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Elizabeth Condrey
Unequal Access: Gaps in Service for
Gay Male Victims of Intimate
Partner Violence

ABSTRACT

This theoretical study explores the problem of gaps in intimate partner violence services for gay male victims of abuse and the implications for social workers and other service providers. Unequal access to appropriate, affirming, and inclusive partner abuse services is a widespread problem for lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals and communities, and, for the purposes of this study, partner abuse specifically among gay men is considered. This study utilizes two theoretical models, intersectionality and cultural competency, to provide a guiding framework for service providers to use when assessing current services and implementing improved policies and procedures. Intersectionality considers the “social contexts created by the intersections of systems of power (e.g. race, class, gender, and sexual orientation) and oppression (prejudice, class stratification, gender inequality, and heterosexist bias)” (Bograd, 1999, p. 276). Cultural competency focuses on the development of skills and self-awareness in order to provide higher quality services to groups and individuals (Abrams & Moio, 2009; Jani et al, 2011). These models, when combined, can potentially assist service providers who intend to serve populations that have historically been ignored or underserved. Two organizations in the Northeastern US are used as examples of community agencies that continue to successfully reach the LGBTQ population, provide appropriate partner abuse services, and offer technical assistance to other agencies that wish to make their services more inclusive.

**UNEQUAL ACCESS: GAPS IN SERVICE FOR GAY MALE VICTIMS OF INTIMATE
PARTNER VIOLENCE**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Elizabeth Condrey

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2012

"There's a big secret about the bill to address the reauthorization of the Violence Against Women Act, introduced by Representative Sandy Adams (R-FL), that's no longer so secret: it's racist, elitist, homophobic and anti-victim. The bill, which purports to support 'true victims' of domestic and sexual violence while excluding lesbian, gay, bisexual and transgender (LGBT) survivors, forcing immigrants to tell their abusive partners where they are and gutting protections for Native women. So, using my secret decoder ring, I have to assume that 'true victims' equals heterosexual, non-transgender, non-immigrant, non Tribal, non-people of color victims. Or, to remove the negatives, 'true victims' equals straight, white women."

-Sharon Stapel,
Executive Director of the New York
City Anti-Violence Program,
May 15, 2012

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CHAPTER I

Introduction

Intimate partner violence, commonly known as domestic violence, is estimated to affect 25% of women and 11% of men in the US at some point in their lives (NDVH, 2011). While the majority of intimate partner violence statistics focus primarily on heterosexual or opposite-gender couples, it has been reported that same-gender intimate partner violence occurs at the same rate as its opposite-gender counterpart – in 25% to 30% of relationships where at least one partner identifies as lesbian, gay, bisexual and/or transgender (Gunther & Jennings, 1999; Island & Letellier, 1991; McClennen, 2005; The Network/La Red, 2010;). The decision to employ the term “intimate partner violence” rather than “domestic violence” is an intentional one that is rooted in issues of inclusivity. If one scans the literature dedicated to “domestic violence,” “battered women,” and “[intimate] partner violence/abuse,” it appears that “partner violence/abuse” is utilized primarily in contemporary literature when lesbians, gay men, bisexual and transgender individuals are the focus (Craft & Serovich, 2005; Gunther & Jennings, 1999; Feldman, et al, 2007; NCAVP, 2011; The Network/La Red, 2010; NCVC& NCAVP, 2010).

Intimate partner violence is generally understood to involve a pattern of “coercive tactics, which can include physical, psychological, sexual, economic, and emotional abuse, perpetrated by an intimate [partner], with the goal of establishing or maintaining power and control over the victim” (NYS Attorney General, 2004). Intimate partner violence has the potential to affect everyone regardless of race, socioeconomic class, gender identity, HIV-status, sexual orientation,

religion, and age (NDVH, 2011). Traditionally, the focus of intimate partner violence has been on heterosexual couples in which violence and abuse is perpetrated by males onto females, leaving the experiences and voices of LGBTQ victims of intimate partner violence out of the mainstream discourse (Craft & Serovich, 2005; NCVV & NCAVP, 2010). When attempting to access services, LGBTQ victims of intimate partner violence seem to confront problems that are two-fold: inability to consistently access services, and lack of confidence that the accessed services will be culturally competent (NCVC & NCAVP, 2010). Considering the substantial prevalence of same-gender intimate partner violence, the seeming reluctance to include experiences of LGBTQ individuals as part of the dominant discourse on intimate partner violence, and the compounding obstacles facing LGBTQ victims' ability to access services, one can conclude that LGBTQ victims of intimate partner violence have been and continue to be an at risk population when it comes to interpersonal violence and abuse.

Within the LGBTQ population, gay men may face some of the most substantial obstacles when accessing services as well as having the confidence that the services available are appropriate, inclusive, and culturally competent (Craft & Serovich, 2005; Gunther & Jennings, 1999; McClennen, 2005; McClennen, Summers, & Vaughan, 2002). Traditional intimate partner violence services tend to be geared towards heterosexual female victims of abuse perpetrated by heterosexual males and this narrow scope can be explained by the feminist sociopolitical theoretical framework that cultivated the so-called "battered women's movement" of the 1970s and 1980s (Merrill, 1996). These days, any safety or health-related services geared towards the LGBTQ community tend to be few and far between as well as severely underfunded (NCVC & NCAVP, 2010). Sex-segregated shelter systems have been and continue to be the norm within mainstream intimate partner violence crisis services; the majority of shelters will only allow

female-identified victims into the system leaving many male-identified victims with the impossible task of choosing between a brief stay at a homeless shelter or a hotel where security and safety are not guaranteed, or staying with his abuser because emergency shelter is not an option (NCVC & NCAVP, 2010). With all of this in mind, gay male victims of intimate partner violence may find themselves faced with the nearly impossible task of acquiring services that are: 1. Inclusive to male victims of abuse; 2. Not heterosexist nor homophobic with regards to services and service providers; and 3. Adequately funded in a way that is sustainable. The purpose of this research paper is to examine the problem of gaps in partner violence services for gay male victims of abuse and to utilize intersectionality and cultural competency as frameworks agencies and organizations can use in order to address and mend these gaps in service.

Theoretical Orientation and Methodology

This paper will investigate intimate partner violence as it relates to the experiences of gay men, in particular. Given the multiple forms of oppression experienced by this specific population, their safety and wellbeing has historically been and continues to be severely at risk. Gay male victims of intimate partner violence have arguably fallen through the cracks when it comes to accessing adequate services and this paper intends to examine this phenomenon using the theories of intersectionality and cultural competency as guiding frameworks, explore the phenomenon's relevancy to the field of social work, and investigate gaps in services as well as community organizations that have successfully implemented inclusive services for individuals who have historically been underserved. The structure of a theoretical paper is ideal since the issues and the phenomenon being investigated are situated within concepts that are at times complex; concepts such as identity, social policy, criminal justice, clinical practice, and forms of oppression. The use of theories to highlight, clarify, and dissect these concepts can ultimately aid

individuals in the social work field to improve and enhance the services to the oppressed populations that they may already serve, as well as focus their attention to areas that may need improvement.

The inability of gay male victims of abuse to access appropriate and culturally competent services is relevant to the field of social work primarily because of the glaring discrimination and multi-faceted oppression that is inherent in this phenomenon. The National Association of Social Workers (NASW) (2008) includes the value of social justice in their list of ethical principles. In its Code of Ethics, NASW (2008) states that “[social] workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people” and “[social] workers strive to ensure access to needed information, services, and resources.” By adhering to this ethical principle, social workers should be striving to work inclusively and appropriately with marginalized populations (i.e. gay male victims of intimate partner violence) and assist members of these populations in accessing culturally competent services (i.e. LGBTQ-inclusive intimate partner violence services and access to services that do not perpetuate heterosexism, homophobia, and other forms of oppression).

Intersectionality is a useful theoretical lens through which to examine issues of intimate partner violence and marginalized populations (Bograd, 1999; Conwill, 2010; Crenshaw, 1994; Sokoloff & Dupont, 2005). An intersectionality theoretical framework considers the “social contexts created by the intersections of systems of power (e.g. race, class, gender, and sexual orientation) and oppression (prejudice, class stratification, gender inequality, and heterosexist bias)” (Bograd, 1999, p. 276). The intersection of intimate partner violence with other various forms of oppressions and power imbalances creates a complex web of victimization and isolation that may be different for each individual victim of intimate partner violence, depending on the

individual's experiences with multiple layers of oppression. Intersectionality is a useful theoretical approach when examining the services provided to victims of same-gender intimate partner violence because it highlights the systems and forms of oppression at play in a victim's life (e.g. lack of resources specifically tailored to LGBTQ individuals; heterosexist institutions and public policies; racism, classism, sexism, and homophobia in both privileged and marginalized communities; the overall lack of sensitivity and education with regards to marginalized populations; and so on).

Cultural competency is focused on the development of skills and an increase in self-awareness in order to provide higher quality services to groups and individuals (Abrams & Moio, 2009; Jani et al, 2011). Cultural competency is generally implemented in agency and educational settings and its emphasis is usually on populations and identities outside that of a given dominant group (Abrams & Moio, 2009; Den Bergh & Crisp, 2004). This framework is helpful in the investigation of the particular phenomenon of unequal access to services by gay men because of its focus on education and skill development. It has a reputation of being easily accessible and, in many organizations and institutions, is commonly known as “diversity training” or “cultural sensitivity training” (Abrams & Moio, 2009; Van Den Bergh & Crisp, 2004).

Summary

In order for gay male victims of intimate partner violence to begin to have equal access to relevant services such as court advocacy, emergency shelter, and other traditional intimate partner violence crisis services, agencies' structures and current services need to be evaluated and then adjusted to become more inclusive. Intersectionality and cultural competency can play a pivotal role in this evaluation and implementation of higher quality services and, when utilized

mindfully and with intention, can act as appropriate lenses through which to examine the problem of gaps in services and how to address this problem on an agency level.

