Abuse in same-sex relationships: An exploration of barriers to help-seeking in rural and urban Canada

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Abuse in Same-sex Relationships: An Exploration of Barriers to Help-seeking in Rural and Urban Canada

by

Melissa St. Pierre

A Thesis
Submitted to the Faculty of Graduate Studies
Through the Department of Psychology
in Partial Fulfillment of the Requirements for the Degree of Master of Arts at the University of Windsor

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ABSTRACT

Abuse in same-sex relationships exists at significant rates, warranting attention from researchers. However, research on the help-seeking behaviours of rural and urban victims of same-sex partner abuse in Canada is lacking. Using online survey methodology, this project explored two different barriers to help-seeking for victims of same-sex partner abuse: access to general (e.g., general counselor) and same-sex specific (e.g., gay/lesbian domestic violence program) services, and experiences of minority stress (degree of outness, experiences of discrimination, and ethnic minority group status). The findings suggest that additional resources for GLBT victims of same-sex partner abuse are needed, especially in rural areas in Canada. Degree of outness and experiences of past discrimination were found to have an impact on willingness to seek help and efforts toward help-seeking and/or number of times help was sought. Additionally, other contextual factors were found to influence the help-seeking process.
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CHAPTER I

INTRODUCTION

Researchers have suggested that lesbians and gay men in rural settings have minimal access to the specialized services that are more common in larger cities (D’Augelli & Hart, 1987). When gay men and lesbians are being abused by a same-sex partner, and require assistance, these differences between rural and urban settings likely become even more pronounced. However, little is actually known about this situation. Moreover, even less is known about the help-seeking behaviours of individuals in abusive same-sex relationships (SSRs) in rural and urban Canada. The main objective of this project was to identify—and further, to explore—the possible barriers to help-seeking for individuals who are being abused by a same-sex partner in different sized Canadian communities.

Abuse in same-sex relationships (SSRs) exists at rates that warrant attention and concern. Researching abuse in SSRs involves applying what we already know about battered heterosexual women, yet also acknowledging the disparities that might exist between these different populations. Here I review some of the literature on battered heterosexual women, as well as the research that has been conducted on abuse in gay male and lesbian relationships. The similarities and differences between these groups will be highlighted in the next section, with emphasis placed on estimated prevalence rates, dynamics, and the effects of abuse.

*Estimated Prevalence Rates*

Before discussing abuse in heterosexual and same-sex relationships, it is first imperative to provide a definition of and examples for what is meant by “abuse”.

1
Chesley, MacAuley, and Ristock (1998) define abuse as "a pattern of behaviour in which physical violence and/or emotional coercion is used to gain or maintain power or control in a relationship" (p. 8). These authors provide different examples of abuse, including physical (e.g., hitting), sexual (e.g., forced sexual acts), psychological or emotional (e.g., excessive criticism), and threats (e.g., threats to physically harm). From this point on in the document, "abuse" will be used as an encompassing term to refer to physical, sexual, psychological, and/or verbal threats.

Violence against heterosexual women has "become a growing international concern over the past 25 years" (Gondolf, 2004, p. 705). Rinfret-Raynor, Riou, Cantin, Drouin, and Dubé (2004), in their review of international studies on annual prevalence rates of violence against women, report that between 1.3% to 12% of women are victims of physical violence. In Canada specifically, over 1 million heterosexual women have been physically or sexually abused by their partners in the last five years (Statistics Canada, 2006). Clearly, violence against heterosexual women warrants the serious consideration researchers have devoted to it over the past few decades.

Abuse in same-sex relationships has also gained the interest and acknowledgement of researchers in the last twenty or more years (Merrill & Wolfe, 2000); however, as Merrill and Wolfe indicate, "same-gender battering has not been adequately investigated, particularly in male couples" (p. 2). Research on abuse in gay male relationships has been less extensive in scope than research on abuse in lesbian relationships (Merrill & Wolfe; Stanley, Bartholomew, Taylor, Oram, & Landolt, 2006). Next, I review studies looking at the estimated rates of abuse in gay male and lesbian relationships. It should be kept in mind, however, that these findings are based on non-
representative samples of gay men and lesbians, and as such, reported rates of abuse may actually be inflated (Saunders, Fisher, Hewitt, & Clayton, 1985).

The following is an examination of studies that have documented estimated prevalence rates of abuse against gay men. Merrill and Wolfe (2000) found that 87% of their sample of 52 abused gay male respondents reported experiencing physical abuse, 100% reported experiencing emotional abuse, and 73% of respondents had experienced sexual abuse. A recent study conducted by Stanley et al. (2006) in Vancouver reported that 71% of their sample of 69 abused participants reported that they had experienced physical abuse at least once. Stanley et al. also found that emotional abuse was reported by all respondents who experienced physical abuse. Finally, Waterman, Dawson, and Bologna (1989) found that 12.1% of their sample of 34 men had experienced at least one incident of forced sex by a partner.

Regarding estimated rates of abuse in lesbian relationships, research by Chesley et al. (1998), for example, found that 19.5% of a Canadian sample of 189 lesbians reported experiencing some form of physical, sexual, and/or emotional abuse. Coleman (1994) reported that 46% of her sample of 90 lesbians reported being in physically abusive relationships. Similarly, Miller, Greene, Causby, White, and Lockhart (2001) found that 46% of their sample of 284 lesbians had experienced a form of mild physical aggression, and 14% reported physical violence.

Indeed, the research findings highlighted above indicate that abuse in same-sex relationships is a cause for concern. There are, however, limitations to these findings. It is noteworthy that: 1) most of the studies cited above used small samples; 2) only two were conducted in Canada; 3) some research (e.g., Coleman, 1994, Miller et al., 2001, Stanley...
et al., 2006, Waterman et al., 1989) has narrowly focused on only a few types of abuse, excluding other forms which have been found present in studies on gay and lesbian partner abuse [this critique is also evident for research on battered heterosexual women. For instance, Rinfret-Raynor et al. (2004) point out that part of the problem with most prevalence studies is that they only ask about and report rates of physical violence]; 4) as previously mentioned, non-representative samples were used, and in some cases, samples were composed of abused gay men or lesbians only; and 5) these studies neglected to include abused gay men and lesbians living in rural communities, consequently biasing these results toward urban samples. These, compounded with the reality that a truly random sample of abused gay men and lesbians is difficult (and perhaps impossible) to obtain (Renzetti, 1992), may lead to over-estimates of prevalence rates, as well as affect the generalizability of results. Nevertheless, the problem of abuse is clearly not limited to heterosexual women and is at sufficient frequency to warrant investigation in same-sex relationships.

Dynamics of Abuse

Johnson (1995) suggests that there are two established perspectives on the study of partner violence: the feminist and family violence viewpoints. Feminist theory, on the one hand, has been used to help explain and understand abuse in heterosexual relationships. Examined through the lens of feminist theory, an abusive relationship consists of a male abusing his female partner (Gillis & Diamond, 2006). Therefore, the man is clearly the abuser, and the woman is clearly the victim (Balsam, 2001). According to feminist theory, power differences between men and women exist, where men hold the most power over women, and men use this power to control women. On the other hand,
the family violence perspective conceives violence as conflict between two partners, where both partners are equally as likely to use some form of violence in response to a situation.

Findings from researchers who hold the family violence perspective (e.g., Straus & Gelles, 1990) suggest that women use violence in response to partner conflict just as often as men. This is in total disagreement with the basic tenets of feminist theory of male violence against women, causing much heated debate between the two schools of thought (Johnson, 1995). This dispute has focused on whether violence is gender symmetrical (i.e., do men and women perpetrate violence at equal rates; Straus & Gelles) or gender asymmetrical (i.e., do men perpetrate more violence against women than the reverse; Dobash, Dobash, Wilson, & Daly, 1992). However, the problem, as posited by Johnson, is not that “one or the other methodology misrepresents the ‘true’ nature of family violence” (p. 285), but that these two methodologies are actually measuring two different forms or patterns of violence. Johnson (1995, 2006) purports that the two schools of thought tap into two distinct patterns of violence because they have accessed two different populations: feminist researchers have mainly used data gathered from agencies (e.g., shelters for battered women), whereas family violence researchers have used not so random (according to Johnson) samples of the general population. In a more recent study conducted in 2006, Johnson found evidence supporting these claims.

Johnson (1995, 2006) suggests that feminist researchers who study couple violence have unearthed a form of violence that he coins “patriarchal or intimate terrorism”. Briefly, patriarchal terrorism ensues when a male partner seeks to control and terrorize his female partner. This form of violence is predicated on “patriarchal ideas of
male ownership of their female partners” (Johnson, 1995, p. 284). Patterns of patriarchal terrorism typically escalate over time in terms of severity. Conversely, family violence researchers have tapped into a different pattern of violence, which Johnson calls “common couple or situational violence”. In common couple violence, acts of violence are initiated by both men and women. Common couple violence is characterized by conflict that arises between partners, where different tactics are used to deal with conflict. Violence is used as a means to solve conflict only on occasion, and is believed to rarely spiral into something more serious (Johnson).

The dynamics of abuse in same-sex relationships may not mirror patterns of abuse found in heterosexual relationships (Gillis & Diamond, 2006; McLaughlin & Rozee, 2001), especially those that fit the “male as perpetrator, female as victim” mold. Identifying the categories of perpetrator and victim, in same-sex relationships, may be more complicated (Ristock, 2003; Stanley et al., 2006). For instance, Ristock, in her qualitative, Canadian study on abuse in lesbian relationships, found that participants in her study experienced “shifting power dynamics within their relationship” (p. 335). One participant in Ristock’s study poignantly describes this shift as a “dance between two people of submission and dominance” (p. 335). Ristock posits that this finding has implications for how we understand the perhaps not so static categories of perpetrator and victim. Next, I address how one might account for these shifting power dynamics when researching abuse in same-sex relationships.

To better understand abuse in same-sex relationships, both the perpetration and victimization of physical, sexual, emotional/psychological, as well as gay-lesbian specific verbal threats (e.g., threatening to reveal a partner’s sexual orientation), should be
considered. However, prior research has neglected to include measures of both the perpetration and victimization of abuse, tending only to focus on victimization (Renzetti, 1989). What is more, some research (e.g., Coleman, 1994, Miller et al., 2001, Stanley et al., 2006, Waterman et al., 1989) has narrowly focused on only a few types of abuse (e.g., physical or sexual only), excluding other forms (e.g., gay-lesbian specific verbal threats) which have been found present in gay and lesbian abusive relationships. Research on abuse in same-sex relationships should include both perpetrator and victim measures (Renzetti, 1988) of different types of abuse. Moreover, Balsam (2001) points out that some studies have not asked about the gender of the perpetrator; specifying whether individuals have been abused by male or female partners becomes especially relevant in studies on same-sex abuse (Balsam), where identity and relationship configurations are often fluid rather than static, especially for women (Garnets & Peplau, 2006).

Consequences of Abuse

Regardless of perpetrator sex, the consequences of abuse can be severe. Consequences of lesbian partner abuse can include, but are not limited to: depression, anxiety, and self-blame (Chesley et al., 1998); these effects are similar to those reported by battered heterosexual women (Barnett, Martinez, & Keyson, 1996; Carlson, McNutt, Choi, & Rose, 2002; Theran, Sullivan, Bogat, & Stewart, 2006). Feelings of isolation and helplessness were also found in Renzetti’s (1992) interview data on abuse in lesbian relationships (again, these findings are similar to the consequences reported by abused heterosexual women). Heintz and Melendez (2006) research on gay, lesbian, bisexual, and transgender (GLBT) victims of partner abuse found that victims were at increased risk for HIV/STD transmission; it is noteworthy, though, that most of the participants
from this study were men who identified as having sex with other men. Participants in
Heintz and Melendez's study were at significant risk of contracting HIV/STDs because
they felt unable to negotiate condom use with their abusive partners. Another study by
Stall et al. (2003) reported that, when compared to gay men who were not in physically
abusive relationships, gay male victims of physical partner abuse were more likely to
experience depression and substance abuse. Other research on gay male partner abuse
indicates that physical injury, social isolation, and disruption in overall development
(e.g., work, education) were experienced (Merrill & Wolfe, 2000). These findings
indicate that the consequences of same-sex partner abuse are clearly not trivial.

Much like female victims of heterosexual partner abuse, victims of same-sex
partner abuse may seek a variety of formal (e.g., counselor) and/or informal (e.g., friend)
sources of help to deal with the consequences of abuse. For victims of same-sex partner
abuse, Merrill and Wolfe (2000) indicate that some of the factors influencing help-
seeking are: perceived helpfulness of sources, and availability of services (Merrill &
Wolfe). However, studies have yet to sufficiently examine these variables with a
Canadian sample. Next, I explore one of these variables: the association between help-
seeking and perceived helpfulness of services.

Help-seeking and Perceived Helpfulness of Services

When compared to heterosexual partner abuse, same-sex victims do not receive as
much help from the same services (Burke, Jordan, & Owen, 2002; Kuehnle & Sullivan,
2003; Potoczniak, Mourot, Crosbie-Burnett, & Potoczniak, 2003; Simpson, 2004, as cited
in Helfrich & Simpson, 2006). This may be in part due to the homonegative attitudes held
by some service providers (Potoczniak et al., discussed in greater detail in the
Experiences of Minority Stress section of this document). As such, the context and/or the community in which the abuse takes place should be considered; I will elaborate on this in more depth in the sections on Access to Services and Experiences of Minority Stress.

Fugate, Landis, Riordan, Naureckas, and Engel (2005) state that another important aspect to think about when researching the help-seeking behaviours of victims of abuse is the victims' perceptions of the helpfulness of the services they accessed. Some research indicates that battered heterosexual women rate some sources of formal help as helpful most of the time (i.e., intervention workers, psychiatrists, psychologists, and physicians; Hamilton & Coates, 1993). Hamilton and Coates, however, did not ask about informal sources of help, thus comparisons between perceived helpfulness of formal and informal sources of help cannot be made. Other literature on abused heterosexual women suggests that informal sources (e.g., friends, family) are rated as most helpful (e.g., Fugate et al.). Nonetheless, these findings may or may not be applicable to lesbians and gay men. Consider an abused lesbian who conceals her sexual identity from her family. Consequently, she would probably not be willing to seek help from her family (i.e., she would not perceive her family as a very helpful source), and as a result, she may seek alternate sources or services. Next, I review the research findings on perceived helpfulness separately for lesbians and gay men, as the studies surveyed seem to suggest that these populations perceive different services to be helpful.

Lesbians. To date, few studies have examined the perceived helpfulness of services available for abused lesbians (Poorman, 2001). The issue here is that most services are inaccessible or perceived as inaccessible to lesbians (Poorman). Further,
Poorman states that when services are sought, they are often unhelpful and even harmful to victims of lesbian partner abuse. So what services are perceived as helpful?

Renzetti (1992) found that, among her sample of 100 abused lesbians, the following sources of help were most frequently sought by participants: friends, counselors, relatives, police, religious advisors, hotlines, battered women's shelters, neighbours, attorneys, and doctors. However, of these reported supports, the majority of respondents felt that friends, counselors, and family members were most helpful (Renzetti). Renzetti (1989) reports elsewhere that 50% of her sample of lesbians indicated that not having a place to go was one of the reasons they did not leave an abusive relationship. I have identified this perceived or real inaccessibility of services as the first potential barrier to help-seeking, and this will be addressed further in the next section.

In contrast, Lie and Gentlewarrier (1991), in their sample of 1099 abused and non-abused lesbians, found that two thirds of respondents were unlikely to use any of the resources (battered women's shelters, emergency room medical services, support and self-help groups, private therapy/counseling, and women's shelters) listed. This striking finding implies that two thirds of participants would not seek more general services, nor would they seek services predicated on the needs of battered heterosexual women. However, one third of participants indicated that they would seek assistance, and they identified the following preferred sources of help: support groups, self-help groups, private therapy/counseling, and women's shelters. It appears that these women would have accessed more general services, as well as those services established for battered heterosexual women. It is noteworthy that participants in Lie and Gentlewarrier's study
were also asked about their “wish list” of services. Respondents requested peer counseling/support groups, centers for lesbian survivors of abuse, feminist therapy, women only space, and community education/consciousness-raising for lesbian community members. It appears that participants would like services that are designed for and that accommodate only women and/or lesbians.

There are discrepancies in Renzetti’s (1992) and Lie and Gentlewarrior’s (1991) findings. Recall that Lie and Gentlewarrior found that the majority of participants (two thirds) indicated that they would not access any of the sources listed. Renzetti, on the other hand, found that participants accessed many different types of services, but that some services (e.g., counselors) were rated as more helpful than others. These incongruities could be due to a number of factors. First, there is a significant difference in terms of sample sizes. Second, participants were recruited using different avenues. Lie and Gentlewarrior’s non-random sample was recruited from the Michigan’s Womyn’s Music festival; participants did not have to be in abusive same-sex relationships to participate. In fact, approximately 44% of participants in their study were not in abusive same-sex relationships. Renzetti, on the other hand, attempted to access a representative population of lesbians by advertising the study at lesbian organizations, bars, newspapers, women’s bookstores, etc. Finally, the characteristics of each sample were different. The following sections highlight these differences.

An important characteristic of Renzetti’s (1992) respondents is that all 100 women identified as victims of lesbian partner violence. Quite possibly, the discrepancy between these two studies might be explained by the fact that some of the respondents in Lie and Gentlewarrior’s (1991) study were not victims of lesbian partner abuse, and as
such, they had to imagine themselves in this situation. These respondents had to envision which services they thought they would prefer to access, whereas, in Renzetti’s study, participants were asked about their actual perceived helpfulness of services they had already used.

An interesting attribute of the sample recruited by Lie and Gentlewarrier (1991) was that 90% of participants identified as feminist; this question was not asked by Renzetti (1992). This characteristic might help explain why participants felt that they would not access any of the more general services listed. Feminists might feel that more traditional health care services predicated solely on “biological differences or reproductive health” (BC Women’s Hospital & Health Centre, 2006, p. 7) may be inadequately suited to address the specific issues faced by women. Consequently, these women might seek women focused or feminist oriented health care. A further indication that this characteristic might be an important contributor to the difference in findings is that the women in Lie and Gentlewarrier’s study indicated that their “wish list” of services consisted of sources that were for women/lesbians only. As feminists (and separatists in some cases), many of the participants in Lie and Gentlewarrier’s study perhaps felt the need for women and/or lesbian centered services, and as such, may have rated the general services as inadequately equipped to deal with their specific concerns as women and/or as lesbians.

Gay men. I found two studies that focused on the services perceived as helpful by abused gay men. Merrill and Wolfe (2000) recruited their participants from gay domestic violence programs and HIV-related agencies in the United States. These authors found that abused gay and bisexual men sought the following sources of support: friends,
counselor, gay men’s domestic violence program, police, family, employer, support or self-help group, and neighbours. Overall, findings suggest that services that were sensitive to the needs of gay and bisexual men (e.g., friends, gay men’s domestic violence program, HIV-related agency, gay and lesbian general agency) were reported as being somewhat or extremely helpful. This indicates that participants were more likely to seek (and rate as helpful) services that were exclusively available for gay men, rather than general services (e.g., hospital). These services are tailored to meet the specific needs of gay men, and as such, would presumably be delivered in a safe, non-judgmental, and non-discriminatory environment. I refer to these services as *same-sex specific or sensitive* throughout the rest of the document.

McClennen, Summers, and Vaughan (2002) conducted a study modeled after Merrill and Wolfe's (2000) research. McClennen et al. recruited their participants through clinical social workers who worked with victims of same-sex male partner abuse, Pride festivals, advertisements in gay publications, and through snowball sampling. This resulted in a sample of 63 abused gay men. It is difficult to compare results obtained by McClennen et al. to those of Merrill and Wolfe because they did not ask about the perceived helpfulness of the same services (i.e., they did not ask about the use of or perceived helpfulness of any same-sex specific services). Victims most often sought help through informal sources of help (e.g., friends), and rated these as helpful. A striking finding was that general services were typically rated as not helpful at all or a little helpful by the majority of participants who had used these services. It is unknown whether or not participants had used same-sex specific services or what their ratings of these services would have been.
Same-sex specific services and service providers. From the studies reviewed above, we know that particularly helpful services are those that are sensitive to the needs of abused men and women in SSRs. In my view, based on these readings, a sensitive service/service provider would likely fit the following description: an organization whose staff respects individuals who are in same-sex relationships, makes the individual feel comfortable enough to disclose their sexual orientation, as well as has materials and resources available specifically for victims of same-sex abuse (Fray-Witzer, 1999; Renzetti, 1996). In fact, Fray-Witzer suggests that materials that are not inclusive of same-sex abuse “do little good (and may do more harm) for a lesbian or gay victim” (p. 27).

Service providers who are sensitive to the needs of victims of same-sex partner abuse would have specific knowledge and resources that could be instrumental in the facilitation of leaving an abusive same-sex relationship. Quite similar to what is found in the literature on battered heterosexual women (e.g., Raghavan, Swan, Snow, & Mazure, 2005), Renzetti (1996) states that, for lesbians: “The decision to leave an abusive relationship typically is mediated by the availability of alternative options and resources” (p. 62). Likewise, McLaughlin and Rozee (2001) purport that supportive service providers would be familiar with and have access to sensitive resources, such as hotlines, support groups, etc.

Although very much needed (Stanley et al., 2006), the availability of same-sex specific services may be limited. What is more, Wise and Bowman (1997) found that many (about half) of the service providers they surveyed had not received any training that addressed lesbian issues. Similarly, the National Coalition of Anti-Violence...
Programs (NCAVP, 2000) claim that service providers are not adequately trained to work with gay, lesbian, bisexual, and transgender (GLBT) victims of abuse. Renzetti (1996) found that only 9.7% of her sample of 566 service providers reported efforts to reach lesbian victims of partner abuse. She also found that no more than 29.5% of respondents indicated that they had resources available specifically addressing lesbian battering.

It is noteworthy that the studies reviewed above were conducted in the United States. These findings suggest that there may be a limited number of same-sex specific services, as indicated by the inadequate percentages of service providers who are equipped to work with gay and lesbian victims of abuse. But what is the situation like in Canada? To date (and to my knowledge), there is no literature documenting the availability of same-sex specific services and service providers in rural and urban Canada. The current study aimed to fill this gap.

**Overview of Potential Barriers to Help-seeking**

In the literature on battered heterosexual women, access to or availability of services in rural and urban Canada has been identified as a barrier to help-seeking. Hornosty and Doherty (2003) and Blaney and Janovicek (2006) state that availability of services in rural communities is especially restricted. However, less is known about the availability of general and same-sex specific services for abused gay men and lesbians in Canada and I have identified this as the first potential barrier to help-seeking. The literature on homophobia, mental healthcare, and rural communities, though, may be relevant here. In an ethnographic study conducted by Willging, Salvador, and Kano (2006), mental health providers living in rural communities in New Mexico reported differential treatment of GLBT individuals from non-GLBT people. Service providers
identified the following issues faced by GLBT individuals seeking mental health services: denial of assistance because of sexual orientation, insensitivity to the needs of GLBT people and lack of access to GLBT resources, consequently leading to social isolation, etc. Clearly, access to or availability of services in this rural community is not the only problem faced by GLBT people attempting to seek help; discrimination based on sexual orientation seems to also be a factor. I identify experiences of minority stress, such as discrimination, as the second potential barrier to help-seeking, to be further explored in the upcoming sections.

*Potential Barrier to Help-seeking #1: Access to Services*

Restricted access to services will of course affect whether or not individuals in abusive same-sex relationships seek help. In other words, if few or no services are available, or if an individual is not physically able to get to a service, then assistance will not be sought. Prior to the advent of shelters for battered heterosexual women, for example, abused heterosexual women had few options in terms of specialized services they could access. But research on access to general (e.g., health care) and same-sex specific (e.g., gay and lesbian support group, supportive counselor) services for victims of same-sex partner abuse is lacking. Some of what we do know about access to general services can be extrapolated from research conducted with heterosexual women who live in rural communities, which is next discussed. However, before I proceed, what I mean by “rural” must be specified. du Plessis, Beshiri, Bollman, and Clemenson (2002) recommend employing the following definition of rural: “The population living in towns and municipalities outside the commuting zone of larger urban centres (i.e. outside the
commuting zone of centres with population of 10,000 or more).” (p. 4). This is the definition I will employ from this point forward.

Access to services has been identified as a barrier to help-seeking in the literature on battered heterosexual women living in rural communities (e.g., Hornosty & Doherty, 2003). For example, Hornosty and Doherty reported that abused heterosexual women living in rural New Brunswick encountered several challenges that were specific to living in a rural area, such as isolation from healthcare services, police, etc. Another reported barrier to accessing services in rural communities is lack of transportation (Hornosty & Doherty); some rural communities, for example, have no transit systems. Likewise, D’Augelli, Collins, and Hart (1987) indicate that, in general, the number of visible helping resources available to rural lesbians, in particular, are lacking. The rural community context is quite different from urban settings, presenting unique or additional challenges to those experiencing abuse and living in rural communities (Hornosty & Doherty).

Access to general and same-sex specific services could also be a barrier to help-seeking for battered gay men and lesbians living in rural communities. Research findings on gay men and lesbians, however, have been based on primarily urban samples (D’Augelli & Hart, 1987). In particular, the few studies conducted in Canada on abuse in SSRs have been almost exclusively conducted in larger urban settings (the only study I know of to include Canadian rural participants was conducted by Ristock in 2002), neglecting the experiences of individuals who reside in rural communities. Quite possibly, like battered heterosexual women, abused men and women in same-sex relationships living in rural areas of Canada may encounter unique challenges, such as
lack of transportation, isolation from services, and lack of access to sensitive services.

In terms of access to sensitive services, it is believed that there are few services available to meet the specific needs of abused gay men (Burke, Jordan, & Owen, 2002) and lesbians (Helfrich & Simpson, 2006). The availability of sensitive service providers in Canada has yet to be determined. It is also noteworthy that currently, in Canada, there appears to be a dearth of services available to exclusively accommodate abused gay men or lesbians. This is problematic for several reasons. First, in the previous section on help-seeking and perceived helpfulness, research I reviewed found that certain services (e.g., gay men's domestic violence program) were perceived as more helpful than others (e.g., police). Also, some services were not perceived as accessible by lesbians (e.g., shelters for battered heterosexual women), perhaps because these services are customized to meet the needs of battered heterosexual women but not for other women (Renzetti, 1992). Second, individuals may be afraid to seek help through a general agency because they identify as gay or lesbian; results from Renzetti’s (1989) study on abused lesbians supports this. And finally, third, lack of response from general service providers was one of the themes surfacing from interviews with abused lesbians (Giorgio, 2002). Lack of response from service providers not only translates into insensitivity toward gay men and lesbians, but also signifies the refutation of an abused victim’s credibility (Giorgio). Previous research suggests that same-sex specific services or service providers are rated as most helpful; however, the availability of such services/service providers has yet to be assessed using a Canadian sample.

As previously mentioned, there may be several unique challenges faced by gay men and lesbians living in rural communities. First, abused individuals in same-sex
relationships living in rural areas may not have any access to same-sex specific services (Potoczniak et al., 2003). Second, D’Augelli (2003) and Ristock (2005) posit that gay men and lesbians living in rural areas are especially closeted in terms of their same-sex sexual activities. D’Augelli et al. (1987) also indicate that “Fear of rejection, worry about loss of jobs, and social isolation are chronic issues faced by rural gay men and lesbian women” (p. 13). However, only two studies I came across (i.e., Ristock, 2002 and Giorgio, 2002) included rural community members in their studies. As researchers, we cannot omit rural gay men and lesbians from research on abuse in same-sex relationships, as this would leave us with an incomplete picture of the experiences of abused rural Canadians who are in same-sex relationships.

