly vulnerable to (co)experience intimate partner violence (IPV) victimization (Choi et al., 2015). Given these vulnerabilities, queer youth who experience homelessness *and* IPV require services that take into account the complexities of their identities and experiences (i.e., that are culturally responsive). Social services that are supportive of queer youth, particularly those who experience homelessness, provide not only material needs (e.g., shelter), they also provide safety from victimization and offer sexual/gender affirmation (Shelton, 2015). However, extant research has noted that many social workers, and other practitioners, often feel unprepared to work with this population (Furman, Barata, Wilson, & Fante-Coleman, 2017; Kattari & Begun, 2017). Although some practitioners feel uncomfortable serving queer IPV survivors who are experiencing homelessness (Bermea, Rueda, & Toews, 2018; Kattari & Begun, 2017), others have expressed wanting to provide culturally responsive

services but have not been given sufficient training (Furman et al., 2017). Youth who have had these experiences are knowledgeable about their needs in these capacities (Coolhart & Brown, 2017; Shelton, 2016), and their voices should be heard to develop a better understanding of how youth navigate IPV services when experiencing homelessness. In this case study, we explored how one youth did so. We centered the voice of a queer, parenting youth experiencing homelessness and IPV and triangulated their experiences with the perspectives of two social workers who discussed how these experiences reflected other youth at their organization.

Conceptual Foundations

Queer Theory

Queer youth who experience homelessness often face struggles that their cisgender and heterosexual counterparts do not (e.g., service providers who are unequipped to serve queer clients). Queer theory and extant literature suggest more of the contemporary emphasis be placed on understanding cultural influences, especially those related to cis-heteronormativity, or the privileging of heterosexuality, masculinity, and whiteness, when studying experiences of homelessness (Tierney & Ward, 2017). This perspective recognizes how gender and sexuality are not intrinsic characteristics, but social categories wherein some individuals and groups are considered more *normative*, or culturally valued, than others (Sullivan, 2003). Categorizing individuals based on value creates discrepancies in access to resources, with some, particularly those who are heterosexual and cisgender, afforded more privilege than those in groups who do not mirror those who are cisgender and/or heterosexual. Those who better reflect these social categories have more socially desirable behaviors (e.g., engage in monogamous relationships with people with another gender identity), giving them more social recognition (Ruti, 2017).

Those who are more culturally valued also have more power in that resources are designed to support them and further their well-being (Ruti, 2017). Given these power discrepancies, queer individuals live in a culture that is both *cisnormative* (i.e., assumes a cisgender identity as the default) and *heteronormative* (i.e., assumes heterosexuality as a default). These normativities create barriers in resources accessibility, such as housing and IPV supports, which are often designed from a *cis-heteronormative* perspective, or the assumption of cisgender and heterosexual as default social categories (Bermea et al., 2018; Shelton, 2015). They further seek to disrupt cis-heteronormativity by making changes that increase the accessibility of supports that are responsive to the needs of queer individuals (Zeeman, Aranda, & Grant, 2014).

Queer theory not only discusses gendered and sexual social categories, it also recognizes how individuals' *many* identities (e.g., race, socioeconomic status) impact an individual's access to resources (Cohen, 2013; Sullivan, 2003). When describing the experiences of queer youth, it is important to also consider how resources are also often designed for those who have other privileged identities (e.g., White, middle/upper class; Ferguson, 2013). Queer individuals with less access to financial means (e.g., those who experience homelessness) often rely on systems (e.g., shelters) that are not designed with them in mind (Cohen, 2013). Therefore, it is important to have a greater understanding of what it means to navigate these systems.

Queer Youth's Experiences of Homelessness and Intimate Partner Violence

Queer youth are vulnerable to experience homelessness (Morton et al., 2018) and TGNC-identified youth are especially vulnerable. Youth ages 13-24 who identify as TGNC make up an estimated 1.4% of the general population (Herman, Flores, Brown, Wilson, & Conron, 2017); yet, around 4-7% of the homeless population identifies as TGNC (Choi et al., 2015; Tierney & Ward, 2017). Many TGNC-identified youth experience homelessness due to hostile family home

conditions or when families of origin force them to leave over conflicts related to gender and/or

sexuality (Shelton & Bond, 2017). Others experience housing discrimination that makes it

difficult to obtain stable housing (James et al., 2016). However, experiences of homelessness are

not isolated to these conditions; some also (co)experience IPV (Cook-Daniels, 2015).

Intimate partner violence involves psychologically (e.g., insulting, isolating, making

threats), and physically (e.g., punching, slapping) abusive behaviors as well as sexual assault

(Breiding, Basil, Smith, Black, & Mahendra, 2015). Youth who identify as TGNC are more

likely than their cisgender peers to experience IPV victimization (Dank, Lachman, Zweig, &

Yahner, 2014). Queer survivors who are parents might stay connected with abusive partners for

their children (Hardesty, Khaw, Oswald, & Fonseca, 2011). These survivors also report unique

forms of abuse including threats to have their gender and/or sexual identity disclosed to others

("outed"). Survivors who identify as TGNC also experience trans-specific tactics (e.g., being told

they are not their true gender identity, having medical resources withheld; Cook-Daniels, 2015).

Despite their vulnerability for IPV, existing literature on queer youth who experience

homelessness often explores family rejection (Tierney & Ward, 2017), mental illness (Rhoades

et al., 2018), and sexual behaviors, such sex work (Kattari & Begun, 2017). This research has

yielded valuable knowledge in that it recognizes the cis-heteronormative influences on some of

the outcomes related to being relegated to a marginalized group (Tierney & Ward, 2017); yet,

there is a gap in understanding of how queer youth navigate IPV-related services in the context

of homelessness. By focusing research primarily on what are considered risk factors, the

personal relationships of this population remain largely unexplored. Further, much of the

research that relates to issues related to housing among IPV survivors focuses on searching for

housing to leave an abusive partner (Clark, Wood, & Sullivan, 2018), with less investigation into how survivors navigate IPV *while* experiencing homelessness (Long, 2015).

Navigating IPV Services

After leaving home, many queer youth experience further threats to their safety as well as feelings of being relegated as "other" when they seek services to increase their well-being (e.g., shelters; Coolhart & Brown, 2017; Shelton, 2015). Some TGNC-identified individuals experiencing homelessness may be forced into gendered shelters that do not align with their identities (Coolhart & Brown, 2017). When leaving a violent relationship, they might be denied access to women's shelters that have been designed for cis-heteronormative survivors (Guadalupe-Diaz & Jasinski, 2017). When unable to access supports, these survivors might then feel the need to rely on their abusers. Survivors not experiencing homelessness might remain with a violent partner to avoid housing instability (e.g., make "trade-offs"; Thomas, Goodman, & Putnins, 2015). Parents who are homeless must also care for their children while seeking shelter and other resources (Burnett et al., 2016). Further, there are even fewer queer serving resources available to *youth*, who are often not perceived as parents (Bermea et al., 2018). However, when queer youth have access to responsive care (e.g., identity affirming) they are able to better thrive (Shelton, 2016). In the present study, we used phenomenology to analyze data from both a focal survivor and two social workers from one location where the survivor received services. We are guided by the research question: *How does a young, queer parent experiencing IPV navigate service provision within the context of homelessness?*

Methodology

Recruitment

This case study is part of a larger study examining service provision for queer IPV survivors. Individuals with professional connections to the primary investigator (PI) who worked within the queer community referred the PI to organizations that provided IPV-related services to queer survivors. To be able to provide insight into responsive service provision for queer survivors, organizations had to be queer-serving/allied and provide IPV services.

