

**BECOMING A GAY-
AFFIRMATIVE COUNSELLOR IN THE AREA OF SAME-SEX INTIMATE
PARTNER VIOLENCE**

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Abstract

The overarching goal of this project is to offer the counselling community strategies to promote a gay-affirmative approach to same-sex intimate partner violence (IPV). Four goals are associated with this project: (a) encourage counsellors to become aware of their personal attitudes towards homosexuality and same-sex IPV, (b) educate counsellors about appropriate terminology when referencing topics associated with same-sex IPV, (c) compare and contrast same-sex IPV, and (d) address counsellors' ethical responsibilities when working with victims of same-sex IPV. These goals were met by creating a 6.5-hour face-to-face workshop for human service professionals interested in learning more about same sex IPV. This detailed, user-friendly facilitator workshop manual is included in the report as an appendix. The chapters in this project provide a comprehensive rationale and offer the necessary background material to support the content presented in the gay-affirmative, counsellor-training workshop. Strengths and limitations of the project as well as areas of future research are also presented.

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Copyright Statement

As the author of this project, I waive my copyrights to the material included in the project. Individuals are free to modify and adapt the materials as they wish. I do, however, ask that any individuals who utilize this project in its entirety or portions appropriately credit me as the author.

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Chapter 1: Introduction to the Project

My intent in developing this project was to raise awareness about same-sex intimate partner violence (IPV) and provide education and training to assist counsellors in becoming gay affirmative and ethical in their counselling practice. If the terms same-sex and gay-affirmative are not familiar, definitions are provided in Chapters 2 and 4. The project I have created will benefit counsellors who work with victims and perpetrators of IPV, those who work with sexual minorities, and those who work with, or have the potential to work with, victims of same-sex IPV.

This project will provide professionals the opportunity to offer ethical and satisfactory counselling and to encourage community members to support victims of same-sex IPV. Awareness of ethical responsibilities and expectations for satisfactory counselling specific to sexual minorities is a way of being informed about practice and is a suggestion offered for becoming gay affirmative (Duke & Davidson, 2009; Granello, 2004). Given the limited resources of Alberta's communities and society currently offers to victims of same-sex IPV, I deem my professional development workshop beneficial to provide additional resources for professional counsellors to offer adequate support and livelihood to victims of same-sex IPV.

My project consists of four specific purposes. The first purpose of the workshop is to encourage counsellors to become aware of their attitudes and personal biases about same-sex relationships. Before counsellors can ethically support victims of same-sex IPV, they must explore their own heterosexist attitudes, values, and beliefs. The primary goal of the workshop is to encourage counsellors to become gay affirmative, upholding the belief that heterosexuality and homosexuality are equal. This workshop invites this

level of curiosity and exploration and offers specific education about same-sex IPV, creates a space that is safe for participants to discuss and explore their inner belief systems, and offers narrative stories that provide insight into the lives of those who are in a same-sex relationship characterized by abuse and also details their experiences in seeking resources.

The second purpose of the workshop is to educate counsellors about appropriate terminology when working with clients of any sort, specifically victims of same-sex IPV. The Appendix includes a participant handout titled *Glossary of Key Terms for Same-Sex Intimate Partner Violence* that introduces counsellors to same-sex IPV terminology. Words such as faggot and homo are offensive and inappropriate. Clients need to feel respected and understood, especially in a time of crisis when few resources and support systems are available. Counsellors also hold an ethical responsibility, as detailed under the ethical standard I.2 of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000), to “not engage publicly. . . in degrading comments about others” (p. 9) including sex, gender, or sexual orientation. It is the responsibility of the counsellor to treat all people with respect even if the morals and values of the counsellor do not align with those of the client (Canadian Psychological Association, 2000).

The third purpose of the workshop is to compare and contrast same-sex and opposite-sex IPV, as it is my contention that counsellors must be aware that although the acts of violence between same-sex and opposite sex relationships are similar, many unique differences exist that need to be well understood approached in different ways. Victims of same-sex IPV experience a number of barriers when seeking support, and if

counsellors can become aware of these barriers, it may become possible to eliminate these obstacles for Albertans. In order to raise counsellor awareness, the workshop offers detailed education, encourages discussions between group members, and offers tips for agencies to overcome barriers.

Finally, counsellors have an ethical responsibility to provide victims of same-sex IPV with adequate resources and support. I believe that becoming gay affirmative and educated about same-sex IPV is critical for counsellors who offer support to sexual minorities. The workshop included in the Appendix addresses the counsellor's ethical (as defined by the Canadian Counselling and Psychotherapy Association, Canadian Association of Social Workers, and the College of Alberta Psychologists) responsibilities in regards to treatment, assessments, and community support. Workshop participants will (a) be offered a list of tips for achieving a gay-affirmative practice, (b) discuss ethical responsibilities, and (c) consider their beliefs related to their professional ethical standards.

Counsellors who work with victims and perpetrators of IPV, those who work with sexual minorities, as well as those who work with, or have the potential to work with, victims of same-sex IPV may benefit from the education offered within my project. The *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence* workshop can also offer community members an opportunity to offer ethical and satisfactory support to victims of same-sex IPV. This chapter addresses my personal interest with same-sex IPV, project rationale, and a brief overview of the structure of the workshop. This is very important work. The sector will benefit from the project.

Personal Statement of Interest

Between 2005 and 2009 I attended Gardner-Webb University in North Carolina. In the “deep south” I witnessed homophobia and heterosexism to be prevalent in many people’s interactions. While attending Gardner-Webb University and throughout my life, I have gained many close friends who identify as gay, lesbian, or bisexual. In 2013, a group of my beautiful and strong North Carolinian friends started a campaign called *Vote Against* (Vote Against Project, 2012) to rally against Amendment One, which was passed in November 2012 and banned gay marriage under the assumption that marriage is defined solely as a union between a man and a woman (Waggoner, 2012).

Many of my dear friends have been fortunate to find love throughout their life journey and many of them are now being told that their love is not valid—it is banned and not recognized as a union. First, societal norms have denied my friends approval and now the law has succeeded in doing the same. Many have argued that Amendment One may disrupt the protection orders for any unmarried couples living in North Carolina (Waggoner, 2012), which, in short, means heterosexual and same-sex couples are not legally protected if they find themselves in a violent relationship. For me, it is difficult to comprehend that a law fights to remove resources and protection for individuals who are assumed to be living a “sinful life.” I fear for the well-being, security, and happiness of those individuals who find themselves in a time of crisis and need.

My interest in gay-affirmative counselling was more recently focused when I completed a qualitative study in 2012 for graduate-level research methods course. Through my research, I learned there were few to no resources available to victims of same-sex IPV to seek in time of crisis and need. I assumed that communities that banned

gay marriage were perhaps the only communities that did not support victims of same-sex IPV. I was saddened to learn that even in my home city of Lethbridge, Alberta, shelters, counselling services, and support groups do not appear to be readily available or prepared to support victims of same-sex IPV.

It dismays me to think that there are people out there who fear to seek help because society is unaccepting, unprepared, and uneducated about same-sex relationships. I want to provide counsellors and other professionals within Alberta's communities with adequate and relevant information regarding same-sex IPV. Although same-sex IPV is unique, it is also prevalent, and as a future counsellor it is my obligation to provide ethical support to sexual minorities. According to Beauchamp (2004), Statistics Canada reported that gay and lesbian (15%) and bisexual (28%) individuals experienced higher rates of IPV compared to heterosexuals (7%). I want my friends to feel comfortable seeking IPV support in a time of need, and I want my fellow community members to feel safe and respected when pursuing ways to prevent or reduce same-sex violence.

Project Rationale

Same-sex IPV appears to be continuously ignored by governments, law enforcement, and society (Peterman & Dixon, 2003). Up until 2003, adequate support groups, shelters, and treatment programs did not seem to exist for victims of same-sex IPV due to feelings of fear, disgust, anger, discomfort, and aversion towards homosexuals (Peterman & Dixon, 2003). Currently, to my knowledge, not a single shelter exclusively exists in Canada that specifically supports victims of same-sex IPV.

The actual act of IPV is very similar between same-sex and opposite-sex couples. That is, partner violence can lead to isolation, depression, physical injury, fear, anxiety, low self-confidence, and even death. However, the stressors intertwined with the abuse are very different and can increase risk. For example, diverse forms of abuse and behaviours occur within same-sex relationships that do not occur within heterosexual relationships including threatening to reveal homosexuality to community (outing), limiting partner's involvement in gay and lesbian community, and reinforcement of internalized homophobia (Peterman & Dixon, 2003). Individuals who identify as gay or lesbian are less likely than heterosexual individuals to report domestic abuse because of homophobia and heterosexism in society (Peterman & Dixon, 2003).

The Royal Canadian Mounted Police (2012) reported that same-sex IPV seems to require more recognition and remedies because gay and lesbian couples are already stigmatized and it can be difficult for people to reach out for help and support. This conclusion aligns well with the work of Tesch, Bekerian, English, and Harrington (2010), who reported special training is needed for same-sex IPV, particularly in communities where gay-affirmative practices are limited—perhaps like Lethbridge. To further address the call for training, Peterman and Dixon (2003) advised and advocated that a patient, empathetic, and understanding counsellor will be more effective in helping victims of same-sex IPV overcome their reluctance to disclose, which may be quite realistic given victims may hold fears regarding their safety and vulnerability. It is my contention, and as noted in many codes of ethics, that it is the responsibility of the counsellor to provide a safe, accepting, and nonjudgmental environment regardless of the person's sexual orientation. Thus, my proposed professional development workshop can prepare

counsellors to provide a safe space for victims of same-sex IPV through increased awareness and education.

Project Structure

I have organized my project into five chapters followed by the workshop manual, found in the Appendix. In Chapter 1 I introduced the project. Throughout Chapter 2 I focus on an in-depth literature review dedicated to same-sex IPV, the necessity for a professional development workshop, and implications for counsellors working with victims of same-sex IPV. In Chapter 3 I discuss the methodology I used in creating the project. In Chapter 4 I provide an overview of the workshop manual I have developed titled *The Fresh Face of Intimate Partner Violence: Becoming a Gay-Affirmative Counsellor*. Finally, in Chapter 5 I offer a synopsis of the literature review, strengths and limitations of the literature review and manual, and topics for future research. The Appendix consists of the workshop manual for the facilitator of the workshop. The manual provides a glossary of key terms, handouts for counsellor workshop attendees, a detailed lesson plan with facilitator notes, and a PowerPoint slide presentation.

Summary

The intention of this chapter was to introduce the proposed project and provide an explanation of my personal interests, project purpose, project rationale, and a brief overview of the following chapters and manual. The following chapter consists of a literature review based on the current research of same-sex IPV and details how this proposed professional development workshop may benefit the community, counselling professionals, and victims of same-sex IPV.

Chapter 2: Literature Review

Important factors associated with a same-sex IPV framework can be minimized and ignored by treatment providers and individuals using a heteronormative frame to conceptualize the reasons that IPV exists (Baker, Buick, Kim, Moniz, & Nava, 2013). For example, those with heteronormative perspectives conclude that IPV occurs only between a man and a woman (Kay & Jeffries, 2010) and propose that victims of same-sex IPV may fail to believe they have experienced abuse by a partner of the same sex (Baker et al., 2013). Heterosexist attitudes, I believe, have become the leading force behind the lack of research and recognition in same-sex relationships. However, I also believe the quality of research for same-sex IPV is noteworthy, and more publications in this area are surfacing due to changes in law and social adjustment (Baker et al., 2013). Although an increase in awareness is evident, people who hold more negative views about gay men and lesbian women are often those with less formal education (Sorenson & Thomas, 2009). This chapter will address the current literature in the field of IPV, reviews same-sex and opposite-sex IPV, and identifies key factors (risk factors) associated with same-sex IPV.

Intimate Partner Violence

IPV can be characterized by one or all of the following forms of violence: psychological, verbal, financial, physical, or sexual forcefulness (Barrett & Pierre, 2013). Similarly, Ansara and Hindin (2011) described IPV as coercive control within a relationship and referred to IPV as a worldwide problem. Similarly, Khan (2013) reported that IPV is undoubtedly a human rights issue. The characteristics of victims and perpetrators of IPV are diverse. IPV is a social problem that is consistent across all walks

of life (Tesch et al., 2010) including the relationship between (a) a man and a woman, (b) two men, (c) two women, or (d) the relationship between a caregiver and a dependent adult or child. Although the actual act of violence is similar amongst diverse groups, influencing factors can vary based on socioeconomic status, relationship status, age, gender, sexual orientation, societal expectations, culture, and religion. For the sake of this project, it was vital that I explore the unique attributes of same-sex IPV further and compare and contrast same-sex and opposite-sex IPV.

Same-sex intimate partner violence. Same-sex IPV is described as the act of physical, emotional, psychological, and sexual assault between two partners of the same sex or gender and is comparable to rates of opposite-sex IPV (Murray & Mobley, 2009). Carvalho, Lewis, Derlega, Winstead, and Viggiano (2011) provided a parallel definition of same-sex IPV and concluded that same-sex IPV is characterized by physical violence, intimidation, emotional abuse, and the use of power and control between two members of the same sex in an intimate relationship. Advocating for increased awareness of same-sex IPV, Carvalho et al. (2011) cited the work of Murray and Mobley (2009), indicating that same-sex IPV appears to be more prevalent than opposite-sex IPV, while many other researchers proposed that approximately 25–50% of all same-sex relationships demonstrate abusive dynamics.

According to Barret and Pierre (2013) and Carvalho et al. (2011), minority stress is associated with both internal factors (concealment vs. disclosure, internalized homophobia, perceived discrimination, stigma consciousness) and external factors (experiences of violence, discrimination, lack of resources, harassment). Understanding the significance and influence of minority stress, which Barrett and Pierre (2013), Brown

(2008), and Carvalho et al. (2011) put forward in their work, can help in the treatment and prevention of same-sex IPV (Blosnich & Bossarte, 2009). Strain associated with minority stress has been found to take a toll on intimate relationships, as higher rates of minority stress are positively correlated with lower relationship quality and higher rates of IPV perpetration and victimization (Brown, 2008). Researchers have identified that a significant number of individuals whose relationships are characterized by same-sex IPV also experience suffering associated with minority stress, which is a key concept associated with identifying as gay, lesbian, or bisexual in a heteronormative world (Barrett & Pierre, 2013; Brown, 2008; Carvalho et al., 2011). Balsam and Szymanski (2005) conducted a study involving 272 predominantly European American lesbian and bisexual women to investigate the issue of minority stress; these authors found that 60% of the participants reported remaining in the abusive relationship due to a lack of resources and fears associated with minority stress.

Same-sex versus opposite-sex intimate partner violence. The actual act of violence within same-sex and opposite-sex relationships are comparable, and victims of same-sex IPV experience many of the same dynamics as victims of opposite-sex IPV experience including (a) abuse occurring in a cyclical fashion, (b) issues of power and control, (c) social isolation, (d) minimizing the abuse, and the (e) experience of victim blame (Brown, 2008). These proposed similarities support Carvalho et al.'s (2011) statement that the use of violence, intimidation, and emotional abuse are prevalent within both same-sex and opposite-sex IPV and are exerted to gain power and control over the victim. Insecure attachments styles have also been coined as a key determinant for remaining in an abusive relationship, and correlations between stress and perpetration of

violence in relationships are consistent within both same-sex and opposite-sex IPV (Carvalho et al., 2011).

Victims of IPV (same-sex or opposite sex) may also remain in an abusive relationship for similar reasons. In hopes of gaining a better understanding of victim perspectives, Eckstein (2011) conducted a study based on 345 heterosexual, English-speaking participants ($n = 239$ women; $n = 106$ men); based on their personal experience with IPV, these participants were asked to provide reasons why they believe victims remain in abusive relationships. Eckstein (2011) reported the emergence of 10 possible categories based on the open-coding process. The following 10 categories are listed from highest to lowest reported reason for remaining in an abusive relationship: (a) lack of resources, (b) fear, (c) excusing the partner, (d) positive emotions, (e) face concerns, (f) hope for the future, (g) normative behaviour, (h) tradition, and (i) parenting. Although Eckstein's research focused on opposite-sex IPV, I contend that the aforementioned list of reasons for remaining in an abusive relationship is the similar for same-sex IPV, because both involve the issue of power and control, resources, support, and values. Therefore, Eckstein's list could likely transfer to same-sex IPV. I recommend counsellors explore these barriers and obstacles of leaving an abusive relationship with same-sex IPV clients. In addition, future research is needed to investigate if these barriers are the same for both same-sex and opposite sex IPV.

