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A Review of Research on Violence in Same-Gender Couples: A Resource for Clinicians

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ABSTRACT. This paper reviews current research that has primarily focused on domestic violence among same-gender couples. Several key issues pertaining to the identification, assessment, and treatment of domestic violence among same-gender couples are examined and outlined to assist clinicians in effectively working with gay and lesbian clients who may be experiencing domestic violence. Resource information is included to help mental health clinicians recognize specific stressors of marginalized individuals as well as assessment and treatment recommendations are made.

KEYWORDS. Domestic violence, same-gender, gay, lesbian, intervention

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Over the past several decades, domestic violence has become a major concern for many social workers and other mental health care practitioners. Since the early 1970s an increasing effort to study the incidence of domestic violence has been made (Puzone, Saltzman, Kresnow, Thompson, & Mercy, 2000; Schilit, Lie, Bush, Montagne, & Reyes, 1991); however, the trend of awareness and study has mainly focused on heterosexual men as perpetrators and heterosexual women as the victims (Bachman & Coker, 1995; Dobash & Dobash, 1992; Dutton, 1995; Ellis & DeKeseredy, 1997; Heise, 1994; Johnson, 2000; Kurz, 1989; Saunders & Browne, 1991; Zorza, 1991). Conversely, a handful of studies examine and name heterosexual women as the abusers and their male partners the "abusees" (Marrujo & Kreger, 1996; Straus, 1980).

A major limitation of many recent studies is the inattention given to domestic violence within same-gender relationships. Persons who are gay or lesbian also experience domestic battering within their relationships and family settings (Beckett & Macey, 2001; Bernhard, 2000; Harris & Cook, 1994; Johnson & Ferraro, 2000; Lie & Gentlewarrier, 1991; Renzetti, 1988). A recent article published in the *Advocate* (Condon, 2001) reported that same-gender couples experiencing problems of domestic abuse rose by 29% in the year 2000. Furthermore, studies examining same-gender partners found that 30-44% of gay men report experiencing some form of physical violence in their relationships while 8-60% of sampled lesbians reported experiencing some form of violent behavior at the hands of their partners (Island & Letellier, 1991; Lockhart, White, Causby, & Isaac, 1994; Turell, 2000; Waldner-Haugrud, Gratch, & Magruder, 1997; Wood, 1987).

Much research has focused on the examination, identification, assessment, and treatment of heterosexual partner abuse; however, the examination of factors that contribute to and are associated with violence among same-gender partners is of critical importance. Until recently, domestic violence among gays and lesbians has remained unacknowledged, a taboo subject. Due to the invisible nature of both domestic violence and homosexuality, clinicians working with same-gender couples have had limited access to research, resources, and information regarding both partner abuse and gays and lesbians.

This paper explores and analyzes current literature to help facilitate the identification, assessment, and treatment of domestic violence among same-gender partners. The inquiry is designed to function as a resource to better prepare clinicians in working with gay or lesbian individuals and couples who may be experiencing issues related to physical, emotional, verbal, and/or sexual abuse. This review of the literature is devel-

oped to aid social workers and other mental health professionals by compiling data into a reference article examining empirical evidence of domestic violence among same-gender couples.

CONCEPTUALIZATION OF KEY VARIABLES

For the purpose of clarity, we have defined the key terms that will be used throughout this paper. The terms domestic violence, battering, and partner abuse can be defined as “any act carried out with the intent of causing physical injury or pain to a family member” (Margolies & Leeder, 1995, p. 139). This definition may include one or more of the following components: punching, hitting with an object, rape, pinching, kicking, and psychological/verbal/emotional abuse.

The term same-gender couple or partners can be taken to connote gay or lesbian persons who may be dating or cohabitating. Thus, same-gender couples may be in a committed relationship, with or without children, or casually dating. Finally, for the purpose of this paper, the examined literature focuses solely on adult gay or lesbian persons, 18 years and older, who have identified as homosexual.