Following approval from the university's institutional review board (IRB), data were purposefully collected from a total of five organizations in an urban city in the Northeast United States (US) that met these criteria. At each location, the PI contacted social work supervisors who were interviewed about their experiences as service providers and aided in identifying potential participants (survivors and other practitioners) through sharing information about the study and opportunity to participate (Merriam & Tisdell, 2016). The supervisor approached each potential participant with a letter outlining the study's basic information and the PI's contact information, whom they were asked to contact directly if interested. A survivor met the criteria if they (a) were at least 18 years old, (b) identified as a queer cisperson or TGNC individual, (c) had experienced IPV victimization, and (d) had a queer cisperson or TGNC partner who perpetrated abuse. Service providers could participate in interviews if they had direct contact with queer clients who were also IPV survivors.

Data Collection

Data were collected through semi-structured interviews, conducted by the PI who had training and experience in qualitative data collection related to IPV. The survivor was interviewed at their private residence and social workers were interviewed in a private room at their organization. All participants provided written consent. Sample questions for the survivor interviews included: *Out of the services that you have mentioned using, which ones do you*

appreciate the most? and *What would you wish that professionals would know about queer youth who are experiencing abusive relationships?* For the social workers, sample questions included: *What are some of the most pressing needs you see for queer survivors of IPV?* Interviews were audio-recorded and memos were taken in real time to help ensure trustworthiness (Creswell, 2014). They were transcribed verbatim by a trained member of the research team. The survivor's interview was 57 minutes and the social workers' interviews were an average of 81 minutes.

Selecting the Focal Case

A queer IPV survivor (with pseudonym Ash) was the focal case. Case studies are useful to understand marginalized populations, such as with queer individuals who experience IPV (e.g., Glass, Koziol-McLain, Campbell, & Block, 2004). Case studies help to understand cultural narratives outside the normative through a more in-depth approach to individuals over larger groups, making it possible to center those who have been given less recognition (Hancock & Algozzine, 2006). Given queer theory's focus on cis-heteronormative influences, a case study is an appropriate methodology, as it allows for a focus on *individuals'* contexts (Creswell, 2014). We included data from two Equality Center (a pseudonym) social workers (pseudonyms Jane and Kiera) to triangulate Ash's data and contextualize the service experiences of survivors who experienced homelessness at the organization. In the interest of Ash's anonymity, it is unknown if either had worked with Ash directly. However, both worked at Equality Center concurrently to when Ash accessed services and their views offer insight to survivors' experiences at this time.

Location. The focal organization was a queer-serving community organization, Equality Center, located in an urban city in the Northeastern US. It offers mental healthcare, sexual health resources, homelessness services (e.g., meals), and recreational groups. Clients who access services at Equality Center also receive case management. All clients participate voluntarily with

this organization and are not mandated to receive services there. Practitioners and staff are

required to undergo training in trauma-informed care and queer cultural responsivity.

    Sample. Ash was 24-years-old and identified as Black. Ash identified as queer within

both sexual ("pansexual for the most part") and gender ("pronouns are they/them") identities.

They identified as gender fluid and, as such, "they/them/their" pronouns are used to refer to Ash

throughout. Ash's partner (with pseudonym Jordan) also identified as gender fluid (with

they/them pronouns), bisexual, and was 29 years old, according to Ash. At the time of the

interview, their relationship length was approximately three years, although their relationship

status fluctuated. Ash reported both physical and psychological abuse, including coercive

control, from Jordan. Jane and Kiera, two social workers at Equality Center, both held master's

degrees and had an average of six years' field experience. Their average age was 29-years-old

and one identified as Black and one identified as White. One identified as a ciswoman and the

other as genderqueer; one sexually identified as queer and the other as bisexual.

Phenomenological Analysis

    Phenomenology is a useful analytic method when working with marginalized individuals,

such as TGNC youth experiencing homelessness (e.g., Shelton & Bond, 2017). As it captures the

essence of particular experiences, over patterns that are reflective of the general population, it is

especially suited to case studies that are also less concentrated on larger groups of people and

more on capturing specificity (Hancock & Algozzine, 2006). Here, the coding team followed the

steps of phenomenological analysis as outlined by Wertz (2011). First, two members of the

research team read each individual transcript as a whole (i.e., data immersion). Next, we

identified meaning units from the descriptions the participants provided followed by making

general notes on the impact of the experiences for the participants. Finally, we developed clearly

defined "psychological structure[s] of each meaning unit" (Wertz, 2011, p. 131) as codes (e.g.,

Navigating Services, *Understanding IPV*). We then recoded the data based on the codebook,

collapsing meaning-units as needed to capture the main essence of the phenomena.

Due to the importance giving voice to marginalized individuals, the study centered on the

survivor and was supplemented by the practitioners' experiences. We first undertook the coding

process using Ash's data, followed by the social workers'. The coders used both data and analyst

triangulation to help ensure trustworthiness (Merriam & Tisdell, 2016). The first author, who

collected the data, and the second author, who specialized in IPV research, first coded the data.

Each coded the data individually, then met to reach consensus, resolving differences as necessary

(Creswell, 2014). This took place through all iterations of coding. The third author, who held

experience with social work and expertise in queer theory and families was an external coder.

Memos were taken during data collection to document participant nonverbal reactions and

researcher thoughts during the interview to further increase trustworthiness. Additionally, coders

wrote memos during all analysis that were discussed during meetings (Creswell, 2014). All

authors engaged in reflexivity during data collection and coding, in which we were mindful of

our identities, social locations, and experiences and how those may have impacted the way

interviews were held and data were interpreted (Merriam & Tisdell, 2016).

Findings

Ash's Background

Although Ash did not go into detail about their life when they still lived with their family

of origin, it might be inferred that these circumstances were less than ideal as Ash shared how: "I

was a runaway homeless youth… when I was seventeen-ish." Ash shared that once they

transitioned into homelessness, they instead relied on their peers as family, who were able to

help them navigate the complexities of service provision: "The homeless youth network is relatively small… and you end up crashing into the same people quite often. So, [other youth are] just like, 'You ever heard of this one? Go to that one, they have this.'"

Although these peers were helpful in accessing a variety of interconnected services, there were also difficulties in using them as supports. Ash was also a parent and described having to consider their child when making choices about where they sought shelter and how those choices might have differed if they did not have a child: "I said, 'alright, gotta go somewhere [to live], gotta go somewhere else.' But that doesn't work so well with kids, like, you can't do that…see, my friends are my friends but not always friends you want near small beings."

