

**CEC LESSON**

*This lesson is designed specifically for Client Experience Contributors (CECs).*

# SUPPORTING CLIENTS EXPERIENCING INTIMATE PARTNER VIOLENCE

*Ahyana King and Sean Smith*

This lesson provides an introductory overview for client experience contributors (CECs) of intimate partner violence (IPV), its prevalence in the LGBTQ community, more specifically among Black men who have sex with men, and how to assess and support BMSM clients who may be experiencing IPV.

**FORMAT**

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Workshop

**TIME**

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125 minutes





# PREPARATION

The facilitator(s) should use this section to prepare for the lesson.

PREPARATION

## WHY THIS LESSON IS IMPORTANT FOR BLACK MEN

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According to the Center for Disease Control and Prevention (2011) members of the LGBTQ community experience sexual violence at similar rates to heterosexuals, with 26% of gay men and 37% of bisexual men reporting experiences of rape, physical violence, or stalking by an intimate partner, compared to 29% of heterosexual men. While studies have shown LGBTQ community members face higher rates of poverty, stigma, and marginalization, evidence suggest for racial minorities as well as individuals living with HIV, these factors in addition to incidences of IPV are even higher (Stephenson & Finneran, 2017). IPV among those who identify as male is often underreported, and homophobia, fear of discrimination, and stereotypes about men who have sex with men often serves as the primary reason for not reporting intimate partner violence or sexual assault.

### GOAL

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Participants will increase their knowledge of intimate partner violence (IPV) among BMSM and how to properly assess BMSM experiencing IPV.

### OBJECTIVES

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By the end of this lesson, participants will be able to:

- Identify the four different types of IPV.
- Identify common risk factors of those who experience IPV.
- Identify the ways IPV specifically impact Black MSM.
- Develop at least two ways to initiate a verbal assessment for IPV with a Black MSM client.

## TIME

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<b>STEPS 1-3</b>	Introductions and Opening Activity	15 min.
<b>STEPS 4-9</b>	Introducing IPV, Risk Factors, Signs, and Symptoms	45 min.
–	Break	5 min.
<b>STEPS 10-13</b>	Assessing and Responding to IPV	45 min.
<b>STEPS 14-16</b>	Closing Activity	15 min.

## REQUIRED BACKGROUND KNOWLEDGE FOR EDUCATORS

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In order to effectively implement this lesson, the facilitator(s) should possess:

- Formal background knowledge of intimate partner violence (IPV) either through an institution of higher education or a certification of training from a local community-based organization
- Knowledge of delivering content from a trauma informed perspective
- At least one year of experience providing adult education
- Effective group management skills
- Two to three years of working with individuals who identify as Black men and/or Black men who have sex with men
- Working knowledge of common sexually transmitted infections

## SPECIAL CONSIDERATIONS

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This lesson is written to be delivered to groups of practicing CECs ranging from 8 to 20 participants in a physical space that not only has the capacity for this number of participants but also has space for small group break outs and is equipped with a screen, projector, internet connection, computer, sound, and a dry erase board. The lesson has been written for one facilitator, although it can be cofacilitated. Multiple facilitators can provide a variety of diverse perspectives. Be sure to assess the qualifications of each facilitator including discussing in advance about sharing the training floor appropriately. Lastly, this topic may prove triggering for individuals and cause some distress. Through advertising for this workshop and at its start remind individuals that the session may be triggering and individuals are encouraged to stop participation if the need arises and is in the best interest of their wellbeing.

## FACILITATION PREP

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The facilitator(s) should complete the following tasks before the lesson starts:

- ❑ This lesson includes a slide presentation, “Supporting Clients Experiencing Intimate Partner Violence,” which can be found on the SWAG Toolkit website. Review the full presentation at least one day prior to the session to become familiar with its contents.
- ❑ Check your space 60 minutes in advance of the session to ensure that a computer, projector, and projector screen are available and in working order, and that the presentation can be seen and navigated properly. If you do not have access to technology, print out the presentation as a handout for each participant.
- ❑ Prepare four separate sheets of flip chart paper with one of the following headings per sheet:
  - Physical Abuse
  - Sexual Abuse
  - Psychological Abuse
  - Financial Abuse

Place the sheets out of sight until Step 5 (see *Procedure section*.)