Overview of Domestic Violence Among Same-Gender Couples

The terms battering, domestic violence, and abuse typically invoke images of men physically, verbally, or sexually assaulting women; however, studies have also demonstrated an increase in the phenomena of battering among same-gender partners (Turell, 2000). This increase may be due to the fact that gays and lesbians are more out today than in past years. Thus, more same-gender partners are reporting violence within the context of their relationships (Harris & Cook, 1994; Johnson & Ferraro, 2000; Patterson, 2000; Turell, 2000).

When same-gender couples experience problems within the context of their relationships, the issues of conflict are generally similar to those faced by heterosexual couples (Harris & Cook, 1994; Lockhart et al., 1994; Patterson, 2000). “Lesbian and gay domestic violence is violence that is committed within the homes of members of the gay and lesbian community and is related to relationships and may be seen in a similar light as non-gay spousal abuse” (Tully, 2000, p. 164). According to Wise and Bowman (1997), “the similarities between heterosexual and homo-

sexual abusive relationships are greater than the differences" (p. 127). Several studies report comparable level of violence in both same-gender and heterosexual intimate relationships (Johnson & Ferraro, 2000; Puzone et al., 2000; Turell, 2000). Similar to heterosexual couples, gay and lesbian couples experience conflicts resulting from a partner's job, religious differences, interactions with family members, racial or ethnic differences, value differences, financial pressures, and/or differences in socioeconomic backgrounds (Patterson, 2000).

The dynamics surrounding same-gender abuse mimic heterosexual domestic violence. The abuse generally occurs in a cyclical style where there appears to be a violent episode and, then following the episode, a "honeymoon period" (Elliot, 1996). In addition, a correlation with intergenerational transmission of domestic violence exists in both homosexual and heterosexual couples (Tjaden & Allison, 1999). Findings from Tjaden et al. corroborated other studies in that participants who reported experiencing domestic violence in their romantic relationships were more likely to report forcible rape both in childhood and in later adulthood, physical violence in childhood from caretakers, and physical violence from all types of aggressors, including intimate partners (Farley, 1996; Merrill & Wolfe, 2000; Schilit et al., 1991; Wise & Bowman, 1997).

In addition to the intergenerational transmission of violence, Tjaden et al. (1999) also examined gender-related issues related to domestic violence. The inquiry suggested similar findings to other studies in that gay men were more likely to report victimization by same-gender partners than heterosexual men were to report victimization by female partners. Furthermore, women were also more likely to experience abuse from males than from lesbian partners.

While there are similarities between heterosexual and homosexual couples with regard to domestic violence, there are also several distinguishing factors. For example, unique to gay and lesbian partners is overt negative societal attitudes or homophobia. Thus, conflict may arise when couples discuss the level of disclosure of their relationship, that is, to whom they should or should not disclose their sexual orientation. If both partners do not agree, conflict may result. Patterson (2000) noted that the long-term success of same-gender relationships appear to be directly related to the resolution of this significant issue. Similarly, Johnson and Ferraro (2000) and Elliot (1996) found that "outing" a partner to his or her family members, employers, and friends can be a common form of emotional or psychological abuse unique to same-gender couples.

Furthermore, lesbians and gays are often reluctant to report the abuse because they believe it is a private concern. Heterosexual couples may also believe it is a private concern, but for very different reasons. Thus, domestic violence is often under-reported because gays and lesbians fear coming out and do not want to bring added subjugation and discrimination upon the gay and lesbian community (Tully, 2000). Fear of discrimination is a main theme in the domestic violence literature regarding same-gender couples, often preventing them from reporting partner abuse (Klinger, 1995; Lie & Gentlewarrier, 1991; Patterson, 2000; Renzetti, 1992; Turrel, 2000). Reporting the abuse not only exposes their sexual orientation as well as their partner's, but also places them in a potentially homophobic legal system with a lack of resources and services.