In addition to their struggles with homelessness, Ash was also in a violent relationship with their partner, Jordan. However, the trauma they experienced within their relationship was intertwined with the trauma of being homeless, which made IPV seem more tolerable in that it became less of an immediate concern: "You just gradually get fucked up by, like, the world and the system and outside. And then all the trauma from that you [then] carry with you into relationships with other people who also have their own shit." Experiencing many of the traumas associated with homelessness fostered a bond between Ash and Jordan; however, because of this bond, it was also harder for them to separate. Trauma further manifested itself not only in expectations regarding IPV, but also directly in relationship behaviors. Ash stated: "It's like, you live, you learn, you grow, but damn…. You live, you learn, you traumatize and then you're traumatized. And then you traumatize other people 'cause you didn't learn how to deal with this." Despite these traumas, Ash's experiences of IPV were often interpreted and experienced through more immediate needs pertaining to housing and survival. These needs included a place to stay with their child and more permeant and safe shelter.

Navigating Cis-heteronormative Service Provision

Ash required multiple services (e.g., counseling, housing assistance) to address some of the unique circumstances (e.g., being a parent, being homeless, being queer) surrounding their experiences of IPV. However, these services were rooted in cis-heteronormativity. In navigating services, Ash's experiences of homelessness appeared to be the most salient influence on their interpretation of IPV due to a need for stability and that their abusive partner was "the only person that's there and that will still be there." Although their relationship was abusive, Ash was concerned that if they lost Jordan, they would lose the security associated with having a partner (e.g., consistent companionship within more temporary relationships, residence). Ash felt that without Jordan they were: "losing [their] little bit of consistency."

Although many IPV services do offer shelter services, they are often temporary and, as Ash was coming from an extended period of homelessness, they sought access to less transitory housing. Ash sought out housing services over those for IPV, as they were perceived to be a more immediate concern. This was because, when experiencing homelessness: "you're not comfortable anywhere. So even if [the relationships is] toxic, you'll stay because that's the thing that's consistent. And it's, it's a weird, like, even if you know it's bad you're okay with the bad, because it's consistent." Ash described how it took time to recognize that they were in an abusive relationship and to seek services for it: "that happens a lot within younger adults and homeless youth... you don't really notice … until the world gets heavy and then you're just like, why the fuck am I always tired?" Ash felt would be difficult for them to be able to solve struggles related to IPV if they centered their needs specifically related to housing because: "unless you're looking for said [relationship] help, unless you're at the point where you can talk about it, it's not gonna get talked about."

Given these experiences, Ash prioritized seeking housing stability. Unfortunately, many of these housing services were structured for cisgender and heterosexual clients. Ash shared how cis-heteronormative narratives were present within these services "especially with non-binary people," because service providers often did not understand their experiences. Ash experiencing assumptions that "how you are presenting today based on sex via charts is a thing" were common, as were assertions that "they/them is not a pronoun." Due to the lack of responsive supports, Ash expressed how important is it to "stay wit' your people" and purposefully accessed queer-affirming organizations, described as "my realm of comfortable."

Although Ash was able to navigate cis-heteronormativity by seeking out and accessing queer-affirming housing supports, they were hindered by an ability to seek a space for their child as well. After becoming a parent, Ash tried to leave the formal shelter system to stay with friends, which Ash later discovered was not always supportive of children. However, when Ash tried to reenter the shelter, it was difficult to reconcile being both queer and a young parent with available queer-affirmative resources in that, where they were, "my son can't come inside." As Ash shared: "once you're a pregnant youth, you no longer like fit youth categories. And it's weird because… [if you are] LGBT, even more so. It's just like a weird . . . gray area." They also shared how this caused them to struggle in how they managed their services:

> A lot of LGBTQ things are not kid friendly… or they're not youth specific. So then you
> end up in the adult system and you're like wait, what? So now everyone's trying to find a
> rabbit hole to fall down.

Social workers' perspective. The social workers described working with queer survivors who also had to make safety decisions between abuse, homelessness, and parenthood. When asked what the most pressing service needs survivors at their organizations had, Jane felt:

> Access to safe, stable housing…. If there was higher availability, it was easier to access
> it, and it was seen as much more of a human right than something that people need to be
> sort of scrambling for and I think the level of safety [would] look different.

Kiera elaborated on her experiences with clients at Equality Center:

> A lot of [clients] are also afraid to, if they were to leave, and get the shelter taken away, a
> lot of them are afraid of how they're gonna manage in the shelter… 'cause it's a lot more
> complicated and a lot less safe.

Jane also described how parenthood compounded their clients' decisions-making abilities in the way services were structured: "the reasons that [my clients are] in these relationships and sometimes it's something as concrete as a place to be or that they have a child that they're worried about the safety of." They later added: "we cannot have anybody under the age of 16 in our space and so it sucks if our clients have kids. It's really hard for them to access services here." Cis-heteronormativity in service provision was prevalent in seeking supportive services. However, the way that IPV was described in queer relationships was also influential.

Decentering Queerness in Narratives of IPV

In addition to IPV being secondary in decision-making, Ash recounted narratives around IPV in queer relationships that downplayed the severity of violence and, thus, a need to access services. Ash described: "If you're lesbian, you have a girlfriend, and y'all both screamin' then, you know, [people think] 'bitches are wild.' That's what it is. That's how it's seen." They later noted other ways in which IPV between same gender partners was minimized: "I've had guys go out with other guys and …it's aggressive…or you treat your significant human like shit… and it's alright 'cause y'all gay." Ash stressed how these ideas were especially detrimental because, as they put it, IPV in queer relationships is "commonplace." Ash noted: "There's just stereotypes

behind [IPV in queer relationships], like, 'oh that won't happen. This doesn't work like that. That's not how that goes.'" These stereotypes served to increase survivors' acceptance of IPV in that Ash felt: "in LGB relationships there's so much more tolerance of [the] bad."

Ash felt that if queer youth had access to more interactions with other queer couples who modeled healthy relationships, they would be better able to discern unhealthy behaviors on their own: "You're still building a sense of self. And a lot of times when you're building a sense of self as a queer youth [or] young adult, if you don't have other queer people around you, you accept certain things." Ash further stressed the lack of services for queer survivors, sharing how: "[IPV] needs to be something that's talked about 'cause you definitely hear about it in cis-hetero relationships and you don't in the queer-sphere." However, without role models, Ash felt that: "once you're at the point where you can identify it as domestic violence, you're in too deep."

Social workers' perspective. Ash's perception of IPV seemed dependent on and intertwined with their personal experiences of homelessness. Jane shared how service providers at Equality Center worked to fight narratives about the nature of IPV in queer relationships: "staff are sort of just counteracting that as hear it and as it comes up." As such, they cautioned that, when working with queer survivors, "there's a nuance to it that isn't always apparent." Keira further explicated on some of the steps she took in working with these clients: "we try to not put that single story on them of what we think abuse looks like… and just to really get to know them, get details of what's going on." As part of this, Kiera also noted the importance of re-centering IPV in survivors' personal narratives to help identify IPV:

> I have worked with clients who are part, in relationships with [other] clients here actually,
> sometimes, who experience different forms of abuse. And the sad part is that, a lot of

these times this abuse kind of mirrors sometimes their past experience of abuse. So they're not able to see it as abuse.