## MATERIALS

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The facilitator(s) should have the following materials for the lesson:

- ❑ Flip chart paper
- ❑ Markers
- ❑ Computer
- ❑ LCD projector, screen, and connector cables
- ❑ “Supporting Clients Experiencing Intimate Partner Violence” slide presentation

## HANDOUTS

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Each participant should be provided with the following printed materials:

- ❑ H1, “IPV or Is It Me?”
- ❑ H2, “IPV Case Studies”
- ❑ End-of-Session Evaluation

## KEY TERMS

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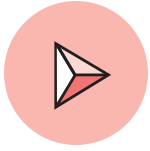
**Hyper masculinity:** the exaggeration of traditional masculine roles through behaviors such as sexual prowess, physical dominance, aggression, competition, and anti-femininity.

**Intersectionality:** the compounding of multiple forms of inequality or disadvantage related to one's identity (race, gender, sexual orientation, age, etc.) that often create barriers that cannot be otherwise understood when looking at parts of one's identity singularly.

**Intimate partner:** An intimate partner is a spouse, cohabiting partner, boyfriend or lover, or ex-spouse, ex-partner, ex-boyfriend or ex-lover.

**Intimate partner violence:** Describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. *(For the purposes of this study we include financial abuse as a type of intimate partner violence.)*

**Masculinity:** U.S. culture has prescribed a masculinity that can be characterized as anti-feminine, homophobic, heterosexist, and misogynistic.



# PROCEDURE

The facilitator(s) should follow the steps in this section to facilitate the session, and use the margin for notes and prompts.



## Introductions and Opening Activity

### STEP 1

Welcome participants to your session, and thank them for coming. Conduct brief introductions (name, pronouns) with the group. Review all established group agreements and reaffirm consent from the group. If group agreements have not been completed, please create them at this time (*use the Community Agreements lesson, if necessary.*)

### STEP 2

Introduce the session by informing the group that the lesson will explore Intimate Partner Violence and its impact on the health and wellness of Black men who have sex with men—BMSM. Warn participants that the discussion may be triggering. Encourage participants to care for themselves as they need, and take breaks as they may deem it appropriate.

### STEP 3



Distribute a copy of Handout H1, “IPV or Is It Me?” to each participant. Ask them to review the statements on the worksheet and to circle “False” if they perceive the statement to be false, or circle “True” if they perceive it to be true. After what you deem an appropriate amount of time has passed, review the worksheet aloud with participants using Facilitator Resource A, “IPV or Is It Me?” Handout Answer Key, being sure to offer the correct answers to false statements.



## Introducing IPV, Risk Factors, Signs, and Symptoms

### STEP 4

Open the slide presentation included with this lesson, Slides S1, “Supporting Clients Experiencing Intimate Partner Violence”. Proceed through the slides as follows:



### SLIDE 1 Title Slide

Introduce that participants will be learning about the scope and impact of intimate partner violence (IPV), its impact on the wellness of Black men who have sex with men, and skills to assess and support their BMSM clients who may be experiencing IPV.

**SLIDE 2** What Is Intimate Partner Violence?

Encourage participants to offer their own definitions of intimate partner violence aloud.

**SLIDE 3** Intimate Partner Violence (IPV) Defined

To encourage continued engagement, ask for a participant to read the definition of intimate partner violence aloud. If no one volunteers, proceed to read the definition aloud. Share with participants that you have also included the definition of intimate partner to provide additional context. You may choose to read it aloud or simply provide an additional moment for participants to read it for themselves.

Before moving on, ask participants if there is anything they would change to the definition provided. As you allow additional thoughts, thank them for sharing and remind them that this is the definition that will inform the workshop.

**SLIDES 4-5** Types of IPV

Review each type of Intimate Partner Violence as presented on Slides 4 and 5.