I found most compelling difference between same-sex and opposite-sex IPV to be the difference in available resources—there are negligible resources available to victims of same-sex IPV. The Alberta Justice and Solicitor General (2013) outlined the lack of specialized supports and services to victims of same-sex IPV in Alberta, including lack of

awareness in mainstream services and the limitation of specialized counselling and support services offered for victims of same-sex IPV. A significant number of shelters do exist for female victims of domestic violence in Alberta and women who identify as being in same-sex relationships are not turned away, even though some shelters may not be prepared to work with sexual minorities (Carvalho et al., 2011). For example, many intake forms, workshops, and danger assessments offered and presented in a woman's shelter seem to be directed at abused heterosexual women, and most shelters in Alberta administer Campbell's Danger Assessment tool (Alberta Council of Women's Shelters, 2009), which was developed based on findings of heterosexual women. Items on Campbell's Danger Assessment tool assume a man is the abuser and ask questions such as, "Does he own a gun?" (Nichols-Hadeed, Cerulli, Kaukeinen, Rhodes, & Campbell, 2012, p. 153).

Though resources for victims of same-sex IPV are minimal, it is important to note that limited services do exist and an effort has been made to support sexual minorities in a time of crisis. For example, resources are available for male victims of IPV in or near larger cities including the Wheatland Shelter in Strathmore, Alberta, the Kerby Rotary House, and the Calgary Counselling Center, both located in Calgary, Alberta.

The majority of research I reviewed that explored the resource barriers victims of same-sex IPV face when seeking relief at human service agencies identified two additional themes: (a) the lack of community resources and awareness of issues related to IPV as a whole, let alone same-sex IPV and (b) fear staff may be holding harmful myths about same-sex IPV, which may also be related to clients fearing staff may display internalized homophobia (Carvalho et al., 2011; Duke & Davidson, 2009; Peterman &

Dixon, 2003; Tesch et al., 2010). Overall, I believe that these fears seem to address the lack of training provided to law enforcement and counsellors, which is why this project is so valuable to the helping field. The next section expands on these barriers and focuses on eight key factors counsellors need to be trained on when working with victims of same-sex IPV.

Key Counselling Factors

Murray, Mobley, Buford, and Searnan-DeJohn (2006) specified that counsellors have an ethical responsibility and obligation to be informed about same-sex IPV if they are to provide services to the lesbian, gay, bisexual, and transgendered (LGBT) community. Those who work with individuals affected by IPV have an ethical responsibility to be informed about same-sex IPV, including appropriate resources, assessment tools, interventions, terminology, and sexual identity models (Brown, 2008; Duke & Davidson, 2009; Murray et al., 2006). In this section I list eight key counselling factors based on the current literature and my understanding of same-sex IPV and community resources. These factors are addressed in the professional development workshop (the Appendix) to assist treatment providers in developing a gay-affirmative therapeutic approach. Gay-affirmative training can assist psychotherapists to show understanding, demonstrate cultural competence, and create a strong therapeutic alliance with victims of same-sex IPV (Johnson, 2012).

Heterosexist attitudes and personal biases. As mentioned earlier in this report, a major concern that may exist for victims of same-sex IPV is encountering service providers with heterosexist attitudes (Dillon, Worthington, Savoy, Rooney, Becker-Schutte, & Guerra, 2004). Heterosexist biases can include assumptions that all clients are

heterosexual, a lack of recognition for problems of social prejudice and influence of minority stress, and a lack of basic knowledge of LGBT issues necessary to be an effective counsellor (Dillon et al., 2004). In conducting six qualitative interviews with six treatment providers, Simpson and Helfrich (2005) found lesbian survivors of same-sex IPV reported dissatisfaction when services are not accepting of LGBT individuals. Heterosexist attitudes can be due to a direct result of biases, a sufficient lack of self-awareness and education about LGBT issues (Dillon et al., 2004), or a combination of the two. Brown (2008) recommended counsellors be willing to explore their own issues with homophobia, biases, and limits when working with victims of same-sex IPV. This could be achieved through asking participants what comes to mind when they hear the words gay, lesbian, and/or bisexual. This brainstorming activity provides an opportunity to explore the origin of these beliefs and assumptions and provides some education around stereotypes and heterosexist attitudes, personal issues with homophobia, and personal limits of working with victims of same-sex IPV (Brown, 2008; Duke & Davidson, 2009).

Harmful myths. It is vital to discuss and tackle any harmful myths that helpers may hold as true regarding same-sex relationships. These myths take away from the severity of trauma experienced by individuals in an abusive intimate relationship (Duke & Davidson, 2009). If these myths are not corrected, it could be damaging for victims of same-sex IPV to seek help from service providers, as these myths may create barriers for victims who are seeking help and may lead to further revictimization and trauma (Duke & Davidson, 2009).

The proposed workshop (the Appendix) addresses the following four prevailing myths: lesbian utopia, hegemonic masculinity, mutual battering, and gender-role

socialization (Brown, 2008; Duke & Davidson, 2009). I briefly explore each of these myths in this section, as this information will assist facilitators in presenting the corresponding lesson in the workshop.

Lesbian utopia. Lesbian utopia refers to the assumption that lesbian relationships constitute ideal egalitarian relationships and are viewed as a wishful way of living (Duke & Davidson, 2009; Stuart, 2006). The myth is that lesbian relationships represent a safe lifestyle among women, and when one woman victimizes another people view these actions as less violent than when a man victimizes a woman (Duke & Davidson, 2009). To clarify the myth of lesbian utopia, same-sex IPV has similar characteristics to opposite-sex IPV; the severity of violence is not determined by couple's sexual orientation (Duke & Davidson, 2009).

Hegemonic masculinity. Hegemonic masculinity is illustrated through the use of masculine control and power used by a man to victimize a woman and because gay men are often stereotypically observed to be more sensitive, the potential for violence between two gay men is mistakenly viewed as minimal (Duke & Davidson, 2009). This is a myth because research has shown same-sex IPV is as severe and as prevalent as opposite-sex IPV (Carvalho et al., 2011). Abusers are individuals who assert power over others and use aggression and violence to their advantage, regardless of their sexual orientation.

Mutual battering. Researchers have deemed the assumption that same-sex IPV consists of mutual battering based on gender symmetry as a myth; these researchers have suggested that in violent intimate relationships, one partner is often the primary aggressor (Duke & Davidson, 2009). An individual who is being victimized in an intimate relationship is often overpowered and under the control of the abuser. Retaliating and

enforcing self-defence can often be more damaging and dangerous to the victim. Mutual battering is not a lawful belief of same-sex IPV because violence used in self-protection or retribution is very different from violence used to exert power and control (Duke & Davidson, 2009).

Gender-role socialization. Finally, in gender-role socialization people operate under the assumption that perpetrators of IPV are often men and victims of IPV are often women (Brown, 2008). The information provided in Chapters 1 and 2 regarding the differences between same-sex and opposite sex IPV are also cited in the workshop.

Summary of harmful myths. Workshop participants will be encouraged to brainstorm and explore some harmful myths about same-sex IPV before being presented with the education piece. It is vital to note that IPV myths are not limited to the short list presented within this section; rather, those presented are four of the most prevailing myths regarding same-sex IPV. Throughout the education piece, workshop participants will have the opportunity to respond to the information presented and voice their reactions.

Inclusive language. To improve services available to victims of same-sex IPV, the workshop will encourage the audience to adopt Brown's (2008) recommendations about the importance of agencies adapting nonheterosexist written and spoken language. For instance, Duke and Davidson (2009) suggested the use of inclusive language with all clients through using the term partner rather than boyfriend, girlfriend, wife, or husband in order to reduce pressure of clients outing themselves and to refrain from using terminology and labelling that is offensive to the client; using such terms will allow the client to define his or her relationship (Duke & Davidson, 2009).

As mentioned earlier, Simpson and Helfrich (2005) completed qualitative interviews based on the experience of six service providers motivated to help and advocate for victims of same-sex IPV and determined through a constant comparative measure process that heterosexist language was a main identified barrier for lesbians seeking help during IPV. Gender-specific language is defined as written and spoken language that responds to men as batterers and women as victims (Simpson & Helfrich, 2005). Based on their findings, Simpson and Helfrich (2005) determined that gender-specific pronouns could lead to feelings of alienation and deterioration of the therapeutic relationship. To increase the therapeutic alliance, and in support of the Gay Straight Alliance, Weinburg (2009) suggested service providers “consider the power of words” (p. 50). Services providers should be aware of expressions, such as “that’s so gay” (Weinburg, 2009, p. 50), as these types of expressions marginalize gay men and lesbian women and belittle and negate sexual minorities. Workshop participants will be asked to consider the difference between affirmative and nonaffirmative language pairings and will also be offered a glossary of key terms for reference (the Appendix, see Participant Handouts section, Glossary of Key Terms for Same-Sex Intimate Partner Violence).

Sexual identity stages. The fourth topic addressed in the workshop focuses on the stages of sexual identity development. In 1979, Cass (as cited in Degges-White, Rice, & Meyers, 2000) developed the first sexual identity formation model, which revolutionized people’s understanding of sexual minorities. Grounded in consistency theory, this classic theory on homosexual identity formation hypothesized that sexual minority identity evolves through six stages: (a) identity confusion, (b) identity

comparison, (c) identity tolerance, (d) identity acceptance, (e) identity pride, and (f) identity synthesis (Cass, as cited in Greene & Britton, 2012).

Being aware of which stage clients identify with and being attentive to their coming-out experience can assist health care providers in gaining a thoughtful understanding of their clients' internal experiences, such as internalized homophobia, shame, or minority stressors, and how those experiences may contribute to external factors, such as family support, same-sex IPV, and seeking resources (Greene & Britton, 2012; Johnson, 2012). It is important to note that these stages do not always occur sequentially, and it is possible for an individual to be in the identity pride stage before transitioning to the identity confusion stage.

Greene and Britton (2012) identified limitations of Cass's theory, which included generalized grouping and minimal research conducted on the model's validity and reliability. Greene and Britton recommended that the later stages of Cass's model not be confused with resolution of emotions, shame, or mastery, but rather be considered based on individual experiences and needs. Assessment of the stage level of sexual identity is a vital component of the evaluation process regardless of the limitations that Greene and Britton (2012) put forth. The *Glossary of Key Terms for Victims of Same-Sex IPV* (the Appendix, Participant Handouts section) offers a descriptive explanation of each stage.

Same-sex versus opposite-sex IPV. The topic of same-sex versus opposite-sex IPV was addressed earlier in the chapter and is also a significant topic within the workshop. In preparation to address the four specific differences between same-sex and opposite sex IPV of minority stress, fear of being outed, internalized homophobia, and belief in harmful myths, participants will be invited to view a short video clip of the

workshop facilitator's choice, offering an introduction to same-sex IPV. Once the video has been viewed, participants will be encouraged to share their reactions to the video and explore the implications for their counselling practice.

Barriers and risk factors. I have already established in this chapter that barriers exist for same-sex IPV. This is a topic that human service providers need to be aware of so they can spend more time addressing macro issues (e.g., policy and procedure changes) and micro issues (e.g., offering extra support to same sex IPV given the scarcity of these resources). Participants will be given phonebooks and time on their smart phones to look up services available for same-sex IPV resources so they can discover the challenge in finding community support tailored to sexual minorities.

Ethical practice. The second-to-last topic emphasized in the proposed workshop pertains to a code of conduct, as most registering bodies' codes of ethics include recognition of sensitivity to diversity. For example, the Canadian Counselling and Psychotherapy Association (2008) has suggested that counsellors strive to understand diversity within communities they work and understand how attitudes, values, and behaviours about sexual orientation, religion, ethnicity, and gender can affect effective counsellor practice.

Similarly, the Canadian Association of Social Workers (2005) has offered a code of ethics that emphasizes social workers' responsibility to become familiar and knowledgeable about diversity; recognize and understand clients' racial and cultural affiliations, identities, beliefs, values, and customs; and recognize and respect the impact that their own values and beliefs will have on their practice and on clients who do not hold the same values and beliefs. Thirdly, the code of conduct of the College of Alberta

Psychologists (2002) stated that psychologists will not impose their values or beliefs on their clients, will not discriminate against clients, and will continually monitor their practice with diverse clients.

Overcoming barriers. The last main topic to be addressed in the proposed workshop identifies strategies to eliminate and decrease barriers experienced by victims of same-sex IPV seeking help. Agencies working with victims of IPV must establish themselves as “comprehensive and diverse agencies, advertise, provide culturally specific information on LGB issues and resources, and train their advocates properly regarding same-sex IPV” (Duke & Davidson, 2009, p. 796). Similarly, Murray et al. (2006) offered the following suggestions for counsellors who work with victims of same-sex IPV: use valid assessments, assess the extent to which victims have come out to others, explore internalized stereotypes and myths, be aware of the unique issues of the LGBT community, and advocate on behalf of LGBT clients.

This particular topic is placed at the end of the workshop as an opportunity for participants to consider, as a whole, what they and their agency need to do to overcome barriers faced by victims of same-sex IPV. Workshop participants will be asked to individually create a brochure for their given agency that illustrates gay-affirmative counselling through the use of advertisement.

Compiled from a number of research articles and literature reviews (Carvalho et al., 2011; Duke & Davidson, 2009; Granello, 2004; Greene & Britton, 2012; Messinger, 2011; Murray & Mobley, 2009), these eight key counselling factors appear to be significant aspects of victim awareness, healing, and growth. Overall, the eight topics

addressed areas of which education and training may be prevalent or necessary for counsellors who strive to become gay affirmative and work with same-sex IPV clients.

Summary

This chapter provided a meaningful contribution to the development of my workshop and offered support to the objectives, purpose, and creation of my project. It offers facilitators of the proposed workshop current, updated material focused on same-sex IPV and confirms the relevancy of key concepts to be included in the workshop. The following chapter addresses my research methodology in developing the project and workshop manual.

Chapter 3: Methodology

This chapter includes a description of how I obtained research to complete and develop the project report and manual. The research I reviewed on same-sex IPV examined the barriers that influence help-seeking for victims of same-sex IPV, factors that may contribute to same-sex IPV, and ethical practice for human service providers to support victims of same-sex IPV. The majority of the research was obtained from the United States of America. A total of 10 studies were obtained from Canada (Alberta Justice and Solicitor General, 2013; Ansara & Hindin, 2011; Barrett & Pierre, 2013; Beauchamp, 2004; Canadian Association of Social Workers, 2005; Canadian Counselling and Psychotherapy Association, 2008; Canadian Psychological Association, 2000; College of Alberta Psychologists, 2002; McBride, 2010; Royal Canadian Mounted Police, 2012), and one study was obtained from New Delhi (Khan, 2013). The literature obtained focused on family violence, advocacy, education, counselling, psychology, and social work. A detailed description of how I obtained literature for this project is discussed below.

Research Process

At all times, I adhered to the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000). Though the inclusion of human subjects has the potential to enrich current research, this project did not warrant ethics approval because I did not collect human data based on the University of Lethbridge project requirements. This research process evolved over 1 year and was a significant extension of previous graduate-level course work I completed at the University of Lethbridge. In 2012, I participated in a research and program evaluation skills graduate course and

conducted qualitative research through interviewing service providers. My findings identified that resources for victims of same-sex IPV and service provider training is minimal in Lethbridge, which encouraged me to research the use of counsellor training in the area of same-sex IPV.

I collected resources for this project report and manual from the Academic Search Complete and EBSCOHost databases. The search terms used included intimate partner violence, same-sex intimate partner violence, same-sex domestic violence, prevalence of same-sex intimate partner violence, gay-affirmative counselling, gay-affirmative workshop, gay-affirmative education, gay-affirmative terminology, barriers for victims of same-sex IPV, sexual identity models, myths about same-sex intimate partner violence, and minority stressors and same-sex intimate partner violence. I also accessed Google using the following search terms: amendment one, gay rights, and same-sex intimate partner violence laws in North Carolina. I located suitable web resources including newspaper archives and relevant scholarly articles.

I adhered to the standards outlined in the *Publication Manual American Psychological Association* (American Psychological Association, 2010). I reserved the right to use creative expression in the manual (the Appendix) with the use of copyright-free pictures, freedom of heading placement, different font sizes, styles, and colours. References from the manual are sourced within the workshop itself, being that the manual is a standalone document.

Summary

I developed the project report and manual to assist human service providers in achieving an ethical standard of practice with victims of same-sex IPV. The progress of

the project report and manual relied heavily on current scholarly articles. The need for education and awareness about same-sex IPV is evident in the current research and supports the primary goal of the *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence* workshop. Although same-sex IPV has only recently gained attention in the research, the literature thus far is essential for the advocacy of same-sex IPV and ethical practice of human service providers. Chapter 4 includes an overview of the workshop manual containing workshop objectives, presenting the workshop, time frames, workshop instructions, facilitator notes, and relevant handouts and workshop exercises.