Ash's discussions, which were supplemented by two social workers at Equality Center, indicated many of the struggles queer IPV survivors experience when navigating services in the context of homelessness. They discussed barriers (e.g., misgendering) in regards to cis-heteronormativity in services structure and cultural narratives around IPV (e.g., abuse in queer relationships is not harmful). Findings suggest a need for a service provision model that centers *both* queer-affirmative stable housing and safe relationships.

Discussion

Transgender and gender nonconforming youth are disproportionately vulnerable to experience IPV and homelessness (Dank et al., 2014; Morton et al., 2018). Ash described how their experiences of homelessness impacted how they accessed IPV services. Given the cis-heteronormative nature of services, Ash had to choose between residential stability, particularly when accounting for their child, as opposed to relationship safety. Ash prioritized housing stability, which they felt to be a more immediate need. Their decision was reinforced by perceptions that IPV in queer relationships was more innocuous than between different gender, cisgender partners. The social workers at Equality Center voiced how these experienced were not unique, but were often present among many of the survivors with whom they worked. As such, it is important to center the voices of those with these experiences (Coolhart & Brown, 2017).

A primary finding was how Ash had to decide which safety needs to prioritize, those based on housing stability or those based on relationship safety. General IPV research has noted that survivors might make trade-offs for their safety in navigating violence (Thomas et al., 2015). Although there are IPV services related to homelessness, they are often temporary (Clark et al.,

2018; Wilson & Laughon, 2015), and Ash's housing instability was more pervasive than

traditional shelters could serve. The social workers also acknowledged the need for more

permanent housing. Both Ash and the social workers attributed this to the importance of meeting

basic needs, such as shelter and economic support. This may be due to having few resources to

support themselves and their children outside of their relationships, even if that relationship is

abusive (Wilson & Laughon, 2015). Queer theorists are especially critical of how queer

individuals with a lack of fiscal means are pushed even farther into the margins (Cohen, 2013),

which might place them in danger, as was the case here. Accessing services for homelessness

often took priority over those for IPV for Ash and many survivors at Equality House.

Choices between housing and IPV services were further influenced by cis-

heteronormativity within these systems (Guadalupe-Diaz & Jasinski 2017). Ash noted the

importance of finding services that were responsive to queer individuals, yet also noted how

difficult it was to do so. As such, discussions of queer youth's experiences of homelessness

should be expanded to include issues of cis-heteronormativity that create barriers to services that

cisgender and heterosexual youth often do not face (Coolhart & Brown, 2017). Research has

argued for the need to increase training for those working with queer youth (Bermea et al., 2018;

Tierney & Ward, 2017). When queer youth navigate cis-heteronormative organizations to meet

housing and shelter needs, they might choose to access queer serving organizations that highlight

queer responsivity over relationship safety. This idea has been similarly documented as homeless

TGNC youth also sometimes remain unsheltered rather than risk hostile cis-heteronormative

shelter systems (Ecker, 2016). Given Ash's discussion of having to choose between services that

validated their identities and experiences, we recommend training service providers be trained to

help survivors to navigate other cis-heteronormative services (Tierney & Ward, 2017).

Even when Ash found supports that served queer youth, they found that these organizations were not able to meet their parenting needs. As such, organizations for queer youth might still force survivors to make choices in how to prioritize their safety. This is important as survivors sometimes struggle to balance their children's needs with their own safety (Burnett et al., 2016), which can be exacerbated when they also experience homelessness (Long, 2015; Wilson & Laughon, 2015). Organizations for queer youth, however, might not provide parenting services as it is often assumed that adolescent parenthood only occurs among cisgender and heterosexual youth (Bermea et al., 2018). As such, might not be seen as a pressing need for queer survivors. However, given the impact of parenthood on survivors, providing more resources for queer parents might help them to leave violent relationships so survivors do not have to make choices between their children's safety and queer-affirmative supports.

Ash also discussed not prioritizing IPV services because they did not recognize abuse until they had become attached to their abusive partner due to cis-heteronormative ideas downplaying the severity of IPV in queer relationships. Unfortunately, Ash's perceptions are not unique, as indicated by the social workers' discussions and extant research (e.g., Guadalupe-Diaz & Jasinski 2017; Hardesty et al., 2011). Survivors who identify as TGNC have reported how not fitting into cis-heteronormative categorizations of traditional femininity caused them to feel they could not be a survivor (Guadalupe-Diaz & Jasinski 2017). Queer serving organizations are uniquely positioned to uproot and undo these heteronormative relationship ideals, making it important for social workers who work with queer survivors not only avoid perpetuating these narratives (Bermea et al., 2018), but also help them identify how these narratives might impact their experiences. Social workers can also support survivors in recognizing both healthy and unhealthy and/or abusive behaviors in their relationships. Findings indicate the need to battle cis-

heteronormativity in services as well as in narratives around IPV in queer relationships. These recommendations are particularly strong as they are shared by both perspectives of a survivor and social workers who work with other survivors with similar experiences.

Limitations and Conclusion

This study provides insight into an understudied phenomenon among a vulnerable population to provide recommendations for social work practice; however, there are some limitations. Ash's data was drawn from a single point in time, whereas case studies often use data from focal participants at multiple points (Merriam & Tisdell, 2016). However, including the social worker's interviews provides triangulation and contextualization of Ash's experiences that add depth and rigor. Although the social workers were employed at Equality Center at the same time in which Ash accessed services, it is unknown if they worked directly with them. As such, they spoke to their own perceptions of their clients' needs that were not specific to Ash. This case was also selected as part of a study on IPV services and interview protocols were not designed specifically for experiences of homelessness. Lastly, the case was taken from an organization in an urban area that was more queer affirming than other regions, which might limit findings' transferability to locations with fewer resources for and less positive attitudes about queer individuals (e.g., rural, suburban; Shelton, 2015).

Findings from this study document the experiences of IPV for a queer parenting youth within the context of homelessness. It should be noted how experiences of homelessness might create more immediate needs for these survivors and it is important to ensure that all services are designed to match clients' priorities. All services should also work to counter the cis-heteronormativity many of these survivors face in accessing services.

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CHAPTER V

DISCUSSION

Key Issues Addressed

IPV Experiences

Intimate partner violence within queer relationships has been consistently documented to occur at higher rates than for those who are heterosexual and/or cisgender (Barrett & Sheridan, 2017; Walters, Chen, & Brieding, 2013). It should also be noted, however, that heightened rates of IPV among cisgender queers and transgender and gender nonconforming (TGNC) survivors are not because their relationships are inherently unhealthy or toxic. Rather, these higher rates often can be attributed to minority stressors (e.g., external discriminations, internalized trans/homo/biphobia; Barrett & Sheridan, 2017; Gillum & DiFulvio, 2012).

