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Publisher: Routledge

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Journal of Aggression, Maltreatment & Trauma

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wamt20>

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Published online: 17 Nov 2009.

To cite this article: Alysondra Duke & M. Meghan Davidson (2009) Same-Sex Intimate Partner Violence: Lesbian, Gay, and Bisexual Affirmative Outreach and Advocacy, Journal of Aggression, Maltreatment & Trauma, 18:8, 795-816, DOI: [10.1080/10926770903291787](https://doi.org/10.1080/10926770903291787)

To link to this article: <http://dx.doi.org/10.1080/10926770903291787>

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INTIMATE PARTNER VIOLENCE RESEARCH

Same-Sex Intimate Partner Violence: Lesbian, Gay, and Bisexual Affirmative Outreach and Advocacy

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Intimate partner violence (IPV) is pervasive and crosses all boundaries of sexual orientation, race, and class. Scholars contend that the intimidation of another person through abusive acts and words is not a gender issue. Organizations seeking to offer equitable services to survivors of IPV must intentionally establish themselves as inclusive agencies. This article presents a review of common societal myths and barriers to help-seeking for survivors of same-sex partner violence and offers program guidelines for lesbian, gay, and bisexual affirmative outreach services and advocate training.

KEYWORDS *same-sex, advocacy, intimate partner violence, outreach*

To date, scant research exists on the topic of same-sex intimate partner violence (IPV; Hassounah & Glass, 2008; McClenen, 2005; McKenry, Serovich, Mason, & Mosack, 2006; National Coalition of Anti-Violence Programs [NCAVP], 2005; Stark, 2007; West, 2002). Scholars and activists, as well as a few studies conducted to date, have indicated that the prevalence of same-sex IPV is likely the same as in heterosexual domestic violence (Greenwood et al., 2002; McKenry et al., 2006, National Coalition of Anti-Violence Programs, 2005; The Network/La Red, 2004). However, there are unique and important considerations when working with the lesbian, gay, and bisexual (LGB) population

Submitted 19 December 2008; revised 17 March 2009; accepted 7 July 2009.

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(e.g., Turner, 2004). Currently, programming and assistance provided specifically to survivors of same-sex IPV is limited; that is, the services offered by many domestic violence and sexual assault agencies are lacking in both sensitivity and adequate advocate training regarding survivors of same-sex IPV (Elliott, 1996; Farley, 1992; Hassouneh & Glass, 2008; Simpson & Helfrich, 2005; Waldron, 1996). To provide LGB affirmative services, organizations working with survivors of IPV must establish themselves as comprehensive and diverse agencies, advertise, provide culturally specific information on LGB issues and resources, and train their advocates properly regarding same-sex IPV.

This article will discuss the historical roots of same-sex IPV advocacy and outline common societal myths and barriers to help-seeking for survivors of same-sex IPV. Second, program guidelines for LGB affirmative practices in outreach services and advocacy training will be offered. Finally, future directions for programmatic research will be discussed.

DEFINITIONS

The terms *gay* and *queer* will be used interchangeably throughout this article to be inclusive of all LGB individuals. It should be noted that there is a distinction between individuals who identify as LGB and those who do not but are currently in same-sex partnerships. The potential for complications regarding “coming out” or of being “outed” as a tool for abuse will be discussed later in this article. In addition, further study is needed in the area of IPV and sexual assault between partners within the transgender community, as there is a dearth of research addressing this population (National Coalition of Anti-Violence Programs, 2005). Consequently, inclusion of the transgender community is beyond the scope of the current investigation. This limitation, however, is in no way meant to communicate a sense of apathy; rather, the transgender community is rich in subject matter, but has rarely been examined, and ample time and resources to fully investigate and incorporate this specific group were not available.

For the purpose of this manuscript, *IPV* will be defined as “a pattern of behavior where one partner coerces, dominates, and isolates the other to maintain power and control over [her/his] partner” (National Coalition of Anti-Violence Programs, 2008, p. 5). These abusive behaviors include but are not limited to verbal abuse, emotional manipulation, restricting access to finances, physical assaults, and sexual assault or rape. *Sexual violence* will be defined as any type of unwanted sexual activity, inclusive of “touching parts of the body, kissing, vaginal penetration by objects, vaginal penetration by fingers, oral sex, anal sex, rubbing, and being forced to do things to [one’s own body]” (Girshick, 2002, p. 19). The terms *survivor* and *victim* are used interchangeably throughout the manuscript, as well as *batterer*, *abuser*, and *perpetrator*, to describe individuals in an abusive partnership.

THE WOMEN'S MOVEMENT AND HISTORICAL SOCIAL CHANGES

Numerous social movements in the 1960s and 1970s raised concern regarding privacy of the home, positionality of men as head of the household, and the necessity to project an image of a “perfect” nuclear family (White-Stewart, 2002). White-Stewart noted that the feminist, antirape, and domestic violence movements propelled spousal and child abuse to move from the private to public sphere for the first time. Through the use of consciousness-raising groups and efforts, women began to define and identify IPV as a crime committed in their own homes (Bevacqua, 2000; Merrill, 1996). Early antirape efforts were considered “a social movement within a social movement” and relied extensively on the larger feminist movement for strength and support (Bevacqua, 2000, p. 27). However, García (1999) argued that in an attempt to facilitate the acknowledgement of violence against women as a significant social issue, the movement became somewhat polarized.