The following chapter further discusses the theoretical frameworks chosen for this paper, as well as the methodological approach of this particular project. Chapter III closely examines the phenomenon of partner abuse within the LGBTQ population with a particular focus on gay male victims of abuse. Chapters IV and V address the theoretical frameworks of intersectionality and cultural competency, respectively, by providing a brief history of each theory and discussing relevant scholarly literature. Finally, Chapter VI re-examines the problem of unequal access to services, summarizes the theoretical frameworks, and presents two organizations that, I argue, successfully utilize each framework in a way that affords traditionally underserved populations (in this case, the LGBTQ individuals) access to quality services they may not have had access to in the past. These organizations are presented as an example of how the problem is currently being addressed and in what ways intersectionality and cultural competency can translate successfully into agency procedures and service provision.

CHAPTER II

Methodology

This chapter will outline the methodological approach to investigating the problem of unequal access to victims' services experienced by gay male victims of intimate partner violence. First, a brief description of each theoretical framework will be provided and these descriptions will touch upon similarities and differences between the two frameworks. Next, this chapter will discuss the potential for both frameworks to address the problem of unequal access to services. Lastly, the chapter will include a discussion of potential author biases as well as an examination of the strengths and limitations of this project.

Theoretical Frameworks

The first theory examined in this paper is intersectionality. Initially developed in response to the problem of invisibility and silence experienced by women of color struggling to be seen and heard by the white, mainstream social and academic feminist and antiracist communities, intersectionality examines the intersections of oppression one may experience based on a person's social location(s) and identities (Crenshaw, 1991; Nash, 2008). Early conceptualizations of intersectionality focused almost exclusively on the race-class-gender intersectional paradigm, while more contemporary understandings of intersectionality include identity categories such as sexual orientation, dis/ability, and nationality (Davis, 2008). For the purposes of this project, the relationship between intersectionality and the social identity category of sexual orientation are

examined in greater depth than the relationship between intersectionality and other identity categories. This is echoed in the discussion of the second theoretical framework, cultural competency, though not to the same extent – this is due to a significant lack in literature pertaining specifically to sexual orientation/sexuality and cultural competency.

The second theoretical concept examined in this paper is cultural competency. Generally, the cultural competency model has become part of social work’s practice and academic education curriculum, though it is also widely utilized by a variety of other helping professions and service providers (Abrams & Moio, 2009; Van Den Bergh & Crisp, 2004). Stemming from a so-called “ethnic-sensitive practice” developed in the 1980s, cultural competency has the reputation of being the go-to model for service providers who recognize the need for on-going education around issues of diversity – “diversity,” similar to the intersectionality framework, applies to issues identity categories such as race, ethnicity, age, sexual orientation, and dis/ability (Abrams & Moio, 2009; Van Den Bergh & Crisp, 2004). While intersectionality continues to evolve and change along with political and social climates, cultural competency seems somewhat stagnant in comparison. These particular characteristics of intersectionality and cultural competency will be addressed in chapters IV and V respectively.

Practical Application of Theories

The aforementioned models have the potential to be used (and often *are* used) by service providers working with LGBTQ victims of intimate partner violence. When gay male victims of intimate partner violence are specifically considered, there are advantages and drawbacks to each model when imagining the implementation of these models into the policies, procedures, and agency operations of traditional domestic violence advocacy organizations. The potential

impacts of these frameworks when applied to the problem of gay males' unequal access to services will be further explored in the discussion/recommendations chapter of this paper.

Biases, Strengths, and Limitations

One salient component of intersectionality (and, at times, cultural competency) is to work towards understanding one's own complex identity as she or he engages in anti-oppression education and practice with individuals experiencing oppression. I am a white, female, lesbian/queer master's level social work student. I have a professional background providing direct services in a relatively small traditional domestic violence crisis/advocacy organization in New England. My experiences as a queer, educated, white woman working in an agency that was unable to offer comprehensive services to a very specific population (gay male victims of intimate partner violence) heavily influenced my decision to investigate the problem of unequal access to services. During my period of employment at a traditional domestic violence agency that served primarily white heterosexual women, I was part of an agency-wide conversation that focused on our apparent inability to successfully serve a transgender woman who was seeking emergency shelter. She self-identified as female, but disclosed her transgender identity during the initial intake process. A decision had to be made quickly regarding whether or not our agency was "ready" to include shelter guests who identified (in some way) as transgender. There were staff clashes on the subject and our mission statement, which explicitly stated that we served individuals "regardless of sexual orientation or gender identity," was tested for the first time since I began working there. The experience - and subsequent conversations during agency staff meetings - has stayed with me and continually reinforces my personal commitment to social justice and inclusiveness. My experiences also inform any potential biases that may impact the scope and content of this paper. I am also mindful of the fact that I identify as female and cannot

claim to know what the experience of a gay male victim of intimate partner violence is like on a personal level.

There are several strengths and limitations of this paper. Although a theoretical approach creates space for a more in-depth examination of a problem or phenomenon, the present investigation is limited to an analysis of a relatively small and specialized volume of literature. This limited amount of scholarly and empirical literature highlights the need for further study of this phenomenon as well as the continued development of relevant theoretical frameworks. Hopefully, this paper can be part of an on-going evolution of study as it pertains to the queer community, intimate partner violence services, and useful educational and practice models.

CHAPTER III

The Phenomenon

Intimate partner violence is, at its root, a form of oppression. By using a pattern of power, coercive control, manipulation, and emotional and physical abuse, one individual oppresses another – this pattern can escalate over time, leaving the victim of abuse isolated, fearful, and hopeless (NYS Attorney General, 2004; NCAVP, 2011). LGBTQ victims of intimate partner violence can potentially experience a more complex web of oppression than their heterosexual counterparts might. As stated previously in the introduction, there are a number of factors that play into this: systemic and societal homophobia and heterosexism; lack of education regarding the LGBTQ population and/or cultural competency within the partner violence advocacy community; and a lack of funding and visibility when it comes to resources that cater to the needs of male and transgender victims of intimate partner violence as well as the needs of the LGBTQ population as a whole (NCVC & NCAVP, 2010; NCAVP, 2011).

For gay male victims of intimate partner violence, the situation seems particularly dire when one considers the lack of inclusive/gender-neutral and appropriate resources, the invisibility of the LGBTQ population in many geographic regions, and the threads of heterosexism and homophobia that have been woven into the fabric of society and institutions in the US. Thus, gay male victims of intimate partner violence are overlooked and left out, leaving them vulnerable and putting their safety and well-being at risk. In order to highlight areas where service providers can develop their skills and become more inclusive towards gay male victims

of partner abuse, the complex problem of gay male victimhood and abuse perpetration needs to be examined and dissected by reviewing current literature (and gaps in literature) pertaining to partner abuse within the gay male community. The current literature appears to fall into a number of different categories: barriers to services (The Network/La Red, 2010; NCAVP, 2011; Jerke, 2011; Merrill & Wolfe, 2000); homophobia and heterosexism as barriers and complications (Kuehnle and Sullivan, 2003; Burn, Kadlec, & Rexer, 2005; McClennen, Summers, and Vaughan, 2002; Kelley & Robertson, 2008; Bernstein & Kostelac, 2002; The Network/La Red, 2010); mental health consequences (Garnets, Herek, & Levy, 1990; Roberts, et al, 2010; Meyer, 1995); and HIV/AIDS and other similar risk factors (Craft & Serovich, 2005; Feldman et al, 2007).

Overview: Dynamics of LGBTQ Partner Abuse

In order to address issues related to gaps in service for gay male victims of abuse, one must first consider the dynamics of intimate partner abuse within the LGBTQ population as a whole. There are some common myths surrounding same-gender partner abuse that The Network/La Red, an LGBTQ anti-violence program based out of Boston, MA, put together in their manual aimed at LGBTQ-inclusivity titled, “Open Minds Open Doors: Transforming Domestic Violence Programs to Include LGBTQ Survivors” (2010). One myth that may be the most common is that intimate partner violence does not occur in LGBTQ relationship, or is far less prevalent compared to intimate partner violence among heterosexual couples. Island and Letellier propose that this myth may have its roots in a heterosexist and homophobic society at large, as well as local and federal institutions (government, law enforcement) that consistently avoid, ignore, or minimize the experiences of LGBTQ individuals (as cited in Peterman & Dixon, 2003). According to The Network/La Red (2010), intimate partner violence occurs at “a

comparable rate,” with approximately 25-33% of LGBTQ individuals experiencing partner abuse during their lifetimes (p. 25). This figure has been echoed by a number of anti-violence activists and scholars and is generally understood to be an accurate assessment of the prevalence of partner abuse within the LGBTQ community (Gunther & Jennings, 1999; Island & Letellier, 1991; McClennen, 2005; NCVS & NCAVP, 2010; NCAVP, 2011). Another myth that has an effect on the perception of LGBTQ partner abuse is the notion that intimate partner violence among LGBTQ individuals is “mutual abuse,” “boys being boys,” or “two girls in a catfight” (The Network/La Red, 2010, p. 25). This myth is seemingly perpetrated by traditional (and essentialist) understandings of the gender binary and patriarchy – in other words, men’s violence against women can be easily understood through the concept of patriarchy and rigid gender roles, leaving partner abuse within the LGBTQ population severely misunderstood or invisible. As Merrill (1996) points out, the so-called “battered women’s movement” was cultivated in an environment ripe with cultural misogyny and sexism – domestic violence in which women are victims and men are abusers being just one manifestation of a society that places value on rigid gender roles. Partner abuse within the LGBTQ population is, as within the heterosexual population, rooted in a pattern of power and control with one individual (the abuser) exercising power over the other (the victim). Gender identity and gender roles are not explanations for abuse – as The Network/La Red (2010) states, “Abuse is not about size, strength, or who is ‘butch,’ or more masculine” (p. 26).