Notwithstanding, there are ways IPV manifests for queer survivors that are unique to this population (Cook-Daniels, 2015; Texas Council on Family Violence [TCFV], n.d.). For instance, queer survivors might have an abuser who threatens to tell others they are queer without their consent ("out" them), control their gender presentation (e.g., make them dress in ways that are more feminine or masculine than they are comfortable dressing), or tell them that it is impossible for people of the same gender to abuse each other (TCFV, n.d.). Some research acknowledges that TGNC survivors do experience abuse tactics that cisgender survivors do not. To illustrate, an abuser might tell a TGNC survivor that they are not truly their gender, tell them that TGNC people are unattractive or unlovable, and limit or remove access to gender-affirming resources (e.g., chest binders, hormones, surgery; Cook-Daniels, 2015). Unfortunately, training for practitioners and services for survivors that are equipped to address both the general and unique

needs are rare and often unavailable in many communities (Furman, Barata, Wilson, & Fante-

Coleman, 2017).

Service Provision

Although there have been some increases in research explicating IPV *within* queer

relationships (Edwards Sylaska, & Neal, 2015; Rollé, Giardina, Caldarera, Gerino, & Brustia,

2018), research on providing best practices for serving queer IPV survivors is still scant (Furman

et al., 2017; Tesch & Bekerian, 2015). In an effort to address these discrepancies, there has been

a call to increase knowledge to help service providers effectively work with queer survivors

(Cook-Daniels, 2015; Duke & Davidson, 2009). Part of these efforts include developing

responsive services, which involves an awareness of the unique experiences of a population and

how those experiences impact how they are able to receive care (Boyce & Chouinard, 2017).

To fill the gaps in knowledgeability about service provision, this body of work proposes

ways for service providers working with queer survivors to implement responsive care in their

work both through the experiences of service providers themselves as well as from the voice of

one queer survivor. As there are many cultural influences that influence IPV in queer

relationships (e.g., minority stressors, decreased access to resources), it is important for research

in this area to be guided by theory that accounts for such factors (Allen & Demo, 1995). Here, a

strain of queer theory was developed that is directly applicable to the study of IPV in queer

relationships. It was used to guide an interpretation of findings from the empirical studies.

Overview of Empirical Findings

The first study was a phenomenological study of service providers at queer/queer-allied

organizations, examining how they implemented culturally responsive services. Findings

indicated that service providers incorporated three overarching approaches in their work:

diversity, inclusion, and social justice. Service providers used specific strategies to implement each approach. Related to a diversity approach, service providers worked to represent many of their clients' backgrounds based on queerness, race, and age. When they were unable to do so, they were purposeful in employing others who were better equipped to assist. When using an inclusivity approach, the service providers created an atmosphere that was more like that of chosen family than traditional clinical services, created an affirmative environment, and demonstrated a knowledge of IPV in queer relationships. Last, when using a social justice approach, service providers operated through "an anti-oppressive framework" in which they took into account larger sociocultural influences on their clients' experiences of IPV and how those clients were able to access services. Within this approach, they also worked to "disrupt and dismantle violence," by engaging in both empowerment and advocacy, both *as* advocates and in *creating* them.

The second study was a phenomenological case study that examined how a young queer parent experiencing IPV navigated service provision within the context of homelessness. The study centered on a survivor, Ash, and their experiences were triangulated with data from interviews with two social workers at a location where they received services. Findings from this study indicated that seeking safety and stability from homelessness took precedent over IPV-related safety concerns. However, when Ash attempted to navigate services, these services tended to be cis-heteronormative and not designed for them or their needs as a parent. Further, the ideas about IPV that Ash encountered across their life that classified IPV as an experience only occurring between a cisgender male perpetrator and cisgender female survivor also prevented them from being able to recognize it in their own relationships; thus, lessening the need to seek services for it.

Taken together, these studies highlight the importance of providing services for queer IPV survivors that account for unique factors, including an understanding of the sociocultural influences on their experiences. It is particularly important to address issues related to structural cis-heteronormativity and how they influence both the nature of services and perceptions of IPV in queer relationships. These include a variety of strategies do so at many levels of service, both within (i.e., diversity, inclusion) and outside (i.e., social justice) the organizations.

Theoretical Contributions

The work across the previous chapters is the first to articulate, expand, and apply queer theory to the study of IPV. Chapter Two articulated the various strains of queer theory and offered four axioms that extend queer theory's use in family science, generally, and the study of IPV among queer families, more specifically. The four overarching axioms guided by Halberstam's (2012) principles of Gaga Feminism are as follows: 1) *queer families are an active process*, 2) *gender, sexuality, and desire are fluid and must be consistently (re)evaluated*, 3) *families are changing,* and 4) *queers should be wary of large-scale institutions through the "practice [of] creative nonbelieving."* Additionally, this work expanded existing conceptualizations in the family sciences, specifically for IPV scholars, from a Foucauldian (e.g., Oswald, Blume, & Marks, 2005) to a more relational lens (e.g., Halberstam, 2012; Muñoz, 2009). Further, it argues against the use of intersectionality as a supplemental theory (e.g., Allen & Mendez, 2018) and instead integrates queer of color critiques (Ferguson, 2013). As queer theory has been largely unused in IPV research, it must be further developed. Within more academic settings, it should be applied to research on queer survivors to foster a body of literature that accounts for structural influences on IPV, as opposed to only examining the individual and their families. The work presented here proposes theoretical ways in which family

scientists can study intimate partner violence (IPV) within queer relationships while recognizing the influences of cis-heteronormativity (i.e., the assumption that everyone is cisgender and heterosexual, and in which resources are designed with these individuals in mind) and the ways in which it becomes possible to resist systems of oppression. As queer individuals live within a cis-heteronormative culture, it is important to use theoretical lenses that take this into account when studying their experiences (Allen & Demo, 1995).

Theoretical Application

The relational queer lens outlined in the second chapter highlights the importance of focusing on the cis-heteronormative structural inequalities that can both facilitate IPV (Balsam & Syzmanski, 2005; Gillum & DiFulvio, 2012) and hinder access to services (Duke & Davidson, 2009; Tesch & Bekerian, 2015). The service providers within the first study described being attuned to these inequalities in multiple ways. The first way was through employing a diverse staff at the organizations at which they worked. Queer and queer-affirming organizations often have service providers who reflect their clients' queer identities and might be knowledgeable about the cis-heteronormativity clients encounter in their daily lives, thus promoting therapeutic insight and empathy (Furman et al., 2017). They recognized how their clients did not always have access to service providers who shared their backgrounds and experiences. This discrepancy in representation is critical because the service providers expressed that their clients often reported that this was important to their decisions to access services there. Further, Ash shared how they purposefully sought out organizations that were structured this way.

Although queer theory centers the social construction of gender and sexuality, it also acknowledges how other identities, such as race and socioeconomic status, uniquely situate and marginalize queer individuals (Muñoz, 2009; Sullivan, 2003). As such, the theoretical piece

presented here draws on queer of color critiques (see Ferguson, 2013) to argue that queerness is not only comprised of gender and sexuality, it is also influenced by other key identities. The service providers who were interviewed described how they made an effort to represent their clients within their many identities. As queer theory critiques how queers of color and/or those with few fiscal resources (e.g., youth experiencing homelessness) are further marginalized (Cohen, 2013), it is critical for those who recommend practice implications from a queer theoretical perspective to take these factors into consideration.

