

Same-Sex Intimate Partner Violence: Dynamics, Social Context, and Counseling Implications

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Abstract:

This article presents a review of literature describing intimate partner violence (IPV) in same-sex relationships. The authors present definitions and the prevalence of the main forms of violence—physical, sexual, and emotional—that can occur within same-sex intimate partner relationships, an overview of the existing research that examines the dynamics and broader social context of same-sex IPV and implications for counseling affected individuals.

Keywords: Domestic violence, same-sex couples, intimate partner violence, counseling

Article:

INTRODUCTION

Intimate partner violence (IPV) is recognized widely by mental health professionals as a severe problem with the potential to produce a broad range of negative consequences for affected individuals, such as physical injury, mental health disorders, impaired relationship functioning, behavioral and emotional problems for children who witness acts of parental IPV, and economic impairment (Burke & Owen, 2006; Burke, Jordan, & Owen, 2002; McClennen, 2005; McClennen, Summers, & Vaughan, 2002). In the professional literature and the general media, the most common depiction of IPV involves a male batterer and a female victim or survivor. Indeed, the rates of male-perpetrated IPV against female victims are staggering (Centers for Disease, Control and Prevention, 2006), and continued clinical, educational, and research efforts are needed to reduce and prevent violence in heterosexual relationships. However, IPV is not a problem exclusive to heterosexual relationships. A growing body of literature suggests that (1) IPV occurs within same-sex relationships and (2) members of the lesbian, gay, bisexual, and transgender (LGBT) community who experience IPV face a number of unique challenges (McClennen et al., 2002; McClennen, 2005). Due to the shame and silence that often surround violent relationships, same-sex IPV has been referred to as the "double closet" (Kaschak, 2001; McClennen, 2005).

Counselors who provide services to members of the LGBT community, as well as those who work with individuals affected by IPV, have an ethical obligation to become informed about same-sex IPV in order to become competent to provide services to affected clients (American Counseling Association, 2005, Section C.2.a). The purpose of this article is to present a critical review of clinically relevant research examining same-sex IPV that has appeared in the literature within the past 10 years. The information in this article will include (1) basic definitions and prevalence statistics, (2) an overview of research examining the dynamics and correlates of same-sex IPV, (3) a discussion of the influence of the larger social context, and (4) recommendations for providing counseling to affected individuals. Prior to presenting this information, we urge readers to consider some significant methodological qualifications when examining same-sex IPV research.

Limitations of Research Examining Same-Sex IPV

A number of methodological issues are common within the existing studies on same-sex IPV. Balsam, Rothblum, and Beauchaine (2005) report that problems with previous studies of violence among the LGBT population include (1) measurement issues; (2) a tendency to focus primarily on lesbians, often to the exclusion of gay men and bisexual men and women; (3) a focus on child abuse and hate crimes to the exclusion of IPV; (4) a failure to examine violence across different stages of life; and (5) the use of unrepresentative samples. Researchers who study the LGBT population face particular challenges related to recruiting representative samples (Burke et al., 2002), and many researchers study convenience samples recruited through LGBT publications, events, and organizations (Halpern, Young, Waller, Martin, & Kupper, 2004).

In addition, due to the absence of a universally accepted definition, researchers often vary in the definitions used to describe same-sex IPV (Potoczniak, Mourrot, Crosbie-Burnett, & Potoczniak, 2003). As in heterosexual relationships, same-sex IPV can assume many forms (e.g., physical, sexual, emotional, and financial; Aulivola, 2004; Burke & Owen, 2006; National Center on Domestic and Sexual Violence [NCDSV], n.d.; Poorman, 2001). Clients and researchers alike may offer diverse depictions of abuse. Indeed, a review of literature in this area reveals that IPV has been subject to multiple operational definitions, each carrying unique means of empirical study and measurement (Brush, 2005; Halpern et al., 2004; Potoczniak et al., 2003; West, 2002). This variation contributes to difficulties in comparing findings across studies.