Historically, the realities of the feminist movement as a social change effort meant women needed to be the same in order to be united. Early organizers of the feminist domestic violence movement had to present an acceptable representation of the female survivor in order to cultivate social awareness that women were truly being battered in their own homes. To illustrate this, in recalling attitudes prevalent in the 1970s, Girshick (2002) stated that the “acceptable domestic violence survivor” was heterosexual, white, and middle class, rendering the experiences of battered lesbians or bisexual women invisible (p. 11).

Sociologist Claire Renzetti (1992) affirmed the inequity between survivors of opposite-sex and same-sex IPV, and she highlighted that women were forced to demonstrate their worthiness as survivors in order to obtain services. Renzetti as well as Ristock (2001) both contended that providers were more likely to respond positively to battered women who conformed to the stereotype of traditional femininity, a notion that was confirmed in a recent investigation by Hassouneh and Glass (2008). Island and Letellier (1991) asserted that lesbian and gay batterers create a challenge to the field of IPV by necessitating the extension of power analyses to include those relationships not fitting neatly into the male/female dyad. Because of an effort to present an acceptable model of domestic abuse to society, LGB relationship violence was, and continues to be, frequently overlooked (García, 1999; Girshick, 2002; Renzetti, 1992). Although there was always a need for the feminist movement to recognize IPV and sexual assault within same-sex relationships as real and serious issues, there have been only recent attempts to more fully understand and advocate against violence in same-sex relationships.

PREVALENCE OF SAME-SEX IPV

In an investigation conducted by LAMBDA (2004), a nonprofit agency dedicated to reducing homophobia and inequality in the queer community, prevalence reports indicated that between 25% and 33% of LGB individuals are abused by their partners. These data are comparable to reported rates of IPV occurring in heterosexual relationships (Greenwood et al., 2002; McKenry et al., 2006; National Coalition of Anti-Violence Programs, 2005; The Network/La Red, 2004). Examining lesbian relationships specifically, between 41% and 68% of lesbian women experience IPV at the hands of a same-sex partner at some time in their lives (Burke, Jordan, & Owen, 2002; National Coalition of Anti-Violence Programs, 2002). Although these studies are a bit dated, they remain the most recent significant and published examinations of same-sex IPV prevalence statistics. Similarly, Island and Letellier (1991) proposed that the rate of same-sex IPV can best be calculated from the known rate of heterosexual domestic violence. It is important to note that the prevalence rates of same-sex IPV are most likely underestimations because of a myriad of factors, including the homophobic climate LGB individuals face (McKenry et al., 2006), as well as fears of censure/safety for reporting, lack of uniform legal definitions across states, and variability of mandatory arrest policies.

In addition, Island and Letellier (1991) pointed out that because men are most likely to perpetrate abuse in any domestic violence situation, the likelihood of IPV in a gay male same-sex relationship is increased, as either member of the couple has the same probability of becoming a batterer. Therefore, not only are the prevalence statistics comparable to those of heterosexuals, the probability for abuse among men in same-sex relationships is doubled.

Lev and Lev (1999) reported that lesbian women who are raped by their female partners are categorized into general sexual assault statistics. Simply because of issues regarding categorization and resistance to recognizing same-sex IPV and same-sex sexual assault, Lev and Lev contended that the currently available statistics are inaccurate. These inaccuracies contribute to the near absence of services and support for the LGB population. Lev and Lev also concluded that statistics for bisexuals regarding IPV are virtually unknown, since these incidents are either categorized as homosexual or heterosexual, rather than occupying a distinct category. Clearly, further research and increased sophistication in measurement are necessary to understand the actual prevalence rates of IPV in the LGB population.

Taylor and Chandler (1995) declared, "it is crucial that lesbians abused by other lesbians are given the space and support to define their experiences, to name the issues involved and to evolve a critique that points toward a resolution, both practical and political" (p. 9). Due to cultural assumptions of heterosexuality regarding IPV, women are deemed

the recipients of violence, whereas men are viewed as the perpetrators (Hassouneh & Glass, 2008; Van Natta, 2005). The reality of violence between two women, or more importantly, violence instigated by a woman, may not be a salient consideration even to those feminist advocates who are actively working to eliminate domestic violence. Taylor and Chandler (1995) further argued that when sexual assault occurs in the context of a same-sex intimate partnership, there is little known about the long-term effects of woman-against-woman rape. Moreover, the experiences of women survivors may be minimized or dismissed as an extension of the sexual dynamic of the partnership.

Psychological trauma as a result of domestic violence is sometimes considered to be a feature of lesbianism or homosexuality itself (Taylor & Chandler, 1995). Likewise, with many states defining sexual assault as exclusively occurring between a man and a woman, thus explicitly denying equal protection under the law (e.g., Florida, Maryland, and Mississippi), same-sex couples may fail to recognize or categorize their experience as legitimately abusive (An Abuse, Rape and Domestic Violence Aid and Resource Collection [AARDVARC], 2008; McKenry et al., 2006). Service providers and law enforcement personnel may also inadvertently fall prey to cultural myths and inequitable statutes regarding same-sex IPV (West, 2002).

