

“A VICTIM IS A VICTIM”:  
BARRIERS TO CULTURALLY COMPETENT SERVICE DELIVERY TO LESBIAN,  
GAY, BISEXUAL, OR TRANSGENDER CRIME VICTIMS

by

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A dissertation submitted to the  
School of Graduate Studies  
Rutgers, The State University of New Jersey

In partial fulfillment of the requirements

For the degree of

Doctor of Philosophy

Graduate Program in Social Work

Written under the direction of

Michael LaSala

And approved by

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New Brunswick, New Jersey

MAY 2018

## ABSTRACT OF THE DISSERTATION

“A Victim is a Victim”: Barriers to Culturally Competent Service Delivery to Lesbian,  
Gay, Bisexual, and Transgender Crime Victims

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LGBT victims of crime underutilize the services available through victim assistance systems, for reasons such as fear of secondary victimization, perceived heteronormativity of the organization, and perceived insensitivity to their needs (Duke & Davidson, 2009; Faulkner, 2001; Hamberger et al., 2004; Hamberger, 1996). The purpose of this dissertation study was to describe how victim assistance service providers understood and practiced LGBT cultural competence. Secondary analysis of qualitative data, based on questionnaires and focus groups or interviews with 84 service providers, was conducted using thematic analysis techniques. Results of the study revealed that most of the respondents were practicing with cultural blindness (Cross et al., 1988). Most respondents did not ask for victims' sexual orientation or gender identity, and did not understand the importance of obtaining this information. Furthermore, administrative policies and procedures influenced culturally blind direct service provision. Several themes emerged to explain how barriers to providing LGBT culturally competent services were experienced, including lack of LGBT specific training, perceived irrelevance to the crime, and policies and procedures that were not LGBT specific.

Social workers can provide research and training to enhance LGBT culturally competent service delivery to victim assistance providers. Practice and administrative implications are offered.

## **Key Terms**

Several key terms will be used throughout this dissertation, and so a definition of these terms is provided below alphabetically:

**Coming out.** The process, often lifelong, during which LGBT people become aware of, acknowledge, accept, appreciate, and disclose their sexual or gender identity. Coming out can involve self-knowledge, or sharing this information with friends, family, and employers. An LGB person must come out due to other people's expectations that they are heterosexual, whereas a transgender person must come out due to other people's assumptions regarding his or her gender identity. (Lev, 2004)

**Gender expression.** Aspects of behavior and outward presentation that may (intentionally or unintentionally) communicate gender to others in a given culture or society, including clothing, body language, hairstyles, voice, socialization, relationships, career choices, interests, and presence in gendered spaces (restrooms, places of worship, etc.) (Virginia Anti-Violence Project, n.d.)

**Gender identity.** Gender is a social construct that divides people into "natural" categories of men and women that are assumed to derive from their physiological male or female bodies. A person's self-concept of their gender (regardless of their biological sex) is called their gender identity. (Lev, 2004, p. 396)

**Heterosexism.** The institutionalized set of beliefs that heterosexuality is natural, normal, and superior to homosexuality. (Lev, 2004, p. 396)

**Homophobia/ Biphobia/ Transphobia.** A fear or hatred of lesbian, gay, bisexual, or transgender people. Heterosexism as well as homo/bi/transphobia

relate to the lack of certain privileges such as legal protections, expressions of identified gender, and freedom to be as publicly affectionate as non-LGBT people are (Lev, 2004).

**Internalized homo/bi/transphobia.** The adoption of negative and unhelpful ideas that exist in the broader community toward homosexuality (Malyon, 1981/1982)

**LGBT.** An acronym for “lesbian, gay, bisexual and transgender” (Lev, 2004, p. 397)

**Queer<sup>1</sup>.** A political and sometimes controversial term that some LGBT people have reclaimed, while others still consider derogatory. Used most frequently by younger LGBT people, activists, and academics, the term can refer either to gender identity, sexual orientation, or both, and can be used by people of any gender. (Virginia Anti-Violence Project, n.d.)

**Transgender.** An umbrella term including many people who are gender variant. Transgender people can be heterosexual, homosexual, bisexual, or asexual. (Lev, 2004, p. 399)

**Transition.** The process that transgender people move through in accepting their gender identity, particularly the physical, legal, and psychological experience of moving from one gender identity to another, or allowing others to see their authentic identity. Part of this process can involve cross-living as the non-biological gender. Transition often implies hormonal and surgical treatments and the physical changes that accompany them. (Lev, 2004, p. 399)

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<sup>1</sup> “Queer” has been used inconsistently in the literature. Typically, the term “queer” is attached to research on larger samples of lesbian, gay, bisexual, and/or transgender studies, and is seldom isolated as its own demographic characteristic. “Queer” is sometimes considered an umbrella term to encompass all non-dominant sexual orientations and gender identities. Inclusion of “Q” for queer will only be present in this literature review when the article being reviewed included this demographic.

**Victim and Witness Assistance Programs.** Programs that ensure that victims and witnesses of crimes are treated with fairness and respect, afforded their rights, and provided with the services they need to help ease the impact of victimization. Such services include, but are not limited to, crisis intervention, emergency shelter and transportation, counseling, and criminal justice advocacy. All states and most territories receive annual state victim assistance program grants that support local community-based organizations and public agencies that provide services directly to victims (OVC, 2013). The nature of agencies that do victim assistance may also vary. For instance, victim assistance service organizations can be private non-profit organizations, affiliated with the District Attorney's Office, or with city or county Prosecutors' Offices.

**Victim assistance service providers.** Individuals who respond to the mental, physical, financial, emotional, social and spiritual needs of crime victims (DeHart, 2003). These providers can be social workers, victim advocates, hotline workers, or volunteers, who may have a range of educational backgrounds or professional membership. Victim assistance service providers can be found staffing Victim and Witness Assistance programs, branches of the Office for Victims of Crime (OVC), which is a component of the Office of Justice Programs, U.S Department of Justice (OVC, 2013).

## ACKNOWLEDGMENTS

I am filled with gratitude for the many people who have supported and encouraged me throughout this journey.

My sincere thanks to Dr. Michael LaSala who has helped me grow as a scholar, a social worker, and a person. I am grateful for his willingness to have served as my chairperson and mentor. He provided me with feedback, availability, and guidance throughout each step of this dissertation, from conceptualization to completion, and instilled great confidence in my ability to complete this very important work. Thank you also to Dr. Edward Alessi, Dr. Kristin Scherrer, and Dr. James Martin for the valuable insight that was provided, the generosity of the time they gave to focus on this work, and their interest in my scholarly development. I am also thankful for my collaborations with Donna Van Alst and Sandra Moroso-Fela, who were instrumental to my involvement with the initial project that led me to conceptualize this dissertation. My thanks to those who participated in this study, those victim assistance staff and administrators who are dedicating their careers to the well-being, protection, and healing of all those who experience victimization.

My parents, Eugene and Jean Fedor, have shown complete confidence in me during the research and writing of this dissertation, especially during the times when my motivation was low. They have supported me in every way imaginable, have shared in each of my joys and frustrations, and never once doubted my ability to see this through. My siblings have also shown keen interest and constant pride in my development as a social work scholar, even when I would get annoyed each time they asked, “When will you be done with your dissertation?”

Many friends and mentors have given me encouragement, laughter, and wisdom, and helped me to maintain perspective and a necessary work/life balance: Jaime Vander Velde, Jana Horowitz, John McGovern, Anthony Rodriguez, Mike Josephsen, Debbie Mack, Adam Kane, Al Romao, Susan Menahem, Dr. Margaret Nichols, and Linda Knowlton. The memories of the late Anne Mannion and Bobbie Feuerlicht continue to provide a source of much comfort and inspiration.

And as always, gratitude to my Higher Power, for all things.



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## CHAPTER I

### Statement of the Problem

The National Association of Social Workers *Code of Ethics* (2017) states that social workers should receive education on how to understand the nature of social diversity and oppression in respect to sexual orientation and gender identity and expression, among other identities (1.05[c]). Similarly, included in the *Code of Professional Ethics* for Victim Assistance Providers is a mandate that, in his or her professional conduct, the victim assistance provider shall not discriminate against any victim on the basis of sexual orientation, as well as other protected identities such as race, ethnicity, sex, or religious beliefs (National Organization for Victim Assistance, 1995). Absent from the *Code of Ethics* for Victim Assistance Providers are anti-discrimination provisions regarding the victims' gender identity or gender expression, which would include those who identify as transgender, questioning, or queer. This absence means that victim assistance service providers are left without overt guidelines for professional behavior with these populations (Ethics Resource Center, 2009). Furthermore, no evidence exists that there are uniform consequences for not adhering to this code. While victim assistance providers are bound to meet the multidimensional needs of all their clients, it is largely unknown what their perceptions are towards LGBT crime victims, the degree to which they engage in culturally competent practice with these communities, or how biases towards the LGBT population impact the services they provide. This dissertation study sought to shed light on these areas.

While attention has been given to LGBT victimization in recent years, research has consistently revealed that ascertaining the prevalence of this problem has been

challenging (CDC, 2013; Hein & Scharer, 2013; Pattavina et al., 2007; Tesch, Bakerian, English & Harrington, 2010). There is currently no national or census-like measure to determine how many people in the US identify as LGBT, and so prevalence estimates must be used (Hein & Scharer, 2013). Additionally, no nationally representative information is currently available that reflects the experiences of all victims of crimes such as IPV or sexual violence by sexual orientation, gender identity, or gender expression (CDC, 2013). Indeed, little is known about the prevalence of victimization over the life span among lesbians, gay men, bisexual women and men (Balsam, Rothblum & Beauchaine, 2005), and even less about transgender persons (Stotzer, 2008). Accurate, national level data on the prevalence of crimes such as IPV and sexual violence by sexual orientation, gender identity, or gender expression are needed to enhance understanding of disparities in victimization (CDC, 2013). Information that has been collected on the prevalence of LGBT victimization is reviewed in subsequent sections of this dissertation that describe and discuss intimate partner violence, bias motivated, and total victimization in LGBT communities, but this information must be considered in light of these limitations.

It was largely unknown what, if any, barriers existed at an organizational level that impeded an LGBT victim from receiving vital services during the vulnerable period that follows victimization. This dissertation study provides further exploration as to what contributed to the attitudes, knowledge, and skills that victim assistance providers have towards LGBT crime victims. For instance, if a victim assistance service provider had limited skills in working with LGBT clients, what were the reasons for such limitations? Did organizational structure or culture contribute to service providers' perceptions?

While victim assistance providers are bound to nondiscriminatory practice, the importance that they give to a client's sexual orientation or gender identity had yet to be examined. Since asking for a victim's sexual orientation or gender identity is not part of standard victim services practice, it is conceivable that the decision whether to conduct such an assessment or not is largely left to the discretion of the individual service provider (Bjorkman & Malterud, 2007; Boehmer & Case, 2004). Such ambiguity can allow for individual perceptions including biases and prejudices about LGBT victims to impact the client's experience within the victim assistance system. Indeed, the failure of service providers to address the needs of their LGBT clients can have dire consequences, such as inappropriate referrals, inaccurately processing the case or taking the nature of the crime less seriously (Brown & Groscup, 2009). It is reasonable to assume that any bias, misconception, or nescience held by a victim assistance provider towards an LGBT victim will impact the quality and appropriateness of the professional rapport that is established and the services provided (Brown & Groscup, 2009; Wise & Bowman, 1997)

A foundational study for this dissertation is a report entitled "Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender and Queer Victims of Hate Violence and Intimate Partner Violence" (Ciarlante & Fountain, 2010). This report has brought increased awareness to the need to understand and strengthen victim assistance service providers' knowledge, skills, and attitudes about working with LGBT crime victims. The significance of this report cannot be overstated, as it is the first of its kind to specifically capture the ways in which victim service agencies are not meeting the needs of LGBT crime victims. This work, based on survey data collected in 2009 ( $N = 648$ ) from agencies, programs, and networks affiliated with the National

Center for Victims of Crime (NCVC) and the National Coalition of Anti-Violence Programs (NCAVP), brought attention to the lack of culturally competent services that address and prevent violence against LGBT victims. This means that there is no uniform protocol in how the sexual orientation or gender identity of a victim is asked for, what resources or procedures exist for LGBT victims, or how culturally competent practice is provided. The report focuses on services to LGBT victims of hate crime and intimate partner violence, finding that most of the surveyed victim service agencies (1) lacked outreach to LGBT victims; (2) lacked LGBT cultural competence training for staff; (3) did not implement LGBT-specific service policies and practices; (4) did not collaborate with LGBT-specific service providers, and (5) were insufficiently resourced to correct these barriers to LGBT-specific services.

Although literature on victim service providers' cultural competence with LGBT clients is limited, research has been conducted on the prevalence, experiences, and concerns of LGBT crime victims and their perceptions of the victim assistance system (Ciarlante & Fountain, 2010; McClennen, Summers & Vaughan, 2002; Tsui, Cheung & Leung, 2010). In examining this literature, alarming patterns emerge that reflect why LGBT victims may perceive victim assistance staff and agencies to be unhelpful, or unable to appropriately fulfill the needs that arise in the wake of victimization (Ciarlante & Fountain, 2010; Hassouneh & Glass, 2008; Merrill & Wolfe, 2000; Simpson & Helfrich, 2005; Turell & Herrmann, 2008). Research has suggested that LGBT crime victims typically utilize formal services provided through victim assistance agencies as a last resort, preferring to first rely on informal sources of social support (e.g., friends, acquaintances, or family) (McClennen, Summer & Vaughan, 2002; Merrill & Wolfe,

2000). These supports can be limited as members of informal networks are unlikely to have the knowledge or skills regarding how best to protect the victim from the perpetrator, on how to best protect the victim's safety, and how to best respond to the emotional, physical, or psychological effects that may result from victimization (McClennen, Summer & Vaughan, 2002; Merrill & Wolfe, 2000). Additionally, since informal supports remain the first and often only type of assistance sought by this population, the rates of LGBT crime victimization may go largely unreported (Gentlewarrior, 2009). Such underreporting will fail to capture the enormity of the problem. This is significant because accurate reporting of victimization has broad implications for law enforcement and victim support resources, can influence public policy in public health, mental health, and education, and can be used to create interventions that will reduce the risk of future victimizations (Langton, Planty, & Sandholtz, 2013).

Furthermore, failure to receive formal assistance, or hesitance to disclose one's sexual orientation or gender identity, once in the formal delivery system, will skew the understanding of the prevalence of LGBT victimization, because if sexual orientation or gender identity is not disclosed, it cannot be reported (Ciarlante & Fountain, 2010; Gentlewarrior, 2009; McClennen, Summers & Vaughan, 2002; NCAVP, 2012). Indeed, such silence around sexual orientation and gender identity may be a result of LGBT victims not utilizing formal services, or not disclosing their sexual orientation or gender identity, and victim assistance providers who may not be competently asking for the sexual orientation or gender identity of the victim (Ard & Makadon, 2010; Ciarlante & Fountain, 2010). If LGBT victims of crime perceive that they will be treated unfairly by

victim assistance service providers, an investigation needs to be conducted to ascertain what the perceptions of such service providers are towards this community; in other words, are the assumptions made by LGBT crime victims towards service providers, in fact, true?

While literature has not focused on the interaction of victim assistance providers with LGBT clients, some research has documented the relationship of mental health providers, medical providers, and law enforcement with LGBT victims (Ard & Makadon, 2011; Banks & Fedewa, 2012; Bernstein & Kostelac, 2002; Grant et al., 2011; Kuehnle & Sullivan, 2001; Pattavina et al., 2007; Tesch, Bekerian, English & Harrington, 2010). These other service providers are relevant to this dissertation study because the Office for Victims of Crime (OVC) considers mental health providers, social workers, medical providers, and law enforcement as allied professionals to victim assistance workers. This research strongly suggests that helping professionals are underprepared to work effectively with LGBT clients. However, an examination of the perceptions held by victim assistance providers was undertaken because the LGBT client will rely upon these individuals for vital services such as appropriate referrals, advocacy, counseling, safety planning, and collaboration throughout court proceedings. Many LGBT victims hesitate to utilize victim assistance services because they believe that the provider will not be able to competently understand their needs as an LGBT victim (Ciarlante & Fountain, 2010).

Social workers can be employed as victim assistance staff or administrators, and victims can be referred to social service agencies for additional support. Both social work and victim assistance work are multidisciplinary professions, and this dissertation provides suggestions on how social work practitioners and researchers can guide victim

assistance service providers in how to connect with LGBT victims with enhanced cultural competence. With its roots in addressing inequities and socio-cultural injustices, and its mission to advance competent practices with marginalized populations (NASW, 2017) the social work profession can benefit from the implications suggested by the results of this dissertation.

The purpose of this dissertation study was to examine the perceptions and attitudes of victim assistance service providers towards LGBT victims of crime. Further, I examined how individual characteristics and organizational culture contributed to such perceptions. As a result of this study, social workers who are victim assistance providers will have a better understanding of what barriers might exist among victim assistance providers in their work with LGBT clients. Additionally, social workers who train or supervise victim assistance staff will have increased ability to focus their efforts on the various potential predictors of negative LGBT-related attitudes identified in this research, which will in turn enhance the trainer's effectiveness at assessment, intervention, and education. Schools of social work can incorporate the findings from this study in curriculum and field practicum development to enhance how social work students are learning about victim assistance service delivery to LGBT victims. Also, this study examined how organizational factors contributed to the levels of cultural competence among victim service providers, thus yielding opportunities for organizational change. Ultimately, the results from this study might allow for future LGBT victims of crime to experience a more culturally sensitive system that will aid them during a most vulnerable time.



## **CHAPTER II**

### **Review of the Literature**

The bulk of the research regarding LGBT victimization has focused on the perspectives and experiences of the victims themselves (Balsam, Rothblum & Beauchaine, 2005; Herek, 2009; Katz-Wise & Hyde, 2012; Kuenhle & Sullivan, 2003; Martin & Alessi, 2012; Turell & Herrmann, 2008). Therefore, a review of the relevant literature pertaining to LGBT victimization will be discussed in order to understand the crime victim-service provider relationship. I also review characteristics of help-seeking behaviors among LGBT victims of crime and utilization of formal victim assistance services. The significance of disclosure of sexual orientation or gender identity will also be examined from the perspectives of LGBT populations as well as from some of the professionals who work with them. Since the perspectives of victim assistance service providers towards LGBT victims of crime have been largely absent from the literature, existing research on allied professional services within the victim assistance system (e.g., law enforcement, mental health, and medical services) will be reviewed. Finally, an overview of culturally competent practice with LGBT populations as it relates to the victim assistance system will be provided to best capture the mission and expectations of victim assistance providers, and to identify gaps in services to LGBT crime victims.

As a majority of the literature on LGBT victimization focuses on intimate partner violence (IPV) and bias-related “hate” violence as types of victimization, what follows in the next two sections is a review of the literature in these two areas. Following these sections, I also include an overview of literature pertaining to victimization that is not bias related, as well as limitations that exist in obtaining an accurate understanding of the

prevalence of these problems. An overview of the nature of the problem of each category of victimization will be presented prior to the service provider response to give context to some of the reasons why and how an LGBT crime victim would seek such formal assistance. This literature begins to illuminate how a victim's sexual orientation and/or gender identity may impact the experience of being victimized and also how they seek help.

### **Intimate Partner Violence**

Intimate partner violence (IPV) is recognized widely by mental health professionals as a severe problem with the potential to produce a broad range of negative consequences for affected individuals, such as physical injury, mental health disorders, impaired relationship functioning, behavioral and emotional problems for children who witness acts of parental IPV, and economic impairment (Burke, Jordan, & Owen, 2002; Burke & Owen, 2006; McClennen, 2005; McClennen, Summers, & Vaughan, 2002). In the professional literature and the general media, a common portrayal of IPV involves a male batterer and a female victim (Stephenson, Khosropour & Sullivan, 2010). Indeed, continued efforts are needed to reduce and prevent violence in heterosexual relationships (Murray et al., 2006/2007). Types of abusive behaviors between partners can include physical, emotional, sexual, financial, social, or spiritual (McClennen, Summers, & Vaughan, 2002). Still, the perception remains that services received through the victim assistance system are geared towards heterosexual female victims (Turell & Herrmann, 2009), and this impression may impede many LGBT victims from seeking and receiving needed services.

Some statistical evidence suggests that IPV affects approximately one-quarter to one-half of all same-sex relationships (Alexander, 2002; Burke et al., 2002; McClennen, 2005; Pitt, 2000), and these prevalence rates estimates are similar to those of abuse in heterosexual relationships (Alexander, 2002; McClennen, 2005). This suggests that same-sex partners are abused about as often as heterosexual partners (Aulivola, 2004; Murray et al., 2006/2007; Pitt, 2000; Potoczniak et al., 2003; West, 2002).

The most comprehensive studies that have been conducted on LGBT crime victims have been undertaken by the National Coalition of Anti-Violence Programs (NCAVP), which began collecting such data in 1998. The NCAVP aims to prevent, respond to, and end violence against and within LGBT communities, and consists of local member programs, affiliate organizations, and individuals who seek to change how LGBT victimization is understood, both systemically and socially (2007). In 2011, NCAVP programs received 3,930 reports of LGBTQ intimate partner violence (NCAVP, 2012). While this would indicate a decrease in prevalence of 22.2% from 2010 reports, this decrease might be accounted for by the loss of funding and staff from the Los Angeles Gay and Lesbian Center's IPV programming, in turn reducing their ability to collect data from a potentially large number of LGBTQ victims. Excluding Los Angeles' reports, there was an 18.3% increase in LGBTQ reports of intimate partner violence (IPV) nationwide in 2011, and of particular concern are the 19 reported IPV homicides that occurred in 2011. Transgender and queer victims were more likely than victims who did not identify as transgender or queer to specifically report sexual violence within IPV. Further, LGBT youth, young adults, people of color, and young adults of color were more likely to report physical violence than those who did not identify as such (NCAVP,

2012). Bisexual survivors were more likely to report verbal harassment from abusive partners than the overall sample (NCAVP, 2012). This suggests that it is important to pay attention to differences in rates and types of victimization experienced based on types of sexual orientation and gender identity.