Providing recommendations from this theory is important as many queer survivors of color also experience barriers to responsive service provision based on race (Simpson & Helfrich, 2014). Interestingly, however, Ash did not describe these identities as central to their experiences of service accessibility, and instead centered queerness in their narrative. As individuals place different importance on different identities, Ash might have perceived facing more barriers to service provision on the basis of other identities (e.g., queer, parent) than on that of race. As queer theory would argue that these identities create barriers in tandem (Cohen, 2013; Ferguson, 2013), future research might be able to explore such experiences in larger samples of queer youth in similar social locations. This research could examine how such patterns compare to Ash's experiences as well as formulate reasoning behind their perceptions.

Furthermore, feminist social work practice has noted how IPV survivors themselves might be motivated to engage in anti-violence work and demonstrate a similar ability to connect with their clients in ways that some of the service providers also described (Wood, 2017). Although queer theory has not explicitly approached this idea, research has demonstrated that queer survivors are often able to become advocates and work to make change based on their experiences (Singh & McKleroy, 2011). This idea was mirrored in some of the practitioners'

discussions about how their own experiences of survivorship both influenced their desire to do

anti-violence work and allowed them to form stronger connections with their clients. Given the

needs of queer clients specifically in regards to queer and other marginalized identities and

survivorship, it is important to center those who are representative of identities and experiences

outside of the cis-heteronormative in maintaining and supporting a diverse body of service

providers.

In creating an affirmative space, service providers described supporting their clients'

desires and expressions, stressing how many of them had never been encouraged to embrace

these aspects of themselves. One axiom within the proposed queer theoretical extension

specifically advocates for engaging in continuous reflection of one's gender and sexuality.

However, more often, when clients performed outside of a binary they were met with confusion

and, sometimes, hostility. Queer theory is especially attuned to the potential for these reactions

(Ruti, 2017). Indeed, within the case study, Ash recalled how they experienced such reactions

firsthand when accessing medical aid, and therefore expressed a desire to access exclusively

queer spaces when seeking out services. As such, it is critical for service providers to make a

space for their clients that is both safe and affirming.

This version of queer theory not only highlights the structural disparities queer survivors

face, it also emphasizes the need to take a strengths-based approach in understanding queer

relationships and families. For instance, families of choice were discussed within both explicitly

the larger study of service providers and more implicitly in Ash's case study. The theoretical lens

proposed in this body of work acknowledges the changing nature of families; and one of these

family forms are families of choice. Findings suggest how important these families are for queer

survivors. Some of the service providers described how they worked to create an atmosphere that

was based on queer families of choice (Hull & Ortyl, 2018), most notably those structured with House and Ball communities (Rowan, Long, & Johnson, 2013) in mind.

The queer lens that was developed as part of this body of work encourages skepticism in larger sociocultural power structures (Halberstam, 2012), in this case IPV services, shelters, and mental healthcare. In the case study, Ash directly described how the cis-heteronormativity within these structures impacted their experiences of safety. Mirroring Ash's narrative, many shelters are not designed for TGNC individuals and often either turn them away or offer unsafe conditions (Greenberg, 2012). The service providers within the broader study echoed how they often heard similar experiences from their own clients. Given the myriad challenges related to structural inequalities, the service providers described engaging in approaches to IPV work that were grounded in issues of social justice. These efforts were aimed at changing cultural norms and values to "disrupt and dismantle violence" in a way that recognized the structural constraints that propagated it.

Practice Implications

Based on the interpretations of the findings using queer theory, this body of work suggests implications for responsive service provision for queer IPV survivors. These implications are drawn from both the service providers' implementations of diversity, inclusivity, and social justice approaches to service provision as well as Ash's own experiences of navigating these services. Overarchingly, these are to combat cis-heteronormativity both within IPV services and by making external change.

Intra-organizational implications. To counter cis-heteronormativity, it is important to employ and support staff who are able to connect with their clients' experiences (Furman et al., 2017; Wood, 2017), as indicated from discussions around many survivors' less helpful

experiences with service providers who were unable to do so. It also is important to create an affirmative and safe space in regards to expressions of queerness (Furman et al., 2017) as well as being knowledgeable about the unique aspects of IPV in queer relationships (Duke & Davidson, 2009). Given the importance of families of choice in anti-IPV advocacy (Singh & McKleroy, 2011) and the service providers' work in modeling these dynamics into their own care, practitioners might incorporate this as an aspect of inclusivity.

External implications. Recent work indicates that in order to make effective and lasting change for survivors, it is critical to engage in work that helps increase access to queer affirmative IPV resources, even outside of individual organizations (Strickler & Drew, 2015). Advocating for non-discrimination policies and increased availability of resources for queer-affirming organizations is one way to make such a change. Additionally, service providers can help clients to become advocates (Singh & McKleroy, 2011), or work to help them to be able to navigate healthy relationships outside of receiving services within their organization (Kasturirangan, 2008). In this way, it is important to also change narratives that downplay the severity of IPV in queer relationships (Canon & Buttell, 2015; Hardesty, Oswald, Khaw, & Fonseca, 2011), as Ash discussed how these ideas were present in their own experiences of interpreting IPV and prioritizing services. Findings from the studies provide examples of both some of the structural cis-heteronormative barriers to responsive service provision, such as through Ash's narrative, as well as a blueprint to make this change, as reflected in the service providers' discussions.

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Appendix A

Hello,

I am a doctoral candidate at Montclair State University studying service provision and accessibility for queer survivors of intimate partner violence (IPV). I recently was awarded a grant from the Smith School of Social Work that allows me to focus on practice and advocacy. With this grant I hope to explore what LGBT organizations and inclusive organizations are doing to best serve queer survivors so we can make recommendations that reflect more inclusive practices.

The grant is focused from a positive perspective in improving services for LGBT survivors of IPV by hearing directly from the people who work with them. Mainly, we want to know what LGBT (and LGBT inclusive) organizations are doing to best serve female queer survivors of domestic violence from female perpetrators. Our grant defines 'female' as anyone who currently or has ever identified as female in an abusive relationship with someone who currently or has ever identified as female.

I would like to invite your staff members to participate in a confidential interview on experiences of working with queer survivors. Primarily, I would like to interview the staff about their day to day activities, what their experiences have been like working with queer survivors (their perceived needs, services etc.). I am hoping to conduct at least four interviews with staff, including one with an overseeing social workers/counselor. If there are other licensed LPCs/MSW on staff it would be wonderful to interview them, but other staff who have direct contact with clients is also sufficient Participation is completely voluntary, but there is a small compensation of a $50 gift card for each staff member's time. Each interview will last for approximately 60-90 minutes.

Additionally, I would like to request your agency's assistance in recruiting potential participants among female survivors of domestic violence (these individuals must be over the age of 18). We hope that you might be willing to distribute the attached recruitment flyer during client intake. Survivors who are interested in participating are asked to contact me directly, so there will be no need for any staff follow-up. This step is also to ensure the safety and privacy of survivors. Survivors will also receive a monetary compensation of a $75 gift card for their time.

