

Addressing Intimate Partner Violence in LGBT2SQ+ Communities Across BC

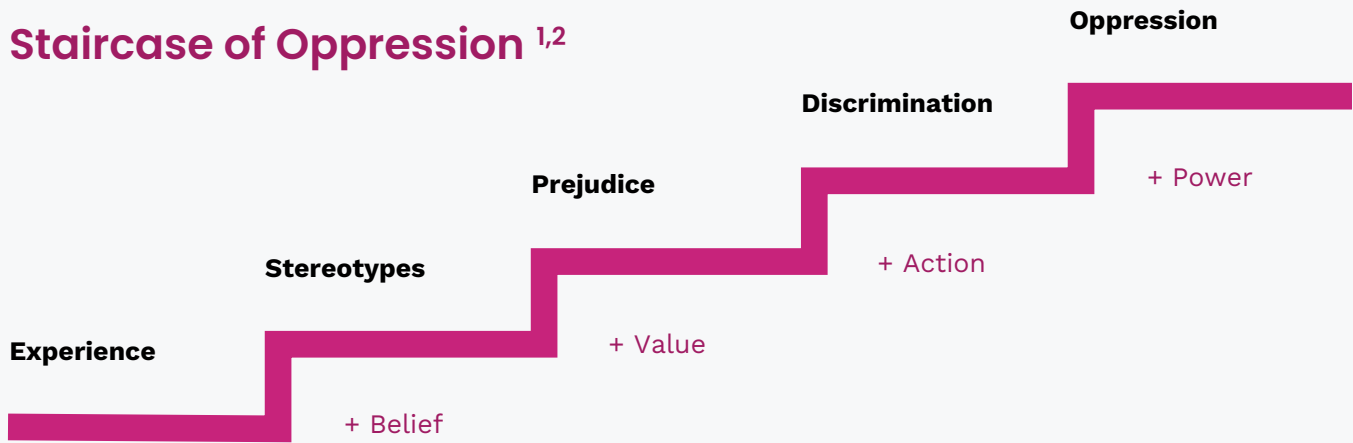
Foundations for Supporting LGBT2SQ+ Individuals: Understanding Anti- Oppression, Intersectionality, and Accessibility

The purpose of this resource is to support service providers in broadening their understanding of anti-oppression, intersectionality, and accessibility to better support individuals experiencing Intimate Partner Violence (IPV) in Lesbian, Gay, Bisexual, Trans, Two-Spirit, and Queer (LGBT2SQ+) relationships. IPV in LGBT2SQ+ relationships refers to abuse from a current or former romantic or sexual partner in which one person identifies under the umbrella of LGBT2SQ+.

Some Important Terms

Oppression is when individuals who are marginalized by society are dehumanized, excluded, controlled, and/or prevented from participating in society with the same access as individuals whose identities are privileged in dominant society. This means that individuals with certain identities are targeted and disadvantaged societally. Oppression is both systemic and interactional; overt and covert. Oppression is informed by stereotypes, prejudice, and discrimination. The key element is power and subjugation.

Staircase of Oppression ^{1,2}



People can be oppressed based on their race, class, ability, religion, citizenship/nationality, Indigeneity, gender, and sexuality. (Please note this is not a comprehensive list.)^{1,2}

Supremacy is when a category of identity and associated groups is attributed more access societally and understood as superior to others in authority, power, and status. For example, in dominant society being male, white, wealthy, cisgender, heterosexual, and non-disabled is valued over other identities, and thus individuals with these identities experience unearned advantages. These privileges increase people's sense of safety and belonging, allowing them to navigate society and its systems without experiencing oppression, increasing their access to medical care, financial security, etc.³

Intersectionality was coined by Kimberlé Crenshaw, a Black legal scholar and activist, in 1989.⁴ Intersectionality describes different forms of oppression as interlocking and reinforcing one another. It is not a mechanism for ranking oppression but rather a framework for conceptualizing social categories as interacting with one another to create unique social locations that vary according to time and place.

Intersectionality emphasizes that each person experiences social structures differently because of the intersections of their identities and requires that we look into the nuances and dimensions of experience in relation to structural power. Therefore, when we consider how queer and trans people are targeted in systems and how systems of structural power may be replicated in LGBT2SQ+ relationships, we must consider all aspects of their identities/experiences and how these interact. (For more information, please refer to EVA BC's Specific Forms of Abuse in LGBT2SQ+ Relationships resource.)