Chapter 4: Tips for Facilitators and an Overview of the Workshop Manual

Messinger (2011) referred to victims of same-sex IPV as “invisible victims” (p. 2228) because they are unseen and unnoticed. My intent in developing this project was to help these victims become visible through the use of professional development workshop. The previous chapters provided the rationale and foundational groundwork for the *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence* workshop (the Appendix). In this chapter, I address foundational workshop issues, provide generic tips and reminders for conducting a professional development workshop, and offer a general review and explanation of the items in the workshop manual, including an overview of the workshop, facilitator materials, and participant handouts.

Foundational Workshop Issues

This next section identifies three foundational features drawn from the same-sex literature that I have incorporated into the workshop. The overarching goal is to role model for service providers how same-sex issues need to be discussed in a safe, open way, as these are the skills that providers need to offer to their clients.

The lesbian, gay, and bisexual affirmative programming model. The first foundational issue is adopting the Duke and Davidson’s (2009) lesbian, gay, and bisexual (LGB) affirmative programming model for the proposed professional development gay-affirmative competency workshop. The LGB affirmative programming model consists of the following four parts in an effort to establish an agencies capability of working with victims of same-sex IPV: (a) advocate training, (b) advertising campaign, (c) cross-collaborations between community agencies, and (d) LGB-affirmative resources and

referrals (Duke & Davidson, 2009). I explain each of these four elements in the following subsections.

First, it is relevant to note that, unfortunately, little research has been conducted on the use and efficacy of Duke and Davidson's (2009) model for training service providers. However, I chose to put this model forward as the foundation for the workshop because it focuses on increasing gay-affirmative practice in a concrete, attainable manner. Second, a scarcity of research exists on the foundational elements in training people to become gay-affirmative; therefore, Duke and Davidson's model seems to have face validity, as the researchers based its development on extensive research. As the researcher for the current project, I recognize that research is needed to validate my rationale to use this model.

Advocate training. The first component, of the gay-affirmative programming model is advocacy training, which will be achieved in the professional development workshop through addressing the previous eight key counselling factors described and through informing counsellors about same-sex IPV; the more informed counsellors are about homosexuality, the less likely they are to hold negative attitudes towards it (Granello, 2004). According to McBride (2010), advocacy is done in an "assertive, competent, and ethical manner" (p. 286); for counsellors, advocacy may include writing letters and making phone calls on behalf of clients, if such activities are required, or contacting lawyers or medical professionals in order to gain insight into a client's behaviour or circumstances.

Advertising campaign. Workshop participants will also be given the opportunity to create advertisements for their given agency, build connections with other

professionals attending the workshop, and gain an understanding of available resources both within the community and to be offered within counselling sessions. As the researcher, I recognize that many counselling agencies have limited media budgets, so the emphasis in the workshop will be on low-cost advertising strategies.

Cross-collaborations between community agencies. The third component will be addressed by offering participants the opportunity to connect with other professionals in the community, including the facilitator. The facilitator will emphasize that cross-collaboration can enhance the services provided to clients and extend systems of support.

LGB-affirmative resources and referrals. The last component of the workshop is centred on informing participants about LGB-affirmative resources and referrals.

Throughout the workshop, as previously mentioned, participants will be provided with descriptions of valid resources, a description of ethical practice, and a list of LGBT resources in their community. Based on extensive literature and existing programming, the LGB programming model was developed with close consideration of same-sex IPV prevalence, harmful myths, and barriers to help seeking. As such, the LGB programming model offers a strategy for agencies and training programs to adapt in outreach programming and advocacy (Duke & Davidson, 2009).

Importance of professional development workshop. A second foundational issue associated with the workshop is for the facilitator to deliver in an interactive, discussion-focused manner, rather than in a lecture format with little to no discussion. Supervisors and managers alike may want to encourage staff to attend this specific workshop in order to recognize their own homophobic and heterosexist attitudes, the effects of coming out, and the attachment and developmental issues of growing up gay or

lesbian before they can offer good-quality treatment to clients who identify as gay, lesbian, or bisexual (Nelson, 2008). Burckell and Goldfried (2006) designed a study to identify therapist qualities that LGB adults viewed as unfavourable, neutral, beneficial, and essential (Burckell & Goldfried, 2006; see also Johnson, 2012). Burckell and Goldfried recruited 42 nonheterosexual adults between the ages of 18 and 29; these participants completed a questionnaire and indicated that the most helpful counsellor characteristics included creating a strong therapeutic alliance, having an awareness of LGB-specific knowledge, and demonstrating LGB-affirming behaviours. In the proposed workshop, gay-affirmative counsellors in the area of same-sex IPV will explore and acknowledge their personal biases and values, recognize the effects of coming out and barriers for seeking help in a time of crisis, and challenge heteronormative assumptions through discussions, self-reflection, and hands-on activities. Granello's (2004) work supported this recommendation, as this author argued that interactive workshops can successfully address gay-affirmative issues and educate individuals about gay-affirmative intervention approaches.

Expectations for facilitators. Facilitators of the workshop must model effective, gay-affirmative behaviours in the workshop in order to set the standard for practice and maintain guidelines of practice. Based on Granello's (2004) guidelines for gay-affirmative counsellors and Duke and Davidson's (2009) LGB-affirmative programming model, I have created a list of expectations for gay-affirmative facilitators who will administer the workshop *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence* (the Appendix). Gay-affirmative facilitators will

- not teach gay-affirmative practice unless they are able actively participate in gay-affirming behaviours,
- confront internalized homophobia prior to presenting the workshop,
- use appropriate terminology that does not encourage heterosexist assumptions, remain up to date and educated by reading articles and books about counselling victims of same-sex IPV,
- share relevant, affirmative resources with workshop attendees,
- create a gay-affirmative environment with posters, books, and images when presenting the workshop,
- be aware of community support groups and create a list for workshop attendees,
- administer brochures of agencies or support groups that offer assistance to victims of same-sex IPV,
- not partake in jokes that are stereotypical in nature, and
- be prepared for questions, activities, and group work.

This list is also included at the end of the workshop. Once the list has been shared and discussed, facilitators will have participants identify which items of this list of expected behaviours they want to refine or modify when working for and helping same-sex individuals. The following section will offer gay-affirmative facilitators some groundwork and tips for presenting the proposed workshop.

Facilitator qualifications and competency. The final foundational issue highlighted pertains to the qualifications and continued competencies of the workshop facilitators. Workshop facilitators must hold a master's degree in psychology,

counselling, education, or social work. The workshop will be supported by an individual practitioner with ample experience in the area of IPV, specifically same-sex IPV.

Facilitators are encouraged to consult with other professionals in the field of same-sex IPV to ensure the validity of information presented and to continue to inform the workshop. Annual meetings and refresher workshops can be developed to increase facilitator competency.

Workshop Phases

This section elaborates upon the Community Tool Box (2013) and its three phases for conducting a workshop: planning, preparation, and implementation. In writing the manual I have assumed that the facilitators of this workshop will have some experience offering workshops (the Appendix, Overview of the Workshop, Facilitator Qualifications section). The information I present in chapter is intended to guide rather than to present a comprehensive how-to manual.

Learning principles. Planning to present a professional development workshop requires a consideration of the topic, audience, workshop size, time, purpose of the workshop, and presentation style (the Appendix; see also Community Tool Box, 2013). The following subsections address each of these points. In the interest of being concise and to avoid repeating previously noted material, I emphasize the application of these ideas.

Many workshop attendees for this specific professional development workshop will have a human service background; they may currently support or have the potential to work with victims of IPV and may know little about same-sex IPV. Many participants may also be skeptical to share their personal values related to same-sex relationships and

some participants' values may contradict those of others. Reflecting on participant characteristics will help facilitators prepare for potential conflict, offer a nonjudgmental environment, and aim to include relevant information and tools. For example, a PowerPoint slideshow included in manual offers a section on ethical practice; facilitators must consider which ethical standards guide the participants' practice and code of ethics.

Considering personal presentation styles is vital to offering effective leadership because it is important that facilitators do not dominate the workshop or tell participants what they must think and feel (Community Tool Box, 2013). Rather, I recommend facilitators of this specific workshop attempt to remain neutral, educate participants, and do not expect participants' values to change. Keeping workshop participants engaged will foster learning within the workshop, which is why I encourage facilitators to explore and relish their creativity with activities that they can offer, including group discussions, handouts, and presentation style.

Tips and reminders. Being prepared requires being aware of the materials and information needed to make the workshop a success (Community Tool Box, 2013). In order to effectively prepare for presenting a workshop, facilitators will need to visit the room in advance to assist in planning activities and available space (Community Tool Box, 2013). Facilitators must also consider how the workshop space will affect activities and group discussions. For example, limited space may mean some activities cannot be completed due to a concern for safety or comfort.

Workshop facilitators may want to consider all the materials they will need to bring to the workshop (Community Tool Box, 2013). This specific workshop is presented via PowerPoint presentation (the Appendix, Participant Handout, PowerPoint

section); as such, facilitators may find it necessary to bring a back-up computer. Facilitators may also consider providing pens, paper, printed PowerPoint slides, and other relevant handouts for workshop participants. If facilitators offer handouts, the Community Tool Box (2013) suggested being creative and using attractive and interesting visuals. Facilitators might consider using colourful paper for handouts or adding images to the PowerPoint slides.

Facilitators are encouraged to request that workshop participants complete a feedback form to evaluate the workshop material and facilitators' skills and abilities (Bishop & Janczak, 2005; Community Tool Box, 2013). Pre- and postevaluations will also be offered to workshop participants to evaluate change.

Implementation. The implementation phase consists of three stages: introduction, substance of the workshop, and closure (Community Tool Box, 2013). I discuss each of these stages in this section.

Introduction. Within the introduction, the Community Tool Box (2013) stressed the importance of setting the tone with music, greetings, and creating a safe space. Personal introductions may be necessary for workshop participants to feel comfortable with one another (Community Tool Box, 2013), as this workshop will require the need to be open and honest during group discussions. Once participants have been greeted and have settled in their seats, the greeting in this workshop will consist of each participant sharing his or her name, the agency the participant works for, and the participant's hopes for attending the workshop.

Creating and distributing an agenda and plan for the workshop will include participants in the management of the workshop, giving participants a sense of

anticipation and relieving anxiety (Community Tool Box, 2013). The agenda is included in the Appendix in the Participant Handouts section.

The substance of the workshop. According to the Community Tool Box (2013), when presenting the substance of the workshop, which is the “meat” (Substance of the Workshop section, para. 1) of the presentation, facilitators must be enthusiastic, relevant, entertaining, and interesting and give participants the opportunity to connect with the material through personal reflections and discussions in order for the workshop to be effective. It is important to note that the workshop facilitator’s role is not only that of an enthusiast and entertainer, but also as a counsellor. The professional development workshop is quite similar to a single-session open group, in that the workshop is a one-time presentation that welcomes new members each time (Turner, 2011). The *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Initiate Partner Violence* workshop (Appendix A) encourages participants to be vulnerable, open, and honest, not only with themselves, but also with potential strangers in the room. Confidentiality is an important aspect for workshop facilitators to address early on in the presentation.

Along with enthusiasm and professionalism, flexibility serves as an important characteristic of group psychotherapists (Kolfshoten, Hengst-Bruggeling, & Vreede, 2007) and workshop facilitators. In a study that investigated facilitator strategies and techniques facilitators use to design a collaboration process, 73% of experienced facilitators agreed that it is impossible to execute a workshop as planned without any surprises and that dealing with surprises is part of the facilitator’s role (Kolfshoten et al., 2007). Being flexible will help workshop facilitators remain calm and also alert to the needs of workshop participants.

Closure. Finally, closure of the workshop will consist of reviewing the agenda, offering time for participants to ask questions, and ensuring participants can safely and anonymously provide feedback (Community Tool Box, 2013). This stage is very important because it allows participants to share what they have learned or perhaps clarify any unanswered questions. In this workshop participants are asked to decorate a calico doll illustrating their learned experience in the workshop by comparing and contrasting a gay-affirmative counsellor with a counsellor who holds dangerous myths about same-sex IPV (the Appendix). The calico doll activity allows participants to express their experience in the workshop, connect with others' experiences, and also receive a take-home memento that illustrates a useful tool for psychotherapy with victims of same-sex IPV. The remainder of this chapter provides a succinct overview of the workshop manual.

Overview of the Manual

The workshop manual is included in the Appendix and contains the necessary components for facilitators and members participating in the *Becoming Gay-Affirmative in the Area of Same-Sex Intimate Partner Violence* workshop. The manual contains an explanation of the structure and organization of the workshop, an advertisement poster, a lesson plan for facilitators and facilitators' notes, PowerPoint slides, and relevant handouts. Each section can be altered based on the needs of the audience and the presentation style of the facilitator; however, the content of the workshop should remain the same.

Overview of the workshop. The workshop manual will first offer a brief overview of the workshop itself, including (a) the purpose of the workshop,

(b) instructions for use, (c) facilitator qualifications, (d) participant criteria, (e) workshop format, (f) calico doll description, (g) workshop length, (h) considerations and limitations, and (i) copyright statement. The purpose of this section is to offer facilitators guidance and considerations for use.

Advertisement poster. The workshop manual will offer of an advertisement poster template. This template can be used by facilitators to advertise the workshop objectives, date, place, time, cost, participant criteria, and any other relevant information participants will need to know.

Participant criteria. The workshop manual will consist of a document listing the criteria for workshop participants (the Appendix). Participant criteria will offer facilitators of the workshop an idea of who their target audience is and how to adapt the presentation to meet the needs of the audience, their agency, and current client population. I have also included the ideal number of human service providers who can participate in the group at one time.

Lesson plan and facilitator notes. The structure and organization of the workshop can be found in the workshop manual. The lesson plan will include the objectives of the workshop, facilitator materials, activity instructions, approximate time frames for topics, activities, and breaks, questions for reflections, and the administration of handouts and group discussions (the Appendix). The lesson plan can be altered based on participants' needs and interests.

PowerPoint. The PowerPoint handout contains the workshop presentation and addresses and introduces the eight key factors presented in Chapter 2. The PowerPoint slideshow will be sequential, beginning with the first slide and ending with the last, and

offer brief facilitator notes to expand on the given slides. Facilitators are encouraged to create their own PowerPoint presentation based off of these slides and to distribute a hardcopy of the presentation to workshop attendees in a format that also provides ample space to take notes. Facilitators may also request receiving original PowerPoint slides by contacting the author of this project by e-mail at mackenzie.renner@uleth.ca.

Inclusive language worksheet key. The inclusive language worksheet key is part of a hands-on activity participants will be asked to take part in during the PowerPoint presentation (the Appendix). The worksheet key illustrates a conversation between a counsellor and a supervisor. This worksheet also provides examples of noninclusive language and offers explanations for the facilitator to refer to. Facilitators are welcome to create or modify the illustration provided.

Three-month survey. Participants will be asked if they would be willing to take part in a 3-month survey over the phone. The survey will be administered 3 months after the date of the workshop, last approximately 10–20 minutes in length, and will serve as an evaluation tool for facilitators to review the impact, if any, the workshop has had on the participants understanding of and practice with same-sex IPV. Interested participants will be asked to provide their contact information. A list of sample questions and a contact information template will be included in the workshop manual (the Appendix). Ethics approval will be required depending on how this information will be used.

Handouts. The workshop manual will include relevant handouts for workshop participants. Workshop participants will each receive an agenda, a glossary of key terms for same-sex IPV, the PowerPoint presentation handouts, and a feedback form.

Agenda. The agenda will provide workshop participants with a brief outline of the workshop schedule. This agenda will include the topics to be discussed during the workshop, the order of the topics, and scheduled breaks.

Inclusive language worksheet. The intention of the inclusive language worksheet was discussed in Chapter 2 (the Inclusive Language section). The worksheet will open the floor for participants to discuss as a group the impact noninclusive language may have on the therapeutic relationship.

Glossary of key terms for same-sex IPV. Workshop participants will be given a glossary of key terms for same-sex IPV. The glossary will provide workshop participants with gay-affirmative terminology that they are encouraged to refer to throughout their practice and share with their agency and coworkers.

PowerPoint. Offering a hardcopy of the PowerPoint presentation allows workshop participants to follow the information closely and provides a space for taking notes, if desired. The PowerPoint presentation will include an agenda for the workshop, a description and analysis of the eight key factors, activities and discussions, and a check-in period.