I will be doing all interviews myself, but if accommodations need to be made we can arrange it (we have budgeted for an alternative interviewer) and will be done on site. Interviews for both groups are expected to take between 60-90 minutes. We will also be paying a graduate assistant to transcribe interviews, but everything is going to be transcribed with pseudonyms into the document. Additionally, if a participant wishes for me to do the transcription, I will be happy to do so as well.

This study has been approved by the Montclair State University Institutional Review Board (study #FY17-18-693). Please feel free to contact me should you have any questions at bermeaa1@montclair.edu or (512)-618-0424, or my faculty supervisor for this project, Dr. Brad van Eeden-Moorefield at vaneedenmobr@montclair.edu or (973)-655-4440.

Sincerely,
Autumn M. Bermea, MS

Appendix A (con't)

Hello,

My name is Autumn Bermea from Montclair State University. I am very interested to speak to women who reached out for help after experiencing violent acts by a female partner. If you are a woman who has ever been hurt by your female partner and has tried to and/or are trying to find help, I am interested in interviewing you about your experiences with finding and using services for women who have experienced violence from their female partners.

Your privacy will be protected. Your name will not be shared with anyone. This includes where you are currently receiving services whether or not you choose to participate. Decision to participate or not participate won't affect any of the services you are receiving. Participants will receive a $75 gift card.

If you may be interested in participating, please contact me for more information:

Autumn Bermea, MS
(Supervising Faculty: Dr. Brad van Eeden-Moorefield)
Phone: (512)-618-0424
Email: bermeaa1@montclair.edu

Sincerely,

Autumn M. Bermea

Appendix B

Service Provider Interview Protocol Sample Questions

Introduction

The purpose of this interview is for me to learn more about queer women's experiences accessing LGBTQ friendly resources when they have/are experiencing abusive relationships. I will be asking you questions about your experiences working here, what you do, and your experiences serving queer women. Here, we mean queer as women who are not heterosexual, are transgender, or both. To ensure the safety of the clients, please do not mention the clients by name. The questions will be open-ended, and I will encourage you to just tell me about your experiences. There is no right or wrong answer, and you can refuse to answer any questions. As you answer questions, I will listen and sometimes probe for more information. However, I am not judging any of your responses or your experiences about the work that you do. People report many different experiences with and feelings about their jobs, and we just want to learn about yours. All information is confidential and will not be reported back to your supervisor. Before we begin, I'd like to know your pronouns so I can address you correctly throughout the interview. For example, I use she/her/hers.

A. Practitioner's Background and Experiences

1) Tell me about your typical day here.

2) Tell me about how you got started working with survivors of IPV?

   a. (if needed) When did you get started?

   b. (if needed) What encouraged you to work with this population?

3) What have your experiences been like working with survivors of IPV in your

   professional capacity as a _____?

   a. (if needed) What are your favorite parts of the job?

   b. Are there parts of this job that you find more challenging than others?

B. Experiences with Queer Survivors

Now I would like to transition to talk a little about your experiences in working with queer

survivors. As I had explained earlier, queer survivors include….

1) What unique services do you provide for queer survivors of IPV here at this agency?

2) Tell me about your most memorable case specifically with a queer survivor of IPV. Please do

    not share names and you do not have to give specific details if you don't want to; instead,

    please share more about how you responded to or supported this survivor in your

    professional role here.

    a. Is there anything you have done anything differently? Why?

C. Professional Recommendations and Advice

1)   What are some of the most pressing needs you see for survivors of IPV in general?

    a. What about specific to queer survivors?

2)   If you could add any additional services for queer survivors of IPV, regardless of cost,

        that your organization does not already have, regardless of funding, what would they be?

3)   What advice would you give to new professionals working with IPV survivors?

    a. Is there specific advice they should know in working with queer survivors?

Appendix B (Con't)

Survivor Interview Protocol Sample Questions

Introduction
The purpose of this interview is for me to learn more about queer women's experiences accessing LGBTQ friendly resources when they have/are experiencing abusive relationships. I will be asking you questions about how you found this agency/service and your experiences here. The questions will be open-ended; and I will encourage you to just tell me about your experiences. There is no right or wrong answer, and you can refuse to answer any questions. As you answer questions, I will listen and sometimes probe for more information. However, I am not judging any of your responses or your experiences about your identity or abuse. As a queer woman who has seen the outcomes of abuse in our community firsthand, I want to better resources and make things safer for us. People report many different experiences with and feelings about the services they use, and we just want to learn about yours. Before we begin, I'd like to ask you about your sexual identity, such as lesbian or bisexual. For example, I identify as lesbian. I'd also like to know your pronouns so I can address you correctly throughout the interview. For example, I use she/her/hers.

A. Decisions to Seek Services

1) How did you first come in contact with this agency?

   a. (if needed) How did you find out about this agency?

   b. (if needed) Were there other agencies that you had considered or reached out to?

   c. (if needed) What made you choose this agency in particular?

   d. Were there specific reasons why you chose not to use these other agencies?

2) How long have you been using the services at _____ (name of agency)?

3) What does your typical day here at _____ (name of agency) look like?

   a. (if needed) What specific services or programs have you or your family used here?

B. Perceptions of Services

1) Out of the services that you have mentioned using, which ones do you appreciate the most?

2) Tell me about your interactions with staff members.

   a. Share one particular interaction with a staff member here that has really stood out to you.

   b. (if needed) How welcomed do you (and your children) feel here?

3) At the beginning of this interview, you filled out a form where you listed your background

information and roles. What are your thoughts about this agency's services in supporting your roles?

For instance, if you had checked that you were a mother, what do you think about _____

(name of agency) response in meeting your needs as a mother?

4. How do you think your experiences with this agency compare to other women here?

      b. (If needed) How do they compare to other survivors experiencing abusive relationships?

C. Advice and Recommendations

1. What advice would you give to other women searching for resources or help for an abusive

relationship?

2. What would you wish that your professionals would know about _____ (include specific

queer population) who are experiencing abusive relationships?

3. In what ways can this agency better spread the word about its services and programs to

_____ (specific queer population)?

4. If you could add any additional services to your experience here, what would it be?

Appendix C

CONSENT FORM FOR ADULTS

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you sign this form.

Study's Title: Inclusivity in Service Provision for Queer Survivors of Intimate Partner Violence

Why is this study being done? This study is being done to learn how women who have been harmed by their partners use resources at LGBT organizations.

What will happen while you are in the study? We will begin this interview with me recording; however, false names will be used when the interview is transcribed. Nothing you say will be linked back to you. Following this I will ask you questions about the work that you do on a daily basis; specifically, about the work you do with lesbian and female bisexual survivors of intimate partner violence. Feel free to end the interview at any time. Once we are finished I will end the recording.

Time: This study will take about an hour and a half

Risks: You may feel some emotional discomfort while talking about experiences abuse, as this can be a difficult topic. You are free to take a break from, reschedule, or end the interview at any time.