Moreover, statistics regarding same-sex IPV may not be comprehensive. Victims of same-sex IPV may be hesitant to seek help (Alexander, 2002), resulting in chronic underreporting of abuse. Whether due to internalized or institutionalized homonegativity (to be discussed later), a perceived lack of helpful resources, the nature of the abuse itself, or other factors (Balsam, 2001; Browning, 1995; Cook-Daniels, 1997; Kaschak, 2001; McClennen, 2005; National Coalition of Anti-Violence Programs, 2004; Peterman & Dixon, 2003; Renzetti, 1996; West, 2002), obtaining accurate estimates of the prevalence of same-sex IPV is challenging.

All of these methodological challenges are problematic, as an incomplete statistical picture may affect policymakers' and providers' understandings of just how essential responsive resources are and just how extensive they need to be (Poorman, Seelau, & Seelau, 2003; Renzetti, 1996). Although we recommend that readers consider these limitations as they read the remainder of this article, we believe that the research described herein provides an important foundation for future research and current clinical practice related to same-sex IPV.

SAME-SEX IPV: DEFINITIONS AND STATISTICS

This section summarizes definitions and statistics associated with same-sex IPV. It is vital for counselors to consider this information, as knowledge of prevalence and of meanings can enhance clinical awareness, facilitate counselor education, and inform competent therapeutic practice.

Definitions

Same-sex intimate partners. Based on the United States Census data, approximately 700,000 same-sex couples live together in the United States as of 2004 (Gay Demographics, 2006). Same-sex intimate partners may be defined as two persons of gay, lesbian, or bisexual sexual orientation who currently share an important affective interpersonal relationship, typically characterized by romantic, sexual, emotional, and other connections (for a discussion of growth and transitions occurring in gay male relationships, see Pope & Barret, 2002). Partners may be dating, cohabiting, or they may have participated in a lifelong commitment ceremony. They may or may not have children together, and they may or may not share other major life interests' (e.g., property ownership, financial investments; Polikoff, 1990, as cited in Wallace, 2005). In many states, same-sex partnerships are not recognized legally, and thus couples may have limited or no access to traditional IPV safeguards (e.g., civil protective orders or criminal punishments; Aulivola, 2004; Barnes, 1998; Burke et al., 2002; Potoczniak et al., 2003). Even if their intimate partnership is discontinued, violence between former same-sex partners continues to be considered IPV.

Physical abuse. Physical abuse is the intentional infliction, or attempted infliction, of bodily injury toward another person. In intimate relationships, physical abuse often presents as hitting, striking, kicking, choking, pushing, and biting (NCDSV, n.d.; Wallace, 2005; West, 2002). Physical abuse may also involve beatings, the use of weapons, or property destruction (NCDSV, n.d.; Wallace, 2005; West, 2002). Physical abuse occurs within a context of power and control dynamics, with the abusive partner striving to gain and maintain control over his or her partner through the use of physical force (NCDSV, n.d.).

Sexual abuse. Sexual abuse involves forcible acts of a sexual nature that perpetrators use to assert or sustain their supremacy over their partners. Sexual abuse may manifest as "sex on demand" (Wallace, 2005, p. 201), sexual degradation, unwanted kissing, touching, penetration, and rape (Wallace, 2005; West, 2002). Sometimes, sexual exploitation will take place following physical abuse, or sexual acts themselves will feature violence (Wallace, 2005).

Psychological and emotional abuse. Psychological and emotional abuse involves an abusive person's attempts to disrupt the mental and/ or affective well-being of his or her partner. Like other forms of IPV, acts of psychological and emotional abuse are used to establish or preserve perpetrators' domination, making victims feel frightened and powerless (NCDSV, n.d.; Wallace, 2005). Examples of psychological and emotional abuse include name-calling, shaming, manipulation, making insults, and playing to victims' feelings of blame and guilt (NCDSV, n.d.; Wallace, 2005; West, 2002). In other instances, social isolation and severe financial restrictions may occur (Wallace, 2005).