Potential Barrier to Help-seeking #2: Experiences of Minority Stress

In order to understand same-sex partner abuse, researchers must consider homophobia and heterosexism (Poorman, 2001; Tigert, 2001). This is because experiences of minority stress, such as discrimination, overt homophobia, internalized homophobia, deciding whether or not to disclose or conceal one’s sexual orientation, etc., are inevitably part of being gay or lesbian in our Canadian heterosexist culture. Thus, the unique context in which same-sex abuse occurs must be considered (Balsam, 2001; Russo, 1999). The application of DiPlacido’s (1998) model of minority stress is relevant here. DiPlacido’s model considers an array of internal and external stressors experienced by sexual minority groups. An example of an internal stressor would be deciding whether or not to disclose one’s sexual orientation. In contrast, an example of an external stressor would be discrimination or violence against gay men and lesbians, which “originate[s] in the social environment” (DiPlacido, p. 147). Balsam suggests that experiences of
minority stress may affect willingness to seek help; it is important, therefore, to take into account minority stress when researching the help-seeking behaviours of individuals who are being abused by a same-sex partner.

Discrimination. As previously mentioned, leaving an abusive relationship could be facilitated by the accessibility of supportive services. But as Balsam and Szymanski (2005) state: “As a result of cultural oppression, many lesbian and bisexual women [and one would presume gay men also] have to deal with experiences of LGB discrimination and hate crime victimization” (p. 259). For example, Renzetti (1992) points out that the police, one of the sources of help perceived as not helpful by participants in her study, have been found to harass gay and lesbian individuals and communities. Moreover, some of the abused lesbian respondents in Renzetti’s study indicated that the police responded negatively to their calls for help, for instance, by insulting them or doing absolutely nothing. Lundy (1999) indicates that, at least in the United States, you can anticipate that someone in the courtroom will hold homonegative attitudes, thus resulting in “same-sex litigants [who] are treated with less dignity, sympathy, and respect than their straight counterparts” (p.43). Therefore, due to the realistic expectation of homonegative attitudes among service providers, such as law enforcers, medical professionals, and social services (Potoczniak et al., 2003), individuals who are in abusive same-sex relationships could avoid or delay help-seeking.

D’Augelli and Hart (1987) speak to the societal biases against lesbians and gay men, which they believe are more pronounced in rural communities. Help-seeking is described as “severely compromised” (D’Augelli & Hart, p. 87) in rural communities because of firmly rooted societal beliefs and/or stereotypes about gay men and lesbians.
What is more, rural service providers may never have worked with a gay man or lesbian (D’Augelli & Hart), therefore, they may be ignorant of the unique issues faced by these populations. This study therefore examined the potential relationship between experiences of discrimination (e.g., verbal harassment, being denied a raise on the basis of sexual orientation, etc.) and help seeking in rural and urban Canada.

Disclosure or concealment of sexual orientation & degree of outness. Disclosure or concealment of sexual orientation is another form of minority stress identified in the literature (e.g., Balsam & Szymanski, 2005; DiPlacido, 1998). Measuring degree of outness, or the extent to which an individual has disclosed his/her sexual orientation to others, may be a way of tapping into the experience of disclosure or concealment of sexual orientation.

Degree of outness is associated with mental health (Morris, Waldo, & Rothblum, 2001). More specifically, being more out has been found to be related to positive mental health (Morris et al.). For instance, DiPlacido (1998) found that women who concealed their sexual orientation reported more depressive symptoms. Perhaps abused individuals who are more out are also more likely to seek help. However, women and men in abusive SSRs may be uncomfortable or unable to disclose their sexual orientation (DiPlacido, 1998; NCAVP, 2000); consequently, they may be even more reluctant to seek help (Kaschak, 2001; Balsam & Szymanski) than heterosexuals (Henton, Cate, Koval, Lloyd, & Christopher, 1983).

On the one hand, an individual who is extremely closeted in terms of her/his sexual identity may fear leaving an abusive same-sex partner as it would result in their complete isolation (Balsam, 2001; Bornstein, Fawcett, Sullivan, Senturia, & Shiu-
Thornton, 2006;). This may, in turn, have an impact on whether she/he decides to seek help. On the other hand, the literature suggests that gay/lesbian communities are in denial when it comes to same-sex abuse (Allen & Leventhal, 1999; Gillis & Diamond, 2006; Renzetti, 1988), and this may also negatively influence help-seeking. The possible reasons for this are explored next.

Out lesbian community members adopting a traditional feminist perspective may find it challenging to conceptualize abuse perpetrated by and against a woman because traditional feminist theory typifies abuse as occurring in heterosexual relationships, where the male abuses his female partner (Gillis & Diamond, 2006). Furthermore, it is difficult for lesbians to imagine and accept that other women can hurt each other, as this shatters the image of a patriarchal, violence-free, lesbian utopia (Dietrich, 1986; Ristock, 2002). And gay men, as Letellier (1996) states, “are often unable to see themselves as victims simply because they are men” (p. 7). Moreover, being gay or lesbian inescapably involves being socially stigmatized (Renzetti, 1988). By revealing that they are being abused by their same-sex partner, individuals may feel that they are contributing to the already negative stigma associated with being gay/lesbian (Bornstein et al., 2006; Gillis & Diamond; Guay, 1999; Renzetti, 1988). Consequently, out community members may not seek help. Degree of outness, therefore, might be associated with help-seeking in the opposite direction predicted earlier, although this association, and its directionality, has yet to be determined in well designed studies.

As mentioned earlier, men and women in same-sex relationships living in rural communities may encounter local, more negative attitudes toward homosexuality than those in urban settings, and this may influence degree of outness (D’Augelli et al., 1987;
Ristock, 2005). As a result, gay and lesbian communities in rural areas may be particularly hidden, thus further influencing degree of outness (D’Augelli & Hart, 1987). This study investigated whether degree of outness was related to whether or not individuals in same-sex relationships sought help, as well as the direction of this potential association.

**Ethnicity.** Gay men and lesbians of color experience unique barriers to help-seeking related to being members of sexual and ethnic minority groups. More specifically, many researchers (e.g., Méndez, 1996; Waldron, 1996) have talked about a mistrust of service providers, such as the police, who have historically held and expressed racist attitudes toward people of colour. As previously mentioned in the section on *Discrimination*, gay men and lesbians may be reluctant to seek help from service providers because they are anticipating homophobic attitudes. The combination of expecting racism, homophobia, and for women, sexism, would compound this disinclination to seek help (Kanuha, 2005).

Indeed, societal attitudes toward homosexuality diverge, depending on cultural background (Yen et al., 2007). In some cultures, being gay is unacceptable and typified as unnaturally, deviant, and dishonorable. For instance, as Poon (2000) explains, some characteristics of Asian culture (e.g., strict adherence to gender norms) make it especially challenging for gay men to come out. Asking for help from family, friends, or professionals, therefore, is compromised, as it would inevitably involve coming out as a gay man or lesbian, which could potentially put the individual at risk of being, at the very least, ridiculed and humiliated. When we consider the attitudes of service providers toward sexual and ethnic minority groups, a study by Yen et al. reports that nurses in
Taiwan who held negative attitudes toward gay men and lesbians had lower intentions of providing care to these individuals. Yen et al. suggest that holding negative attitudes toward homosexuality could have serious consequences to the health and well-being of gay men and lesbians who seek help. Holding these attitudes, therefore, becomes a barrier to providing (and for clients, receiving) adequate care.

Other barriers specific to members of ethnic minority groups relate to the lack of culturally trained service providers available to meet the needs of gay and lesbians of color (Poon, 2000; Méndez, 1996; Waldron, 1996). Moreover, as previously discussed, there are few resources available specifically for victims of same-sex partner abuse; researchers further address the dearth of culturally appropriate resources for members of ethnic minority groups (Méndez; Waldron).

In some cultures, seeking help outside the family is discouraged. As Malley-Morrison and Hines (2007) explain, cultural norms may contribute to silence about family violence in Latino families. Relational (or other problems) are seen as a private matter that should be dealt with within the family or on one's own. In summary, it seems likely that the combination of cultural norms, being afraid to disclose one's sexual orientation, the perceived or real negative attitudes toward homosexuals held by different cultural groups, societal racism, and lack of culturally sensitive professionals are likely to influence whether or not gay men and lesbians of color seek help. In particular, this study examined whether ethnicity had an impact on the help-seeking behaviours of gay men and lesbians who live in Canada.
The Current Study

The primary goal of this research was to explore the potential barriers to help-seeking in a sample of abused individuals in SSRs living in rural and urban Canada. Although this study included both victim and perpetrator measures of abuse, I primarily focused on describing the experiences of victims of same-sex abuse. The proposed research will contribute to the existing body of literature on abuse in same-sex relationships. In particular, this study will be one of the first to bring attention to the help-seeking barriers encountered by rural Canadians who are abused by their same-sex partners. Ristock (2003) states that research on abuse in SSRs legitimizes this significant problem, as well as works in the longer term toward "secure[ing] funding for social services" (p. 329). In this way, this research project hopes to contribute to social change efforts.

Rationale for Current Study

The current study aimed to fill several notable gaps in the literature on the help-seeking behaviours of individuals in abusive same-sex relationships. Few studies in this area of research have included Canadian or rural samples; this study was therefore conducted in Canada, with active efforts made to recruit individuals living in rural communities. Estimated rates of the perpetration and victimization of physical, sexual, psychological/emotional, and gay-lesbian specific verbal abuse were established first so that barriers to help-seeking could be examined. Potential barriers to help-seeking identified in the literature, that is, access to general and same-sex specific services, and experiences of minority stress, were the primary foci of the investigation.

The following presents a brief comparison of gay and lesbian rights in Canada
versus the United States (US). This information is essential in helping us understand that the lived realities of Canadians are quite different than the experiences of Americans, and, consequently, research conducted in Canada is crucial to understanding the potentially unique experiences of victims of same-sex partner abuse who live in Canada.

On July 20, 2005, same-sex couples across Canada could marry and as result, could acquire the same rights and benefits as heterosexual couples. In the US, however, equal marriage rights are only available in three of the fifty-two states: Massachusetts, California, and Connecticut. Regarding equal benefits, a significant number of Canadian employers/organizations across Canada (see Egale Canada’s website for the list) offer equal relationship benefits. However, as Egale Canada notes, the benefits vary, and few organizations actually offer pension benefits to employees in same-sex partnerships. In contrast, certain states in the US do not have laws protecting sexual minority people from discrimination based on sexual orientation within the workforce. Moreover, certain organizations sanction discrimination—within the workforce—based on sexual orientation. One example of such an organization is the US military. Between 1997 and 2006, approximately one thousand service members were discharged, yearly, from the military because of their perceived or real sexual orientation (Tyson, 2007). Cleary, it is important to frame the problem of same-sex partner violence within a Canadian context, given that the situation in the US is not parallel to the Canadian milieu.

An online survey was used as a medium to explore potential barriers to help-seeking. Conducting research online is a fairly new venue that has potential for targeting large, diverse, and sensitive populations (Kraut et al., 2004). Also, Riggle, Rostosky, and Reedy (2005) posit that online surveys can “accommodate the collection of both
quantitative and qualitative data” (p. 3). I anticipated that the inclusion of open-ended
questions—in addition to the use of quantitative questions—in this study would capture,
in participants’ own words, the particular characteristics of rural and urban communities
associated with the accessibility of services (i.e., the first potential barrier to help-
seeking), as well as other factors having an impact on the help-seeking process.

Additionally, an online survey was chosen because this is thought to be an
appropriate method for collecting data on sensitive subjects (Gosling, Vazire, Srivastava,
& John, 2004), as well as reaching a large number of individuals from the populations of
interest (Gosling et al.; Kraut et al., 2004). The use of an online survey would further
allow for the recruitment of diverse samples of participants (Kraut et al.) from different
ethnic backgrounds, social classes, and different sized communities. Using this medium
for data collection purposes means that “researchers can be less obtrusive” (Kraut et al.,
p. 106). Due to the sensitive nature of this study, it was believed that participants might
feel more at ease answering questions within the comfort of their own home, at a time
that was convenient for them. Finally, Gosling et al. also point out that the Internet is
widely accessible: “Physically handicapped, shy, and disorganized individuals with
Internet access have as great a chance of being included as able bodied, extraverted, and
conscientious ones” (p. 99).

Concerning access to the Internet in Canadian households, Statistics Canada
reports that in 2003, approximately 64% of households had access to the Internet. It is
noteworthy that this percentage has increased by over 20% since 1999. Therefore, it
appears that the Internet is becoming more accessible, at least in the Canadian household.
The majority of Internet users in Canada are well-educated (i.e., graduated from high
school, college, or university). However, a sizable proportion (32%) of Canadians who have less than a high school diploma also have access to the Internet at home. The vast majority of Internet users have incomes in the third or highest quartile, but not all Internet users come from high-income households. Statistics Canada reports that about 35% of users had incomes in the lowest quartile. Keeping these statistics in mind, researchers who make use of online questionnaires should be cognizant of the reality that many of their participants will fit a certain mold (e.g., be well-educated and earn a good income).

For the current study, efforts were made to represent individuals from a range of socioeconomic backgrounds (i.e., through snowball sampling, as well as offering the option of completing a mail-in paper survey with pre-paid postage).

There are, of course, issues with conducting research online; some of the main concerns are associated with informed consent and debriefing. Adequate debriefing may be difficult, as researchers are not physically available to answer participants' questions/concerns (Kraut et al., 2004). Yet, steps can be taken so that debriefing materials are provided to participants, regardless of whether they exit the study before it is completed or not. For example, Kraut et al. suggest including a “leave the study” button or a pop-up window that appears when participants exit the study. Regarding informed consent, Kraut et al. mention that the lack of interaction between researcher and participant translates into the researcher not knowing if the participant understands the content of the informed consent. This concern, however, is not unique to online research. Varnhagen et al. (2005) found that, regardless of whether participants filled out a paper-and-pencil or online questionnaire, they skimmed the consent form or read it quickly and recalled little information. In the current study, measures were taken to circumvent the
above outlined problems. For instance, the debriefing form was available to all participants upon their exiting the study, as recommended by Kraut et al.

Research Questions and Hypotheses

To examine the validity of the first barrier to help-seeking, access to general and same-sex specific services, the first research question was generated: What are the similarities/differences in availability of services (particularly, same-sex specific services) for abused individuals in SSRs in rural or urban areas in Canada, and is availability associated with help-seeking? I hypothesized that abused individuals in same-sex relationships living in rural areas in Canada would have less access to general services (e.g., health care) than abused individuals in same-sex relationships living in urban areas in Canada. I also predicted that abused individuals living in rural areas in Canada would have minimal (if any) access to same-sex specific services (e.g., gay or lesbian support group, GLBT trained counselor), when compared to individuals living in same-sex relationships living in urban areas in Canada. The first research question was examined by asking participants to indicate which services were available to them (Merrill & Wolfe, 2000).

For the second part of the first research question, I hypothesized that if differences in availability of services existed for rural versus urban, then both sensitive and general services would have an impact on help-seeking, with more availability related to more help-seeking. Help-seeking was defined in this context as the number of services accessed, number of times services were accessed, willingness to access services, and help-seeking efforts.
Perceived sensitivity and helpfulness of services was also investigated. Research question two addressed this aspect of the experience: Which services (general versus same-sex specific) are perceived as more sensitive and more helpful by gay men and lesbians? I predicted that same-sex specific services would be perceived as more sensitive than general services. Based on the results obtained from Lie and Gentlewarrier (1991) and Merrill and Wolfe (2000), I anticipated that same-sex specific services would be perceived as more helpful than general services. And finally, I predicted that gay men and lesbians would perceive different individual services as helpful, as suggested by the findings reviewed in this document.

The plausibility of the second barrier to help-seeking, experiences of minority stress, was the focus of the third research question: Are experiences of minority stress, that is, experiences of discrimination within the last year, degree of outness, and ethnicity, associated with help-seeking? I hypothesized that more experiences of discrimination would be related to less help-seeking, and that being more out would be related to more help-seeking. Also, I hypothesized that being a member of an ethnic minority group would be associated with less help-seeking, given the combination of expecting racism and homophobia from service providers.

The third research question was examined by using a measure adapted from a study conducted by Szymanski (2006); this questionnaire measured heterosexist harassment, rejection, and discrimination. As well, the Outness Inventory, developed by Mohr and Fassinger (2000), was used to determine participants' degree of outness.

A fourth research question was generated to determine what factors (i.e., gender, location of residency, or living in a rural or urban area, ethnicity, degree of outness,
experiences of discrimination within the last year, availability of same-sex specific services, and availability of general services) identified in the literature review were most predictive of help-seeking. The fourth research question was: What are the most important factors in predicting help-seeking? I hypothesized that living in an urban area, and availability of same-sex specific services, would be the most predictive of help-seeking.
CHAPTER II
METHODOLOGY

Participants

Two hundred and eighty-eight lesbian, gay, bisexual, two-spirited, and/or queer participants completed this online study\(^1\). A variety of recruitment strategies were employed to access participants. Participants were recruited through several online avenues, such as: gay and lesbian online listservs (e.g., Queer Peace International, CPA student listserv), websites (e.g., Parents, Families, and Friends of Lesbians and Gays), gay and lesbian organizations, and social networking sites (e.g., Facebook, Yahoo Groups) (see Appendix A for recruitment materials). Snowball sampling was also used by contacting via email my acquaintances and those of my supervisor and requesting that they circulate the call to their friends. Paid advertisements were also purchased in the following gay, lesbian, and feminist magazines: *Herizons, Outlooks, Wayves,* and *Lesbian Connection.*

The majority of participants were females (64.1%), French, English, or Bilingual Canadian (91.1%), and living in urban areas across Canada (86.5%). Most participants were from Ontario, British Columbia, Alberta, or Nova Scotia (75.6%). The majority of participants self-identified as bisexual only (9.7%), gay only (29.5%), or lesbian only (42.0%). Please see Table 1 for more descriptive information about the participants who completed this survey.

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\(^1\) This total includes only the participants who completed all or most of the survey. An additional 126 participants completed a few sections of the survey, but were not included in any of the analyses. Participants who identified as heterosexual (2 total) were excluded from analyses. Sixty-one participants voluntarily withdrew from the study.
Table 1: Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Participant characteristic</th>
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<th>%</th>
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<tbody>
<tr>
<td><strong>Gender</strong></td>
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</tr>
<tr>
<td>Female</td>
<td>184</td>
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<tr>
<td>Male</td>
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<tr>
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<tr>
<td><strong>Ethnicity</strong></td>
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<tr>
<td>Ethnic majority</td>
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<tr>
<td>Ethnic minority</td>
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<tr>
<td><strong>Age</strong></td>
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<td>Combination of identities</td>
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</tr>
<tr>
<td>Highest level of education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school or equivalent or less than high school</td>
<td>56</td>
<td>19.7</td>
</tr>
<tr>
<td>Vocational/technical school or college</td>
<td>59</td>
<td>20.7</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>97</td>
<td>34.0</td>
</tr>
<tr>
<td>Master's degree</td>
<td>45</td>
<td>15.8</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>11</td>
<td>3.9</td>
</tr>
<tr>
<td>Professional degree (e.g., MD)</td>
<td>10</td>
<td>3.5</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>2.5</td>
</tr>
<tr>
<td>Yearly income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 10,000$</td>
<td>55</td>
<td>19.4</td>
</tr>
<tr>
<td>10,000$-19,999$</td>
<td>48</td>
<td>17.0</td>
</tr>
<tr>
<td>20,000$-29,999$</td>
<td>40</td>
<td>14.1</td>
</tr>
<tr>
<td>30,000$-39,999$</td>
<td>29</td>
<td>10.2</td>
</tr>
<tr>
<td>40,000$-49,999$</td>
<td>38</td>
<td>13.4</td>
</tr>
<tr>
<td>50,000$-79,999$</td>
<td>48</td>
<td>17.0</td>
</tr>
<tr>
<td>80,000$ or more</td>
<td>25</td>
<td>8.8</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>249</td>
<td>86.5</td>
</tr>
<tr>
<td>Yes</td>
<td>39</td>
<td>13.5</td>
</tr>
</tbody>
</table>
Measures

Access to services. A list of service providers, adapted from Merrill and Wolfe's (2000) list of formal and informal sources of help, was provided. This 18 item list can be found in Appendix B. Some items were added to Merrill and Wolfe's list (e.g., crisis help lines, shelter for battered lesbians). Participants were asked to indicate which services were available to them (yes, no, or don't know).

Help-seeking. The same list of service providers (Merrill & Wolfe, 2000) was presented to participants (see Appendix C). Participants were asked whether or not they had accessed (no, considered but didn't use, yes) any of the services they listed as available to them because of a partner's negative behaviour(s) toward them, as well as how many times they accessed these services for this specific reason. Participants were also presented with a separate list (the same list adapted from Merrill and Wolfe), and asked to indicate whether or not they had accessed any of the services they listed as available to them because of a negative behaviour they did toward a partner, as well as how many times they accessed these services for this particular reason (Appendix D). If none of the available services were accessed, participants having experienced abuse were asked in an open-ended question to explain (“Why didn’t you use any of the services available?”). Non-abused individuals were asked to imagine that they were in an abusive relationship and were asked whether or not they would access each of the services that they indicated as available to them (Appendix E).

Sensitivity of service providers. For each of the services accessed because of the abuse they experienced, participants were asked to indicate, on a 5-point scale (1=not at all to 5=extremely), how sensitive the services were to their needs as a sexual minority
Predicated on Renzetti’s (1996) suggestions for improving services for battered lesbians, three dimensions of sensitivity were identified and were assessed: respect for diversity, service provider makes the individual feel comfortable enough to disclose their sexual orientation, and materials and resources specifically for individuals in same-sex relationships were provided. Scores on all three dimensions were summed to give an overall measure of sensitivity. Non-abused individuals were asked to imagine that they were in an abusive relationship and were asked to indicate to what extent they perceived the services in their communities to be sensitive (Appendix G).

**Helpfulness of service providers.** Perceived helpfulness of each accessed service was assessed by asking participants to rate how helpful the services were. Perceived helpfulness was rated on a 5-point scale, ranging from 1 (*not helpful at all*) to 5 (*extremely helpful*), for each accessed service (scale adapted from Renzetti’s 1992 study on lesbian partner abuse, see Appendix H). Non-abused individuals were asked to imagine that they were in an abusive relationship and were asked to indicate to what extent they perceived the services available in their community to be helpful (Appendix I).

**Basic demographics.** Demographic questions asked about: age, gender, ethnic orientation, sexual orientation, relationship status, religiosity, several items requesting information about location of residency (e.g., in order to distinguish rural vs. urban), yearly income, level of education, information about the number of children in the household, and where they have access to a computer if they completed the survey online (e.g., home, work, or public access) (see Appendix J).
Ideal services. All participants were asked what services they would ideally like to see available to them or to their community (Lie & Gentlewarrier, 1991) (Appendix K).

Degree of outness. The Outness Inventory (OI; Mohr & Fassinger, 2000) was used to measure degree of outness. The OI has 11 items that assess the degree to which an individual is open about her/his sexual orientation, in different spheres of her/his life: family, religion, and world (see Appendix L). The items are rated on a 7-point scale, ranging from 1 (person definitely does not know about your sexual orientation status) to 7 (person definitely knows about your sexual orientation status, and it is openly talked about). OI score was calculated by taking the average of the three spheres (out to family, out to religion, and out to world), as suggested by Mohr and Fassinger. Cronbach’s alpha for the OI has been found to be between .74 to .97 (Balsam and Szymansky, 2005), indicating good to excellent reliability. Mohr and Fassinger report that the OI has good discriminant validity.

Experiences of discrimination. The frequency of experiences of discrimination within the last year was measured using the Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS), specifically developed by Szymanski (2006) for her study on the association between heterosexist events and psychological distress in lesbians. Question wording was modified to include the experiences of gay men. This measure consists of 14 items (see Appendix M). Participants were asked if, in the past year, they had ever experienced any of a list of different kinds of harassment or discrimination based on sexual orientation. Participants rated items on a 6-point scale from 1 (the event never happened to you) to 6 (the event happened almost all of the time,
Participants were asked to select the number that best described events that happened to them in the past year. Responses were added to form an overall score, where higher scores indicate higher experiences of heterosexist harassment, rejection, and discrimination. Cronbach’s alpha for the overall scale has been found to be .90, indicating excellent reliability (Szymanski). Szymanski reports that construct validity was supported, as shown by the positive relationship that was found between the HHRDS and negative psychological symptoms.

Willingness to seek help & help-seeking efforts. Participants having experienced abuse were asked about their willingness to access the services they listed as available to them (one item, rated on a 5-point scale, from 1, not at all, to 5, extremely). These participants were also asked about their help-seeking efforts, using one item, rated on a 5-point scale, ranging from 1, no effort, to 5, plenty of effort. See Appendix N for questions.

Victimization and perpetration of abuse. For descriptive purposes, participant’s experiences with victimization and/or perpetration of physical, sexual, and psychological/emotional abuse were assessed using the Revised Conflict Tactics Scales (CTS2, adapted with permission from the publisher; Straus, Hamby, & Warren, 2003). The CTS is the most extensively used measure of family violence in the United States (Schafer, 1996). Many of the studies discussed in this paper used the CTS to measure same-sex partner abuse (e.g., Balsam & Szymanski, 2005, Miller et al., 2001). Despite the many issues that have been found associated with the CTS (e.g., lack of consideration of the context in which abuse takes place; operationalization of “severe” and “minor” acts of abuse; ignorance of motivations behind use of acts; underestimates violence against women by men, and overestimates violence against men by women; item interpretation might be
different, depending on gender; use and development of CTS to measure heterosexual marital conflict, etc; Dobash et al., 1992; Margolin, 1987; Miller & Meloy, 2006; Ristock, 2002; Schafer, 1996; Walker, 1989), it was used in this study with caution for descriptive purposes only. The CTS2 is a 78 item scale that measures: “the extent to which certain tactics, including violence, have been used to deal with conflict in an intimate relationship in the past year” (Balsam & Szymanski, p. 262). There are two questions for each item: one question examines perpetration, the other looks at victimization.

The CTS2 examines the frequency of perpetration or victimization of each item, within the last year, ranging from 0 (never) to 6 (more than 20 times) (option 7 allows participants to indicate that the behaviour happened before, but not in the past year). Similar to Balsam and Szymanski’s (2005) classification method, participants who reported that their partner used one or more tactics from the three subscales against them (e.g., physical, emotional, or sexual abuse) were classified as victims. Participants who reported perpetrating one or more of the tactics from the three subscales were classified as perpetrators. For those who indicated that they had been victimized, the gender of the perpetrator was assessed once participants had completed the CTS2 by asking an additional question (“If you have experienced any of the behaviours in this part of the survey, what was the gender of the person(s) who used these behaviours against you?”).

Straus, Hamby, Boney-McCoy, and Sugarman (1996) found that the reliability for the different scales ranged from .79 and .95. Concerning validity, adequate concurrent and content validity have been found (Straus, 1979).
GLBT-specific threats. Additional items were included to examine GLBT-specific threats (Balsam & Szymanski, 2005), such as homophobia. These five items were adapted from Balsam and Szymanski's study (see Appendix O). Participants who reported using one or more of these tactics were classified as perpetrators. As well, participants who reported that their partner used one or more tactics against them were classified as victims.

Open-ended questions. Open-ended questions, which asked about participants’ conceptualizations of sensitive and helpful services, and characteristic of rural and urban communities, were also included (see Appendix P).