Barriers to Service

There are a number of barriers preventing and weakening the ability of gay male victims of partner violence to access service. Possible barriers to service include discrimination based on actual or perceived gender and/or sexual orientation, negative perceptions of mental health and

other service providers by the gay community, regional and/or geographic isolation, widespread heterosexism and homophobia, a history of mistrust towards law enforcement, and the potential to be forced out of the closet.

Discrimination based on actual or perceived gender-identity creates a major barrier for gay male victims of partner abuse, in particular, when they are in need of emergency shelter to escape an abusive partner. Often, when seeking emergency shelter for people fleeing abuse, gay men are confronted with shelters that enforce a strict women-only policy, leaving male-identified victims with no safe alternatives other than homeless shelters – though homeless shelters are generally not as closely monitored by staff or law enforcement and are not appropriate for individuals fleeing an abusive partner (The Network/La Red, 2010; NCAVP, 2011). In a report published by the National Coalition of Anti-Violence Programs (NCAVP) in 2011, statistics of LGBTQ individuals seeking shelter services were highlighted. NCAVP (2011) examined data provided by their member programs throughout the US which included the following demographics: a total of 5,052 individuals served by member programs in the US; of those 5,052 individuals, 36.8% identified as male, 11% did not disclose a gender identity, and 4.2% identified as transgender (p. 20); 31.5% of the individuals served identified as gay (p. 21); and 25.1% of individuals served identified as Latina/Latino, 10.3% identified as African American/Black, and 21.1% did not disclose a racial identity (p. 23). In their report, NCAVP (2011) found that, of the surveyed population, “44.6% of those seeking shelter were turned away, while only 55.4% were admitted to a shelter” (p. 27). With almost half of the surveyed individuals reporting being turned away from shelter for abuse victims, the problematic nature of a gender-specific shelter system is highlighted and reflects the areas in which services are lacking for gay male victims of partner violence. As NCAVP (2011) points out, the gaps in

service for men and transgender victims attempting to access gender-specific shelter (read: safe houses/shelters that are made available to abuse victims who present as female) may stem from mainstream domestic violence agencies' shelter policies that explicitly prohibit sheltering men and transgender individuals, and may result in male and transgender abuse victims turning to homeless shelters – shelters that provide significantly fewer safety/confidentiality features – as a last resort. Many of these men (cisgender and transmen) who were unable to access shelter and other LGBTQ-inclusive services, as surveyed by NCAVP, are men of color. Since most of the NCAVP member agencies are located in urban areas, it is likely that many of the surveyed individuals live in these urban areas and may be considered low-income. The intersections of race, gender identity (actual or perceived), sexual orientation, and class are important to keep in mind when considering issues of access and privilege. Resources and support may be scarce on multiple levels, making the absence of LGBTQ-inclusive partner violence services more dangerous.

Merrill and Wolfe (2000) investigated the experiences of abuse of 52 of gay and bisexual male victims of partner abuse through the use of an 18-page survey. The authors examined the nature of abuse the participants had faced, the help-seeking behaviors of the participants, the perceived helpfulness of agencies and professionals that provided abuse services, and the reasons the participants gave for staying in relationships with abusers. The participants were recruited through domestic violence programs across the country that work primarily with gay men or the LGBTQ population. The authors purposefully recruited a multiracial sample, noting the history of all-white samples with respect to most published research examining the problem of partner abuse within the lesbian community. The racial/ethnicity breakdown of the sample includes 29% African American men, 29% European American men, and 19% Latino men. Almost all (96%)

of the participants self-identified as gay (as opposed to bisexual). Most participants lived in urban areas such as New York City or San Francisco - areas with significant and active LGBTQ communities. A majority of participants had completed some form of higher education (bachelor's or graduate degrees).

Merrill and Wolfe (2000) found that gay men tend to stay in a relationship with an abuser for reasons that include: the potential disclosure of the victim's HIV status, the lack of knowledge about intimate partner violence, and the lack of availability of appropriate crisis services and resources. While the participants generally did not find traditional domestic violence shelters and services useful or available, they did feel comfortable utilizing therapists and other mental health professionals as supports. These findings highlight the need for appropriate and wide-spread inclusive intimate partner violence services – making the lack of available and inclusive services a barrier when it comes to gay and bisexual males' ability to access the necessary support and resources to leave an abuser. One complication with this study, however, is the fact that participants were from a unique and very specific population: men who had used gay or LGBTQ-specific intimate partner violence services, or were former clients of one of the authors in his private clinical practice. Thus, it is important to keep in mind that this population may not necessarily reflect the needs and barriers to service when it comes to the general gay/bisexual male population across the US.

Another layer of complexity when considering the situation of gay male victims of partner abuse is geographic/regional isolation from appropriate services. Since the LGBTQ population in the US is not confined to any one particular kind of geographic region (urban, suburban, or rural), availability of services should not be confined to any particular geographic region either. The concepts of “queer metronormativity” and “queer ruralism” illustrate this

unique barrier to potentially useful services in a clear way. Jerke (2011) defines queer ruralism as: “structural discrimination stemming from being queer and living in a rural area” (p. 3). Jerke (2011) further explains the complications caused by queer ruralism which include:

“enormous deficiencies in educational resources for queer rural high school students, inadequacies in the treatment and prevention of HIV/AIDS for queer rural dwellers, and a lack of political attention to rural queer priorities. In these areas, among others, rural queers are worse off than their rural heterosexual neighbors and worse off than their urban queer counterparts” (p. 4)

Queer ruralism, it seems, leaves LGBTQ individuals who live in rural areas without the visibility and perceived legitimacy necessary to warrant community resources that meet their health and safety needs and that are appropriately tailored to their identities. When one considers both gay men who reside in rural areas and the concept of queer ruralism, the likelihood of accessing appropriate, inclusive, and necessary services is drastically decreased. Similarly, the concept of queer metronormativity reinforces the common stereotype that LGBTQ individuals reside in solely urban areas – and if they currently do not reside in urban areas, they are gearing up for an eventual relocation to a metropolitan area (Jerke, 2011). This concept, by its very nature, undermines and minimizes the existence of LGBTQ individuals residing in rural (and suburban) areas, rendering them invisible. Queer ruralism and queer metronormativity seem to be linked to one another, creating one major roadblock for LGBTQ individuals who demand adequate health, social, and safety services in their communities – a roadblock that is not encountered at the same degree by heterosexual and gender-conforming individuals who reside in rural areas.

Homophobia and heterosexism can serve as barriers to accessing adequate service as well as tools of abuse that an abuser can use to isolate and control his or her partner. The Network/La Red (2010) states that these phenomena can destroy victims’ “self-esteem and convince them that no one will help them because of their sexual orientation and/or gender identity,” and that

many closeted individuals “cannot turn to friends, family, faith communities, or employers for support” (p. 27). By internalizing homophobia, transphobia, and heterosexism, many LGBTQ victims of abuse may minimize the abuse they are enduring, resulting in decreased self-esteem and sense of self-worth, which, ultimately, may keep these individuals from reaching out for help or support.

Kuehnle and Sullivan (2003) examined data provided by 262 gay and lesbian victims of intimate partner violence and bias crimes that self-reported these incidents to a victim assistance program in a large northeast city in the US in 1999. 37.8% of the partner violence incidents were reported by lesbian women, while 62.2% of the partner violence incidents were reported by gay men. Data regarding race and socioeconomic status was not included in the study. In their study, the authors found that gay men were less inclined to report incidents of partner abuse to law enforcement compared to reporting incidents of bias crime. The study also found that lesbian victims of partner abuse reported those incidents to law enforcement at a greater rate than gay male victims of partner abuse. The authors point to the LGBTQ community’s history of mistrust when it comes to law enforcement, the outing that is inherent in the process of reporting partner violence, and the invisibility of partner violence within the LGBTQ community as possible reasons why LGBTQ victims may not be able or want to report incidents of abuse. These seem like legitimate concerns especially when considering the subtle and outright homophobia and heterosexism embedded in society and most institution nation-wide. The authors did not explicitly discuss the possible reasons for the difference in reporting rates between gay men and lesbian women, leaving lingering questions about possible gender-biased practices of law enforcement and the perception of gender-biased practices by gay and lesbian victims of crime. Additionally, the race/ethnicity and socioeconomic status of the individuals reporting these

incidents was not included in the study, leaving many unanswered questions regarding lack of resources and support, and the relationship (historically and at the time of the study) of groups and communities with their local law enforcement.

Burn, Kadlec, and Rexer (2005) examined the phenomenon of heterosexism, homophobia, and perceptions of each by LGB-identified college students. Since the sample of participants were enrolled in college at the time of the study, it is likely that the participants fall into socioeconomic categories in which attending and paying for college is possible, as opposed to a majority of low-income participants. Additionally, the majority of participants (79.4%) identified as European-American/White, while 6.3% identified as Latin-American/Hispanic, and 1.1% identified as African-American. In the authors' study, participants were instructed to read scenarios depicting homophobia and heterosexism and indicate the extent to which they would be offended and the degree to which they would be open about their sexual orientation (otherwise known as "coming out"). The results indicated that the participants' perceived offensiveness was directly associated with a decreased likelihood of revealing their sexual orientation. In other words, if the participants perceived an environment to be hostile (for example, if other people were using anti-gay slurs in the participants' ear shot), they were less likely to come out. This reluctance can potentially be translated to the barriers that exist for LGBTQ victims of partner violence who are wary of or unable to access support from community anti-violence agencies and/or domestic violence agencies due to these fears of coming out and the widespread nature of heterosexist and homophobic biases. Also, it is important to recall the demographic data of the study and consider the populations and groups who have been left out of the findings - specifically, people of color, those with little to no college-level education, and low-income communities and individuals.