Another area of difference lies within state statutes. Most state policies and laws on domestic violence use words such as "battered wife" or "abused spouse," which are not inclusive of gay or lesbian persons (Robson, 1992). Thus, gays and lesbians who experience victimization at the hands of their partners may think they have no hope in asking for help due to a lack of civil rights protection. Gays and lesbians suffer a revictimization of sorts as they are first beaten by their partner and then beaten by the state (Elliot, 1996).

Although the domestic violence literature at times highlights the similarities among gay male and lesbian couples, the dynamics of these relationships have some very distinct differences as well. Therefore, it is important is to examine separately the studies regarding gay men and lesbians.

GAY MALES AND DOMESTIC VIOLENCE

The authors of this paper found very few studies addressing the issue of domestic violence among gay male couples. Merrill and Wolfe (2000) postulated that the lack of research might result either from the mistaken assumption that battering is an exclusively heterosexual phenomenon or from the fear that investigating this issue may result in increased negative stereotyping. Similarly, Klinger (1995) suggested that recognition of domestic violence in the gay community might jeopardize the positive steps taken to combat homophobia. The unfortunate result of the silence surrounding gay domestic violence is that the victims experience even more alienation and isolation (Merrill & Wolfe, 2000).

The lack of available research could lead to the assumption that domestic violence is not an issue of concern among gay couples; however, the few studies that have been conducted indicate that intimate abuse commonly exists in gay male relationships (Klinger, 1995; Landolt & Dutton, 1997; Merrill & Wolfe, 2000). Island and Letellier (1991) cited domestic violence as the third largest health problem that gay males face, with AIDS and substance abuse topping the list. Merrill and Wolfe (2000) cited several studies suggesting that the prevalence of gay domestic violence is comparable to that in heterosexual and lesbian relationships.

The results of Merrill and Wolfe's (2000) study indicate many similarities between gay domestic violence and heterosexual and lesbian domestic violence. Similar to women victims, battered gay men did not initiate the battering and indicated feeling trapped and helpless. In terms of types of abuse experienced, 87% reported severe recurrent physical abuse, 85% reported some form of emotional abuse, 90% identified financial abuse, and 73% recounted one or more forms of sexual abuse. Additionally, there appears to be a cycle of violence in gay domestic abuse similar to that in abuse in heterosexual relationships. More than two-thirds of the participants reported no incidents of physical violence within the first three months of the relationship. The first incidents of violence occurred between three months and a year for 54% of respondents, and after a year for 23%. Seventy-three percent acknowledged a "honeymoon" period after violent incidents, in which the partner was attentive, caring, and apologetic.

The phenomenon of domestic violence has typically been viewed either as a feminist issue or as a power and control issue (Klinger, 1995). Although some researchers have attempted to apply a patriarchal, gender-based model to gay domestic abuse, most of the research indicates that male-female role-playing in gay male relationships is not the norm. Rather, most gay male relationships follow a pattern of egalitarian friendship (Landolt & Dutton, 1997). Reece and Segrist (cited in Landolt & Dutton, 1997) suggest that gay males are at high risk for domestic violence because both partners are biologically male and conditioned to assert dominance and control, not because of the roles assumed within the relationship. Similarly, Klinger's (1995) review of the existing literature concluded that gay male domestic violence occurred most often when there was an imbalance of power; however, Landolt and Dutton's study did not support this view, noting that abuse was not necessarily related to power dominance. Rather, abuse was noted most often in

divided power relationships, indicating that abuse may occur in relationships that are roughly equal.

Several research studies have reported that between 80 and 90% of men in treatment for heterosexual domestic violence have diagnosable personality disorders, contributing to belief that there is an Abusive Personality type (Elliot, 1996; Klinger, 1995; Landolt & Dutton, 1997). Landolt and Dutton's study of 52 gay male couples supported this notion of the existence of an Abusive Personality in gay domestic violence as well. Some of the characteristics noted include Borderline Personality Organization, which includes many of the diagnostic criteria of Borderline Personality Disorder, anger, fearful or preoccupied attachment, and the recollection of a poor child-parent relationship. In those relationships where the men are mutually abusive, Landolt and Dutton noted that the abusive tendencies were significantly higher than in relationships where one partner was the identified victim and the other the abuser. The Abusive Personality was particularly evident when both partners were abusive.