Procedure

Participants were invited to complete an online survey titled: A study on stressful same-sex relationships in Canada. Once participants clicked on the survey link, they were first asked to read a letter of information (see Appendix Q). Next, participants were asked to read and provide consent to participate (by clicking on the “I agree to participate” button, see Appendix R). The following surveys were presented, in a randomized order (except for the Access to Services and Help-seeking measures, which were presented first, as it was necessary that participants completed these before they viewed the Sensitivity and Helpfulness scales): Basic Demographics, Revised Conflict Tactics Scales and GLBT-specific Threats, Ideal List of Services, Sensitivity of Service Providers, Helpfulness of Service Providers, Outness Inventory, Willingness to Seek Help and Help-seeking Efforts, and Heterosexist Harassment, Rejection, and Discrimination Scale. Measures were randomized to control for possible order effects. Participants were finally presented with several open-ended questions. Upon exiting the
survey, participants were provided with a debriefing letter that contained a list of nation­wide resources and services (see Appendix S) and Internet security measures (e.g., how to clear Internet cache; see Appendix T).
CHAPTER III

RESULTS

Preliminary Data Analyses

The assumptions of the statistical tests used were examined, prior to running main data analyses, to ensure that no serious violations occurred. The assumptions of Chi-square were met: the expected frequencies count for each cell was greater than 5, and each participant contributed to only one cell of the contingency table. Regarding the assumptions of analysis of variance (ANOVA), normality, homogeneity of variance, and sphericity were examined. No serious violations of these assumptions occurred. However, the assumption of homogeneity of variance was not met for some of the analyses. To address this violation, a stringent alpha level was used (.01), as suggested by Tabachnick and Fidell (2007). The assumptions of normality and sphericity were met.

The assumptions of multiple regression analysis (MRA) were also assessed, and these include: normality, homogeneity of variance-covariance, multicollinearity, homoscedasticity, and linearity of the dependent/outcome and independent/predictor variables. The assumption of normality was violated for one of the MRAs’s. To rectify this, standardized residuals were used to search for univariate outliers and Mahalanobis Distance was used to assess for multivariate outliers. Seven outliers were found on one of the criterion variables (i.e., actual help-seeking). When considering the nature of this research, it is important to include all men and women’s experiences with help-seeking. Therefore, it was decided that outlying scores were meaningful and as such were kept as part of analyses. However, it is noteworthy that results were similar, regardless of whether or not outliers were retained. All other assumptions were met.
Scale reliabilities for all scales used in this research were conducted. Two of the scales used did not have adequate scale reliabilities, that is, the GLBT-specific threats scale and the sexual coercion scale from the CTS2. All other scales had good to excellent scale reliabilities. Please see Table 2 for reliability coefficients, means, standard deviations, and the actual and possible ranges for all scales used.

**Important characteristics of the sample.** Due to the large number of incomplete surveys (N = 126), Chi-square analyses were conducted on the variables age, gender, victim status, and perpetrator status to determine whether there was a significant difference between participants who completed the survey, and those who did not. There were no differences found on age or gender. More victims completed the survey than non-victims, \( \chi^2(2, N = 414) = 13.63, p = .001 \), and more non-perpetrators completed the survey than perpetrators, \( \chi^2(2, N = 414) = 19.70, p = .001 \). Analyses on potential differences between the rural and urban samples on outness and past experiences of discrimination were also conducted, but no differences were found. And finally, analyses on potential differences between males and females and their use of individual general and same-sex specific services revealed no differences.

**Creation of help-seeking variables.** The help-seeking composite variable was conceptualized and developed for this study. As such, an exploratory factor analysis was conducted to ensure that the items could be combined to represent one underlying construct: help-seeking. The four items forming the help-seeking composite variable included: number of services used, number of times the services were used, willingness to seek help, and help-seeking efforts.

Correlation matrices were analyzed using the principal components method. An
Table 2

*Reliability Coefficients, Means, Standard Deviations, and the Actual and Possible Ranges for Scales Used in Analyses*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Cronbach’s Alpha</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Possible Range</th>
<th>Actual Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity</td>
<td>.78</td>
<td>10.69</td>
<td>3.18</td>
<td>3 - 15</td>
<td>3 - 15</td>
</tr>
<tr>
<td>OI</td>
<td>.95</td>
<td>5.06</td>
<td>1.23</td>
<td>1 - 7</td>
<td>1.85 - 7</td>
</tr>
<tr>
<td>HHRDS</td>
<td>.92</td>
<td>24.43</td>
<td>8.70</td>
<td>14 - 84</td>
<td>14 - 67</td>
</tr>
<tr>
<td>CTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological aggression</td>
<td>.81</td>
<td>13.13</td>
<td>11.12</td>
<td>0 - 200</td>
<td>0 - 200</td>
</tr>
<tr>
<td>Sexual coercion</td>
<td>.52</td>
<td>2.13</td>
<td>4.15</td>
<td>0 - 175</td>
<td>0 - 87</td>
</tr>
<tr>
<td>Injury</td>
<td>.70</td>
<td>1.31</td>
<td>3.96</td>
<td>0 - 150</td>
<td>0 - 26</td>
</tr>
<tr>
<td>Physical assault</td>
<td>.86</td>
<td>5.75</td>
<td>11.40</td>
<td>0 - 400</td>
<td>0 - 176</td>
</tr>
<tr>
<td>GLBT-specific threats</td>
<td>.43</td>
<td>2.42</td>
<td>4.01</td>
<td>0 - 125</td>
<td>0 - 33</td>
</tr>
<tr>
<td>Help-seeking initiative</td>
<td>.77</td>
<td>6.79</td>
<td>2.20</td>
<td>2 - 10</td>
<td>2 - 10</td>
</tr>
</tbody>
</table>
examination of the Kaiser criterion and Scree plot analysis revealed a 2 factor model. In order to find the most meaningful factor solution, Direct Oblimin rotation, which allows factors to be correlated, was used. The rotated solution still showed a two-factor model. When taken together, the two-factor model accounted for 90.32% of the variance (see Table 3 for items and factor loadings). It was found that item loadings on the first factor accounted for 52.78% of the variance (Eigenvalue = 2.11). The first factor was comprised of two items (number of services used, and number of times services were used) that seemed to measure actual help-seeking. Item loadings on the second factor accounted for 37.54% of the variance (Eigenvalue = 1.50). The second factor contained two items (willingness to seek help, and help-seeking efforts) that appeared to assess help-seeking initiative. Factor 1 and Factor 2 were only marginally correlated at .14, suggesting that the two factors represent related yet distinct constructs.

Based on results obtained from the aforementioned preliminary analyses, two separate help-seeking variables were created and were used in relevant main analyses. It was decided that actual help-seeking would be best represented by the number of times services were used (i.e., by summing the number of times each of the different services were used across services). This decision was made because by summing the number of times each of the different services was used, I was able to take into consideration the number of different services used. The help-seeking initiative variable was created by summing the willingness to seek help and the help-seeking efforts items (both Likert, 5 point scale items).

Creation of sensitivity of service providers measure. The sensitivity of service providers measure was also developed for this study. Therefore, an exploratory factor
Table 3

*Items and Factor Loadings for Direct Oblimin Rotation Help-seeking Factor Solution*

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
<th></th>
<th>Factor 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual Help-seeking</td>
<td>Help-seeking Initiative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of services used</td>
<td>.99</td>
<td></td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Number of times services were used</td>
<td>.99</td>
<td>-.02</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Willingness to seek help</td>
<td>-.02</td>
<td></td>
<td>.91</td>
<td></td>
</tr>
<tr>
<td>Help-seeking efforts</td>
<td>.02</td>
<td></td>
<td>.90</td>
<td></td>
</tr>
</tbody>
</table>
analysis was conducted to ensure that the items could be combined to represent one construct: sensitivity. The three items forming the sensitivity measure\(^2\) were: service provider respected you as a sexual minority person, service provider made you feel comfortable enough to disclose your sexual orientation, and service provider provided you with materials and/or resources specifically for individuals in same-sex relationships.

Correlation matrices were analyzed using the principal components method. An examination of the Kaiser criterion and Scree plot analysis revealed a 1 factor model representing sensitivity. Item loadings on this 1 factor model accounted for 72.06% of the variance (Eigenvalue = 2.16) (see Table 4 for items and factor loadings).

Scale reliabilities further indicated that the three items, when combined, seemed to represent one concept (i.e., sensitivity). All three items together yielded a Cronbach’s alpha value of .78, indicating good scale reliability. Based on results obtained from the aforementioned preliminary analyses, items from the sensitivity measure were summed to create the sensitivity variable (all Likert, 5 point scale items).

Main Analyses

Experiences of Victimization. For descriptive purposes, an overview of the different types of abuse reported by participants is presented. The analyses presented from this point on will focus on the experiences of victims of abuse only; the experiences of perpetrators of same-sex partner abuse are not reported in this document.

Due to the low reliabilities obtained for the sexual coercion and GLBT-specific

\(^2\) Participants were asked to assess the sensitivity of each of the services they used separately. Therefore, multiple sensitivity scores were obtained; one for each of the services participants used. In order to conduct the exploratory factor analysis and scale reliability analyses, the sensitivity item scores for the most commonly used service provider (i.e., counselors/psychologists) was used.
Table 4

*Items and Factor Loadings for Sensitivity of Service Providers Factor Solution*

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service provider respected you as a sexual minority person</td>
<td>.92</td>
</tr>
<tr>
<td>Service provider made you feel comfortable enough to disclose your sexual orientation</td>
<td>.93</td>
</tr>
<tr>
<td>Service provider provided you with materials and/or resources specifically for individuals in same-sex relationships</td>
<td>.68</td>
</tr>
</tbody>
</table>
threats subscales (see Table 2), frequency analyses were not conducted on these scales. Rather, frequency scores for all items from these two scales are presented in Table 5.

The most common type of behaviour, experienced by 79.9% of participants, was minor psychological aggression. Fewer participants experienced severe psychological aggression (35.2%). Minor physical assault was experienced by 28.9%. A minority of participants (13.8%) experienced severe physical assault. Physical assault resulting in minor injury was reported by approximately the same proportion of participants (15.7%), although a much smaller percentage (3.9%) reported experiencing physical assault resulting in severe injury. Please see Table 5 for frequency scores for sample items from each of the scales.

**Qualitative Analyses: Participant Descriptions of their Rural and Urban Communities**

Guided by the steps outlined in Braun and Clarke (2006), qualitative data was analyzed using thematic analysis. To lay the foundation for the exploration of the first research question, which looked at the availability of services in rural and urban Canada, a thematic analysis of participants’ descriptions of their communities is presented first. Analyses were conducted separately on the rural and urban samples. Three themes were identified that spoke to participants’ descriptions of both rural and urban communities. I have called these themes: *It’s not ok to be gay; It’s ok to be gay...well, sort of;* and *Lack of resources for GLBT people.* An additional theme, *GLBT community as fragmented,* uniquely spoke to participants descriptions of urban communities.

*It’s not ok to be gay.* Both large and small communities were described by some participants as homophobic, heterosexist, and racist. Consequently, participants felt closeted in terms of their sexual orientation. They explained that public displays of
Table 5

Frequency Scores for Experiences of Victimization (The Revised Conflict Tactics Scales and GLBT-specific Threats)

<table>
<thead>
<tr>
<th>Sample Scale Items</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq(%)</td>
<td>Freq(%)</td>
<td>Freq(%)</td>
</tr>
<tr>
<td><strong>Minor psychological aggression</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. My partner insulted or swore at me.</td>
<td>56(58.3)</td>
<td>117(63.6)</td>
<td>173(61.8)</td>
</tr>
<tr>
<td>68. My partner did something to spite me.</td>
<td>51(53.1)</td>
<td>94(51.1)</td>
<td>145(51.8)</td>
</tr>
<tr>
<td><strong>Severe psychological aggression</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. My partner destroyed something that belonged to me.</td>
<td>11(11.5)</td>
<td>27(14.7)</td>
<td>38(13.6)</td>
</tr>
<tr>
<td>70. My partner threatened to hit or throw something at me.</td>
<td>12(12.5)</td>
<td>24(13.0)</td>
<td>36(12.9)</td>
</tr>
<tr>
<td><strong>Minor physical assault</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. My partner threw something at me that could hurt.</td>
<td>9(9.4)</td>
<td>14(7.6)</td>
<td>23(8.2)</td>
</tr>
<tr>
<td>18. My partner pushed or shoved me.</td>
<td>23(24.0)</td>
<td>27(14.7)</td>
<td>50(17.9)</td>
</tr>
<tr>
<td><strong>Severe physical assault</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. My partner beat me up.</td>
<td>2(2.0)</td>
<td>7(3.8)</td>
<td>9(3.2)</td>
</tr>
<tr>
<td>74. My partner kicked me.</td>
<td>5(5.2)</td>
<td>6(3.3)</td>
<td>11(3.9)</td>
</tr>
<tr>
<td><strong>Minor injury</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. I had a sprain, bruise, or small cut because of a fight with my partner.</td>
<td>8(8.4)</td>
<td>21(11.4)</td>
<td>29(10.4)</td>
</tr>
<tr>
<td>71. I felt physical pain that still hurt the next day because of a fight with my partner.</td>
<td>5(5.1)</td>
<td>16(8.7)</td>
<td>21(7.5)</td>
</tr>
<tr>
<td><strong>Severe injury</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I passed out from being hit on the head by my partner.</td>
<td>0(0.0)</td>
<td>2(1.0)</td>
<td>2(0.7)</td>
</tr>
<tr>
<td>55. I had a broken bone from a fight with my partner.</td>
<td>0(0.0)</td>
<td>1(0.5)</td>
<td>1(0.4)</td>
</tr>
<tr>
<td><strong>Minor sexual coercion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. My partner made me have sex without a condom or dental dam.</td>
<td>15(15.6)</td>
<td>17(9.2)</td>
<td>32(11.4)</td>
</tr>
<tr>
<td>52. My partner insisted that I have sex when I didn’t want to (but didn’t use physical force).</td>
<td>27(28.1)</td>
<td>32(17.4)</td>
<td>59(21.1)</td>
</tr>
<tr>
<td>64. My partner insisted I have oral or anal sex (but didn’t use physical force).</td>
<td>17(17.7)</td>
<td>11(6.0)</td>
<td>28(10.0)</td>
</tr>
<tr>
<td><strong>Severe sexual coercion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. My partner forced me to have oral or anal sex.</td>
<td>1(1.0)</td>
<td>3(1.5)</td>
<td>4(1.4)</td>
</tr>
<tr>
<td>48. My partner used force to make me have sex.</td>
<td>0(0.0)</td>
<td>4(2.2)</td>
<td>4(1.4)</td>
</tr>
<tr>
<td>58. My partner used threats to make me have oral or anal sex.</td>
<td>0(0.0)</td>
<td>2(1.1)</td>
<td>2(0.7)</td>
</tr>
<tr>
<td>76. My partner used threats to make me have sex.</td>
<td>1(1.0)</td>
<td>5(2.7)</td>
<td>6(2.1)</td>
</tr>
<tr>
<td><strong>GLBT-specific threats</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80. My partner threatened to tell my employer, family, or others that I am lesbian/gay/bisexual.</td>
<td>6(6.2)</td>
<td>7(3.8)</td>
<td>13(4.6)</td>
</tr>
</tbody>
</table>

3 The original CTS2 item #16 does not include 'dental dam'. Item wording was changed (with permission) to represent the experiences of lesbians.
<table>
<thead>
<tr>
<th>Sample Scale Items</th>
<th>Males Freq(%)</th>
<th>Females Freq(%)</th>
<th>Total Freq(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GLBT-specific threats</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82. My partner forced me to show physical or sexual affection in public, even</td>
<td>21(21.8)</td>
<td>32(17.4)</td>
<td>53(18.9)</td>
</tr>
<tr>
<td>though I didn’t want to.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84. My partner used my age, race, class, or religion against me.</td>
<td>11(11.5)</td>
<td>21(11.4)</td>
<td>32(11.4)</td>
</tr>
<tr>
<td>86. My partner questioned whether I was a ‘real’ lesbian, gay, or bisexual woman</td>
<td>7(7.2)</td>
<td>42(22.8)</td>
<td>49(17.5)</td>
</tr>
<tr>
<td>or man.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>88. My partner threatened to reveal my real or imagined HIV status to my</td>
<td>2(2.0%)</td>
<td>1(0.5)</td>
<td>3(1.1)</td>
</tr>
<tr>
<td>employer, family, or others.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. n = 96 males; n = 184 females.*
affection were out of the question, as they would probably result in some form of discrimination. As two participants, one from a medium-sized city in the Western provinces, and the other from a small city in Central Canada, summarize:

*White-washed, heterosexist, phobic to GLBTQ*^4* communities.*

*I feel like I'm the only lesbian living here. It is not easy, actually almost impossible to be out with my sexual orientation in my community because of fear of discrimination.*

Some participants living in rural areas made an association between attitudes toward homosexuality, political stance, and size and location of residency. Participants linked negative attitudes and conservative values to living in smaller and/or Western communities in Canada. For instance, one participant from a small town in Atlantic Canada stated that:

*My community is very small town. People tend to be more conservative because of the size of my community.*

*[My community] is very white and can be very conservative. Though, I have lived in a rural area that is much worse, so I can't really complain.*

In fact, as can be seen from the last quotation, this link was also made by participants living in urban areas. This participant, from a medium-sized city in Central Canada, compared living in a more urbanized area in Canada to living in a rural area, which was perceived less favorably. By contrasting rural and urban life in this way, this participant speaks to a desire for more diversity in their community. However, they temper this need

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^4 The "Q" in GLBTQ represents people who are questioning their sexual identity.
by saying that the grass is greener on their side, and as such, they have no right to complain.

_It's ok to be gay...well, sort of._ In contrast to the theme presented above, which spoke to participants’ descriptions of how being gay was a problem in their communities, many participants living in urban areas described their communities as being open-minded, diverse, and/or accepting of sexual minority people. Indeed, these participants indicated that being gay was ok and that the GLBT population in their community was large and thriving:

*I like that there is a strong network of LGBT people._ (Medium city, Western Canada)

*Very diverse. Peoples’ differences are accepted and celebrated. People feel comfortable to be themselves without fear of judgment._ (Large city, Central Canada)

Although participants living in rural areas did not tend to describe their communities as heterogeneous and flourishing in terms of GLBT peoples, they did indicate that their communities were places where it was safe to be out. Indeed, some rural communities were described as accepting and gay-positive. As these participants explain:

*It’s tiny and rural and everyone gets along. I am/we are out to everyone and have had no hard times. The neighbours call us “the girls”. _ (Atlantic Canada)

*[My community] is actually pretty accepting of the fact that I am married to a woman and we own a house together._ (Western Canada)

However, some participants described their communities as sort of or only being conditionally accepting of GLBT people. In other words, a number of participants felt
that it was ok to be gay, as long as they followed certain guidelines (e.g., ‘passing’ or blending in as a heterosexual person, or not making visible one’s gayness). As these participants describe:

_Homosexuality is “supported” by the city’s gay bar, and gay friendly United Church, but outside of those areas [it’s a matter of] don’t ask, don’t tell._ (Medium city, Atlantic Canada)

_People kind of tolerate us but [I] don’t feel true acceptance._ (Medium city, Western Canada)

_They do not mind gay people. As long as you don’t hit on them or their partners._ (Rural, Central Canada)

*Lack of GLBT resources.* Participants from both rural and urban communities commented on the scarcity of GLBT specific resources that were available in their communities. Participants spoke of a need for GLBT-only spaces, self-help groups, and more generally, GLBT-networking or social activities. In fact, many participants pointed out that there were absolutely no resources for older GLBT adults or GLBT youth. Additionally, several participants indicated that there was _nothing beyond the bar scene._ Consequently, it was difficult for participants to meet other GLBT peoples and further, to acquire necessary GLBT support systems. Quotations from two participants illustrate this clear, immediate need for additional resources:

_There are no places for gay people to go._ (Small city, Central Canada)

_I love [my community], but GLBT specifically, there are lots of us, it’s a gay friendly city, and yet, we have no hub, no center. There is one gay bar. But where_
do you go if you care not for bars? I wish there was a community center or something. [Large city, Western Canada]

GLBT community as fragmented. One theme was unique in that it represented only the experiences of urban community members. This theme seems to speak to the fragmentation within the GLBT community, which was viewed negatively by participants. Participants explained that GLBT peoples are geographically spread out, and much too disconnected because of different interests (e.g., youth interested in casual dating and sex vs. partnered adults planning to start a family). As two participants from medium sized cities in Central Canada explain:

I wish the community wasn’t so spread out.

I feel very cut off from the community [because my interests aren’t in line with my GLBT community’s].

Participants’ responses seemed to indicate that this fragmentation resulted in other challenges, as well. For example, participants stated that, because of this disconnect, it was difficult to tap into the GLBT community:

I find it difficult to network with other lesbians of a similar educational background [in my community], mostly because they are hard to find through traditional channels (i.e., gay clubs, online, University’s GLBT group, etc.).

[Small city, Atlantic Canada]

This idea of fragmentation was further elucidated by participants who spoke of a lack of acceptance of diversity (e.g., ethnic diversity; acceptance of transgendered individuals) within the GLBT community, the presence of impenetrable cliques, and complaints about closeted GLBT communities. In their own words:
The gay community that I am a part of does not consider me a "real lesbian" because I was married to a man in the past. They also treat my current partner and I poorly because she is transgendered. [Large city, Atlantic Canada]

I don’t like the fact that the community is very closed minded and very closeted. (Medium city, Western Canada)

It is likely that the experiences of rural community members were not represented by this theme because GLBT communities are much smaller in rural areas, leaving fewer opportunities for division among GLBT peoples. Furthermore, it is probable that division among rural community members would result in the complete isolation of GLBT peoples in rural communities. Accordingly, fragmentation among rural GLBT community members would be a significant threat to the survival of the small GLBT community.

The thematic analyses revealed four key themes that described participants’ experiences as GLBT peoples in their rural and urban communities. Some participants talked about feeling tolerated or accepted within their communities, while others acknowledged that being gay was not okay in their communities. Participants voiced a need for more GLBT-specific resources in their communities. Participants from urban communities felt that GLBT communities were fragmented and divided, much to their distaste. Related to the theme of lack of access to GLBT-specific resources is the availability of services or organizations in Canada. Next, I explore the first research question, which investigates the availability of general (e.g., hospital) versus same-sex specific (e.g., GLBT domestic violence program) services in rural and urban Canada.
Quantitative Analyses: Research Questions One and Two

Availability of general versus same-sex specific services in Canada. In order to answer the first part of the first research question, what are the similarities/differences in availability of services for abused individuals in same-sex relationships in rural or urban areas in Canada?, two Pearson Chi-square analyses were conducted on the entire sample (N = 288). First, frequency scores were generated across the two types of services. Availability of general services was computed by summing the number of general services available (out of a possible 10), where 0 was used to denote that a service was not available, and 1 was used to denote that a service was available. Availability of same-sex specific services was also computed by summing the number of same-sex specific services available (out of a possible 8), where 0 was used to denote that a service was not available, and 1 was used to denote that a service was available (see Table 6 for means and standard deviations for availability of general and same-sex sensitive services in rural and urban Canada). Next, in order to conduct the analyses, median splits were used to establish categories of low and high number of general (low: < 8; high: 8 or more) and number of same-sex specific (low: < 3; high: 3 or more) services available.

Regarding availability of general services, a 2 (rural/urban) by 2 (high/low) Chi-square analysis revealed that a significant association was found between location of residency and availability of general services, $\chi^2(1, N = 288) = 20.92, p < .001$. This analysis revealed that rural participants had fewer general services available to them, when compared to their urban counterparts. Participants in urban areas were 4.63 times more likely to have access to 8 or more general services than rural participants (see Table 7 for a breakdown of the availability of each general service, in rural versus urban...
Table 6

Means and Standard Deviations for Availability of General and Same-sex Specific Services in Rural and Urban Canada

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Rural</th>
<th></th>
<th>Urban</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>General (10 total)</td>
<td>7.19</td>
<td>1.58</td>
<td>8.18</td>
<td>1.41</td>
</tr>
<tr>
<td>Same-sex specific (8 total)</td>
<td>1.73</td>
<td>1.68</td>
<td>3.11</td>
<td>1.84</td>
</tr>
</tbody>
</table>
Table 7

*Participants Reporting Availability of General (G) and Same-sex specific (S) Services in Urban Versus Rural Canada*

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Urban (%)</th>
<th>Rural (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor or psychologist (G)</td>
<td>94.8</td>
<td>92.1</td>
</tr>
<tr>
<td>Police (G)</td>
<td>97.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Police victims services unit (G)</td>
<td>68.8</td>
<td>61.5</td>
</tr>
<tr>
<td>Support or self-help group (G)</td>
<td>82.6</td>
<td>64.1</td>
</tr>
<tr>
<td>Shelter for battered women (G)</td>
<td>94.0</td>
<td>64.1</td>
</tr>
<tr>
<td>Shelter for battered men (G)</td>
<td>13.3</td>
<td>7.7</td>
</tr>
<tr>
<td>Religious advisor (G)</td>
<td>83.7</td>
<td>84.6</td>
</tr>
<tr>
<td>General crisis help line (G)</td>
<td>88.3</td>
<td>66.7</td>
</tr>
<tr>
<td>Attorney (G)</td>
<td>91.2</td>
<td>82.1</td>
</tr>
<tr>
<td>Medical clinic or personnel (G)</td>
<td>95.9</td>
<td>97.4</td>
</tr>
<tr>
<td>HIV-related agency (S)</td>
<td>81.8</td>
<td>51.3</td>
</tr>
<tr>
<td>GLBT specialized counselor or psychologist (S)</td>
<td>49.0</td>
<td>23.1</td>
</tr>
<tr>
<td>GLBT general agency (S)</td>
<td>70.7</td>
<td>38.9</td>
</tr>
<tr>
<td>Support or self-help group for lesbians &amp; gay men (S)</td>
<td>63.0</td>
<td>41.0</td>
</tr>
<tr>
<td>Gay men’s/lesbians domestic violence program (S)</td>
<td>23.4</td>
<td>7.7</td>
</tr>
<tr>
<td>Shelter for battered lesbians (S)</td>
<td>4.1</td>
<td>5.1</td>
</tr>
<tr>
<td>Shelter for battered gay men (S)</td>
<td>1.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Crisis help line for GLBT victims of partner abuse (S)</td>
<td>17.3</td>
<td>15.4</td>
</tr>
</tbody>
</table>
Canada). The hypothesis that participants living in rural areas would have access to fewer general services was supported.

A significant 2 (rural/urban) by 2 (high/low) Chi-square was also found for the availability of same-sex specific services in rural and urban areas in Canada, $\chi^2(1, N = 288) = 12.79, p < .001$. Once again, this suggests a relationship between location of residency and availability of same-sex specific services, where rural participants had access to fewer same-sex specific services than urban participants. Participants living in urban areas were 3.67 times more likely to have access to 3 or more sensitive services than participants living in rural areas (see Table 7 for a breakdown of the availability of each same-sex specific service, in rural and urban Canada). The hypothesis that participants living in rural areas would have minimal access to same-sex specific services was partially supported. Although participants living in urban areas had access to more same-sex specific services when compared to their rural counterparts, a substantial number of participants living in rural areas did have access to some same-sex specific services (e.g., HIV-agency, GLBT general agency; see Table 7).