HARMFUL MYTHS

Numerous myths exist regarding the LGB community, and more specifically, regarding same-sex IPV. These falsehoods may be especially damaging for individuals in violent same-sex partnerships, as they create barriers to receiving necessary services and legal assistance, which may further traumatize the survivor. The following section reviews some of the prevailing myths to consider when working with LGB survivors of IPV.

Lesbian Utopia

There is a myth among members of the LGB community of a *lesbian utopia*, or that relationships between women constitute ideal egalitarian relationships (Girshick, 2002; Hassouneh & Glass, 2008; McLaughlin & Rozee, 2001). Taylor and Chandler (1995) explained how the idea of abusive lesbian relationships may not be a serious consideration to the LGB community, as it challenges the notion of a “safe lifestyle” among women. Farley (1992) argued that sexual assault within a lesbian relationship occurs in conjunction with other types of abuse and thus is often an extension of a complex enmeshment of physical and psychological abuse that cannot be denied. The lines become blurred regarding sexual assault within intimate relationships. Girshick (2002)

contended, "As raped partners, these women share the same sense of betrayal, disbelief, disgust, and fear as other raped wives" (p. 65).

Aside from the larger society viewing this as an important issue, it is imperative that service providers understand the severity of the trauma experienced by victims of same-sex sexual assault. Farley (1992) asserted that there is an erroneous assumption that when a woman sexually assaults another woman it is less violent than heterosexual sexual assault. When suggested by service providers, this response is terribly dangerous, as it lessens the ability for individuals in violent partnerships to obtain adequate assistance, thereby increasing the possibility for continued assault and abuse. Finally, in assessing the underlying dynamics of sexual violence in same-sex relationships, Girshick (2002, p. 157) concluded that "power and control, dependency, jealousy, internalized homophobia, a history of childhood abuse, and alcohol and drug use" are salient features of same-sex IPV, just as they are in any intimate partner abusive situation, regardless of the couple's sexual orientation.

Hegemonic Masculinity

According to Connell and Messerschmidt (2005), *hegemonic masculinity* can be best understood as a way for men to practice continued domination over women through not only a set of perceived expectations for what is necessary to be masculine, but also actions taken on others to assert power. These actions need not be violent per se, but rather include elevation of status through the use of power by way of cultural institutions and forceful tactics. However, because masculinity is privileged in most societies, it is not uncommon to see the effects of this ideology manifested through acts of violence by men. Two men fighting with one another within the context of an intimate relationship may be regarded as masculine (Farley, 1992). Alternatively, gay men are often stereotypically perceived to be more sensitive, thus the potential for violence between two gay men is erroneously viewed as minimal (Elliot, 1996).

However, in the act of sexual violence, the sex of the perpetrator should be deemed irrelevant (Taylor & Chandler, 1995). Concomitantly, the pervasive myth of the hypersexual male supports the fallacy that there cannot be sexual assault between two men. Popular notions that men are immune to sexual assault may prevent male survivors from seeking necessary services because they may not view themselves as survivors of assault (Lev & Lev, 1999). There is a social expectation for men to defend themselves and to not behave in a manner that connotes serious consequences, such as being labeled "gay" or "fag." Because of such harmful expectations and pervasive myths, it is not surprising that many men have difficulty considering themselves victims of IPV (Letellier, 1994; McKenry et al., 2006) and do not seek help when they are abused by their male partners. Farley (1992)

acknowledged that battering between men may not be recognized as serious because of social norms that accept male aggression. Advocates must recognize these socialized norms in order to work successfully with same-sex survivors (Hassounah & Glass, 2008).

Individuals who identify as bisexual experience the additional strain of a lack of community support. Bisexuality carries a “double marginality,” as the gay and lesbian community may neglect to fully incorporate bisexuals as equal members, yet the heterosexual community also stigmatizes bisexuals for their capacity to experience same-sex attraction and participate in same-sex intimate relationships. Because of the ideology that bisexual persons experience heterosexual privilege, many among the gay and lesbian population erroneously assume that the suffering of bisexuals is not as great. In the case of same-sex IPV involving partners who are bisexual, this alleged privilege does not protect them; bisexuals are still victimized by the legal system, social services, and their partners (Sulis, 1999). Unfortunately, there is a lack of extensive research concerning domestic violence and sexual assault for bisexual men and women. Similar to lesbians and gay men who have been victimized, bisexuals involved in abusive intimate relationships find their experiences speciously aggregated with heterosexual abuse statistics (Sulis, 1999).