Another area of focus in the literature on gay men and same-gender violence examines reasons for remaining in the abusive relationship. According to Merrill and Wolfe (2000) the most frequently cited reasons for remaining in an abusive relationship were "hope for change" and "love of partner." About one-third indicated "fear of harm," "lack of assistance," "fear of loneliness," "partner pursuit," and "loyalty/commitment" as reasons for staying. Significantly, however, over half of the respondents indicated "lack of knowledge about domestic violence" as a major reason for remaining in the relationship. This appears to be more of a concern for gay males since there are not many agencies that specifically provide assistance to gay male victims of domestic violence.

One reason for remaining that appears to be unique to gay men is related to their own or their partner's HIV status (Merrill & Wolfe, 2000). Of the 20 respondents who reported being HIV positive, 60% said that fear of getting sick or dying greatly affected their decision to remain in the relationship. Of the 14 respondents who reported that their partners were HIV positive, half indicated that not wanting to abandon their partner played a major part in their remaining. Another consideration for 30% of the HIV positive respondents was the fear of dating in the context of the HIV epidemic.

Gay men appear to be similar to be more likely than heterosexual men to seek help from informal sources including friends and families (Merrill & Wolfe, 2000). Individual counselors, agencies where they were assigned individual counselors, and the police were the most

frequently accessed formal resources. The most helpful formal sources of support were likely to be gay men's domestic violence programs, HIV agencies, and other gay/lesbian-identified agencies. One major limitation of Merrill and Wolfe's study was that all of the participants lived in major metropolitan areas with significant resources for gay and lesbian individuals and that most had sought assistance through one of those agencies. Individuals in smaller communities and those who are not as well connected with the gay community may have significantly more difficulty locating supportive resources.

One formal resource specifically identified to deal with domestic violence issues is the battered women's shelter. Similar to lesbian women, battered gay men are unlikely to seek support from battered women's shelters and usually indicate that they are not helpful (Merrill & Wolfe, 2000). The main reasons for gay men not seeking help from such agencies and not receiving help are the homophobia encountered and the lack of education of the staff regarding issues of gay domestic violence.

In order for same-gender domestic violence victims to be provided appropriate and helpful formal resources, adequate funding must be provided so that educational efforts can provide widespread information about battering in the gay community and to professionals (Merrill & Wolfe, 2000). Several myths might contribute to the minimization of gay domestic violence including the beliefs that it is not as serious as heterosexual abuse, that men can more easily protect themselves, that men are perpetrators and not victims, and that the battering is likely to be mutual. Due to the limited resources for victims of gay domestic violence, mental health professionals may find themselves serving multiple roles as counselor, advocate, and educator.

Unfortunately, the information currently available on gay domestic violence is based only on a handful of studies. Much more research must be conducted before a complete picture emerges. Researchers face three challenges in attempting to study this phenomenon: (1) accessing a representative sample, (2) obtaining a sample that will help to assess the prevalence of gay domestic violence, and (3) ensuring the integrity of the results if both partners in a relationship participate in the study.

LESBIANS AND DOMESTIC VIOLENCE

Most studies pertaining to same-gender partner abuse examine lesbian relationships more often than gay male couples. This may be due in part to the role the women's movement has played in giving voice to

women and generating attention to domestic violence issues (Dobash & Dobash, 1992) and Renzetti's (1992) precedent-setting study of lesbian relationships. Renzetti concluded that psychological abuse was present in all of the violent lesbian relationships she studied and that abusive lesbian partners appeared to be greatly threatened by a partner's attempt to secure independent friendships. Renzetti also noted that jealousy, power, and control functioned as major sources of conflict within lesbian relationships.