The second part of the first research question examined amount of access to services – that is, total number of general and same-sex specific services available – and its potential association with help-seeking. Pearson product-moment correlations were conducted between amount of access and actual help-seeking and help-seeking initiative (see Table 8 for intercorrelations between variables used in main analyses). No significant relationships were found. However, a small correlation between amount of access to general services and help-seeking initiative was found. No relationships were found between amount of access to same-sex specific services and either actual help-
Table 8

*Intercorrelations Between Variables Used in Main Analyses*

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total # of services available (amount of access)</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Total # of general services available</td>
<td>.82**</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Total # same-sex specific services available</td>
<td>.82**</td>
<td>.43**</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Location of residency</td>
<td>.29**</td>
<td>.17</td>
<td>.36</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Actual Help-seeking initiative</td>
<td>.00</td>
<td>.04</td>
<td>-.16</td>
<td>-.10</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Help-seeking initiative</td>
<td>-.00</td>
<td>.18*</td>
<td>.16</td>
<td>-.10</td>
<td>.47**</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Sensitivity</td>
<td>.40*</td>
<td>.34</td>
<td>.34</td>
<td>-.08</td>
<td>.04</td>
<td>.03</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Helpfulness</td>
<td>.10</td>
<td>.12</td>
<td>.05</td>
<td>-.30</td>
<td>.15</td>
<td>.44*</td>
<td>.60**</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Of</td>
<td>.16*</td>
<td>.13</td>
<td>.15*</td>
<td>-.13</td>
<td>.20**</td>
<td>.25**</td>
<td>.06</td>
<td>.24</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. HHRDS</td>
<td>.08</td>
<td>.00</td>
<td>.09</td>
<td>.05</td>
<td>.07</td>
<td>-.32**</td>
<td>-.46*</td>
<td>-.66**</td>
<td>-.17*</td>
<td>--</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Ethnic majority/ethnic minority</td>
<td>.16</td>
<td>.02</td>
<td>.23*</td>
<td>.19</td>
<td>.02</td>
<td>.01</td>
<td>-.07</td>
<td>-.30</td>
<td>.04</td>
<td>.14</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>12. Gender</td>
<td>-.02</td>
<td>.06</td>
<td>-.16</td>
<td>-.19</td>
<td>.09</td>
<td>.19</td>
<td>-.17</td>
<td>-.04</td>
<td>.09</td>
<td>.05</td>
<td>-.06</td>
<td>--</td>
</tr>
</tbody>
</table>

*p < .05.  **p < .01.
seeking or help-seeking initiative. The hypothesis that amount of access would be related to help-seeking was only partially supported for amount of access to general services and people's intentions to seek help. This means that people with greater access to general services were somewhat more likely to consider seeking help.

Victim sample and perceived sensitivity of services. The second research question was related to sensitivity and helpfulness of general versus same-sex specific services: Which services, general versus same-sex specific, are perceived as more sensitive and helpful by gay men and lesbians? In order to determine whether general services (collapsed together; 10 total) were perceived as more or less sensitive than same-sex specific services (collapsed together; 8 total), overall sensitivity scores were first computed individually for each of the general and each of the same-sex specific services used for the victim sample. Next, sensitivity scores for all ten general services were summed. Sensitivity scores were then divided by the number of general services used. Averaging was necessary because many participants had used more than one general service, and, as such, had multiple sensitivity scores. Sensitivity scores for all eight same-sex specific services were also summed. Sensitivity scores were next divided by the number of same-sex specific services used.

Initially, type of service used (i.e., general and same-sex specific) was conceptualized as a within-subjects factor for this analysis of variance. In other words, it was anticipated that participants might use both types of services. However, very few participants had scores on the sensitivity measure for both general and same-sex specific services. That is, very few participants had used both general and same-sex specific services. Consequently, type of service used became a between-subjects factor. For the
few participants who used both types of services, I flipped a coin (heads for general services, tails for same-sex specific services) to determine which sensitivity score (i.e., general or same-sex specific) would be used in this analysis.

A two-way ANOVA was conducted to determine which type of service would be perceived as more sensitive. The between-subjects factors were type of service used and gender, and the dependent variable was the sensitivity score (see Table 9 for a summary of the results). A main effect for type of service was found, $F(1) = 9.06, p < .001$. No effect for gender was found, nor was there a significant interaction between gender and type of service\(^5\). The significant effect for type of service suggested a difference between perceived sensitivity of same-sex specific services versus perceived sensitivity of general services, where same-sex specific services were rated as significantly more sensitive ($M = 13.81, SD = 1.86$) than general services ($M = 10.43, SD = 2.86$). The hypothesis that same-sex specific services would be rated as more sensitive than general services was supported. However, although same-sex specific services were rated as more sensitive, it is noteworthy that general services were rated as somewhat sensitive (the midpoint for the sensitivity scale was 7.5).

*Victim sample and perceived helpfulness of services.* Perceived helpfulness of services was also investigated as part of the second research question. In order to determine whether general services (collapsed together; 10 total) were perceived as more or less helpful than same-sex specific services (collapsed together; 8 total), overall helpfulness scores were first computed individually for each of the general and each of

\(^5\) Non-significant findings for gender and gender across type of service could be due to the lack of power to detect an effect (see Table 9).
Table 9

Analyses of Variance for Effects of Type of Service and Gender on Perceived Sensitivity and Helpfulness for Victim and Non-victim Samples

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>( \eta^2_p )</th>
<th>Obs. power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victims</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of service</td>
<td>1</td>
<td>65.20</td>
<td>65.20</td>
<td>9.06**</td>
<td>.16</td>
<td>.84</td>
</tr>
<tr>
<td>Gender</td>
<td>1</td>
<td>15.96</td>
<td>15.96</td>
<td>2.22</td>
<td>.04</td>
<td>.31</td>
</tr>
<tr>
<td>Type of service x gender</td>
<td>1</td>
<td>.11</td>
<td>.11</td>
<td>.02</td>
<td>.00</td>
<td>.05</td>
</tr>
<tr>
<td>Helpfulness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-victims</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of service</td>
<td>1</td>
<td>7.32</td>
<td>7.32</td>
<td>7.02*</td>
<td>.13</td>
<td>.74</td>
</tr>
<tr>
<td>Gender</td>
<td>1</td>
<td>2.70</td>
<td>2.70</td>
<td>2.59</td>
<td>.05</td>
<td>.35</td>
</tr>
<tr>
<td>Type of service x gender</td>
<td>1</td>
<td>1.57</td>
<td>1.57</td>
<td>1.50</td>
<td>.03</td>
<td>.22</td>
</tr>
</tbody>
</table>

Note. \( \eta^2_p \) = Partial Eta Squared.
*p = .01. **p < .001.
the same-sex specific services used for the victim sample. Next, helpfulness scores for all
ten general services were summed. Helpfulness scores were then divided by the number
of general services used. Averaging was necessary because many participants had used
more than one general service, and, as such, had multiple helpfulness scores. Helpfulness
scores for all eight same-sex specific services were summed. Helpfulness scores were
next divided by the number of same-sex specific services used. Because very few
participants had scores on the helpfulness measure for both general and same-sex specific
services (as explained in the previous section), type of service used became a between-
subjects factor. For the few participants who used both types of services, I flipped a coin
(heads for general services, tails for same-sex specific services) to determine which
helpfulness score (i.e., general or same-sex specific) would be used in this analysis.

A two-way ANOVA was conducted to determine which type of service would be
perceived as more helpful. The between-subjects factors were type of service used and
gender, and the dependent variable was the helpfulness score (see Table 9 for a summary
of the results). A significant main effect for type of service was found: $F(1) = 7.02, p =
.01$. No effect for gender was found, nor was there a significant interaction between
gender and type of service\(^6\). The significant effect for type of service indicates that there
was a difference between perceived helpfulness of same-sex specific services versus
general services, where same-sex specific services were rated as more helpful ($M = 4.35,$
$SD = 0.88$) than general services ($M = 3.41, SD = 1.06$). The hypothesis that same-sex
specific services would be rated as more helpful than general services was supported.

\(^6\) Non-significant findings for gender and gender across type of service could be due to the lack of power to
detect an effect (see Table 9).
However, although this hypothesis was supported, it is noteworthy that general services were rated as somewhat helpful (midpoint of scale was 2.5).

**Non-victim sample and perceived sensitivity and helpfulness of services.**

Perceived sensitivity and helpfulness of services were also explored in the non-victim sample. These participants were asked to think about and rate how sensitive and helpful the services in their community would be, hypothetically. Overall sensitivity scores and overall helpfulness scores were computed using the same procedures for the victim sample. First, a 2 (type of service, within subjects factor) by 2 (gender, between subjects factor) repeated measures ANOVA was conducted, with scores on the sensitivity measure as the dependent variable (see Table 9 for a summary of the results). Once again, a significant effect was found for type of service, $F(1) = 181.72, p < .001$. No effect for gender was found, nor was there a significant interaction between gender and type of service for scores on the sensitivity measure. The significant effect for type of service indicates that there was also a difference for the non-victim sample between perceived sensitivity of same-sex specific services versus general services, where same-sex specific services were imagined to be more sensitive ($M = 14.56, SD = 0.96$) than general services ($M = 11.17, SD = 1.84$). This further supports the hypothesis that same-sex specific services would be rated as more sensitive than general services. However, although this hypothesis was supported, it is noteworthy that general services were also rated as somewhat sensitive (the midpoint for the sensitivity scale was 7.5).

Another 2 (type of service, within subjects factor) by 2 (gender, between subjects factor) repeated measures ANOVA was conducted, with scores on the helpfulness measure as the dependent variable. A significant effect was found for type of service, $F(1) = 181.72, p < .001$. No effect for gender was found, nor was there a significant interaction between gender and type of service for scores on the helpfulness measure.

---

7 Non-significant findings for gender and gender across type of service could be due to the lack of power to detect an effect (see Table 9).
factor) repeated measures ANOVA was conducted, with scores on the helpfulness measure as the dependent variable (see Table 9 for a summary of the results). Another main effect was found for type of service, $F(1) = 33.15, p < .001$. This indicates that there was also a difference for the non-victim sample between perceived helpfulness of same-sex specific services versus general services, where same-sex specific services were imagined to be more helpful ($M = 4.35, SD = 0.73$) than general services ($M = 3.67, SD = 0.56$). However, although this hypothesis was supported, it is noteworthy that general services were also rated as somewhat helpful (the midpoint for the helpfulness scale was 2.5). No effect for gender was found, nor was there a significant interaction between gender and type of service for scores on the helpfulness measure$^8$.

**Victim sample and perceptions of sensitivity and helpfulness of individual services.** Potential gender differences regarding perceptions of sensitivity and helpfulness of individual (rather than combined) general and same-sex specific services for the victim sample were also investigated as part of the second research question. Independent samples $t$-tests (with gender as the independent variable, and scores on the sensitivity and helpfulness measures as the dependent variables) were conducted for the most commonly used general (counselor or psychologist, police, support or self-help group, and medical clinic or personnel; see Table 10), and same-sex specific (GLBT general service, and GLBT support or self help group; see Table 10) services. Please see Table 10 for information about help-seeking patterns (e.g., average number of times each service was used). See Table 11 and Table 12 for mean sensitivity and helpfulness scores for

$^8$ Non-significant findings for gender and gender across type of service could be due to the lack of power to detect an effect (see Table 9).
Table 10

*Victim Use of General (G) and Same-sex specific (S) Services, by Gender*

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Females</th>
<th>Males</th>
<th>Total</th>
<th>Avg. # of Times Sample Services Freq(%) Were Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor or psychologist (G)</td>
<td>47(40.5)</td>
<td>17(25.4)</td>
<td>64(35.0)</td>
<td>8.07</td>
</tr>
<tr>
<td>Support or self-help group (G)</td>
<td>22(19.0)</td>
<td>6(9.0)</td>
<td>28(15.3)</td>
<td>7.06</td>
</tr>
<tr>
<td>Police (G)</td>
<td>15(12.9)</td>
<td>11(16.4)</td>
<td>26(14.2)</td>
<td>1.86</td>
</tr>
<tr>
<td>Medical clinic or personnel (G)</td>
<td>16(13.8)</td>
<td>8(12.7)</td>
<td>24(13.1)</td>
<td>6.50</td>
</tr>
<tr>
<td>GLBT general agency (S)</td>
<td>10(8.6)</td>
<td>6(9.0)</td>
<td>16(8.7)</td>
<td>12.73</td>
</tr>
<tr>
<td>Attorney (G)</td>
<td>10(8.6)</td>
<td>4(6.0)</td>
<td>14(7.7)</td>
<td>5.67</td>
</tr>
<tr>
<td>GLBT specialized counselor or psychologist (S)</td>
<td>12(10.3)</td>
<td>2(3.0)</td>
<td>14(7.7)</td>
<td>5.20</td>
</tr>
<tr>
<td>Support or self-help group for lesbians &amp; gay men (S)</td>
<td>7(6.0)</td>
<td>5(7.5)</td>
<td>12(6.6)</td>
<td>8.10</td>
</tr>
<tr>
<td>General crisis help line (G)</td>
<td>7(6.0)</td>
<td>1(1.6)</td>
<td>8(4.4)</td>
<td>4.50</td>
</tr>
<tr>
<td>HIV-related agency (S)</td>
<td>3(2.6)</td>
<td>4(6.0)</td>
<td>7(3.8)</td>
<td>1.00</td>
</tr>
<tr>
<td>Police victims services unit (G)</td>
<td>4(3.4)</td>
<td>2(3.0)</td>
<td>6(3.3)</td>
<td>1.25</td>
</tr>
<tr>
<td>Religious advisor (G)</td>
<td>3(2.6)</td>
<td>1(1.6)</td>
<td>4(2.2)</td>
<td>4.80</td>
</tr>
<tr>
<td>Shelter for battered women (G)</td>
<td>2(1.7)</td>
<td>0(0.0)</td>
<td>2(1.1)</td>
<td>1.00</td>
</tr>
<tr>
<td>Crisis help line for GLBT victims of partner abuse (S)</td>
<td>0(0.0)</td>
<td>1(1.6)</td>
<td>1(0.5)</td>
<td>3.00</td>
</tr>
<tr>
<td>Shelter for battered men (G)</td>
<td>0(0.0)</td>
<td>0(0.0)</td>
<td>0(0.0)</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered gay men (S)</td>
<td>0(0.0)</td>
<td>0(0.0)</td>
<td>0(0.0)</td>
<td>-</td>
</tr>
<tr>
<td>Gay men’s/lesbians domestic violence program (S)</td>
<td>0(0.0)</td>
<td>0(0.0)</td>
<td>0(0.0)</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered lesbians (S)</td>
<td>0(0.0)</td>
<td>0(0.0)</td>
<td>0(0.0)</td>
<td>-</td>
</tr>
</tbody>
</table>

*Note. n = 183 Victims (116 female, 67 male, based on responses to Help-seeking: Victims measure).*

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Table 11

Mean Sensitivity Scores of General (G) and Same-sex specific (S) Services Reported by Victims

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Sensitivity</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Counselor or psychologist (G)</td>
<td>10.43</td>
<td>3.09</td>
<td>11.64</td>
</tr>
<tr>
<td>Support or self-help group (G)</td>
<td>10.92</td>
<td>3.53</td>
<td>13.00</td>
</tr>
<tr>
<td>Police (G)</td>
<td>7.83</td>
<td>3.82</td>
<td>7.60</td>
</tr>
<tr>
<td>Medical clinic or personnel (G)</td>
<td>9.83</td>
<td>1.32</td>
<td>11.20</td>
</tr>
<tr>
<td>GLBT general agency (S)</td>
<td>12.33</td>
<td>3.79</td>
<td>14.67</td>
</tr>
<tr>
<td>Attorney (G)</td>
<td>10.25</td>
<td>1.50</td>
<td>10.50</td>
</tr>
<tr>
<td>GLBT specialized counselor or psychologist (S)</td>
<td>14.40</td>
<td>.89</td>
<td>-</td>
</tr>
<tr>
<td>Support or self-help group for lesbians &amp; gay men (S)</td>
<td>14.50</td>
<td>0.58</td>
<td>14.67</td>
</tr>
<tr>
<td>General crisis help line (G)</td>
<td>8.8</td>
<td>2.68</td>
<td>12.00</td>
</tr>
<tr>
<td>HIV-related agency (S)</td>
<td>-</td>
<td>-</td>
<td>15.00</td>
</tr>
<tr>
<td>Police victims services unit (G)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Religious advisor (G)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered women (G)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Crisis help line for GLBT victims of partner abuse (S)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered men (G)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered gay men (S)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gay men's/lesbians domestic violence program (S)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered lesbians (S)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note. Possible scale range is from 3-15, midpoint = 7.5.
Table 12

*Mean Helpfulness Scores of General (G) and Same-sex specific (S) Services Reported by Victims*

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Helpfulness</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Females</td>
<td>Males</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Counselor or psychologist (G)</td>
<td></td>
<td>3.47</td>
<td>1.38</td>
<td>3.56</td>
</tr>
<tr>
<td>Support or self-help group (G)</td>
<td></td>
<td>3.42</td>
<td>1.00</td>
<td>-</td>
</tr>
<tr>
<td>Police (G)</td>
<td></td>
<td>3.14</td>
<td>1.57</td>
<td>3.50</td>
</tr>
<tr>
<td>Medical clinic or personnel (G)</td>
<td></td>
<td>3.33</td>
<td>1.03</td>
<td>4.50</td>
</tr>
<tr>
<td>GLBT general agency (S)</td>
<td></td>
<td>3.33</td>
<td>1.53</td>
<td>5.00</td>
</tr>
<tr>
<td>Attorney (G)</td>
<td></td>
<td>4.00</td>
<td>1.41</td>
<td>3.00</td>
</tr>
<tr>
<td>GLBT specialized counselor or psychologist (S)</td>
<td></td>
<td>4.40</td>
<td>.89</td>
<td>-</td>
</tr>
<tr>
<td>Support or self-help group for lesbians &amp; gay men (S)</td>
<td></td>
<td>5.00</td>
<td>.00</td>
<td>-</td>
</tr>
<tr>
<td>General crisis help line (G)</td>
<td></td>
<td>2.40</td>
<td>1.52</td>
<td>-</td>
</tr>
<tr>
<td>HIV-related agency (S)</td>
<td></td>
<td>-</td>
<td>-</td>
<td>5.00</td>
</tr>
<tr>
<td>Police victims services unit (G)</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Religious advisor (G)</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered women (G)</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Crisis help line for GLBT victims of partner abuse (S)</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered men (G)</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered gay men (S)</td>
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<td>-</td>
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<tr>
<td>Gay men’s/lesbians domestic violence program (S)</td>
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</tr>
<tr>
<td>Shelter for battered lesbians (S)</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Note.* Possible scale range is from 1-5, midpoint = 2.5.
individual services reported by victims. See also Table 13 and Table 14 for mean sensitivity and helpfulness scores for individual services reported by non-victims.

The t-tests revealed one significant gender difference on perceived sensitivity. GLBT general agency was rated as more sensitive by males ($M = 14.67$, $SD = .58$) than females ($M = 12.33$, $SD = 3.79$), $t(4) = 1.06, p < .05$. A medium effect size ($r = .40$) was obtained for this result, indicating that this was a meaningful finding. The other non-significant t-tests revealed that males and females rated individual general and same-sex specific services similarly in terms of their sensitivity and helpfulness. The hypothesis that males and females would rate individual services differently in terms of sensitivity and helpfulness was only supported for GLBT general agencies.

Qualitative Analyses: What is a “Sensitive” Service? What is a “Helpful” Service?

In order to provide a more comprehensive understanding of perceived sensitivity and helpfulness, a thematic analysis of the responses to relevant open-ended questions was conducted on the non-victim and victim samples. Participants were asked to first describe a “sensitive” service. The next open-ended question presented asked participants to describe a “helpful” service. Open-ended responses for non-victims and victims were similar. Additionally, responses to the two questions were analogous; in fact, the same themes were identified for both questions. Indeed, one participant stated that “A helpful service is a sensitive service”. Three themes were identified that seemed to speak to participants’ conceptualizations of “sensitive” and “helpful”. Service providers who were knowledgeable and resourceful, had knowledge and experience on/with GLBT-specific issues, and were non-judgmental/non-heterosexual/non-homophobic were considered to be sensitive/helpful. More detail on each of these themes is presented below.
Table 13

*Mean Sensitivity Scores of General (G) and Same-sex specific (S) Services Reported by Non-victims*

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Sensitivity</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Counselor or psychologist (G)</td>
<td>11.70</td>
<td>2.44</td>
<td>12.23</td>
</tr>
<tr>
<td>Support or self-help group (G)</td>
<td>11.57</td>
<td>2.86</td>
<td>13.00</td>
</tr>
<tr>
<td>Police (G)</td>
<td>9.20</td>
<td>2.55</td>
<td>10.00</td>
</tr>
<tr>
<td>Medical clinic or personnel (G)</td>
<td>10.06</td>
<td>2.99</td>
<td>12.08</td>
</tr>
<tr>
<td>GLBT general agency (S)</td>
<td>14.82</td>
<td>0.39</td>
<td>14.13</td>
</tr>
<tr>
<td>Attorney (G)</td>
<td>10.91</td>
<td>2.29</td>
<td>12.08</td>
</tr>
<tr>
<td>GLBT specialized counselor or psychologist (S)</td>
<td>14.86</td>
<td>0.36</td>
<td>14.70</td>
</tr>
<tr>
<td>Support or self-help group for lesbians &amp; gay men (S)</td>
<td>14.55</td>
<td>1.18</td>
<td>14.73</td>
</tr>
<tr>
<td>General crisis help line (G)</td>
<td>11.48</td>
<td>2.44</td>
<td>11.22</td>
</tr>
<tr>
<td>HIV-related agency (S)</td>
<td>13.38</td>
<td>2.07</td>
<td>13.20</td>
</tr>
<tr>
<td>Police victims services unit (G)</td>
<td>10.70</td>
<td>3.02</td>
<td>11.38</td>
</tr>
<tr>
<td>Religious advisor (G)</td>
<td>6.75</td>
<td>4.50</td>
<td>8.50</td>
</tr>
<tr>
<td>Shelter for battered women (G)</td>
<td>12.29</td>
<td>2.36</td>
<td>-</td>
</tr>
<tr>
<td>Crisis help line for GLBT victims of partner abuse (S)</td>
<td>12.00</td>
<td>0.00</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered men (G)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered gay men (S)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gay men’s/lesbians domestic violence program (S)</td>
<td>15.00</td>
<td>0.00</td>
<td>15.00</td>
</tr>
<tr>
<td>Shelter for battered lesbians (S)</td>
<td>15.00</td>
<td>0.00</td>
<td>-</td>
</tr>
</tbody>
</table>

*Note.* Possible scale range is from 3-15, midpoint = 7.5.
Table 14

*Mean Helpfulness Scores of General (G) and Same-sex specific (S) Services Reported by Non-victims*

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Helpfulness</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Counselor or psychologist (G)</td>
<td>4.02</td>
<td>0.82</td>
</tr>
<tr>
<td>Support or self-help group (G)</td>
<td>3.59</td>
<td>0.59</td>
</tr>
<tr>
<td>Police (G)</td>
<td>3.32</td>
<td>0.85</td>
</tr>
<tr>
<td>Medical clinic or personnel (G)</td>
<td>3.49</td>
<td>1.00</td>
</tr>
<tr>
<td>GLBT general agency (S)</td>
<td>4.30</td>
<td>0.73</td>
</tr>
<tr>
<td>Attorney (G)</td>
<td>3.35</td>
<td>1.13</td>
</tr>
<tr>
<td>GLBT specialized counselor or psychologist (S)</td>
<td>4.78</td>
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</tr>
<tr>
<td>Support or self-help group for lesbians &amp; gay men (S)</td>
<td>4.39</td>
<td>0.79</td>
</tr>
<tr>
<td>General crisis help line (G)</td>
<td>3.14</td>
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<td>3.50</td>
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<tr>
<td>Police victims services unit (G)</td>
<td>3.60</td>
<td>1.08</td>
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<tr>
<td>Religious advisor (G)</td>
<td>2.67</td>
<td>1.58</td>
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<tr>
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<td>3.94</td>
<td>1.00</td>
</tr>
<tr>
<td>Crisis help line for GLBT victims of partner abuse (S)</td>
<td>4.17</td>
<td>0.98</td>
</tr>
<tr>
<td>Shelter for battered men (G)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Shelter for battered gay men (S)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gay men’s/lesbians domestic violence program (S)</td>
<td>4.60</td>
<td>0.70</td>
</tr>
<tr>
<td>Shelter for battered lesbians (S)</td>
<td>4.40</td>
<td>0.55</td>
</tr>
</tbody>
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*Note.* Possible scale range is from 1-5, midpoint = 2.5.
Knowledgeable and resourceful. Participants indicated that a sensitive/helpful service provider should be knowledgeable and resourceful. These service providers are aware of the programs that are available for victims of same-sex partner abuse, and as such, are able to make recommendations or referrals for their clients. Sensitive/helpful service providers would also have access to relevant resource materials, such as literature on same-sex partner abuse. A knowledgeable service provider would be aware of the differences and similarities between same-sex and heterosexual partner abuse, and would, as such, legitimize the experience of same-sex partner abuse. As one participant summarizes:

*Someone who recognizes and acknowledges the unique situation of same-sex partner abuse and who can speak to these unique needs, while also being able to provide adequate and appropriate help for two people in an abusive relationship regardless of sex or orientation.*

Knowledge/experience of/with GLBT-specific issues. Many, but not all, participants felt that a sensitive/helpful service provider should also be a sexual minority group member. But beyond this, participants indicated that service providers should have past experience working with GLBT people on GLBT related issues. Additionally, sensitive/helpful service providers should undergo specialized GLBT sensitivity training. This was important because, as participants explained, sensitive service providers should understand the challenges faced by GLBT people. As two participants explained:

*They need to understand that being a minority group we are faced with an oppression that the norm or general public are not.*
A sensitive service provider is an individual who is trained or understands the dynamics and uniqueness of same-sex relationships.

Some participants felt that it was important that service providers had themselves experienced same-sex partner abuse (or shared experiences similar to those presented by the client). This would, presumably, facilitate the understanding of the problem at hand.

Non-judgmental/non-heterosexist/non-homophobic. Words used to describe sensitive/helpful service providers included: open, caring, understanding, and empathetic. Furthermore, service providers who were non-judgmental, non-heterosexist, and non-homophobic were considered to be sensitive/helpful:

Just not assuming that every woman is married to a man. That would be a start.

Care providers who don’t flinch, look away, bumble, fiddle, or register surprise at your sexual identity.

It is also very important to recognize that being GLBTQ is not something which should be pathologized. It is not a sickness or disease and does not need to be treated.

Additionally, non-heterosexist service providers would be aware of the limitations of the language used in intake or assessment materials, and would be able to quickly adapt this language to accommodate victims of same-sex partner abuse:

Upon intake proper language (gender neutral) is being used so the victim does not have to correct the person when they ask something as simple as, “what is his name” if it is a female victim.

GLBT-friendly, open, and/or tolerant service providers were sensitive/helpful. These service providers would ensure that they advertised their services to the GLBT
community. Participants indicated that, at the very least, a sensitive/helpful service should make itself visible (e.g., use of GLBT symbols, such as Safe Space stickers, Pride flag, etc.).

Responses to the open-ended questions offer support for my conceptualization of sensitivity. However, it is important to note that participants’ descriptions of ‘sensitive’ and ‘helpful’ services were complex, too, and seemed to move beyond the three dimensions used to measure sensitivity in the current study. Participants asserted that a sensitive/helpful service provider not only respected GLBT clients, but further, had relevant experience working with victims of same-sex partner abuse, or more generally, GLBT issues. Additionally, a sensitive/helpful service provider would actively advertise their services to potential GLBT clientele.