Mutual Battering

In recent years, controversy has arisen in the larger field of IPV regarding the notions of mutual battering and gender symmetry in violent intimate relationships (Dutton, 2007; Dutton & Goodman, 2005; Gormley, 2005; Kelly & Johnson, 2008; Robertson & Murachver, 2007; Stanley, Bartholomew, Taylor, Oram, & Landolt, 2006). There are suggestions and research findings proposing that IPV can be described as *mutual battering* when both partners have perpetrated and experienced violence (e.g., Archer, 2000; Dutton, 2005; Katz, Kuffel, & Coblenz, 2002; Robertson & Murachver, 2007). However, other scholars have dismissed mutual battering as a myth and have asserted that in violent intimate relationships, one partner is consistently the primary aggressor (Island & Letellier, 1991; Letellier, 1994; McClennen, 2005; Taylor & Chandler, 1995; West, 2002). In addition, domestic violence advocates and service providers dispute the concept of mutual battering because it is contrary to their experiences with survivors in shelters, community agencies, health care settings, and the judicial system (Kelly & Johnson, 2008). The question of mutual battering becomes more problematic when considering same sex relationships because the bulk of the research examining this phenomenon has been conducted with heterosexual couples (e.g., Archer, 2000; Katz et al., 2002; Robertson & Murachver, 2007).

Because many service providers frequently work with women whose abuse was perpetrated by men, it becomes a confusing task to help women

abused by other women in the same way. In a study by Lev and Lev (1999), the overwhelming attitude from service providers was that they did not believe women could hurt other women in the same manner as men. This propensity to view women as unable or unlikely to perpetrate abuse on other women has been echoed by other scholars (Elliott, 1996; Hassouneh & Glass, 2008). Renzetti (1992) asserted that the myth that same-sex IPV is nonexistent or simply an argument between equals may be perpetuated by the smaller size discrepancy between lesbian partners as well as by the general acceptance in the lesbian community of defending oneself. In reality, women can and do assault, abuse, harass, stalk, rape, and even kill other women (Lev & Lev, 1999).

Regarding gay men and intimate relationships, Island and Letellier (1991) conceded that although gay men are likely to respond with violence when aggressed upon by their partners, this behavior does not constitute mutual battering. This assertion is similar to beliefs held by other scholars, including Renzetti (1992), who further noted that violence used in self-defense or retaliation vastly differs from aggression used to control or assert power. Thus, examining violent acts in isolation cannot fully characterize or define violence in intimate relationships (Dutton & Goodman, 2005; Weston, Temple, & Marshall, 2005). Researchers, clinicians, and advocates working in the area of domestic violence, particularly in regard to same-sex relationships, need to consider and understand the many contextual factors, including the cultural, social, and institutional systems in which the partners reside (Dutton & Goodman, 2005). In addition, the experiences of self-defense, retaliation, power, and control, and the potential existence of a patriarchal structure within the relationship need to be considered.

As the aforementioned research reveals, myths regarding same-sex relationships may contribute to the continued experience of IPV for LGB individuals. The perceptions of service providers, law enforcement, and the larger society create unnecessary challenges and may promote continued victimization for the same-sex IPV survivor.

BARRIERS TO HELP-SEEKING

In addition to myths regarding same-sex relationships and how these assumptions impede the ability for LGB individuals to access necessary services, other considerations should be noted. These concerns include outing, homophobia, internalized oppression, community ties, and revictimization. Because these considerations may serve as barriers to help-seeking for LGB survivors of same-sex IPV, it is essential for advocates to be cognizant of these features. Thus each of these issues will be discussed in turn.

Outing

An important issue unique to same-sex IPV is the abuser's potential use of "outing" as a tool or weapon (Erbaugh, 2007; National Coalition of Anti-Violence Programs, 2005; West, 2002). In other words, the abuser may threaten to tell family, friends, workplace colleagues, and the wider cultural community that a closeted survivor is gay. Taylor and Chandler (1995) noted that the consequences of a lesbian woman being outed by her partner may include harassment from employers, severe negativity from her family, and questions about her ability to work with or care for children. The fear of outing may affect both abuser and survivor, as the abuser may be closeted and subsequently isolate his or her partner from the LGB community. Conversely, the survivor may be closeted and have no one to validate the abusiveness of her partner's behaviors (Taylor & Chandler, 1995). Elliot (1996) noted that the fear of this blackmail potential may isolate LGB survivors to an even greater degree than survivors in heterosexual relationships, who may seek services and support more freely.

Waldron (1996) and Kanuha (2005) both noted the heightened existence of negative and hostile attitudes toward LGB individuals in communities of color. Waldron asserted that the abuser may utilize racism, cultural norms and expectations, and the threat of outing to continue to oppress and discourage the survivor from seeking services. For the lesbian of color, finding services is further complicated by the potential for racism, sexism, and homophobia as potential barriers to receiving needed help (Kanuha, 2005; Waldron, 1996). Racism adds to the list of ingredients leading to and promoting battering, just as sexism creates an environment for males to hit females. Thus multiple oppressed identities (i.e., sexual orientation, gender, and race) intersect with the oppression of IPV, rendering homophobia as an effective weapon of oppression and tool of abuse utilized by both the perpetrator and society.

Bisexuals also find themselves in a particular quandary when the threat of outing is present. Their abusers may threaten to out them as lesbian or gay to their families, even though that may not be how they readily identify. In addition, abusers may threaten to out survivors as bisexual to the gay or lesbian community, further increasing the isolation experienced by bisexuals within the LGB community and heterosexual society. Parallel to lesbians and gay men, Sulis (1999) concluded that bisexuals with children from previous relationships may face losing their children through a homophobic legal system should they be in active same-sex relationships.