Following incidents of IPV, an order of protection may be sought. Orders of protection refer to civil orders issued by a judge to prevent one person from committing certain acts against others (i.e. by prohibiting contact), and the personal relationship between the “respondent” (person alleged to commit the prohibited act) and the victim (person to be protected) determines which kind of petition would be filed (US Legal, 2014). The NCAVP report reveals a decrease in orders of protection that were received by LGBTQ victims of IPV, from 83.7% in 2010 to 78.1% in 2011, an increase of survivors who were denied access to shelter, from 44.6% in 2010 to 61.6% in 2011, and an increase in IPV victims who were arrested, from 21.9% in 2010 to 28.4% in 2011. Perhaps these statistics reflect that incidents of LGBTQ IPV are taken less seriously than non-LGBT incidents of similar crimes, or a lack of services for LGBT victims, or a misunderstanding that IPV can and does exist in LGBT relationships. The findings from this report suggest that, by being denied access to shelter or being misidentified as a perpetrator of violence rather than a victim, problems existed in identifying, protecting and defending LGBT victims of violence. It is also undetermined why LGBT victims of IPV received orders of protection at a lesser rate during this one-year span, though it could be conjectured that the criminal justice system may not be sufficiently and consistently responsive to LGBT victims. Furthermore, IPV may be uniquely difficult to identify in same-sex relationships. For example, if a person in a same-sex relationship is

not asked about the nature of the relationship and is not comfortable disclosing this information, it is unlikely that it will be treated as an IPV incident. This research indicates that there are multiple barriers to determining incidents of same-sex IPV.

Although the LGBT population encompasses a wide range of behaviors and identities, there is good reason to suspect that many in this population experience IPV at least as frequently as heterosexual women who are the focus of most organized screening and intervention efforts (Ard & Makadon, 2011). The National Violence Against Women (NVAW) survey ( $N = 16,000$ ) was conducted via telephone between 1995-1996 from a random sample of households across the entire United States, and respondents who disclosed being victimized were then asked detailed questions regarding their experience of being victimized (Tjaden & Thoennes, 2000). This NVAW survey is significant in that it was the first large-scale study which compared heterosexual and same-sex couples who reported incidents of IPV. Results of this survey found that 21.5% of men and 35.4% of women in their sample who reported a history of cohabitation with a same-sex partner had experienced physical abuse in their lifetime, while the corresponding rates for men and women with a history of only opposite-sex cohabitation were 7.1% and 20.4%, respectively (Tjaden & Thoennes, 2000). More recently, the CDC (2013) conducted a survey via telephone ( $N = 16,507$ ) about experiences that included IPV among a random sample of English and/or Spanish-speaking adult men and women in the US. Data were collected using the National Intimate Partner and Sexual Violence Survey (NISVS), which is an ongoing, nationally representative survey that examines lifetime victimization, as well as victimization that occurred in the 12 months prior to the survey, of adult men and women in the US. NISVS is a national random digit-dial

telephone survey, and includes both landlines and cell phones. The quantitative survey asked for frequency of IPV victimization in the previous year, and asked respondents to identify their sexual orientation as either heterosexual/straight, lesbian, bisexual, or gay. It was found that bisexual men reported higher rates of IPV (37.3%) than gay men (26%) or heterosexual men (29%), and that bisexual women reported higher rates of IPV (61.1%) than did lesbian women (43.8%) or heterosexual women (35%). Unlike the NVAW survey, the CDC captures rates of violence among self-identified bisexual men and women, which is an often overlooked and underexplored demographic (Israel & Mohr, 2004). Yet it must be noted that stigma related to being an LGB crime victim may have made some respondents hesitant or less likely to disclose their LGB sexual orientation, thus it is possible that even this CDC report underrepresents the full extent of LGB victimization. Though this study attempted to capture known prevalence rates, the details of the victimization as well as the help seeking experiences of the victims were not captured.

Other groups, transgender individuals in particular, may suffer from an even greater incidence of IPV (Ard & Makadon, 2011). For instance, a non-random survey of 1,598 people (Landers & Gilsanz, 2009) was conducted to better understand the health of LGBT communities in Massachusetts. Data for this study were conducted using an online questionnaire that was developed by the Massachusetts Department of Public Health, and participants were recruited via e-mail obtained from MassEquality, which is Massachusetts' largest LGBT advocacy organization. This study examined the health of participants who reported being heterosexual ( $n = 450$ ), gay/lesbian ( $n = 965$ ), bisexual ( $n = 136$ ), or transgender ( $n = 52$ ). Transgender respondents reported lifetime physical

abuse rates by a partner of 34.6%, as compared to 14.0% for gay or lesbian individuals. The finding of high rates of IPV among transgender individuals, as well as men and women in same-sex relationships, defies conventional notions that such violence solely afflicts heterosexual women (Ard & Makadon, 2011). Data were obtained for the Landers & Gilsanz study by a survey that was distributed online to people who were on MassEquality's e-mail list, which limited participation in this study to people who were affiliated with MassEquality, had access to the internet, and were comfortable disclosing their LGBT identity. Further, the survey did not provide an option for respondents to answer open-ended questions that would have provided a more in-depth understanding of their victimization or help-seeking experiences. Research on transgender victims of IPV requires further inquiry (Duke & Davidson, 2009), to assess potential barriers to services including how well-prepared service providers are to work with these, often hidden victims of IPV, as well as in examining service providers' stereotypes regarding this community. Such research could help us understand the connection between the disproportionate rates of LGBT IPV and the services available to LGBT victims.

Some research describes the barriers to services for survivors of interpersonal partner violence (IPV) among same sex couples, which will be presented more fully in a subsequent section of this chapter. For instance, service providers may not be adequately sensitive to recognize or ask if a client is in an intimate relationship with a same-sex partner, much less an abusive one (Simpson & Helfrich, 2005). Issues to consider when working with same-sex IPV include the extent to which each partner is closeted, experiences cultural/externalized homophobia, internalized homophobia, and the lack of available information and resources on the topic (Duke & Davidson, 2009; Farley, 1992).

As long as sexual orientation and gender identity continue to not be asked by victim advocates, an understanding of the impact of factors such as internalized homophobia will go unrecognized.

Clearly, studies of IPV strongly suggest that assistance must be available for LGBT people in abusive relationships. IPV is just one form of violence that exists in the LGBT community and as aforementioned, research and culturally competent services that address this issue has been historically lacking. Additionally, and as will be described more fully in a later section of this dissertation, LGBT victims of IPV may not seek the few formal supports that are available to them because of their perceptions that the service providers will not be sensitive to their sexuality or gender identity (Herek, Cogan & Gillis, 2002; Potoczniak, Mourrot, Crosbie-Burnett & Potoczniak, 2003).

### **Bias-Related Hate Violence**

Another type of LGBT-related victimization that has been studied pertains to incidents of bias-related hate crimes. Hate crimes are defined as a “criminal offense against a person or property motivated in whole or in part by an offender’s bias against a race, religion, disability, ethnic origin, or sexual orientation” (The Matthew Shepard and James Byrd, Jr. Hate Crimes Act, 2009). According to the General Social Survey, in recent years attitudes toward sexual minorities have improved, and there has been an increase in support for their legal rights (Davis, Smith, & Marsden, 2010; Loftus, 2001). Nonetheless, hate crimes based on sexual orientation (such as threats of violence, verbal harassment, and physical and sexual assault) are widespread (CDC, 2010). Types of hate crime include crimes against person (i.e. manslaughter, rape, and intimidation) or crimes



against property (i.e. robbery, burglary, and arson) (FBI, 2009). Bias-related crimes attack an intrinsic component of who a person is (Herek, 2009).

**Relevant Statistics.** Collection of hate crime statistics, as well as research on other types of victimization, has increased over time following the passage of the Hate Crime Statistics Act on April 23, 1990 (United States Congress, 1990). In 2011, NCAVP sought to document prevalence of LGBT-related victimization from 16 of its member organizations that were located in 16 different states. Data were collected through case intake/ incident reporting forms that were filled out by staff within the member organizations who worked with victims of crime. Case intake/ incident reporting forms included space for the documentation of victim's sexual orientation and gender identity, as well as space for a narrative summary for the staff person to document other relevant information pertaining to the crime. NCAVP (2012) reports of anti-LGBT hate violence decreased by 16% from 2010 to 2011 (from 2,503 to 2,092), anti-LGBT homicides increased by 11% (from 27 to 30), which is the highest number ever recorded by NCAVP. Victims who identified as gay or transgender were more likely to require medical attention as a result of hate violence as compared to survivors who identified as lesbian or bisexual; LGBT people of color were more likely to experience injuries as compared to the overall number of survivors, and LGBT people of color as well transgender people were more likely to experience police violence. In 2011, 52% of LGBT survivors reported their incidents to the police, as compared to 47% of those who did so in 2010. Of those LGBT survivors who reported to the police, 18% reported that the police attitudes were hostile, which is similar to the 16% that was reported in 2010. Limitations to this methodology of data collection were that it only captured those LGBT

victims who disclosed sexual orientation or gender identity, lived within the region where the 16 member organizations were located, or sought assistance through these specific 16 victim assistance programs. While the NCAVP findings are helpful to understanding LGBT rates of victimization, it is reasonable to suspect that they are not representative of the entire population of LGBT victims, and the absence of queer or questioning participants is an important limitation.

In 2008, law enforcement agencies in the United States reported that there were 9,691 victims of hate crimes, 17.6% of whom were targeted because of a bias against a particular sexual orientation (Federal Bureau of Investigation, 2009). Data on hate crime victimization among transgender people were not reported at that time. In comparison, the most recent FBI (2016) report of hate crimes that were reported in 2015 revealed 7,173 victims of hate crimes, of which 17.7% were targets because of bias against sexual orientation, and 1.7% were victims of gender-identity bias. Of the 122 victims of gender identity bias, 76 were victims of anti-transgender bias, and 46 were victims of anti-gender nonconforming bias. While the overall number of hate crimes appears to have decreased during those seven years, it is apparent that despite social advances in support of LGBT identity (i.e. same-sex marriage equality and certain statewide transgender anti-discriminatory laws), the percentage of sexual orientation related hate crimes in relation to overall hate crimes has remained relatively unchanged. Of course, these statistics include only the incidents reported to law enforcement, which as previously discussed, likely underrepresents LGBT victims. Although hate crimes represent an extreme form of victimization, individuals who identify as LGBT or are perceived as being such, face a spectrum of types of victimization: from workplace discrimination and peer harassment

in school settings, to specific types of physical violence, sexual assault, and emotional abuse (Katz-Wise & Hyde, 2012).

One study (Herek, 2009) explored hate crime and stigma-related experiences among a sample of LGB respondents ( $N = 662$ ). The sample was randomly selected utilizing Knowledge Networks, which provided a probability-based, panel of more than 40,000 U.S. households that was statistically representative of the U.S. population. Recruitment was conducted for the Herek study using random digit dialing methods. Once respondents were recruited via telephone and agreed to participate in regular online surveys, and they were provided with free internet access and equipment if they did not already have such access. This was done to increase participation from participants who, perhaps due to financial reasons, would otherwise be unable to take part in an online based research study. The study (Herek, 2009) utilized Likert scale measures to capture how many times each respondent was a victim of violence, property crime, attempted crime, verbal abuse, job discrimination, housing discrimination, were threatened with violence, or had objects thrown at them. Questions in the survey were brief and presented in a quasi-checklist format, and did not provide an opportunity for respondents to provide more detailed information about the experience of victimization. Results indicate that nearly half of respondents had experienced verbal abuse, about 25% had been victims of attempted crimes, and 23.4% had been threatened with violence. Limitations of this study are that it did not provide comparative data with non-LGB persons, did not include respondents with variant gender identity, and did not reveal if the crimes were ever reported to victim assistance service providers, or what the experience of such reporting was. Nevertheless, this study's findings are informative because they

suggest how widespread victimization is among LGB people, thus highlighting the need for criminal justice and victim services programs to prevent such crimes and alleviate the effects of such victimization.

Some sexual orientation groups may be at greater risk of victimization than others. Previous studies have revealed that bisexual individuals may be especially vulnerable to victimization experiences (CDC, 2010; Russell & Seif, 2002; Udry & Chantala, 2002). Though the reasons for this might not be readily apparent, bisexuality has been associated with a number of negative stereotypes (Israel & Mohr, 2004; Scherrer, 2013) that may lead to greater levels of victimization than other sexual orientation groups, such as lesbians or gay men. In turn, this can mean lack of overall general community support for bisexual victims, fewer resources that address bisexuality as a legitimate sexual orientation, and a lack of support and understanding about/acceptance of bisexuality within the lesbian and gay community.

In the U.S., approximately two individuals are murdered every month because they act or look transgender, yet this community has largely been ignored in the gender violence literature and in public policy (Jauk, 2013). In a review of studies of violence against transgender people (Stotzer, 2009), self-report surveys, hotline calls, social service reports, and police reports were reviewed. Sexual assault and rape were among the most documented types of violence against transgender people because most studies on transgender people were connected to departments of public health and focused on sexual behavior in order to draw connections with HIV/AIDS status and transmission (Stotzer, 2009). Still, self-reports indicated that sexual violence occurred at a high rate of frequency and started at an early age. Self-reports also indicated that over three-fourths

of transgender victims believed that the violence was motivated by the perpetrator's homophobia or transphobia (Stotzer, 2009). Stotzer's (2009) review found that transgender reporting of physical violence to the police was low, and in some instances the police themselves were the perpetrators of verbal abuse or physical violence. Another component to hate crime victimization is the gender expression of the victim. For instance, evidence suggests that transphobic violence occurs as a result of a transgender person's gender expression, as this is a transgression of gender norms (Jauk, 2013).

### **Total Victimization and Non-Bias Crimes**

One area that has received significantly less attention in the literature is that of non-bias related victimization. Non-bias crimes differ from bias motivated crimes in that bias crime victims are targeted because of an actual or perceived trait that the victim is powerless to change (McDevitt, Balboni, Garcia & Gu, 2001). While bias-motivated acts of violence, as well as same-sex IPV can have dire consequences for LGBT victims such as heightened rates of anxiety, depression, and traumatic stress (Herek, Gillis & Cogan, 1999), examining rates of non-bias crimes is also necessary to more fully capture how LGBT victims experience total victimization. Previous studies have failed to obtain data about reporting rates among LGBT victims for crimes not based on sexual orientation (Martin & Alessi, 2012). Such comparison data are important for determining whether underreporting is more problematic for hate crimes, or if LGBT crime victims in general are hesitant to interact with the victim assistance system. If sexual minorities fear secondary victimization, they may avoid reporting any crime, regardless of whether or not it is hate-motivated (Herek, Cogan & Gillis, 2002).

In one questionnaire study, reports of both bias and non-bias crimes were examined among a subsample of lesbian, gay, and bisexual adults, and the researchers found that non-reporting was disproportionately associated with bias crime victimization (Herek, Cogan, & Gillis, 2002). The interviewees were part of a larger sample ( $N = 2259$ ) of sexual minority adults in Northern California who completed a questionnaire related to victimization and mental health. Respondents ( $n = 450$ ) from this larger sample volunteered to share their victimization experiences through qualitative in-depth interviews. Among this sample, 68% of LGB bias crime victims stated that concerns regarding police response contributed to their decision to not report as compared to only 18% of LGB victims of non-bias related crimes who also did not report. It is likely that fear of secondary victimization from the helping organization contributed to underreporting of crimes, perhaps particularly those that are bias-related. The participants from this study further iterated that fear of reporting a bias related crime would be making the victim vulnerable to being “outed” as lesbian, gay, or bisexual. This study had methodological limitations in that it only captured those respondents who were (1) willing to be interviewed; (2) had already participated in the larger quantitative study, and (3) resided in Northern California.

While this study was also limited in that it did not include victims who identify as transgender, it can be reasonably argued that the concerns of being “outed” or of being treated negatively by law enforcement are similar among transgender and queer persons, as persons having such identities share similar societal stigma. An additional limitation to the Herek, Cogan and Gillis study was that it only captured issues of reporting or non-reporting to the police, and not to the victim services providers, who are the focus of this

dissertation. Yet, as law enforcement and victim assistance service providers are allied disciplines and often work in tandem, it is possible such underreporting would be evident among LGBT victims in their decision to disclose their sexual orientation or gender identity, as well as the nature of the bias-related crime itself, to victim assistance service providers. Likewise, it remains to be seen how victim assistance providers are contributing to secondary victimization of LGBT victims, or if victim assistance service providers are even aware of the many complex layers that relate to the LGBT victim's experience of reporting a crime.

One study (Roberts et al., 2010) used a population-based sample ( $N = 34,653$ ) of non-institutionalized adult US residents from the 2004 to 2005 wave of the National Epidemiologic Survey on Alcohol and Related Conditions. The relationship between violence, potentially traumatic events, and posttraumatic stress disorder and sexual orientation was investigated. This study included heterosexual, gay or lesbian, and bisexual respondents who were compared against a heterosexual reference group from the same sample. Examples of traumatic or violent events included unwanted sex, being attacked or beaten up, being stalked or mugged. Gay men, and lesbian and bisexual women, were twice as likely as the heterosexual reference group to be exposed to violence. One limitation was that gender identity or expression was not included in this study. Another limitation was that sexual orientation was only recorded if the respondent chose to disclose this information. LGB respondents may have been reluctant to disclose their sexual orientations due to stigma, thus it is possible that these rates were underreported. This study also left unanswered in-depth details regarding the nature of the victimization, and did not capture the experiences of the victims with the victim

assistance system. Nevertheless, this study provides an example of why asking for a victim's sexual orientation would be important for the service provider, as it can provide an opportunity to ask for prior traumatization exposure.

As little is known about the differences between bias and non-bias victimization, one study (McDevitt, Balboni, Garcia & Gu, 2001) took a comparative look into the experience of bias and non-bias victims in an effort to understand if bias crime victims experience differential impacts. This study surveyed a comparable group of violent bias ( $n = 91$ ) and non-bias ( $n = 45$ ) assault victims identified from Boston-based law enforcement and records from a Boston gay/lesbian community advocacy center. Surveys contained sections inquiring about the crime incident, psychological and behavioral aftermath, family and community responses, perceptions of police and prosecutors' involvement, and demographics. The section on demographics included opportunities for the respondent to identify as heterosexual, bisexual, lesbian, gay male, or transgender. Surveys were mailed to the victims, and included both Likert scale responses as well as space for responses to open-ended questions. Results indicated that victims of non-bias related crime were more likely to seek formal assistance first, whereas bias-related crime victims were more likely to utilize informal networks before seeking formal help.

Another study (Martin & Alessi, 2012) reviewed rates of total victimization among a sample of gay and bisexual men ( $N = 297$ ) within the six months prior to the study. The sample was drawn from a larger study that examined stressful life events, coping, and risky sexual behavior among gay and bisexual men. Participants were recruited via the internet, including announcements posted on the web sites of LGBTQ-



serving agencies and advertisements on web sites that catered to people living with HIV/AIDS. Respondents completed a 126-item questionnaire that asked for frequencies of types of victimization and styles of coping. Examples of victimization included being verbally insulted or abused; threatened with violence; property stolen, damaged, or vandalized; and being physically attacked. Nearly three-quarters of the sample reported being victimized at least once during the prior six-month time span. About one-quarter (27%) of participants reported a single type of victimization, 15% reported two types, and 30% two types or more. Among the sample, victimization was positively correlated with emotion-oriented coping (i.e. feeling anxious about not being able to cope) and avoidance coping (i.e. phoning a friend). As “not all [gay or bisexual] men are likely to have sufficient supports and resources to cope with this stress [and] those who do not may need assistance from mental health service providers” (Martin & Alessi, 2012, p. 271), a question arises in just *how* service providers are perceiving the needs and coping styles of these victims. Victim assistance workers need to be alert to the victims’ style of coping, and how coping style may relate to sexual orientation, thus impacting how these victims react to experiences of victimization.

### **Limitations of Victimization Reports**

To understand why culturally competent service provision to LGBT victims of crime is of such vital importance, it is important to understand the prevalence of victimization among LGBT people. The rates of LGBT victimization can highlight why a victim’s sexual orientation or gender identity is important to be asked by a victim assistance provider. However, compiling a report on the rates of victimization in the LGBT community is a challenge (NCAVP, 2012). It also remains difficult to find

bisexual, transgender, or queer-identified voices within the body of LGBT research (Levy & Johnson, 2012). While reports on instances of hate violence, non-bias crimes, and intimate partner violence encountered by LGBT victims provide insight into the prevalence of victimization within these communities, the findings are not representative of all LGBT people who experience violence (Landers & Gilsanz, 2009; NCAVP, 2012). One limitation to some of these findings is that the data only reflect those victims who sought formal help through the victim assistance system, and as a sizable percentage of LGBT victims never seek such formal assistance (McClennen, Summers & Vaughan, 2002; Merrill & Wolfe, 2000; NCAVP, 2012), potentially meaningful rates of unreported crime are not captured. Another limitation of these studies, which rely on participants' self-disclosure of LGBT identity, exists in the uncertainty of the victim disclosing his or her sexual orientation or gender identity to a service provider at all, or if it was even asked about by the victim assistance service provider (Gentlewarrior, 2009; Herek, 1996; NCAVP, 2012; Turell & Herrmann, 2008). This may further speak to the difficulty that lies in accessing these populations, perhaps due to the effects of being stigmatized both as an LGBT person and as a crime victim. Simply put, findings reflect only those victims who self-disclosed as a lesbian, gay, bisexual, or transgender person.