Main Quantitative Analyses: Research Questions Three and Four

Victim sample, experiences of minority stress, and help-seeking. The third research question examined experiences of minority stress and help-seeking. The third research question was: Are experiences of minority stress, that is, experiences of discrimination within the last year, degree of outness, and ethnicity, associated with help-seeking? To answer the third research question, Pearson product-moment correlations were conducted between degree of outness (score on the OI), experiences of past discrimination (score on the HHRDS), and ethnicity (ethnic majority/ethnic minority), with actual help-seeking and help-seeking initiative (see Table 8). To conduct the analyses, a dichotomous ethnicity variable was created by coding respondents’ ethnicity as either ethnic majority (e.g., English Canadian), or ethnic minority (e.g., Aboriginal, Middle Eastern). Degree of outness was positively associated with help-seeking initiative.
and *actual help-seeking*. Therefore, being more out was related to being more willing to seek help, as well as the number of times participants sought help. Experiences of past discrimination were negatively associated with *help-seeking initiative*. It appears that the more experiences of past discrimination a person has, the less willing they may be to seek help. Ethnicity was not associated with help-seeking. The hypothesis that experiences of minority stress would be associated with *actual help-seeking* was partially supported for degree of outness but not for past experiences of discrimination. It was also found that both types of minority stress influenced another aspect of help-seeking, that is, *help-seeking initiative*, or willingness to seek help and the efforts invested in help-seeking.

*Victim sample and predicting actual help-seeking and help-seeking initiative.* A fourth research question examined what factors (i.e., gender, ethnicity, location of residency, availability of sensitive services, availability of general services, degree of outness, and experiences of discrimination) were most predictive of *actual help-seeking*, and of *help-seeking initiative*. First, correlations between the predictor and criterion variables were examined to see which variables should be included in the regression analyses. Contrary to what was anticipated, not all variables were related to the criterion variables. Only degree of outness was significantly associated with *actual help-seeking*. In addition to degree of outness, experiences of past discrimination and availability of general services were associated with *help-seeking initiative* (see Table 8 for intercorrelations between predictors and criterion variables).

As previously mentioned, only degree of outness was associated with *actual help-

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Note that availability of general services was just barely significantly related to *help-seeking initiative* (p = .04).
seeking. Therefore, it was not necessary to conduct a hierarchical multiple regression analysis as it was found that degree of outness was the most important factor (among gender, ethnicity, location of residency, availability of general services, availability of sensitive services, and experiences of discrimination) to consider regarding actual help-seeking.

A hierarchical multiple regression analysis was conducted, with availability of general services entered into block 1, and degree of outness and experiences of discrimination entered into block 2. A summary of this analysis is presented in Table 15. Results indicated that the overall model accounted for 14.8% of the variance in predicting help-seeking initiative, adjusted $R^2 = .13$, $F(3,113) = 6.37, p < .001$. Availability of general services did not significantly predict help-seeking initiative, although it was approaching significance, adjusted $R^2 = .02$, $F(1,113) = 3.22, p = .07$.

The addition of degree of outness and experiences of past discrimination in the second step of the analysis meant that the model now significantly predicted help-seeking initiative by accounting for 14.8% of the variance (as noted above), adjusted $R^2 = .13$, $\Delta R^2 = .12$, $F(3,113) = 6.37, p < .001$. It was found that a one standard deviation increase in degree of outness was associated with a .27 standard deviation increase in help-seeking initiative. Additionally, a one standard deviation increase in past experiences of discrimination was associated with a .21 standard deviation decrease in help-seeking initiative. Squared semipartial correlations showed that experiences of past discrimination contributed 4.4% of the total variance of help-seeking initiative, while degree of outness uniquely contributed 7.1%.
Table 15

*Summary of Hierarchical Regression Analysis for Variables Predicting Help-seeking Initiative*

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE$ $B$</th>
<th>$\beta$</th>
<th>$sr^2$</th>
<th>$R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Block 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability of general services</td>
<td>.25</td>
<td>.14</td>
<td>.17</td>
<td>.02</td>
<td>.03</td>
</tr>
<tr>
<td><strong>Block 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.15*</td>
</tr>
<tr>
<td>Availability of general services</td>
<td>.22</td>
<td>.13</td>
<td>.15</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Degree of outness</td>
<td>.52</td>
<td>.17</td>
<td>.27</td>
<td>.07</td>
<td></td>
</tr>
<tr>
<td>Experiences of past discrimination</td>
<td>-.05</td>
<td>.02</td>
<td>-.21</td>
<td>-.04</td>
<td></td>
</tr>
</tbody>
</table>

* $p < .001$. 
The hypothesis that location of residency and availability of sensitive services would be the most predictive of help-seeking was not supported. Important predictors of help-seeking initiative were both degree of outness and experiences of past discrimination. It was also found that only degree of outness was significantly associated with actual help-seeking.

Qualitative Analyses: Decisions to Seek Help

To further explore what might have an impact on participants’ decisions to seek help, a thematic analysis of relevant open-ended questions was undertaken on the non-victim and victim samples.

When participants (both non-victims and victims) were asked about the services they accessed (or would access, hypothetically) because of their partner’s negative behaviours toward them, many said that they would not access any of the services in their communities. Participants’ responses showed how location of residency, availability of services, degree of outness, and perceived helpfulness of services related to help-seeking, as anticipated. Responses from non-victims and victims were similar. Next, I highlight the most common themes that seem to speak to the impact of these factors on help-seeking. I have called these themes: Being gay or lesbian in a rural community means...

Awareness, availability, and proximity of services; I’m not out so seeking help isn’t an option; and Services as unhelpful/insensitive.

Being gay or lesbian and living in a rural community means... Some participants who lived in rural areas stated that it was not safe to access services. Participants explained that rural community members were not accepting of the GLBT community; consequently, they, as victims of same-sex partner abuse, did not feel comfortable
accessing services. Additionally, participants alluded to issues of privacy in rural communities, where the GLBT community is quite small, and where everyone knows everyone else. Participants also linked location of residency to availability of GLBT-specific services, where, as one participant states:

...this is a small town and there is no group specifically for gays and lesbians. I simply would not feel comfortable enough talking about my problems in fear that they would be talked about amongst the rest of my [heterosexual] community.

Overall, participant responses suggest that living in a rural community affected help-seeking in many ways. Issues of safety and acceptance, privacy, and availability of GLBT-specific services were reported by participants who lived in rural communities who decided not to seek help.

Awareness, availability, and proximity of services. Participants who did seek help explained that they chose particular services because they knew of them, or that they were close by in terms of distance. In contrast, many of those who did not seek help indicated that services were simply not available, or that they were not aware of the existence of such services:

They aren't readily available and are not advertised well.

There wasn't really anything for gays just straight relationships.

The second quotation suggests that the availability of GLBT-specific services would have been preferred (or utilized) over more mainstream, general services. These quotations also show that participants were not aware of whether general services were equipped to accommodate GLBT people. Other participants also spoke of the lack of specific services for gay men and lesbians, indicating a desire or need for such services in their
communities. Responses suggested that awareness, availability, and proximity of services had an impact on decisions to seek help.

*I'm not out so seeking help isn't an option.* Some participants were not out in terms of their sexual orientation, and this was mentioned as a reason for not seeking help:

*For me personally as a gay man, I keep everything to myself. I'm still so used to spending most of my life in the closet, that talking to anyone about my personal life seems unusual.*

*I wasn't out at the time, so it wasn’t an option.*

When considering these comments, it seems likely that degree of outness plays an important role in help-seeking, where being less out was associated with no help-seeking. In fact, the second quotation implies that, above all, outness determined help-seeking, at least for this participant.

*Services as unhelpful/insensitive.* Participants indicated that they would not trust mainstream service providers (e.g., police) to be lesbian or gay friendly; in other words, participants were concerned about homophobia. Many were apprehensive about whether or not service providers would take their concerns seriously, given that they were a part of a sexual minority group. Additionally, participants were skeptical about whether mainstream services would be equipped with the appropriate resources and information to help a victim of same-sex abuse. One participant summarizes these concerns (as well as others mentioned in this document previously) by saying that:

*There is no safe house for gay men. Victim services has no information for gay men. One police officer that arrived when 911 was called found it funny that it was a gay male couple involved. I was told by police to take my elderly father*
whom I am the sole care giver for and leave my own house if I was “really” scared for our safety, yet they had no place for me to go.

Other factors having an impact on decisions to seek help. Beyond the expected factors that were found to be related to help-seeking, open-ended responses indicated that there were other factors that contributed to participants’ decisions to seek help as well. The following themes spoke to the experiences of victims only: perceived severity of abuse, participants’ desire to remain in the abusive relationship, and the fact that participants were themselves service providers (or their partners were service providers). I have called these themes: It just wasn’t serious enough; But I love my partner!; and Keeping up appearances. Themes that spoke to perceived stigma associated with help-seeking and use of informal services seemed to represent the experiences of both non-victims and victims of abuse. I have called these themes: Stigma, help-seeking, and being a victim of same-sex partner abuse; and Role of family and friends.

It just wasn’t serious enough. Several participants explained that they did not seek help because the negative behaviours perpetrated against them were not serious enough, or not urgent. As one participant says:

I didn’t feel it [seeking help] was necessary, just the way things were.

Didn’t think it was serious enough to warrant going [for help].

It is noteworthy that, although participants perceived their partners’ behaviours toward them as not serious enough to warrant seeking outside help, many of these same participants reported experiencing a combination of psychological, physical, and/or sexual abuse. Also, it appears that seeking help was viewed by some participants as an extreme outcome. This is perhaps related to the perceived stigma associated with help-
seeking, which will be explored later. Clearly, though, decisions about help-seeking depended on participants’ perception of whether or not the abuse was serious enough to warrant outside intervention.

But I love my partner! A few participants indicated that because they loved their partners, they would prefer to stay in the relationship and attempt to work things out with their partner. It was clear that participants were also concerned about the potential consequences of exposing their partners to the system:

I was scared because I loved her and wasn’t ready to terminate the relationship.

I love my partner and would rather work through our issues then just let her become a victim of the system.

Participants explained that they preferred to deal with the situation on their own, without outside interference. The idea of exposure (of a partner or the self), as seen in the last quotation, seems to capture participants’ reluctance to seek help from a service provider/legal system that is perceived (with valid reason) as homophobic, heterosexist, and racist. From the last quotation we can extrapolate how expecting discrimination based on one’s identity or identities (as a Black lesbian, for example) from health care, social services, or legal systems is an important determinant of help-seeking.

Keeping up appearances. Perhaps one of the most interesting findings relates to a concern shared by many participants about keeping up appearances. Several participants talked about their role as a service provider; these participants felt that they should know better and that they were letting it happen (i.e., the abuse). Participants felt that they should have all of the answers about where to go and what to do about the abuse. Consequently, these participants kept the abuse a secret, afraid of what their colleagues
might think about them should they disclose:

_I worked in the gay community at the time and I was ashamed of appearing ignorant or weak._

_I am also a social worker and felt like my peers would look down on me for letting this happen. I counsel people who are being battered by men but here I am allowing my girlfriend to assault me. I’m ashamed, I feel stupid._

The first comment also speaks to the stigma associated with help-seeking, which is reviewed next in the section. The second quotation reflects one participant’s struggle with performing a professional role, meanwhile personally experiencing intimate partner abuse (and feeling guilty about this experience). But on the flip side, what happens if your abusive partner is a service provider and is _taking up space_ in a social service agency you would like to access? Some participants explained that they could not seek help because their abusive partners were key service providers at local clinics, GLBT organizations, etc:

_Because my partner was violent and was taking up space in some of those places and I was not safe._

..._he held a prominent [social service] position in our community._

_Stigma, help-seeking, and being a victim of same-sex partner abuse._ Many participants spoke of a reluctance to _air their dirty laundry_ to members of their community. Participants indicated that relationship issues were a personal matter that should be dealt with privately. Talking about one’s relationship problems (or in this case, intimate partner abuse) to others was perceived as a sign of _weakness_. This seems to suggest that seeking help was not viewed favourably:
...I was ashamed of appearing ignorant or weak.

I find there is still a lot of stigma attached to getting help, especially if you are gay or lesbian.

As can be seen from these quotations, participants recognized the perceived stigma associated with help-seeking, and indicated that this influenced their decision to seek assistance. Additionally, from these quotations we can see that participants were also afraid to seek assistance because of the particular problem, that is, same-sex partner abuse. This is not surprising given that GLBT communities have been reticent to accept that same-sex partner abuse occurs within their communities. Participants used words like shameful and weak when describing what it means to be a victim of same-sex partner abuse. Participants indicated that, should they tell, others would perceive them in a negative light, presumably for talking about an issue that could potentially further stigmatize an already oppressed group.

Role of family and friends. Many participants who did not seek formal help indicated that they talked to friends and family instead. Friends and family were described as supportive, accepting, open, trustworthy, and understanding sources of help. Additionally, having friends who shared the same sexual orientation or who knew of participants’ sexual orientation was key. Indeed, the role of informal sources of help seemed to play a vital role for participants who were experiencing intimate partner abuse:

I found support among my friends in the gay and lesbian community.

My friends are my life; they’re the corner-stone of my existence.

I anticipated that location of residency, availability and perceived helpfulness of services, and degree of outness would be related to help-seeking. In this last section, I
presented how these, as well as several other factors, were perceived to have an impact on decisions to seek help for victims and non-victims of same-sex partner abuse. Additional factors emerging from the qualitative data included: perceived severity of abuse, participants' desire to remain in the abusive relationship (and the risk of exposing oneself or a partner to a homophobic, heterosexist, and/or racist system), perceived stigma associated with help-seeking, importance of friends and family as informal sources of help, and the struggle faced by participants who are themselves service providers or have partners who are service providers.
CHAPTER IV
DISCUSSION

The main purpose of this study was to identify and explore the barriers to help-seeking encountered by men and women who are being abused by a same-sex partner living in rural and urban Canada. More specifically, availability of same-sex specific services, and experiences of minority stress, were the hypothesized barriers to help-seeking under investigation. Additionally, this study sought to report on perceived sensitivity and helpfulness of general and same-sex specific services. In conducting this research, I ultimately wanted to represent the experiences of rural community members, whose experiences have often been absent from research.

Sensitivity and Helpfulness of Services

The hypothesis that same-sex specific services would be rated as more sensitive and more helpful than general services was supported by both the victim and the non-victim samples. However, it is noteworthy that although not rated as sensitive or as helpful as same-sex specific services, general services were rated as somewhat helpful/sensitive (e.g., general support or self-help group; general crisis help line; counselor/psychologist). Findings in this study are similar to those reported in previous research on perceived helpfulness of services. Merill and Wolfe (2000) found that abused men were more likely to seek and rate as helpful services that seemed to cater specifically to the needs of gay men, although the perceived sensitivity of services was not measured. Likewise, a substantial proportion of respondents in Lie and Gentlewarrier’s (1991) sample of abused and non-abused lesbian participants indicated that they would not use any of the general services presented to them in the questionnaire; instead, in their “wish
of services they indicated that access to women-only or lesbian-only services would be preferable, presumably because these are the services they perceived as most helpful. Again, perceived sensitivity of services was not measured.

Because an association between sensitivity and helpfulness of services was found in this study in both the qualitative and quantitative data, measuring perceived sensitivity of services could potentially shed light into what makes same-sex specific services so helpful, and what could make general services more helpful. In the qualitative data, participants indicated that they were apprehensive about seeking help through mainstream services because these were perceived to be insensitive and ill-equipped to deal with the specific needs of GLBT people. Participants were also afraid of encountering homophobic attitudes from general service providers. So what makes a service sensitive and therefore helpful? Participants indicated that sensitive service providers were knowledgeable and resourceful, had knowledge about and experience on/with GLBT-specific issues, and were non-judgmental/non-heterosexist/non-homophobic. Additionally, participants indicated that it was important that service providers undergo GLBT-sensitivity training. Participants also felt that sensitive service providers should actively advertise their services to potential GLBT clientele.

Considering perceived sensitivity of services across rural and urban communities in Canada is important because it provides Canadian service providers with recommendations on how they can further expand and adjust their services to accommodate the needs of GLBT clientele.

The hypothesis that there would be differences in perceptions of sensitivity and helpfulness of individual services by gay men and lesbians (e.g., use and positive ratings
of HIV-related agencies by gay men but not lesbians; Merrill & Wolfe, 2000) was only partially supported for one of the services: GLBT general agencies. Specifically, men perceived GLBT general agencies to be more sensitive than did women. It is important to remember that there were no differences in terms of utilization of services by men and women, thus this cannot explain this finding. This difference in perceptions of sensitivity likely speaks to the fact that GLBT and other gay-identified agencies may be in place to serve primarily the needs of gay men (Oliveira, Weinstein, Cyrus, Schaffzin, & Gery, 1997; Ross, 1990) and may in fact be exclusionary toward lesbians (Jeffreys, 2003). This finding suggests that the needs of lesbians and gay men may be different, and that the agenda of GLBT general organizations may be male-centered. Consequently, GLBT general agencies must ensure that the needs of lesbians are also taken into account; this may require that staff undergo sensitivity training on gender-related issues.

While it is possible that gender bias did not seem to adversely affect sensitivity or helpfulness for most services, it is important to note that other differences may still be present. Analyses were only conducted on the most commonly used services as I was unable to compute mean sensitivity and helpfulness scores for certain services because too few participants had used these services. Therefore, there could be differences between men and women on perceptions of sensitivity and helpfulness for the services that I was unable to examine.

**Barrier to Help-seeking #1: Availability of General and Same-sex Specific Services in Canada**

Availability of services was the first barrier to help-seeking under investigation. Based on the anecdotal observations made by U.S. researchers (Burke et al., 2002;
Helfrich & Simpson, 2006) that few services are available to meet the specific needs of gay men and lesbians who are being abused by a same-sex partner, I hypothesized that men and women living in rural areas in Canada would have access to fewer general services, and far less access to same-sex specific services, when compared to their urban counterparts. Although this hypothesis was supported, a few caveats should be discussed. Contrary to what was expected, it was found that participants living in rural areas reported that some same-sex specific services were available to them. When compared to general services however, not surprisingly, far fewer same-sex specific services were available, regardless of whether one lived in a rural or urban community. Ultimately, it was found that access to same-sex specific services was minimal, and as services became more specific (e.g., gay men's/lesbians domestic violence program versus GLBT general agency), participants reported less availability. These findings, presented within a Canadian context, offer support to the beliefs expressed by U.S. researchers positing that there is a scarcity of same-sex specific resources for abused gay men and lesbians, particularly in smaller communities.

The qualitative data also spoke to a lack of GLBT resources for gay men and lesbians living in Canada. An overwhelming number of participants voiced an immediate need for GLBT-specific services or service providers. Additionally, participants spoke of a yearning for one all-encompassing center of resources for GLBT people within their communities. It is possible that the absence of unified centers for GLBT people has contributed to the fragmentation found within GLBT communities, a problem reported by participants in this study. Researchers investigating heterosexual partner abuse and access to services have found that women living in rural areas also have fewer options in terms
of social services (Blaney & Janovicek, 2006; Hornosty & Doherty, 2003; Logan, Evans, Stevenson, & Jordan, 2005). However, when compared to heterosexual women, it is likely that gay men and lesbians have even fewer resources available specifically for them, regardless of the size of the community they live in, due to a combination of societal homophobia, heterosexism, and in some cases, racism.

Because heterosexuality is the norm in most cultures, GLBT relationships and lifestyles are not validated (Ristock, 2002; West, 1998). It is not surprising, then, that services tailored specifically for gay men and lesbians would be scarce when compared to programming options for heterosexual women. In other words, heterosexual relationships are perceived as natural and valued; gay and lesbian relationships are seen as deviant and stigmatized (Balsam, 2001). Indeed, participants’ qualitative responses suggested that being a sexual minority group member was a significant problem in their (heterosexual) communities. This was particularly an issue for participants living in smaller communities, where conservative values were linked with lack of tolerance and acceptance of different lifestyles. This is similar to the observations of D’Augelli and Hart (1987), who indicate that rural community members encounter more local negative attitudes toward homosexuality. These findings show how gay men and lesbians face other oppressions as well, including homophobia and heterosexism (and for women and ethnic minority peoples, sexism and racism) which make the realities of GLBT victims of partner abuse quite different from those of their heterosexual female counterparts (Balsam & Szymanski, 2005; Hodges, 1999; Tigert, 2001).

Related to the availability of services is the question of whether the number of services available in one’s community is associated with help-seeking. Although I
predicted that access to more same-sex specific and general services would be associated with more help-seeking, in the quantitative analyses I found that this was only true for the number of general services available. Specifically, it was found that the number of general services available was only marginally related to the number of times participants sought help. This finding, at first glance, seems counterintuitive; one would expect that access to services would be highly associated with help-seeking. It is likely that instead, other, more complex and contextual barriers and factors have a greater impact on help-seeking. These factors, which were identified in the qualitative data (but were not measured quantitatively), are reviewed next.

*Other Barriers and Factors Affecting Help-seeking*

The qualitative data revealed that a desire to remain with one’s abusive partner was an important factor influencing whether or not participants sought help. Renzetti (1992) and Merrill and Wolfe (2000) found that lesbians and gay men reported a commitment to staying with their partners as an important reason for remaining in the abusive relationship. It might be that participants believed that, should they seek help, service providers would tell them to leave the abusive relationship, which they were not willing to do. This theme was also reported in a study on heterosexual women who had not sought help for intimate partner abuse (Fugate et al., 2005). Although there appear to be similarities between heterosexual women and lesbians and gay men in terms of their desire to remain in the relationship and the impact of this on decisions to seek help, there are contextual differences as well. For instance, lesbians (and presumably gay men as well) often value a particularly strong commitment to their partners, due to the lack of validation for their intimate partnerships received from mainstream society (Renzetti,
This is not to say that heterosexual women are less committed to their male partners. Rather, it is important to note that lesbians and gay men may choose to remain in the relationship for different or additional reasons that are related to their sexual identity and the lower status ascribed to sexual minorities by mainstream society.

Perceived severity of abuse was another factor influencing decisions to seek help, which emerged from the qualitative data. More specifically, it was found that participants did not seek help if they did not perceive the abuse to be serious enough to warrant intervention. Similar findings are reported in the literature on intimate partner abuse in heterosexual relationships (e.g., Fugate et al., 2005) and lesbian relationships (Ristock, 2002). Indeed, Fugate et al. theorize that there is a threshold for abuse, where seeking help occurs only when the abuse has reached the point where (heterosexual) women perceive it as serious enough to warrant seeking outside help. When considering the finding that perceived severity had an impact on help-seeking, though, recall that most participants who indicated that the abuse was not serious enough to warrant seeking professional help also reported experiencing a combination of different types of abuse. Consequently, this theme may also speak to a labeling issue, where participants in this study did not define the negative behaviours perpetrated against them as abuse. A similar theme was found in Ristock’s study, where participants indicated that service providers in Canada often were the first to name the violence; that is, service providers defined the problem presented to them as lesbian intimate partner abuse. Although similar to the experiences of heterosexual women, who often do not label the experience as abuse (Blaney & Janoviec, 2006; Hammond & Calhoun, 2007; Logan et al., 2005), the lived realities of lesbian and gay men are quite different. It is even more challenging for gay
men and lesbians to label the experience as abuse because of the denial that same-sex partner abuse occurs, among GLBT people and professionals alike (Gillis & Diamond, 2006; Renzetti, 1992; Ristock). Furthermore, for lesbians and gay men, naming and coming forward to talk about the abuse means risking discrimination by professionals who may not recognize same-sex partnerships or the possibility of same-sex partner abuse (Gillis & Diamond).

A barrier identified from the qualitative responses as having an impact on seeking professional help was the fear of exposing a partner or the self to an oppressive ‘helping’ system. In other words, participants were afraid to seek help from professionals who were perceived as homophobic and heterosexist, which is often cited in the literature as a barrier to help-seeking (e.g., Lie & Gentlewarrier, 1991; Renzetti, 1992). These fears are not unfounded. Due to inherently homophobic and heterosexist social and cultural systems, unequal treatment of GLBT people who are seeking help often results (Helfrich & Simpson, 2006; Potoczniak et al., 2003). This occurs at the systemic level (e.g., no explicit policies on how to handle violations of inclusion within an institution; Helfrich & Simpson), as well as at the individual level (e.g., some service providers are known to hold homophobic attitudes, and further, harass GLBT communities; Balsam, 2000; Renzetti). A parallel can be drawn to the research on women of colour who are victims of heterosexual partner abuse. Women of colour are often reticent to access professional services because of a fear of exposing their male partners to a racist and culturally biased system (Bent-Goodley, 2004; Kanuha, 1994; Sorenson, 1996). Furthermore, women of colour often do not consider using formal services because they do not believe these services to be culturally competent (Kanuha; Sorenson). For lesbians and gay men of
colour, this problem is intensified, as they must contend with potentially racist, heterosexist, and homophobic ‘helping’ systems (Kanuha, 2005; Taylor & Chandler, 1995; Waldron, 1996).

The qualitative data showed how the stigma associated with seeking help was also a barrier to help-seeking. This relationship has been widely documented in the literature on seeking help for a variety of problems from social and mental health services (e.g., Barney, Griffiths, Jorm, & Christensen, 2006; Hoyt, Conger, Gaffney Valde, & Weihs, 1997). But beyond stigma and help-seeking, stigma associated with the particular problem being reported (i.e., same-sex partner abuse), and perceptions or assumptions about the identity of the person reporting the problem (i.e., gay men and lesbians, who are members of stigmatized groups), influenced participants’ decisions to seek help. In the literature on both gay/lesbian and heterosexual partner abuse, shame associated with being in an abusive relationship has been reported as a factor having an impact on help-seeking (e.g., Fugate et al., 2005; Ristock, 2002). However, unlike heterosexual women who do not experience embarrassment in relation to their sexual orientation, shame associated with being a gay man or lesbian further influences decisions to seek help (Ristock; Tigert, 2001). Therefore, the stigma associated with being a member of a sexual minority in a heterosexist and homophobic world, compounded with the stigma associated with help-seeking for reasons of partner abuse, makes it even more difficult for gay men and lesbians to seek professional help.

From the qualitative analyses we saw how participants who were service providers, or had partners who were service providers, struggled with seeking formal help. Abused lesbians who were participants in Ristock’s (2002) study also experienced
challenges related to help-seeking because they were service providers; these challenges were related to issues of confidentiality and anonymity (i.e., because service providers often know each other). In smaller communities, this problem is likely exacerbated, as members of the community know each other well, and are sometimes even related. It appears in the current study that beyond confidentiality issues, participants were ashamed of their situation and felt that they should be equipped with the tools necessary to leave the relationship. This is unfortunate given that the more one knows about intimate partner abuse, the more one should know that it is never one’s fault. Some participants were reluctant to seek help because their abusive partners were service providers. Similar findings were also reported by Renzetti (1992) and Fugate et al. (2005), where lesbian and heterosexual women were wary about seeking help because their partners occupied space as staff in women’s shelters, medical clinics, etc. Once again, living in a smaller community could be a problem for men and women who have abusive partners who are service providers. By coming forward for help, victims of same-sex partner abuse risk exposing the problem (and their partners’ culpability) to service providers in the community who are relatives, friends, or acquaintances. These findings suggest that there are even fewer options available for GLBT victims of partner abuse who are service providers, or whose partners are service providers.