Lockhart, White, Causby, and Isaac (1994) presented a study to determine the magnitude and inherent characteristics of conflict and violence in lesbian relationships. Sources of conflicts in lesbian relationships, like those in heterosexual relationships, revolve around social fusion and power imbalances, and violence is often used as a means of resolving this friction. Fusion, an unhealthy collapse of boundaries between partners that results in the loss of individuality, is seemingly more likely in lesbian relationships due to their isolated nature (Lockhart et al., 1994), and can spur codependency and conflicts arising from a miscommunication about rules and roles. According to Renzetti (1988), this particular conflict is especially intense for lesbian couples.

Most lesbian relationships do not receive affirmation and support outside of the lesbian and gay community; thus, lesbian couples tend to isolate themselves from the larger society. This isolation from others may facilitate insecurities where one or both partners view separateness and autonomy as threatening to the relationship. Lesbian partners may see any attempt by their partner to have separate friends, to hold different views, or to go places by oneself as rejection. Furthermore, lesbian batterers who seemed to display an excessive neediness used violence as a way to stymie their partners' autonomy (Lockhart et al., 1994; Renzetti, 1988, 1992).

Another aspect of abuse among lesbian couples that has been the subject of much research is verbal abuse. Lesbians reporting verbal abuse and aggression claimed to argue over their partner's job, their partner's emotional dependency, housekeeping/cooking duties, sexual activities, and drug or alcohol use (Carlson, 1992; Johnson & Ferraro, 2000). The current literature demonstrates that abuse in lesbian relationships is more often verbal than physical (Lie & Gentlewarrier, 1991; Osier, 2001; Renzetti, 1988, 1992).

In addition to verbal abuse, various levels of physical violence also exist among lesbian couples as a means for resolving conflicts emerging from issues related both to power imbalances and to autonomy/fusion (Johnson & Ferraro, 2000; Schilit et al., 1991). According to Vickers

(1996), lesbian domestic violence may involve "violence or coercion where one partner seeks to control the behaviors, beliefs, actions, thoughts, or conduct of the other" (cited in Tully, 2000, p. 164). In relationships where one partner had a greater need for fusion than the other partner, higher levels of severe physical abuse were reported (Renzetti, 1988). In addition, lesbians reporting victimization in childhood were more likely to report physical violence in their relationships (Lockhart et al., 1994; Schilit et al., 1991).

Unlike gay male couples, the relationship between victimization in childhood and violence in lesbian relationships is still open for questioning since research findings have posed a host of non-definitive conclusions. For example, the fact that a woman was abused as a child does not increase her likelihood of becoming a batterer but does increase her chances of finding a partner who will batter her (Girshick, 2001; Lockhart et al., 1995). Other findings, however, have split this theory, correlating the likelihood of both roles with past victimization (Margolies & Leeder, 1995; Schilit et al., 1991).

Another issue addressed in the literature was that abuse was a frequent issue with lesbians in the therapy setting. Lesbian couples tend to seek out and engage in therapy more often than heterosexual dyad; however, Wise and Bowman (1997) point out that most of their experiences are not positive:

Unfortunately, the response to lesbian victims of abuse by traditional help providers has been rated negatively by lesbians attempting to utilize services. Almost half of the lesbians sampled rated counselors as not helpful at all or only a little helpful, finding counselors to be somewhat negative and reluctant to challenge the batterer in the relationship for her actions. (p. 128)

This problem might result from the limited training of counselors with regard to both gay and lesbian issues and to domestic violence, a deficiency that may lead to inadequate services to lesbians and to all women.

A major problem encountered by lesbian couples in counseling for domestic violence has been the contraindication of working on the issues in the context of couples' therapy (Hammond, 1989). Mental health care practitioners working with heterosexual couples generally refer the couple for couples' counseling only after each partner has sufficiently worked through his or her own issues underlying the abuse. Regrettably, couples therapy was the most frequently suggested option for lesbians

(Wise & Bowman, 1997). Couples therapy can be counterproductive if one or both of the partners have issues that would best be explored through individual counseling in order to be resolved. Thus, couples therapy may not be effective in facilitating the eradication of unhealthy behaviors within the relationship.