Despite these limitations, the recommendations in addressing LGBT victims of violence are to increase funding, training, and assistance for victim services agencies, and that LGBT inclusive legislation such as hate crime and same-sex IPV protection needs to be provided at local, state, and national levels to adequately address this community's victims (NCAVP, 2012). Yet most studies regarding LGBT victimization do not capture the perceptions of direct service providers who work with them. Therefore, it cannot be

ascertained what role, if any, the providers play in contributing to the underreporting of victimization in the LGBT community. Perhaps the need for this research can be demonstrated by a quote from one victim assistance service provider, stated in response to the lack of LGBT-specific services, “How can we single out one section of the population and show favoritism?” (Ciarlante & Fountain, 2010, p. 10).

Some literature has specifically addressed rates of violent victimization, but within lesbian, gay, or bisexual (LGB) samples only, typically lacking direct comparison to heterosexual victims (Cramer, McNiel, Holley, Shumway & Boccellari, 2011), and often excluding transgender and queer victims. However, what has been researched on LGB victimization rates across the lifespan reveals that, compared to those among the general population; physical assault rates are generally high among school-aged LGB individuals (D’Augelli, Grossman, & Starks, 2006; D’Augelli, Pilkington, & Hershberger, 2002; Pilkington & D’Augelli, 2006); and sexual assault is more common in this younger demographic (D’Augelli et al., 2006). Overall, it is believed that LGB adults are more likely to experience interpersonal violence than their heterosexual counterparts (Roberts, Austin, Corliss, Vandermorris, & Koenen, 2010). While this literature provides compelling evidence of the enormity of the problem of LGB victims of crime, the dearth of research which focuses on transgender and queer victims of crime is also alarming. Further, a natural question that arises is where are LGBT victims going for help?

### **Help-Seeking Experiences of LGBT Victims**

Understanding the help-seeking concerns among LGBT victims can give important insight into why (or why not) a victim would seek help through the formal

victim assistance system. Indeed, research has been conducted on where LGBT victims of crime seek help and their motivation for pursuing those outlets. Of further interest is what motivates a LGBT crime victim to avoid a type of service provision. For instance, prior experiences of violence and discrimination, coupled with the failure of formal and informal supports to adequately respond, may render LGBT victims less likely to seek help when they experience IPV (Ard & Makadon, 2011). This section will first examine the experiences of help-seeking of LGBT crime victims. Next, barriers to help-seeking will be explored. Barriers to help-seeking can exist both from within the LGBT victim, as well as from the direct service provider or from the victim service organization. Indeed, barriers to help-seeking can best be attributed to a confluence of personal, professional, and organizational processes.

The help-seeking experiences of LGBT victims are broadly presented to capture where help is typically sought in the wake of victimization. Knowledge of the sources of support that LGBT victims utilize can be helpful in understanding that a process might exist among informal supports prior to the victim seeking help from the formal victim assistance system. Sources of informal support can aid the direct service provider in understanding the victim's support network. Also, knowing the LGBT victim's experiences in seeking and receiving both formal and informal support can initiate a discussion on what victim assistance organizations and direct providers are doing that are influencing the victim's help-seeking experience.

It is not uncommon for an LGBT victim to gather assistance from more than one source. For instance, Merrill & Wolfe (2000) found that when domestic violence occurred among their sample ( $N = 52$ ), victims sought assistance from a number of

formal and informal sources depending upon factors such as the nature of the victimization, availability of resources, perceived helpfulness of the resources, cultural norms, and the probability of partner retaliation. Respondents who were gay or bisexual men who identified as domestic violence victims were recruited from gay domestic violence programs in five major US cities and HIV-related agencies in one of these major cities. A Likert-scale survey was distributed to respondents and included sections on physical, emotional, financial and sexual abuse as well as help-seeking behaviors. Results indicated that the majority of respondents (85%) sought help from friends, with a sizable percentage (67%) seeking help from a gay men's domestic violence program. Only 12% sought help through "other (non-gay/lesbian) social service" agencies, and 10% through a battered women's service. However, it is unknown *why* other social service agencies were rarely sought, or what these other agencies actually were. Another limitation of this study is that it did not capture the experiences of victims who identify as lesbian or bisexual women, or transgender, which could provide important comparison data about where help was sought. An additional limitation is that many of the cities in this study had an organization specific to gay men's domestic violence (Merrill & Wolfe, 2000), which might imply that the cities had a sizable and visible gay community to warrant such a specific service. Thus, the findings may not be reflective of the majority of people who do not live in a region with such specific services. If an option of such an agency is not present, LGBT victims will be seeking non-LGBT specific victim assistance services which, it could be conjectured, may not adequately meet their needs. One further limitation is that this study was published in 2000, and while it is important

to acknowledge the significance of this study, the results may not be as relevant to present-day gay or bisexual men who are victims of violence.

Help-seeking from a variety of sources was also found in another study conducted by McClennen, Summers and Vaughan (2002). In this study, gay male respondents ( $N = 63$ ) who were victims of same-sex partner abuse reported seeking help from a variety of formal (e.g. medical doctors, police, and attorneys) and informal sources (e.g. friends, relatives). Respondents were recruited through clinical social workers, member agencies of NCAVP, advertisements in gay magazines, booths at gay pride festivals, and personal invitation. Most respondents were White, between 26 and 50 years old, with some college education. The respondents completed a questionnaire that asked for personal attributes of the respondent and the respondent's partner, what the dynamics of the abuse were, and demographic information. The questionnaire provided options that ranged from "not helpful at all" to "very helpful" when the respondents were asked from whom they sought help after the victimization. Some sought help from more than one source, (43%), and friends were the source from which most respondents sought help (65%). None considered victims' shelters to be helpful, while the largest percentage (58%) considered friends to be helpful. From the responses, formal sources (i.e. counselors, psychiatrists, social workers) were not considered very helpful, and were reported to be lacking in their perceived helpfulness. This study contained a small, mostly White sample of gay men, and cannot be considered generalizable. Additionally, this study did not include personal follow-up with respondents, nor did it include open-ended questions that could have provided reasons as to *why and in what ways* such formal assistance was unhelpful. Such an in-depth understanding of their experiences could guide how to

make these services more accessible and helpful to LGBT crime victims, and can also guide what role, if any, victim assistance service providers could play in achieving this result.

In a qualitative study conducted by Turell and Herrmann (2008), focus groups utilizing structured pre-determined questions were conducted with participants ( $N = 11$ ) who were lesbian or bisexual women and were victims of abuse. The participants said they were only willing to access general community resources if informal supports from within the LGBT community, such as friends, empowered them to do so, and/or if they could be assured that the service providers were LGBT friendly. An example of such assurance was that service providers could avoid asking certain questions such as “Is he in the house right now?” when a lesbian or female bisexual woman places an initial call, as this question assumes that the perpetrator is a man, thus implying a heterosexual relationship. Yet, respondents from the study believed that even seeking informal support from their LGBT peers could be problematic, for such reasons as wanting to maintain the image of a perfect relationship, or fear that the person whom they told would be a mutual friend of the abuser. Some respondents were also concerned that exposing an abusive same-sex relationship would discredit same-sex relationships in the perceptions of the heterosexual majority. The participants from this study had serious concerns that same-sex IPV would not be taken seriously by formal service providers, and suggested that service providers should already have an awareness of the significance of the sexual orientation of the victim, so that victims would not be put in the position to educate the service provider. They very strongly supported training of shelter staff, medical personnel, police officers, and mental health workers. However, respondents reported

that it was highly unlikely that they would access non-LGBT specific community services unless they absolutely had no other options. Despite the small, non-generalizable sample, obtaining data in this way allowed for facilitators to clarify questions that arose in the group, and provided an in-depth understanding about their experiences in help-seeking after the abuse.

Due to historical and current patterns of individual and societal oppression that target members of LGBT communities, those who identify within these groups are often reluctant to self-identify (Gentlewarrior, 2009). Additionally, disclosure of sexual orientation or gender identity is likely to be regarded by others as highly intimate (Herek, 1996). Herek (1996) explains how one's sexual orientation or gender identity may not be an immediately visible characteristic, and such a concealable stigma means that, when self-disclosure is made, it can make the LGBT person vulnerable to a negative response from the person to whom they are disclosing. As a result, LGBT victims may choose not to self-disclose for fear of a negative response from the victim assistance provider, and service providers may not ask because they believe this aspect of the victim's identity is too intimate to discuss. This fear of self-disclosure can be understood as a reason why determining prevalence of LGBT victimization is problematic, making this a hard-to-reach population. Solely relying on a victim to disclose their LGBT status, without being asked by the service provider, will only perpetuate the underrepresentation of these populations in prevalence reports.

Some LGBT people report feelings of shame related to their sexual orientation or gender identity, in large part due to societal stigmas associated with being LGBT (Bockting et al., 2013; LaSala, 2006; Meyer & Dean, 1998). LGBT individuals may



have elements of internalized homophobia. Victims with high levels of internalized homophobia, biphobia, or transphobia may be less likely to disclose their sexual orientation or gender identity, and thus service providers may need to ask for this information. Stigmatization towards members of this community may occur through harassment and discrimination because they are perceived as choosing a deviant lifestyle (LaSala, 2006). These messages of discrimination may exist at the organizational level of victim service provider agencies, and can impact how individual service providers interact with the clients. Heightened, negative stigma-related feelings may make an LGBT victim less likely to disclose their sexual orientation or gender identity, or the biased nature of the crime. It is therefore important for a victim assistance service provider to have knowledge of the interplay between stigma, shame, and LGBT identity.

A further gap that exists is the reporting of victims of crime who identify as bisexual. Many studies report on bisexuality in addition to, rather than separate from, lesbian, gay, or transgender victims (Barker, Richards, Jones, Bowes-Catton & Plowman, 2012; Weiss, 2004). Bisexual victims of crime may have internalized feelings of biphobia that may prevent them from disclosing this sexual orientation (Barker et al., 2012). Examples of biphobia include the perceptions that bisexual people are “really homosexual”, “really heterosexual” or just “wanting attention” (Yost & Thomas, 2012). The degrees to which bisexual people have internalized these perceptions may mean they are not disclosing their sexual orientation to service providers, which can explain this gap in the victim service provision literature

The report “Injustice at Every Turn: A Report of the National Transgender Discrimination Survey” (Grant et al., 2011) sheds light on some of the reasons why

transgender victims may hesitate to seek help from formal victim services. This study ( $N = 6450$ ) used purposive sampling methods and recruited participants through direct contacts with over 800 transgender-led or transgender-serving community-based organizations throughout the US, as well as through 150 active online community electronic mailing lists. The survey instrument was available online, through a URL established at Pennsylvania State University. Additional paper surveys were distributed to organizations that served hard to reach populations, such as rural, homeless, and low-income transgender and gender nonconforming people. The survey found that many transgender victims experienced discrimination from the very organizations from which they sought help. For instance, 20% believed they were denied treatment equal to that of a non-transgender person, 29% were harassed or disrespected, and 6% were physically assaulted by police officers. Regarding mental health and legal services clinics, a total of 19% of transgender victims reported that they were denied treatment equal to that of a non-transgender person, 18% were harassed or disrespected, and 2% were physically assaulted. Of those transgender victims who experienced discrimination from domestic violence shelters/programs and rape crisis centers, 11% reported that they may have been denied treatment equal to that of a non-transgender person, 8% were harassed or disrespected, and 2% were physically assaulted. The survey provided mostly categorical responses, with few opportunities for respondents to enter details pertaining to the nature of the victimization or the experience of help seeking. Furthermore, examples of what respondents considered to be “equal treatment” were not provided. Also, these findings are not generalizable as this was not drawn from a random sample, and since population-based research does not include questions on gender identity, a truly random sample of

transgender people is not currently possible (Grant et al., 2011). This study does, however, provide evidence that elements of discrimination may exist among victim service organizations. Results from this study will be further reviewed in a subsequent section of this literature review that pertains specifically to the relationship between law enforcement and LGBT victims.

### **Disclosure to Direct Service Providers**

Considering the previously mentioned potential for internalized shame or homophobia that might exist within the victim, there may be reluctance for victims to disclose their gender identity or sexual orientation to their direct service providers. People who identify as LGBT are often vulnerable to burdens such as stereotyping, negative reactions from non-LGBT people, and psychological, social, and cultural discrimination (Graham, Carney, & Kluck, 2012). Disclosure of the victims' sexual orientation or gender identity can provide the victim advocate with new avenues for assessment, including levels of social support, histories of discrimination related to sexual orientation or gender identity, and elements of internalized homophobia which may cause the person to be at risk for increased negative effects of the crime including isolation. However, it is not known if, or how, victim assistance providers are learning about a victim's LGBT identity. Likewise, it is not known if the victim assistance provider perceives the victim's sexual orientation or gender identity to be of importance to the services that they are providing to them. If LGBT victims do not disclose their identities, and victim assistants do not ask, LGBT victim's identities are rendered invisible in their interactions. As a result, this crucial aspect of who the victims are in relationship to the crime is ignored.

Feelings of shame, or an internalization of the societal stigma of being an LGBT person, may play a role in the victims' unwillingness to disclose their sexual orientation or gender identity (Todahl et al., 2009). Thus, the service provider may need to take initiative in asking for the client's self-identity (Ard & Makadon, 2010). If the client does not willingly disclose, and the service provider does not ask, it is possible for incidents of hate violence to be mistakenly categorized or go unrecognized, thereby impacting the trajectory of the victim's experience within the formal assistance system, including getting appropriate referrals and legal protections. Service providers need to be aware that they can play a critical role in facilitating the disclosure of the sexual orientation of victims (Bjorkman & Malterud, 2007; Boehmer & Case, 2004). For example, by simply using gender-neutral language (e.g., using "partner" rather than assuming an opposite gender pronoun), assumptions about heterosexuality are put aside, helping those in same sex relationships feel a bit freer to disclose (Bjorkman & Malterud, 2007; Boehmer & Case, 2004; Helfrich & Simpson, 2006). Likewise, transgender clients may also be concerned that victim assistance workers will not refer to them by their preferred name and pronoun (Gentlewarrior, 2009; Lunine, 2013). However, beyond creating opportunities for disclosure, it is also important for service providers to validate their clients by engaging in open, honest, and ongoing dialogue with the victims they serve (Boehmer & Case, 2004; Helfrich & Simpson, 2006; St. Pierre & Senn, 2010).

LGBT victims may be further victimized by the microaggressions present in their interactions with direct service providers. *Microaggression* is a term coined in 1970 by Chester Pierce to describe ways that non-African Americans insulted or dismissed African Americans (Sue, 2010). Microaggressions are brief, subtle, commonplace,

verbal, behavioral, and environmental slights and indignities directed toward specific groups of people, and can come in the forms of microassaults, microinsults, and microinvalidations (Sue, 2010). Microassaults are deliberate manifestations of discrimination, done with the intention of harming the recipient, such as anonymous name calling, or expressing hostile beliefs about a group of people in the company of others whom the perpetrator believes shares similar beliefs (Sue, 2010). Microinsults often come in the forms of snubs or gestures that have underlying messages on inferiority regarding the victim. Microinvalidations can come in the form of denying the reality of a certain group of people (Sue, 2010). One qualitative study (Shelton & Delgado-Romero, 2011) of 16 self-identified LGBTQ clients was undertaken to explore evidence of microaggressions experienced from their psychotherapists. Focus groups were conducted with the respondents who were mostly White and whose average age was 26. Results from this small, non-generalizable sample suggest that microaggressions were experienced by the respondents in such ways as the therapist's avoidance and minimization of sexual orientation, stereotypical assumptions that were made by the therapist regarding LGBTQ people, and expressions of heteronormative bias (Shelton & Delgado-Romero, 2011). While this study was not focused on LGBTQ victims of crime, it does suggest that microaggressions can be committed by mental health service providers, and an exploration with victim assistance service providers can perhaps build on, validate, or refute these findings among these providers.

When LGBTQ people seek formal assistance, they must consider how homophobic, transphobic, or heterosexist these resources will be (Buist & Stone, 2013; Turell & Herrmann, 2008). One study (Turell & Herrmann, 2008) discovered that among

their sample of lesbian and bisexual women who were victims of violence, victims' biggest fear in accessing services was a homophobic, or at the very least an uninformed, response. For this reason, they asserted that providers needed to be well-trained in LGBT issues; homophobia, or even the threat of it, would make accessing such services unlikely (Turell & Herrmann, 2008). Simpson and Helfrich (2005), who studied provider perspectives on barriers to services for lesbian survivors of same-sex IPV, found that service providers may not be adequately sensitive to recognize if a client is in an intimate relationship with a same-sex partner, much less an abusive one. Service providers should consider the extent to which each partner has come out, and the amount of cultural/externalized and internalized homophobia each partner has experienced (Duke & Davidson, 2009; Farley, 1992).

Failure to learn the victim's sexual orientation or gender identity can have significant effects, including inappropriate service provisions such as referrals, inaccurate assessment of the true nature of the crime, and continued underreporting of rates of LGBT victimization (Ciarlante & Fountain, 2010; FBI, 2010). More knowledge is needed about how, if at all, victim assistance service providers exhibit cultural competence in working with LGBT victims, as well as their perceptions on its necessity, if the gap between victims' needs and appropriate service provision is to be bridged. Some insights as to how victim assistance service providers perceive the importance of sexual orientation or gender identity of the victim might be gleaned from reviewing research that has been conducted on law enforcement as well as mental health providers.

**Law Enforcement.** The extent to which law enforcement officials contribute to the perceived barriers to accessing services that LGBT victims experience has been

researched (Brown & Groscup 2009; Seelau et al., 2003). Brown and Groscup (2009) found that police officers are often less likely to intercede or adequately address IPV cases that do not involve heterosexual, male perpetrated instances of domestic violence. One study ( $N = 222$ ) of police officers and civilian police employees found that between 30% and 40% of respondents believed that a gay or lesbian victim would be treated less seriously than one who is heterosexual (Bernstein & Kostelac, 2002). Another, smaller study (Dwyer & Hotten, 2009) asked Australian lesbian, gay, and queer service providers ( $N = 7$ ) about the relationship between LGBT youth and the police. The respondents reported that LGBT youth were distant, mistrustful, feared discrimination by, felt unsafe from, or harassed by the police. These service providers were heavily influenced by their own experiences of being a sexual minority, and would manipulate and negotiate the police process to get the best possible outcome for their LGBT clients (e.g., contacting specific officers who they knew would be supportive of the LGBT client, or only reporting to police who are known to LGBT communities), and all in this sample echoed the need for enhanced training on LGBT sensitivity to all levels of the police department.

The report “Injustice at Every Turn” (Grant et al, 2011), as reviewed in a previous section, revealed that nearly half of the transgender respondents felt uncomfortable seeking police assistance, and one-third of respondents stating that they felt disrespected by the police when assistance was sought. Few studies have researched the perspectives of law enforcement in their interactions with transgender people. One study (Redfern, 2014) surveyed law enforcement members ( $N = 62$ ) located in metropolitan, suburban, and rural locations throughout the US. Anonymous questionnaires were distributed online and asked 22 questions, which included awareness of and attitudes towards

transgender individuals, awareness of departmental policies and training, perceived usefulness of sensitivity training, and prior experiences with transgender individuals. While most respondents would use the preferred name and pronoun of a transgender individual and most believed that transgender people should be allowed to live their lives in accordance with their gender identity, roughly one-third of respondents believed that transgender people should be treated in accordance to the sex assigned at birth, and roughly one-fifth of respondents believed that transgender was a mental illness, and disagreed with the notion that transgender people should be allowed to live their lives in accordance with their gender identity. Approximately three-quarters of respondents did not recall ever receiving transgender sensitivity training, and over one-third of respondents did not think that their department had any written policies or procedures on how to best interact with transgender people. While this study cannot be generalizable due to its small sample size, it is among the few studies that specifically examines the attitudes of law enforcement members towards transgender people. As victim assistance services often works closely with law enforcement, studies such as these suggest why LGBT people might hesitate to disclose their sexual orientation or gender identity, and why they may fail to report being a crime victim altogether.

**Mental Health Providers.** In a review of the literature on counselors' attitudes towards same-sex domestic violence conducted by Banks and Fedewa (2012), it was found that counselors had differing attitudes regarding same-sex versus opposite-sex domestic violence (e.g. same-sex domestic violence is less serious or less likely to occur than in heterosexual relationships), and these differing attitudes can affect how treatment is provided. Knowing what the attitudes are among counselors towards LGBT victims



can shed light on where to direct professional education and training efforts to ensure that equitable treatment is being provided to victims who identify across the sexual and gender spectrum. If counselors remain unaware of their biases (e.g. a belief that all victims experience the same thing and that LGBT status does not matter) or hold LGBT victimization to a different standard from non-LGBT victimization (e.g. same-sex IPV is less serious than heterosexual IPV), then the counselors themselves will be contributing to the suffering related to the victimization rather than alleviating it.

Another study (Blasko, Winek & Bieschke, 2007) surveyed marriage and family therapists ( $N = 347$ ) on how they would assess domestic violence scenarios involving a heterosexual couple, lesbian couple, and gay male couple. The same hypothetical scenario was given, with only the names of the victim and perpetrator altered to reflect their sex. Respondents were asked to identify if the vignette was an example of domestic violence, what type of violence was exhibited (e.g. physical, emotional, verbal, or mutual), and who they would identify as the victim or the perpetrator. Results of the study suggested that initial assessments of domestic violence varied depending on the sexual orientation of the couple. The idea of “man as perpetrator and woman as victim” emerged, as respondents were more likely to identify the male in the heterosexual couple vignette as the perpetrator and the female as the victim, whereas the vignettes involving same-sex couples were more likely to be considered situations of mutual abuse. The Blasko, Winek & Bieschke study relates to this dissertation in that it involves mental health providers’ initial perceptions towards a victimization scenario. Results from this dissertation will contribute to the literature on how LGBT victims are perceived and assessed by service providers.