In the qualitative data, the presence of informal sources of help (e.g., other GLBT friends) was viewed as critical for gay men and lesbians who were experiencing same-sex partner abuse. Because participants sought help through informal sources, they listed this as a reason for not seeking formal sources of help. On the surface, there appear to be no differences between the literatures on heterosexual and same-sex partner battering in
terms of seeking informal sources of help. Studies have consistently found that victims often seek help from friends and family (e.g., Fugate et al., 2005; Goodkind, Gillum, Bybee, & Sullivan, 2003; Merrill and Wolfe, 2000; Renzetti, 1992; Ristock, 2002). However, although not the case for participants in this study, some research has found that GLBT communities do not support fellow GLBT victims who come forward for help. This is likely due to the denial that same-sex partner abuse occurs, and the fear that naming same-sex partner abuse will only add to the oppression of sexual minority peoples (Ristock). Although negative responses from family members and friends have been reported by heterosexual women as well, these tend to center around family or friends urging the victim to leave her male partner, even if she does not want to do so (e.g., Goodkind et al.). In comparison, both Ristock and Lobel (1986) have documented the experiences of women who were completely shunned by their lesbian communities for talking about the abuse. This means that there may be additional risks (e.g., total isolation and lack of much needed support from GLBT community) faced by GLBT people when they come forward to talk to their friends about same-sex partner abuse. The qualitative finding that GLBT friends were supportive in the current study is promising, however, and may be indicative of a historical shift toward GLBT people's acknowledgment of the existence of same-sex partner abuse.

Additional factors found to have an impact on decisions to seek help emerged from the qualitative data as well. These were: the challenges associated with living in a rural community, lack of availability and awareness of services, and outness. Because these factors were measured quantitatively, I will discuss them in more depth in the following sections on the relevant hypotheses.
Barrier to Help-seeking #2: Experiences of Minority Stress

Minority stress was the second barrier to help-seeking under investigation. Of particular interest were three types of minority stress: degree of outness, past experiences of discrimination, and ethnicity. Across a variety of reasons for seeking help (e.g., mental or physical health; relationship problems) and from different types of services, research consistently shows how being more out has positive implications for GLBT people as it leads to more help-seeking and to receiving much needed support (e.g., Bradford, Ryan, & Rothblum, 1993; Brotman, Ryan, Jalbert, & Rowe, 2003). Findings from the current study support previous research investigating outness and its positive association with help-seeking. Being more out was related to being more willing to seek help and to the number of times participants sought help for same-sex partner abuse. The qualitative data also supported the view that degree of outness was an important factor contributing to decisions to seek help. For participants who were not out, seeking help was just not an option. Participants who were not out addressed the specific challenges they faced, such as not being able to talk to anyone about their personal lives. Findings obtained from the current study as well as previous research are not surprising. Seeking help in the context of same-sex partner abuse requires the disclosure of one’s sexual orientation, which involves a process of constant negotiation (e.g., who does one tell, how and when; Balsam & Szymanski, 2005) that can be challenging even for a person who is out and likely impossible for a person who is not. And as Brotman et al. advise, coming out does not occur in a void. Gay men and lesbians make choices and ultimately take risks regarding whether or not they should come out within a context of societal homophobia and heterosexism.
The hypothesis that experiences of past discrimination would be associated with help-seeking was only partially supported. It was found that experiences of past discrimination were related to willingness to seek help and initiative toward help-seeking, but not to how often participants sought help. It has been well documented that some service providers (e.g., police, which were rated as most insensitive by survivors in the current study, with a 7.83/15 rating on the sensitivity scale) are known to hold homophobic attitudes, and further, to harass GLBT communities (e.g., Balsam, 2000; Potoczniak et al., 2003; Renzetti, 1992). Therefore, due to anticipated (and previously encountered) homonegative attitudes and discrimination from service providers and/or the general public, it would make sense that participants who reported having been discriminated against overtly would be less willing to seek help than those having no prior experiences with overt discrimination based on sexual orientation.

An unexpected finding was that experiences of past discrimination were not associated with the number of times gay men and lesbians sought help. In trying to understand this finding, it is important to remember that the two types of help-seeking were found to represent separate constructs. In other words, although related, willingness to seek help and actually seeking help are not the same. Therefore, it could be that initially, experiences of past discrimination have an impact on willingness to seek help and initiative toward help-seeking as victims of same-sex partner abuse contemplate whether or not they are ready to ask for help ("Am I willing to seek help, given my past experiences with discrimination and harassment?"). But ultimately, when victims seek help, experiences of past discrimination do not appear to play a role in help-seeking.

Other factors, like degree of outness, perceived severity of abuse, and desire to remain in
the abusive relationship (all previously discussed), may come to have a greater impact on the help-seeking process instead.

Contrary to what was expected, being a member of an ethnic minority group, another form of minority stress, was not found to be associated with help-seeking. The literature on lesbians and gay men of colour has posited that ethnic minority (and other multiply oppressed) groups would encounter even more challenges while accessing services, as they face additional forms of oppression due to their multiple minority status (e.g., Brotman et al., 2002; Kanuha, 2005; Waldron, 1996). The finding that being a member of an ethnic minority group was not associated with help-seeking in this study could be due to a number of reasons. First, due to the small proportion of the sample who were visible ethnic minorities, I had to collapse all ethnic minority groups into one category to compare to the ethnic majority. The problem of collapsing the experiences of different groups into one has been noted by Bograd (2005). By collapsing I have assumed that the experiences of all ethnic minority groups (Black, Aboriginal, etc.) are the same, which is definitely not the case. It is possible that, given sufficient variability and sample size, separate analyses for different ethnic groups would have revealed differences in help-seeking. Additionally, the measures, for example, the sensitivity measure focused on sensitivity to sexual identity but not to other identities, could have contributed to the lack of findings. In other words, I did not design the survey to look at interlocking oppressions. Unfortunately, the combination of small sample size and survey design may not have captured the potentially unique and important experiences of gay and lesbian ethnic minorities.
Factors Predicted to Lead to More Help-seeking

The hypothesis that living in an urban area, and the availability of more same-sex specific services, would lead to more help-seeking was not supported by the quantitative data. The lack of support for this hypothesis once again suggests that help-seeking and decisions to seek help are complex phenomena that might be best understood within the different contexts in which they take place (Ristock, 2002). More specifically, in the presentation of the qualitative findings in the section on Other Barriers and Factors Affecting Help-seeking, I illustrated how decisions to seek help, for gay men and lesbians, are likely always going to be made within the context of a racist, heterosexist, and homophobic Canadian society. For example, the qualitative data showed how experiencing oppression, in its many forms, can influence as well as become a barrier to help-seeking, whether it be through feeling shame because of one’s sexual identity, or acknowledging the inherent heterosexism and homophobia within institutional systems and practices. Therefore, help-seeking and decisions to seek help are contingent upon a multitude of factors and contexts not measured or captured quantitatively in the current project.

Although living in an urban area was not found to be related to more help-seeking in the quantitative data, an exploration of the qualitative data highlighted the multifaceted challenges faced by GLBT people living in rural communities in Canada. It appears that it is not simply living in a rural area that is the problem; it is the characteristics and circumstances of living in smaller communities that make it difficult for gay men and lesbians to seek help. Participants living in rural communities linked decisions to not seek help with issues of fearing for personal safety (e.g., fear of discrimination based on
sexual orientation), as well as privacy (e.g., fear that dirty laundry will be aired to members of the small community). Participants in the current study reported that adherence to conservative (and by association, traditional and patriarchal) values, which are characteristic of many small town or rural communities, were associated with negative attitudes toward minority groups. Indeed, these particular characteristics of rural communities have been well documented in the literature as playing a significant role in impeding the help-seeking behaviours of heterosexual women (Hornosty & Doherty, 2003), and even more so those of gay men and lesbians (D’Augelli & Hart, 1987).

Contrary to what was anticipated, the availability of more same-sex specific services was not found to be associated with help-seeking in the quantitative analyses. But the qualitative data showed how a combination of awareness and accessibility of same-sex specific services were important determinants of help-seeking. Lack of awareness concerning the availability of same-sex specific programming within GLBT organizations and general organizations was a significant problem. There are two possible scenarios here. It could be that gay men and lesbians are not aware that there are services available in their communities through mainstream or same-sex specific organizations because these services are not well advertised. Alternatively, it could be that same-sex specific or sensitive mainstream service providers are just not available. As previously discussed in the section on Availability of General and Same-sex Specific Services in Canada, a scarcity of resources for GLBT people is indicative of society’s failure to affirm GLBT relationships. And lack of awareness translates into poor visibility of same-sex specific programming. Lack of awareness of services influences the help-seeking behaviours of heterosexual women as well (e.g., Logan et al., 2005). But
heterosexual women can be assured that services (e.g., shelters for battered women) are equipped to serve their needs as heterosexual women. When services are not advertised as open to GLBT people, gay men and lesbians must consider whether or not mainstream services are staffed by sensitive service providers and/or offer same-sex programming.

Conclusions

This study makes an important contribution to the literature on same-sex partner abuse. By including both rural and urban community members living across Canada, this research highlights the importance of contextualizing the help-seeking process for gay men and lesbians who are experiencing same-sex partner abuse. Indeed, this study shows how decisions to seek help and help-seeking are complex and multifaceted. The practical implications of these findings are next discussed.

Practical Implications

Responses to the open-ended questions showed how both rural and urban community members reported experiencing challenges related to living as a sexual minority. These challenges appeared to be even more pronounced for rural community members as the characteristics of rural communities were quite different (for instance, participants living in rural areas encountered particularly conservative politics and values; issues of privacy and anonymity were especially relevant for rural community members). These findings suggest that we can no longer rationalize not including the experiences of rural community members in GLBT research.

Two important findings regarding availability of services surfaced: gay men and lesbians living in rural areas in Canada had significantly fewer general and same-sex specific services available than their urban counterparts; and the number of same-sex
specific services available for GLBT partner abuse were fewer regardless of location of residency. These findings can be linked to the negative attitudes held toward and discrimination of homosexuality and homosexuals. Indeed, recent preliminary findings from a study on homophobia and transphobia conducted by Egale Canada (2008), which included 1200 GLBTQ and heterosexual youth from all over Canada, revealed that over 50% of GLBTQ youth experienced verbal harassment related to their sexual orientation, 41% had been sexually harassed, and 25% had been physically harassed. Clearly, homophobia is still a problem in Canada today. It is likely that homophobic attitudes held by Canadian society, and especially, those in positions of political power, has made it difficult for agencies to secure funding for same-sex specific training, programs, and services. A lack of GLBT-specific resources translates into an effective way of keeping GLBT people invisible, meanwhile preserving heterosexuality. In doing so, we are ignoring the existence of 362,000 Canadians (or more, since these statistics represent only those who felt comfortable enough to identify as GLBT in the 2004 General Social Survey). How can we move beyond this and successfully respond to the needs of GLBT victims of partner abuse?

Due to the lack of same-sex specific services in Canada, GLBT people will continue to turn to more general services for support, as the participants who completed this study did. As I have already discussed, general services, although rated as somewhat sensitive/helpful, were not rated as sensitive or as helpful as same-sex specific services. This means that general service providers must be equipped with the skills and experience needed to work with gay and lesbian clientele. Ongoing GLBT sensitivity training, as well as more specific GLBT intimate partner abuse training, may be required.
Findings from this study indicated that the mere availability of services is not sufficient. Beyond availability of services, it is crucial that service providers ensure the effective delivery of services to individuals in same-sex partnerships. Indeed, important recommendations for sensitive and effective service delivery of same-sex sensitive programs in Canada came out of this study. These recommendations, which can be applied to both same-sex specific and general services, included: all service providers should seek and partake in training on same-sex partner abuse related issues, have experience working with GLBT persons experiencing same-sex partner abuse, and should advertise their services to GLBT clientele.

The advertisement of same-sex specific or sensitive services is critical when we consider how many participants in the current study were not aware of some of the services that were available to them. Engaging in active advertising (e.g., in GLBT newspapers, magazines, websites, or listservs; posting of GLBT symbols within organization) of same-sex specific programming or of sensitive general programming would ensure that GBLT communities and people know that there are services available specifically for them. But perhaps even more importantly, due to the lack of same-sex specific programs in Canada, general services should also engage in active advertisement if they have a commitment to accountability and inclusivity. General service providers who are equipped with knowledge of GLBT related issues and who have had experiences with GLBT clients on issues related to intimate partner violence should promote their services as GLBT friendly and accommodating. By indicating that their service is open to and experienced at providing services for GLBT people, service providers can facilitate the help-seeking process for those experiencing same-sex intimate partner abuse.
Earlier I discussed how experiences of minority stress, and more specifically, past experiences of discrimination and outness, had an impact on willingness to seek help and initiatives toward help-seeking and/or the number of times participants sought help. These findings highlight the importance of considering experiences of minority stress when conducting research on the help-seeking behaviours of men and women who are seeking help for reasons of intimate partner abuse. Indeed, participants’ decisions to not seek help are best understood within the context of living as a GLBT person in our homophobic/heterosexist/racist Canadian society. Ultimately, this means that decisions to seek help and help-seeking may be even more complicated for victims of same-sex partner abuse than for heterosexual battered women. Therefore, service providers should be cognizant that GLBT people face a combination of systems of oppression that make same-sex partner abuse different.

The finding that being more open about one’s sexual orientation was related to more help-seeking has important implications for service providers. If being more closeted means that a person is less likely to seek help, how can service providers reach survivors of same-sex intimate partner abuse who are not out? Active advertising of same-sex sensitive, confidential services is a first step. Additionally, the Internet is a promising venue for outreach to GLBT people, since GLBT people (especially those who are not out) will use the Internet to gain access to information on sexuality (Garry et al., 1999). The circulation of same-sex intimate partner violence resources that contain contact information for anonymous help lines and other resources via the World Wide Web seems like another potential way of reaching closeted gay men and lesbians.

Other contextual factors were found to have an impact on decisions to seek help,
as previously discussed. Future research should further investigate how perceived severity of abuse, issues pertaining to labeling the experience as abuse, desire to stay in the abusive relationship, fear of exposing a partner to a homophobic/heterosexist system, stigma associated with help-seeking, how being a service provider and a victim of abuse (or having a partner who is a service provider), and the role of informal sources of help influence formal help-seeking. Particularly, the finding that GLBT friends are supportive of victims is encouraging in that it may signify that GLBT people are coming out of the closet about acknowledging and accepting the existence of same-sex partner abuse within their communities, an important step in the right direction toward addressing and preventing GLBT partner abuse. Although many of these findings are comparable to the experiences of heterosexual women, I have shown how gay men and lesbians must contend with additional societal oppressions which make the context in which same-sex partner abuse occurs dissimilar.

This study was conducted within a Canadian context. Some comparisons can be made between findings in this project and anecdotal reports made by U.S. researchers. For instance, a paucity of GLBT services for victims of same-sex partner abuse, especially in rural communities, has been suggested by U.S. researchers. In this study it was also found that fewer GLBT specific services were available in rural areas in Canada. In Canada, however, there appears to be some availability of same-sex specific programming in both rural and urban Canada. Similar to reports made by U.S. researchers, a need for additional same-sex specific resources was voiced by participants in this study. Also comparable to other studies based out of the U.S. is that participants in this study rated certain services (e.g., counselor) as more helpful than others (e.g., police).
Future research should include the experiences of participants from the U.S. and Canada in order to make more parallel and meaningful comparisons.

**Strengths and Limitations**

Even though I made efforts to include the experiences of rural community members, of the sample of 288 GLBT respondents who participated in this study, only 13.5% (n = 39) were from rural, small town, or villages across Canada. The small sample of rural community members who participated in this study is a limitation of this research. However, when compared to results of the 2006 Census, the proportion of rural participants in this study is not far below the proportion of Canadians who live in rural areas in Canada (about 20%). Demographically, the sample was also not as diverse as I had hoped for (e.g., large number of educated, white, and middle-class participants, despite active efforts to recruit a diversity of GLBT peoples living across Canada). A class bias may be the primary weakness of the ethnic majority and minority samples. Future same-sex partner abuse research should continue to actively recruit rural community members, using a variety of innovative recruitment strategies to target a diversity of GLBT people. Additionally, future research is needed to oversample and therefore be able to explore more thoroughly the experiences of GLBT people of color, as well as those of GLBT youth and older adults and intimate partner violence.

Also related to the characteristics of the sample is the problematic use of convenience sampling in the current study. However, when compared to other research projects, which have relied heavily on domestic violence agencies to gather data on same-sex partner abuse (e.g., Merill & Wolfe, 2000), this study employed a more general recruitment call (i.e., advertised as a study on stressful same-sex relationships), paired
with a variety of recruitment strategies, yielding several different convenience samples. One of the concerns of using convenience sampling in traditional GLBT paper-and-pencil research is the problem of sampling bias, where respondents who participate in the research are typically more out and more willing to participate than those who are less out (Balsam & Szymanski, 2005). However, the use of online survey methodology in this study guaranteed complete anonymity, which likely helped with the recruitment of people with various degrees of outness.

Despite the use of a more general recruitment call, it was found that more participants who were victims of same-sex partner abuse completed the study, when compared to non-victims. Also, fewer perpetrators completed the study than non-perpetrators. This completion bias also speaks to a selection bias. Nevertheless, due to the nature of the study, it was expected that victims would be more invested in completing the study, in order to have their experiences heard and validated. This is common in my experience conducting research with battered heterosexual women. It is not surprising that fewer perpetrators completed the survey, since reporting abusive behaviours against a partner would be considered socially undesirable behavior and confronting these issues may be quite uncomfortable. However, despite these issues, 33% of participants identified as non-victims, and another 20% identified as perpetrators so the experiences of non-victims and perpetrators were still captured in the current study.

Past research has tended to exclusively focus on the experiences of either gay men or lesbians. A strength of the current study is that I was able to make comparisons between the experiences of gay men and lesbians. It is likely that there are also differences within these two groups, which was not addressed in this study. Therefore,
future research should examine the potential within group variations in sexual minority
groups. For example, the barriers to help-seeking may be different for bisexual women as
compared to women who identify as lesbians (e.g., there may be additional challenges
associated with coming out as bisexual within lesbian communities).

Regarding the sensitivity and help-seeking measures, which were developed
specifically for this study, further development (perhaps based on participants’ feedback
regarding their perceptions of ‘sensitive’ services or service providers) and validation of
these measures are warranted. These scales appear to have potential, however, whether or
not these measures can be used and adapted to accommodate different research topics
(e.g., use of sensitivity scale to measure sensitivity of service providers to general GLBT-
related issues) should be explored.

The focus on the experiences of victimization of gay men and lesbians could be
considered a limitation of the current study. Research on abuse in same-sex relationships
should assess both the victimization and perpetration of different types of abuse due to
the complex dynamics found in same-sex relationships (e.g., Ristock, 2002). Because
information on the perpetration of same-sex partner abuse was gathered, in the future I
will examine this data, which may provide a more comprehensive understanding of the
barriers to help-seeking faced by gay men and lesbians experiencing intimate partner
abuse.

The use of quantitative methodologies could be considered by qualitative
researchers as a limitation of this study. By using mainly quantitative survey
methodology, I have likely missed out on considering important nuances, contexts, and
insights related to decisions to seek help. The use of mixed methodologies, however,
allowed for the exploration of both descriptive and some (although limited) complex phenomena related to help-seeking. Future research examining help-seeking and barriers to help-seeking should use a combination of quantitative and ‘big’ qualitative (e.g., in-depth interviews) methodologies, since it is likely that the unique experiences and situations of abused GLBT rural and urban community members living across Canada would best be understood through triangulation.

As a lesbian who grew up in a small town in rural New Brunswick, I hoped as a researcher I would be inclusive of as well as attempt to speak to the experiences of men and women living in rural Canada. Despite the limitations of the current study, this research does represent the experiences of urban and rural community members. The findings have strong political implications for survivors of same-sex partner abuse, service providers, and researchers. This study showed how survivors of same-sex partner abuse would benefit from additional, effective same-sex specific or sensitive or general service provision in their communities. Additionally, findings revealed that experiences of minority stress, and more particularly, experiences of past discrimination and concealment of sexual orientation, are barriers to help-seeking for gay men and lesbians who are survivors of same-sex partner abuse. Overall, this study demonstrated how GLBT partner abuse is similar but different from heterosexual partner abuse, and as such must always be understood within the contexts of the multiple oppressions faced by minority peoples.
APPENDICES

APPENDIX A

Recruitment Materials

Wayves Magazine

 Wanted! Men & Women

to participate in a study on
stressful same-sex relationships!

IF - you’ve ever been in a same-sex relationship
- you’re 18 years of older
- you’ve lived in Canada for the past year

GO TO - www.uwindsor.ca/ssr
enter “samesex” as the User ID and “sam3s3x” as the password.

As a thank you, you can enter your name in a lottery draw for $300.

Questions, concerns, or for a hardcopy of the study -
samesexstudy@uwindsor.ca 519-253-3000 ext. 2256

Please pass on this information to anyone who may be interested and
fits the criteria above.

Thank you,

Melissa St. Pierre - Graduate Student - Department of Psychology - University of Windsor
Outlooks Magazine

Seeking participants for same-sex study

My name is Melissa St. Pierre and I am a lesbian graduate student from the Department of Psychology at the University of Windsor. I am looking for men and women to participate in a study on stressful same-sex relationships.

You can participate if:
You've ever been in a same-sex relationship
You're 18 years or older
You've lived in Canada for the last year
To thank you for participating, you'll have the opportunity to enter your name in a lottery draw for $300. To find out more about the study and how to participate, please go to http://www.uwindsor.ca/ssr and enter this User ID (samesex) and this Password (sam3s3x).
Questions or concerns? Prefer to fill out a paper copy of the survey? Please don't hesitate to email me at samesexstudy@uwindsor.ca or call me at 519-253-3000 ext. 2256.
If you know any women or men who you think might be interested in participating (and who fit the criteria outlined above) please feel free to send them this information.

The deadline to participate in this study is April 30, 2008.
My name is Melissa St. Pierre and I'm a lesbian graduate student from the department of Psychology at the University of Windsor. I'm looking for women and men who are interested in participating in a study on stressful same-sex relationships. You can participate if...

- You've ever been in a same-sex relationship.
- You're 18 years or older.
- You've lived in Canada for the last year.

If you fit the above criteria, you can take part in this new online study! To thank you for participating, you'll have the opportunity to enter your name in a lottery draw for $300. Please go to http://www.uwindsor.ca/ssr, and enter this Userid (samesex) and this Password (sam3s3x) to find out more information on how you can participate. Questions or concerns? Prefer to fill out a paper copy of the survey? Please don't hesitate to email or phone me at samesexstudy@uwindsor.ca or 519-253-3000 ext. 2256.

If you know any women or men who you think might be interested in participating (and who fit the criteria outlined above), please feel free to forward this information to them.

The closing date for this study is April 30.
PARTICIPANTS SOUGHT FOR STUDY ON STRESSFUL SAME-SEX RELATIONSHIPS

I am a lesbian Graduate Student from the Department of Psychology at the University of Windsor. I am looking for men and women to participate in a study on stressful same-sex relationships.

You can participate if:
• You've ever been in a same-sex relationship
• You're 18 years or older
• You've lived in Canada for the last year

To thank you for participating in the study, you'll have the opportunity to enter your name in a lottery draw for $300.00. To find out more about the study and how to participate, please go to http://www.uwindsor.ca/ssr and enter this User ID (samesex) and this Password (sam3s3x)

Questions or concerns? Prefer to fill out a paper copy of the survey? Please don't hesitate to contact me. If you know any women or men who might be interested in participating (and who fit the criteria outlined above) please send them the link to the study or my phone number or email.

Melissa St. Pierre
Department of Psychology
University of Windsor
519-253-3000 ext. 2256
samesexstudy@uwindsor.ca
Hi!
My name is Melissa and I'm a lesbian graduate student from the department of Psychology at the University of Windsor. I'm looking for men and women who are interested in participating in a study on stressful same-sex relationships. You can participate if...

You've ever been in a same-sex relationship
You're 18 years or older
You've lived in Canada for the last year

If you fit the above criteria, you can take part in this new online study! To thank you for participating, you'll have the opportunity to enter your name in a lottery draw for $300.00. Please go to http://www.uwindsor.ca/ssr, and enter this Userid (samesex) and this Password (sam3s3x) to find out more information on how you can participate. Questions or concerns? Prefer to fill out a paper copy of the survey? Please don't hesitate to email or phone me at samesexstudy@uwindsor.ca or 519-253-3000 ext. 2256.

If you know any men or women who you think might be interested in participating (and who fit the criteria outlined above), please feel free to forward this email to them.

Many thanks!
Melissa St. Pierre
## APPENDIX B

### Access to Services

**Section 1**

Of the following, please indicate (with a checkmark or an X) the Help Providers/services that are available in your community.

| Service available? |
|-------------------|---|
| Yes               | Don’t know | No |

- Counselor or psychologist
- Police
- Police’s victims services unit
- Support or self-help group
- Shelter for battered women
- Shelter for battered men
- Religious advisor
- General crisis help line
- Attorney
- Medical clinic or personnel
- HIV-related agency
- Gay/lesbian/bisexual/transgender (GLBT) specialized counselor or psychologist
- GLBT general agency
- Support or self-help group for lesbians and gay men
- Gay men’s/lesbian’s domestic violence program
- Shelter for battered lesbians
- Shelter for battered gay men
Crisis help line for GLBT victims of partner abuse

Other (please specify):

Section 2
If you indicated that there were no help providers/services available in your community in section 1, please fill out section 2. If you filled out section 1, please skip to section 3 (green paper).

If you have ever had a negative behaviour (e.g., hitting, insulting, threats, etc.) done to you by a same-sex partner, or if you have ever done a negative behaviour to a same-sex partner, have you sought help from help providers/services outside of your community? If so, please describe the help providers/services (e.g., medical doctor, counselor, shelter, etc.) you sought help from.

IF YOU COMPLETED SECTION 2, PLEASE SKIP AHEAD TO SECTION 10. PLEASE COMPLETE SECTIONS 10-16. IF YOU COMPLETED SECTION 2, PLEASE DO NOT COMPLETE SECTIONS 3-9.

IF YOU COMPLETED SECTION 1, PLEASE SKIP AHEAD TO SECTION 3 (GREEN PAPER).
APPENDIX C
Help-seeking: Victims

Section 3
Please indicate (with a checkmark or X) whether or not you have used any of the following services in your community because of a negative behaviour (e.g., hitting, insulting, threats, etc.) a same-sex partner did to you. Also, please indicate how many times you used these services because of a negative behaviour a same-sex partner did to you. If this section is not applicable to you, please skip to section 4 (yellow paper).

<table>
<thead>
<tr>
<th>Service used?</th>
<th># Times used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Considered but didn't use</td>
</tr>
</tbody>
</table>

- Counselor or psychologist
- Police
- Police's victims services unit
- Support or self-help group
- Shelter for battered women
- Shelter for battered men
- Religious advisor
- General crisis help line
- Attorney
- Medical clinic or personnel
- HIV-related agency
- Gay/lesbian/bisexual/transgender (GLBT) specialized counselor or psychologist
- GLBT general agency
- Support or self-help group for lesbians and gay men
- Gay men’s/lesbian’s domestic violence program
- Shelter for battered lesbians
- Shelter for battered gay men

120
Crisis help line for GLBT victims of partner abuse

Other (please specify):

Section 3 Continued

If you didn't use any of the services available to you when your same-sex partner acted in a negative way toward you (e.g., hitting, insulting, threats, etc.), why didn't you use any of these services?