Similarly, Kelley and Robertson (2008) conducted a qualitative study with 100 young adult gay men investigating the role of internalized homophobia when it comes to relational aggression and victimization. Participants were recruited from campus LGBTQ organizations from universities across the US. The majority of participants (68%) were Caucasian, 14% were African American, 12% were Hispanic/Latino, 3% were Arab American, and 3% were Asian American. The age of participants ranged from 18 to 24 years of age. Relational aggression refers to “forms of social aggression that harm relationships and feelings of acceptance,” which can be overt or covert (Kelley & Robertson, 2008, p. 475). The authors found a relationship between engaging in relational aggression against gay men and experiencing relational victimization, as well as a relationship between experiencing relational victimization and internalized homophobia. The authors point to the concept and practice of “outing” (revealing another’s sexual orientation to others, typically without his or her consent) as one of the primary modes of relational aggression against gay men. This study, like Burn, Kadlec, and Rexler’s (2005), highlights potential hurdles gay men may face when considering leaving an abuser. If outing appears to be a threat within their community or among their peers, gay men may have to first work through that particular layer of victimization before they can confront the layer of victimization they are suffering from at the hands of their abusers. Additionally, feeling unsafe in terms of privacy and outing does not usually cultivate an environment in which reaching out for help or leaving an abuser is a realistic or feasible option. All things considered, relational victimization is one more complication and barrier to service that gay men may potentially come across. It is important for service providers to become aware of the concept of relational aggression and its dynamics, and consider the advantages of implementing a more intersectional

method of practice and service provision in order to address individuals' multiple and complex needs based on identities/social locations.

McClennen, Summer, and Vaughan (2002) examined the dynamics of gay male partner abuse and their help-seeking behaviors using a quantitative research methodology. Of the 63 men were surveyed, 76% were Caucasian, 6% were African-American, and 3% were Hispanic. The age of the participants ranged from 26 to 50 years of age. 14% of participants had an income of below \$10,000 and 50% earned between \$15,001 and \$35,000. Through the use of a questionnaire, the authors found that gay men, generally, seek help from friends and other informal sources, while emergency shelters and attorneys were the services least sought. Additionally, psychologists, psychiatrists, and social workers were “lacking in their perceived helpfulness” (McClennen, Summer, & Vaughan, 2002, p. 34). This finding is in contrast to Merrill and Wolfe's 2000 study which revealed gay male victims' greater trust in therapists and counselors compared to traditional domestic violence service providers. McClennen, Summer, and Vaughan (2002) consider the lack of recognition of partner abuse within the gay community as well as the lack of appropriate formal resources being made available to gay men as possible reasons why the population studied tended to seek help from informal sources than from formal sources. This study echoes Kuehnle and Sullivan's (2003) study with regards to the overall reluctance of many LGBTQ people to utilize services that have not necessarily proven to be available, inclusive, accepting, or appropriate. Therefore, it is imperative that services provided to gay male victims of abuse be intersectional and culturally competent in nature and confidential.

Bernstein and Kostelac (2002) examined potential issues of bias and negative attitudes and behavior towards lesbians and gay men by police officers. While intimate partner violence

was not part of the project, issues of homophobia and law enforcement were examined. Because of the salient safety issues that are connected to intimate partner violence, this study is important to look at in order to illustrate the potential barriers that gay male victims of abuse may encounter when trying to access safe and appropriate services, especially when it comes to first-responders such as the police. In the study, the authors found no direct relationship between “general attitudes toward gays and lesbians and actual discriminatory behavior towards gays and lesbians” with regards to police officers surveyed (Bernstein & Kostelac, 2002, p. 322). While this may be so, “between 30% and 40% [of officers surveyed] indicated that gays and lesbians would not be treated the same or would not be taken as seriously as heterosexuals” by other officers when reporting crimes or otherwise reaching out for assistance (Bernstein & Kostelac, 2002, p. 323). This particular finding highlights the assumptions that police officers hold about their peers when it comes to issues of potential bias or discrimination against LGBTQ individuals. If officers such as the ones who participated in the study do not have complete faith in their colleagues’ ability to be non-judgmental and objective, it may be safe to assume that LGBTQ victims of abuse have even less faith in law enforcement and do not have the expectation that they will be treated appropriately and respectfully. This study also highlights the need for continued training tailored to law enforcement that addresses the needs of the LGBTQ community and the dynamics of LGBTQ partner abuse using culturally competent and intersectional modalities.

Risk Factors

There are a number of co-occurring issues and risk factors that can be found in the lives of gay male victims of intimate partner violence. This section will provide a brief overview of predominant risk factors, including mental health issues, minority stressors and discrimination,

HIV status and risk of acquisition, and family history of abuse, that affect the lives of gay male victims of partner violence.

One particular area of co-occurrence involves intimate partner violence and mental health disorders. Roberts et al (2010) examined data collected by National Epidemiologic Survey on Alcohol and Related Conditions between 2004 and 2005. The data included information on over 34,000 US residents with regards to sexual orientation, trauma history, and Post Traumatic Stress Disorder (PTSD). In their study, the authors found those who self-identified as lesbians, gay or bisexual men, or heterosexuals who reported past same-sex partners “had greater risk of childhood maltreatment, interpersonal violence, trauma to a close friend or relative, and unexpected death of someone close” as well as having a greater risk of onset of PTSD than heterosexuals with no same-sex attraction or partners (Roberts et al, 2010, p. 2433). From this study, the authors found that there is a greater likelihood that gay, lesbian, and bisexual individuals will experience trauma (such as intimate partner violence) and this trauma may trigger the onset of PTSD.

Since barriers to accessing services already exist across the board for gay male victims of partner violence, it is important to highlight the consequences that can arise regarding mental health when appropriate support services are unattainable, discriminatory, and cannot hold the complexity inherent in the combination of sexual orientation oppression and trauma. The authors point out the current need for inclusive service provision as well as follow-up mental health care for sexual minorities who have experienced trauma.

General mental health is an important area to consider when examining the lives of gay men – whether they are victims of partner abuse or not. Contemporary literature highlights

mental health issues that result from or are tied to hate crimes and other forms of non-partner abuse victimization (Willis, 2008; Willis, 2004; Alexander, 2000; Meyer, 1995; Garnets, Herek, & Levy, 1990). This literature, while not explicitly addressing partner violence within the LGBTQ community, is important to consider if one wants to gain a clearer picture of the multiple hurdles those in the LGBTQ community face on a societal and institutional level with respect to vulnerability, isolation, and layered oppression. Garnets, Herek, and Levy (1990) investigated mental health challenges that result from persecution on the basis of sexual orientation – specifically, institutional heterosexism and anti-gay victimization. The authors examined various forms of victimization and provided suggestions for mental health professionals to consider when working with lesbian and gay clients who struggle with mental health issues as well as societal and institutional heterosexism and homophobia. These suggestions include investigating one’s own biases, reducing negative affect when providing clinical interventions, facilitating positive affect (ex.: consciousness raising, connecting the client with a community or additional support network outside of the therapeutic alliance), and incorporating supportive individuals or loved ones in the client’s life into interventions (Garnets, Herek, & Levy, 1990). Due to the isolating nature of intimate partner violence, utilizing loved ones may not always be a safe or available option, though community connections could prove empowering to someone who has been victimized through intimate partner violence. Support groups tailored to the gay male community could be a good place to start when it comes to fostering a safe community.

In a somewhat related 1995 study, Meyer examined “minority stressors” that included internalized homophobia, stigma, and actual experiences of discrimination and violence in a sample of 741 gay men in New York City. The participants' ages ranged from 21 to 76 years old,

had a mean income of \$35,000, and 11% were men of color. The author's findings revealed that minority stressors had a direct relationship to mental health adversity. Additionally, the study suggests "men who had high levels of minority stress were twice to three times as likely to suffer also from high levels of distress" (Meyer, 1995, p. 38). This study highlights the connections between oppression and stigmatization on the basis of sexual orientation and gay men's mental health. Experiencing oppression in regards to their orientation can put gay men at greater risk of suffering from a variety of mental health issues. Similar to Roberts et al's 2010 study, Meyer (1995) illustrates the ongoing need to address mental health issues within the LGBTQ community, as well as the ongoing need to address multiple issues at once (victimization, trauma, mental health, etc). When multiple issues or stressors can be addressed simultaneously by service providers, the likelihood of accessing appropriate, inclusive, and holistic services can increase. If service providers intend to continue working with gay male victims of abuse, an intersectional and culturally competent approach must be implemented in order to simultaneously address multiple stressors.

A major co-occurring issue specifically within the gay male community, both historically and currently, is HIV (Craft & Serovich, 2005; Feldman et al, 2007). In addition to HIV, gay male victims of partner violence are also at risk of "increased substance use, are more depressed, and have lower self-esteem than men without a history of [partner violence]" (Feldman et al 2007, p. 76). Hence, culturally competent practice is informed by knowledge of the empirical literature that considers the complexity of risks, strengths, and stressors in the lives of gay men.

Feldman et al (2007) investigated the sexual and relational experiences of 912 Latino gay and bisexual men through the use of surveys and focus groups. The authors' findings show that a history of intimate partner violence victimization contributes to an increased rate of participation

in sexual behavior that puts gay and bisexual Latino men at a greater risk of acquiring HIV (unprotected sexual anal intercourse, for example). This study highlights the need for service providers to implement an intersectional approach when addressing the connections between sexual behavior that puts men at risk for HIV and this population's intimate partner abuse needs. Both HIV and intimate partner abuse can be isolating and put an individual's physical and mental health in jeopardy. It is important for health providers to become skilled at working with victims of abuse and screening for abuse, and it is important for other service providers to become familiar with the impact that intimate partner violence can have on an individual's potential sexual behavior that could put him at risk of acquiring HIV.

Similarly, Craft and Serovich (2005) investigated partner violence and risk factors among 51 gay men who are HIV positive and found a positive correlation between surviving parental abuse in one's family of origin and expressing as well as being a victim of sexual coercion within an intimate relationship. 54.9% of the participants in the study identified as White, 43% identified as African American, and 2% identified as other. The ages of the men surveyed ranged from 25 to 63 years old. The mean annual income of the participants was \$24,287. The population studied was at least partially at risk of abuse or being abused as well as enduring the added complications that a positive HIV status entails – illustrating the need for service providers to understand the dynamics of intergenerational transmission of trauma coupled with the co-occurring issues of partner violence and HIV within the gay male community.