## **Organizational Barriers to Help-Seeking**

Processes that influence LGBT victims' utilization of formal help-seeking are indeed manifold. Potential for internalized feelings of shame and homophobia, as well as taking the risk of disclosing sexual orientation or gender identity status, can complicate the already difficult feelings that arise in the wake of victimization. When pursuing formal victim assistance services, the organizational policies, procedures, and culture can shape how direct services are provided, thereby impacting how the victim perceives the services rendered.

Organizational barriers to LGBT help seeking can take the form of the organization not recognizing how LGBT people's violent victimization experiences differ along the lines of race, class, and gender (Meyer, 2009). Oppression can be found to be multiple and simultaneous (Collins, 1990), as social service agencies have long been found to be largely unable, or unwilling, to assist gay and lesbian victims of crimes such as domestic violence (Merrill & Wolfe, 2000). For example, programming and assistance provided specifically to survivors of same-sex IPV is limited; that is, the services offered by many domestic violence and sexual assault agencies are lacking in both sensitivity and adequate advocate training regarding survivors of same-sex IPV (Hassounah & Glass, 2008; Simpson & Helfrich, 2005). Furthermore, members of the LGBT community cannot assume that victim services will be LGBT safe, informed, or friendly, and that lack of knowledge on behalf of victim services providers only adds to the cultural oppression and sanctioning of sexual minorities (Todahl et al., 2009). Organizations that tolerate a homophobic, biphobic, or transphobic culture may manifest in barriers to LGBT victims accessing services. For instance, sexual minority victims of

IPV are often reluctant to seek services that are typically considered to exist solely for heterosexual women (LAMBDA, 2004), perhaps due to the perception that IPV mostly exists between a male batterer and female victim (Stephenson, Khosropour & Sullivan, 2010), therefore resulting in the assumption that IPV services are for heterosexual women. Yet, it is largely unknown what victim assistance service providers and organizations are doing to dispel this perception, or if they are aware how it impacts the help-seeking behaviors of LGBT victims.

Organizational and societal conditions may make LGBT victims less likely to seek help from available formal resources. For instance, many victims of same-sex IPV hesitate to seek action through the formal victim assistance system for fear of additional victimization due to discrimination and diminished legal rights (Elliot, 1996; Potoczniak et al., 2003), such as residing in a state that does not recognize LGBT hate violence. The explanation most commonly offered for the high rate of non-reporting is victims' fear of what Berrill and Herek (1992) labeled *secondary victimization*, which is defined as discrimination and mistreatment by those in authority or negative consequences as a result of having one's sexual orientation revealed.

One example of how to provide affirmative services is for organizations working with survivors (i.e. of same-sex IPV) to establish themselves as comprehensive and diverse agencies, advertise, provide culturally specific information on issues and resources that are specific to this community, and to train their advocates properly regarding same-sex IPV (Duke & Davidson, 2009). What needs to be ascertained is *how* (if at all) organizations are doing this.

Organizational barriers to help-seeking exist for transgender victims in many ways. For instance, transgender people often face unique barriers to access DV shelters and other social services such as wondering if the local battered women's shelter will welcome all women, including transgender women (Gentlewarrior, 2009; Jauk, 2013; Lunine, 2013). Also, transgender people who have yet to transition may encounter barriers to competent services if their preferred name and gender does not match their legal name and sex (Lunine, 2013). Regardless of how long ago the client transitioned, they may or may not have updated their identity documents to accurately reflect their current name and gender, or may be unaware of the steps needed to do so (Grant et al., 2011).

Another organizational barrier that may prevent a transgender victim from seeking help is how welcoming the atmosphere of the victim services office is or how culturally competent the victim assistance provider is upon initial contact (Ciarlante & Fountain, 2010; Lunine, 2013). The cultural competence of the direct service provider can be influenced by the very agencies in which they work. For example, microinvalidations can be perceived from intake forms that only ask if the client is male or female, which may then cause the transgender client to experience feelings of revictimization (Ciarlante & Fountain, 2010; Lunine, 2013). Indeed, "within the transgender community it is common knowledge that interacting with authorities invites a certain level of possible victimization, or revictimization" (Stotzer, 2009, p. 173). An exploration of how not only service providers but also organizations are contributing to this perception is warranted.

One study (St. Pierre & Senn, 2010) sought to identify the external barriers to help seeking that existed within the victim assistance system. This study included a sample ( $N = 280$ ) of Canadian lesbian, gay, and queer victims of intimate partner abuse. Respondents were recruited through e-mail or online postings such as social networking sites and gay or lesbian online list serves, snowball sampling, and advertisements in LGBT or feminist magazines. Data were collected through open-ended questionnaires that were distributed to the sample, and use of this technique yielded important insight into exactly how a service provider could sensitively provide services to this sample of lesbian, gay, and queer respondents. The majority of the sample identified as White (91.3%), residing in urban areas (86.5%), and between 18 and 44 years old (87.5%). Results from this study indicated that, according to the respondents, sensitive service providers should be aware of the limitations of the language used in intake or assessment materials, and that organizations should be able to quickly adapt this language to accommodate victims, should ensure that they advertised their services to the lesbian, gay, and queer community, and that a sensitive service should make itself visible through the use of lesbian, gay, and queer symbols, (e.g., Safe Space stickers, Pride flag). An important limitation to the St. Pierre and Senn study is that the sample did not include victims who identified as bisexual or transgender, which could have provided important insights regarding their service needs. This study also was limited by the insufficient inclusion of victims of color, which could allow for knowledge to be obtained on the significance of double minority status and victim assistance.

The studies reviewed above provide compelling examples of how LGBT victims experience organizational barriers to culturally competent service provision. However,

research in this area remains limited in that few, if any, studies specifically examine the experiences of victims who identify as bisexual, or queer. The existing research often combines bisexual or queer people with larger samples of lesbian, gay, and/or transgender victims. Might a parallel exist between the invisibility of queer and bisexual victims from the literature, with the invisibility of queer or bisexual cultural competence within organizational policies, procedures, and culture?

### **Conceptual Framework: Guiding Practice Models**

This dissertation study focused on the experiences of service providers with LGBT victims of crime. As this study was about direct practice with this population, practice models were used to guide the analysis. For this study, two practice models were utilized to guide and frame this research: Cross' cultural competence model (Cross et al., 1988, 1989), and the gay affirmative practice model (Appleby & Anastas, 1998; Crisp, 2006). Together, these models guided the analysis of the perceptions of victim assistance service providers, and the influence of organizational culture toward LGBT crime victims.

The Cross cultural competence model (Cross et al., 1988, 1989) provides both an individual and organizational framework to assess progress on diversity initiatives. Both theoretical and empirical research findings identify the three primary components of cultural competence as self-awareness, knowledge, and skills (Gentlewarrior, et al., 2008; Sue, 2001; Van Den Bergh & Crisp, 2004). Ensuring that services are culturally competent is of utmost importance. For example, lesbian or bisexual women who are victims may hesitate to seek victimization support services out of fear that service providers will assume they are heterosexual and/or non-transgender individuals, thereby

inhibiting them from fully describing their identities and lives (Long et al., 2007). Also, as previously mentioned, the threat of being doubly victimized (Herek, 2009) by the service provider upon the disclosure of the victim's sexual orientation or gender identity is an ever-present factor.

Studies of mental and medical health providers' cultural competence with LGBT people have been documented in the literature (Ard & Makadon, 2011; Graham, Carney & Kluck, 2012; Maguen, Shipherd & Harris, 2005; NASW, 2017; Van den Berg & Crisp, 2004). In one study (Graham, Carney & Kluck, 2012), graduate students in counselor education and counseling psychology ( $N = 234$ ) were asked their perceived competency in working with lesbian, gay, and bisexual clients. This was a quantitative study, administered online, using the Sexual Orientation Counselor Competency Scale (SOCCS), an instrument that was also used for data collection for the parent study of this dissertation, which will be more fully described in a subsequent section. In brief, the SOCCS is an instrument that measures the self-perceptions of participants' skills in providing effective counseling to LGB clients. Findings from this study suggested counseling students may have adequate knowledge about LGB issues and LGB-affirmative attitudes, perhaps from experiences in their graduate training or from personal life events; however, they may have less confidence about their actual applied counseling skills with LGB clients. While this study did not focus on victim assistance service providers, it does provide a basis for seeing how gaps between culturally competent awareness, knowledge, and skills might exist, and the more in-depth inquiry provided in this dissertation suggests reasons why such gaps exist. Social workers, with their

knowledge of research and education methods in addition to clinical and intervention skills, are optimally suited to bridge this gap between research and practice.

Another study (Rounds, McGrath & Walsh, 2013) focused on LGBTQ perspectives ( $N = 11$ ) on how culturally competent practice can be implemented by medical providers. In this qualitative study, focus groups were conducted among a convenience sample of LGBTQ people who had been to a medical provider in the past five years. Participants were asked questions related to positive and negative interactions with health care providers, why LGBTQ people might experience different levels of quality of care, and what advice they would give to health care providers regarding LGBTQ competent care. Participants stated that a culturally competent provider would recognize their own biases, update forms to be more LGBTQ friendly, ask for preferred pronoun and preferred term for sexual orientation, and consider the heterosexist assumptions behind such questions as asking a woman, “Do you have a husband?” While this study focused on perceptions towards health care providers, the participants’ suggestions about culturally competent practice echo the literature on LGBT victims’ experiences, and underscore the need to explore how victim assistance service provision is being practiced within this culturally competent framework.

Common factors identified by this literature are the need for service providers to examine their own assumptions about the LGBT community; to attain knowledge regarding how sexual orientation and gender identity are significant to the experiences of a person; and to develop professional skills that will appropriately address both the LGBT identity as well as the context for which the LGBT person is seeking services (Graham, Carney & Kluck, 2012; Rounds, McGrath & Walsh, 2013). While such



research has contributed significantly to understanding how culturally competent services can be provided, little research has been done on how victim assistance service providers perceive their own levels of cultural competence with LGBT victims, or the processes that contribute to their perceptions; this dissertation sought to address this.

Gentlewarrior et al. (2006/2007) posit that, when providing culturally competent services to an LGBT victim, the service provider must use LGBT-sensitive language, understand the victims' reluctance to disclose LGBT identity, and be committed to ongoing LGBT specific trainings and policy development. Gentlewarrior and colleagues further state that the coming out and identity development processes are unique to each member of the LGBT community, therefore their impacts on the victimization healing process is complex. Truly, a culturally competent service provider will need to, for example, be able to comprehend the intersection of shame, secrecy, and internalized oppression of being both a victim and, more specifically, an LGBT victim (Booker & Dodd, 2008).

Cross (1988/1989) describes cultural competency along the following continuum:

1. Cultural destructiveness: Destructive attitudes, policies, and practices towards diverse cultures and individuals within an organization
2. Cultural incapacity: Extremely biased organization and individuals in the dominant group. Oppressive policies and stereotyping. Decisions and actions fear-based. Disproportionality in resource allocation, discriminatory hiring processes, subtle unwelcoming messages, lower expectations for those who are culturally diverse.

3. Cultural blindness: Ethnocentrism in policies, practices, and attitudes.

Philosophy: “I don’t see color. We are all the same.” Cultural knowledge lacking.

4. Cultural pre-competence: Proactive organization and individuals.

Acceptance and respect for differences, cultural assessment, ongoing professional development, organizational adaptations.

5. Advanced cultural competence: Cultural proficiency with integration of culture-based models and practices. Assertive and proactive agenda and programming.

Cross’ cultural competence model fit quite well with the previously discussed literature on service provision to LGBT victims of crime as it addresses perceived competencies at both individual and organizational levels. This dissertation examined if the sample of service providers exhibited (or did not exhibit) characteristics that align with the Cross model, and identify the processes that contribute to such characteristics. Though the model was not specifically designed to address cultural competence with LGBT victims of crime, it was applied to how individuals and agencies perceive the significance of the sexual orientation or gender identity of a victim. An important consideration and potential limitation is that attaining cultural competence is a process, and this dissertation study provides only a “snap shot” of where a sample of service providers were prior to receiving structured training on LGBT cultural competence.

The second model that was used to guide my research is gay affirmative practice. Gay affirmative practice expands on the understanding of cultural competence models by challenging the service provider to counteract the lifelong messages of homophobia that

the client may have internalized (Tozer & McClanahan, 1999). Additionally, gay affirmative practice incorporates person-in-environment and strengths perspectives (Crisp, 2006) to provide guidelines for culturally competent practice with non-heterosexual clients. Appleby and Anastas (1998) posited the following six principles of gay affirmative practice:

1. Do not assume that the client is heterosexual
2. Believe that homophobia in the client and society is the problem, rather than sexual orientation.
3. Accept an identity as a gay, lesbian, or bisexual person as a positive outcome of the healing process.
4. Work with clients to decrease internalized homophobia that they may be experiencing so that clients can achieve a positive identity as a gay or lesbian person.
5. Become knowledgeable about different theories of the coming out process
6. Deal with one's own homophobia and heterosexual bias.

Criticisms of these practice models have been raised. For instance, within cultural competence models there is the potential to misunderstand culture as being static rather than fluid, or to fail to acknowledge diversity within groups (Carpenter-Song, Schwallie & Longhofer, 2007). Furthermore, Langdridge (2007) recognized the exclusion of transgender clients from the gay affirmative practice model, and argues that gay affirmative practice could and should be expanded to work with transgender clients. To this extent, I asked the data how cultural competence toward LGBT clients was understood, or misunderstood, by the sample of victim assistance service providers and

their organizations. Next, I expanded upon the gay affirmative practice model to include a consideration of respondents' knowledge, attitudes, and skills regarding transgender clients to determine if this model could, indeed, be applied to the data. The gay affirmative practice model was considered as a relevant lens that extended understanding of the Cross cultural competence model. However, as this dissertation only focused on how the sample is practicing at one point in time, the fluidity of cultural competence was not fully captured. Rather, it provided baseline insight on how the sample is currently practicing cultural competence prior to receiving LGBT competency training.

In considering the frameworks of cultural competence and gay affirmative practice models, the data from this dissertation were analyzed with consideration as to how these approaches existed, coexisted, or do not exist at all among a sample of victim service providers towards LGBT clients. I used these models to find patterns between what actions from these models overlapped, with attention to data that do not correspond to these models at all.

### **Summary of Literature Review**

Studies suggest that victimization of LGBT people is a largescale problem (CDC, 2013; Grant et al., 2011; McClennen, 2005; NCAVP, 2012). As most studies rely on LGBT respondents to self-disclose their LGBT orientation or identity, it is presumable that the actual rates of LGBT victimization are higher than what has been reported (CDC, 2013; Hein & Scharer, 2013), as they may be reluctant to disclose their sexual orientation or gender identity. LGBT victims often report fear that if their sexual orientation or gender identity is disclosed, they will be at risk for double victimization (Grant et al., 2011; Herek, Cogan & Gillis, 2002; Stotzer, 2009). As a result, they may fail to report a

crime, or withhold their LGBT status, thereby impacting our understanding of the scope of the problem of LGBT victimization. (Ard & Makadon, 2011; Merrill & Wolfe, 2000; NCAVP, 2012; Pattavina et al., 2007; Stotzer, 2008; Tesch, Bakerian, English & Harrington, 2010).

Indeed, this is a population that can be difficult to access. The research that has been conducted from the perspectives of LGBT victims strongly suggests that they perceive victim service providers to be insensitive to their LGBT identity (Herek, Cogan & Gillis, 2002; Potoczniak, Mourot, Crosbie-Burnett & Potoczniak, 2003; St. Pierre & Senn, 2010; Turell & Herrmann, 2009). Additionally, many reports suggest that LGBT victims perceive victim assistance services (that are not LGBT-specific) to be inadequate in meeting their needs (Ard & Makadon, 2011; Ciarlante & Fountain, 2010; Grant et al., 2011; Turell & Herrmann, 2008). An enhanced understanding of the problem of LGBT victimization can allow for victim services organizations to provide more specific, culturally competent services to direct service providers, and may direct organizational outreach efforts to better engage LGBT victims. The literature suggests examples of how culturally competent service provision could be administered (Bjorkman & Malterud, 2007; Boehmer & Case, 2004; Helfrich & Simpson, 2006). Nevertheless, it is largely unknown if victim assistance service providers and organizations fully comprehend the significance of LGBT identity disclosure, the help-seeking experiences of LGBT victims, or the impact that IPV, hate crimes, or non-bias related crimes have on the LGBT population.

While some research about service provision to LGBT clients and victims has been gathered on allied disciplines within the victim assistance system (Ard & Makadon,

2011; Banks & Fedewa, 2012; Bernstein & Kostelac, 2002; Brown & Groscup, 2009; Dwyer & Hotten, 2009; Seelau et al., 2003), the perceptions of victim assistance service providers are largely unknown. A victim assistance service provider is often in the role of providing resources, referrals, and advocacy as the victim proceeds through a legal process, and not knowing the sexual orientation or gender identity of a victim will likely influence these core elements of service provision. An additional gap exists regarding what contributes to the perceptions that victim assistance service providers have towards the sexual orientation or gender identity of the victim, as well as how they perceive the LGBT identity of a victim to be significant, or not. The benefits of addressing such knowledge gaps include knowing how to direct training, education, and research efforts at organizational and direct practice levels, thus allowing for LGBT victims to receive the culturally competent help they need in the wake of victimization.

### **Research Questions**

1. How do victim assistance providers perceive the relationship between a crime victim's sexual orientation or gender identity and the type of services that they provide?
2. How do victim assistance providers perceive their cultural competence in relation to working with LGBT victims of violence?
3. What organizational factors contribute to the perceived attitudes, knowledge, and skills of victim assistance providers in working with LGBT victims of violence?

## CHAPTER III

### Design and Methodology

#### Design

To address these questions, I conducted a secondary, thematic analysis (Braun & Clarke, 2006; Irwin, 2012) of the qualitative data that were gathered utilizing focus groups, interviews, and open-ended questionnaires. Qualitative methods are useful for exploring people's personal experiences of complex phenomenon within particular settings (Johnson & Onwuegbuzie, 2004). As this study examined the experiences of victim assistance service providers in their treatment of LGBT clients in their particular work settings, qualitative methodology was a reasonable fit. Padgett (1998) encourages the use of qualitative methodology to explore a topic about which little is known and/or when an aim of the research is to capture the "lived experience" from the perspectives of those who live it and make meaning of it. Additionally, a qualitative design has been chosen to address my research questions because a "thick description" (Geertz, 1973) of the participants' responses might yield a rich understanding of the underlying and potentially complex factors that contribute to the respondents' ideas about service provision to LGBT populations. As related to this dissertation study, this becomes important because it can help to generate a deeper understanding of the current practices of victim assistance providers towards LGBT crime victims, and can potentially help to generate new theories or hypotheses, or identify variables for future investigation. Additionally, as little was known about the subject of this dissertation, qualitative inquiry allowed for the respondents to explain their perceptions and experiences in service



provision to LGBT victims. In so doing, this research can direct future quantitative study by potentially identifying variables for subsequent research.

Although practice model development was not a primary goal of this research, this study provided insight that confirmed or even added to the application of cultural competence practice models by expanding their applications to service provision to LGBT crime victims. This was done by comparing the data obtained from this study to what has been presented in the Cross' cultural competence model (1988, 1989) and gay affirmative approach (Appleby & Anastas, 1998; Tozer & McClanahan, 1999). Most important was the need to present a detailed, in-depth view of the perceptions of this population of victim assistance service providers to discover if, and in what ways, their perceptions may be contributing to barriers known to be experienced by LGBT victims of violence in accessing victim services.

### **Parent Study: LGBTQ Crime Victim Project**

**Study Aim.** Data for the present study were originally collected in 2012 for the LGBTQ Crime Victim Project, a project that sought to determine how best to train victim assistance service providers to practice cultural competence when working with LGBT crime victims. The project's overall aim was to create, test, and evaluate a training program for crime victim service providers who do not work for LGBT specific agencies, and that addresses service provision for LGBT victims. The specific goals of the parent project were to increase competence in five specific areas: (1) providing outreach to the LGBT community; (2) conducting LGBT cultural competency training; (3) including policies and procedures that address the needs of LGBT victims; (4) collaborating with

LGBT-specific service providers; and (5) discovering resources that are available to address these issues.

**Sample.** For the LGBTQ Crime Victim Project (# 2011-VF-GX-KO240), data were collected from victim assistance administrators ( $n = 15$ ), staff ( $n = 58$ ), and volunteers ( $n = 10$ ) across seven different sites, representing a broad range of geographic, ethnic, racial, and socioeconomic demographics of victim service providers and their clientele. One respondent did not identify a job role. Participants self-reported demographic data to the interviewer that included race, gender, age, and other relevant characteristics, as shown in Table 1 (Appendix I). The majority of the respondents were white (52.4%), female (84.5%) and between the ages of 26-35 (41.7%). This sample also represented a range of professional backgrounds, as victim assistance service providers may have backgrounds in social work, law, or criminal justice.