**STEP 5**

Separate the larger group into small groups of no more than five people per group. Instruct participants to self select their groups and that there should be no more than five persons in the group, and no more than four groups total. Distribute one of the flip chart sheets created prior to session (*see Facilitation Prep*) to each of the four small groups. Instruct each small group to select a recorder to write on the sheet, and a reporter to share with the larger group what was developed. Give each small group five minutes to complete their lists of examples of various types of intimate partner violence according to what was written atop their piece of flip chart paper.

After five minutes gather the group back together and instruct the reporter of the first group to present their list. Once presented ask the larger group if they have additions or clarifications on the first group's list. Repeat this process with the remaining three groups' lists. Modify accordingly. Allow five minutes for this portion of the activity.

**SLIDE 6** Intersectionality of Identities

Return participants' attention to the slide presentation and explain that the activity is not quite over. Given the intersectionality of identities of Black men and Black men who have sex with men, as well as having a positive STI status, experiencing IPV can be even more complex.

**STEP 6** Explain to participants:

- While physical abuse may be the most prevalent form of abuse, from this exercise we were able to see that IPV extends beyond what is visible.
- IPV can impact someone through a singular form of violence, or through multiple forms of violence.
- When we take an intersectional approach, the impact of IPV and disclosure of it may change.

**STEP 7** Return participants' attention to the slide presentation, and proceed as follows:**SLIDE 7** Abuse and A Belief (Large Group Discussion)

Notify participants they will have a few moments to read and reflect upon their responses to the questions on this slide. Then as a large group there will be a moment of sharing responses aloud. Allow 90 seconds of reflection then proceed through the following discussion questions. As the facilitator, read a question, solicit two to three responses, and then move to the next question until all of the questions have been answered.

**STEP 8** Close the activity by expressing while physical abuse may be the most prevalent form of abuse, from this exercise we were able to see that IPV extends beyond what is visible. IPV can impact someone through a singular form of violence, or through multiple forms of violence. Additionally, when we consider and incorporate other aspects of identity, and how they intersect with IPV, the impact of IPV and disclosure of it may change.



**STEP 9**

**Encourage** participants to briefly think about what may put a person at risk for IPV. After a minute **solicit** thoughts from participants to be shared aloud. After three to four answers have been shared, **return** participants' attention to the slide presentation, and **proceed** as follows:

**SLIDE 8 Risk Factors**

1. **Individual Factors** (ex. witnessing IPV as a child; depression diagnosis; suicide attempts; past history of abuse; non-existent or unhealthy support network)
2. **Relationship Factors** (ex. marital conflict-fights, tension, and other struggles; economic stress; unhealthy family relationships and interactions; social isolation/lack of social support)
3. **Community Factors** (ex. poverty and associated factors such as overcrowding; high unemployment rates; low social capital—lack of institutions, relationships, and norms that shape a community's social interactions; poor neighborhood support and cohesion; bystander culture)
4. **Societal Factors** (ex. traditional gender norms and gender inequality; cultural norms that support aggression toward others; societal income inequality; weak health; educational, economic, and social policies/laws)

**SLIDE 9 Signs and Symptoms**

**Explain** to participants just as the Center for Disease Control And Prevention have noticed *risk factors* commonly found among individuals who experience IPV, there are also signs and symptoms that serve as *indicators* for individuals experiencing IPV.

**SLIDES 10-11 Signs and Symptoms Suggestive of IPV**

**Point out** this is a general comprehensive list to enhance participants' ability to assess the presence of IPV. It is not an exhaustive list, nor does it replace practicing due diligence in listening to each individual client participants' engage with. **Review** the examples listed on the slides aloud, and **invite** participants to suggest additional signs and symptoms.

**SLIDE 12** Indicators of an Abusive Partner

**Introduce** the idea that at times the indicator of a client experiencing IPV may come from the behaviors of the partner, particularly if the violence your client is experiencing is not physical. It's important as CECs to remember not only the various types of IPV, and that a client may be experiencing more than one type of IPV, but that inquiring about and observing the behaviors of a partner can be just as helpful in assessing the presence of IPV in a client's life. **Explain** to participants that when trying to assess who is the abused, the one who shows fear, empathy, or whose life is getting smaller (i.e. they are isolated, few friends, limited interaction with the outside world) is most often the abused, and the abuser most often blames, minimizes, or negates. Then, **review** the examples listed on the slide aloud, and **invite** participants to suggest additional indicators.