Summary

Due to the complex nature of co-occurring issues and risk factors among gay male victims of partner violence, it is important for agencies that serve gay male victims of abuse to be

educated on the unique dynamics of partner abuse in the gay community, offer services that can cater to multiple issues and complexities at once, and not discriminate against people seeking services based on their HIV status, gender identity, history of substance use, or sexual orientation.

As one can see from the literature and information presented above, gay men have been and continue to be the subject of a variety of research, though service provision does not have as prominent a place as it should in the literature currently available. While it is important to understand the barriers to service, the effects of abuse, and the dynamics of abuse as it relates to the gay male population, further study is recommended in the areas of service provision, inclusive services, and service provider skill development. The following chapters will address two theoretical frameworks that may prove valuable in the evaluation of the phenomenon and in addressing how service providers can remedy the problem of unequal access to services – the frameworks presented are intersectionality and cultural competency. Both theories provide insight into the complex identities of individuals and this insight can be useful when agencies assess their gaps in service and attempt to reach historically under-served populations. The following chapters will discuss the history of each theory, the basic tenets of each theory, and critiques of each theory as found in relevant contemporary literature.

CHAPTER IV

The Theoretical Framework of Intersectionality

Intersectionality: Overview and History

The theoretical concept of intersectionality is, in its most basic form, the examination of multiple and simultaneous layers of oppression – looking at an individual’s social location and recognizing the numerous identities and oppressive forces that are present (Crenshaw, 1991; Nash, 2008). The term, “intersectionality,” is credited to the legal scholar, Kimberle Crenshaw. Crenshaw (1991) highlighted the issue of violence against women of color and utilized an intersectional lens as a response to the invisibility of women of color within the feminist and so-called “battered women’s movement” as well as the invisibility of women of color within the antiracist movement and within critical race theory academic circles. By leaving race and ethnicity out of the mainstream feminist discourse, and leaving gender out of the antiracist/critical race theory discourse, women of color were further silenced and ignored leaving their experiences minimized at best and non-existent at worst. Additionally, both camps were historically prone to essentialism, leaving complex, nuanced, and individual experiences and social locations ignored (Nash, 2008). Crenshaw’s conceptualization of intersectionality brought race, class, and gender into the spotlight concurrently, arguably changing the trajectory of feminist and critical race theoretical scholarship (Davis, 2008; Nash, 2008; Mehrotra, 2010).

Over time, intersectionality theorists began to make addendums to the basic race-class-gender structure of the theory – eventually ableness/ability, sexual orientation, nationality, etc were added. Davis (2008) argues that the aforementioned “etc” lends itself to both vague and explicit characteristics of ambiguity and incompleteness. Openendedness and ambiguity, Davis points out, “allows endless constellations of intersecting lines of difference to be explored” (2008, p.77). While this concept may be true in a general sense, some scholars tend to view issues and identity categories outside of the race-gender-class paradigm as seemingly tacked on to intersectionality as something of an afterthought. When considering sexual orientation and its relationship to intersectionality, Gamson and Moon (2004) state, “sociologists of race, class, and gender nonetheless tended to treat sexuality as a weakly integrated addendum to the list of intersecting oppressions— something to mention here and there, often parenthetically, but not so much as to press for analytical revisions” (p. 52). An examination of literature featuring intersectionality as its focal point and/or framework reveals that, indeed, sexuality and sexual orientation are often mentioned as a post script, appear in revised versions of texts (see Collins 2009), or are added in the laundry list of identity categories that are mentioned but not explicitly fleshed out. The inherent openendedness of intersectionality can be a benefit, as Davis (2008) points out – allowing future scholars to build upon the work that has already been done, weaving an even more complex web that has the potential to include all social locations and identities. It can also appear to fail at its main goal, leaving various marginalized identities and social locations further silenced, unintentionally creating its own hierarchies (Erel et al, 2011; Nash, 2008; Gamson & Moon, 2004). Since this project is focusing on gay male victims of intimate partner violence, the explicit consideration of sexual orientation within an intersectionality framework is necessary.

Sexual Orientation and its Place within the Intersectionality Paradigm

As discussed in earlier sections of this paper, gay male victims of intimate partner violence are typically unable to access or do not qualify for services that have traditionally been afforded to female (usually heterosexual) victims of partner abuse. In these situations, their gender identity and sexual orientation are seemingly the most salient identities prohibiting them from receiving appropriate, readily available, and inclusive services. Additionally, gay male victims of partner abuse inhabit other social locations and identities in addition to “gay” and “male” that pertain to their socioeconomic status, race/ethnicity, ability/ableness, and so on. Intersectionality aims to understand an individual’s complex, multiple identities as well as the interlocking oppressions played out in an individual’s lived experience.

Purdie-Vaughns and Elbach (2008) examine layered oppression, or “multiple subordinate-group identities” in their article, “Intersectional Invisibility: The Distinctive Advantages and Disadvantages of Multiple Subordinate-Group Identities.” The authors work with the concept of double (or triple, quadruple, etc) jeopardy and mold it into what they refer to as “intersectional invisibility.” Intersectional invisibility, according to the authors, refers to the idea that “people with multiple subordinate identities (e.g. African-American women) do not fit the prototypes of their respective subordinate groups (e.g. African-Americans, women)” (Purdie-Vaughns & Elbach, 2008, p. 378). Additionally, the authors highlight ongoing debates within the academic field of intersectionality theory regarding “whose group suffers the most” – in other words, individuals and groups are more oppressed based on the cumulative amount of subordinate groups of which they are members. They explain that this goes against the concept of intersecting and interdependent identities that intersectionality is based on. Keeping concepts of androcentrism, ethnocentrism, and heterosexism in mind, the authors explain that “people

with intersecting identities tend to be defined as non-prototypical members of their constituent identity groups” (Purdie-Vaughn & Elbach, 2008, p. 380). This definition leads to social invisibility – something that is not experienced as often by “prototypical” members of these groups. People with two or more subordinate identities thus experience intersectional invisibility. The authors give examples: ethnic minority women, ethnic minority gay men, white lesbian women, and so on – individuals who experience this intersectional invisibility tend to be “marginalized members within marginalized groups (Purdie-Vaughn & Elbach, 2008, p. 381). The authors provide interesting food for thought when considering how this invisible status plays out in cultural and political arenas. Reflections of intersectional invisibility can be seen in the media portrayal of gay and lesbian folks: white, wealthy, gay men on the popular television show, *Will & Grace*, as one of the only mainstream media representations of LGBTQ people for years - leaving representations of women, people of color, and LGBTQ individuals from low-income backgrounds invisible in pop culture. Mainstream LGBTQ advocacy organizations, such as GLAAD and the Human Rights Campaign (HRC), use primarily white, wealthy, highly-educated people as their agencies' public faces and focus on issues easily digestible by a similar audience (anti-bullying, marriage equality) and distance themselves from anything that could reflect a more accurate snapshot of issues that impact the lives of many other LGBTQ individuals (examples include bias crime, policy/legislative changes to address lack of legal protections for transgender individuals and LGBTQ immigrants, and homeless LGBTQ youth).

Culturally, the normative model of “coming out” has been reproduced as a Major Life Event by the mainstream gay community, perhaps at the expense of economically marginal black gay men. The authors point to the practice of being on the DL (“down low”) as an example of an invisible population within a marginalized population. People on the DL typically identify as

African-American males, and most of these men identify as gay. It is also seen as an assertion of masculinity, blackness, and a self-imposed distancing from white gay (mainstream) culture.

Mainstream/white gay culture usually views this population as “in the closet” without examining the complex reasons these men have for not wanting or not being able to live as an openly gay black man, rendering them invisible.

Politically, intersectional invisibility can play out when advocacy organizations devote more energy and attention to constituent members who are prototypical (i.e. do not have more than one subordinate identity). Purdie-Vaughns and Elbach (2008) state, “[issues] that primarily affect the lives of... singular subordinate members are more easily framed as issues that affect the group as a whole than are issues that primarily affect members with two or more intersecting subordinate identities” (p. 386). They use the example of lesbian women: gay advocacy groups may assume that issues affecting lesbian women will be handled by women’s advocacy groups, while women’s advocacy groups may assume that issues affecting lesbians will be addressed by gay advocacy groups. This leaves lesbian women (in this example) invisible with both advocacy groups. One of the main functions of a political advocacy group is to represent the group *entirely* – this means listening to every member of the group, taking into account their multiple social locations and intersecting identities, and weaving these voices into the mission and concerns of the advocacy group.

Intersectional invisibility is a useful concept to keep in mind when considering the issues gay male victims of partner abuse come up against when contemplating seeking services or attempting to access services. While gay men carry an identity that is considered dominant (males), their social location can potentially include multiple subordinate identities, rendering them invisible (to borrow Purdie-Vaughns and Elbach’s terminology) to populations and groups

that include the mainstream (read: white, middle/upper class) gay community and partner abuse service providers who operate within a traditional framework perpetuated by the battered women's movement (read: white, middle class, cisgendered women).