Prevalence of Abuse in Same-Sex Intimate Relationships

Overall abuse prevalence. The existing statistical evidence indicates that IPV affects approximately one-quarter to one-half of all same-sex relationships (Alexander, 2002; Burke et al., 2002; McClennen, 2005; Pitt, 2000). These rates are similar to estimates of abuse in heterosexual relationships (Alexander, 2002; McClennen, 2005), suggesting that same-sex partners are abused about as often as heterosexual partners (Aulivola, 2004; Pitt, 2000; Potoczniak et al., 2003; West, 2002). The National Coalition of Anti-Violence Programs (NCAVP, 2004), a national advocacy coalition working to end violence perpetrated against the LGBT population, reported 6,523 episodes of IPV in LGBT relationships in 2003, with most instances (82%) occurring in gay and lesbian relationships. However, this figure is not exhaustive, as it only represents the documentation efforts of a portion of NCAVP groups and therefore does not include data from organizations /not affiliated with NCAVP or from individuals who are not affiliated with any LGBT organization. Thus, the extent of same-sex IPV is almost certainly much more pervasive.

Physical abuse. Physical violence seems to occur in a significant portion of abusive same-sex relationships. Elliott (1996) and De Vidas (1999) suggest that between 22 and 46% of lesbians have been in partnerships featuring physical hostility. In a sample of 63 gay males, McClennen et al. (2002) found that participants were struck frequently by their partners, had things thrown at them, and were coerced into substance use, among other experiences. Greenwood et al. (2002) reported that 22% of a sample of men who had sex with men (N = 2,881) had been subject to physical violence.

Sexual abuse. Research indicates that sexual abuse is a fairly common phenomenon in IPV-afflicted same-sex relationships. For instance, Waldner-Haugrud and Gratch (1997) reported that 52% of their study sample (N = 283; 58% gay, 42% lesbian) had been subject to one or more incidents of sexual manipulation. Similarly, Toro-Alfonso and Rodriguez-Madera (2004) found that approximately 25% of a sample of Puerto Rican gay and bisexual males (N = 302) had experienced one or more episodes of sexual coercion or unwanted sex. Additionally, in a review of the literature, West (2002) stated that sexual abuse rates varied between 7 and 55% in former lesbian partnerships.

Psychological and emotional abuse. Like sexual and physical abuse, acts of psychological and emotional abuse appears to happen relatively frequently in exploitative and violent same-sex relationships. For example, as part of the Lesbian Relationship Research Project, Scherzer (1998) reported an emotional abuse rate of 31% in a

sample of 256 women residing in San Francisco. In a somewhat smaller analysis of gay men (N = 52), Merrill and Wolfe (2000) found that all participants had been victimized emotionally. Greenwood et al. (2002) discovered that roughly one-third of their sample had experienced psychological abuse in the 5 years preceding their study.

The data described in this section indicate that a large number of same-sex intimate partners experience IPV, including physical, sexual, and psychological/emotional abuse. The next section moves beyond the prevalence of these issues to an exploration of the interpersonal dynamics of violent same-sex relationships.

DYNAMICS AND CORRELATES OF SAME-SEX IPV

This section describes research examining (1) interactional dynamics within violent same-sex relationships, (2) individual personality characteristics associated with involvement in a violent same-sex relationship, and (3) issues related to HIV status and same-sex IPV.

Interactional Dynamics Within Violent Same-Sex Relationships

Researchers have yet to determine the extent to which the dynamics of violent same-sex relationships are similar to the dynamics of violent heterosexual relationships (Potoczniak et al., 2003). However, some researchers believe that certain patterns that have been established within violent heterosexual relationships can also be recognized within same-sex relationships. For example, Burke and Owen (2006) note a three-stage cycle of violence. First, the *tension building stage* lasts from days to years and includes arguing or withdrawal from verbal communication. Any violence that occurs during the tension building stage is usually limited to less severe acts of violence that cause only minor injuries. In the second stage, *acute battering*, the severity of violence increases and results in observable bruises, cuts, or broken bones. In the third stage, *calming*, the batterer apologizes and promises never to be violent again. Likewise, Peterman and Dixon (2003) define same-sex IPV through The Cycle of Violence model put forth by Lenore Walker to describe violence in heterosexual relationships. The Cycle of Violence model describes phases that occur in cycles of varying intensity: the tension building phase, the acute battering incident, and the honeymoon phase (Walker, as cited in Peterman & Dixon, 2003).