PLEASE PROCEED TO SECTION 4 (YELLOW PAPER)
APPENDIX D

Help-seeking: Perpetrators

Section 4
Please indicate (with a checkmark or X) whether or not you have used any of the following services in your community because of a negative behaviour (e.g., hitting, insulting, threats, etc.) you did to a same-sex partner. Also, please indicate how many times you used these services because of a negative behaviour you did to a same-sex partner. If this section and the previous section (section 3) were not applicable to you, please skip to section 5 (orange paper). If this section is not applicable to you, but the previous section (section 3) was applicable to you, please skip to section 6 (pink paper).

<table>
<thead>
<tr>
<th>Service used?</th>
<th># Times used?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Considered but didn’t use</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Counselor or psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
</tr>
<tr>
<td>Police’s victims services unit</td>
</tr>
<tr>
<td>Support or self-help group</td>
</tr>
<tr>
<td>Shelter for battered women</td>
</tr>
<tr>
<td>Shelter for battered men</td>
</tr>
<tr>
<td>Religious advisor</td>
</tr>
<tr>
<td>General crisis help line</td>
</tr>
<tr>
<td>Attorney</td>
</tr>
<tr>
<td>Medical clinic or personnel</td>
</tr>
<tr>
<td>HIV-related agency</td>
</tr>
<tr>
<td>Gay/lesbian/bisexual/transgender (GLBT) specialized counselor or psychologist</td>
</tr>
<tr>
<td>GLBT general agency</td>
</tr>
<tr>
<td>Support or self-help group for lesbians and gay men</td>
</tr>
<tr>
<td>Gay men’s/lesbian’s domestic violence program</td>
</tr>
<tr>
<td>Shelter for battered lesbians</td>
</tr>
</tbody>
</table>
Section 4 Continued

If you didn’t use any of the services available to you when you acted in a negative way (e.g., hitting, insulting, threats, etc.) toward your same-sex partner, why didn’t you use any of these services?

__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

IF YOU HAVE FILLED OUT SECTIONS 3 AND/OR 4, PLEASE SKIP TO SECTION 6 (PINK PAPER)

IF YOU HAVE NOT FILLED OUT SECTION 3 OR SECTION 4, PLEASE PROCEED TO SECTION 5 (ORANGE PAPER)
APPENDIX E

Help-seeking: Non-abused

Section 5
Please imagine that you are being abused by a same-sex partner. Please imagine yourself in this type of situation and indicate (with a checkmark or X) whether or not you would access any of the services available in your community because of this experience.

Would you use these services?

- [ ] Yes
- [x] No

Counselor or psychologist

Police

Police's victims services unit

Support or self-help group

Shelter for battered women

Shelter for battered men

Religious advisor

General crisis help line

Attorney

Medical clinic or personnel

HIV-related agency

Gay/lesbian/bisexual/transgender (GLBT) specialized counselor or psychologist

GLBT general agency

Support or self-help group for lesbians and gay men

Gay men's/lesbian's domestic violence program

Shelter for battered lesbians

Shelter for battered gay men

124
Crisis help line for GLBT victims of partner abuse

Other (please specify):

Section 5 Continued

If you don’t think you would use any of the services available in your community if you were being abused by a same-sex partner, why not?

IF YOU HAVE FILLED OUT THIS SECTION, PLEASE SKIP TO SECTION 7 (BLUE PAPER)
APPENDIX F

Sensitivity of Service Providers: Victims/Perpetrators

Section 6

On a scale from 1 to 5, please circle the number that best corresponds to the extent that you feel the services you used either because of a partner’s negative behaviour toward you, or your negative behaviour toward a partner, to be sensitive to your needs as a sexual minority. If you have not used a particular service, please proceed to the next service until you find the service(s) that you have used. If this section is not applicable to you, please skip to section 7 (blue paper).

Respected you as a sexual minority person:

1-----------------------------2-----------------------------3-----------------------------4-----------------------------5

Did not respect you

Somewhat respected you

Respected you completely

Made you feel comfortable enough to disclose your sexual orientation:

1-----------------------------2-----------------------------3-----------------------------4-----------------------------5

Did not make you feel comfortable

Made you feel somewhat comfortable

Made you feel very comfortable

Provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------------------------2-----------------------------3-----------------------------4-----------------------------5

Did not provide you with materials

Provided you with limited materials

Provided you with many materials

1-COUNSELOR OR PSYCHOLOGIST

The COUNSELOR OR PSYCHOLOGIST respected you as a sexual minority person:

1-----------------------------2-----------------------------3-----------------------------4-----------------------------5
The COUNSELOR OR PSYCHOLOGIST made you feel comfortable enough to disclose your sexual orientation:

1 2 3 4 5

The COUNSELOR OR PSYCHOLOGIST provided you with materials and/or resources specifically for individuals in same-sex relationships:

1 2 3 4 5

2-POLICE

The POLICE respected you as a sexual minority person:

1 2 3 4 5

The POLICE made you feel comfortable enough to disclose your sexual orientation:

1 2 3 4 5

The POLICE provided you with materials and/or resources specifically for individuals in same-sex relationships:

1 2 3 4 5

3-POLICE’S VICTIMS SERVICES UNIT

The POLICE’S VICTIMS SERVICES UNIT respected you as a sexual minority person:

1 2 3 4 5

The POLICE’S VICTIMS SERVICES UNIT made you feel comfortable enough to disclose your sexual orientation:

1 2 3 4 5

The POLICE’S VICTIMS SERVICES UNIT provided you with materials and/or resources specifically for individuals in same-sex relationships:

1 2 3 4 5

4-SUPPORT OR SELF-HELP GROUP

The SUPPORT OR SELF-HELP GROUP respected you as a sexual minority person:

1 2 3 4 5
The SUPPORT OR SELF-HELP GROUP made you feel comfortable enough to disclose your sexual orientation:

1-----------------2-----------------3-----------------4-----------------5

The SUPPORT OR SELF-HELP GROUP provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------------2-----------------3-----------------4-----------------5

5-SHELTER FOR BATTERED WOMEN

The SHELTER FOR BATTERED WOMEN respected you as a sexual minority person:

1-----------------2-----------------3-----------------4-----------------5

The SHELTER FOR BATTERED WOMEN made you feel comfortable enough to disclose your sexual orientation:

1-----------------2-----------------3-----------------4-----------------5

The SHELTER FOR BATTERED WOMEN provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------------2-----------------3-----------------4-----------------5

6-SHELTER FOR BATTERED MEN

The SHELTER FOR BATTERED MEN respected you as a sexual minority person:

1-----------------2-----------------3-----------------4-----------------5

The SHELTER FOR BATTERED MEN made you feel comfortable enough to disclose your sexual orientation:

1-----------------2-----------------3-----------------4-----------------5

The SHELTER FOR BATTERED MEN provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------------2-----------------3-----------------4-----------------5
7-RELIGIOUS ADVISOR

The RELIGIOUS ADVISOR respected you as a sexual minority person:

1----------------2-----------------3----------------4---------------5

The RELIGIOUS ADVISOR made you feel comfortable enough to disclose your sexual orientation:

1----------------2-----------------3----------------4---------------5

The RELIGIOUS ADVISOR provided you with materials and/or resources specifically for individuals in same-sex relationships:

1----------------2-----------------3----------------4---------------5

8-GENERAL CRISIS HELP LINE

The GENERAL CRISIS HELP LINE respected you as a sexual minority person:

1----------------2-----------------3----------------4---------------5

The GENERAL CRISIS HELP LINE made you feel comfortable enough to disclose your sexual orientation:

1----------------2-----------------3----------------4---------------5

The GENERAL CRISIS HELP LINE provided you with materials and/or resources specifically for individuals in same-sex relationships:

1----------------2-----------------3----------------4---------------5

9-ATTORNEY

The ATTORNEY respected you as a sexual minority person:

1----------------2-----------------3----------------4---------------5

The ATTORNEY made you feel comfortable enough to disclose your sexual orientation:

1----------------2-----------------3----------------4---------------5

The ATTORNEY provided you with materials and/or resources specifically for individuals in same-sex relationships:

1----------------2-----------------3----------------4---------------5
10-MEDICAL CLINIC OR PERSONNEL

The MEDICAL CLINIC OR PERSONNEL respected you as a sexual minority person:

1------------------2------------------3------------------4------------------5

The MEDICAL CLINIC OR PERSONNEL made you feel comfortable enough to disclose your sexual orientation:

1------------------2------------------3------------------4------------------5

The MEDICAL CLINIC OR PERSONNEL provided you with materials and/or resources specifically for individuals in same-sex relationships:

1------------------2------------------3------------------4------------------5

11-HIV-RELATED AGENCY

The HIV-RELATED AGENCY respected you as a sexual minority person:

1------------------2------------------3------------------4------------------5

The HIV-RELATED AGENCY made you feel comfortable enough to disclose your sexual orientation:

1------------------2------------------3------------------4------------------5

The HIV-RELATED AGENCY provided you with materials and/or resources specifically for individuals in same-sex relationships:

1------------------2------------------3------------------4------------------5

12-GAY/LESBIAN/BISEXUAL/TRANSGENDER (GLBT) SPECIALIZED COUNSELOR OR PSYCHOLOGIST

The GLBT SPECIALIZED COUNSELOR OR PSYCHOLOGIST respected you as a sexual minority person:

1------------------2------------------3------------------4------------------5

The GLBT SPECIALIZED COUNSELOR OR PSYCHOLOGIST made you feel comfortable enough to disclose your sexual orientation:

1------------------2------------------3------------------4------------------5
The GLBT SPECIALIZED COUNSELOR OR PSYCHOLOGIST provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-2-3-4-5

13-GLBT GENERAL AGENCY

The GLBT GENERAL AGENCY respected you as a sexual minority person:

1-2-3-4-5

The GLBT GENERAL AGENCY made you feel comfortable enough to disclose your sexual orientation:

1-2-3-4-5

The GLBT GENERAL AGENCY provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-2-3-4-5

14-SUPPORT OR SELF-HELP GROUP FOR LESBIANS & GAY MEN

The SUPPORT OR SELF-HELP GROUP FOR LESBIANS & GAY MEN respected you as a sexual minority person:

1-2-3-4-5

The SUPPORT OR SELF-HELP GROUP FOR LESBIANS & GAY MEN made you feel comfortable enough to disclose your sexual orientation:

1-2-3-4-5

The SUPPORT OR SELF-HELP GROUP FOR LESBIANS & GAY MEN provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-2-3-4-5

15-GAY MEN'S/LESBIAN'S DOMESTIC VIOLENCE PROGRAM

The GAY MEN'S/LESBIAN'S DOMESTIC VIOLENCE PROGRAM respected you as a sexual minority person:

1-2-3-4-5
The GAY MEN’S/LESBIAN’S DOMESTIC VIOLENCE PROGRAM made you feel comfortable enough to disclose your sexual orientation:

1-----------2-----------3-----------4-----------5

The GAY MEN’S/LESBIAN’S DOMESTIC VIOLENCE PROGRAM provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------2-----------3-----------4-----------5

16-SHELTER FOR BATTERED LESBIANS

The SHELTER FOR BATTERED LESBIANS respected you as a sexual minority person:

1-----------2-----------3-----------4-----------5

The SHELTER FOR BATTERED LESBIANS made you feel comfortable enough to disclose your sexual orientation:

1-----------2-----------3-----------4-----------5

The SHELTER FOR BATTERED LESBIANS provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------2-----------3-----------4-----------5

17-SHELTER FOR BATTERED GAY MEN

The SHELTER FOR BATTERED GAY MEN respected you as a sexual minority person:

1-----------2-----------3-----------4-----------5

The SHELTER FOR BATTERED GAY MEN made you feel comfortable enough to disclose your sexual orientation:

1-----------2-----------3-----------4-----------5

The SHELTER FOR BATTERED GAY MEN provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------2-----------3-----------4-----------5
18-CRISIS HELP LINE FOR GLBT VICTIMS OF PARTNER ABUSE

The CRISIS HELP LINE FOR GLBT VICTIMS OF PARTNER ABUSE respected you as a sexual minority person:

1-----------------2-----------------3-----------------4-----------------5

The CRISIS HELP LINE FOR GLBT VICTIMS OF PARTNER ABUSE made you feel comfortable enough to disclose your sexual orientation:

1-----------------2-----------------3-----------------4-----------------5

The CRISIS HELP LINE FOR GLBT VICTIMS OF PARTNER ABUSE provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------------2-----------------3-----------------4-----------------5

19-OTHER (PLEASE SPECIFY): ____________________________

The “OTHER” respected you as a sexual minority person:

1-----------------2-----------------3-----------------4-----------------5

The “OTHER” made you feel comfortable enough to disclose your sexual orientation:

1-----------------2-----------------3-----------------4-----------------5

The “OTHER” provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------------2-----------------3-----------------4-----------------5

IF YOU HAVE FILLED OUT ANY OF THE QUESTIONS IN THIS LAST SECTION, PLEASE SKIP TO SECTION 8 (PURPLE PAPER)

IF YOU HAVE NOT FILLED OUT ANY OF THE QUESTIONS IN THIS SECTION, PLEASE GO TO SECTION 7 (BLUE PAPER)
Section 7
Please imagine that you are being abused by a same-sex partner. On a scale from 1 to 5, please indicate to what extent you think the services available in your community would be sensitive to your needs as a sexual minority person experiencing abuse by a same-sex partner. Please skip the services that are not available in your community (i.e., leave them blank).

**Would respect you as a sexual minority person:**

1

Would not respect you

2

Would somewhat respect you

3

Would respect you completely

**Would make you feel comfortable enough to disclose your sexual orientation:**

1

Would not make you feel comfortable

2

Would make you feel somewhat comfortable

3

Would make you feel very comfortable

**Would provide you with materials and/or resources specifically for individuals in same-sex relationships:**

1

Would not provide you with materials

2

Would provide you with limited materials

3

Would provide you with many materials

**1-COUNSELOR OR PSYCHOLOGIST**

The COUNSELOR OR PSYCHOLOGIST would respect you as a sexual minority person:
The COUNSELOR OR PSYCHOLOGIST would make you feel **comfortable enough to disclose your sexual orientation**:

1-2-3-4-5

The COUNSELOR OR PSYCHOLOGIST would provide you with **materials and/or resources specifically for individuals in same-sex relationships**:

1-2-3-4-5

2-POLICE

The POLICE would **respect you as a sexual minority person**:

1-2-3-4-5

The POLICE would make you feel **comfortable enough to disclose your sexual orientation**:

1-2-3-4-5

The POLICE would provide you with **materials and/or resources specifically for individuals in same-sex relationships**:

1-2-3-4-5

3-POLICE’S VICTIMS SERVICES UNIT

The POLICE’S VICTIMS SERVICES UNIT would **respect you as a sexual minority person**:

1-2-3-4-5

The POLICE’S VICTIMS SERVICES UNIT would make you feel **comfortable enough to disclose your sexual orientation**:

1-2-3-4-5

The POLICE’S VICTIMS SERVICES UNIT would provide you with **materials and/or resources specifically for individuals in same-sex relationships**:

1-2-3-4-5

4-SUPPORT OR SELF-HELP GROUP

The SUPPORT OR SELF-HELP GROUP would **respect you as a sexual minority person**:

1-2-3-4-5
The SUPPORT OR SELF-HELP GROUP would make you feel comfortable enough to disclose your sexual orientation:
1---------------------2----------------------3----------------------4----------------------5

The SUPPORT OR SELF-HELP GROUP would provide you with materials and/or resources specifically for individuals in same-sex relationships:
1---------------------2----------------------3----------------------4----------------------5

5-SHELTER FOR BATTERED WOMEN

The SHELTER FOR BATTERED WOMEN would respect you as a sexual minority person:
1---------------------2----------------------3----------------------4----------------------5

The SHELTER FOR BATTERED WOMEN would make you feel comfortable enough to disclose your sexual orientation:
1---------------------2----------------------3----------------------4----------------------5

The SHELTER FOR BATTERED WOMEN would provide you with materials and/or resources specifically for individuals in same-sex relationships:
1---------------------2----------------------3----------------------4----------------------5

6-SHELTER FOR BATTERED MEN

The SHELTER FOR BATTERED MEN would respect you as a sexual minority person:
1---------------------2----------------------3----------------------4----------------------5

The SHELTER FOR BATTERED MEN would make you feel comfortable enough to disclose your sexual orientation:
1---------------------2----------------------3----------------------4----------------------5

The SHELTER FOR BATTERED MEN would provide you with materials and/or resources specifically for individuals in same-sex relationships:
1---------------------2----------------------3----------------------4----------------------5

7-RELIGIOUS ADVISOR

The RELIGIOUS ADVISOR would respect you as a sexual minority person:
1---------------------2----------------------3----------------------4----------------------5

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The RELIGIOUS ADVISOR would make you feel **comfortable enough to disclose your sexual orientation**:

1------------------2------------------3------------------4------------------5

The RELIGIOUS ADVISOR would provide you with **materials and/or resources specifically for individuals in same-sex relationships**:

1------------------2------------------3------------------4------------------5

8-GENERAL CRISIS HELP LINE

The GENERAL CRISIS HELP LINE would **respect you as a sexual minority person**:

1------------------2------------------3------------------4------------------5

The GENERAL CRISIS HELP LINE would make you feel **comfortable enough to disclose your sexual orientation**:

1------------------2------------------3------------------4------------------5

The GENERAL CRISIS HELP LINE would provide you with **materials and/or resources specifically for individuals in same-sex relationships**:

1------------------2------------------3------------------4------------------5

9-ATTORNEY

The ATTORNEY would **respect you as a sexual minority person**:

1------------------2------------------3------------------4------------------5

The ATTORNEY would make you feel **comfortable enough to disclose your sexual orientation**:

1------------------2------------------3------------------4------------------5

The ATTORNEY would provide you with **materials and/or resources specifically for individuals in same-sex relationships**:

1------------------2------------------3------------------4------------------5

10-MEDICAL CLINIC OR PERSONNEL

The MEDICAL CLINIC OR PERSONNEL **would respect you as a sexual minority person**:

1------------------2------------------3------------------4------------------5
The MEDICAL CLINIC OR PERSONNEL would make you feel **comfortable enough to disclose your sexual orientation:**

1-------------------2-------------------3-------------------4-------------------5

The MEDICAL CLINIC OR PERSONNEL would provide you with **materials and/or resources specifically for individuals in same-sex relationships:**

1-------------------2-------------------3-------------------4-------------------5

11-HIV-RELATED AGENCY

The HIV-RELATED AGENCY would **respect you as a sexual minority person:**

1-------------------2-------------------3-------------------4-------------------5

The HIV-RELATED AGENCY would make you feel **comfortable enough to disclose your sexual orientation:**

1-------------------2-------------------3-------------------4-------------------5

The HIV-RELATED AGENCY would provide you with **materials and/or resources specifically for individuals in same-sex relationships:**

1-------------------2-------------------3-------------------4-------------------5

12-GAY/LESBIAN/BISEXUAL/TRANSGENDER (GLBT) SPECIALIZED COUNSELOR OR PSYCHOLOGIST

The GLBT SPECIALIZED COUNSELOR OR PSYCHOLOGIST would **respect you as a sexual minority person:**

1-------------------2-------------------3-------------------4-------------------5

The GLBT SPECIALIZED COUNSELOR OR PSYCHOLOGIST would make you feel **comfortable enough to disclose your sexual orientation:**

1-------------------2-------------------3-------------------4-------------------5

The GLBT SPECIALIZED COUNSELOR OR PSYCHOLOGIST would provide you with **materials and/or resources specifically for individuals in same-sex relationships:**

1-------------------2-------------------3-------------------4-------------------5
13-GLBT GENERAL AGENCY

The GLBT GENERAL AGENCY would respect you as a sexual minority person:

1-------------------2-------------------3-------------------4-------------------5

The GLBT GENERAL AGENCY would make you feel comfortable enough to disclose your sexual orientation:

1-------------------2-------------------3-------------------4-------------------5

The GLBT GENERAL AGENCY would provided you with materials and/or resources specifically for individuals in same-sex relationships:

1-------------------2-------------------3-------------------4-------------------5

14-SUPPORT OR SELF-HELP GROUP FOR LESBIANS & GAY MEN

The SUPPORT OR SELF-HELP GROUP FOR LESBIANS & GAY MEN would respect you as a sexual minority person:

1-------------------2-------------------3-------------------4-------------------5

The SUPPORT OR SELF-HELP GROUP FOR LESBIANS & GAY MEN would make you feel comfortable enough to disclose your sexual orientation:

1-------------------2-------------------3-------------------4-------------------5

The SUPPORT OR SELF-HELP GROUP FOR LESBIANS & GAY MEN would provide you with materials and/or resources specifically for individuals in same-sex relationships:

1-------------------2-------------------3-------------------4-------------------5

15-GAY MEN’S/LESBIAN’S DOMESTIC VIOLENCE PROGRAM

The GAY MEN’S/LESBIAN’S DOMESTIC VIOLENCE PROGRAM would respect you as a sexual minority person:

1-------------------2-------------------3-------------------4-------------------5

The GAY MEN’S/LESBIAN’S DOMESTIC VIOLENCE PROGRAM would make you feel comfortable enough to disclose your sexual orientation:

1-------------------2-------------------3-------------------4-------------------5
The GAY MEN'S/LESBIAN'S DOMESTIC VIOLENCE PROGRAM would provide you with materials and/or resources specifically for individuals in same-sex relationships:

1-------------------2-------------------3-------------------4-------------------5

16-SHELTER FOR BATTERED LESBIANS

The SHELTER FOR BATTERED LESBIANS would respect you as a sexual minority person:

1-------------------2-------------------3-------------------4-------------------5

The SHELTER FOR BATTERED LESBIANS would make you feel comfortable enough to disclose your sexual orientation:

1-------------------2-------------------3-------------------4-------------------5

The SHELTER FOR BATTERED LESBIANS would provide you with materials and/or resources specifically for individuals in same-sex relationships:

1-------------------2-------------------3-------------------4-------------------5

17-SHELTER FOR BATTERED GAY MEN

The SHELTER FOR BATTERED GAY MEN would respect you as a sexual minority person:

1-------------------2-------------------3-------------------4-------------------5

The SHELTER FOR BATTERED GAY MEN would make you feel comfortable enough to disclose your sexual orientation:

1-------------------2-------------------3-------------------4-------------------5

The SHELTER FOR BATTERED GAY MEN would provide you with materials and/or resources specifically for individuals in same-sex relationships:

1-------------------2-------------------3-------------------4-------------------5

18-CRISIS HELP LINE FOR GLBT VICTIMS OF PARTNER ABUSE

The CRISIS HELP LINE FOR GLBT VICTIMS OF PARTNER ABUSE would respect you as a sexual minority person:

1-------------------2-------------------3-------------------4-------------------5
The CRISIS HELP LINE FOR GLBT VICTIMS OF PARTNER ABUSE would make you feel comfortable enough to disclose your sexual orientation:

1-----------------2-----------------3-----------------4-----------------5

The CRISIS HELP LINE FOR GLBT VICTIMS OF PARTNER ABUSE would provide you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------------2-----------------3-----------------4-----------------5

19-OTHER (PLEASE SPECIFY): __________________________

The “OTHER” would respect you as a sexual minority person:

1-----------------2-----------------3-----------------4-----------------5

The “OTHER” would make you feel comfortable enough to disclose your sexual orientation:

1-----------------2-----------------3-----------------4-----------------5

The “OTHER” would provide you with materials and/or resources specifically for individuals in same-sex relationships:

1-----------------2-----------------3-----------------4-----------------5

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IF YOU HAVE FILLED OUT THIS LAST SECTION, PLEASE SKIP TO SECTION 9 (TAN PAPER)

IF YOU HAVE NOT FILLED OUT THIS LAST SECTION, PLEASE GO TO SECTION 8 (PURPLE PAPER)
APPENDIX H

Helpfulness of Service Provider: Victims/Perpetrators

Section 8
On a scale from 1 to 5, please indicate (by circling) to what extent you feel the services you used either because of a partner’s negative behaviour toward you, or your negative behaviour toward a partner, were helpful to your needs as a sexual minority. **If this section is not applicable to you, please skip to section 9 (tan paper).**

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Counselor or psychologist</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-Police</td>
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<tr>
<td>3-Police’s victims services unit</td>
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<tr>
<td>4-Support or self-help group</td>
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<tr>
<td>5-Shelter for battered women</td>
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<td>6-Shelter for battered men</td>
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<tr>
<td>7-Religious advisor</td>
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<td></td>
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<tr>
<td>8-General crisis help line</td>
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<tr>
<td>9-Attorney</td>
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<tr>
<td>10-Medical clinic or personnel</td>
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<tr>
<td>11-HIV-related agency</td>
<td>1—2—3—4—5</td>
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<tr>
<td>12-Gay/lesbian/bisexual/transgender (GLBT) specialized counselor or psychologist</td>
<td>1—2—3—4—5</td>
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<td></td>
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<tr>
<td>13-GLBT general agency</td>
<td>1—2—3—4—5</td>
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</tr>
<tr>
<td>14-Support or self-help group for lesbians and gay men</td>
<td>1—2—3—4—5</td>
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</tr>
<tr>
<td>15-Gay men’s/lesbian’s domestic violence program</td>
<td>1—2—3—4—5</td>
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</tr>
<tr>
<td>16-Shelter for battered lesbians</td>
<td>1—2—3—4—5</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>17-Shelter for battered gay men</td>
<td>1—2—3—4—5</td>
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<tr>
<td>18-Crisis help line for GLBT victims of partner abuse</td>
<td>1—2—3—4—5</td>
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<td></td>
</tr>
<tr>
<td>19-Other (please specify):</td>
<td>1—2—3—4—5</td>
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</tbody>
</table>

**IF YOU HAVE FILLED OUT ANY OF THE QUESTIONS IN THIS SECTION, PLEASE SKIP TO SECTION 10.**

**IF YOU HAVE NOT FILLED OUT ANY OF THE QUESTIONS IN THE PREVIOUS SECTION, PLEASE GO TO SECTION 9 (TAN PAPER).**
APPENDIX I

Helpfulness of Service Providers: Non-abused

Section 9

Please imagine that you are being abused by a same-sex partner. On a scale from 1 to 5, please indicate (by circling) to what extent you think the services available in your community would be helpful to your needs as a sexual minority person experiencing abuse by a same-sex partner.

1- Counselor or psychologist

2- Police

3- Police's victims services unit

4- Support or self-help group

5- Shelter for battered women

6- Shelter for battered men

7- Religious advisor

8- General crisis help line

9- Attorney

10- Medical clinic or personnel
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not helpful at all</td>
<td>Somewhat helpful</td>
<td>Extremely helpful</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11-HIV-related agency

12-Gay/lesbian/bisexual/transgender (GLBT) specialized counselor or psychologist

13-GLBT general agency

14-Support or self-help group for lesbians and gay men

15-Gay men’s/lesbian’s domestic violence program

16-Shelter for battered lesbians

17-Shelter for battered gay men

18-Crisis help line for GLBT victims of partner abuse

19-Other (please specify):

PLEASE PROCEED TO SECTION 10
Section 10

The following questions ask about your background. There are several questions asking about your location of residency. This is to help me correctly classify your location of residency as a rural (small town) or urban (city) area.

What is your age? ____

What is your gender (please circle)?

- Male
- Female
- Transgender
- Other (please specify): _______

Which ethnic or cultural group do you identify with (please circle)?