Pre- and postevaluation forms. The workshop manual contains both a pre- and posttest evaluation form that participants will be asked to complete before and after the presentation. The pretest form consists of questions related to workshop participants' understanding of same-sex IPV, and the posttest form asks participants to reflect on their understanding of same-sex IPV following the workshop. The posttest form also contains questions that aim at providing workshop facilitators with an overall sense of how successful the workshop was and what could be done in the future to improve upon the

presentation. Both the pre- and posttest evaluation forms consider the objectives of the workshop and allow workshop facilitators to evaluate change of awareness based on the purpose of the workshop. Facilitators are asked to attach pre- and postevaluation forms together so data can be evaluated without identifying the participant by name.

Summary

This chapter provided a succinct overview concerned with implications for facilitators and also included a brief introduction of the workshop manual. The workshop manual is user-friendly and clearly identifies guidelines related to the PowerPoint presentation, workshop objectives, agenda, handouts, and exercises. The next chapter explores the strengths and limitations of the literature review and the workshop manual and also addresses topics for future research that may aid in the growth of gay-affirmative practices.

Chapter 5: Synopsis

The previous chapters focused on the development of this project and implications for facilitators who may lead the *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence* workshop (the Appendix). Considering the project as a whole, the strengths and limitations of the project are addressed within this chapter. Given this is a new area of study I also bring forward future topics for research in this chapter. In conclusion of the project report, I summarize why I believe this project will be beneficial to both the LGBT community and human service providers who work within the family violence context. I also summarize the content shared in Chapters 1 through 5.

Strengths of the Project

This project is aimed at providing education to human service providers to enable agencies to be more capable of and ethical in providing support to victims of same-sex IPV and to potentially build a bridge of communication that can break down barriers. This project offered specific ideas to become more gay affirmative, including the use of inclusive language, self-awareness, and tips for eliminating heterosexist assumptions.

The literature review provided a current overview and description of the necessity of this project and its usefulness, and all articles referenced in the literature review were published within the last 10 years. The literature review addressed both the background of same-sex IPV and the benefits of presenting the information in a professional development workshop. In doing so I was able to provide a background for the entire premise of the project—the content and the method of delivery including preparation and implementation.

A major strength of the workshop manual is that it is user friendly and easy to follow. The workshop manual is descriptive and provides step-by-step instructions for facilitators to track. I have provided a lesson plan with facilitator notes and a detailed agenda, descriptive PowerPoint slides, and relevant handouts for workshop participants. The user-friendly workshop manual also allows facilitators to alter any or all of the documents depending on their circumstances regarding the presentation space, participant characteristics, and facilitators' presentation styles.

Along with its strengths, this project also has its limitations. The following section explores the limitations of the project so facilitators are able to make an informed decision to present, modify, or adapt the workshop.

Limitations of the Project

The limitations of this project include a lack of available research in the field, facilitator qualifications, heteronormative attitudes, personal biases, and project evaluation. These limitations are reviewed from least to most impactful to the project's success.

Given the many types of IPV, a table would be helpful to highlight similarities and differences in prevalence, dynamics, and types of abuse. A descriptive analysis of the differences between same-sex and opposite-sex IPV could be useful to assist participants in understanding barriers to leaving and the dynamics of a relationship that impact help seeking. If counsellors are unable to adapt a strong understanding of the differences between same-sex and opposite-sex IPV, it may hinder their success in becoming gay affirmative.

Even though counsellors may hold personal biases, myths, or stereotypes about same-sex IPV, they may not want to be perceived as not being gay affirmative. As a result, it may be difficult for facilitators to recruit an audience. Counsellors may fear being individualized or scrutinized and may find it difficult to explore personal biases that they are not yet aware of. On the contrary, it is also possible that counsellors will not want to be perceived to be gay-affirmative counsellors based on their beliefs or the beliefs presented by an agency they represent. In addition, fear of adapting standards that are not accepted by an individual's agency, religion, or value system may deter participants from attending.

Heteronormative attitudes may also pose a risk for participant interest. As I discussed in earlier chapters, a heteronormative assumption consists of believing that same-sex relationships do not exist. From this heteronormative belief follows the ideation that same-sex IPV is irrelevant. Therefore, counsellors who value a heteronormative perspective may not see the significance in this workshop. I approached this project from an advocacy perspective, hence some of the research I chose to incorporate is similar to my perception of same-sex IPV and my belief that it is significant in our society. As I approached this project from a biased perspective, the literature I chose to include may illustrate my preferences, because I did not include research that was contradictory of my beliefs.

The success of the workshop is dependent on the quality of the facilitator's presentation skills, gay-affirmative practice, and experience working with victims of same-sex IPV. The facilitator's presentation skills can influence participants' ability to actively listen, interest in the material, and ultimately the knowledge they gain from the

workshop. Gay-affirmative facilitators have the opportunity to model inclusive language and skills, whereas a facilitator who does not practice gay-affirmative counselling may model ineffective behaviours for participants. It is also important to note that experienced facilitators are vital to participant education. Particularly in a newly recognized field, it is important for facilitators to be able to answer questions and share knowledgeable experience with participants who are interested in learning more.

Due to the dearth of research and education, very few workshops for same-sex IPV exist; as such, I relied on relevant literature reviews that provided the groundwork and basis of the workshop. More research in the area of same-sex IPV workshops would have helped me gain a better understanding for areas of interest and topics of less importance to human service providers. Access to additional research would have also allowed me to adapt and modify manuals created by other professionals. As mentioned in Chapter 2, Duke and Davidson's (2009) LGB affirmative programming model was useful in creating this workshop; however, little research has been conducted on its efficacy. Therefore, I cannot verify that the model is useful for advocacy training.

It is also important to note that the *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence* workshop has never been delivered to an audience. It is difficult to evaluate the success of the workshop without actually executing it, allowing participants to complete an evaluation form, and receiving feedback on the accuracy of the content and the user friendliness of the manual. Based on the limitations I have included in this section, the following section addresses topics for future research related to this project.

Topics for Future Research

The field of IPV could benefit from exploring and acknowledging the many faces of family violence and the current education opportunities available to human service providers. It would be beneficial to research the very few workshops that are currently being offered to establish topics of interest and usefulness for professionals. Researchers need to know the outcomes to determine which information is useful and which information is irrelevant from the perspective of the facilitators and the audience. Furthermore, it would be interesting to have same-sex clients offer their feedback on the topics of common barriers faced when seeking help and characteristics of a gay-affirmative counsellor. I would be curious to know if a gay-affirmative counsellor meets the standards and expectations of same-sex clients, and if the barriers addressed are accurate for clients on average. Aside from this, I would want to explore any barriers of help-seeking or gay-affirmative characteristics that are significant and not included in the project.

Acknowledging the difficulty of evaluating a workshop's success that has not yet been executed, I am aware that it would be useful to receive feedback from potential users and workshop leaders who administer or modify the *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence* workshop. In order to receive feedback, I would consider conducting a qualitative interview with facilitators to address each aspect of the workshop manual, including the description and instructions offered in the manual and both facilitator and participant handouts. Facilitator feedback could support workshop modifications and additions while offering an understanding of

the facilitator's experience and common questions or concerns of workshop participants regarding the administered material.

Creating a safe space for victims of same-sex IPV is a future goal of mine. All too often I hear that it is not appropriate or realistic to build a safe home for victims of same-sex IPV. A relevant topic for future research could be to determine what it would take to create a safe home for victims of same-sex IPV. Research could address relevant danger assessment forms, room space, intake forms, space, placement, staff training, workshops, modification of the cycle of violence, educational requirements for staff, and so forth.

Much of the research presented in this project was directed at support for victims of same-sex IPV and did not acknowledge the needs of perpetrators of same-sex IPV. Research could address the differences and similarities between perpetrators of same-sex and opposite sex IPV. Differences and similarities between the two may include perpetrator needs, relevant interventions, therapeutic approaches, history of violence, origination of violence, and internal conflict. I would be curious to explore the extent to which internalized homophobia, heteronormative norms, and societal expectations influence perpetration of IPV in same-sex relationships.

The workshop was not created only to educate individual counsellors, but also to inform agencies and communities as a whole. Throughout the workshop manual, I encourage workshop participants share their experience with colleagues. To measure the goal of community and agency awareness, it would be useful to evaluate any changes 6 months to 1 year after participants had attended the workshop. I would be interested to know if agencies adapted or acquired new and relevant assessment tools, policies,

therapeutic perspectives, programs, education, and values based off of their representative employees' experiences in the workshop. A friendly phone call, with permission from the representative at the time of 3-month survey, can be useful to connect with given agencies to inquire what changes, if any, have been made to support victims of same-sex IPV.

There is value in eliciting the voices of those who have been in a same-sex relationship that was (or continues to be) characterized by IPV. Qualitative, quantitative, or mixed-method studies could address topics that should be included in a workshop for counsellors from the perspective of the individuals that the workshop is intended to support. Future research could address the research question: "What do victims of same-sex IPV need and what do they look for when they seek support in a time of crisis?" Participant recruitment can be achieved by the use of advertisements in newspapers, on bulletin boards in counselling agencies and women's shelters, and via e-mail to other professionals in the community. It would be vital to recruit a significant number of participants to increase the reliability of the research outcome (i.e., at least 20-40 participants). A cross-sectional analysis could be created from transcribed dialogues with study participants based on interview questions. Quantitative studies may address the same research question; rather than completing a face-to-face interview, researchers could instead discuss topics presented in the *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence* workshop and measure each topic's relevancy based on research participants' feedback.

Summary

Like all academic work, this project has its strength and limitations, all of which should be considered before presenting the workshop. The strengths of the project include the necessity of the given workshop, reliability on current research, and the user-friendly manual. Potential limitations of this project include the dearth of research on same-sex IPV, personal biases, and outcome evaluations. In the following section I offer my closing comments and address the importance of the *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence* workshop (the Appendix).

Closing Comments

Born and raised in Southern Alberta, I have had the opportunity to personally and professionally witness the lack of resources and opportunities available to victims of same-sex IPV. I created this workshop in hopes that professionals would be compelled to offer ethical and respectful support to victims of same-sex IPV and sexual minorities as a whole. I am often ashamed by the disrespect and lack of importance I witness within Albertan society today. Though the situation has improved over the years, there are still communities, states, countries, homes, and individuals who condemn the love between two people of the same-sex. Nevertheless, victims of same-sex IPV are denied support and protection in a time of crisis, danger, and trauma.

When I first entered the University of Lethbridge Master of Counselling program, I juggled the idea of completing a project or a professional portfolio; after weighing the pros and cons of both, I believe I made the right decision. The growth I have experienced throughout my life, this program, and the completion of this project has allowed me to become the woman and counsellor I am today. This project holds not only personal

significance, but also professional growth, in that it is one of the final requirements towards the completion of my graduate degree and a noteworthy step towards becoming a certified counsellor.

The process of completing this project has been challenging, amazing, powerful, and significant both personally and professionally. Through the process of weekly discussion forums, insurmountable research papers, and resurfaced self-doubt, I lost touch with why I first entered the field of counselling. The significance of this project rests in the matter that I rediscovered my passion, my feminist nature, and my love for human beings of all kind. With this being said, I hope professionals who seek to attend the *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence* workshop are reminded of why they entered the field of counselling and recognize their ethical responsibilities and obligations to respect all who walk through their counselling doors.

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**BECOMING A GAY-AFFIRMATIVE COUNSELLOR IN THE AREA
OF SAME-SEX INTIMATE PARTNER VIOLENCE
WORKSHOP MANUAL FOR FACILITATORS**

Renner, 2014

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BECOMING A GAY-AFFIRMATIVE COUNSELLOR IN THE AREA OF SAME-SEX INTIMATE PARTNER VIOLENCE¹

Workshop Manual for Facilitators

Overview of the Workshop

Purpose:

This workshop manual was created as an education tool for human service providers in the area of intimate partner violence. This workshop manual offers the relevant handouts for facilitators to refer to and use during the workshop as well as instructions for use, qualifications, and criteria for facilitators and workshop participants.

Instructions for Use:

This workshop manual is intended to be used as a guide for facilitators.

Workshop facilitators may choose to adapt and include additional material or modify given material provided in this manual while adhering to their professional judgment and professional code of ethics.

Workshop facilitators are strongly recommended to read Chapters 1 through 5 found in Part 1 of the project (Renner, 2013).² Part 1 of the project is

¹ Format adapted from *Addressing parenting and child stress: Three workshops for parents of preschool children* (Unpublished master's project) by D. M. Tone. University of Lethbridge, AB, Canada. Copyright 2013 by D. M. Tone. Adapted with permission.

intended to familiarize facilitators with the material included in the workshop manual.

Facilitator Qualifications:

Workshop facilitators are experienced in the area of intimate partner violence, same-sex intimate partner violence, and identify as a gay-affirmative counsellor. Workshop facilitators must hold a master's degree in social work, psychology, education, or counselling. Facilitators may present with a co-facilitator knowledgeable in the area of same-sex IPV who can offer another perspective and share experiential knowledge.

Participant Criteria:

This workshop is intended for individuals who work in the area of human services or for students studying in the area of psychology, counselling, or social work. Workshop participants must hold or are working towards an undergraduate or graduate degree in social work, counselling, psychology, or must work in the area of family violence. Workshop participants must be over the age of 18 for purposes of consent to participate. As the workshop will engage in group discussions, the suggested maximum number of participants is 20 and the minimum number of participants will be 10. The

² Renner, M. (2013). *Becoming a gay affirmative counsellor in the area of same-sex intimate partner violence* (Master's project). University of Lethbridge, AB, Canada.

minimum number of 10 participants will still allow for rich group discussions and activities, whereas less than 10 participants may hinder participant growth through hands-on activities and feedback from others. As the group offers many hands-on activities and discussions, more than 20 participants may deter others from participating and not offer enough for people to fully engage or to complete the exercises.

Workshop Format:

The workshop is intended to be presented over the course of one day and may be adapted or modified to suit the needs of participants and the given space provided. Given the materials provided to participants in the workshop, it is recommended that the facilitator encourage attendees to register in advance to assist in workshop preparation. Chapter 4 found in Part 1 of the project offers a succinct overview of the workshop format and tips for facilitators (Renner, 2013).³

Calico Dolls:

Calico dolls were introduced by nurse educator, Gerry Silk in the 1990s as part of a research project for her Bachelor of Science in Nursing degree in

³ Renner, M. (2013). *Becoming a gay affirmative counsellor in the area of same-sex intimate partner violence* (Master's project). University of Lethbridge, AB, Canada.

Australia.⁴ Calico dolls are a blank canvas, body-shaped doll that originally was used in hospitals to help children identify their injuries and fears in a creative way. Clients will use fabric markers to identify their fears or injuries on the doll. Calico dolls can serve a number of purposes in training and in therapy.

At the time of writing this workshop, I was currently completing my practicum at Hospice Calgary and

recognized how useful and therapeutic calico dolls could be for bereaved clients. Soon after, I realized calico dolls could be useful in many counselling domains, including sexual identity, self-identity, abuse, disordered eating, grief, disabilities, divorce, relationships, bullying, and so forth. As



such, I believe calico dolls may be useful in any situation in which clients are having a difficult time expressing themselves and identifying the full-body effect of their experiences. Due to the calico doll's significance in therapy, I have included it in the workshop to introduce to human service

⁴ Silk, G. (2009). *Calico dolls* [Video file]. Retrieved from <http://www.ausmed.com.au/online/calico-dolls-video-58016>

providers as an education tool and also as a therapeutic tool for their clients. Calico dolls are inexpensive and take little time to make. Facilitators may find free calico doll patterns online and may also contact me for more details or to inquire about how to purchase these dolls (Mackenzie.Renner@uleth.ca). Please see the lesson plan for a more descriptive understanding of how the calico doll can be used in the workshop.

Workshop Length:

The workshop was designed to be 6.5 hours in length and offers two 15-minute breaks and a 1-hour lunch break during the workshop. The 1-hour lunch break will include hands-on activities and group discussions (see Lesson Plan).