Potoczniak et al. (2003) note that other similarities exist between same-sex and heterosexual IPV, including similar patterns of the abuse increasing progressively in severity and intensity (McClennen et al., 2002). Within same-sex relationships, IPV remains an issue of power and control (De Vidas, 1999). As in heterosexual relationships, abusive partners in same-sex relationships are often adept at exploiting their partners' weaknesses (Poorman, 2001). Also similar to violent heterosexual relationships, batterers in same-sex relationships tend to blame victims for their own violent behaviors (Burke & Owen, 2006), and many victims leave their relationships only to return because they feel guilty for having left or believe they can help change their batterers (Burke & Owen, 2006; McClennen et al., 2002).

Similar to heterosexual adolescents, adolescents within the LGBT community may experience dating violence during their teenage years (Freedner, Freed, Yang, & Austin, 2002; Halpern et al., 2004). In fact, Halpern et al. (2004) reported that "intimate violence is a significant problem for adolescents engaged in same-sex relationships" (p. 129). Greenwood et al. (2002) demonstrated that IPV may begin at an early age among gay males. In their study of 2,881 men, who have sex with men, these researchers found that age was the demographic characteristic most strongly correlated with IPV, with younger age associated with an increased recent history of partner abuse.

As in violent heterosexual relationships, jealousy, dependency, and power imbalances appear to be related to explorative and manipulative behaviors within lesbian relationships (Telesco, 2003). Balsam (2001) writes that, within abusive lesbian relationships, a risk factor for increased severity and frequency of violence is the degree to which the batterer is dependent upon her partner. In addition, Peterman and Dixon (2003) state that, in

violent lesbian and gay relationships, a highly de-pendent relationship is formed which makes it difficult for victims to leave. Any attempts that victims make to increase their autonomy result in more severe battering.

Despite some similarities between heterosexual and same-sex IPV, Browning (1995) claims that heterosexual paradigms of domestic violence, although valuable, cannot explain fully the experience of same-sex IPV. According to Alexander (2002), dominance, control, powerlessness, and stress are well-documented themes in research that investigates IPV in heterosexual relationships. Alexander asserts that the stress of being gay or lesbian is another important contextual factor; because one's sexual minority status is more obvious when a member of a same-sex couple, being in a relationship with a member of the same sex can add to this stress. A related aspect of same-sex IPV is shame. Members of the LGBT population who experience same-sex IPV may experience greater levels of shame related to being an abused person as compared to their hetero-sexual counterparts (Kaschak, 2001). According to Tigert (2001), shame plays a particularly strong role in violent lesbian relationships. Shame elicits two defense reactions, attack on self and attack on other; either of these reactions can lead to battering in lesbian relationships.

While the violence that can occur in same-sex relationships may be in forms common among abusive heterosexual couples (e.g., physical, sexual, and emotional/psychological abuse; McClennen et al., 2002), other types of violence are specific to homosexual couples. For instance, Burke and Owen (2006) note that *outing* one's partner, or divulging a partner's sexual orientation in defiance of the partner's wishes, is a frequently used tactic in same-sex IPV. Within these relationships, an abusive individual may exert control over his or her partner by threatening to out the partner to friends, family members, or co-workers who are not aware of the abused partner's sexual orientation (De Vidas, 1999).

Among violent lesbian relationships, a common theme studied in the literature is the influence of relationship fusion on rates of IPV. Waldner-Haugrud, Gratch, and Magruder (1997) suggest that lesbian fusion ("the tendency for lesbian couples to withdraw from the community, and be-come socially isolated and fused within the relationship unit"; p. 180) contributes to the high rates of IPV among lesbians. Miller, Greene, Causby, White, and Lockhart (2001) examined IPV among a sample of 284 lesbians. Their findings indicated that physical aggression was more likely when participants reported higher levels of fusion in their relationships and when partners indicated that they were more control-ling. Further demonstrating the interpersonal difficulties of abusive lesbians, Poorman and Seelau (2001) conducted a study of 15 lesbians who self-referred for a lesbian batterer treatment program. Their findings suggest that abusive lesbians demonstrate discomfort with interpersonal closeness and a preference for distance within relationships. The contradictory findings of these two studies demonstrate the current lack of understanding of the interpersonal dynamics within abusive lesbian relationships.