- Aboriginal (e.g, Metis)
- Central American (El Salvador, Honduras, etc.)
- Scandinavian (Denmark, Sweden, Norway)
- French Canadian
- English Canadian
- Bilingual (French and English) Canadian
- British (Scotland, Wales, England, North Ireland)
- West European (France, Germany, Holland, etc.)
- East European (Russia, Poland, Baltic States, Hungary, etc.)
- South European (Italy, Spain, Portugal, Greece, etc.)
- Far Eastern (Japan, China, India, etc.)
- African
- Caribbean
- Middle Eastern (Israel, Lebanon, Iraq, Iran, etc.)
- Latin American
- Other (please specify): _______

What is your sexual orientation (please circle)?

- Heterosexual
- Bisexual
- Gay
- Lesbian
- Queer
- Two-spirited
- Other: _______
What is your current relationship status (please circle)?

- Dating
- Cohabiting
- Married
- Single
- Separated/divorced

What is your religious affiliation (please circle)?

- Protestant Christian
- Roman Catholic
- Evangelical Christian
- Jewish
- Muslim
- Hindu
- Buddhist
- Atheist
- Other (please specify): 

What province/territory do you currently live in (please circle)?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- North West Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Québec
- Saskatchewan
- Yukon
- I do not live in Canada, I live in (please specify):

Approximately how many people live in the city/town/village where you live right now? 

What city/town/village do you currently live in?

Which of the following best describes the area you live in (please circle)?

- Large sized city
- Medium sized city
- Small city
- Small town
- Rural
- Village
- Other (please specify): 

147
How long have you lived in your current location of residency? ________

What is your highest level of education (please circle)?

- Less than high school
- High school or equivalent
- Vocational/technical school
- College
- Bachelor’s degree
- Master’s degree
- Doctoral degree
- Professional degree (e.g., MD)
- Other (please specify): ________

What is your approximate yearly income (please circle)?

- Under 10,000$
- 10,000$-19,999$
- 20,000$-29,999$
- 30,000$-39,999$
- 40,000$-49,999$
- 50,000$-79,999$
- 80,000$ or more

How many children do you have (please circle)?

- 0
- 1
- 2
- 3
- 4
- 5 or more

How old are your children? ________________

If you have children, are they currently living with you (please circle)?

- Yes
- No

Where did you access the computer you used to fill out this survey [question for participants completing survey online]?

- Home
- Work
- Public access (e.g., library)
- Other (please specify): ________
How did you hear about the study? __________

Do you have any physical disabilities/restrictions that affect your mobility in any way? If so, please describe:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

PLEASE PROCEED TO SECTION 11
APPENDIX K

Ideal List of Services

Section 11

Of the following, please indicate (with a checkmark or X) which services you would ideally like to see available to you or to members of your community.

Counselor or psychologist

Police

Police’s victims services unit

Support or self-help group

Shelter for battered women

Shelter for battered men

Religious advisor

General crisis help line

Attorney

Medical clinic or personnel

HIV-related agency

Gay/lesbian/bisexual/transgender (GLBT) specialized counselor or psychologist

GLBT general agency

Support or self-help group for lesbians and gay men

Gay men’s/lesbian’s domestic violence program

Shelter for battered lesbians

Shelter for battered gay men
Crisis help line for GLBT victims of partner abuse

Other (please specify): __________________________________________

PLEASE PROCEED TO SECTION 12
APPENDIX L
Outness Inventory (OI)

Section 12
Use the following rating scale to indicate (by circling) how open you are about your sexual orientation to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you.

1 = person definitely does NOT know about your sexual orientation status
2 = person might know about your sexual orientation status, but it is NEVER talked about
3 = person probably knows about your sexual orientation status, but it is NEVER talked about
4 = person probably knows about your sexual orientation status, but it is RARELY talked about
5 = person definitely knows about your sexual orientation status, but it is RARELY talked about
6 = person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
7 = person definitely knows about your sexual orientation status, and it is OPENLY talked about
0 = not applicable to your situation; there is no such person or group of people in your life

1. Mother
0--------1-------2-------3-------4-------5-------6-------7

2. Father
0--------1-------2-------3-------4-------5-------6-------7

3. Siblings (sisters, brothers)
0--------1-------2-------3-------4-------5-------6-------7

4. Extended family/relatives
0--------1-------2-------3-------4-------5-------6-------7

5. My new straight friends
0--------1-------2-------3-------4-------5-------6-------7

6. My work peers
0--------1-------2-------3-------4-------5-------6-------7

7. My work supervisor(s)
0--------1-------2-------3-------4-------5-------6-------7

8. Members of my religious community (e.g., church, temple)
0--------1-------2-------3-------4-------5-------6-------7

9. Leaders of my religious community (e.g., church, temple)
0--------1-------2-------3-------4-------5-------6-------7
<table>
<thead>
<tr>
<th></th>
<th>person definitely does NOT know about your sexual orientation status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>person might know about your sexual orientation status, but it is NEVER talked about</td>
</tr>
<tr>
<td>2</td>
<td>person probably knows about your sexual orientation status, but it is NEVER talked about</td>
</tr>
<tr>
<td>3</td>
<td>person probably knows about your sexual orientation status, but it is RARELY talked about</td>
</tr>
<tr>
<td>4</td>
<td>person definitely knows about your sexual orientation status, but it is RARELY talked about</td>
</tr>
<tr>
<td>5</td>
<td>person definitely knows about your sexual orientation status, and it is SOMETIMES talked about</td>
</tr>
<tr>
<td>6</td>
<td>person definitely knows about your sexual orientation status, and it is OPENLY talked about</td>
</tr>
<tr>
<td>7</td>
<td>not applicable to your situation; there is no such person or group of people in your life</td>
</tr>
</tbody>
</table>

10. Strangers, new acquaintances (e.g., social service providers)

<p>| | | | | | | | |</p>
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

11. My old straight friends

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</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

PLEASE PROCEED TO SECTION 13
APPENDIX M

Heterosexual Harassment, Rejection, and Discrimination Scale (HHRDS)

Section 13
Please think carefully about your life as you answer the questions below. Read each question and then choose the number that best describes events in the PAST YEAR, using these rules:

Choose 1-If the event has NEVER happened to you.
Choose 2-If the event happened ONCE IN A WHILE (less than 10% of the time).
Choose 3-If the event happened SOMEBODY (10-25% of the time).
Choose 4-If the event happened A LOT (26-49% of the time).
Choose 5-If the event happened MOST OF THE TIME (50-70% of the time).
Choose 6-If the event happened ALMOST ALL OF THE TIME (more than 70% of the time).

1. How many times have you been rejected by friends because you are a member of a sexual minority group?

2. How many times have you been verbally insulted because you are a member of a sexual minority group?

3. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are a member of a sexual minority group?

4. How many times have you heard ANTI-LESBIAN/ANTI-GAY remarks from family members?

5. How many times have you been rejected by family members because you are a member of a sexual minority group?

6. How many times have you been called a HETEROSEXIST name like dyke, lezzie, fag, or other names?

7. How many times have you been treated unfairly by your family because you are a member of a sexual minority group?

8. How many times have you been treated unfairly by your employer, boss, or supervisors because you are a member of a sexual minority group?
Choose 1-If the event has NEVER happened to you.
Choose 2-If the event happened ONCE IN A WHILE (less than 10% of the time).
Choose 3-If the event happened SOMETIMES (10-25% of the time).
Choose 4-If the event happened A LOT (26-49% of the time).
Choose 5-If the event happened MOST OF THE TIME (50-70% of the time).
Choose 6-If the event happened ALMOST ALL OF THE TIME (more than 70% of the time).

9. How many times were you denied a raise, a promotion, tenure, a good assignment, a job, or other such thing at work that you deserved because you are a member of a sexual minority group?

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<th>1</th>
<th>2</th>
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<th>6</th>
</tr>
</thead>
</table>

10. How many times have you been treated unfairly by teachers or professors because you are a member of a sexual minority group?

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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

11. How many times have you been treated unfairly by your co-workers, fellow students, or colleagues because you are a member of a sexual minority group?

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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

12. How many times have you been treated unfairly by people in service jobs (by store clerks, waiters, bartenders, waitresses, bank tellers, mechanics, and others) because you are a member of a sexual minority group?

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<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

13. How many times have you been treated unfairly by strangers because you are a member of a sexual minority group?

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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

14. How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, caseworkers, dentists, school counselors, therapists, pediatricians, school principals, gynecologists, and others) because you are a member of a sexual minority group?

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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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</table>

PLEASE PROCEED TO SECTION 14
APPENDIX N

Willingness to Seek help & Help-seeking Efforts

Section 14

If you used any of the services available in your community because of a negative behaviour (e.g., hitting, insulting, threats, etc.) a same-sex partner did to you AND/OR because of a negative behaviour you did to a same-sex partner, please indicate your willingness to seek help from these services. If this question is not applicable to you, please skip to section 15.

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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not willing at all</td>
<td>Somewhat willing</td>
<td>Extremely willing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you used any of the services available in your community because of a negative behaviour (e.g., hitting, insulting, threats, etc.) a same-sex partner did to you AND/OR because of a negative behaviour you did to a same-sex partner, please indicate how much effort you think you put into help-seeking. If this question is not applicable to you, please skip to section 15.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No effort</td>
<td>Some effort</td>
<td>Plenty of effort</td>
<td></td>
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</table>

PLEASE PROCEED TO SECTION 15
APPENDIX O

GLBT Specific Threats

Section 15

For section 15, please first complete the separate attached survey (Conflict Tactics Scales). Once you have completed the Conflict Tactics Scales, please return to this section to complete questions 79-91.

How often did the following happen in the past year?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
<tr>
<td>Never</td>
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<td>Once</td>
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<tr>
<td>Twice</td>
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<tr>
<td>3-5 times</td>
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<tr>
<td>6-10 times</td>
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<tr>
<td>11-20 times</td>
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<td></td>
</tr>
<tr>
<td>More than 20 times</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Not in the past year, but it happened before</td>
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</tbody>
</table>

79. I threatened to tell my partner’s employer, family, or others that she/he is lesbian/gay/bisexual.

80. My partner threatened to tell my employer, family, or others that I am lesbian/gay/bisexual.

81. I forced my partner to show physical or sexual affection in public, even though she/he didn’t want to.

82. My partner forced me to show physical or sexual affection in public, even though I didn’t want to.

83. I used my partner’s age, race, class, or religion against her/him.

84. My partner used my age, race, class, or religion against me.

85. I questioned whether my partner was a ‘real’ lesbian, gay, or bisexual woman or man.

86. My partner questioned whether I was a ‘real’ lesbian, gay, or bisexual woman or man.
87. I threatened to reveal my partner’s real or imagined HIV status to my partner’s employer, family, or others.

88. My partner threatened to reveal my real or imagined HIV status to my employer, family, or others.

89. If you have experienced any of the behaviours in section 15 in the past year, what was the gender(s) of the person(s) who used these behaviours against you (indicate with a checkmark):

- Male
- Female
- Both male and female

90. If you have experienced any of the behaviours in section 15 of the survey more than a year ago, what was the gender(s) of the person(s) who used these behaviours against you?

- Male
- Female
- Both male and female

91. Are there any other experiences related to being in a stressful same-sex relationship that you would like to share?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

PLEASE PROCEED TO SECTION 16 (THE LAST SECTION)
APPENDIX P

Open-ended Questions

Section 16

1. How would you describe the community where you live (e.g., what do you like or dislike about living in your community)?

2. What values are shared by the people where you live?

3. How do you get around in your community (e.g., do you have a car? Are transit services available?)

4. What makes you more or less likely to ask for help?
5. Where do you go for help and who do you ask for help?

6. What made you choose to go to these people/services for help?

7. How close are you to healthcare services, such as hospital, mental health clinics, etc.?

8. In your opinion, what consists of a “sensitive” service or service provider for victims of same-sex partner abuse?
9. In your opinion, what consists of a “helpful” service or service provider for victims of same-sex partner abuse?

THANK YOU FOR PARTICIPATING IN THIS RESEARCH STUDY!
I am a lesbian graduate student from the Applied Social Psychology program at the University of Windsor, Ontario, Canada. I am looking for men and women who are interested in participating in a research study that will look at stressful same-sex relationships in Canada. You are invited to participate in this new study if you have **lived in Canada for the last year**, if you have **ever been in a same-sex relationship**, and if you are **18 years or older**. This project is the basis of my Master's thesis research, under the supervision of Dr. Charlene Senn.

The purpose of this study is to learn more about stressful same-sex relationships in Canada. The research in this area has not included the experiences of men and women who live in smaller communities. As a lesbian from a small, rural town, I know that the experiences of rural community members are unique and important. In doing this research I hope to represent the experiences of people who are in same-sex relationships who live in different sized communities (including both large and small ones) across Canada.

If you agree to participate in this study, you will be asked to complete a survey containing personal questions about your past or current relationships, including sensitive questions about the stresses you may have experienced. I would like to highlight that your participation in this study is completely voluntary. Your answers will be kept confidential and will be released only as summaries where your individual answers will not be attached to you.

If you know any men or women who you think might be interested in participating (and who fit the criteria outlined above), please feel free to forward the website address to them (http://www.uwindsor.ca/ssr) or you can ask them to contact me, Melissa, at samesexstudy@uwindsor.ca or 519-253-3000 ext. 2256. If you would like to participate in this study, please proceed to reading the consent form.

If you have any questions or comments about this study, please feel free to contact me, or my supervisor, Dr. Charlene Senn (519-253-3000, ext. 2255).

Your participation in this research study is much appreciated. Thank you!

Melissa St. Pierre, Department of Psychology, University of Windsor
CONSENT TO PARTICIPATE IN RESEARCH

Title of study: Stressful same-sex relationships in Canada

You are asked to participate in a research study conducted by Melissa St. Pierre, a lesbian graduate student, from the Department of Psychology at the University of Windsor. Information gathered for this study will be used as part of Melissa’s Master’s thesis. Dr. Charlene Senn, a professor from the Department of Psychology, is supervising this research.

If you have any questions or concerns about the research, please feel free to contact me, Melissa (samesexstudy@uwindsor.ca or 519-253-3000 ext. 2256) or my supervisor, Dr. Senn (519-253-3000, ext. 2255).

PURPOSE OF THE STUDY

The purpose of this study is to learn more about the experiences of men and women in stressful same-sex relationships in different sized communities in Canada.

Who can participate:

You are invited to participate if you:

1) Have lived in Canada for the last year;

2) Have ever been in a same-sex relationship;

3) Are 18 years or older.
PROCEDURES

How to participate:

Please read through this consent form and decide whether or not you would like to participate in this study. To participate, please proceed to the survey once you have read through this consent form.

If you volunteer to participate, you will be presented with a series of questions that will ask about a past or current stressful same-sex relationship you may have had or are currently in. The survey will contain personal questions about your past or current relationships, including sensitive questions about the stresses you may have experienced. You will be asked about the services that are available in your community. Some questions will ask about discrimination you may have experienced. You will also be asked about your opinions on the community where you live and your experiences of being a person in a same-sex relationship in that community. If you wish, you can stop the survey at any time, and return to it at a later time. Once you complete the survey (or if you decide not to participate), you will find included in this package more information on the study and a list of nation-wide resources. The survey will take approximately 1 hour to complete.

POTENTIAL RISKS AND DISCOMFORTS

There are limited potential risks or discomforts expected to come from your participation in this study. Due to the sensitive and personal nature of this research topic, you may experience negative emotions related to something you may have experienced in the past, or are currently experiencing. Should you experience negative emotions, please contact one of the organizations listed on the resource sheet, which is included in this package.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

Results from this study will be used to help understand the experiences of individuals in stressful same-sex relationships living in Canada. By participating in this study, your responses will contribute to the little that is currently known about individuals in same-sex relationships living in smaller and larger communities.

PAYMENT FOR PARTICIPATION

There is no payment for participating in this study, however, as a thank you for your help, you are invited to complete a ballot (included in this package) with your name and contact information for one $300 Canadian cash prize. Your contact information will NOT be linked to your survey responses in any way, as you will be asked to mail the lottery ballot separately from your survey. Following the completion of the study (no
later than fall 2008), I will notify the winner of the lottery, and a cheque for $300 will be mailed to them.

CONFIDENTIALITY

Your participation in this study is completely voluntary and anonymous. Your answers cannot be matched to your identity or location because you will be mailing the lottery ballot separately from the survey. Your survey responses are entered into a non-identifiable data file with other people’s responses. If you choose to enter your contact information into the lottery draw, it will be kept in a password protected file and will be destroyed once the lottery has been drawn.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. If you do not wish to participate in the study, simply keep the survey package. Any research study benefits from having as much complete information as possible from participants. However, if you are uncomfortable about answering any question you may refuse to answer a question by skipping it, or you can change your mind and choose not to send the survey back to me.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS

The results of this study will be available on the web by the fall of 2008.

Web address: www.uwindsor.ca/reb
Date when results are available: Fall, 2008

SUBSEQUENT USE OF DATA

These data may be used in subsequent studies. These data may be used by the researcher for subsequent publications but will not deviate from the purpose described in this form. The information collected may be used to further examine the experiences of individuals in stressful same-sex relationships living in rural and urban areas across Canada.

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario, N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca
SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

_________________________________________  __________________________
Signature of Investigator                         Date

I understand the information provided for the study Stressful Same-sex Relationships in Canada as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. My consent to participate is implied if I send the completed survey back to the researcher.
Thank you for participating in this study! The focus of this research is on how men and women seek help when they are in stressful same-sex relationships. As part of this research, I am interested in estimating the rates of physical, sexual, and emotional abuse in same-sex relationships in rural and urban Canada. While most same-sex relationships are healthy and happy, research on abuse in same-sex relationships indicates that this is indeed a serious problem. But less information exists about the situation in Canada, especially rural Canada. The main goal of this study is to look at the possible barriers to help-seeking for individuals in abusive same-sex relationships living in rural and urban Canada.

One of the barriers to help-seeking could be lack of access to or availability of services. In particular, research suggests that the availability of same-sex sensitive services, for example, a gay/lesbian/bisexual/transgender (GLBT) domestic violence program, is especially limited, and even more so outside of large cities. Another barrier could be experiences of GLBT stress, related to sexual identity, such as discrimination, or deciding whether or not to disclose one's sexual orientation. By contributing to this research, your responses will help determine whether or not there is a need for more or different services for individuals being abused by a same-sex partner. You are also helping researchers like myself understand the barriers to seeking help. It is critically important that as members of the GLBT community, we work together to help each other and our communities to be as healthy as possible. You have helped tremendously by sharing your experiences and views.

You may wish to contact someone to talk to about some of your past or present experiences. Please find below contact information for resources and services, listed by province. Some of these services offer specific services for victims of abuse, while others offer more general services (e.g., community mental health centre). I have placed a star (*) in front of services that explicitly state that they are gay/lesbian/bisexual/transgender friendly or that they are dedicated to serving all people.

Thank you for participating in this research project!

List of Canadian Resources and Services

Canada
Online links to shelters for abused women and domestic violence programs:
http://www.shelternet.ca/splashPage.htm
http://www.hotpeachpages.net/canada/canada1.html#Alberta

Newfoundland and Labrador
Health & Community Services Western
1-888-737-4668

Department of Justice – Victim services
(709) 729-0322

Prince Edward Island
Adult Survivors in Action
(902) 676-2348

Lennox Island Health Centre
(902) 831-2711

Canadian Mental Health Association
1-800-682-1648
www.cmha.pe.ca/
Community Health Centre
(902) 838-0782

Nova Scotia
Help Line Society
Community services directory with information on Halifax metro area and entire province
(902) 422-2048

Department of Justice – Victim services
1-888-470-0773
www.gov.ns.ca/just/polvsc/

Western Region Health Services
(902) 742-4222

New Brunswick
Department of Public Safety – Victim Services
(506) 453-3992
http://www.gnb.ca/0276/index-e.asp

Fredericton Community Mental Health Services
(506) 453-2132

Moncton Community Mental Health
(506) 856-2444

Québec
Résau Hommes
www.rhq.ca

Liste des centres local des services communautaires selon la région
(514) 934-0354

Centre local des services communautaires et centre d'hébergement Manicouagan
(418) 589-2191

Ontario
*519 Community Resources Toronto
http://www.the519.org/programs/counselling/telesupp.shtml
-519 Anti-Violence Programme (includes same-sex domestic violence): (416) 392-6878 ext. 117
-Assaulted Women's Helpline: (416) 863-0511
-Toronto Rape Crisis Centre/Multicultural Womyn Against Rape: (416) 597-8808

*Two Spirited People of the First Nations
Specialize in same-sex partner abuse
(416) 944-9300
www.2spirits.com/DomViolenceBrochure.pdf

Canadian Mental Health Association
EARS for men distress line
(519) 570-EARS
www.cmhawrb.on.ca

Sexual Assault Crisis Centre, Kingston
(613) 544-6424
(877) 544-6424

Family Service, London
(519) 433-0183

London InterCommunity Health Centre
Support group for men
(519) 660-0874 ext. 227
lihc.on.ca

Family Service Centre of Ottawa
Support groups for women who have experienced abuse
(613) 725-3601
www.familyserviceottawa.org

Niagara Region Sexual Assault Centre
(905) 682-7258
www.sexualassaultniagara.org/

Hiatus House
(519) 252-7781
http://www.hiatushouse.com/

Windsor Sexual Assault Crisis Center (SAAC)
Windsor SAAC sees both men and women
(519) 255-2234
http://www.sacc.to/gylb/satc/CentreID=32.htm

Ontario Association of Interval and Transition Houses (OAITH)
Several links to shelters and women’s services, coalitions/social action groups, research & information for
women, directories, etc.
http://www.oaith.ca/

Manitoba

Burntwood Community Resource Centre
(204) 677-5350

EVOlVExWomen’s program-(204) 784-8686
Men’s resource centre-1-877-977-0007

Elizabeth Hill Counselling Centre
1-800-MRC-EHCC

Canadian Mental Health Association
(204) 953-2350
www.cmhamanitoba.mb.ca

*Mount Carmel Clinic
Cross cultural counseling program
(204) 592-2311
http://www.mountcarmel.ca/
Saskatchewan

Kanaweyimik Child and Family Services
Aboriginal healing foundation
(306) 445-3500

North East Crisis Intervention Centre
(306) 752-9455

Circle Project Association Inc.
Men's circle
(306) 347-7515

Mobile Crisis Services Inc.
(306) 525-5333

Regina Mental Health Clinic
(306) 766-7800

Saskatchewan Department of Justice – Victim Services
(306) 787-3500
www.saskjustice.gov.sk.ca/VictimsServices/default.shtml

Regina Women's Centre and Sexual Assault Line
(306) 352-0434

Alberta

Crowsnest Pass Women's Resource and Crisis Centre
(403) 552-8000

*Distress Centre
(403) 266-4357 (men's help line)
(403) 266-1605 (crisis)
1-877-OUT IS OK (GLBT)
www.distresscentre.ab.ca

Family of Men Support Society Inc.
Men's alternative safe house
(403) 242-4077
www.mashproject.com
www.familyofmen.com

Canadian Mental Health Association Community Program
(403) 504-1811
www.cmha.ab.ca/ser/

British Columbia

BC Centre of Excellence for Women's Health
(604) 875-2633
http://www.bccewh.bc.ca/

Vancouver and Lower Mainland Multicultural Family Support Services Society
(604) 436-1025
www.vlmfss.ca

*Crossroads Crisis Centre Society
(250) 334-2455
http://www.crossroadscrisis.ca/index.html
Deltassist Community Services
(604) 594-3455
www.deltassist.com

Nelson Community Services Centre
(250) 352-3504
www.ncsc.kics.bc.ca

Sexual Assault Centre
(250) 564-8302

B.C. Men's Resource Centre
Abused men's support group
(604) 878-9033

Yukon
Yukon Justice Department
1-800-661-0408

Yukon Family Services Association
(867) 867-2970

Northwest Territories
Department of Justice – Victim Services
(867) 920-6911
www.justice.gov.nt.ca

Yellowknife Victim Services
(867) 920-2978

Canadian Mental Health Association
1-800-661-0844

Paulatuk Health Centre
(867) 580-3231

Nunavut
Iqaluit Victims Services Baffin Regional Agyvik Society
(867) 978-4566

Nunavut Department of Justice
Victim Services Coordinator
(867) 975-6170
www.gov.nu.ca/justice.htm

Kamatsiaqtut Baffin Crisis Line
1-800-265-3333
APPENDIX T

Internet Security Measures

Here are Internet security steps that can be taken if you wish to prevent others who have access to your computer from seeing that you viewed this study’s website. These instructions were taken directly from The Broken Spirits Network, which can be accessed at: http://www.brokenspirits.com/security/web_security.asp

Clearing the Internet cache

Risk: Low

Possible Repercussions: Any other user shouldn't notice a difference. However if they check the temporary internet files folder it will be empty, which might seem unusual. The probability that anyone would look in this folder is very small. Less than 1% of internet users even know where this folder is.

The Internet cache is designed to help pages load faster by storing images and web pages locally on your machine. This can result in a security risk if an unwanted viewer decides to poke through the cache folder. To prevent unwanted security risks please follow the following directions to clear your internet cache.

1. From the menu bar select “Tools”
2. Select the option “Internet Options”
3. Under the “General” Tab look for “Temporary Internet Files”
4. Click on the “Delete Files” button
5. Select the “Delete All Offline Content” checkbox and click “Ok”
6. Click “Ok” once more to return to your browser.

Removing sites from your browser history

Risk: Moderate

Possible Repercussions: If this is done properly there will be no obvious sign that anything has been changed. However if you delete the entire history there is a large possibility that other users may notice that their history has been cleared.

The browser history is designed to store previous visits in an area that is easily accessible at the click of a button. This is useful when you forget to bookmark a site and remember visiting it last week and wish to return. Unfortunately, in the case that you are researching sensitive material that you do not wish others to see, this can be a security risk. To prevent unwanted security risks please follow the following directions to remove particular sites from your browsers history.
1. From the menu bar select "View"

2. Highlight "Explorer Bar"

3. Select "History"

4. A bar will show up on the left of your browser. Select the item you wish to delete.

5. Right Click on the selected Folder and select "Delete".

**Removing cookies from your hard drive**

**Risk: High**

Possible Repercussions: If this is done properly there will be no sign that anything has been changed. However if you delete ALL of the cookie files there is a very large possibility that other users may notice the change.

Cookies are small pieces of code left behind by web pages to store information frequently requested. For example if I clicked on a checkbox to say "save my login information" it would then write a cookie onto my hard drive that I can call next time you visit the site, preventing you from having to login again. This is why it can be very dangerous to delete all of the cookie files. If you delete all of them, all of the stored passwords, user information, and preferences from various sites will be forgotten and you will have to re-enter this information. This will be an obvious change. However, if you follow the directions below, we will instruct you how to delete only the cookies from sites which are high risk. In addition not all browsers will allow you to delete a single item.

1. From the menu bar select "Tools"

2. Select the option "Internet Options"

3. Under the "General" Tab look for "Temporary Internet Files"

4. Click on the "Settings" button

5. Click on the "View Files" button

6. A list of cookies will appear. Most of the filenames will be in this format. `username@domain` [ ie. `user@cnet` ]

7. Select the cookie you wish to delete

8. Right mouse click & Select "Delete"
REFERENCES


http://www.phac-aspc.gc.ca/rh-sr/paper_e.html


http://www.women.ucla.edu/csw/Newsletter/Dec06/garnets_peplau.html


http://www.glaad.org/documents/media/AccessDenied2.pdf


VITA AUCTORIS

Melissa St. Pierre was born in Grand Falls/Grand-Sault New Brunswick in 1983. She obtained a B.A. (Hons) in Psychology at the University of New Brunswick in Fredericton in 2005.