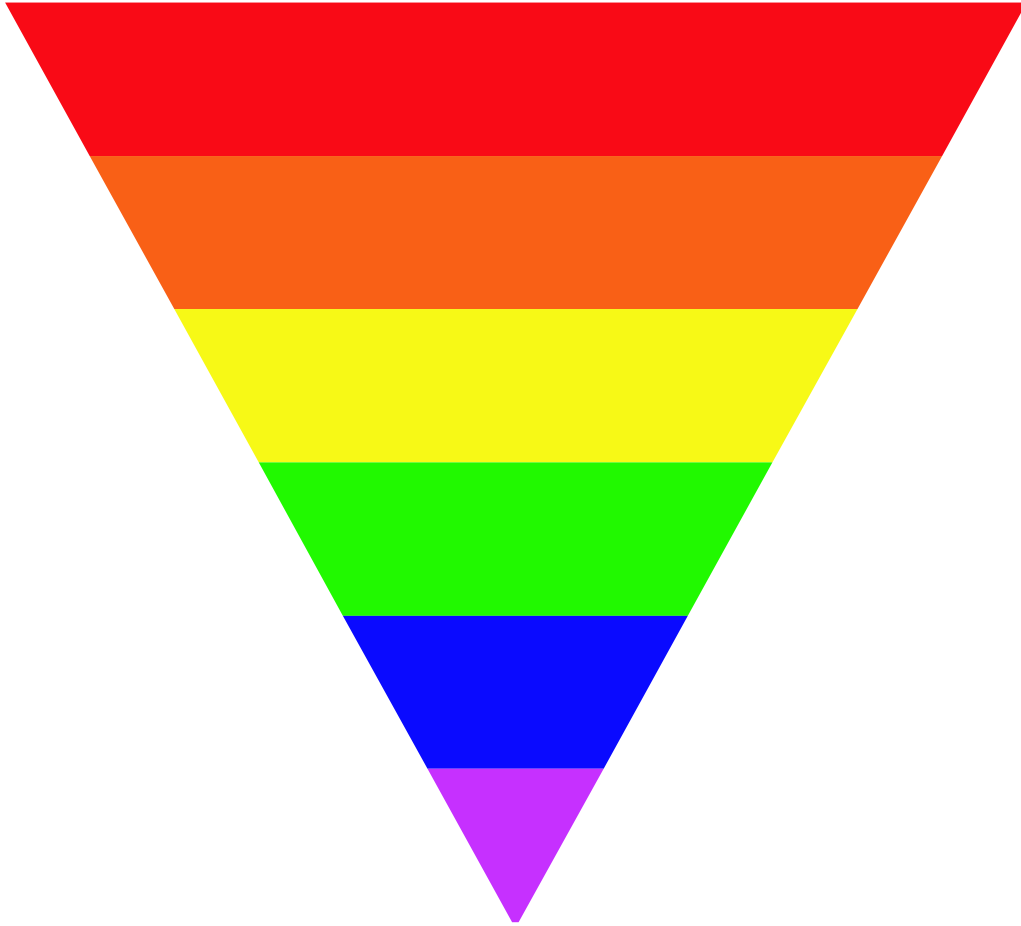
Considerations and Limitations:

Facilitators may want to inform workshop participants that this workshop is not a step-by-step description of how to support victims of same-sex IPV; rather, the workshop offers an opportunity for counsellors to examine implications for supporting victims of same-sex IPV. For additional

information about the project's strengths and limitations, please refer to Chapter 5 located in Part 1 of this project (Renner, 2013).⁵

⁵ Renner, M. (2013). *Becoming a gay affirmative counsellor in the area of same-sex intimate partner violence* (Master's project). University of Lethbridge, AB, Canada.

Facilitator Materials



Advertisement Poster Template

Join us!

Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence Workshop



WHO is the workshop for? Students or human service providers studying or working in the area of counselling, psychology, social work, and/or family violence

WHAT? Provide education about same-sex intimate partner violence, raise awareness about common barriers faced when seeking resources, and promote ethical practice

WHEN?

WHERE?

TO REGISTER PLEASE CONTACT US AT:

\$75.00 per person

Lunch will be provided with an activity to follow



Lesson Plan: Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence

This is a professional development workshop for human service providers who currently work with clients experiencing same-sex IPV or who have the potential to work with clients experiencing same-sex IPV. This lesson plan provides a breakdown of the 6.5-hour workshop for facilitators to use as a guide.



Supplies and Materials Needed for the Workshop

- Sandwiches, cookies, soup and refreshments
- Standard sized paper
- Construction paper
- Glue sticks
- Phonebooks for small group activity (1 for every 4 participants)
- Fabric markers
- Felt pens
- Pens
- One calico doll for each participant
- Relevant handouts, including (a) PowerPoint handouts, (b) the workshop agenda, (c) inclusive language worksheet, (d) glossary of key terms, and (e) the feedback form
- Gay-affirmative posters, books, and images
- List of support resources for victims of same-sex IPV within the given community
- Relevant brochures and educative resources for participants to consult

Objectives of the Workshop:

1. Increase awareness about personal beliefs, values, and biases through the use of self-reflection.
2. Develop a gay-affirmative approach to counselling through education and self-reflection.
3. Address ethical responsibilities related to respect and dignity under the Canadian Counselling and Psychotherapy Association, the Canadian Psychological Association, and the Canadian Association of Social Workers standards of practice.
4. Obtain a working knowledge of same-sex IPV through the implementation of education, oral communication, and hands-on activities.

Pre-Workshop Preparation:

1. Review Chapters 2, 4, and 5 of Part 1 of this project (Renner, 2013).⁶ These chapters will provide the workshop facilitator with background information and knowledge surrounding the development of this workshop.
2. Review the agenda, PowerPoint presentation, and facilitator notes. Facilitator notes for each slide can be found attached to the PowerPoint slides.
3. Book a venue.
4. Advertise the workshop using the template provided at local agencies and within the community.
5. Provide the venue with a registration form for participants.

⁶ Renner, M. (2013). *Becoming a gay affirmative counsellor in the area of same-sex intimate partner violence* (Master's project). University of Lethbridge, AB, Canada.

6. Confirm that 10 participants, at minimum, are registered for the workshop (see Participant Criteria in the Overview of the Workshop section above for a justification of participant numbers).
7. Gather materials in advance depending on the number of participants registered.
8. Confirm the number of participants for catered meal and authorize caterer.
9. Arrange the room with tables and chairs, as desired. Because there will be a considerable amount of small group activities, facilitators are encouraged to place approximately 3-5 chairs at a table depending on the workshop size.
10. At each seat, provide a folder including the handouts and a pen.
11. Set up refreshments and resource material (brochures, lists of same-sex resources in the community, etc.) at a side table.

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
15	<p>Introductions:</p> <ul style="list-style-type: none"> • Greet participants as they enter the room. • Ask each participant to write their name on a name tag. • Offer a warm greeting and recognition that some or all of the audience may be feeling curious, anxious or some other feeling about attending this workshop. And, that perhaps by the end of the day, it is your hope they feel it was a good use of their time to be here today. • After the group greeting, invite participants to introduce themselves (their name, and if they want, their job title and agency affiliation). Also ask participants to share why they chose to attend this workshop.

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<ul style="list-style-type: none"> • Introduce yourself including your name, affiliation, and why you chose to present this workshop.
10	<p>Agenda and Workshop Objectives:</p> <p style="text-align: center;"><u>Agenda</u></p> <ul style="list-style-type: none"> • Very briefly, introduce the agenda for the day, and reassure participants that the workshop will end on time. • Confirm that each participant a handout package. <p style="text-align: center;"><u>Workshop Objectives</u></p> <ul style="list-style-type: none"> • The objectives are located on the fourth slide of the PowerPoint presentation. • Review each objective with the group and what you personally hope they will gain from attending the workshop. • Clarify this workshop is not about sharing specific intervention strategies but rather about increasing self-awareness and knowledge of same-sex IPV.
15	<p>Housekeeping and Guidelines:</p> <p style="text-align: center;"><u>Housekeeping</u></p> <ul style="list-style-type: none"> • Review fire safety depending on the venue's policies. • Discuss your preference for the use of cell phones during the workshop. • Orient participants to the building including washroom locations. <p style="text-align: center;"><u>Guidelines</u></p> <ul style="list-style-type: none"> • Using a flip chart or white board, invite the audience to develop a list of participant rights as a group (the right to learn, the right to ask questions, the right to hold a belief and not to have to change it, etc.).

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<ul style="list-style-type: none"> • Ask participants: <i>What can we do as a group to make this a safe, nonjudgmental and open experience for everyone?</i> • Invite participants to ask any questions they might have about the agenda or workshop guidelines. • To close, consider asking the participants how this list of rights applies to our work with clients, especially those clients that are different from us?
20	<p>Education: Defining Intimate Partner Violence (Slides 5–7):</p> <p style="text-align: center;"><u>Intimate Partner Violence (Slide 5)</u></p> <ul style="list-style-type: none"> • Ask participants to define intimate partner violence before presenting the slide. <p style="text-align: center;"><u>Same-Sex Intimate Partner Violence (Slide 6)</u></p> <ul style="list-style-type: none"> • Once the slide has been presented engage the participants in a discussion: <ul style="list-style-type: none"> <i>“Based on your experience, how often have you worked with victims of same-sex IPV?”</i> <i>“What are your views on the prevalence of same-sex IPV compared to opposite sex IPV?”</i> • Inform participants that the literature suggests same-sex IPV is as prevalent as opposite sex IPV and other researchers suggest it is more prevalent—it is definitely a topic worth discussing. <p style="text-align: center;"><u>Same-Sex vs. Opposite Sex IPV (Slide 7)</u></p> <ul style="list-style-type: none"> • Share the similarities and differences between the two and inform participants that we will discuss the two further in detail later on in the workshop.

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
25	<p>Education: Heterosexist Attitudes and Personal Biases (Slides 8–9)</p> <p><u>PREREADING & RESOURCE MATERIAL</u> <u>(See Chapter 2 in the project)</u></p> <ul style="list-style-type: none"> • Introduce the 8 key counselling factors: <ul style="list-style-type: none"> (a) heterosexist attitudes and personal biases, (b) same-sex IPV versus opposite-sex IPV, (c) harmful myths, (d) inclusive language, (e) sexual identity stages, (f) barriers and risk factors, (g) overcoming barriers, and (h) ethical practice. <p style="text-align: center;"><u>Heterosexist Attitudes and Personal Biases</u></p> • Present the slide. • Ask participants to each design a paper chain illustrating how service providers’ attitudes and personal biases can restrict them from offering the best support to victims of same-sex IPV. • Each individual chain will represent an attitude or a personal bias. • Directive questions might include: <ul style="list-style-type: none"> - “<i>What are some common assumptions about same-sex IPV?</i>” - “<i>What are some myths about the occurrence of same-sex IPV?</i>” - “<i>What are some heteronormative beliefs about same-sex IPV?</i>” - “<i>What personal limits or values may clash when working with victims of same-sex IPV?</i>” - “<i>What impact can homophobia have on the therapeutic relationship?</i>”
	<ul style="list-style-type: none"> • Ask participants to glue their chains together and consider how service providers’ attitudes may affect their best practice. Encourage participants to consider

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	that these chains act as therapeutic handcuffs.
30	<p>Education: Same-Sex versus Opposite Sex IPV (Slides 10–14)</p> <p><u>PRE READING & RESOURCE MATERIAL</u></p> <p><u>(See Chapter 2 in the project)</u></p> <ul style="list-style-type: none"> • Play video of workshop facilitator’s choice for the group (Slide 10) • Ask participants for their reactions and feedback <p><u>4 Main Differences (Slides 11–14)</u></p> <ol style="list-style-type: none"> 1. Minority stress: Present PowerPoint slide and encourage a discussion by asking participants to brainstorm how they think minority stress could influence the development or continuation of same-sex IPV. Once participants have answered the question summarize the discussion. 2. Fear of being outed by partner: Additional comment with slide: <i>“The fear of being outed by one’s partner can influence victims of same-sex IPV to remain in the relationship without seeking help and support.”</i> 3. Internalized homophobia: Once you have presented the slide, once again, open the floor for participants to discuss how they think internalized homophobia can be a factor or influence of same-sex IPV. The group will likely come up with a number of ideas so be sure to summarize their findings or reiterate their findings.
	<ol style="list-style-type: none"> 4. Beliefs in harmful myths: At the conclusion of discussing these major differences, ask participants why they think it’s important as human service providers to be aware of these differences
15	Social and Self-Care

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<ul style="list-style-type: none"> • Invite participants to take a 15-minute break to do as they please.
15	<p>Education: Harmful Myths (Slides 15–16)</p> <p>Popcorn round: <i>“What are some harmful myths about same-sex IPV that come to mind?”</i></p> <p style="text-align: center;"><u>Four Prevailing Myths</u></p> <ol style="list-style-type: none"> 1. Lesbian utopia: <i>“refers to the assumption that lesbian relationships constitute ideal egalitarian relationships and are viewed as a wishful way of living.”</i> Continue to explain how this might be viewed as a myth and offer participants the opportunity to respond. 2. Hegemonic masculinity: <i>“illustrated through the use of masculine control and power used by a man to victimize a woman and because gay men are often stereotypically observed to be more sensitive, the potential for violence between two gay men is mistakenly viewed as minimal.”</i> Offer participants the opportunity to respond. 3. Mutual battering: <i>“the assumption that same-sex IPV consists of mutual battering based on gender symmetry”.</i> Offer participants the opportunity to respond. <i>“When you hear this what comes to mind?”</i> 4. Gender role socialization: <i>“viewed under the supposition that perpetrators of IPV are often men and victims of IPV are often women.”</i>

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
20	<p>Education: Inclusive Language (Slides 17–18)</p> <p>First direct participants to the <i>Glossary of Key Terms for Same-Sex IPV</i> handout. Participants are encouraged to refer to the glossary in their counselling practice.</p> <p><u>Inclusive Language: Advice for Helpers (Slide 17)</u></p> <ol style="list-style-type: none"> 1. <u>Inclusive language</u>: “<i>Adapting inclusive language will require agencies to adapt non-heterosexist written and spoken language including the use of the word ‘partner,’ rather than boyfriend, girlfriend, wife, or husband. Using inclusive language will assure that helping staff does not make assumptions about a client’s sexual orientation. We refer to this as gay-affirmative language.</i>” 2. <u>Refrain from using terminology and labelling that is offensive to the client</u>: “<i>Language and labels such as fag, fairy, pansy, queer, fem and homo are offensive terms.</i>” <p><u>Thinking About Our Use of Language (Slide 18):</u></p> <ol style="list-style-type: none"> 1. Homosexuality versus gay: “<i>The term ‘gay’ is a more all-encompassing and positive word than homosexuality. Granello (2004) argued that the term ‘homosexuality’ focuses too exclusively on the sexual aspect of the person and holds negative connotation when the term homosexuality was considered a mental disorder.</i>”⁷ 2. Straight versus non-gay or opposite sex: “<i>The term ‘straight’ has also been criticized because it may imply that gay people are crooked or deviant. The terms non-gay or opposite sex is arguably more</i>

⁷ Granello, D. H. (2004). Assisting beginning counselors in becoming gay affirmative: A workshop approach. *Journal of Humanistic Counseling, Education & Development*, 43, 50–64. doi:10.1002/j.2164-490X.2004.tb00042.x

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<p><i>appropriate gay-affirmative language.</i>”</p> <p>3. Sexual orientation versus sexual preference: <i>“The term sexual orientation is preferred over sexual preference because it reflects the belief that homosexuality is not a choice whereas the term sexual preference implies that an individual’s sexual identity is a choice” (Granello, 2004).</i>⁸</p> <p>4. Person-first language: <i>“The terms gay and lesbian should never stand alone because an individual’s sexual orientation is only one aspect of that person’s whole. Gay-affirmative language encourages the use of person first language including “client who is lesbian” or “person who is gay” (Granello, 2004).</i>⁹</p> <p>5. Gay, lesbian, or bisexual: <i>“The term ‘gay man’ is preferred to refer to men who are gay. The term ‘lesbian’ or ‘lesbian woman’ is preferred to refer to lesbian woman, and the term ‘bisexual person’ is preferred for those who identify as bisexual. Gay-affirmative language strays away from using the term ‘gay’ as an all-encompassing term for all individuals” (Granello, 2004).</i>¹⁰</p> <p>6. Homophobia versus heterosexism – which is worse? Ask participants which of the two, homophobia or heterosexism, they think is worse for a counsellor to have. Explore the implications of the group’s answers.</p>

⁸ Granello, D. H. (2004). Assisting beginning counselors in becoming gay affirmative: A workshop approach. *Journal of Humanistic Counseling, Education & Development*, 43, 50–64. doi:10.1002/j.2164-490X.2004.tb00042.x

⁹ Granello, D. H. (2004). Assisting beginning counselors in becoming gay affirmative: A workshop approach. *Journal of Humanistic Counseling, Education & Development*, 43, 50–64. doi:10.1002/j.2164-490X.2004.tb00042.x

¹⁰ Granello, D. H. (2004). Assisting beginning counselors in becoming gay affirmative: A workshop approach. *Journal of Humanistic Counseling, Education & Development*, 43, 50–64. doi:10.1002/j.2164-490X.2004.tb00042.x