Homophobia

Scholars have noted that homophobia is at the heart of same-sex partner abuse (Erbaugh, 2007). The presence of homophobic attitudes permits

social tolerance and apathy toward survivors of same-sex IPV, while also giving abusers an additional tool to use to their advantage. Waldron (1996) identified that the repercussions of seeking assistance outside of the relationship may be more harmful than simply remaining silent. The homophobic social environment has created an atmosphere in which same-sex couples do not receive affirmations that they should stay together. Therefore an LGB survivor has fewer places to obtain support where the relationship will be recognized as valid (Taylor & Chandler, 1995).

As a consequence of living in a homophobic culture, the pressure to maintain a positive image of same-sex relationships for the prospect of future acceptance into society abounds (West, 2002). The LGB community has experienced an enormous amount of pressure to dispel stereotypes and myths regarding their sexuality. As a result, a self-fulfilling prophecy has been promulgated whereby LGB individuals are expected to thrive, yet are viewed as culpable if any problems occur. When negative situations do arise, such as violence in intimate partnerships, the prevailing notion that the gay community is dysfunctional is confirmed. This idea will prevail, even in the face of common and more accepted heterosexual violence and sexual assault. Lev and Lev (1999) referred to this as a double-bind because the abuse is a betrayal of the LGB community as well as the relationship, and LGB couples are bound in both shame and violence. Both the perpetrator and survivor feel the need to protect the relationship, and they will do so by denying the violence.

Internalized Oppression

Allen and Leventhal (1999) stated that LGB batterers “have at their disposal the weapons of their own and their partner’s internalized oppression to help erase their partner’s sense of pride in being queer” (p. 78). *Internalized oppression*, specifically the internalization of homophobia (more recently termed *internalized heterosexism*), may be indicative of the degree of distress an individual experiences as a result of societal oppression (Girshick, 2002; Szymanski, Kashubeck-West, & Meyer, 2008). For example, internalized heterosexism may contribute to an individual’s experience of depression, lower self-esteem, and other severe mental health concerns (Szymanski et al., 2008). In a recent article by Szymanski et al. (2008), several factors were noted as contributing to levels of internalized heterosexism, including (a) the significance of the individuals promulgating heterosexism in their lives (e.g., family, friends, clergy) and (b) having limited access to resources and information to counter negative messages about the LGB population. Thus a perpetrator may use a survivor’s own internalized homophobia and negative sense of self as a means to exercise control (Erbaugh, 2007). As feminist psychotherapist Mindy Benowitz (1986) noted, oppressed groups internalize their experienced oppression, begin to believe

that they are somehow deserving of the oppression they experience, and interpret harmful myths about their community as truths.

Community Ties

For same-sex partners, being in an intimate relationship may be the most secure way of connecting to the LGB community (Girshick, 2002). Because of the small size of any LGB community in comparison to the larger heterosexual society, the “break-up of a couple becomes a threat to other couples, given the insular nature of the community that protects itself from external homophobia or biphobia, and the relatively small number of partners from which to choose” (Girshick, 2002, p. 58). LGB individuals are often aware of almost everyone in their particular community, with couples tending to share the same friends. Because of the shared friendships of same-sex couples, relationship breakups threaten the circle of friends, and people may feel forced to choose sides.

Similarly, Jennings and Gunther (1999) noted that because most people know one another in any given gay community, it is more difficult for survivors to convince their friends that a member of their own community (and mutual friend) has the capacity to be abusive. Island and Letellier (1991) suggested that there are multiple factors leading people to believe an abuser’s story of the breakup rather than the victim’s version. For example, batterers may trivialize and deny violent behavior, thus making their story easier to believe. Conversely, believing the victim would mean having to admit that a known and trusted member of the LGB community has behaved in an abusive manner toward her or his partner. Often this is simply too difficult a task. Renzetti (1992) argued that battered lesbians are less likely than heterosexual women in abusive relationships to consider the help of their friends as beneficial. Many friends discourage survivors by insisting there must be visible indications of abuse (e.g., black eyes) and minimize the abuse by attributing it to a difficulty with problem-solving in relationships. Similar to law enforcement and service agencies, friends also may judge the “worthiness” of the survivor (Renzetti, 1992). Thus survivors may have been isolated by homophobia and also abandoned by their closest friends.

Revictimization

LAMBDA (2004) reported that overall, LGB victims are reluctant to seek the services most typically utilized by heterosexual women, including law enforcement, battered women’s programs, health care professionals, clergy, and family. This research is supported by the work of Simpson and Helfrich (2005), who studied provider perspectives on barriers to services for lesbian survivors of same-sex IPV. Service providers may not be adequately LGB

sensitive to recognize if a client is in an intimate relationship with a same-sex partner, much less an abusive one. Farley (1992) detailed the complexity of issues to consider when working with same-sex IPV, such as the extent to which each partner is closeted, cultural/externalized homophobia, internalized homophobia, heteronormative procedures in society, and a lack of information and resources on the topic.