The data collection sites consisted of agencies that were located in seven different states (Appendix II). The Beyond Diversity Resource Center, which is a nonprofit corporation that provides training in the area of cultural competence and LGBT-related issues, was the project lead. The Beyond Diversity Resource Center partnered with The New Jersey Victim Assistance Academy (NJVAA), which is a program of the Institute for Families at the Rutgers University School of Social Work (IFF), and maintains established contacts with non-LGBT specific victim services providers across the country. Data were collected using non-randomized, purposive sampling, whose main goal was to focus on particular characteristics of a population that are of interest (Patton, 2002). The Beyond Diversity Resource Center invited OVC member agencies to apply to this project through an electronic mailing list. The project coordinators from each

interested member agency then completed an online application to be considered for the LGBT Crime Victim Project. The application consisted of 46 questions, seeking such information as organizational structure, types of services provided, opportunities for LGBT specific trainings, and willingness to commit to a two-year long project. The Beyond Diversity Resource Center then selected seven sites that were, (1) diverse in geographic location, number of people served, and staff size and either; (2) in proximity to known organizations that address the needs of the LGBT community; and (3) located in areas that have no identifiable LGBT advocacy organizations. Proximity to or distance from LGBT organizations was considered in order to ascertain if staff and administrators in non-LGBT specific service provider agencies were knowledgeable of such organizations, or if they believed that the lack of nearby organizations is a barrier to service provision. None of the selected seven project site coordinators declined initial participation. The seven sites were located in different regions of the U.S.; exact locations must be kept confidential to protect the identities of all participants. Once the seven sites were selected, individual participation among administrators, staff, and volunteers in the project was voluntary. The Office for Victims of Crime (OVC) provided input and oversight, as well as a cooperative agreement with the Beyond Diversity Resource Center.

**Data Collection.** Three types of baseline data were collected with victim service providers, relevant to the present study.

1. The Lesbian, Gay, Bisexual, Transgender (LGBT) Competency Assessment Tool (CAT) (Messinger, 2011) is a survey instrument that measures competency in culturally competent practice with LGBT clients (Appendix II). The instrument

consists of eight open-ended questions, and was distributed among victim advocate staff and volunteers for completion during the LGBT Crime Victim Project. The open-ended questions allowed for respondents to reflect on their personal levels of competence in working with LGBT victims, as well as how they perceive organizational influences on their current level of competent practice. The CAT was distributed by myself or a member of the research team to victim assistance staff and volunteers in all seven sites, and all responses were confidential. Each respondent was given a unique code by this researcher, and this code was known only to the research team. Responses were handwritten by the participants, and completion of the CAT took between 30-90 minutes. The CAT was administered to a total of 69 respondents. One survey was discarded as the respondent did not answer the questions in a way that could be meaningfully analyzed.

2. Focus groups and interviews were conducted across the participating sites, and were facilitated by either myself, or by one of three members of the research team. All members of the research team held advanced degrees in social work or public health and had been trained in the facilitation of focus groups and interviews. Each site was located in a different state, and will be explained in terms of what region of the US the site was located. Facilitators asked questions from a structured questionnaire (Appendix III), ascertaining the respondents' perceptions of their own attitudes, knowledge, and skills pertaining to the LGBT community and LGBT victims of crime. All focus groups and interviews were conducted in-person and were audio recorded, with permission of the subjects.

Focus groups and interviews lasted between 90 - 120 minutes. A total of 17 focus groups were conducted, and ranged in attendance from 4 to 15 people.

Additionally, two individual interviews were conducted at sites that only had one administrator, using the same questionnaire that was used for the focus groups. The agencies were diverse in terms of how they were structured, as some had several people in administrative, managerial, or supervisory roles, whereas other agencies had one person responsible for overseeing the staff and volunteers who were involved in this project. Seven focus groups or interviews consisted of administrators only, and the remaining 12 focus groups consisted only of staff or volunteers. Conducting focus groups separately for staff and administrators was considered important because it was expected that staff and volunteers would have more micro-level contact with LGBT crime victims, whereas administrators would have macro-level duties, thus yielding potentially qualitatively different responses. Separation was also considered important because it would allow each group to openly speak among their peers, without concern that their honest responses would influence any aspect of their jobs or relationships with their staff or administrators. A total of 84 subjects participated in the focus groups or interviews. Audio recordings were transcribed by me and another trained research assistant.

3. The Sexual Orientation Counselor Competency Scale (SOCCS) (Bidell, 2005) is an instrument that measures the attitudes, skills, and knowledge of counselors who work with LGBT individuals. This Likert scale survey consists of 37 questions such as “I have received adequate training and supervision to work with

LGBT clients” and “The lifestyle of an LGBT client is immoral or unnatural”, with responses ranging from “not at all true” to “totally true”. This survey was distributed to the entire sample ( $N = 84$ ), confidentiality was assured, and respondents had between 30-90 minutes to complete the survey. As my research questions can best be answered utilizing qualitative data, results from the SOCCS survey are not included in my dissertation.

Each participant was given a packet that consisted of a page of questions to capture demographic data. The packets given to staff and volunteers also included the SOCCS and CAT surveys, whereas the packets given to administrators had only the SOCCS survey in addition to the demographic page. I assigned each participant a confidential code, which corresponded to their packet. Data from focus groups and interviews were transcribed by myself and other members of the research team, and each transcription was double checked to enhance accuracy. These transcriptions, as well as survey responses, were uploaded into DEDOOSE (2013) qualitative software. Data obtained from SOCCS were analyzed using SPSS (2009). Following the collection of baseline data, the Beyond Diversity Resource Center provided in-person and webinar education and training to the victim service organizations tailored specifically to the areas of outreach, cultural competence, policies and procedures, community collaboration, and LGBT specific resources. The final wave of data collection was an evaluation of these educational trainings in those five specific areas. Data for the post study were collected in 2014 using the CAT and SOCCS surveys as well as through focus groups and interviews. My dissertation study specifically analyzed the qualitative baseline data to determine how victim assistance service providers perceived the importance of a victim’s

LGBT identity in relation to the services they provide, how they perceived their cultural competence in working with LGBT victims, and if organizational factors contribute to these practices and perceptions.

### **The Dissertation Study**

I approached the data with questions that reflected the perceptions of victim assistance service providers that fell outside of the five specific areas of research that the parent study sought. By asking new questions of this existing qualitative data, qualitative secondary analysis can develop new understandings of social science (Irwin, 2013).

The responses from two data sources, the CAT survey and the transcripts from the focus groups and interviews, were analyzed for this study. This baseline data revealed how the sample was practicing at the time of the baseline study and can inform how to best target future areas of intervention by creating new variables for subsequent research. Data for this project was analyzed using thematic analysis (Braun & Clarke, 2006) to describe the pre-intervention state of knowledge and skills among service providers towards LGBT victims.

As this study falls under Title 45 of the Code of Federal Regulations, Part 46 (45 CFR 46), an application to the IRB at Rutgers University was submitted and approved.

**Data analysis.** Utilizing thematic analysis, the implicit and explicit ideas within the data were identified (Guest & MacQueen, 2012). Thematic analysis was an appropriate method to analyze the survey responses, interview and focus group texts because they fall along a continuum of text from brief open-ended responses to more in-depth responses, all of which were analyzed for significant themes (Guest & MacQueen, 2012). Thematic analysis was used to identify, analyze, and report patterns or themes

within these data, and was helpful in examining the latent ideas, assumptions and conceptualizations that inform the more semantic data content (Braun & Clarke, 2006). Thematic analysis works with a wide range of research questions, from those about people's experiences or understandings to those about particular phenomena in particular contexts. Thematic analysis also allows for the analysis of different types of data, from secondary sources such as media to transcripts of focus groups or interviews (Braun & Clarke, 2006). Additionally, thematic analysis works with large or small data-sets and can be applied to produce data-driven or theory-driven analyses (Braun & Clarke, 2006). Adhering to the tenets of thematic analysis, this dissertation used coding, applying interpretive labels that designate meaning to pieces of information that assisted in the discovery of patterns across a large amount of qualitative data (Auerbach & Silverstein, 2003), with the goal of describing and understanding how people feel, think, and behave within a particular context relative to my research questions (Guest & MacQueen, 2012). Clean versions of the focus group and interview transcripts and CAT open ended responses that were used for the parent study were uploaded into a new file using DEDOOSE (2013) qualitative software, which allows for qualitative coding and memo writing.

First, I performed line by line coding of transcripts, creating an exhaustive list of codes. Each code remained true to the respondent's words, and all codes were considered potentially theoretically relevant. The next phase of coding involved the organization of the preliminary list of codes by observing what ideas and themes are repeating across transcripts, as relevant to the research questions. A theme is a coherent and meaningful pattern in the data relevant to the research questions (Braun & Clarke, 2006). From the



refined list of codes, themes emerged, under which the codes were organized. Mayring (2000) suggests that investigators tentatively develop the categorical aspects of interpretation, or initial themes from text material, and then apply them back throughout the text. Next, categories were revised, reduced to main themes and checked in respect to reliability. Individual themes, as well as the relationships between themes were named, defined, and written up in a way that brought together the thematic analysis and data extracts to describe how the research questions were answered (Braun & Clarke, 2006). Thematic analysis moves the analytic process to interpreting the significance of the patterns and their broader meanings and implications (Patton, 2002).

**Trustworthiness.** Steps were taken to enhance the rigor of this study. My data analysis required an ongoing process of reflexivity, which involved self-questioning and self-understanding, examining what I know and how I know it, and awareness of my own perspective and voice as well as the perspectives and voices of the respondents (Patton, 2002). I am a gay, cisgender male, and have never had to seek formal assistance through the victim assistance system. I have lived the majority of my life in socially and politically progressive urban and suburban regions, have received extensive education and training regarding LGBT identity, and am a clinical social worker who provides short and long-term psychotherapy to clients of all sexual orientations and gender identities. Being reflexive required awareness that I was not imposing my own lived experience, education, and values onto the respondents, and respecting that my worldview has been shaped in ways that are likely different from what has influenced the worldviews of the respondents.

Additional steps were taken to enhance the trustworthiness of the study. First, the participants had been assured of the confidentiality of their responses (Rubin & Rubin, 2005). Assurance of confidentiality can make the respondents more likely to answer survey and focus group questions honestly, without concerns of repercussions from their agencies or administrators, or having their identities being disclosed in subsequent publications. Next, as I developed codes from the data, a colleague, who is both trained in qualitative research and independent from this researcher's study, was consulted to check the key codes, by applying them to clean copies of a selection of transcripts; this was done to enhance reliability. Also, peer debriefing (Padgett, 1998) was conducted with researchers and practitioners at the university to guard against bias, to practice reflexivity, and to give me feedback on code application. To enhance data trustworthiness, if the consultation and peer debriefing process resulted in differences on how the data should be coded, this researcher reviewed the coding schema as well as the transcriptions, and collaborated with the peer until consensus was attained. Finally, methods of triangulation (Patton, 2002) were used to strengthen the study by analyzing data that were obtained from two instruments, which allowed me to test for the consistency of questionnaire and focus group/interview responses.

## CHAPTER IV

### Results

Service providers who use inappropriate terminology (Lunine, 2013), agencies without LGBT-affirming symbols and agency forms (St. Pierre & Senn, 2010), and organizations that do not advertise their services to the LGBT community (St. Pierre & Senn, 2010) are some examples of how LGBT victims experience barriers to culturally competent services. The results described in this section begin to describe the processes that contribute to the service provision barriers that LGBT victims experience. I organized the themes and subthemes under two distinct categories: direct practice barriers, and organizational barriers. What follows is a description of how the perceived irrelevance of being LGBT, reliance on the victim to disclose their sexual orientation or gender identity, and a lack of training regarding working with LGBT victims all contributed barriers to practicing with LGBT victims. Then, I will discuss how initial reporting, organizational constraints, LGBT invisibility, protection, and relationships between staff, management, and knowledgeable colleagues were barriers that existed at the organizational level.

#### **Direct Practice Barriers: Not Asking, Not Knowing**

This first category reveals how, overall, the respondents were not aware of the importance of gathering sexual orientation or gender identity information and did not know why obtaining this information would impact the help-seeking experience of the LGBT victim. What follows is a discussion of the themes and subthemes that emerged

from the data that indicate the reasons why the service providers in the sample were not asking about LGBT identity.

### **Irrelevant to the Crime**

This first theme captures how respondents did not believe it was important to know whether their client was LGBT if it was not directly related to the crime. For example, one suburban service provider stated that “unless their sexual orientation is related to the crime, I don’t believe it needs to be an issue.” Here, a distinction is made between the context of the crime versus sexual orientation being “an issue.” Similarly, another urban service provider explained how she decided whether sexual orientation or gender identity was important information to collect from the victim, “If I thought a victim’s sexual orientation was relevant to a case I would ask them to elaborate on the type of relationship she/he had with the defendant or another victim on a case- ONLY if it was relevant.”

Another urban service provider voiced a similar sentiment:

As a victim service provider, the clients that I work with are as a result of their victimization. Victimization has no sexual orientation except in bias/hate related crimes. Unless a person tells me what their sexual orientation is, I would have no way of knowing... there is no need for understanding [their sexual orientation or gender identity].

Needing to know the sexual orientation or gender identity of a victim only as it relates to the context of the crime was further explained by another urban service provider. Here, the respondent makes a distinction between the type of crime, and what would lead her to ask for the victim’s sexual orientation or gender identity:

I guess the only time [being LGBT] would make a difference is if the crime itself is directly related to them being part of that community. Other than that, they should be... treated as everyone else. If they were robbed they were robbed, and it wasn't because necessarily that they were [LGBT].

Many respondents across all seven sites held the same belief that the sexual orientation or gender identity of a victim is only relevant if it is known that this is why they were victimized. Respondents typically referred to examples of same-sex intimate partner violence or hate crimes as reasons why they would ask the victim and engage a dialog regarding their sexual orientation or gender identity.

**Not knowing resources: “I just use the same resources for everyone.”** The theme of irrelevance to the crime was further indicated in this subtheme, which presents respondents' lack of knowledge of the importance of LGBT resources. As part of their jobs, victim assistance service providers are to give appropriate resources for victims, which can range from shelters, housing, medical and psychological care, and financial assistance. Most respondents used a standard resource directory that usually did not include which resources were LGBT friendly. As one rural staff person stated, “I just use the same resources for everyone, a victim is a victim.”

Assumptions were further made regarding how LGBT sensitive resources would be:

Well if it's in the resource directory I assume [the staff at the resourced site] know how to work with all victims, it shouldn't matter. I never really called any of the resources to ask them specifically if they had experience working with LGBT victims. (urban service provider)

Here, the assumption was made that any of the resources that were currently used would be appropriate for an LGBT victim. There was an additional belief that the people who staffed these resources would share the belief that a “victim is a victim” and would not consider sexual orientation or gender identity to be relevant to the services that they

provided. Finally, respondents such as this provider never questioned if the agencies that they referred clients to had experience working with LGBT victims.

Many respondents were unaware that LGBT specific resources existed, or that an LGBT community existed in their catchment area. One urban site was located across the street from the area's LGBT Pride Center, with that center's rainbow flag visible from the agency's conference room window where the focus group took place. Here, one staff person stated, "I don't think there is an LGBT community in this area. I never saw it or heard about it."

Some respondents were aware that LGBT specific resources existed, but could not name or identify them. Often, these respondents would rely on internet searches to locate LGBT specific resources on an as-needed basis, as stated by one suburban respondent, "If the victim is saying they want a resource that works just with LGBT people, then I will just do a google search and give them what comes up." While many respondents stated that they could locate LGBT resources on the internet, these searches do not allow for the service provider to verify how LGBT services are provided, or the quality of the services, therefore the service provider cannot assure the LGBT victim of the services that would be delivered at the referred agency. The above respondent also believed that it was the victim's responsibility to ask for LGBT-specific resources. This belief is similar to that discussed in the aforementioned sub-theme of LGBT disclosure, that if there was something pertaining to the victim's sexual orientation or gender identity that was important, then the victim should initiate such discussion.

However, there were some exceptions. Some respondents at some agencies did have LGBT specific resources to provide to victims. As one service provider from a Midwestern suburban site stated:

We typically would refer to PFLAG [Parents, Families and Friends of GLBT people], GLSEN [Gay, Lesbian, Straight, Education Network], or the LGBT center at [nearby university]”. Being located near to the university helps a lot, they have an active LGBT community and hold events for Gay Pride. The university has a lot of helpful resources.

This exception could be explained by the respondents at this site who reflected on having a close working relationship with the university, and had a system of collaboration in place. Respondents were able to provide LGBT victims with resources at the university that were culturally competent, and where working relationships had been established. The university had LGBT clubs and organizations that were visible in the local community. In terms of resource identification, this site had a relationship with the university as well as a large hospital, and was located in a socially and politically progressive state known for its LGBT legal protections. However, the majority of respondents believed that sexual orientation or gender identity was irrelevant to the resources that were provided, and most organizations did not maintain a directory of LGBT specific resources. While some respondents were aware of the local LGBT community and its organizations, most did not seem to collaborate, network, or establish relationships with such organizations.

### **Reliance on victim: “It’s not something we ask”**

Another theme was the provider’s reliance on the victim to disclose their sexual orientation or gender identity. Analysis revealed a common sentiment among service providers that “if they want me to know [if the victim is LGBT], they will tell me”,

meaning the victim should be the one to willingly disclose this information to the provider. This belief conflicts with the literature that suggests that victims are often reluctant to disclose if they are LGBT due, in part, to fears of being doubly victimized by the service provider (Ard & Makadon, 2010; Bjorkman & Malterud, 2007; Boehmer & Case, 2004; Helfrich & Simpson, 2006; Todahl et al., 2009), even though many LGBT people believe that they would receive better care if their service provider knew about their sexual orientation or gender identity, and would be willing to answer related questions (Singal & Makadon, 2013). Additionally, the report *Healthy People 2020* encourages service providers to inquire about a patient's sexual orientation to enhance the patient-provider interaction (U.S. Department of Health and Human Services, 2011).

One suburban service provider explained how she decided to rely on the victim to disclose sexual orientation or gender identity, "Listen! If they are willing to share, I'm not interviewing them about their sexual orientation. I'm only here to assist them as a victim of a crime."

Reliance on the victim to disclose was further reported by another suburban respondent:

Interviewer: And how do you know [the sexual orientation or gender identity] of a victim?

Respondent 1: Because they have disclosed that to us. It's not something that we ask but if they shared... that with us that's their [choice]

Interviewer: Is there any other way that you know that they are [LGBT] but they didn't disclose it to you?

Respondent 2: No.

The above quotes demonstrate how respondents do not fully consider the sexual orientation or gender identity of an LGBT victim. Many respondents, like the one quoted



above, were seemingly defensive about how they categorized sexual orientation (or gender identity) as an experience that (as described in the previous section) was unrelated to the experience of victimization.

One respondent from a northeast urban site stated, “I believe it’s up to the person if they want to share their sexual orientation. I’m going to treat them as a human being, build rapport with them, make them feel they can trust me and then if they wish they can define themselves.” Responses such as this suggest that a relationship needs to be developed between service provider and victim before disclosure of LGBT status is made. However, such beliefs ultimately continue to place the responsibility of disclosure on the victim.

**Not appropriate.** Many respondents relied on the victims to self-disclose their sexual orientation or gender identity out of a belief that it was inappropriate or impolite to ask this information. As mentioned earlier, most of these respondents struggled with not knowing how to ask this information, or what to do with the information once it was provided. Some respondents, such as one from an urban area quoted below, were uncertain if asking this information violated the victims’ privacy:

Maybe they just don’t want me to know if they are gay or trans. I am not sure where the line is drawn between getting this information versus if they just want to keep this information private from me. Everyone has the right to privacy. What if me asking them [and] this makes them uncomfortable?

The respondent had a concern for the victim’s emotional welfare, believing that further probes might cause the victim to feel distress. Other respondents were also concerned about offending the victim. As one staff person from a suburban area stated, “If I do [ask for sexual orientation or gender identity], what do I actually say? What are the words to

use? The words, the terms, are all changing so fast. What's right to say today is not politically correct tomorrow." Examples like this reveal a lack of knowledge about terminology (described later in this section) along with an intention to not alienate the victim, but may also show their own discomfort about what is appropriate to say. Indeed, many respondents echoed the sentiments of one respondent who stated, "I don't see how their [sexual orientation or gender identity] should matter. I for one would feel very awkward asking them this during such a stressful time." Her response further reflects the previously described theme of irrelevance.

Another reason why service providers felt uncomfortable asking a victim about their sexual orientation or gender identity, was that they feared that asking for this information would make the victim feel judged. These respondents thought that addressing a victim's LGBT identity would cause the victim to wonder why this should matter and possibly anticipate discriminatory treatment. As one inner-city respondent stated:

If I ask [the victim] about their sexuality or gender, they might think I would use this information to judge them... [the victim] might wonder if I was homophobic and might think that I would give them poorer services if they [disclosed their sexual orientation or gender identity]. I think it could go that way too. So, I treat everyone the same and if they want to tell me or not is up to them.

Quotes such as the above suggest that perhaps some service providers are aware of the importance of sexual orientation and gender identity, but may be practicing with intentions of seeking to protect the victims from feeling uncomfortable. Many of these respondents had questions about the appropriateness of asking a victim about their sexual orientation or gender identity, as one respondent from a Midwest suburban site pondered, "I don't want to offend [the victim], how much further should the conversation go?"

**“How do I know what I don’t know?” Lack of LGBT-specific training**

A further barrier to culturally competent service provision to LGBT victims was that most of the respondents stated that they had never received formal training or education specifically on LGBT communities or LGBT victims. This theme could explain why service providers did not know to or believe it was appropriate to ask respondents about their sexual orientation or gender identity. Most respondents stated that they would attend a training on LGBT victimization if one was offered, suggesting an attitude of willingness to receive more information how to enhance their cultural competence with LGBT victims. One inner-city respondent recognized his limitations working with LGBT victims, and stated, “I recognize that I need to be trained about working with [LGBT victims]. I mean, how do I know what I don’t know? I never thought about it before. If I attended a training, I would at least begin to understand where my knowledge is lacking.