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<p><u>FACILITATOR’S RESPONSE MIGHT INCLUDE:</u> <i>“Although a homophobic or heterosexual counsellor could be harmful, homophobic counsellors are often aware of their beliefs whereas heterosexual individuals truly believe that all human beings are non-gay. This component of awareness can allow counsellors to explore how their values and beliefs could harm the therapeutic alliance.”</i></p> <ul style="list-style-type: none"> • Once the slides have been presented and discussed, direct participants to the <i>Inclusive Language Worksheet</i> and ask them to read and then highlight or circle aspects of the conversation that do <i>not</i> depict inclusive language (see the inclusive language worksheet key). • Ask the group to share their findings and to identify how using noninclusive language can impact the counselling session: <i>“Now that you have each identified aspects of this story that do not depict inclusive language, please feel free to share what stood out for you and how the language may impact the client’s experience in therapy.”</i>
30	<p>Education: Gay Identity Stages (Slides 19–22)</p> <p><u>PRE READING & RESOURCE MATERIAL</u></p> <p><u>(See Chapter 2 in the project)</u></p> <p>Before presenting the material, ask participants to gather in groups of 3 and design a model of homosexuality identity development based on their experience in the field thus far.</p> <p><u>Cass’s Homosexual Identity Formation Hypothesis</u> consists of 6 stages of identity development (Slide 19)</p> <ol style="list-style-type: none"> 1. Identity confusion is the first stage of the homosexual identity formation hypothesis. The identity confusion stage is characterized by a negative perception of

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<p>one's sexual identity.</p> <ol style="list-style-type: none"> 2. Identity comparison is the second stage of the homosexual identity formation hypothesis. The identity comparison stage is characterized by comparing one's own identity to others in hopes of finding answers. 3. Identity tolerance is the third stage of the homosexual identity formation hypothesis. The identity tolerance stage is characterized by a more positive perception of self; tolerating one's own sexual identity. 4. Identity acceptance is the fourth stage of the homosexual identity formation hypothesis. The identity acceptance stage is characterized by the increased acceptance of one's sexual identity. At this stage individuals become more confident about themselves and their identity. 5. Identity pride is the fifth stage of the homosexual identity formation hypothesis. The identity pride stage is characterized by an increased positive perception of one's sexual identity or pride in self. 6. Identity synthesis is the sixth stage of the homosexual identity formation hypothesis. The identity synthesis stage is characterized by comfort and positive perception of one's sexual identity; confidence to express one's self. <ul style="list-style-type: none"> • <i>“It is important to note that positive self-identity has been correlated with high self-esteem and problem-solving ability whereas negative self-identity is correlated with denial and cognitive distortions (Duke & Davidson, 2004).¹¹ Being aware of the stage your client identifies with can present goals to increase</i>

¹¹ Duke, A., & Davidson, M. (2009). Same-sex intimate partner violence: Lesbian, gay and bisexual affirmative outreach and advocacy. *Journal of Aggression, Maltreatment & Trauma, 18*, 795–816. doi:10.1080/10926770903291787

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<p><i>positive self-identity and also understand how the client's self-identity is influencing their decision to remain in an abusive relationship."</i></p> <ul style="list-style-type: none"> • <i>"Individuals with a positive self-identity reported great authenticity in relationships and fewer psychological problems than did their closeted counterparts" (Duke & Davidson, 2004, p. 58).¹²</i> <p style="text-align: center;"><u>Let's Test our Knowledge (Slides 20–22)</u></p> <p>Read aloud hypothetical situations and ask participants to identify which sexual identity stage is illustrated:</p> <ol style="list-style-type: none"> 1. Joe has recently felt more comfortable discussing his sexuality and would like to tell his father about his partner Bob when the time seems right (Answer = Identity Acceptance). 2. Sara has recently noticed that she is attracted to women but can't understand why and is really confused. Sara has been paying close attention to her sister lately to see how she reacts to seeing an attractive woman (Answer = Identity Comparison). 3. John cannot believe that he just admired another man at the grocery store. He is disgusted by himself and refuses to let himself check out another man (Answer = Identity Confusion). 4. Pepe recently came out to his family and they were very disappointed and concerned. Pepe reassured himself that, even though others do not accept him, he will stay true to himself (Answer = Identity Pride). 5. Once Pepe came out to his family he felt more confident being himself. He now wears clothes he is more comfortable wearing and is comfortable going

¹² Duke, A., & Davidson, M. (2009). Same-sex intimate partner violence: Lesbian, gay and bisexual affirmative outreach and advocacy. *Journal of Aggression, Maltreatment & Trauma, 18*, 795–816. doi:10.1080/10926770903291787

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	on dates with his partner (Answer = Identity Synthesis).
	<p>6. John realized he was attracted to men and was worried but chose to acknowledge it. John realized if he wanted to be happy, he would have to be himself (Answer = Identity Tolerance).</p> <ul style="list-style-type: none"> • <i>Note:</i> Cass’s model is dated and minimal research has been conducted to test its validity and reliability. It is, however, one of the first gay identity development models created and offers counsellors an idea of sexual identity formation and the need to assess a client’s sexual identity.
30	<p>Lunch and Break</p> <ul style="list-style-type: none"> • Lunch will be supplied. Participants are welcome to stay in the room or venture where they please.
30	<p>Informal Group Activity (Slide 23)</p> <ul style="list-style-type: none"> • In keeping with the informal time of lunch, provide an underlying introduction to the idea of calico dolls. Participants can continue to socialize and connect while working on the following activity. • Provide a calico doll to each participant with a set of fabric markers on each table. Briefly describe the intent of the calico doll. • <i>“I would like you to imagine that one side of the doll represents a counsellor who holds dangerous myths about same-sex IPV and the other side represents a gay-affirmative counsellor. Given the information we have discussed up until now, please decorate your doll illustrating these differences. You will also be given time at the end of today’s workshop to complete your doll, so please do not feel rushed.”</i>

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<ul style="list-style-type: none"> If participants would like more directive instructions you may suggest they place (a) thoughts in the head (i.e., same-sex IPV does not/does exist), (b) feelings in the chest (i.e., discomfort, comfort), (c) illustrate relationships on the arms (i.e., open to working with sexual minorities), and (d) beliefs and values on the legs (heteronormative beliefs, religious beliefs).
15	<p>Become Grounded (Slide 24)</p> <ul style="list-style-type: none"> To help members refocus after the informal sharing time and to invite them to be more aware of their “inner world,” facilitate a 5- to 10-minute meditation or grounding exercise of the facilitator’s choice. An example might be the colour imagery exercise from Inner Health Studio (http://www.innerhealthstudio.com/calming-color-relaxation.html) Play a song with lyrics focused on LGBT issues and rights. Ask participants to sit in a comfortable position, soak in the music, and listen to the words to allow them to flow through their bodies and souls. For example, the facilitator could play “Define Me” by Ryan Amador (http://www.youtube.com/watch?v=HyNSGff-Nh4) Ask participants, “<i>What was that experience like for everyone? Are you feeling prepared to move forward with the afternoon?</i>”
40	<p>Education: Barriers and Risk Factors (Slides 25–35)</p> <p><u>PRE READING & RESOURCE MATERIAL</u> <u>(See Chapter 2 in the project)</u></p> <ul style="list-style-type: none"> Invite the participants to arrange themselves in small groups (e.g., count off 4 people per group). Provide each group with a phonebook for the given

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	community and area that facilitators are presenting in (participants may also use their smart phones).
	<ul style="list-style-type: none"> • Directions: <i>“Within your small group you will have one phonebook. As a group I would like you to find resources that offer support to victims of same-sex IPV and write the name and phone number of each resource you find.”</i> • While participating in the phonebook activity, participants may find that resources are scarce for victims of same-sex IPV. Within the small group ask participants to identify other barriers and risk factors faced by victims of same-sex IPV. • Ask participants to have one group member document their findings, and another representative to share their list. • Once group members have shared the list, present the PowerPoint slides. • Eight barriers will be presented separately. <p style="text-align: center;"><u>Homophobic Attitudes (Slide 27)</u></p> <p>Expansion of slide: <i>“Homophobic attitudes can prevent victims of same-sex IPV from seeking help because they may feel misunderstood and hated. Seeking help may cause more issues for the individual. Because homophobia can be presented by family, friends, society, and health care providers, victims of same-sex IPV may not have any support in a time of crisis.”</i></p> <ul style="list-style-type: none"> • Ask participants the question: <i>“How can abusers use homophobia as an additional tool to use to their advantage?”</i> • Allow participants to provide their own answers.

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<ul style="list-style-type: none"> • FACILITATOR’S RESPONSE: <i>“Victims of same-sex IPV have a difficult time obtaining support from people who will recognize their relationship as valid. Abusers can reinforce the fact that homophobia does exist and no one will care for the victims of same-sex IPV seeking help.”</i> • Finally, ask participants to identify some characteristics of homophobia. Some characteristics may include name calling, irrational fear of homosexuality, hate crimes, denial of homosexuality, discomfort around men who are gay and women who are lesbian, and religious beliefs that homosexuality is a sin. <p>1. <u>Heterosexist Attitudes</u> (Slide 28)</p> <ul style="list-style-type: none"> • Expansion of slide: <i>“Because heterosexism may be present in agencies and shelters, these resources often assume that everyone is heterosexual and they lack the component of preparedness for clients who may identify as gay, lesbian, and/or bisexual.”</i> • <i>Note:</i> Heterosexism and homophobia were discussed earlier so unless participants have any questions at this point, feel free to move on to the next slide. <p>2. <u>Stereotypes</u> (Slide 29)</p> <ul style="list-style-type: none"> • Review the stereotypes in the slide. • Of these stereotypes, ask participants to add other stereotypes to the list. Ask participants to share how holding one of these specific stereotypes or more generally, stereotypes in general, may influence the service they provide to their clients.

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<p>3. <u>Stigmatization</u> (Slide 30)</p> <ul style="list-style-type: none"> • Expansion of slide: <i>“Victims of same-sex IPV who experience high stigma consciousness may avoid seeking help because they expect to be discriminated against. There is an intense fear that they will be in more danger asking for help than remaining in the relationship. At least in the relationship their sexual orientation is understood.”</i> <p>4. <u>Outing</u> (Slide 31)</p> <ul style="list-style-type: none"> • Expansion of slide: <i>“Victims of abuse may experience hatred or condemnation or may even avoid seeking help in order to keep their sexual orientation a secret. The threat of being outed may control victims of same-sex IPV to stay in the relationship without seeking help.”</i> <p>5. <u>Internalized Homophobia</u> (Slides 32–33)</p> <ul style="list-style-type: none"> • Expansion of Slide 32: <i>“Counsellors can assess internalized homophobia by simply discussing with the client their views of being gay, lesbian, or bisexual.”</i> • The Internalized Homophobia Scale (IHP) can also be self-administered or administered during a face-to-face interview. • Expansion of Slide 33: Some of the inventory items include: (a) “I have tried to stop being attracted to women/men in general,” (b) “I wish I wasn’t lesbian/gay/bisexual,” and (c) “I would like to get professional help in order to change my sexual orientation.”

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<p>6. <u>Community Preparedness/Resources</u> (Slide 34)</p> <ul style="list-style-type: none"> • The phonebook activity is an excellent illustration of the lack of resources in the community. • The presentation has made it clear why these resources and community preparedness is lacking. <p>7. <u>Revictimization</u> (Slide 35)</p>
30	<p>Education: Tips for Achieving a Gay-Affirmative and Ethical Practice (Slides 36–40)</p> <p style="text-align: center;"><u>PREREADING & RESOURCE MATERIAL</u> (See Chapters 2 and 4 in the project)</p> <p>Ask the audience to brainstorm ways that they work from a gay-affirmative approach. Facilitator will flush out the ideas and ensure the following are addressed:</p> <ol style="list-style-type: none"> 1. Do not work with gay, lesbian, and bisexual (GLB) clients unless you truly believe you can be a gay-affirming support. 2. Confront internalized homophobia. Ask yourself, “In what ways and to what degree do I feel uncomfortable working with GLB clients?” 3. Be aware of your language and avoid making heterosexist assumptions. 4. Stay up to date on the literature. 5. Show clients you are accepting of all sexual orientations with the use of posters, books, images, etc. 6. Be comfortable to explore a client’s issues related to their sexuality. Be open to exploring other aspects of the client’s life that are not influenced by their sexuality. Do not assume a client’s sexuality influences all issues in their life. 7. Be aware of local GLB support groups and make a

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	<p>list of resources for clients.</p> <p>8. Eliminate jokes that contribute to GLB stereotypes.</p> <p>9. Be prepared and create a safe environment.</p>
	<p><u>Tips for Achieving a Gay-Affirmative Practice (Slide 36)</u></p> <p>PowerPoint Slide 36 offers a list of tips for counsellors to become gay affirmative (see above). Review the tips sequentially, stopping on the third:</p> <ul style="list-style-type: none"> • Ask participants to respond to this question by writing the answer down on a piece of paper: <i>“In what ways and to what degree do I feel comfortable working with GLB clients, and in which area do I hope to improve?”</i> They do not need to share with others; it is simply an activity to gain self-awareness. • Once participants have reviewed the list, ask them to identify items they would like to continue, refine, modify, or adapt for their practice with same-sex clients. <p style="text-align: center;"><u>Ethical Practice (Slides 37–40)</u></p> <ul style="list-style-type: none"> • Slide 37 provides a brief overview of ethical practice and counsellor responsibility. • Slides 38–40 identify the standards of practice from CCPA, CASW, and CAP registering bodies. • Once the PowerPoint slides have been presented, ask participants to turn to a partner and share their (a) reactions to the ethical practice topic, (b) in what way their agency currently offers ethical practice to sexual minorities, and (c) information participants will take back to their agency to offer improved ethical practice.
15	<p>Social and Self-Care</p> <ul style="list-style-type: none"> • Invite participants to take a 15-minute break to do as

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	they please.
20	<p>Education: Overcoming Barriers (Slides 41–42)</p> <ul style="list-style-type: none"> • First present the PowerPoint slides. • Give each participant a piece of paper and ask participants to create a brochure for their given agency that is inclusive of all sexual orientations. Although participants’ agencies may not have available services for LGB clients, participants are encouraged to create a brochure with goals in mind for their agencies growth towards becoming a gay-affirmative practice. It is important to note that many participants’ agencies may have policies in place to support all sexual orientations. Encourage participants to share their knowledge based on their current experience. • The brochure could offer an all-inclusive mission statement, available services, and/or identify services available to sexual minorities. Ask participants to consider they were in a same-sex relationship characterized by IPV: <i>“What would you be looking for in an agency/counsellor? What would you want/need to know?”</i>
30	<p>Activity: Calico Doll (Slide 43)</p> <ul style="list-style-type: none"> • Invite participants to complete their calico doll with additional information from the second half of the workshop. • Once participants have completed their dolls, ask them to share with the group, if comfortable, a few things they included on their doll.
	<ul style="list-style-type: none"> • In conclusion, ask participants to offer ideas about how they might use Calico dolls with clients who are victims of same-sex IPV. The calico dolls could be

Time (minutes)	Agenda Items (Tasks and Facilitator Notes)
	used for identity exploration and development, an exploration of intimate partner violence, an overall tracking method to assess the abuse, setting goals, and relationship growth, etc.
10	<p>Open Question and Answer</p> <ul style="list-style-type: none"> • Review the agenda and invite questions and comments from the participants.
15	<p>Conclusion:</p> <ul style="list-style-type: none"> • Offer a 1-minute conclusion and then, in a round table format, ask each person to share what are one or two things they appreciated learning about the workshop.
2-5	<p>Evaluation Forms:</p> <ul style="list-style-type: none"> • Direct participants to the postevaluation form to complete before leaving for the day. Stress that evaluation forms are anonymous, no names are to be provided, and the feedback is requested so future workshops can be refined to offer a better approach to educate treatment providers about same-sex IPV.

Inclusive Language Worksheet Key¹³

See PowerPoint Slide 18 for a review of inclusive language

Supervisor: Last week you had told me about a new client you were nervous to work with. I am wondering how everything is going and if some of your nerves have settled?

Counsellor: I am currently working with a gay man but I also got the impression he is still sexually involved with his ex-wife, which makes me think he might be unsure of his sexuality (This is an assumption of the client's sexuality; do not label the client's sexuality, allow them to label it for you). What makes me nervous is that I have never had the opportunity to work with homosexuals (the term "gay" is more all-encompassing and positive, whereas the term homosexuality focuses too exclusively on the client's sexual aspect) in an abusive relationship. It is all very new to me.

Supervisor: I can imagine how different it is for you because many of our clients who report intimate partner violence are straight (straight suggests people who are gay, lesbian or bisexual are "crooked").

Counsellor: It is so true! I have never stopped to consider what it may be like to work with a client with a different sexual preference (sexual preference vs. sexual orientation), especially in this field of work. I didn't even think intimate partner violence was prevalent between gay people (illustration of a heterosexist belief).

Supervisor: It definitely is prevalent, just something we haven't experienced here as often. Because it is such a new experience for you, what are some things you have noticed?