**Break**

**Announce** that there will be a five minute break. **Encourage** participants to use the restrooms, stretch, etc. **Remind** them to return in five minutes.

**Assessing and Responding to IPV****STEP 10**

**Welcome** everyone back. **Thank** them for all of their hard work up until this point. Briefly **recap** what has been discussed thus far in the workshop. As talking points, **share** the following aloud:

1. The four types of IPV include sexual, physical, psychological, and financial.
2. Race, gender, sexual orientation, and a positive STI status may compound one's experience and disclosure of IPV including fear of being outed, being unbelievably if they were to report the violence, one may fear rejection of future partners given their STI status, etc.
3. The four risk factors found in victims of IPV include individual, relationship, community and societal.
4. Signs and symptoms suggestive of IPV include but are not limited to delayed requests for medical care, repeat injuries or "being accident prone," repeat STI diagnosis, stilted speech, self-harm, etc.

- Indicators suggestive of an abusive partner include but are not limited to jealousy, speaking on behalf of the client, questioning the legitimacy of referrals, medication, follow up care, etc.

Ask if anyone has any questions before resuming the workshop.

## STEP 11



Distribute a copy of Handout H2, “IPV Case Studies” to each participant, asking them to review the case study titled “The Case of Brendan.” Then instruct participants to find a partner as they and their partner will discuss their responses to the case study discussion questions you will post.

### SLIDE 13 IPV Case Study: Brendan

Explain to participants they will have five minutes to work through the questions with their partner. One partner will use the space under the case study to take notes and record their answers. The other partner will share their responses.

After five minutes reconvene the larger group of CECs. Read each question aloud and solicit responses from the reporter in each pair. Every recorder does not need to answer each question; however, every recorder should respond to at least one of the questions on the slide. Allow seven minutes for this.

### SLIDE 14 Reporting IPV

Remind participants observing and asking questions to assess IPV is important as IPV is rarely reported. Review the bullets aloud.

### SLIDE 15 Masculinity and Hyper Masculinity

Explain to participants it is imperative to understand the role of cultural phenomena such as masculinity and hyper masculinity. Verbalize the definitions of masculinity and hyper masculinity aloud to participants.

### SLIDES 16–17 Hyper Masculinity

Convey to participants the role hyper masculinity in particular impacts Black men and BMSM. Note how hyper masculinity often reinforces some of the risk factors discussed earlier in the workshop. Read aloud the bullets on the slides.

**SLIDE 18** Assessing for IPV

Reiterate the underreporting of IPV by Black men and BMSM makes properly assessing Black men and BMSM clients all the more important. Share that there are best practices to assessing for the presence of IPV in a client.

Ask participants, based on all that has been discussed thus far, how would they respond to their knowledge of their client experiencing IPV? Allow for 3-4 responses, then proceed to the next slide.

**SLIDES 19-21** Responding to Possible or Disclosed IPV

Read aloud the bullets on the slides.

**STEP 12**

Instruct participants to return to the same partner they worked with when reviewing the case of Brendan. They should switch roles for this activity. Whomever was the recorder for the case study of Brendan should now be the reporter, and the previous reporter will now be the recorder. Instruct them to turn Handout H2 over to “The Case of Khalil”. Direct participants’ attention to the slide, and proceed as follows:

**SLIDE 22** IPV Case Study: Khalil

Explain to participants they will have five minutes to work through the questions with their partner. Instruct the recorder to use the space under the case study to take notes and record their answers. After five minutes reconvene the larger group of CECs. As the facilitator, read the question aloud on the screen and solicit responses from those serving as the reporter in the pair. Every recorder does not need to answer each question, however, before moving to the next slide every recorder should have responded to at least one of the questions on the slide. Allow seven minutes for this.