Some respondents stated that they had received general diversity training, and sometimes these trainings included information about LGBT people. One rural respondent stated, “We went to a diversity training, they talked about everything, race, religion, sexuality. But a training just on LGBT? No. I never questioned it before.”

Some attended general diversity trainings that provided optional workshops specifically on LGBT victimization. One urban respondent reflected, “Yeah, I remember there being a workshop or breakout session that was just for LGBT. I didn’t attend it though. The breakout sessions were optional; learning about LGBT was not a requirement. Each workshop dealt with a different minority [population].”

Even within the same agency there was often a discrepancy between staff who had received some training versus staff who had not. One dialog between two rural service providers at the same agency provides an example of this training inconsistency:

Respondent 1: [Our last LGBT training] goes back too long to say... there's [State] organization... we had someone come down to do a training...on these issues which was too long ago to almost mention but a good example of what could be done and should be done... Staff will just seek things on their own.

Respondent 2: Did we? Must have been before I came here.

The above interaction is an example of inconsistent training among victim service providers within the same agency. The respondent stated that the last LGBT specific training was received some time ago, and it is likely that the knowledge from that time is now outdated. However, this is responded to by another staff who did not receive this training, and it is unknown if the second respondent ever received any LGBT training at all. What an LGBT victim might encounter, then, is an agency whose staff is either untrained, or trained with outdated information.

What little LGBT training was received among the sample was typically voluntary, meaning the respondents who attended a training already had some degree of personal interest in learning more about practices with LGBT victims. Some respondents who had not received formal training in LGBT victimization discussed how they otherwise learned how to work with this population. Many respondents stated that the little knowledge they had about LGBT people, they had received from their LGBT friends or family, as one suburban service provider stated, "I have a lot of gay friends, so I am comfortable working with gay people. If I have a question about how to better work with gay clients, I would just ask one of my friends."

Other respondents learned from LGBT victims they worked with in the past:

The first time I worked with a transgender person, they told me about everything else they had to deal with... limited finances due to the cost of hormones [and] their family basically disowned [the victim]. This person was clear with what name to use and pronoun... I learned a lot. [rural respondent]

Some respondents stated they did not think that they ever worked with an LGBT victim, but would seek advice from a colleague who had, as one service provider at a Midwestern rural site explained, "I never had a LGB or T victim but [colleague name] I knew had one so I would just ask her what to do."

Some service providers obtained knowledge of how to work with LGBT victims through trainings or by being personally involved with the LGBT community, while others did not receive training at all. While having some personal involvement with the LGBT community might mean that the respondent has a certain degree of knowledge, such personal involvement does not yield consistent, accurate, or generalizable information regarding best practices with LGBT victims. These inconsistencies were found among service providers across all seven sites. While most respondents expressed a willingness to learn more about LGBT victimization, many were unsure how to receive such training, while some had never considered further training prior to this study

**Terminology.** Service providers were unsure of LGBT appropriate terminology, which is a subtheme of inadequate training and education. Some service providers reported that they consciously did not ask for the sexual orientation or gender identity of the victim because they were concerned that they did not know the appropriate terms. One rural respondent stated:

I'm just not sure what I should be saying. If the paperwork in front of me says that the person is a man but he is dressed as a woman, I don't know if I should say he, she, or what. I just go by what the paperwork says. If I'm wrong, they should tell me.

This concern regarding the appropriate use of LGBT-sensitive terminology was found among respondents at all sites. One respondent at a northeast urban site uses gender neutral language with all victims:

I would use gender neutral language and questions (e.g. 'Tell me about the supports/significant people in your life') that allow room for them to tell me on their own. In most cases in my work, a person's sexual orientation is not necessary for me to know unless they choose to tell me. If they do tell me, I would ask supportive questions as appropriate.

Terminology was particularly a concern regarding interactions with transgender victims. Respondents would typically wait for the victim to state what their preferred name, pronoun, or sexual orientation was. For instance, one respondent from a Midwest metropolitan site stated, "I wouldn't [ask about gender identity] unless they brought it up or I felt it was a theme. If it was, then I'd ask how they would want to be treated or referred to as." However, some examples of proactively asking for gender identity or sexual orientation, and the appropriate terms did emerge. One respondent from a northeast metropolitan site stated, "I would not guess [the victim's gender identity]. I would ask them what group do they feel comfortable with me identifying them with. For example, I would not start out by calling them Mr., Miss, or Mrs. I would ask."

**Assumptions: "You can just tell if someone is gay."** Service providers who have not received training and education regarding gender expression might rely on their assumptions to determine if a victim is LGB or T. Such assumptions pose an additional barrier to asking for the sexual orientation or gender identity of a victim. One respondent from a suburban site in the west would make an assumption about the victim's sexual

orientation or gender identity “depending on how they are dressed.” Assumptions were often based on how the person initially presented to the service provider, and if an assumption was made that the victim was LGBT, most of the sample did not know how being LGBT could impact victimization. Many service providers, like the one quoted here from an urban area, were uncertain if additional information was necessary once the assumption was made that the victim was L,G,B or T, “Victims usually make it self-evident that they are gay; oftentimes that info is in the police report.” Respondents were often unsure what other information would be needed to ask for based on sexual orientation or gender identity.

However, not all service providers relied on such direct examples from which they based their assumptions. In some instances, such as the response from a rural staff person below, how the victim expressed themselves contributed to assumption making:

You can just tell if someone is gay. I worked with one man who was very effeminate, I heard the word “flaming” before, but I don’t know if it’s OK to say that [here]. But he was. So, I assumed he was gay, I didn’t even have to ask.

The above quote reflects how respondents believed that gender expression was an appropriate marker for determining if a victim was L,G,B, or T. Such assumptions led certain respondents to believe that it was not necessary to further inquire about a victim’s sexual orientation or gender identity, and many of these respondents indicated that these assumptions were sufficient.

However, there were some exceptions. For instance, one respondent at a southeastern suburban site stated that she does “. . . not assume gender identity or

orientation. If orientation and/or gender identity is disclosed, normalize. Express our mission to work with many populations, free of judgments.”

Overall, the barriers that led to the respondents not asking for, and not knowing the importance of, asking for the sexual orientation or gender identity of victims were due to perceived irrelevance of LGBT identity, reliance on the victim to disclose, and lack of training. It is important to recognize that these respondents do not work in a vacuum but instead are influenced by the policies, procedures and attitudes of the agencies in which they are employed. Thus, what follows are results that suggest how organizational factors influence and actually impede appropriate service provision to LGBT victims.

### **Organizational Barriers**

The barriers that staff experienced to LGBT competent service provision were a microcosm of barriers that existed at the larger organizational level. Organizational culture, policies and practices all shaped how the staff practiced with LGBT victims. Therefore, I next present themes that relate to the category of organizational barriers. Organizational culture is defined as “the deeply embedded patterns of organizational behavior and the shared values, assumptions and beliefs, or ideologies that members have about their organization or its work” (Peterson & Spencer, 1991, p. 142). Most organizations were disconnected from the local LGBT community, and had policies and procedures that reflected this. Also, respondents believed that collateral organizations with which the victim assistance agencies worked, such as the police and court systems needed LGBT cultural competence training, more so than victim assistance organizations.

### **Initial Reporting Procedures**



Many respondents stated that the information they received about victims prior to actually meeting or speaking with them had a significant influence on whether or not they decided to ask about the victim's sexual orientation or gender identity. They reported that victims initially filed a report with the police, and the first information the service providers received about the victims was what was on the police report:

We just go by what is on the police report. If the victim tells the police that they are gay or trans or whatever, then we have it there, so there's no need to ask them that. If they didn't tell this information to the police, then they probably don't want to tell it to us so we're not going to ask. The police are only interested in the crime, not the person's sexuality, it doesn't matter. [Suburban respondent]

This statement was echoed by another respondent from a different site, who stated, "We see the police report before we even see the victim. If it's a hate crime or something, then the [sexual orientation or gender identity] might be on the police report. Or if the crime happened at a gay bar, maybe. Otherwise, no." Responses such as these indicate that the information given by a victim to a police officer can ultimately have ongoing effects on service provision to LGBT victims. If the report indicated that the victim was LGBT, most service providers did not think they needed to inquire further. If the report did not indicate this, then respondents would rely on the victim to self-disclose, would practice based on assumptions, or would infer from the context of the crime if the victim was LGB or T, as discussed previously.

Another respondent from a rural site reflected on the relationships between the community and law enforcement in their rural area:

Here everyone knows everyone else... the police, the schools... all of the families know everyone else's business. So maybe a [LGBT] person might not want to tell the police that they are [LGBT] for fear of it getting put out there. I don't know. But if [sexual orientation or gender identity] is not on the initial police report that we receive, we really have no way of knowing unless they tell us.

The above quotes capture a possible structural obstacle to adequately meeting the needs of LGBT victims. Within the legal systems in which these respondents operated, the sexual orientation or gender identity of the victim is rarely taken into consideration, and behaviors and attitudes described in the literature review of this dissertation as cultural blindness, (Cross, 1988/1989) were further reinforced and perpetuated. Additionally, even though some respondents were aware of why an LGBT person might be hesitant to disclose their sexual orientation or gender identity to the police, these initial police reports remained largely unquestioned. Perhaps this exemplifies the service providers' concern about appropriateness previously described; the belief that sexual orientation or gender identity does not matter, or feeling generally unskilled in how to initiate such a conversation with the victim.

### **Organizational Constraints**

This next theme captures how certain aspects of organizational structure were perceived as obstacles to asking for and working with a victim's sexual orientation or gender identity. Many respondents stated that their time with the victim was limited, and time constraints did not allow for gathering of information related to sexual orientation or gender identity. As one inner-city service provider stated:

Look, we have huge caseloads, and very little time to spend with the victim. I can only gather the most essential information about the type of crime, and then how to process the case, if it's going to court, if they need a [restraining order]. I don't have time to ask about their sexuality or gender, and it doesn't seem appropriate anyway.

The above statement is also indicative of the prevailing belief previously described that it may be inappropriate to ask for sexual orientation or gender identity, or that it should not matter in relation to the services provided.

Most respondents stated that they were limited by the forms that the agency used to collect victim information, as one suburban service provider explained, “Our intake forms only ask for male or female, and only ask for one name. There is nothing about sexual orientation. If I feel it’s relevant, then I document that in the comments section of the forms.”

However other respondents did not feel comfortable opting to document this information, as one from an urban site stated, “If the forms don’t ask for it, I don’t ask for it. It’s the victim’s private business, and I don’t want my notes to come back to haunt them.” While responses such as this suggest perceived inappropriateness in discussing sexual orientation or gender identity, providers were also trying to be protective. This finding relates to the previously presented sub theme “appropriateness”, however in this context the provider questioned the appropriateness of asking for sexual orientation or gender identity as it related to organizational policies and procedures. Fear that notes on the sexual orientation or gender identity might “come back to haunt” the victim suggests that the service provider sought to shelter the victim from any uncomfortable exposure, such as during court proceedings, related to this aspect of the victim’s identity. This is also an example of the interplay that exists between organizational culture and individual service providers’ practice. Most organizations did not have policies and procedures to guide specific practices with LGBT victims, therefore leaving service provision to the discretion of the staff.

### **LGBT Invisibility**

There was interplay between organizational practices and if the staff perceived the need for LGBT competence, which further contributed to barriers in meeting the needs of LGBT victims. One way for organizations to determine if there is a need for LGBT competency training or changes in administrative policies is to keep statistics on how many LGBT victims are served by that agency. However, in this sample, none of the agencies kept such statistics. This impeded the agency's ability to get an accurate idea of how many LGBT people are victimized, and what type of crime they suffered. One administrator at an urban site stated:

Well, sometimes the staff person will write a note that the victim was gay, but we really don't do anything with that information. It's not recorded or we don't keep statistics based on that. I guess we should. I have no way of knowing how many LGBT victims we have served at this agency.

The lack of statistics is a problem because without knowing how many LGBT victims are served, the need for LGBT specific training and culturally competent practice is minimized. As one administrator at an urban site stated:

We have no way of knowing exactly how many LGBT people come through [our agency]. And I see this now as a problem. I know for a fact that we serve LGBT victims, I discuss cases with my staff, and I see the [victims] that come in. But actually documenting how many we work with has never been done.

If administrators knew how many LGBT victims were served by their organizations, they might take action to help them feel more welcomed in their agencies. As previously stated earlier in this dissertation, the literature describes how LGBT victims have expressed that the presence of some LGBT-affirmative symbol such as a rainbow or pink triangle sticker, would communicate that the agency is aware and accepting of LGBT people (St. Pierre & Senn, 2010). However, most of the agencies did

not have any such items on display in their offices. This administrator from a suburban site did not even know what these items might be:

We currently do not have any kind of symbol that the LGBT community would know about. I'm not even sure what those symbols would be. In our pamphlet we state that we serve all victims and have included sexual orientation in that. But we have nothing more visible, no.

One agency did have a rainbow sticker in the office, yet most of the staff either did not notice it or were unaware of its meaning. As one staff person stated, "Is that what that rainbow means? I never knew that, but I noticed it." Responses like this indicate that while the agency might have a mission to serve LGBT victims, there is a disconnect between agency mission and staff awareness. A respondent at an urban site expressed a negative opinion on displaying a rainbow symbol, stating, "Why can't a rainbow just be a rainbow? Why do rainbows have to be gay? I don't understand how that happened."

Other administrators realized that their agencies did not have anything in their mission statements or websites that mentioned service to LGBT victims. One rural administrator commented, "our website is badly in need of updating. It says that we serve all victims, includes race, sex, disability. But nothing on sexual orientation or gender identity."

The types of resources that were provided from the organization administration to staff contributed to LGBT invisibility. In this sample, most of the respondents reported that they were provided with resources that were not LGBT specific. One suburban administrator stated, "the resources we provide are for all victims, and the staff can keep adding to the resources, and they do. My staff is good like that, they share all of their information, what resources are good. I think they just go on the internet if they would

need something LGBT specific.” Responses like this suggest that while the organization provides a resource directory, it is the staff’s responsibility to continue to update it.

Finally, like their staff, administrators at many organizations did not know about the LGBT local community. An oft repeated quote was “I am not aware of the local [LGBT] community” and “[our organization] has never networked with the LGBT community or agencies”. Most administrators had not built relationships with the LGBT community, and although some were aware of LGBT Pride events, only one urban site and one suburban site had a presence at a Pride event. One urban administrator stated what many other administrators in this sample also believed, “[LGBT] victims know to come to us. We serve all victims, it doesn’t matter who you are. They should just know that we would give good services.” This sentiment is similar to how the direct staff believed that a victim’s sexual orientation or gender identity should not matter in terms of the services that were provided. The distinction is how staff are practicing directly with LGBT victims versus how organizations are not engaging with the larger LGBT community. Both take the perspective that LGBT identity does not matter in terms of service provision, the difference being the micro level practice of the direct staff versus the macro level practice carried out by organizational administration. Administrators’ engagement with the LGBT community would communicate the importance of LGBT identity to the direct service providers and potentially heighten staff awareness of victimization within LGBT populations.

### **Working the System**

Many respondents expressed defensiveness when being interviewed for this study, often stemming from the belief that it was police officers and the court system, not victim assistance workers, who needed to be interviewed and trained. As expressed by one urban service provider:

I think it's the courts, police, that need more training than we do. I think the cases are coming in and we have to be able to help victims but sometimes the victimization is twice because from the police, or rather, the police before and after us the courts so I think it's those two entities not us.

Some respondents were somewhat aware of the process involved with coming out as LGBT, and implied the desire to protect these victims since each person would have a different comfort level with being out:

So, what if it's an LGBT client, and the crime was a hate crime or same-sex domestic violence? Now they are going to court or trial and have to talk about this. But what if they don't want anyone to know that they are LGBT? It can be terrible if they aren't ready to come out but because of the crime it's all out there in the open. I have to talk to my clients about that. [urban respondent]

Here, the respondent struggles with how to help advocate for the LGBT victim to receive justice, yet balancing that with the awareness that the court officials might be LGBT-phobic.

Regarding relationships with police, judges, and attorneys, a common intention expressed by the respondents was a desire to protect the LGBT victim from perceived hostility and thus advised them to conceal aspects of their sexual orientation or gender identity and its expressions. Respondents may have good intentions with the advice they gave their LGBT clients, but sometimes these intentions were communicated in ways that seem homophobic, biphobic, or transphobic. For instance, many respondents would help

LGBT victims by preparing them for what might be a hostile experience with law enforcement or legal proceedings:

When I have a gay client who is really flamboyant, or a transgender person, all I can do is tell them to tone it down when they going to court... because I don't want the judge to be mean to [the victim], I knew what they would think in [this county]. [The victim could be] the sweetest kid but that is not what those people in the courtroom are going to see, they're not going to like him... I knew how they would treat him. [rural respondent]

Here, the service provider encouraged the LGBT victim to conceal their sexual orientation or gender identity in order to protect themselves yet is seemingly unaware of the impact that this suggestion of concealment might have on the LGBT victim. This also shows the complexities of providing direct services to victims while managing relationships with larger institutional structures.

While respondents such as the one quoted above “coached” the LGBT victim on how to best present themselves and their case, other respondents became advocates for individual LGBT clients by directly addressing court officials. For example:

Before my [LGBT] client goes to court, I make sure that the prosecutor and the judge are aware of it so they're not caught off guard when they come in the court room and be a little biased that way, because you're going to have that at court, you hear stuff all the time about things like that... the defendants... talking about the transgender [victims] I heard some comments and things said about them when they come in, what are they going to be wearing today, things like that... I always feel like I'm a little guardian angel anything I can think of to make this path be easier [for the LGBT victim]

While many respondents understood that the LGBT victim may have had, or possibly will have, a negative experience with the court system, there was variability in how the service provider would work with the victim considering this macro-level influence. The respondents' perception that the police and legal system were heterosexist and transphobic led many service providers to believe they had to adjust their treatment



of the victim according to the law enforcement culture. For such reasons, many respondents believed that this study and the related training component needed to target a law enforcement sample.

### **Relationship Between Management and Staff**

Respondents stated that the relationship between administrators and staff influenced the services that were provided to LGBT victims. Analysis of focus group transcripts revealed a disconnect between how staff were practicing with LGBT victims and how administrators thought the staff were practicing. For instance, many administrators believed that their staff had high levels of skills in working with LGBT victims and were eager to be interviewed for this project. One administrator stated:

My staff knows I have an open-door policy and they can come to me with any questions. But they are working really well with LGBT victims. I think my staff knows about the gay community and resources to give. I'm sure LGBT victims know they can come here and get good services. I tell my staff about trainings on this topic. We turn no victim away. [urban respondent]

Yet, a staff person at this same site reported, "Our administration never really discusses this issue.... We [the staff] feel we are doing a good job with LGBT victims."

The following example highlights how implementing an LGBT training, from an administrator's perspective, may have the implicit support of the staff, yet the staff may perceive that the administration thinks they are performing inadequately, and may therefore become defensive or resist such trainings. Contradictory perceptions that exist at this inner-city site imply a level of miscommunication or misunderstanding within the same agency:

Administrator: My staff is on board with [LGBT training]. I feel we are doing a good job, there's a way to go, but living in this city we get all walks of life coming in; it can't hurt to get additional trainings on the diverse communities we serve.

Staff: The trainings are mandatory and just kind of thrust on us. Like I come into work and already have a packed day and then as I am walking in I hear about a mandatory training. There is so much training on how to work with victims that we don't actually get to work with the victims.

Another administrator at an urban site reflected on the importance of having the support of upper management:

We just had a turnover here and the new administrator [respondent's superior] is so supportive of whatever I want to do with my staff. When I mentioned this project to her, she said, fine do it if you think it will help. What a relief. The person who was here before was very old school, did not want any change, and never would have supported a project on LGBT victims.

The above quote suggests that prior management was potentially ignorant to the needs of LGBT victims, and would have been less likely to ensure that their staff remained trained and evaluated on a consistent basis. Management that is disconnected from the LGBT community and the needs of LGBT victims can render the agency less known and thus less accessible to the LGBT community.

Conflictual organizational culture can also affect service provision for LGBT victims. One administrator at an urban site stated that several of the staff at her agency held conservative Christian beliefs that were discriminatory toward LGBT persons:

We are at a crossroads at this agency now. We just had a large staff turnover, lots of people retired. So, what we are left with now are the two extremes. Staff who have been here for 20 years or more are very conservative in their thinking. They are good people, and accept Jesus Christ as their personal savior, and have Christian values. They might not see the need for this training. It's a very "love the sinner hate the sin" mentality. But then the new staff we hired are young, just out of college, more open minded, and have very different beliefs about LGBT. And I overhear sometimes a clash in opinions between the old and the new. I just

tell everyone to treat the clients with respect, and keep your judgments to yourself.

The clash in this agency that this administrator spoke of is evidenced in the varying responses of two of its staff members:

My personal feelings about someone's lifestyle never [interferes with] my professional duty to provide and refer services to individuals who have been victimized regardless of their gender, race, sexual orientation, or religious affiliation... the agency providing direct services is culturally competent and sensitive to this population.

While another staff member stated, "I'm no judge only God is the ultimate judge. So, my faith in Him supersedes my feelings in the flesh."

Targets of organizational change include vision, strategy, culture, structure, and leadership style (Yang, Zhuo, & Yu, 2009). An organization that is seeking to change its culture may be more receptive to receiving the training and education needed to best work with LGBT victims. However, the previous quotes suggest how challenging it might be to initiate organizational cultural change in light of a clash of perceptions and opinions between staff and administrations as well as between staff.