Counsellor: Well my client is definitely the "fem" partner in the relationship, which may be pretty good indicator that he is the victim. I would assume that his partner is the more masculine of the two based on the extent of the physical abuse my client reported (the terms "fem" and "masculine" illustrate the use of stereotyping).

¹³ Renner, M. (2013). *Becoming a gay affirmative counsellor in the area of same-sex intimate partner violence (Master's project)*. University of Lethbridge, AB, Canada. Permission is granted to copy this handout provided the reference is cited.

Checking In: Three-Month Survey

Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence¹⁴

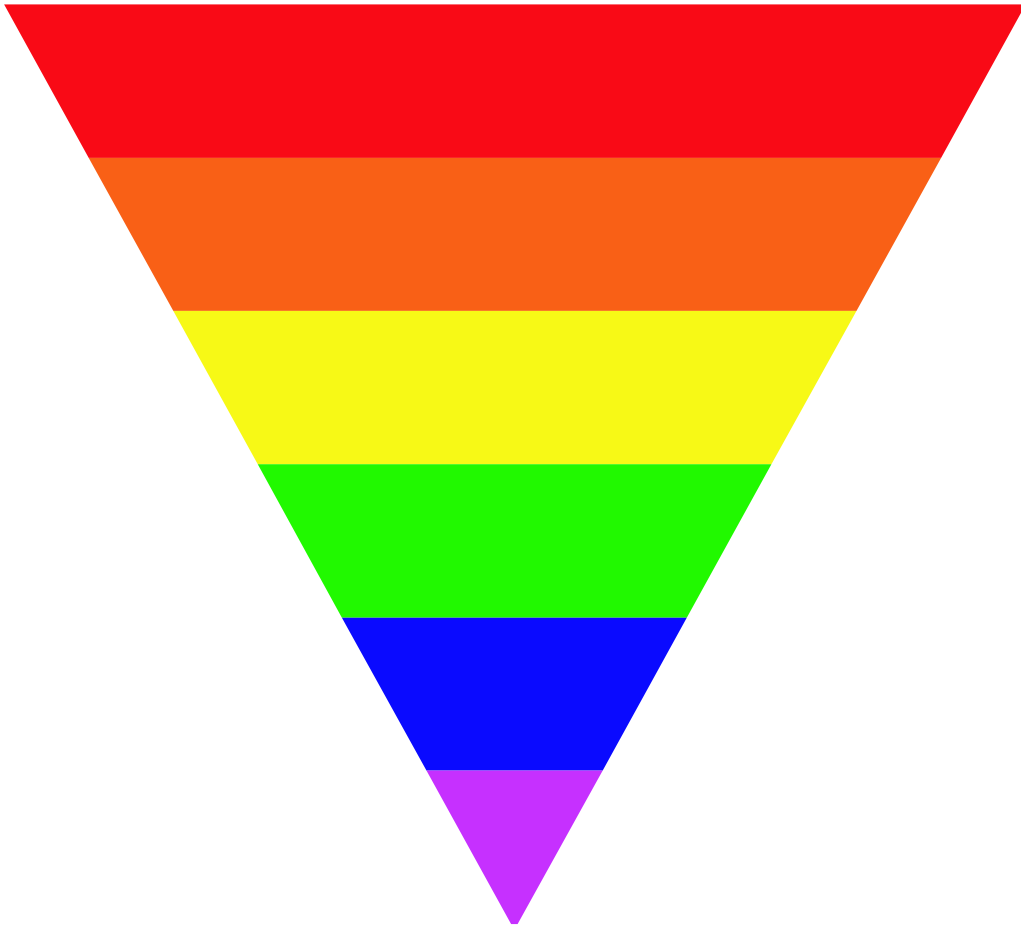
Sample Questions:

1. What changes have you recognized about yourself personally since the workshop?
2. What changes have you recognized about your practice with clients since the workshop?
3. What has been the most useful education you gained from the workshop?
4. What has been the least helpful?
5. Were you able to share your education from the workshop with your colleagues or agency? If so, what was most useful? What did you find least useful?
6. Since sharing information with your colleagues and agency, have you recognized any changes in the way your colleagues or agency now practices?
7. Are there specific changes your agency has made since your participation in the *Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex IPV* workshop (e.g. counselling tools, assessments, advertisements, posters, intake forms, etc.).
8. If you could rate yourself on a scale from 1-10 (1 being not gay affirmative, 10 being gay affirmative) where would you rate yourself before the workshop and where would you rate yourself now?
9. Would you recommend this workshop to a friend? Why or why not?
10. Have you recognized any changes in the way clients respond to a gay-affirmative approach? What are some significant changes you have recognized?
11. Is there anything you would like to learn more about in regards to same-sex IPV?

¹⁴ Renner, M. (2013). *Becoming a gay affirmative counsellor in the area of same-sex intimate partner violence (Master's project)*. University of Lethbridge, AB, Canada. Permission is granted to copy this handout provided the reference is cited.

12. Are you aware of the resources in your community/other communities for LGBT clients?

Participant Handouts



Agenda: Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence

X	Topic
	Introductions and Overview of Agenda
	Defining Intimate Partner Violence
	Heterosexist Attitudes and Personal Biases
	Same-Sex vs. Opposite Sex IPV
	Break
	Harmful Myths
	Inclusive Language
	Gay Identity Stages
	Lunch and Activity (Lunch will be served)
	Grounding Exercise
	Barriers and Risk Factors
	Overcoming Barriers
	Break
	Ethical Practice
	Activity
	Concluding the Day – Question Period

Inclusive Language Worksheet¹⁵

Circle or highlight aspects of the conversation between a supervisor and counsellor that illustrate non-inclusive language

Supervisor: Last week you had told me about a new client you were nervous to work with. I am wondering how everything is going and if some of your nerves have settled?

Counsellor: I am currently working with a gay man but I also got the impression he is still sexually involved with his ex-wife which makes me think he might be unsure of his sexuality. What makes me nervous is that I have never had the opportunity to work with homosexuals in an abusive relationship. It is all very new to me.

Supervisor: I can imagine how different it is for you because many of our clients who report intimate partner violence are straight.

Counsellor: It is so true! I have never stopped to consider what it may be like to work with a client with a different sexual preference, especially in this field of work. I didn't even think intimate partner violence was prevalent between gay people.

Supervisor: It definitely is prevalent, just something we haven't experienced here as often. Because it is such a new experience for you, what are some things you have noticed?

Counsellor: Well my client is definitely the "fem" partner in the relationship, which may be pretty good indicator that he is the victim. I would assume that his partner is the more masculine of the two based on the extent of the physical abuse my client reported.

¹⁵ Renner, M. (2013). *Becoming a gay affirmative counsellor in the area of same-sex intimate partner violence (Master's project)*. University of Lethbridge, AB, Canada. Permission is granted to copy this handout provided the reference is cited.

Glossary of Key Terms for Same-Sex Intimate Partner Violence¹⁶

BARRIERS: Obstacles that have been put in place by societal standards make it difficult for victims of same-sex intimate partner violence to reach out for help. Barriers can include a lack of resources, education, community support, and familial support.

COERCION, THREATS, & INTIMIDATION: These include displaying weapons, threatening to leave, threatening to hurt pets, threatening to take children, threatening to commit suicide, using facial expressions or gesture to intimidate partner, and threatening to reveal homosexuality to community, family, employer, or ex-spouse.¹⁷

EMOTIONAL & VERBAL ABUSE: This includes calling a partner names, putting a partner down, reinforcing internalized homophobia, humiliating a partner, making a partner feel guilty.¹⁵

FINANCIAL DEPENDENCY: Keeping partner from getting a job, expecting partner to support them, getting partner fired from job.¹⁵

GAY AFFIRMATIVE: The belief that homosexuality is a normal variant of sexual identity development. Gay-affirmative therapists believe that clients who identify as being gay, lesbian or bisexual have an equally positive human experience as those who identify as being heterosexual.¹⁸



¹⁶ Renner, M. (2013). Becoming a gay affirmative counsellor in the area of same-sex intimate partner violence (Master's project). University of Lethbridge, AB, Canada. Permission is granted to copy this handout provided the reference is cited.

¹⁷ Peterman, L. M., & Dixon, C. G. (2003). Domestic violence between same-sex partners: Implications for counseling. *Journal of Counseling & Development, 81*, 40–47. doi:10.1002/j.1556-6678.2003.tb00223.x

¹⁸ Craig, S., Austin, A., & Alessi, E. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: A clinical adaptation. *Clinical Social Work Journal, 41*, 258–266. doi:10.1007/s10615-012-0427-9

HETEROSEXISM: The belief or assumption that everyone is or should be heterosexual; the oppression of those who are not heterosexual.¹⁹

HOMOPHOBIA: Characterized by discriminating against or even fearing gay, lesbian, and bisexual individuals. Hate crimes and violence towards sexual minorities can be the direct result of homophobia.

IDENTITY ACCEPTANCE: Fourth stage of the homosexual identity formation hypothesis. The identity acceptance stage is characterized by the increased acceptance of one's sexual identity. At this stage individuals are becoming more confident about themselves and their identity.²⁰

IDENTITY COMPARISON: Second stage of the homosexual identity formation hypothesis. The identity comparison stage is characterized by comparing one's own identity to others in hopes of finding answers.¹⁸

IDENTIFY CONFUSION: First stage of the homosexual identity formation hypothesis. The identity confusion stage is characterized by a negative perception of one's sexual identity.¹⁸

IDENTITY PRIDE: Fifth stage of the homosexual identity formation hypothesis. The identity pride stage is characterized by an increased positive perception of one's sexual identity or pride in self.¹⁸

IDENTITY SYNTHESIS: Sixth stage of the homosexual identity formation hypothesis. The identity synthesis stage is characterized by comfort and positive perception of one's sexual identity or the confidence to express one's self.¹⁸

IDENTITY TOLERANCE: Third stage of the homosexual identity formation hypothesis. The identity tolerance stage is characterized by a more positive perception of self or tolerating one's own sexual identity.¹⁸

INTERNALIZED HOMOPHOBIA: Defined as the result of societal homophobic attitudes internalized by gay, lesbian, transgender, and bisexual people.²¹

¹⁹ Chinell, J. (2011). Three voices: Reflections on homophobia and heterosexism in social work education. *Social Work Education, 30*, 759–773. doi:10.1080/02615479.2010.508088

²⁰ Greene, D. C., & Britton, P. J. (2012). Stages of sexual minority identity formation: The impact of shame, internalized homophobia, ambivalence over emotional expression, and personal mastery. *Journal of Gay & Lesbian Mental Health, 16*, 188–214. doi:10.1080/19359705.2012.671126

²¹ Warriner, K., Nagoshi, C. T., & Nagoshi, J. L. (2013). Correlates of homophobia, transphobia, and internalized homophobia in gay or lesbian and heterosexual samples. *Journal of Homosexuality, 60*, 1297–1314. doi:10.1080/00918369.2013.806177

INTIMATE PARTNER VIOLENCE: Verbal, physical, and/or psychological abuse between partners in an intimate relationship.

LGBT PARTNER ABUSE: Verbal, physical, and/or psychological abuse experienced within lesbian, gay, bisexual, and transgender relationships.

MINIMIZING: Pretending the abuse didn't happen, saying the abuse was mutual, and blaming the partner for the abuse.²²

MINORITY STRESS: Characterized by a conflict between one's internal self and societal expectations. Chronic stress can be the direct result of prejudice and discrimination from being part of a sexual minority.²³

POSITIVE GAY IDENTITY: Positive perception of oneself as a gay man or lesbian.

PHYSICAL ABUSE: Punching, slapping, kicking, use of a weapon, pulling hair, breaking items, shoving, biting, and/or kicking.²⁰

OPPOSITE-SEX INTIMATE PARTNER VIOLENCE: Verbal, physical, and/or psychological abuse between two partners of the opposite sex (i.e., a man and woman).

SAME-SEX INTIMATE PARTNER VIOLENCE: Same-sex IPV is characterized by physical violence, intimidation, emotional abuse, and the use of power and control between two members of the same sex in an intimate relationship.²⁴

SEXUAL ABUSE: Forcing partner to perform sexual acts they are not comfortable with, engaging in affairs, withholding affection, telling partner what to wear.²⁰

SOCIAL ISOLATION: Keeping a partner from interacting with family or friends or preventing a partner from participating in gay and lesbian community.

²² Peterman, L. M., & Dixon, C. G. (2003). Domestic violence between same-sex partners: Implications for counseling. *Journal of Counseling & Development, 81*(1), 40–47. doi:10.1002/j.1556-6678.2003.tb00223.x

²³ Craig, S., Austin, A., & Alessi, E. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: A clinical adaptation. *Clinical Social Work Journal, 41*, 258–266. doi:10.1007/s10615-012-0427-9

²⁴ Carvalho, A., Lewis, R., Derlega, V., Winstead, B., & Viggiano, C. (2011). Internalized sexual minority stressors and same-sex intimate partner violence. *Journal of Family Violence, 26*, 501–509. doi:10.1007/s10896-011-9384-2

PowerPoint Presentation

Slide #1: Title Slide

Becoming a Gay Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence

~ Mackenzie Renner, BSc. MC student

Slide #2: Agenda

Introductions and Overview of Agenda

Defining Intimate Partner Violence

Heterosexist Attitudes and Personal Biases

Same-Sex vs. Opposite Sex IPV

BREAK

Harmful Myths

Inclusive Language

Gay Identity Stages

LUNCH AND ACTIVITY (LUNCH IS SERVED)

Grounding Exercise

Barriers and Risk Factors

Overcoming Barriers

BREAK

Ethical Practice

Activity

Concluding the Day – Question Period

Slide #3: Do You Have These Five Handouts?

- Agenda: Becoming a Gay Affirmative Counsellor in the Area of Same-Sex IPV
- Inclusive Language Worksheet
- Glossary of Key Terms for Same-Sex Intimate Partner Violence
- PowerPoint Slides
- Pre- and Postevaluation: Becoming a Gay Affirmative Counsellor in the Area of Same-Sex IPV

Slide #4: Workshop Objectives

Increase awareness about personal beliefs, values, and biases through the use of self-reflection.

Develop a gay-affirmative approach to counselling through education and self-reflection.

Address ethical responsibilities related to respect and dignity under CCPA, CAP, and CASW standards of practice.

Obtain a working knowledge of same-sex IPV through the implementation of education, oral communication, and hands-on activities.

Slide #5: Intimate Partner Violence (IPV)

Intimate partner violence is defined as physical, verbal, emotional, and/or psychological abuse between partners in an intimate relationship.

IPV may be presented within the following relationships: (a) between a man and a woman, (b) between two men, (c) between two women, and (d) between a caregiver and dependent adult or child.

Source: Tesch, Bekerian, English, and Harrington (2010)

Slide #6: Same-Sex IPV



Same-sex IPV is characterized by physical violence, intimidation, emotional abuse, and the use of power and control between two members of the same sex in an intimate relationship. Researchers have proposed that same-sex IPV is as prevalent, if not more prevalent, than opposite sex IPV

Source: Carvalho, Lewis, Derlega, Winstead, and Viggiano (2011).

Slide #7: Same-Sex vs. Opposite-Sex IPV

Similarities

- ❖ Abuse occurs in a cyclical fashion
- ❖ Issues of power and control
- ❖ Social isolation
- ❖ Minimizing the abuse
- ❖ Experience victim blame
- ❖ Stress is a prevalent factor

Differences

- ❖ Abuse is between two partners of the same sex
- ❖ Minority stress
- ❖ Fear of being outed by partner
- ❖ Internalized homophobia
- ❖ Belief in harmful myths

Slide #8: Eight Key Factors

1. Heterosexist Attitudes and Personal Biases
2. Same-Sex IPV vs. Opposite-Sex IPV
3. Harmful Myths
4. Inclusive Language
5. Sexual Identity Stages
6. Barriers and Risk Factors
7. Overcoming Barriers
8. Ethical Practice

Slide #9: Heterosexist Attitudes and Personal Biases

Service providers' heterosexist attitudes and personal biases can cause major barriers for victims of same-sex IPV seeking support.

Heterosexist biases can consist of (a) assuming all clients are heterosexual, (b) not recognizing problems of social prejudice and influence of minority stress, and (c) lacking the basic knowledge of gay, lesbian, and bisexual issues necessary to be an effective counsellor.

Source: Dillon, Worthington, Savoy, Rooney, Becker-Schutte, and Guerra (2004).

Slide #10: Same-Sex IPV vs. Opposite-Sex IPV

Play video of workshop facilitator's choice.

Slide #11: Same-Sex IPV vs. Opposite-Sex IPV (Continued)

1. *Minority stress*: Characterized by a conflict between one's internal self and societal expectations. Chronic stress can be the direct result of prejudice and discrimination from being part of a sexual minority.