**STEP 13**

Conclude this part of the lesson by thanking everyone for their participation, and soliciting any final questions or comments people have before moving on.



## Closing Activity

### STEP 14

Ask if anyone has any outstanding questions about the lesson. Respond to these as necessary. Distribute a copy of the End-of-Session Evaluation to each participant. Allow participants 5–7 minutes to complete the evaluation, and collect them as they are completed. After five minutes, invite any participants who have not completed the evaluation to do so after the next activity.

### STEP 15

Conclude by asking each participant to reflect upon their experience in this lesson. Instruct each participant to answer the following question:

- “What is one question you will incorporate in your sessions with clients to assess for IPV?”

Encourage all participants to answer.

### STEP 16

Once everyone has shared, thank the participants again for participating and then adjourn the session.



## FACILITATOR RESOURCE A

### IPV OR IS IT ME? HANDOUT ANSWER KEY

Directions: Use with Handout H1, “IPV or Is It Me?” in **STEP 3**.

1. IPV stands for Interpersonal Partner Violence.  
**FALSE** *It stands for Intimate Partner Violence.*
2. IPV is really an expression of deep care and concern for an individual.  
**FALSE** *It is a pattern of power and control.*
3. If a person experiencing IPV is more patient and understanding the violence will eventually stop.  
**FALSE** *IPV is never the fault of the person experiencing it. The abuser needs professional help.*
4. There are various types of IPV including physical and sexual violence.  
**TRUE** *As well as financial and psychological.*
5. Individuals who identify as men don't experience IPV, it's just roughhousing.  
**FALSE** *That is a stereotype. IPV does not discriminate.*
6. A client who regularly cancels and reschedules appointments, displays stilted speech, and often expresses concern about whether or not their partner will support your recommendations for their care may be experiencing IPV.  
**TRUE** *These are signs that one may be experiencing IPV. Further assessment is needed.*
7. Stalking, gaslighting, and belittling are forms of IPV.  
**TRUE** *IPV is not just physical or sexual, these are forms of psychological abuse.*
8. Witnessing IPV as a child is a risk factor for individuals who experience IPV as adults.  
**TRUE** *This is an example of an individual risk factor.*

9. Highly stigmatized identities and a positive sexually transmitted infection add to the complexity of the IPV experience for Black men and Black men who have sex with men.

**TRUE** *Such factors often impact whether BMSM identify for themselves if they are experiencing IPV, and it impacts the likelihood they will report the violence unsolicited or unassessed.*

10. Black men and Black men who have sex with men experiencing IPV often want to report what is happening to them but simply don't know how.

**TRUE** *They may be unaware of resources, they may be aware of resources that are either exclusively for individuals who identify as women or resources that target their services to individuals who identify as women.*

11. Asking your client if they are experiencing IPV at an appointment where their partner is present is a helpful way to assess IPV.

**FALSE** *Questions like this are best asked in private with the client only.*

12. Repeated diagnosis of STDs and psychological or behavioral problems such as anxiety or panic attacks, or phobias specific to social engagements, may indicate IPV.

**TRUE** *These are symptoms that one may be experiencing IPV.*

13. People who experience IPV are either addicted or enjoy it.

**FALSE** *It is often difficult for someone to leave a relationship where IPV is present, but this does not mean they desire to experience IPV.*

14. If a client discloses IPV but refuses referrals it means the IPV is not really happening.

**FALSE** *It is often difficult for someone to leave a relationship where IPV is present, but this does not mean they are being dishonest about the IPV.*

15. It's best to not ask about IPV, even if I suspect it, because doing so may upset my client.

**FALSE** *Given the stigma around IPV and factors such as hyper masculinity, self reporting is often difficult for this population. Talking about it and assessing for it can be helpful.*



## HANDOUT

HANDOUT

### IPV OR IS IT ME?

**Directions:**

Read each statement, then circle the appropriate answer according to whether you believe it is true or false.