One example of an administration leadership that has successfully begun to improve service provision to LGBT crime victims was found in this sample. At this rural site, staff were inspired by the importance that administration placed on LGBT trainings, and how leadership style can influence staff receptiveness to organizational change:

[The administrator] is a mover and a shaker. A true visionary. Very open minded and sees, trying to move the agency [ahead], keep us in track with it being 2012 and going forward... he always puts the victim first so if it seems like there are going to be needs somewhere then I think he's good about trying to bridge those gaps and provide what he can... he emails us all the time about different trainings and pushes us to attend.

Once management became aware of the importance of LGBT trainings and staff competence, how this importance is communicated to staff had an impact on staff receptiveness. A common thread that emerged from the majority of the respondents is the importance of open communication between administration and staff, and the ability of management to communicate exactly why further trainings on LGBT victimization are necessary. The majority of respondents share the belief that an administrator who is passionate about the problem of LGBT victimization will greatly impact their willingness to be trained on how to best serve this population.

### **Tokenism and the LGBT Liaison**

Some staff reported relying on one or two “experts” within their agencies to assist with LGBT clients. This was particularly evidenced at one urban site that had a staff person who was the designated liaison to the LGBT community in their area. Having such a liaison was often seen as a positive influence:

Whenever I have a victim who is LGBT, I just go straight to [the liaison] and she takes over. She knows all the resources, knows the questions to ask and how to handle them. I can approach her with any questions I have about working with LGBT victims.

Yet there was some confusion about the role of the LGBT liaison. For example, another staff person at the same agency stated, “I don’t really know what she does once I present a situation to her. All I know is that she takes care of it.” While this respondent made this statement in a way that was supportive of the role of the LGBT liaison, it can have negative consequences in that it keeps the staff ignorant to the needs of LGBT clients. The intention behind an agency creating a position such as an LGBT liaison may be

good, but administrators may need to find ways to ensure that staff as whole becomes and remains knowledgeable and skilled in their work with LGBT victims.

Within organizations that did not designate a LGBT liaison, respondents stated that they typically informally consult with the one or two knowledgeable colleagues within their agencies. As stated by one respondent, “I remember that [my colleague] worked with [an LGBT] victim, I remember them talking about it, so if I am working with [an LGBT] victim, I ask that colleague.” Practices such as this are not helpful because the respondent is not aware of the outcome of the colleague’s practice, if the practice was evidence-based, or how culturally competent the practice was experienced by the victim.

### **Summary of Results**

By and large the respondents believed that a victim’s sexual orientation or gender identity is only significant if it directly related to the crime for which they are seeking services. This finding addresses the first research question of this study regarding how service providers perceive the significance of a victim’s sexual orientation or gender identity in relation to services they provide. Most respondents believed that being LGB or T did not matter nor factor into services provided, revealing that most of the respondents were not aware of the special needs and help-seeking experiences of this population as described in the literature. Most respondents stated that they would treat an LGBT victim the same as any other victim, and would not judge them for being LGBT, however the sample mostly relied on the victim to disclose this information. The respondents expressed that lack of LGBT training, uncertainty about terminology,

perceptions of inappropriateness, reliance on assumptions, and assumed irrelevance to the crime all contributed to their decisions to not ask their clients about their sexual orientations or gender identities.

The second research question of this study was how the sample perceived their own competence in working with this population. Few respondents in this sample received training specific to LGBT victimization, and as a result many respondents reported being unsure how to approach the topic of sexual orientation or gender identity with the victims, and seemed to struggle with LGBT related terminology. The sample had minimal organizational guidance in how to understand the impact of sexual orientation or gender identity on the experience of victimization. Most organizations did not provide staff with LGBT specific resources, LGBT affirming policies, or LGBT inclusive documents, therefore leaving staff to practice with LGBT victims without clear markers of LGBT competent practice.

The third research question was about organizational influences on service delivery. The findings captured organizational barriers such as policies, procedures, and agency culture that, for the most part, influenced service provision to LGBT victims. For instance, agency forms that do not ask for the victims' sexual orientation or gender identity can discourage the staff from directly asking for this of their own accord. Likewise, agencies that do not promote LGBT diversity trainings will have a staff who is unfamiliar with aspects of LGBT competence, such as using appropriate terminology, or how to access resources in the LGBT community. Most organizations did not keep statistics on how many LGBT crime victims were served and did not have space on their documents to capture the sexual orientation or gender identity of the victim.

Furthermore, trainings specific to the needs of LGBT victims were not provided to staff.

Two organizations had built relationships with the local LGBT community however, others were largely unaware of LGBT specific resources to provide to their staff.

Respondents were aware that LGBT victim could experience hostility from police and the court system, which led to the belief that the victim had to be protected. Most respondents believed that LGBT cultural competence training needed to be directed towards the police and court system, and expressed hostility to about being targeted for this study. This attitude may betray an overall sense of divisiveness that exists between victim assistance service providers and the police and court systems, which is a problem when multiple organizations are expected to work together to best serve the same population.

Despite these knowledge deficits and hostility, many respondents expressed a willingness to learn more about LGBT victims and their needs, as one responded stated, “How do we know what we don’t know?” Some respondents stated that they were participating in this research as a way to gain LGBT competence. Cultural blindness is an aspect of Cross’ cultural competence model (Cross, 1988/1989), and how these findings can be conceptualized in this model will be further presented in the following discussion section along with how best to target additional research and training.

## CHAPTER V

### Discussion

The NASW *Code of Ethics* (2017) calls on social workers to:

...promote conditions that encourage respect for cultural and social diversity ... Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights and confirm equity and social justice for all people (6.04[c]).

The social work code of ethics directly relates to the findings of this dissertation. Social work practitioners and researchers can learn from the barriers presented in this dissertation to guide future areas of research, training, and intervention. Research findings previously described in this dissertation, that have been conducted on the experiences of LGBT victims seeking assistance (Ard & Makadon, 2011; Grant et al., 2011; Todahl et al., 2009; Turrell & Herrmann, 2008), suggest that LGBT victims are reluctant to self-disclose their sexual orientation or gender identity to service providers and are concerned that their needs will not be understood. The extant research also explains how LGBT victims are sensitive to pronouns, whether symbols of LGBT acceptance are visible, and if referrals are LGBT appropriate. This study is one of the first to investigate how services are being provided to LGBT victims of crime from the standpoint of the service provider. This dissertation study adds to the aforementioned literature by describing *why* some service providers and administrators are not taking the sexual orientation and gender identity into account when providing assistance.

The sample of 84 service providers and administrators provided a snapshot of perceptions and practices towards LGBT victims. The majority of the respondents were



unfamiliar with how aspects of LGBT identity may influence their clients' experiences of being a victim. The most common belief expressed by this sample was, in the words of one respondent, "a victim is a victim" and that LGBT status does not and should not matter in terms of how they deliver services. Few respondents had any prior training specific to LGBT victimization, although most reported that either they or colleagues at their agencies had provided services for LGBT victims. The trainings that these few respondents received were typically part of a larger diversity training where attendance at an LGBT workshop was optional and voluntary. Most of the sample either relied on their own personal assumptions that the victim was LGBT, with the majority of respondents believing that it was the victim's responsibility to willingly disclose LGBT status to the service provider. Also, most of the respondents stated that organizational constraints such as high caseloads, forms that were not LGBT inclusive and limited amount of time to spend with victims led to them not asking for the sexual orientation or gender identity of victims.

### **LGBT Cultural Blindness**

The Cross model of cultural competence as well as the tenets of critical race theory can be applied to these findings to understand how and why the respondents understood (or did not understand) the significance of sexual orientation or gender identity. Cross's (1988/1989) conceptualization of cultural blindness is closely related to the concept of "nonrecognition" or "color blindness" found in critical race theory (CRT) (Delgado & Stefanic, 2000). At the same time that CRT emerged, the cultural competence model was developed by social workers who were challenging some of the Eurocentric biases in social work teaching and practice (Abrams & Moio, 2009). Both

CRT and cultural competence models were developed to acknowledge and attend to the uniqueness of diverse lives, rather than obfuscate this diversity. Critical race theory originated from the critical legal studies movement during and immediately after the civil rights movement (Delgado & Stefancic, 2012). A key element of CRT is race neutrality, which is the concept that “we are all the same”, which potentially erases the experiences of oppressed people, and critical race theory describes how laws and institutional structures that appear to not recognize race or be “race neutral” can actually contribute to inequalities (Ladson-Billings, 1998). The concept of color blindness has three elements. First, there must be something that exists in the person from the nondominant group such as a racial characteristic or classification. Second, the person of the racially dominant identity (i.e. the color-blind person) is internally aware of the minority status of the other. And third, the choice is made to ignore this characteristic and its meaning (Gotanda, 2000).

Clearly, components of critical race theory and the cultural competence model are interconnected. Respondents for this study did not understand why they should practice differently with LGBT victims versus non-LGBT victims, as reflected in the culturally blind belief that “a victim is a victim”. If the belief behind color blindness is “I don’t see color” and/or that it is not important, the belief behind LGBT cultural blindness could be “I don’t see LGBT identity”. This belief ignores the importance of LGBT identity and related stressors in the lives of the LGBT victims they serve. The lack of statistics that record how many LGBT victims are served, documents that do not ask for the sexual orientation or gender identity of the victims, and failure to provide LGBT specific training are examples of how cultural blindness exists at the organizational level.

The gay affirmative practice perspective (Appleby & Anastas, 1998) was also used to frame and critically evaluate the results of this study. Specifically, respondents did not practice the first tenet of gay affirmative practice, which is to not assume that the client is heterosexual (Appleby & Anastas, 1998). The majority of respondents would rely on factors such as the context of the crime, the victims' own initiative to self-disclose, or the information gathered from reporting forms during rare times when it was available, to determine if the victim was LGBT. While the respondents did not report that they invariably assumed their clients were heterosexual or cisgender, they were hesitant to ask them about their sexual orientation or gender identity. Findings from this dissertation could also expand the gay affirmative practice model to also include transgender affirmative practice. In this instance, a tenet would be to not assume that the victim is cisgender. While the gay affirmative practice model was initially used as a guide to analyze the data for this dissertation, my findings suggest that the practices of the respondents were not in compliance with the guidelines of this model.

Aspects of gay affirmative practice can be used to inform how service providers can practice with LGBT victims moving forward. Specifically, while attitudes about GLB individuals are an important component of gay affirmative practice, an absence of homophobia is not alone sufficient for practice to be affirmative (Appleby & Anastas, 1998). LGBT victims would benefit from knowing that the service provider, and the agency as a whole, are advocates for LGBT empowerment, and can appropriately empathize with the impact of sexual orientation or gender identity on the experience of victimization. In an article that applies the gay affirmative practice model to LGB youth, the authors suggest that practitioners should assess all youths' sexual orientation rather

than assuming that all youth are heterosexual (Crisp & McCave, 2007). Assuming heterosexuality may alienate GLB youth, whereas asking about sexual orientation may facilitate building trust. The practitioner can ask their client identify: as heterosexual, gay, lesbian, bisexual, or in some other way. Another means by which practitioners can gain insight is by asking if they have a “partner,” a term that is gender neutral and thus opens the door to identify the gender of their partner rather than assuming it. While the Crisp and McCave article is about practice with LGB youth, this application of the gay affirmative practice model can be used as an example of how asking for a victim’s sexual orientation is in compliance with the model.

**Microaggressions.** Microaggressions are subtle and covert verbal or nonverbal insults that are a frequent occurrence in the lives of subordinated groups and that can impact views of the self (Delgado & Stefanic, 2012; Pierce, 1970; Sue et al., 2007). Microaggressions are often expressed through unintended and unconscious demeaning messages toward nondominant groups (Smith, Shin, & Officer, 2012). Because microaggressions can be nuanced, the recipient of the message may feel insulted without exactly knowing why, resulting in feelings of anger or an overall sapping of energy (Sue, 2007). The accumulation of receiving microaggressive messages can be internalized, ultimately leading to depression, social isolation, and lowered self-confidence. An example of such would be a statement from the one of the respondents, “you never would have guessed he was gay”, likely implying a perceived impression of masculinity.

Microinvalidations were originally defined as a subgroup of microaggressions, “that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color” (Sue et al., 2007, p. 274). My findings suggest how

microinvalidations can also be communicated to LGBT people. An example of a microinvalidation manifested by the respondents of this study would be the oft-stated belief among these respondents that the sexual orientation or gender identity of a victim does not matter in terms of the experience of victimization or how services are delivered. In this dissertation, individual and institutional microinvalidations were manifested towards LGBT crime victims in ways such as providing resources that were not LGBT specific, agency forms that did not include gender identity, sexual orientation, or preferred name or gender, and not having symbols of LGBT affirmation, such as a rainbow flag, displayed in the office.

Microaggressions can be manifested towards sexual orientation minorities in ways that are distinct from racial microaggressions. As previously discussed, one qualitative study (Shelton & Delgado-Romero, 2011) of LGBTQ psychotherapy patients ( $N = 16$ ) identified themes describing how sexual orientation-related microaggressions were experienced from their psychotherapists and among them were therapists' avoidance or minimization of sexual orientation. Findings from my dissertation can expand on Shelton & Delgado-Romero's themes of avoidance or minimization of sexual orientation, stereotypical assumption making, and the expression of heteronormative bias. This dissertation study advances the specific Shelton & Delgado-Romero findings of avoidance or minimization of sexual orientation, as the majority of my study's sample avoided questions related to victims' sexual orientation altogether. Additionally, sexual orientation was minimized by the majority of my sample by the recurrent belief that "a victim is a victim" and that sexual orientation "does not matter" to the experiences of victimization or how services were rendered. Also, there was evidence of stereotypical

assumption making found in my data, with many respondents assuming that a victim was LGB or T based on gender expression. This dissertation also provides a larger sample size than the Shelton & Delgado-Romero study, and also includes how respondents worked with transgender individuals. Future studies on service provision to LGBT victims could further expand on my findings as well as the themes that Shelton & Delgado-Romero identified.

Other researchers (Nadal, Rivera & Corpus, 2010) conducted a meta-analysis of LGBT microaggression literature and identified eight ways in which microaggressions are demonstrated towards LGBT people: (1) use of heterosexist or transphobic terminology, (2) endorsement of heteronormative or gender normative culture and behaviors; (3) assumption of a universal LGBT experience; (4) exoticization; (5) discomfort with/ disapproval of LGBT experience; (6) denying the reality of heterosexism or transphobia; (7) assumption of sexual pathology/abnormality, and (8) denial of individual heterosexism. Clearly, service providers who communicate microaggressions in any of these ways could lead to the client feeling misunderstood, rejected, unsupported, and angry (Nadal, Rivera & Corpus, 2010). My findings also indicate the use of heterosexist or transphobic terminology and the endorsement of heteronormative or gender normative culture or behaviors. These can be useful variables to consider as social workers educate, train, and conduct research on service provision to LGBT victims. For instance, social workers can incorporate the results from this dissertation study as well as those meta-analysis results in future focus groups or questionnaires with service providers who work with LGBT victims, as a tool to assess

for LGBT cultural competence, and as benchmarks to measure where future samples are in their own cultural competence process.

In this dissertation study, individual service providers as well as the organizations for which they worked demonstrated microaggressive, culturally blind practices and policies in how they worked with LGBT victims. Formal assistance is sought by victims as a means to ensure personal safety, to be guided towards resources that can help the victim cope emotionally, physically, and financially, and in the pursuit of justice. Yet, the needs of LGBT victims differ from non-LGBT people due to internalized societal oppressions related to sexual orientation or gender identity. Examples of what LGBT clients state that they need from their service providers include use of gender neutral language (Bjorkman & Malterud, 2007; Boehmer & Case, 2004; Helfrich & Simpson, 2006), use of preferred name and pronoun (Gentlewarrior, 2009; Lunine, 2013), understanding of the extent to which they have come out, and the amount of cultural/externalized/internalized homophobia experienced (Duke & Davidson, 2009; Farley, 1992). This reliance on the victim to disclose LGBT identity found in this study is an example of cultural blindness, as most of the sample were seemingly unaware how to ask for the sexual orientation or gender identity of victims as well as the potential reluctance of LGBT victims to volunteer this information in these settings. This study advances our understanding of why LGBT victims may experience barriers to culturally competent service provision. Such microinvalidating practices and policies create obstacles for LGBT victims in receiving appropriate assistance.

### **Answering “Why it Matters”**

As previously mentioned, a foundational report that inspired my dissertation study was “Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender and Queer Victims of Hate Violence and Intimate Partner Violence” (Ciarlante & Fountain, 2010). This dissertation added deeper levels of understanding to the barriers presented in the “Why it Matters” report. While “Why it Matters” identified reasons such as inaccurate statistics as to the nature of the problem, lack of LGBT-specific services, and lack of service provider training, my dissertation specifically addressed *why* these barriers exist. As a result of this dissertation, we now know why a sample of service providers do not collect statistics on LGBT victimization, why trainings are not provided, and why there is a lack of inclusive reporting forms. This dissertation reveals the nuances that exist that contribute to the findings of “Why it Matters”. For instance, while “Why it Matters” states that there is a lack of agencies collecting LGBT specific statistics, my dissertation found that many service providers do not think it is appropriate to ask for sexual orientation or gender identity, or that they do not know how to ask for this information. Likewise, while “Why it Matters” found a lack of collaboration between service providers and the LGBT community, some of my respondents stated that they are unaware of a local LGBT community and are further unaware of how to access this community. Also, “Why it Matters” states that there is a lack of LGBT specific training, my dissertation research found that often times the direct service providers and administration are not communicating with each other about the need for training like this, or that the diversity trainings offered are not LGBT specific, or that the unique needs of the LGBT community are not thoroughly understood by service providers. Again, a significant finding from my dissertation is the belief that “a victim is



a victim”, meaning that the sexual orientation or gender identity of a victim is irrelevant to the services being provided, and this is a belief that future trainings will have to target and address. My dissertation findings regarding agency culture, relationships between service providers and the police and court systems, and reliance on the LGBT victim to self-disclose all add to deeper levels of understanding the obstacles presented in “Why it Matters”.

### **Implications for Practice**

**Asking about sexual orientation/gender identity.** To ensure culturally competent practice with LGBT victims, the sexual orientation or gender identity of victims needs to be ascertained. LGBT victims will receive more culturally appropriate services from service providers who ask for the victims’ sexual orientation and gender identity. When the sexual orientation or gender identity of a victim is only considered important in relation to the context of the crime, it implies that it would not be significant information otherwise. The full and true nature of the crime may be misunderstood (i.e. bias versus nonbias related), and accurate assessment of the victim’s support system could be compromised. Service providers who practice with LGBT competence can assist victims in receiving enhanced support from resources that are LGBT specific, may experience a greater rapport with the victim if the victim does not have to conceal their identity, and can allow for the service provider to understand the victim as a whole person.

Many respondents believed that it was the victim’s responsibility to disclose their sexual orientation or gender identity. However, relying on the victim to disclose their

sexual orientation or gender identity to the service provider places responsibility on the victim to discern if the service provider will be LGBT affirmative. Also, it may further contribute to cultural blindness by reinforcing the belief that sexual orientation or gender identity does not matter in instances of crime victimization. Furthermore, it does not take into account the stigma that the victim may have encountered prior to meeting with the service provider. An LGBT victim who experiences feelings of stigma or has had negative prior experiences in disclosing their sexual orientation or gender identity may not initiate self-disclosure to the service provider, perhaps due to fear of secondary victimization. Both the service provider and organization can foster an atmosphere of LGBT acceptance and affirmation to enhance the victim's feelings of safety to disclose. Future studies can explore service providers' levels of comfort in how to ask for the sexual orientation or gender identity of a victim, and future training can impact these comfort levels and teach workers how to ask for this information in ways that are sensitive and non-intrusive.

Many respondents assumed the victim's gender identity or sexual orientation based on the victim's gender presentation or expression. Assuming that the victim is gay or not without asking does not reveal other vital information, such as support systems, if the victim is out or closeted, or if he or she is struggling with internalized homophobia. Service providers who do not know what other LGBT specific information to ask for will remain blind to the needs of this population. If the service provider obtained culturally significant information, it would inform how they could further engage the victim as well as what resources to provide. Such assumptions contribute to certain stereotypes that sexual orientation or gender identity can be assumed based on how the person expresses

themselves. Therefore, future research and training modules can explore assumptions that service providers currently have about LGBT identity. Service providers may be better able to receive LGBT competent training once their assumptions are explored and dispelled.

Some respondents did not ask victims for their sexual orientation or gender identity because they questioned whether asking for this information was appropriate and/or did not want to because they did not want to offend the victim. Though the desire to not offend a victim is certainly a good intention, not addressing a victim's LGBT identity only perpetuates a culture of LGBT blindness. As stated by Ridley, "good intentions are not enough" (Ridley, 1995, p. 10). Service providers need to understand how to communicate their good intentions with practices that are culturally sensitive rather than culturally blind. It is imperative that educators who facilitate professional trainings be aware of this as a possible perception that many staff will have towards this topic. The respondents often erred on what they believed was the side of caution with LGBT victims, choosing to not verbally acknowledge the victims' perceived gender identity or sexual orientation. However, choosing to not ask for this information places further responsibility on the victim to disclose. While many respondents questioned the appropriateness of asking for this information, it is notable that service providers are already asking for intensely private and personal information from the victims such as information regarding the victims' income, living arrangement, the nature and details of the crime, and available supports. In light of the already personal nature of what gets communicated between victim and service provider, sexual orientation or gender identity should not be considered "too personal" or "offensive". As previously stated, LGBT

victims need service providers to be knowledgeable on the significance of being LGBT. Victims do not want to be educating the provider (Turrell & Herrmann, 2008), need an affirming response to being LGBT (Ard & Makadon, 2011), and need to be addressed using gender neutral language (Bjorkman & Malterud, 2007; Boehmer & Case, 2004; Helfrich & Simpson, 2006), and preferred name and pronouns (Gentlewarrior, 2009; Lunine, 2013).