Accessibility is the recognition, mitigation, and removal of barriers that originate from systems of structural power. Accessibility focuses on not only what is needed to ensure people are able to access your services but also on what will make the experience more possible, less burdensome and/or more enjoyable. This includes not only physical forms of accessibility but also emotional, cultural, spiritual, and psychological ones. It is important when we reflect on the accessibility of our services that we are thinking with an intersectional lens because all systems of oppression create barriers to access in different, and often interacting, ways.

Anti-oppressive practices center the voices of those who have been systematically oppressed. Anti-oppressive practices examine how values stemming from systems of power shape each aspect of our work, including the intake process, outreach, intervention, safety planning, etc.

Guiding Principles

- Anti-oppressive practices are defined and driven by clients, allowing for clients to co- create safety with service providers and allowing for a dynamic that centers clients' autonomy. Approaching your work with cultural humility will go a long way.³
- Understanding systems of social structural power and their influence provides context to clients' realities, including their experiences and sense of safety. Centering clients' understandings of their experiences helps to prevent assumptions about the meaning of clients' experiences and identities, and their desires and needs as clients.³
- Power and control are an integral part of IPV and, oftentimes, the power imbalances that originate from systems of structural power are replicated in LGBT2SQ+ relationships. Understanding this can support you in validating your clients' experiences and bringing awareness to power differentials present in their relationship(s) which can support clients in addressing self-blame.
- Organizations and service providers hold power in their roles, and you are encouraged to use it to increase accessibility and safety for clients. This is part of being accountable to communities and is integral to anti-oppressive practices.³
- Anti-oppression, anti-racism, and decolonization² must be centered, particularly when supporting individuals experiencing IPV in LGBT2SQ+ relationships. Service providers must commit to ongoing learning and cultural humility; these are frameworks to practice from, rather than checklists or an endpoint to be reached.

Considerations and Complexities

Accessibility isn't as simple as a standard checklist. People are incredibly diverse and complex which means that access needs are equally diverse and complex. You can work to remove as many known barriers as possible, and continue to create opportunities to listen and adapt to individuals' needs and desires.

Some people may not acknowledge or identify with certain social identities and/or experiences. It is important you center their definitions and identifications rather than inscribing your own ideas about who they are onto them.

Intersectionality can support us with considerations; however, we should center clients' needs and desires and not assume these are related specifically to their social location and identities.

Deepening Your Practice

- How much power do disabled, immigrant, Queer, Trans, Black, Indigenous, Muslim, People of Colour (QTBIPOC) have in the leading, planning, implementation, and evaluation of your services?
- What are the identities and experiences of the leaders of your organization?
- Whose voices are present and whose voices are missing in leadership?
- How do you and your organization's values align with anti-oppression, anti-racism, and decolonization work? Where is there room for more alignment?
- How do you integrate anti-oppressive practices within the requirements and expectations of your workplace?
- How do you demonstrate accountability in your work? How does it show up within your organization?
- How do you work towards dismantling systems of structural power within and outside your work?

Self-Reflection Questions

- What identities and experiences influence your understanding of yourself, your work, and the world you live in (that is, your social location)? How have you been privileged or targeted because of them? How do they impact your level of comfort/discomfort with certain clients? How can you manage this to prevent harming clients and over-identifying with clients with similar experiences?
- Based on your social location, which of your needs are most often guaranteed to be met? Which of them are not? How do you make sense of this?
- How does your social location influence your level of familiarity with individuals who don't share your identities?
- Why might it be important to center anti-oppression in your work with LGBT2SQ+ survivors? How do you imagine putting this into practice?

References

¹Blain, Cicely Belle. (2020, June). Anti-Oppression 101. Session presented at Stratagem 2020: Gifts From Liberation. Cicely Blain Consulting (now Bakau Consulting). Adapted from: Thesen, Janecke. (2005). From oppression towards empowerment in clinical practice - offering doctors a model for reflection. Scandinavian Journal of Public Health, Supplement 66(66), 47-52.10.1080/14034950510033372.

²Soole, Anna. (2018, January 25). Anti-oppression and positionality. Workshop presented at the WAVAW Volunteer Training, Vancouver, BC.

³Ospina, Luisa. (2020). www.luisa-ospina.com

⁴Crenshaw, Kimberlé. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal Forum, 1(8), 139-167.

⁵Laing, Daley. <https://www.fireseedfacilitation.org/>



www.endingviolence.org



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The Ending Violence Association of BC