Homophobia is prominent in standard domestic violence programs (Hassounah & Glass, 2008; Simpson & Helfrich, 2005), even though many of the advocates and providers are LGB themselves (Elliott, 1996). Waldron (1996) asserted that although many of these providers may not be homophobic per se, they may fear the loss of funding to their organizations and consequently experience reluctance toward providing services to LGB survivors. The actions and behaviors of the service providers may more accurately be classified as a reflection of their fears of losing public and private sources of funding (Elliot, 1996).

Sulis (1999) added that bisexuals experience the same revictimization as lesbians and gay men by health care providers and the law. There are some basic obstacles, including “invisibility, homophobia, and lack of understanding of the unique safety concerns in a close-knit community” (Sulis, 1999, p. 177). Invisibility of LGB individuals stems from homophobia, in that there is an erroneous assumption that everyone is heterosexual. Allen and Leventhal (1999) argued that the involvement of homophobia pertaining to legal issues and rights encourages self-loathing, separates the LGB community from the heterosexual one, creates inaccurate perceptions of safety within the LGB community, and cultivates fear of external consequences.

Because of the perception that law enforcement is not an adequate source of help due to institutionalized homophobia, many LGB individuals do not make police contact in times of need (Renzetti, 1992; Simpson & Helfrich, 2005). Renzetti (1992) found that only 19 out of 100 LGB participants who had been abused called the police. Of those 19, 15 survivors found the police to be only somewhat helpful or not helpful at all. With such a small number of LGB individuals feeling confident to contact law enforcement, a perception is created whereby service providers, law enforcement, and legal services do not see a need for LGB-specific programs or procedures.

A legal analysis conducted by LAMBDA (2004) noted that even if victims of same-sex IPV sought assistance, some states do not provide protection under domestic violence statutes. The National Gay and Lesbian Task Force (NGLTF; 2009) and AARDVARC (2008) have reported that all 50 states allowed victims of domestic violence to petition for a protective order, but 5 (i.e., Louisiana, Montana, New York, South Carolina, and Virginia) explicitly exclude victims of same-sex IPV from securing protective orders or from filing domestic violence charges against partners. Conversely, the NGLTF

reports that 30 states and the District of Columbia have domestic violence laws that are gender neutral and include both household members and dating partners; however, 14 states have domestic violence laws that are gender neutral but apply only to household members. Thus same-sex intimate partners who are not living together are afforded no legal protection. It is important to note that although statutes utilizing gender-neutral language may be positive for LGB individuals, these statutes are still subject to judicial interpretation. Due to the severe restrictions of the legal rights of LGB individuals as a group, survivors of same-sex IPV have an increasingly difficult task securing legal means of self-protection.

Given the prevailing myths and specific barriers to help-seeking for survivors of same-sex IPV, it is crucial for agencies and service providers to establish themselves as inclusive organizations. This inclusivity would entail knowledgeable advocacy that serves to assist all survivors of violence without operating under the assumptions of multiple harmful myths regarding same-sex IPV and sexual assault. Based on the previous review of the literature, as well as examination of existing domestic violence programs, the following section provides recommendations for creating comprehensive, LGB affirmative outreach and advocacy services for survivors of same-sex IPV.

OUTREACH PROGRAMMING AND ADVOCACY

Agencies that seek to create LGB affirmative outreach programming and services must not only be aware of harmful myths and barriers that exist for the LGB population, but also must examine methods to establish their agency as an inclusive organization within the community. The following section reviews some existing same-sex IPV programming efforts, provides suggestions for establishing effective services, and details an advocacy program developed as a result of the literature and programs reviewed for this article.

Several organizations have established themselves as pioneers in the advocacy and service efforts of IPV and sexual assault within the LGB community. These programs appear across the nation, providing much-needed services, support, and information to both survivors and perpetrators of same-sex IPV. Although some IPV organizations are devoted exclusively to assisting the LGB community, others have incorporated the LGB population into their preexisting efforts to eradicate domestic violence in general. We contacted several of these organizations throughout the United States with a request for additional information about the services they provide regarding same-sex IPV. To further inform the proposed LGB affirmative advocacy and outreach effort, we also reviewed agency Web sites detailing resources and services. Strategies used by these programs were integrated with a review

of the literature and informed the development of the service guidelines detailed in the following section.

Existing LGB Affirmative Strategies

One of the methods employed by agencies to attract the LGB population includes advertising campaigns utilizing pictures of same-sex couples, gender-neutral vocabulary, and symbols that promulgate the message of tolerance and acceptance. Effective advertising may be in the form of flyers, posters, and business cards distributed throughout the community. Through the collaboration of various LGB affirmative agencies, organizations may be able to consistently post information about their services in public locations. In addition, 24-hour hotlines are provided by some agencies, as well as Web sites that include updated and useful information regarding same-sex IPV. Tools, such as checklists, to assess whether the visitor may or may not currently be a victim of an abusive relationship are available on these Web sites to help aid in awareness. Furthermore, Web sites may provide recommendations for further reading, as well as contact information for professionals who work with the LGB population. After a substantial need for services had been determined within a particular town or county by way of survivors and abusers regularly reaching out for assistance, LGB support groups were established to assist individuals in their recovery from same-sex IPV. Many organizations are paving the way toward increasing awareness regarding same-sex IPV, providing services to numerous marginalized individuals.