TRUE / FALSE?	STATEMENT
True   False	1. IPV stands for Interpersonal Partner Violence.
True   False	2. IPV is really an expression of deep care and concern for an individual.
True   False	3. If a person experiencing IPV is more patient and understanding the violence will eventually stop.
True   False	4. There are various types of IPV including physical and sexual violence.
True   False	5. Individuals who identify as men don't experience IPV, it's just roughhousing.
True   False	6. A client who regularly cancels and reschedules appointments, displays stilted speech, and often expresses concern about whether or not their partner will support your recommendations for their care may be experiencing IPV.
True   False	7. Stalking, gaslighting, and belittling are forms of IPV.
True   False	8. Witnessing IPV as a child is a risk factor for individuals who experience IPV as adults.
True   False	9. Highly stigmatized identities and a positive sexually transmitted infection add to the complexity of the IPV experience for Black men and Black men who have sex with men.
True   False	10. Black men and Black men who have sex with men experiencing IPV often want to report what is happening to them but simply don't know how.
True   False	11. Asking your client if they are experiencing IPV at an appointment where their partner is present is a helpful way to assess IPV.
True   False	12. Repeated diagnosis of STDs and psychological or behavioral problems such as anxiety or panic attacks, or phobias specific to social engagements, may indicate IPV.
True   False	13. People who experience IPV are either addicted or enjoy it.
True   False	14. If a client discloses IPV but refuses referrals it means the IPV is not really happening.
True   False	15. It's best to not ask about IPV, even if I suspect it, because doing so may upset my client.





## HANDOUT

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### IPV CASE STUDIES

#### The Case of Brendan

Brendan is an African American gay male in his early forties who has made an appointment with you as he has not been feeling well for the past week. You notice he initially made the appointment two weeks ago but rescheduled three times before coming in today. He complains of stomach pain and lack of appetite, fatigue, headaches, and difficulty sleeping. You ask him to confirm the start of the symptoms. He shared they were most bothersome two weeks ago when he first called.

When Brendan removes his jacket and shirt for you to examine him, you notice bruising on his wrists, wincing when you pressed his abdomen, and bruising under his rib cage. As you ask Brendan to share more about his symptoms and their frequency Brendan shares they come and go without explanation and started around a year ago varying in intensity.

A year ago Brendan was promoted at work while his partner Justin was laid off. The last year has been stressful and necessitated downsizing. He used to socialize but after coming home after happy hours in the last six months Justin would give him a hard time, suggesting Brendan was cheating on him, was plotting to leave him for someone more successful, and was the real reason the couple is financially stressed. As your appointment ends you mention to Brendan that you noticed some bruising, both on his arm and under his abdomen, suggesting that he has been in a few physical altercations given the tenderness and coloring of the bruises. Brendan looks out the window of the office and does not respond.



## The Case of Khalil

Khalil is a nineteen year old African American and Jewish gay male who has navigated the foster care system since the age of seven. You met Khalil at an outreach event your agency was vending at in the beginning of the summer. He comes into your agency and requests to speak with you, despite not having scheduled an appointment. He is offered an appointment for another day and insists he needs to see you today. You can see him and upon meeting with him, Khalil shares he has been kicked out of his house and needs a place to stay. When you asked Khalil to tell you more about being kicked out of his home he shares when he asked his partner Rob to use a condom, Rob went off and wailed on him. Khalil points to his sunglasses and his hoodie. You nod and Khalil shares he knew Rob had other partners other than him and that one of the guys Rob has been dealing with recently found out he is HIV positive. Khalil tells you he just wanted to protect himself. He stopped suggesting they use condoms months ago as Rob punched him the face for asking, yelling at Khalil that after all the time they'd been together (on and off since Khalil was 17) and how good he treats Khalil, letting him live in his house, keeping him in good clothes, letting him go to school and covering the cost of bills and books, Khalil was suggesting he (Rob) was dirty. Khalil shares he can't go back to the house; he just doesn't feel safe. Khalil also asks where he can get STI testing done outside of the city, worried that someone will recognize him getting tested and tell Rob and that Rob may either come after him or spread rumors about Khalil.