The strategies used by black gay men to understand their places within the gay community and black community at large are examined in Hunter's 2010 article, "All the Gays are White and all the Blacks are Straight: Black Gay Men, Identity, and Community." Hunter interviewed 50 self-identified black gay men to gain a clearer understanding of how black gay men "negotiate stigmatized identities" (2010, p. 81). Three models of identity negotiation were brought to light and they are: "interlocking identities, up-down identities, and public-private identities" (Hunter, 2010, p. 81). The purpose of this project was to uncover these strategies of navigation and self-conceptualizing and how these strategies help individuals understand their intersectional identities, and to shine light on the diversity within the black and gay communities. Ultimately, the findings can be used by "community activists, pundits, researchers, and other interested parties [who want to] develop a more nuanced perspective when understanding the possible ways that [black gay men] may identify and understand themselves" (Hunter, 2010, p. 91). The author utilized a snowball method and interviewed 50 self-identified gay black males, 60% of whom resided in New York City, and 40% of whom resided in Philadelphia. Educational experience of the participants ranged from high school graduate to graduate student and 65% of participants grew up in neighborhoods that were predominately black. The author notes that because participants self-identified as gay, the study can not claim to encapsulate experiences that reflect the lives of black men who identify with other sexual orientations/practices (these include bisexual, queer, and the DL). It also fails to illustrate lived experiences of black gay men who reside in rural, southern, or suburban geographic regions of the US.

One of the three models of identity negotiation that resulted from the interviews is the interlocking identities model. In this model, race and sexuality were linked, unified, and often expressed as “Blackgay” (Hunter, 2010, p. 85). One takeaway from participants who utilized the interlocking model is that they do not necessarily privilege one identity over another and instead conceptualize their lived experiences as compounded identities that impact how they see and feel racism and heterosexism. Up-down identities, a second model gleaned from these interviews, involves the privileging of one experience (racial stigma or sexual stigma) over the other. Most respondents who utilized this model did so in a way that was “Black-then-gay” and see their racial identity as more salient than their sexual orientation (Hunter, 2010, p. 87). Some participants fought back against this race-then-sexuality notion and intentionally identified as gay-then-black, though they were not the majority. The third model, public-private identities, was utilized by participants who separate public spheres and private spheres and navigate each sphere separately but with equal importance and attention. The public sphere was mostly related to racial identity while the private sphere was related to sexual orientation and the private struggles that can happen within families and between partners.

Hunter’s research highlights complexity lived by many black gay men – though these experiences are specific to urban, educated black gay men on the east coast of the US. These highlighted complexities can help service providers – inside and outside the gay community and inside and outside the black community – further develop strategies to assist gay black men who may be part of either community (or both). When service providers gain a more nuanced understanding about the communities and populations they serve or want to serve, services can become more appropriate, available, and inclusive.

Gamson and Moon tackle sexual orientation and its position in intersectionality theory in their 2004 article, "The Sociology of Sexualities: Queer and Beyond." Using a theoretical approach, the authors examine recent trends in the sociology of sexuality they break down into three categories: the influence of queer theory on sociologists who have studied areas traditionally thought to be asexual, as well as using queer theory to look at power through sexual categories; the integration of sexuality into the traditional intersectionality framework and examining the impact this integration has on intersecting identities and systems of oppression; and an exploration of sexuality and the political economy. Through this examination, the authors shed light on the increasing usefulness of globalization studies and global thinking, and the potential impact that the study of sexuality can have on many subfields of sociology. The integration of sexuality into the traditional framework of intersectionality proves to be the most pertinent category for this paper to examine. Looking back through the history of sexuality and queer studies, the authors point out that intersectionality scholars gradually absorbed some of the more salient points of sexuality/queer studies in order to build on the concepts that intersectionality was already addressing: how varying degrees and forms of oppression interact and intersect with one another and where sexual orientation fits into this schema. By integrating queer studies and sexuality studies, intersectionality scholarship was able to "go beyond the acknowledgment *that* gender, sexuality, race, and class are linked systems to the more difficult task of specifying *how* sexuality intersects and interacts with other systems of oppression" (Gamson & Moon, 2004, p. 52). Additionally, the authors examine the integration of sexuality into the intersectionality framework using a global perspective. They point to Nagel's (2003) work regarding sexuality and ethnicity, revealing, "sexual desire, desirability, and power are constructed through racial categories, and vice versa. Drawing from historical and ethnographic studies, Nagel shows

that... the sexualities of men and women are policed and speculated about differently depending on their ethnicity” (Nagel, 2003 as cited in Gamson & Moon, 2004, p. 55). While the authors reference this construction as a way to understand intersectionality and sexuality in groups and individuals world-wide, it can prove useful for those contemplating the ways sexuality and sexual orientation intersect with other social identities in people here in the US. Service providers can consider the cultural, religious, socio-economic, ethnic, racial, gender, and sexual identities of members in their community who may reside in their community currently, but carry identities that reflect backgrounds and histories that are not anglo-American, white, middle class, and Judeo-Christian (the cultural make-up that is perpetuated by mainstream/traditional ideas of what and who is “American”). Ultimately, the authors hope to see the integration of sexuality and queer studies propelled further into sociology studies and that sociology research will continue to validate and incorporate more social locations and identities within its canon. Similarly, this integration can prove useful to service providers as a way to better understand the populations they claim to serve, as well as a way to discover current gaps in services and communities and individuals who are falling through these gaps. Once complex identities involving sexual orientation are made visible, service providers can hold themselves more accountable when their services are rendered unavailable or useless by various populations and marginalized individuals.

Intersectionality Critiques and Need for Further Development

Yuval-Davis (2006) critically examines intersectional methodology and, in doing so, delves deeper into the meaning(s) of difference. Inherent in identity politics and the concept of intersectionality is the utilization of difference. In order to construct categories and groups,

differences must exist. Yuval-Davis points to the need to examine different kinds of difference and highlights this need because traditional categorical constructs “tend to homogenize social categories and to treat all who belong to a particular social category as sharing equally the particular natural attributes (positive or negative) specific to it” (2006, p. 199). By remaining aware of this tendency to generalize and stereotype groups and identity categories and working explicitly to avoid this, intersecting social locations can be understood as identity components that are more nuanced, shifting, evolving, and complex.

Dean (2011) takes this concept of examining difference a step further when he highlights the tendency of intersectional scholars to focus on minority and non-dominant groups. He recognizes the importance and value in naming and understanding oppressed populations, groups, and individuals, but states that when intersectionality relies only on marking non-dominant groups, normative and un-marked groups are (most likely unintentionally) perpetuated and reinforced. He credits the integration of queer theory and sexuality studies into the intersectionality framework for moving intersectionality past the point of focusing primarily on non-dominant presentations and experiences of sexuality (i.e. male homosexuality, lesbianism, bisexuality), and into a place where all sexualities and sexual identities can be examined and accepted. Thus, an African-American, middle-class, heterosexual male could have his identities and social location validated (ultimately, hopefully, in academic research) through an intersectional analysis. As intersectionality continues to develop, the potential for previously unmarked identities (i.e. traditionally normative and dominant categories like “male,” “white,” and “upper-class/wealthy”) to become marked will increase. This becomes especially useful when one considers a gay male identity, paying close attention to “male” and everything that can potentially come with it: dominance, reputations, assumptions, perceptions, and performativity.

With regards to accessing intimate partner violence service, the “male” part of a person’s identity can potentially cause them to be referred elsewhere (homeless shelters, usually), not seen as seriously in danger, throw off law enforcement, agency staff, and first responders, seen as taking advantage of their male privilege, or explicitly denied any useful services. Hopefully, this project will mark the previously unmarked; highlighting gay male victims’ obstacles when the majority of attention is still focused on (at times, queer) women.

Summary

Intersectionality looks at an individual’s many identities and the individual’s particular social location. Areas of privilege and multiple layers and experiences of oppression directly inform the ways in which intersectionality sees an individual. Intersectionality has its critics and many of the critiques have been laid out in this chapter. Even with the critiques in mind, intersectionality still seems like an appropriate framework to implement when examining the problem of gaps in service. Service providers could benefit from using intersectionality to highlight where gaps are and the needs of the underserved population. The following chapter will discuss another theory that has the potential to aid service providers in their quest to expand services: cultural competency.

CHAPTER V

The Theoretical Framework of Cultural Competency

History and Brief Overview of Cultural Competency

Cultural competency, like intersectionality, aims to provide a framework for service providers to use that should increase the inclusivity and awareness of diversity within the services made available to individuals, groups, and communities. Within social work communities (schools, public and non-profit community agencies, etc) cultural competency developed and gained traction as a result of the civil rights movement during the 1960s and 70s (Abrams & Moio, 2009). As issues of race, power, and privilege were forced into the spotlight, social workers and color and their white allies challenged what Abrams and Moio (2009) describe as “a predominately deficit-oriented view of individuals and communities of color” within social work teaching and practice (p. 246). This activism ultimately led to a Council on Social Work Education (CSWE) mandate regarding the need to consider race, racism, and people of color within social work practice, and later led to a CSWE cultural competence mandate that is broader and addresses multiple kinds of oppression, similar to the NASW Code of Ethics.

During the 1980s, so-called “ethnic-sensitive practice” was widely implemented throughout social work practice and education (Abrams & Moio, 2009; Van Den Bergh & Crisp, 2004). This concept incorporated an awareness of race and ethnicity and evolved further to incorporate class, and later on incorporated an awareness of other forms of oppression such as

sexism, homophobia, ageism, and ableism – similar to the trajectory of intersectionality theory (Abrams & Moio, 2009; Van Den Bergh & Crisp, 2004). Ethnic-sensitive practice eventually became known as “cultural competency” (among other aliases) and this model has generally become the go-to model for service providers – including, but not limited to social workers – who recognize the need for continued education around issues of diversity. According to Abrams and Moio (2009), cultural competency includes at least two discernable ideological underpinnings: self-awareness and skills development (p. 247). There are multiple critiques of cultural competency as a service delivery model, however self-awareness and skills development seem so basic and necessary in an age when service providers and those seeking services are continuously navigating social locations that dictate one’s areas of privilege, power, powerlessness, and oppression. In order to provide services ideal services, the provider must understand her or his own biases, and areas of privilege and powerlessness. Service providers must then be able to gain a better understanding of how their own world views and identities impact their service delivery. Additionally, skills development should happen on a consistent basis and in tandem with the process of self-awareness. As far as goals for this model are concerned, cultural competency seems admirable. It is in the ambiguity of the model itself, the implementation of the model, and seeming reluctance to incorporate more postmodern and critical thinking into the cultural competence paradigm that can, cumulatively, render the model limited. However, the aim of this theoretical thesis is to bridge the gap between intersectional theory and the cultural competency framework to better inform practice, policy, and research with gay male victims of intimate partner violence.