How does minority stress influence same-sex IPV?

Source: Austin and Craig (2013).

Slide #12: Same-Sex IPV vs. Opposite-Sex IPV (Continued)

2. *Fear of being outed by partner*: The revised danger assessment (DA-R) qualifies the threat of "outing" a partner to their community, place of employment, or family as a component of intimate partner violence.

Source: Campbell, Webster, and Glass (2009).

Slide #13: Same-Sex IPV vs. Opposite-Sex IPV (Continued)

3. *Internalized homophobia*: The result of societal homophobia attitudes internalized by gay, lesbian, transgender, and bisexual people.

How does internalized homophobia influence same-sex IPV?

Source: Warriner, Nagoshi, and Nagoshi (2013).

Slide #14: Same-Sex IPV vs. Opposite-Sex IPV (Continued)

4. *Belief in harmful myths*: Harmful myths do exist, and unfortunately, similar to internalized homophobia, victims of same-sex IPV may believe and internalize these myths.

Believing in harmful myths can lead individuals to feel isolated and experience low self-worth.

Remaining in an abusive relationship may be the only comforting and “safe” option.

Slide #15: Brainstorming!

What are some harmful myths about same-sex IPV that come to mind?



Slide #16: Harmful Myths

Four prevailing myths:

1. Lesbian utopia
2. Hegemonic masculinity
3. Mutual battering
4. Gender-role socialization

Sources: Brown (2008) and Duke and Davidson (2009).



Slide #17: Inclusive Language: Advice for Helpers

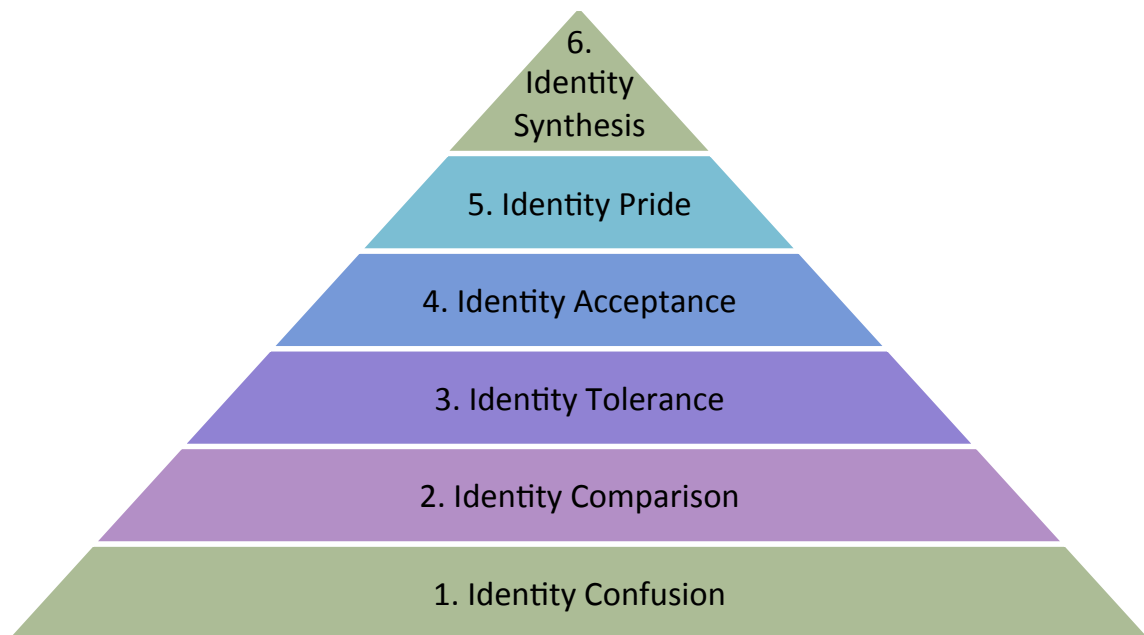
1. Adapt inclusive language
2. Refrain from using terminology and labeling that is offensive to the client

Source: Granello (2004).

Slide #18: Thinking About Our Use of Language

1. Homosexuality vs. gay
2. Straight vs. non-gay or opposite sex
3. Sexual orientation vs. sexual preference
4. Person-first language
5. Gay, lesbian, or bisexual?
6. Homophobia vs. heterosexism – which is worse?

Source: Granello (2004).

Slide #19: Sexual Identity Model: Cass' Homosexual Identity Formation Hypothesis

Source: Duke and Davidson (2004).

Slide #20: Let's Test our Knowledge

1. Joe has recently felt more comfortable discussing his sexuality and would like to tell his father about his partner Bob when the time seems right.
2. Sara has recently noticed that she is attracted to women but can't understand why and is really confused. Sara has been paying close attention to her sister lately to see how she reacts to seeing an attractive woman.

Slide #21: Let's Test our Knowledge (Continued)

3. John cannot believe that he just checked out another man at the grocery store. He is disgusted by himself and refuses to let himself check out another man.
4. Pepe recently came out to his family and they were very disappointed and concerned. Pepe reassured himself that, even though others do not accept him, he will stay true to himself.

Slide #22: Let's Test our Knowledge (Continued)

5. Once Pepe came out to his family he felt more confident being himself. He now wears clothes he is more comfortable wearing and is comfortable going on dates with his partner.
6. John realized he was attracted to men and was worried but chose to acknowledge it. John realized if he wanted to be happy, he would have to be himself.

Slide #23: Enjoy Your Lunch

- Feel free to read and discuss any handouts at your table.
- Activity: Design Calico Dolls

**Slide #24: Let's Get Grounded**

Listen to Ryan Amador's "Define Me"

<http://www.youtube.com/watch?v=HyNSGff-Nh4>

Slide #25: Barriers and Risk Factors

Small Group Activity



Slide #26: Barriers and Risk Factors (Continued)

1. Homophobic attitudes
2. Heterosexist attitudes
3. Stereotypes
4. Stigmatization
5. Outing
6. Internalized oppression/homophobia
7. Community preparedness/resources
8. Revictimization

Slide #27: Factor 1 – Homophobic Attitudes

- Homophobic attitudes can prevent victims of same-sex IPV from seeking help.
- Homophobic attitudes can stem from beliefs and experiences of family, friends, society, counsellors, and other human service providers.
- How can abusers use homophobia as an additional tool to use to their advantage?
- What does homophobia look like?

Source: Duke and Davidson (2009).

Slide #28: Factor 2 – Heterosexist Attitudes

- Heterosexism is defined as the belief that everyone is or should be heterosexual.
- Those individuals who identify as gay, lesbian, or bisexual experience oppression based on heterosexist attitudes.
- Unfortunately, many heterosexist attitudes can be presented in counselling agencies and shelters.

Source: Chinell (2011).

Slide #29: Factor 3 – Stereotypes

Holding stereotypes about sexual minorities can affect the help that victims of same-sex IPV receive.

Common stereotypes include:

1. It's all about sex
2. No one has religion
3. All lesbian women are “butch”
4. All gay men are timid and weak
5. All gay men have a feminine speaking tone
6. Gay and lesbian relationships are not valid
7. Gay men are unable to endure long-term relationships
8. Same-sex IPV is less serious than opposite-sex IPV because two people of the same-sex can fight against each other—the fight is even.

Slide #30: Factor 4 – Stigmatization

People who experience high stigma consciousness expect to be stereotyped against, and in turn, avoid situations in which they might be discriminated against.

Source: Carvalho et al. (2011).



Slide #31: Factor 5 – Outing



Outing is a common tool or weapon used against victims of same-sex IPV seeking help.

Abusers may threaten to tell their partner's family, friends, colleagues, and great societal communities that a closeted victim is gay, lesbian, or bisexual.

Source: Duke and Davidson (2009).

Slide #32: Factor 6 – Internalized Homophobia

Society's negative reactions, and individual beliefs and values can lead to internalized homophobia.

Internalized homophobia can result in self-hatred, denial, guilt, or fear which can influence many areas of an individual's life including self-worth, positive identity, and authenticity in relationships.

What are some ways you might assess a client for internalized homophobia?

Source: Warriner et al. (2013).

Slide #33: Internalized Homophobia Scale (IHP)

- 9-item scale
- Useful for men and women
- Consists of 4 dimensions:
 - (a) Public identification as gay
 - (b) Perception of stigma associated with being gay or lesbian
 - (c) Social comfort with gay men or lesbian women
 - (d) Moral and religious acceptability of being gay

Source: Szymanski, Chung, and Balsam (2001).

Slide #34: Factor 7 – Community Preparedness & Resources

FACT: Only two shelters in North America specifically exist for victims of same-sex IPV.



Because very few individuals from the LGB community seek support due to a fear of stigmatization and discrimination, service providers, law enforcement and legal services do not see a need for LGB specific programs and procedures.

Slide #35: Factor 8 – Revictimization

- Revictimization can occur for victims of same-sex IPV who seek help.
- Fear of revictimization may hinder victims of same-sex IPV to seek help.
- Revictimization can be experienced through discrimination, stigmatization, homophobia, lack of understanding, lack of support, and minimal advocacy for the client.

Source: Duke and Davidson (2009).

Slide #36: Tips for Achieving a Gay-Affirmative Practice

1. Do not work with GLB clients unless you truly believe you can be a gay affirming support.
2. Use a contextual approach.
3. Confront internalized homophobia. Ask yourself, “In what ways and to what degree do I feel uncomfortable working with GLB clients?”
4. Be aware of your language and avoid making heterosexist assumptions.
5. Stay up to date on the literature.

6. Show clients you are accepting of all sexual orientations with the use of posters, books, images, etc.
7. Be comfortable to explore a client's issues related to their sexuality. Be open to exploring other aspects of the client's life that are not influenced by their sexuality. Do not assume a client's sexuality influences all issues in their life.
8. Be aware of local GLB support groups and make a list of resources for clients.
9. Eliminate jokes that contribute to GLB stereotypes.
10. Be prepared and create a safe environment.

Source: Granello (2004).

Slide #37: Ethical Practice

Counsellors have the ethical responsibility and obligation to become informed about same-sex IPV if they are to provide services to the LGB community.

It is also the ethical responsibility of those who work with individuals affected by IPV to be informed about same-sex IPV including appropriate resources, assessment tools, interventions, terminology, and sexual identity models

Sources: Brown (2008), Duke and Davidson (2009) and Murray, Mobley, Buford, and Searnan-DeJohn (2006).

Slide #38: Canadian Counselling and Psychotherapy Association

A. Professional Responsibility

A10. Sensitivity to Diversity

Counsellors strive to understand and respect the diversity of their clients, including differences related to their age, ethnicity, culture, gender, disability, religion, sexual orientation, and socioeconomic status

Source: Canadian Counselling and Psychotherapy Association (2008).

Slide #39: Canadian Association of Social Workers

1.2 Demonstrate Cultural Awareness and Sensitivity

1.2.2 Social workers acknowledge the diversity within and among individuals, communities and cultures

1.2.3 Social workers acknowledge and respect the impact that their own heritage, values, beliefs and preferences can have on their practice and on client's whose background and values may be different from their own

- 1.2.4 Social workers seek a working knowledge and understanding of client's racial and cultural affiliations, identities, values, beliefs, and customs

Source: Canadian Association of Social Workers (2005).

Slide #40: College of Alberta Psychologists (CAP)

6. Provision of Supportable Services
- 6.1 A psychologist shall provide only supportable professional services based upon the client's needs and relevant issues

Source: College of Alberta Psychologists (2013).

Slide #41: Overcoming Barriers

In order to overcome barriers, agencies working with victims of IPV must inaugurate themselves as "*comprehensive and diverse agencies, advertise, provide culturally specific information on LGB issues and resources, and train their advocates properly regarding same-sex IPV*" (Duke & Davidson, 2009, p. 796).

Slide #42: Overcoming Barriers (Continued)

Murray et al. (2006) offered the following suggestions for Counsellors who work with victims of same-sex IPV:

- (a) use valid assessments,
- (b) asses extent to which victims have come out to others,
- (c) explore internalized stereotypes and myths,
- (d) awareness of the unique issues of the LGBT community, and
- (e) advocate on behalf of LGBT clients.

Slide #43: Calico Dolls

Take some time to ponder what you have gained in this workshop by completing your calico doll.

Slide #44: Any Questions or Concerns?



Slide #45: Reflect**Slide #46: References**

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Slide #47: References (Continued)

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Preevaluation and Feedback Forms²⁵

Workshop Preevaluation: Becoming a Gay-Affirmative Counsellor in the Area of Same-Sex Intimate Partner Violence

Date: _____ **Facilitator's Name:** _____

Please do not put your name on this form and answer as many questions as
you like. Thank you in advance.

1 2 3 4 5 6 7 8 9 10

Not aware at all

Very aware

- (1) I am aware of my personal beliefs and values about same-sex intimate partner violence including stereotypes, heteronormative assumptions, and myths.

1 2 3 4 5 6 7 8 9 10

- (2) I am aware of my personal biases regarding same-sex intimate partner violence and its impact on clients.

1 2 3 4 5 6 7 8 9 10

- (3) I am aware of how a gay-affirmative counsellor practices including the use of inclusive language and community and professional resources.

1 2 3 4 5 6 7 8 9 10

- (4) I am aware of my ethical responsibilities when supporting victims of same-sex intimate partner violence in regards to offering appropriate resources, assessment tools, interventions, terminology, and sexual identity models.

²⁵ Renner, M. (2013). *Becoming a gay affirmative counsellor in the area of same-sex intimate partner violence (Master's project)*. University of Lethbridge, AB, Canada. Permission is granted to copy this handout provided the reference is cited.

1 2 3 4 5 6 7 8 9 10

- (5) I am aware of the common barriers faced by victims of same-sex intimate partner violence when seeking help.

1 2 3 4 5 6 7 8 9 10

- (6) I am aware of the similarities and differences between same-sex and opposite sex intimate partner violence dynamics.

1 2 3 4 5 6 7 8 9 10

- (7) I am aware of the stages involved in gay identity development and the importance of becoming knowledgeable about each stage when working with victims of same-sex IPV.

1 2 3 4 5 6 7 8 9 10

Workshop Postevaluation Feedback Form

Becoming a Gay-Affirmative Counselling in the Area of Same-Sex Intimate Partner Violence²⁶

Date: _____ Facilitator's Name: _____

Please do not put your name on this form. Please answer as many questions as you want, but the more feedback you offer the more I can refine the workshop. Thank you in advance.

(1) Did the facilitator seem organized to offer this workshop?

YES UNDECIDED NO

(2) Did you have enough time to ask questions?

YES UNDECIDED NO

(3) Did you have enough time to discuss what you were learning/the implications of what you were learning?

YES UNDECIDED NO

(4) What was the most valuable (or one of the most valuable) pieces of information you learned today that should be presented again to the next workshop audience?

²⁶ Renner, M. (2013). *Becoming a gay affirmative counsellor in the area of same-sex intimate partner violence (Master's project)*. University of Lethbridge, AB, Canada. Permission is granted to copy this handout provided the reference is cited.

- (5) If there were one or more topics you would suggest deleting from the workshop, what would be your recommendation?

- (6.) Did the workshop meet your expectations?

YES UNDECIDED NO

- (7) What could be done differently to improve your experience in the workshop?

Now that I have participated in the workshop, I believe that:

1 2 3 4 5 6 7 8 9 10

Not aware at all

Very aware

- (8) I am aware of my personal beliefs and values about same-sex intimate partner violence including stereotypes, heteronormative assumptions, and myths.

1 2 3 4 5 6 7 8 9 10

- (9) I am aware of my personal biases regarding same-sex intimate partner violence and its impact on clients.

1 2 3 4 5 6 7 8 9 10

- (10) I am aware of how a gay-affirmative counsellor practices including the use of inclusive language and community and professional resources.

1 2 3 4 5 6 7 8 9 10

(11) I am aware of my ethical responsibilities when supporting victims of same-sex intimate partner violence in regards to offering appropriate resources, assessment tools, interventions, terminology, and sexual identity models.

1 2 3 4 5 6 7 8 9 10

(12) I am aware of the common barriers faced by victims of same-sex intimate partner violence when seeking help.

1 2 3 4 5 6 7 8 9 10

(13) I am aware of the similarities and differences between same-sex and opposite sex intimate partner violence dynamics.

1 2 3 4 5 6 7 8 9 10

(14) I am aware of the stages involved in gay identity development and the importance of becoming knowledgeable about each stage when working with victims of same-sex IPV.

1 2 3 4 5 6 7 8 9 10

(15) I am confident practicing gay-affirmative therapy.

YES UNDECIDED NO

(16) Any questions, comments, or concerns?