LGB Affirmative Programming Model

As discussed above, several common considerations and themes emerged throughout both the literature reviewed and the programs evaluated. These commonalities included (a) myths regarding the gay community, (b) issues of outing, (c) additional barriers for survivors of color, (d) use of language, (e) small size of the LGB community, (f) divided loyalties among shared friends, and (g) the revictimization of LGB survivors by service providers, health care providers, and the legal system. These themes provided information necessary for the development of the comprehensive LGB Affirmative Programming Model, which is composed of four parts. In an effort to establish an organization as inclusive of same-sex relationships and competent in addressing the violence experienced between same-sex partners, this LGB Affirmative Programming Model includes suggestions for (a) a training presentation for advocates providing services to survivors of IPV, (b) effective advertising efforts, (c) cross-collaborations between community agencies (e.g., health care settings, shelters, social services, law enforcement), and (d) LGB affirmative resources and referrals.

The first component is advocate training, which includes necessary information to effectively train advocates to provide LGB affirmative advocacy and support. The second aspect is an advertising campaign inclusive of flyers and posters utilizing gender-neutral language and LGB affirmative images in an effort to promote the agency as a diverse and welcoming service provider in the community. The third component focuses on the development of brochures inclusive of local and nearby LGB affirmative resources and referrals intended for agency use or the use of other locations chosen at the agency's discretion. These brochures serve to increase the potential for effective cross-collaboration with other community agencies. The final component includes an overview of the literature pertaining to same-sex IPV to further enhance the knowledge base and skill set of service providers.

Advocate Training

OBJECTIVES

The aforementioned advocate training first encompasses objectives of the advocate training session, including (a) generating additional understanding about the LGB population in general, (b) learning about same-sex IPV and sexual assault within same-sex relationships, (c) developing a comprehensive understanding of unique barriers and tools for abuse within the LGB community, (d) learning how to create a safe environment for survivors of same-sex IPV, and (e) identifying ways to promote awareness and outreach to LGB survivors of IPV and sexual assault in a specific community.

STEREOTYPES

The second component of advocate training includes a segment in which stereotypes and terms utilized by the queer community are dismantled through the provision of working definitions. This is demonstrated by (a) asking advocates in training what comes to mind when hearing the words gay, lesbian, bisexual, or gender queer; (b) initiating discussions about stereotypes related to the LGB population; and (c) dismantling the meaning of lengthy acronyms (i.e., "LGBTQQIAGQ").

OVERVIEW OF SAME-SEX IPV

The third facet of the training model includes an outline of same-sex IPV and sexual assault, which (a) provides general definitions for IPV and sexual assault and (b) explains the ways in which these terms can also include violent acts in same-sex relationships. This segment allows for an increased understanding of both the similarities and differences between same-sex

IPV and sexual assault in same-sex relationships, and IPV and sexual assault in heterosexual partnerships.

MYTHS AND FACTS

The fourth component of the training model explores and dispels myths about the gay community. Examples of these include (a) women cannot be raped by other women; (b) men fighting with other men or women fighting with other women is considered mutual, since LGB individuals cannot be in “real” abusive situations; and (c) no one ever hears about same-sex IPV, so therefore it must not occur. Each of the myths is countered by facts throughout the presentation in an effort to generate knowledge and understanding regarding both same-sex IPV and the LGB community.

SPECIAL CONSIDERATIONS AND TOOLS FOR ABUSE

In the fifth component of the training model, special considerations and tools for abuse are reviewed in an effort to clarify additional barriers to the LGB community when reporting and experiencing abuse. Examples given for this particular section are (a) heterosexism and homophobia, (b) fear of outing, (c) outing in communities of color, (d) internalized oppression as a weapon, (e) pressure to make the LGB community “look good,” (f) small community and shared friends, and (g) revictimization.

OVERVIEW OF STATE STATUTES AND LIMITATIONS

Following the aforementioned barriers to seeking services, state statutes illustrating the rights (or lack of rights) of individuals in same-sex relationships are reviewed and contextualized for each specific state. For example, several states explicitly deny access to protective orders for those who are victims of same-sex IPV. It would be useful for the advocate training to outline specific states laws, including (a) definitions of domestic violence and sexual assault, (b) definitions of household members and who may be included in such definitions, and (c) eligibility for protective orders and general legal protection.

SENSITIVITY GUIDELINES FOR PRACTICING LGB AFFIRMATIVE ADVOCACY

At the conclusion of the advocate training, sensitivity guidelines for advocates to consider when assisting LGB individuals in need of their services are incorporated and include (a) creating a diverse climate within the organization through the use of affirmative and pluralistic advertisements and information; (b) eliminating the “us and them” mindset, acknowledging that the eradication of all IPV is in the best interest of everyone; (c) practicing the

use of inclusive language with all clients, such as using the term *partner* in lieu of husband, wife, boyfriend, or girlfriend, thus reducing the pressure for individuals to out themselves if they are not yet comfortable; (d) allowing the survivor to define her or his relationship to the abuser and refraining from labeling or using terminology the client would not use to define her or his relationship; (e) practicing the same level of compassion for every individual who is seeking services, regardless of personal beliefs or lack of knowledge; and (f) encouraging advocates to learn more about the LGB community on their own and not at the expense of the survivor, as the client should not be a personal educator for the advocate.