A Critical Examination of Cultural Competency

Mui Ha Kwong's 2009 study and evaluation of cultural competency as a social work practice model examined the model's perceived pitfalls, current understandings of culturally competent practice, and offered suggestions of ways to better comprehend and build upon the model itself. This qualitative study utilized interviews with 10 professionals (educators, researchers, clinical supervisors) who have extensive knowledge of and experience with multicultural education and counseling. By asking a series of interview questions related to the participants' own conceptualization of and approach to cultural competency, the author was able to glean themes from the interviews that included culturally competent development in one's practice, essential components of the model, and a critical conceptualization of the model. As a result of the interview and analysis process, the author offered up the theoretical and clinical implications of the study, which included: working on a micro-level, with the clinician positioned as a learner rather than an expert within the client-clinician dyad; the need to move from a content-focused approach to a process-focused approach when continuing one's education on multicultural issues; and the continued need for tools that evaluate one's practice as well as highlight gaps in service.

Informing Kwong's (2009) study were a number of critiques of cultural competence as a practical model for social work practitioners and educators. One critique the author highlighted was the current ambiguity surrounding the concept and definition of "culture." As one of the main components of cultural competency, culture tends to be poorly understood and in need of a clear and specific definition, since most conceptualizations seem to be expressed in a cognitive sense (race, gender, class, dis/ability) or understood through behavior and customs; multiple definitions and ways of understanding the concept of culture have the potential to lead to

confusion (Kwong, 2009). As a result of this “definitional [ambiguity]... practice applications based on theoretical constructs are still considered abstract and behavioral indicators in assessing cultural competency are rarely described” among scholars and within relevant literature (Kwong, 2009, p. 148). Without a widely accepted working definition of “culture,” an assessment of the cultural competency of a practitioner or agency remains blurry and inaccurate. Without this most basic component of the concept nailed down, it seems inevitable that confusion and barriers would manifest when implementing any sort of measurable cultural competency assessment and/or when attempting to build upon the existing cultural competency framework.

Jani et al (2011) provide a critical examination of the history and current state of the cultural competency model, highlighting the ways in which the model is anchored in notions of essentialism, modernism, and assimilation. The authors state that modernism, in this case, refers to the “establishment of universal, normative standards; [and] an emphasis on rationality, logic, and order, which is often reflected in the creation of clearly delineated categories” (Jani et al, 2011, p. 284). The stereotyping and generalizing that comes along with a modernist approach fails to examine any nuanced understanding of identity and does not take into account the widely accepted social work perspective of person-in-environment. The authors warn that a postmodern approach, when conceptualizing what is generally understood to be cultural competency, should not just be a negation or total inversion of modernism. They argue that utilizing postmodernism “substitutes the idea of multiple subjective truths for the notion of singular objective knowledge” through deconstruction (Jani et al, 2011, p. 284). When postmodernism is part of the framework, identities can be understood as complicated and complex – the perspective of person-in-environment becomes easier to grasp and use when adjusting and adapting services to meet individuals’ unique needs and circumstances.

Similar to the critique and analysis of cultural competency from Jani et al (2011), Carpenter-Song et al (2007) highlight the general misunderstanding of what constitutes culture with regards to the mainstream cultural competency model. Using an anthropological lens to examine culture, Carpenter-Song et al (2007) state that typical cultural competency models “frequently present culture as static; ... conflate culture with race and ethnicity; do not acknowledge diversity within groups; ... [and] often emphasize cultural differences, thereby obscuring structural power imbalances” (p. 1363). The authors point out that when culture is presented as a static concept, it is essentialist and “not viewed as a dynamic, ongoing process and an emergent product of human interaction (Carpenter-Song et al, 2007, p. 1363). When culture is viewed in a static and essentialist manner, the identities of individuals and groups fail to be understood in complex and nuanced ways. The results of this failure are services that are not appropriate or applicable for the populations seeking services, or in other words, culturally incompetent services. Thus, it is important for culture to be conceptualized as fluid concept that considers the dynamic interaction of an individual and his or her environment.

Additionally, the authors consider the oversimplification of culture as the root cause of the conflation of culture with race and ethnicity. They claim that most cultural competence efforts base their understanding of culture on perceived differences among ethnic groups and other stereotypes, allowing understandings of culture to mirror or be mistaken for understandings of race and ethnicity (Carpenter-Song et al, 2007, p. 1363). Stereotypes and essentialist views of identities can lead to what the authors consider to be a “commodification and reification of culture,” resulting in little to no push-back against existing oppressive structures and institutions (Carpenter-Song et al, 2007, pp. 1363-4). Similarly, an overly general and one-size-fits-all approach to understanding culture obscures and hides any subtle or overt differences within

populations and groups that have previously been lumped together. When differences within marginalized groups are hidden, it can echo the characteristics of intersectional invisibility – this leaves populations and sub-groups underserved or ignored. The authors call for an anthropologically-informed understanding of culture to address the critiques they articulated with regards to common cultural competency models (Carpenter-Song et al, 2007, p. 1364). One of the main components of this approach is the integration of client perspectives in the continued development of agencies' culturally relevant practices and procedures. Armed with this input, service providers can have a better understanding of where their services are lacking, who they are reaching and which populations are absent, and in what ways they are providing appropriate and useful services.

Overall, the cultural competency model alone is limited in terms of providing a dynamic understanding of an individual, areas of privilege and oppression, and the ways in which individuals may navigate their environment(s). Many of its critiques could be applied to the intersectionality framework, but the difference between the two lies in each framework's ability to evolve and adapt, while still retaining its relevance and usefulness where service provision is concerned. Cultural competency appears anchored in the notions of easily digestible, over-generalized, and essentialist bite-sized pieces that can be translated into agency and workplace trainings, course work, and continuing education. Intersectionality, while sometimes utilizing rigid identity categories, appears to have more room for growth and change. Part of its history reflects this notion as seen in the consistent “tacking on” of categories as populations and identity-based groups become more vocal about invisibility and oppression. Cultural competency does not seem to have the forward momentum and potential for evolution that intersectionality does. With all of this in mind, intersectionality appears to be the most promising framework of

the two when considering the problem of gaps in and unequal access to intimate partner violence services for gay male victims.

CHAPTER VI

Discussion

Review of phenomenon and theoretical frameworks

The problem of unequal access to intimate partner violence services was discussed previously in both the introduction and phenomenon chapters. Gay male victims of abuse are in a unique position with regards to accessing appropriate services – specifically, they are being underserved and their abuse is minimized or made invisible. Traditional domestic violence agencies tend not to explicitly advertise their services in a way that reaches local men (and may not offer as many services to men as women); service providers may not be comfortable or familiar with the LGBTQ community or the dynamics unique to LGBTQ partner abuse; heterosexism and homophobia are alive and well both at a micro and institutional level; gay male victims of partner abuse may experience isolation on a number of levels due to a lack of an LGBTQ community in their region or neighborhood, and because experiencing partner abuse is often a very isolating experience in general, especially when that abuse is misunderstood by service providers (Jerke, 2011; The Network/La Red, 2010).

In order to provide adequate and inclusive intimate partner violence services to the gay male population, agencies and service providers may benefit from incorporating components from the two theoretical models discussed in this project: the theory of intersectionality and the theoretical model of cultural competency.

Intersectionality, as has been stated in previous chapters, hones in on the simultaneous and layered identities an individual lives with and the layered oppression(s) that can come along with this complex understanding of what constitutes identity (Crenshaw, 1991; Davis, 2008; Nash, 2008). Cultural competency is primarily a model used in the education of future and current service providers who recognize the importance of learning about cultural diversity and allowing any concepts learned to inform one's individual and/or agency practice (Abrams & Moio, 2009; Van Den Bergh & Crisp, 2004). There is a lack of substantial literature regarding each concept's relationship to the LGBTQ population and gay men in particular.

Neither model appears to be a miracle framework that can solve the problem of unequal access to services experienced by gay men, though cultural competency can sometimes present itself in a one-size-fits-all, easily digestible model for agencies tackling issues of diversity and inclusivity. Realistically, a one-size-fits-all approach undermines the complex nature of intimate partner abuse and abuse experienced by gay men in particular. Intersectionality appears to at least try to pick up this slack by incorporating complexity into its main theoretical components. Additionally, both theoretical models seem to have a built-in sense of ambiguity or openendedness, which can provide more freedom and potential for future theoretical evolution, or be viewed as a characteristic that weakens the theory (Davis, 2008; Erel et al, 2011; Gamson & Moon, 2004; Kwong, 2009; Nash, 2008).

For the purposes of this project, sexual orientation as an identity category is a major focus. Both theoretical models can potentially use sexual orientation as a piece of their constructed lens, and in some of the more contemporary literature, both models do consider sexual orientation as an essential theoretical component (if as an afterthought, as some have argued) (Carpenter-Song et al, 2007; Davis, 2008; Erel et al, 2011; Gamson & Moon, 2004;

Kwong, 2009; Nash, 2008; Van Den Bergh & Crisp, 2004). When considering the problem of unequal access to useful intimate partner violence services by gay men, both theoretical models have useful tools to aid agencies and individuals in their quest to provide quality services to a population that has historically been underserved, ignored, and marginalized. Two organizations in the US that have a dual focus on the LGBTQ population and intimate partner violence are The Network/La Red, based in Boston, MA, and the New York City Anti-Violence Project (commonly known as AVP) in New York, NY. The following section will give an overview of each organization and illustrate the ways in which these programs might implicitly or explicitly integrate intersectionality and/or cultural competency into their agency models.