Although we will keep your identity confidential as it relates to this research project, if we learn of any suspected child abuse, we are required by NY state law to report that to the proper authorities immediately.

Benefits: You may benefit from this study because we are working to improve services for abuse survivors at LGBT organizations

Others may benefit from this study because of the input you give about what works and what can be improved for abuse survivors at LGBT organizations

Compensation
To compensate you for the time you spend in this study, you will receive a $50 gift card for your participation. Payment will be provided for partial completion of the interview if you choose to end the interview early.

Who will know that you are in this study? You will not be linked to any presentations. We will keep who you are confidential

You should know that New York requires that any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to Child Protective Services.

Do you have to be in the study?
You do not have to be in this study. You are a volunteer! It is okay if you want to stop at any time and not be in the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you.

You will still get the things that you were promised. Your gift card and your employment will not be affected.

Do you have any questions about this study? Phone or email: Autumn Bermea, 1 Normal Ave Montclair NJ 07043, 512-618-0424, and bermeaa1@montclair.edu or Brad van Eeden-Moorefield, 1 Normal Ave Montclair NJ 07043, 973-655-4440, and vaneedenmobr@montclair.edu.

Do you have any questions about your rights as a research participant? Phone or email the IRB Chair, Dr. Katrina Bulkley, at 973-655-5189 or reviewboard@mail.montclair.edu.

Future Studies
It is okay to use my data in other studies:
Please initial: _____ Yes   _____ No

Study Summary I would like to get a summary of this study:
Please initial: _____ Yes   _____ No

As part of this study, it is okay to audiotape
Please initial: _____ Yes   _____ No

One copy of this consent form is for you to keep.

Statement of Consent
I have read this form and decided that I will participate in the project described above. Its general purposes, what I will do, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I am 18 years of age or older and have received a copy of this consent form.

_____   _____   _____
Print your name here   Sign your name here   Date

Name of Principal Investigator	Signature	Date
Name of Faculty Sponsor	Signature	Date

Appendix C (con't)

CONSENT FORM FOR ADULTS

Please read below with care. You can ask questions at any time, now or later. You can talk to other people before you sign this form.

Study's Title: Inclusivity in Service Provision for Queer Survivors of Intimate Partner Violence

Why is this study being done? This study is being done to learn how women who have been harmed by their partners use resources at LGBT organizations.

What will happen while you are in the study? We will begin this interview with me recording; however, fake names will be used when the interview is transcribed. Nothing you say will be linked back to you. Following this I will first ask you to provide me with a fake name of your choice so that I do not even know your name. After this, I will ask you questions about accessing services and your experiences here. Feel free to end the interview at any time. Once we are finished I will end the recording.

Time: This study will take about an hour and a half.

Risks: You may feel some emotional discomfort as this interview may bring up experiences of being abused by your partner, as this can be a difficult topic. You are free to take a break from, reschedule, or end the interview at any time. If you feel uncomfortable, unsafe, or distressed after this interview we urge you to call the Gay, Lesbian, Bisexual and Transgender National Hotline: (888) 843-4564, call (1-800-799-7233) or text (1-800-787-3224) the National Domestic Violence Hotline, the National Suicide Prevention Lifeline: (800) 273-8255, or the Crisis Text Line: (Text START to 741-741) (pflag.org/hotlines). You can also find help near you by following this link: https://findtreatment.samhsa.gov/

Although we will keep your identity confidential as it relates to this research project, if we learn of any suspected child abuse we are required by NY state law to report that to the proper authorities immediately.

Benefits: You may benefit from this study because we are working to improve services for abuse survivors at LGBT organizations.

Others may benefit from this study because of the input you give about what works and what can be improved for abuse survivors at LGBT organizations.

Compensation
To compensate you for the time you spend in this study, you will receive a $75 gift card for your participation. Payment will be provided for partial completion of the interview if you choose to end the interview early.

Who will know that you are in this study? You will not be linked to any presentations. We will keep who you are confidential

You should know that New York requires that any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to Child Protective Services

Do you have to be in the study? You do not have to be in this study. You are a volunteer! It is okay if you want to stop at any time and not be in the study. You do not have to answer any questions you do not want to answer. Nothing will happen to you.

You will still get the things that you were promised. Your gift card and your services will not be affected.

Do you have any questions about this study? Phone or email: Autumn Bermea, 1 Normal Ave Montclair NJ 07043, 512-618-0424, and bermeaa1@montclair.edu or Brad van Eeden-Moorefield, 1 Normal Ave Montclair NJ 07043, 973-655-4440, and vaneedenmobr@montclair.edu.

Do you have any questions about your rights as a research participant? Phone or email the IRB Chair, Dr. Katrina Bulkley, at 973-655-5189 or reviewboard@mail.montclair.edu.

Future Studies
It is okay to use my data in other studies:
Please initial: _____ Yes _____ No

Study Summary I would like to get a summary of this study:
Please initial: _____ Yes _____ No

As part of this study, it is okay to audiotape
Please initial: _____ Yes _____ No

One copy of this consent form is for you to keep.

Statement of Consent
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can withdraw at any time. My signature also indicates that I am 18 years of age or older and have received a copy of this consent form.

_____   _____   _____
Print your name here   Sign your name here   Date

| Name of Principal Investigator | Signature | Date |
| Name of Faculty Sponsor | Signature | Date |

Appendix D

Please share with us the following information. This information will not be shared or linked

back to you. **Please do not put your name on this document.**

1. What is your age?

2. What is your race/ethnicity? __Asian __Black __Hispanic/Latino __Middle Eastern

    __White __Other (please specify)

3. What is your gender identity? __Cisgender __Transgender __Genderfluid __Other

    (please specify)

1. What is your sexual identity? What is your sexual identity? __Gay __Lesbian __Bisexual

    __Queer __Other (please specify)

4. How many years of experience do you have working in this field?

5. What is your educational background? __Counseling __Psychology __Social Work

    __Family Science/Advocacy __Legal __Other __Unrelated (if unrelated or other please

    specify)

6. What level of education have you attained? __ high school or less __some college

    __associate's degree __bachelor's degree __master's degree __doctorate __other (please

    specify)

Appendix D (con't)

Please share with us the following information. This information will not be shared or linked

back to you. **Please do not put your name on this document.**

2. What is your age?

3. What is your race/ethnicity? __Asian __Black __Hispanic/Latino __Middle Eastern

__White __Other (please specify)

4. What is your gender identity? __Cisgender __Transgender __Genderfluid __Other

(please specify)

5. What is your sexual identity? __Gay __Lesbian __Bisexual __Queer __Other (please

specify)

6. How long were you in your/is your relationship with your partner?

7. What is your (former) partner's age?

8. What is your (former) partner's race/ethnicity? __Asian __Black __Hispanic/Latino

__Middle Eastern __White __Other (please specify)

9. What is your (former) partner' gender identity? __Cisgender __Transgender

__Genderfluid __Other (please specify)

10. What is your (former) partner's sexual identity? __Gay __Lesbian __Bisexual __Queer

__Other (please specify)

11. (If applicable) How long have you been separated from your partner?

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