The existence of abuse in lesbian relationships demonstrates that violence may occur within intimate relationships, even those in which gender-based power differentials do not exist (Carlson, 1992). Differences among people in intimate relationships do not always cause violence; thus, problems in lesbian relationships that facilitate physical, emotional, or verbal abuse must be more than simple differences. Finally, consideration needs to be placed not only on the differences, but also on how and why lesbian partners may choose to address those differences through the use of violence.

Research Difficulties and the Gay/Lesbian Population

One major limitation in past attempts to study domestic violence among same-gender couples is that research has had to rely on small, opportunistic samples producing non-generalizeable results. A possible explanation for this lack of representativeness may be the isolation of gays and lesbians as a result of stigma from society.

Another problem is the lack of attention to the prevalence of violence in intimate relationships with regard to gender. For example, who more often experiences violence in same-gender relationships, men or women, and what factors seem to be associated with these experiences? In addition, no previous studies used samples containing heterosexual couples for the purpose of comparison or contrast. Further serving to hamper this research movement has been the lack of viable statistics regarding same-gender partner violence, perhaps a result both of the restrictive definition of partner violence to opposite-gender couples and of an overall non-recognition of gay and lesbian domestic violence.

In facilitating an increased likelihood of reliability and validity for future studies, the aforementioned difficulties must be considered by researchers examining gay and lesbian issues of domestic violence. This also includes the formulation and consensus of definitions with regard to key variables and terms used to describe domestic violence.

RESOURCES FOR MENTAL HEALTH PROFESSIONALS

In many cases gay and lesbian couples do not use the same resources most commonly used by heterosexual couples. This may be due to the fact that counselors, perhaps as a result of their inadequate knowledge base or of a perceived homophobia within the respective agency, are failing to recommend appropriate treatment options (Wise & Bowman, 1997). In addition, counselors' attitudes regarding homosexuality may influence treatment plans for lesbian and gay clients. In addition, since a considerable proportion of counseling clients (40-50%) have issues of domestic violence, a need for more sensitivity and domestic violence training as well as assessment strategies is highly obvious.

Recognition of Marginalized Status and Stressors

According to Tully (2000), it is extremely important for practitioners to be cognizant of the fact that gays and lesbians are members of a marginalized group. Due to the marginality of their status in society, gays and lesbians face several common stressors that other populations of people do not. These stressors include the following: (1) societal discrimination (e.g., prevailing myths and stereotypes, employment discrimination, legal proscriptions, hate crimes, institutional homophobia, and a lack of adequate support systems); (2) conflict with families of origin (e.g., lack of understanding or acceptance about coming out, lack of familial support, homophobia, emotional distancing or rejection, violence/abuse); (3) stressors from families of choice (e.g., creating, maintaining, and terminating relationships; monogamy vs. non-monogamy; children; second-parent adoptions; health; coming out; openness regarding sexual orientation; finances; employment; internalized homophobia) (Adapted from Tully, 2000, p. 173).

In addition to these stressors, it is also important for clinicians to be aware that many gays and lesbians who seek therapy, particularly those who come as a couple, may not initially disclose the real reason for seeking help. Rather than labeling their presenting problem as a domestic violence issue, they are likely to couch the reason in terms of "relationship problems." Therefore, the assessment process is essential in that during the assessment the clinician's job is to ascertain if domestic violence is a problem (Istar, 1996). Furthermore, a client may not define violence using the same political or clinical language used by a

clinician, making it difficult to determine whether or not abuse has taken place.

Assessment of and Treatment for the Couple

A major part of detecting the existence of or potential for domestic violence is assessing the power and control structure in the relationship; however, this is particularly challenging with homosexual couples. Power and control issues for gay and lesbian couples are not adhered to along gender lines, making it difficult to determine power roles, and thus, the extent to which abuse may be occurring (Renzetti, 1992).