Agencies successfully providing inclusive services

According to The Network/La Red's outreach material, the organization was formed in 1989 in Boston, MA and consisted of a group of self-identified lesbians who had experienced partner abuse and who wanted to address the problem of same-sex partner abuse within the lesbian community – an issue they believed was being ignored by both the lesbian community and the heterosexual community (The Network/La Red, 2012). Initial services the organization provided included a hotline, an on-going support group, a safe home/shelter, and later advocacy programs were implemented. Around 2010, The Network/La Red engaged in a strategic planning process that helped the agency examine the populations they were working with and assisting. This process revealed that the agency was increasing its work with the gay, queer, polyamorous, and BDSM communities (as stated above, The Network/La Red began as an organization that worked primarily with lesbian women) and resulted in the agency changing its mission statement to name, specifically, all the populations it was working with and for (The Network/La Red, 2012). The Network/La Red's current mission statement reflects this agency-level self-reflection:

The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, BDSM, polyamorous, and queer communities. Rooted in anti-oppression principles, our work aims to create a world where all people are free from oppression. We strengthen our communities through organizing, education, and the provision of support services (The Network/La Red, 2012).

In addition to a mission statement, The Network/La Red functions under a set of guiding principles, all of which are informed by an over-arching anti-oppression framework.

These principles include an agency-wide definition of anti-oppression as “the beliefs, actions, and policies that aim to eliminate the imbalance of power within our society,”

and the following values and tactics:

Identify, confront, and take action against all forms of oppression/Root our work in the experience of survivors/Develop and encourage survivor leadership/Support the ability and right of individuals — especially survivors –to make their own decisions/Recognize that individuals can simultaneously experience multiple forms of oppression and privilege. For example, while a white lesbian experiences oppression, she also benefits from white privilege/Work in solidarity with other movements striving to end oppression and violence/Hold ourselves and one another accountable to these principles (The Network/La Red, 2012).

The agency’s use of gender-neutral language – “individuals” and “survivors” – and the statement, “Recognize that individuals can simultaneously experience multiple forms of oppression and privilege,” echo the basic definition of intersectionality. It appears that The Network/La Red has incorporated an intersectional framework into its guiding principles in an explicit way. While they are working with a specific population (the LGBTQ population), they recognize the numerous ways that identities can manifest, present, and shift. This recognition can be seen in the agency’s own focus that has shifted from lesbian-only services to services that cast a wider net to include gay, transgender, polyamorous, queer, and kink communities. The Network/ La Red also seems to recognize the importance of reaching Spanish-speaking

communities and has successfully integrated Spanish language services and outreach material into their agency operations (this is also obvious in their name: “la red” is the Spanish translation of “the network”). This illustrates their understanding of the intersectionality of identities as it applies to individuals who identify as LGBTQ; people who might utilize The Network/La Red’s services may identify somewhere along the LGBTQ spectrum and could *also* identify as Latino/Latina, Chicano/Chicana, and/or someone whose primary language is Spanish. It is also important to point out The Network/La Red’s location in Boston. Boston is a major metropolitan city with a very diverse population residing in and around the city limits; it would be unwise (and perhaps unethical) for the agency to not acknowledge this diversity. The urban and diverse environment in which The Network/La Red is situated most likely informs the services it provides and which populations have access to these services.

The New York City Anti-Violence Program (AVP) was formed in 1980 as a response to anti-LGBT violence and bias crime (AVP, 2010). Its formation was also a reaction to the failure of community law enforcement and the criminal justice system to respond to this violence. Initially, AVP’s services mainly involved professional counseling to victims of anti-LGBT violence. Over time, services were expanded and AVP began providing services to LGBTQ individuals who had experienced partner abuse, sexual assault, and HIV-related violence in addition to hate/bias-related violence. Services provided by AVP include court advocacy, 24-hour Spanish/English bilingual hotline, short-term and long-term individual counseling, assistance with finding appropriate shelter/safe-housing, advocacy for LGBTQ victims navigating a variety of systems (criminal justice/police/courts, medical, and social services), and peer-support groups. In addition to direct services tailored to LGBTQ victims of partner abuse and other forms of violence, AVP provides technical assistance and outreach to other community

agencies regarding LGBTQ intimate partner violence and bias crime directed at LGBTQ individuals and communities (AVP, 2010). This blend of direct service and community activism is reflected in their agency mission statement: “We empower lesbian, gay, bisexual, transgender, queer, and HIV-affected communities and allies to end all forms of violence through organizing and education, and support survivors through counseling and advocacy” (AVP, 2010).

AVP’s social activism and community outreach and trainings appear to integrate some basic components of cultural competency into its work with non-client populations. Cultural competency, as discussed in the previous chapter, is a popular model for service providers who recognize the need for continued education around issues of diversity – this is usually achieved through education and skill development with the goal of cultivating greater sensitivity towards various populations as well as the ability to self-reflect on one’s privilege and/or own identity (Abrams and Moio, 2009; Van Den Bergh & Crisp, 2004). In this case, AVP provides the education (the cultural competency education) to other agencies, offices, and service providers. This education is focused on the specific needs of the LGBTQ population and is tailored to each outside organization receiving the education. One critique of cultural competency discussed in the previous chapter is that, often, cultural competency is anchored in notions of modernism; cultural competency can play into oft perpetuated stereotypes, generalizations, and rigid identity categories (Jani et al, 2011). Receiving education, training, and/or technical assistance from an established organization such as AVP (or The Network/La Red, which provides similar community outreach to interested organizations) works to avoid perpetuating stereotypes and generalizations about other populations – in this case, any potential LGBTQ clients seeking services – since the LGBTQ population is the population primarily served by AVP. An AVP representative may have more insight into the needs of the LGBTQ population and would be

mindful of any offensive language, have ideas about inclusive agency policies that could work for the organization receiving the education/cultural competency training, could be perceived as an expert on the population(s) as opposed to an internal Human Resources staff person who has to fulfill an agency-mandated diversity training.

Clinical Implications and Recommendations for Social Work Practice, Policy, & Research

Intersectionality and cultural competency both have the potential, when administered and integrated mindfully, to benefit service provision on micro and macro levels. The profession of social work aims to recognize and overcome oppression and both theoretical frameworks address oppression explicitly. When examining the phenomenon of unequal access to partner violence services by the gay male population, service providers in a traditional domestic violence setting would benefit greatly by integrating tenets of intersectionality and cultural competency. These service providers would also benefit greatly by looking to agencies such as The Network/La Red and AVP for guidance related to best practices when it comes to making their agencies inclusive to the needs of gay men who have experienced partner abuse. The Network/La Red and AVP offer training and technical assistance to other professionals who are interested in cultivating a greater sense of inclusivity and who are interested in serving populations who are traditionally ignored or underserved – in this case, gay male survivors of abuse. The first step for agencies would be, of course, the recognition that their agencies have gaps in service and that there are populations in their community that they are failing to serve. Clinical social workers who work in counseling or other mental health settings could implement intimate partner abuse screenings and assessments specifically tailored to be LGBTQ inclusive (Feldman et al, 2007; Merrill & Wolfe, 2000), and assess gay male victims' the level of involvement with LGBTQ communities and organizations (McClennen, Summer, & Vaughan, 2002) . Similarly, service providers can

seek out involvement from loved ones and other supportive and affirming individuals or groups when assisting gay men who are seeking services related to intimate partner violence (Garnets, Herek, & Levy, 1990).

On a macro level, agencies would need to become cognizant of policy and legislation that perpetuates discrimination and get behind local, state, and federal legislation that creates protection for vulnerable populations.¹ After recognizing where gaps in services are, it is up to the agency in question to address ways to remedy their service provision. If an agency decides to address and remedy gaps in services to gay men, it would be important to have the agency board of directors, funding providers, and the greater community on board since, unfortunately, addressing the needs of LGBTQ individuals still remains a divisive issue across the US. By enlisting the help and guidance of other agencies, groups, or individual professionals (such as AVP or The Network/La Red), the agency can further evaluate its own services, reflect on any offensive or exclusive services it may be providing, where its strengths are, and how to realistically and intentionally implement inclusive services. Both AVP and The Network/La Red offer guidance and regarding agency self-evaluation and The Network/La Red provides relevant material on its website for agencies to use.²

Another important aspect to keep in mind when addressing gaps in service for gay male victims of intimate partner violence is a deliberate focus on both the strengths and areas of oppression experienced by gay men in their communities and individually. The literature tends to

¹ Perhaps partnering with or supporting political and policy-focused organizations that continue to lobby for the civil rights of LGBTQ individuals, both locally and nation-wide.

² Evaluation tools and its extremely informative and thorough manual on inclusive service provision for traditional domestic violence agencies can be found on The Network/La Red's website at: <http://tnlr.org/resources/for-service-providers/>.

focus primarily on issues of risk or risk factors and does not specifically highlight areas of strength and support within LGBTQ communities or within gay male individuals. It is the job of social workers to create and maintain space for strengths to surface, while at the same time addressing macro, mezzo, and micro levels of oppression.

Conclusion

Education, self-reflection, and evaluation are necessary in order for traditional domestic violence service providers to begin the process of cultivating more inclusive services. Once the need for inclusive services for gay male victims of intimate partner violence are assessed, services are implemented, and the services continue to be evaluated, the problem of unequal access to services can finally begin to diminish in a real way. Intersectionality and cultural competency both highlight the use of education, self-reflection, and evaluation in the successful utilization and application of their frameworks. Each theory may prove weaker on its own compared to the application of both theories in a united and blended way – this can be imagined more so regarding cultural competency, since its roots are in so-called “sensitivity” trainings which did not prove particularly useful when implemented rarely and in an isolated fashion (Abrams & Moio, 2009). Combining characteristics of intersectionality and cultural competency provides a promising, holistic, and nuanced lens through which to examine an agency, the gaps in service, the sociocultural makeup of the population that is underserved, and the steps an agency can realistically take to address their gaps in service and to cultivate more appropriate and available services.

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