Affirmative assistance to survivors of same-sex IPV requires advocates to understand each individual as unique and to address the needs of the survivor as they are presented. Those working with the survivor must also be sensitive to the systemic issues of the couple, in addition to the general dynamics of intimate partner and sexual violence in same-sex relationships (Lev & Lev, 1999). Island and Letellier (1991) noted that the majority of gay male victims and batterers do not know if help is even available to them. They stated, "The topic has had no publicity, and virtually no outreach has been done" (Island & Letellier, 1991, p. 281). Use of the advocate training described previously as a component of the suggested LGB Affirmative Programming Model may serve as a method to further educate advocates providing services to survivors of same-sex IPV, while also fostering awareness and collaboration within a given community. With LGB affirmative outreach and sensitivity education for service providers, survivors of same-sex IPV may have a greater likelihood of seeking assistance and gaining the support needed to end the cycle of violence.

DISCUSSION

Jennings and Gunther (1999) asserted, "If estimates that 1 in 10 persons in the United States is homosexual are accurate, then the magnitude of same-gender domestic violence as a social problem is amplified" (p. 223). Through the exploration of contemporary research on same-sex IPV and sexual assault conducted for this article, various themes emerged. These common threads concerned myths regarding the gay community, issues of outing, additional barriers for survivors of color, and the use of language. Also noted was the small size of the gay community, divided loyalties among shared friends, and the revictimization of LGB survivors by service providers, health care professionals, law enforcement, and the legal system. Through an extensive review of both literature and existing programming, these common threads provided information necessary for the development of a comprehensive LGB Affirmative Programming Model. This programming model may serve to facilitate increased levels of outreach and support to the LGB community.

Limitations

The models presented here serve as a beginning point for the creation of more diverse and accepting climates within antiviolence agencies; however, there are some limitations of this article that warrant attention. In the search for recent literature regarding same-sex IPV, it became quite clear that there is a lack of resources available and a dearth of updated information that specifically pertains to same-sex survivors of domestic violence and sexual assault. The most recent research published on prevalence rates for same-sex IPV and sexual assault is more than a decade old, yet it is still touted as essential literature pertaining to same-sex IPV. Clearly, additional and updated resources would have been helpful to examine these issues more completely. For example, greater contemporary contributions to the literature in this field and well-developed Web sites would promote further pertinent data collection. Although the contributions to the literature cited throughout this article should still be viewed as important, more current information, such as studies inclusive of modern media and political influence, is essential to continue advocating awareness and outreach efforts. In addition, although they have increased in number, the existence of programs devoted specifically to the LGB population is minimal in comparison to general, or heterosexual, relationship violence outreach organizations.

Future Research

The above-mentioned lack of resources is further illustrated by the near absence of research pertaining to transgender survivors and survivors of color in same-sex partnerships. Studies on LGB survivors of color are extremely limited and further research and attention is warranted. Many of the programs reviewed for this project simply did not mention additional barriers for the person of color in a same-sex abusive relationship. Nearly every scholar cites the same well-known authors, but does little to further explore the issue.

Research on transgender survivors of same-sex IPV and sexual assault is another area requiring further inquiry. This topic is extremely rich and complex, but many scholars have yet to pursue such a specific field of study. The small population of transgender persons likely plays a role in the lack of literature in this area, and has in turn contributed to the near absence of information regarding transgender individuals and abusive relationships within this article. It is recommended that the experiences of both the transgender population and LGB survivors of color be explored in greater depth for future research. As well, investigations are needed that focus on specific barriers to help-seeking among same-sex IPV survivors, in addition to explorations of same-sex survivors' perceptions of existing services. In addition, efficacy studies could be conducted on specific

interventions and evidence-based practice guidelines for same-sex IPV survivors could be developed. Clearly, there is much work to be done in the field of same-sex IPV.

CONCLUSION

In this article, we have aimed to be inclusive of salient issues within the field of same-sex IPV and sexual assault. It is imperative that service agencies, hospitals, law enforcement, and the legal system begin to recognize and acknowledge the LGB population in regard to same-sex IPV. Each and every organization that provides services to those who experience violence or abuse in an intimate relationship should be prepared to work adequately and affirmatively with individuals of the LGB community. Through the use of training, persistent and diverse advertising, and advocacy for change from the traditional organizational structure, progress can be made to promote diversity and safety for all individuals affected by intimate relationship violence. Those working in the field should insist on promoting the understanding that IPV and sexual assault affect everyone, regardless of sexual orientation, race, or class. With this effort, others may begin to understand that the eradication of IPV truly is in the best interest of everyone. Although there is a long road ahead, there is hope that with continued scholarship and activism, we may experience social change and equal treatment for every individual.

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