Merrill and Wolfe (2000) propose several suggestions for the assessment and treatment of domestic violence issues with same-gender couples: (1) training in symptoms of domestic violence; (2) sensitivity training specifically regarding gay and lesbian domestic violence issues; (3) education regarding homophobia and heterosexism; (4) development of appropriate response protocols for police and other enforcement professionals (they often don't know how to identify the abusers, frequently do not arrest anyone, arrest both parties, or arrest the wrong party); (5) incorporate screening for past and current history of domestic violence in shelters and other agencies; and (6) develop individualized treatment plans that include a safety plan and supportive psychotherapy.

Further suggestions formulated by the authors of this inquiry include the following:

1. New and emerging domestic violence programs must (1) gain the confidence of the community; (2) provide aggressive outreach and educational services; and (3) offer a variety of services (e.g., 24-hour hotline, individual and group counseling, tangible resources such as transportation, food, clothing, shelter, and financial assistance).
2. Collaboration between traditional battered women's and gay/lesbian community agencies must be facilitated to provide the most effective resources.
3. The gay and lesbian community needs to be specifically targeted for education regarding domestic violence. It appears that gay males and lesbians do not consider domestic violence as an issue that relates to them. Thus, they may minimize warning signs of escalating violence within their relationships.

4. Outreach and services that focus on experiences of individuals rather than gender (e.g., battered *women's* shelters) will hopefully encourage gay and lesbians to identify as needing help.
5. Mental health professionals must include an assessment of both the individual and the partner's HIV status in the overall assessment since HIV status plays an important role, in particular to gay males remaining in abusive relationships.
6. Professionals must be educated and trained to be inclusive in the language that is used when referring to domestic violence. Such inclusivity may result in gays and lesbians being more comfortable in disclosing abuse.

Although couples' therapy may be contraindicated when domestic violence is present within the context of a relationship, it is sometimes necessary to work with both partners initially to properly assess the dynamics of the relationship.

While the safety of the client is of the utmost importance, it is imperative that the practitioner be able to identify and assess the problems in the relationship in order to best assist the couple in the definition or redefinition of the problems. "An effective treatment model must address not just the limitations and dangers of couples counseling, but also honor the systematic issues the couple brings to therapy" (Istar, 1996, p. 104). Thus, couples therapy can be most helpful in the formulation of appropriate individual treatment plans and goals.

Mental health professionals must be prepared to first deal with crises arising from gay and lesbian domestic violence and then to address underlying affective and anxiety disorders, including post-traumatic stress disorder (PTSD; Klinger, 1995). Carefully assessing the safety level of the client and helping the client to implement a safety plan are critical skills for professionals working with domestic violence victims (Klinger, 1995; Merrill & Wolfe, 2000). An effective treatment plan "reinforces client strengths and respects client self-determination" (Merrill & Wolfe, 2000, p. 26). Once the crisis period has passed and the individual is stable, individual therapy and/or psychotherapy or support groups may be appropriate treatment modalities.

CONCLUSION

This paper reviewed current research that has focused on domestic violence regarding gay and lesbian couples. Several key issues that

mental health professionals must be aware of related to the identification, assessment, and treatment of same-gender couples with regard to domestic violence were examined and outlined.

Several limitations were noted in the studies reviewed in this paper. None of the studies examined the added marginalization of ethnic minority status and how this added jeopardy affects gay and lesbian couples with regard to domestic violence. Also, current literature dealing with domestic violence appears to exclude transgendered persons as well as bisexual persons. Therefore, the authors suggest that future implications for the continuing inquiry include diverse racial and ethnic minorities, transgendered persons, and bisexual persons. Perhaps persons compounded with these variables may experience a set of different stressors and issues not explored as of yet.

Finally, the more inquiries that focus on domestic violence issues and these special populations, the more credible and trustworthy the findings will be. This will facilitate a more reliable and valid knowledge base so that mental health practitioners will be well-versed in the identification, assessment, and treatment process of domestic violence among gays, lesbians, bisexual, and transgendered people of all races and ethnicities.

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