While not overtly stated by my sample, the questioning of the appropriateness of asking for sexual orientation or gender identity could be considered a potential ethical dilemma. As social workers training service providers, it is important to refer to the *NASW Code of Ethics* (2017) which states, "Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply" (1.07[a]). Applying this standard to the conflict that many respondents shared, it is evident that the client (or in the case of my study, the victim) has the right to disclose, or not disclose, their sexual orientation or gender identity. The service provider is called upon to respect the limits of the victim, if they are unwilling to disclose this information. Many respondents from my study seemingly struggled with how essential LGBT identity is in relation to the services being provided. Service providers can receive training on how to discuss with a victim their concerns if disclosure of sexual orientation or gender identity would be beneficial or harmful. While knowing a victim's sexual orientation or gender identity can be essential information regarding referrals, how a case is prosecuted, and how affirmed an LGBT victim would feel, there may be instances where a victim may not want to be "outed".

Therefore, a victim may need to be made aware of what is done with this information once it is collected in order for the victim to choose whether or not to disclose this information.

Future studies should focus specifically on the theme of appropriateness, and explore why service providers consider asking for the sexual orientation or gender identity of a victim as being inappropriate. Such studies would shed light on how to better understand the beliefs and decisions made by service providers. Service providers need to understand that asking for a victim's sexual orientation is appropriate and can be vitally important for the victim to receive resources and guidance that will best meet their needs. Service providers can engage with members of the LGBT community (such as LGBT community leaders, scholars, and practitioners) to more directly understand the importance of LGBT identity.

**Resources.** Many respondents had not previously considered if the resources that they provided to LGBT victims would be affirming of their sexual orientation or gender identity. This denotes a level of cultural blindness. Victim assistants were largely unaware of the necessity of LGBT specific referrals, leading them to give the LGBT victim the same referrals "as any other victim". Unfamiliarity with LGBT affirming resources was connected to the overall lack of knowledge of the local LGBT community among service providers. It also reflects a need for victim assistance agencies to build relationships with LGBT specific organizations. Acquiring knowledge, awareness, and being professionally connected to the LGBT community and LGBT-specific resources can help the service provider identify LGBT specific resources that can best cater to this population.

**Comprehensive and Mandatory Training.** A major finding of this study is the need to develop more trainings that were specific to LGBT victimization and overall cultural competence with the LGBT population. Few respondents had ever attended training specific to LGBT populations or victimization. Without formal training, it is likely that service providers will not know how best to practice with LGBT victims, leaving room for secondary victimization. Furthermore, undertrained staff will likely remain unaware of current knowledge of the lived experiences of LGBT people, such as the impact of coming out, heterosexual and cisgender privilege, and lifetime experiences with stigma or shame. Lack of training means that service providers are largely left to practice at their own discretion, leading to inconsistent service provision even within the same agency. Voluntary attendance at LGBT specific trainings can be problematic because the service providers who choose to attend voluntary trainings on LGBT populations might already have an interest in furthering their knowledge or skills, meaning those who may be in most need of such training may not be receiving it. Without a unified understanding of how to best work with LGBT victims that formal mandatory trainings can provide, LGBT victims will continue to confront obstacles in receiving consistent, helpful, and appropriate assistance.

The OVC provides competency standards related to culturally competent service delivery (Office for Victims of Crime, n.d.). Among these standards is a call for the victim assistance provider to competently respond to diverse and underserved victim/survivor populations, with instructions to work collaboratively with other service providers and with victims/survivors from diverse populations to minimize or eliminate barriers to services; recognize major types of cultural differences that influence

victimization rates and victim/survivor responses to crime; and to value the need for ongoing training on diversity and cultural competency (5.2). With competency standards such as this, my dissertation study focused on one aspect of culturally competent service delivery. To date, no study has compared how service providers practice towards LGBT victims versus victims of other diverse populations. This would allow researchers and program designers and evaluators to understand if and how cultural blindness exists across demographics, and how it might manifest in unique ways from one demographic to another.

While the literature on the effectiveness of culturally competent service delivery to LGBT victims is in its infancy, other models of LGBT training can be used to guide future program development. For example, Lindsey, King, Hebl & Levine (2014) suggest three models for effective LGB cultural competence training. The first model the authors present is perspective taking, where participants actively consider the psychological experiences of others, with an emphasis on how those experiences may differ from our own, which can lead trainees to view others more positively. The second model is one in which participants set diversity-related goals involving a specific stigmatized group. The third model presented involves asking trainees to actively engage in discrediting common stereotypes about a given stigmatized group. Using these models as a guide, future LGBT competence trainings with victim assistance workers can allow for an experiential process in which the service providers actively take on the perspective of victimization from an LGBT person's point of view. In doing so, the service provider can identify individual goals that are most meaningful to them which would cater to their personal motivations to change how they practice, and lastly the service providers can

actively engage in addressing currently held stereotypes and misperceptions that exist regarding the LGBT population.

One study described the effectiveness of LGBTQ competence training among a sample of law enforcement professionals (LEP) (Israel, Harkness, Delucio, Ledbetter & Avellar, 2013). As victim assistance providers work closely with law enforcement, aspects of this training could be transferred to victim assistance trainees. In this study, training was highly relevant to the job duties of LEP and included concepts and terminology related to LGBTQ communities, societal messages about gender and sexuality, statistics on LGBTQ experiences with law enforcement, and recommendations for law enforcement regarding interactions with LGBTQ individuals. Teaching tools included brief lectures, personal reflection, group discussions, problem-solving in small groups, and interactive role plays. The training was developed through collaboration among local law enforcement, an LGBTQ-serving community agency, a diversity training organization, and the research team. This collaboration facilitated the development of a program that was relevant to the job duties of law enforcement, as well as the needs of the LGBTQ community. Also, through collaboration with LEP, the trainers were able to establish credibility. The authors recommend that in future training, a member of law enforcement who collaborated in the development of the training might explain the LEPs role in developing the training and endorse the trainers. Another option would be to include a facilitator who is affiliated with the law enforcement community. The study's training used a combination of didactic training, as well as a more interactive approach, including one in which participants walked through a "gallery" of local and national statistics and then discussed selected statistics with the group. Given that this



training evaluation found a significant improvement in objective knowledge suggests that this multifaceted delivery of information was effective.

The training methods and recommendations from Israel et al. study can be applied to how to train victim assistance workers. For example, a victim assistance worker or administrator can be actively involved with how the LGBT competence training is organized and conducted, as they may have more intimate knowledge of the job of a service provider. This collaboration would be a way to get trainees to “buy in” to the mandatory training, and may make the training more relevant to their job performance than if someone unfamiliar with victim assistance work was leading the training. Such collaborations in program design and implementation may also “bridge the gap” between victim assistance workers and the needs of LGBT victims and communities. Employing the assistance of victim assistance professional would be one way to ascertain how to make the problems identified in this dissertation more teachable to service providers.

The findings from this dissertation can serve as a preliminary guide from which social workers and other knowledgeable professionals can create LGBT competency trainings to suit the needs of both victim assistance staff and organization administrators. Findings from this dissertation point to the need for staff to receive practical and easily implementable skills in how to ask a victim for their sexual orientation and gender identity. Knowledge of LGBT victimization can be presented to newly hired victim assistance workers as part of orientation. Trainings can begin with an assessment of any feelings of resistance or defensiveness that the staff may have to even receiving this training. As many of the respondents believed that this study should be directed towards the police and court system, a discussion on the relationship between victim assistance

organizations, the police system, and LGBT victims can be initiated as part of the training. Trainings can broadly include the scale of LGBT victimization, and a review on what victims have stated that they look for when seeking help. From there, education can be provided as to the appropriateness of asking for sexual orientation, and on why victims might not willingly offer this information. Trainings can include opportunities for role-playing among the staff, and can be a safe opportunity for them to openly discuss the feelings they have as they role play a scenario of working with an LGBT victim.

Administrators can be trained on what they can do to help create a more LGBT affirming organization, such as the importance of keeping statistics to document how many LGBT victims are served, as well as following up with victims after their services have been received. Social workers can initiate focus groups and trainings that bring together staff and administration so that administration can be informed on what the staff finds to be most useful in connecting with LGBT victims, and administrators can have the opportunity to communicate how and why changes are being made at the organizational level to guide the staff to practicing with LGBT competence. Additionally, researchers from local schools of social work can connect with victim services organizations to co-create opportunities for continuing education and skills-based training on an ongoing basis.

### **Implications for Organizations**

**Initial reporting.** Implications from this study suggest the need for service providers to probe beyond what is in the initial police report to gather information from the victim regarding sexual orientation or gender identity. Many respondents stated that

they rely on the information provided in an initial police report to determine if the victim is LGBT. In many instances, a victim first reports a crime to the police, and the police then refer the victim to victim assistance services. However, assuming that such information would be captured in the police report does not take into consideration whether the victim felt comfortable enough to disclose their sexual orientation or gender identity to the police officer.

**Documentation.** An implication from this study is the need to encourage organizations to include space on their intake forms for the sexual orientation and gender identity of a victim, including space for the victim's preferred name and pronoun. This would allow the victim to either self-identify if they were completing the forms, or provide a guide for the staff person to follow. Having no indicators on the forms to document a victim's sexual orientation or gender identity further contributes to macro-level cultural blindness because, if no statistics are available, then the reality of the experience of LGBT victimization can be ignored, unknown, or misunderstood. If sexual orientation or gender identity is not accounted for, and if LGBT victims are not self-disclosing, then it is likely that organizations are serving more LGBT victims without knowing it. This leads to the problems of organization staff being less likely to network with the LGBT community, not conducting research on the victimization experiences of LGBT people, or not creating policies or forms that are LGBT sensitive.

**Relationship with police.** Implications from this study, based on the suggestions of most of the respondents, include the recommendation that LGBT competence trainings be administered to the police and court systems. Many respondents had a desire to protect LGBT victims from hostility they may encounter from the larger criminal justice

and police system. The existence of such institutional attitudes may be experienced by LGBT victims, leading them to not feel sufficiently safe to disclose their sexual orientation or gender identity, particularly if the police are their initial point of contact in the victim assistance service delivery system. Also, it is unknown what the responses of the police were when the LGBT victim disclosed to them. If, upon disclosure, the police responded in a hostile or minimizing way, this might also lead the LGBT victim to believe that it is not safe to disclose their sexual orientation or gender identity to the service provider. The respondents stated that it is the culture of the criminal justice system that creates obstacles for LGBT victims to receive culturally competent assistance, thus how victim assistance workers can operate in and address this culture while still giving culturally competent services to LGBT victims needs to be explored.

One idea for future studies can be to gather together members of law enforcement and members of victim assistance organizations to discuss perceived barriers and suggestions for ways to improve competent practices with LGBT victims. For example, focus groups can be conducted regarding what the perceived inter-organizational barriers are to serving LGBT victims. Results from these focus groups can inform future areas of research and training, create new variables to study, and more specifically address the needs and perceptions of victim assistance service providers and the police. Social workers, rooted in social justice and equitable practice, are primed to initiate this work.

**Relationships with LGBT community.** Participation at the administrative and organizational level in the local LGBT community, forging relationships, and prioritizing ways to enhance LGBT competence can be spearheaded at the administrative level, thereby communicating its importance to staff. Administrators were largely

disconnected from the local LGBT community, with little knowledge of LGBT Pride Centers, LGBT specific organizations, or LGBT networking events. While one agency did have an LGBT liaison, this type of token-oriented practice potentially contributes to cultural blindness. For example, if the majority of the staff referred their LGBT victims to one person, they may not understand the need to be educated on LGBT victimization themselves, thereby perpetuating cultural blindness. Also, approaching one person for questions on LGBT resources or information can limit the knowledge or training that staff seek out. Furthermore, it is possible that the liaison's knowledge is limited and the staff person may be receiving the liaison's feedback with "blind faith". This can add to LGBT invisibility and can contribute to the belief that knowledge of LGBT victimization is something to be known only by those who specialize in this area. The presence of a LGBT liaison does indicate that the organization is aware that LGBT victims may have unique needs, and that sexual orientation and gender identity does impact the experience of victimization. However, trainings related to how to best access, network and build relationships with the LGBT community still need to be given to all service providers. Administrators who are social workers have a responsibility to ensure that their staff and organizational culture are interacting with LGBT victims and community from a sense of social justice and a respect for diversity. This can include an introduction to the resources available in the local LGBT community, the inclusion of sexual orientation and gender identity on agency forms that the victim either fills out or that the staff person uses as a guide, and specifically mentioning that the agency serves LGBT victims on its website and outreach materials. Social work researchers can create training modules that includes how to address these macro-level concerns.

### **Limitations and Areas for Future Research**

There are several limitations to this study. First, there was a selection bias whereby administrators applied to become part of this study. This means that only administrators who already had an interest in furthering their agency's cultural competence with LGBT victims signed up to have their agency participate. These administrators were willing to be trained and have their employees receive training on LGBT victimization, believing it would benefit them and their staff. It can be argued that agencies most in need of training would not have applied to participate in this study.

A second limitation is that this study offers only an investigation of how staff and administrators were practicing towards LGBT victims at one point in time and prior to receiving training. This study only reveals how the sample perceived their cultural competence on the day that the interviews, focus groups, and surveys were administered. As this study was not longitudinal, there was not an opportunity for prolonged engagement (Lincoln & Guba, 1985) with the respondents. Prolonged engagement may have allowed me to clarify responses that were given by the sample and also how they might change over time. Future studies could explore ongoing interviews and evaluations of staff and administrative competency as they received LGBT training, and ongoingly after such training.

Thirdly, as this was a study based on respondents from just seven agencies, the results are not generalizable to the entire population of victim assistance service providers and administrators. However, the results presented can be used as a guide for future research and the subthemes (i.e. assumptions, terminology, and relationship with police)

suggests potential variables for future quantitative research. For instance, research questionnaires could be developed that ask specifically about LGBT trainings received, organizational involvement with the LGBT community, and knowledge of LGBT resources. This study provides an important first step towards understanding the perceptions of staff and administrators towards LGBT victims, and the barriers that prevent them competently serving them.

A fourth limitation is that this study focused on staff and administrator perceptions towards LGBT victims of crime. Perceptions about populations that do not identify as LGBT were not captured. This would include men who have sex with men, women who have sex with women, genderqueer and non-binary persons, or those with asexual or pansexual identities who do not necessarily identify as lesbian, gay, bisexual, or transgender. However, the methods and findings from this dissertation can serve as an important foundation on which to build future studies that can include service provision to victims with such identities, behaviors, or expressions.

Another limitation of this study is that victims who were served from each agency were not included in the research. Future studies could involve interviews with staff and LGBT victims from the same agency to capture the levels of agency and staff cultural competence from both perspectives. This could include focus groups that bring together staff and victims for a conversation on the specific needs of the victims and how well those needs are being met.

An additional limitation is that this study only explored the perceptions of administrators and staff at victim assistance organizations. Many respondents believed

that the police and court system were in most of need of LGBT cultural competence training. As victim assistance programs often work closely with other organizations structures such as police departments, the court system, and the medical and mental health professions, future studies could explore the way these systems work together (or not) in serving this population. This would be important because it could add to our understanding of how the relationships and culture between the professional disciplines impact service delivery to LGBT victims. Professionals from each discipline can be trained so that they all have the same knowledge of LGBT identity and victimization, and what the needs of LGBT victims are, to increase the likelihood that they are all “speaking the same language.” Also, social workers and other trainers should be aware that victim assistance workers may have feelings of resistance towards receiving LGBT competence training and that this resistance should be engaged and addressed at the beginning of the training. Furthermore, social workers can heed the advice of the respondents from this dissertation study and seek to further develop training, education, and research of the attitudes and perceptions of law enforcement towards LGBT victims.

A final limitation of this study regards my own bias. Since I was a research assistant for the parent study, I was already familiar with the data, and it is possible that my analysis was influenced by the knowledge of the data I already had. Also, being gay, I know that I would want a service provider to practice with LGBT competence towards me, and it was at times challenging to be reading and analyzing microaggressive responses regarding practices towards LGBT people. As a social worker, I know how I practice LGBT cultural competence with my clients, and there were moments of frustration when I would read data that reflected a belief, practice, or worldview that I do



not share. As mentioned in an earlier chapter, methods were taken to enhance the trustworthiness of my data analysis to address these biases.

Despite these limitations, this study contributes to research on cultural competence, service provision to LGBT victims, and microaggressions. Findings from this dissertation can expand how Cross' cultural competence model is understood, as to date this model has not been applied to victim assistance organizations. Specifically, this dissertation's findings expanded the understanding of cultural blindness to include practice with LGBT victims. Also, the findings advance our understanding of the first tenet of the gay affirmative practice model, which is to not assume that the client is heterosexual. In particular, my findings reveal how and why this sample might assume that the victim is heterosexual, because by not directly asking for the sexual orientation of the victim, the service provider is left to make assumptions regarding this important aspect of a victim's identity. As stated throughout this dissertation, service provision to LGBT victims is an understudied area, and this study is among the first to specifically examine how and why staff and organizations may not be providing adequate services to LGBT victims. This study's findings teach us that LGBT identity is typically only considered relevant information if it is directly related to the crime, staff are unprepared to ask for the sexual orientation or gender identity of victims, resources are mainly not LGBT specific, hostility is perceived from the police and court systems towards LGBT victims, and that agencies are disconnected from the LGBT community and do not have procedures to guide LGBT affirmative service provision. Finally, the findings from this study add to the literature on how microaggressions, and specifically how microinvalidations can manifest between victim assistance staff and administration

towards LGBT victims. By studying this group of service providers, we learn about what leads victim assistance staff and administrators to ask or to not ask for a victim's sexual orientation or gender identity. This knowledge can help in the development of cultural competence training, can inform social work education curriculum, and can assist multiple professions in their pursuit of service provision to LGBT victims. The perceptions of this group of administrators and staff are an important step towards bridging a gap between the needs of LGBT victims and the services and treatment they receive from the helping professions.

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## Appendix I

Table 1

### *Demographics of Participants*

Demographic	<i>n</i>	%
Race		
White	44	52.4
Black	25	29.8
Latino	10	11.9
Asian	3	3.6
Missing	2	2.3
Total	84	100.0
Age		
18-25	7	8.3
26-35	35	41.7
36-45	19	22.6
46-55	12	14.3
56-65	10	11.9
Missing	1	1.2
Total	84	100.0
Gender		
Female	71	84.5
Male	13	15.5
Total	84	100.0
Job role		
Admin.	15	17.9
Staff	58	69.0
Volunteer	10	11.9
Missing	1	1.2
Total	84	100.0

## **Appendix II**

### **Victim Assistance Sites**

**Northeast Urban:** This site serves one city and is affiliated with the District Attorney's office.

**Northeast Suburban:** Serves one county and is affiliated with the County Prosecutor's Office. Victims access this agency's services once a police report has been filed and the case will be prepared for trial.

**Mid-Atlantic Suburban:** This agency is part of the State Attorney Office. Victims access this agency's services once a police report is filed.

**Southeast Suburban:** This non-profit agency serves a small city and three neighboring counties. Victims access this agency's services either directly through a 24 hour hotline, or through referrals made by the police, hospital, or local university.

**Midwest Rural:** Serves one rural county and is affiliated with the county Prosecutor's Office.

**Midwest Suburban:** Serves one small city and the surrounding suburban counties. Affiliated with the county Department of Corrections.

**Western Suburban:** Serves one suburban county on the west coast, and is affiliated with the county District Attorney's office.

### Appendix III

#### Lesbian, Gay, Bisexual, Transgender, Questioning (LGBT) Competency Assessment Tool (CAT)

##### Questionnaire on competency in culturally competent practice with LGBT clients

**Directions:** Answer each question in one paragraph or a short list. Even if you aren't completely sure of your answer, just try to answer each question.

1. As a service provider, what can you do in your interactions with LGBT clients to make them more comfortable and build rapport?

2. How would you try to understand how your clients define their sexual orientation?

3. How would you try to understand how your clients define their gender identity?

4. How would you help LGBT clients manage discrimination or oppression they face related to their victimization?

5. What referral resources might you use in working with LGBT clients? (If you don't know names of specific resources, what kind of resources might you seek out and how would you find them?)

6. If you were going to design a satisfaction survey of clients for an agency, and you wanted to be sure that the survey was culturally appropriate for LGBT clients, what issues would you need to address?

7. If you were the director of an agency, what steps would you take to insure your agency was engaging in quality practice with LGBT populations?

8. What steps are you taking to make sure you are practicing without bias when working with LGBT populations?

Messinger, L. (2011). *Lesbian, Gay, Bisexual, Transgender (LGBT) Competency Assessment Tool*. Unpublished manuscript. School of Social Work, University of North Carolina Wilmington, NC.

## Appendix IV

### Focus Group Guide

1. Tell us about the LGBT community here in your area?
2. Has your agency served any LGBTQ clients that you know of?
3. Does the agency provide services to transgender clients?
4. If you were a LGBT client, how would you feel about the services at this organization? Walk us through it.
5. What would the people in your community say about your services to the LGBT community?
6. How well do you think your agency is serving the LGBT community?
7. What have you done within your organization to be more welcoming to the LGBT community?
8. How are the needs of LGBT clients' different from the needs of other clients?
9. What support is required in order to better serve LGBT clients?
10. How does the agency help staff better serve LGBT clients?
11. a. What training is **staff** required to receive that is specific to the LGBT population?  
  
b. What training is **administrators** required to receive that is specific to the LGBT population?
12. Is there any openly LGBT staff currently at your organization?
13. What is it like for LGBT staff to work at this organization?