Some preliminary research suggests the roles that partners play in violent same-sex relationships may also differ somewhat from the roles played by partners in violent heterosexual relationships. Marrujo and Kreger (1996) conducted a review of the clinical data of 62 lesbians presenting for private treatment in a social services setting. Their study revealed that, in addition to the two widely known roles of perpetrator and victim, another possible role within lesbian relationships is that of the participant, or the lesbian who establishes a pattern of fighting back with the intent to hurt. Of the sample, 34% reported a pattern of fighting back with the intent to injure their partner. These authors concluded that, within violent lesbian relationships, the participant role shares elements from both the perpetrator and victim roles within heterosexual relationships. Despite these conclusions, Peterman and Dixon (2003) suggest that mutual battering (i.e., the notion that both partners contribute equally to violence within an intimate relationship) is a misapplied and damaging concept: victims may fight back, but this is self-defense and not abuse.

Associated Individual Characteristics

Researchers have examined a number of individual characteristics as they relate to involvement in a violent same-sex relationships. These include internalized homonegativity, personality characteristics and psychopathology, substance abuse, and past experiences of violence within one's family-of-origin.

Internalized homonegativity. Violence in same-sex relationships has been linked to the internalization of society's homophobia (often referred to as internalized homophobia or homonegativity), which often manifests itself in self-hate and low self-esteem (Byrne, 1996). The potential influence of homonegativity is perhaps one of the most significant differences in individual correlates between IPV within same-sex and heterosexual relationships (Potoczniak et al., 2003; Waldner-Haugrud et al., 1997). Internalized negativity can be present in the perpetrator!, who projects her or his negative self-concept through partner violence, and the victim, who may see herself or himself as deserving such treatment as a result of her or his sexual orientation (Balsam, 2001). Internalized homophobia may contribute to further social isolation of victims of/ same-sex IPV. For these victims, social isolation may result from subtle or blatant expressions of homonegativity by others and fears that family members will attribute the abuse to the individual's sexual orientation (Browning, 1995). Furthermore, internalized homonegativity can be a key barrier to help-seeking of both the perpetrator and/or victim of same-sex IPV.

Personality characteristics and psychopathology. A number of personality characteristics have been linked to experiences of same-sex IPV. According to Burke and Owen (2006), batterers are often characterized by self-hatred, depression, a history of battery and violence, insecurity, manipulative behaviors, low self-control, and poor communication skills. Victims also tend to share some characteristics, including self-blame, conflict avoidance, and depression (Burke & Owen, 2006). Another individual characteristic that has been linked to IPV within same-sex relationships is lowered or low self-esteem (Burke & Owen, 2006; Miller et al., 2001). Psychopathology may also be more common among same-sex WV perpetrators. For example, Fortunata and Kohn (2003) found that lesbian batterers, compared with lesbians who were not batterers, demonstrated higher levels of psychopathology, including antisocial and aggressive behaviors, as well as borderline, paranoid, and delusional characteristics.

Substance abuse. Rates of substance abuse may be elevated among members of the LGBT population who experience same-sex IPV. For example, compared with nonbattering lesbians, lesbian batterers demonstrate higher levels of substance abuse (Fortunata & Kohn, 2003). In a study of gay and bisexual males in New York City, Klitzman, Greenberg, Pollack, and Dolezal (2002) found that users of methylene-dioxymethamphetamine (MDMA or *ecstasy*) experienced higher rates of intimate partner victimization. Cruz and Peralta (2001) examined the relationship between substance abuse and IPV among gay males. Through their qualitative study with 25 participants, three themes emerged related to the role of substances and IPV: (1) substance use may be a precipitating factor for violence, (2) abused partners may use substances as a coping mechanism for dealing with violence, and (3) substance use may be unrelated to violence, in that partners can be violent both when using and when not using substances. Further research is needed to clarify the role of substance use and abuse within violent same-sex relationships.

Family-of-origin violence. Many individuals who experience same-sex IPV have also experienced violence within their families-of-origin. For example, in their study of IPV among a sample of gay males who were HIV-positive, Craft and Serovich (2005) found some support for a relationship between family-of-origin violence and same-sex IPV, particularly for sexual abuse. In Farley's (1996) qualitative study of the demographic characteristics of 288 male and female perpetrators of same-sex IPV who had presented for treatment, all of the participants self-reported that they had been abused psychologically during their childhoods. In addition, compared with lesbian nonbatterers, lesbian batterers report more experiences of childhood physical and sexual abuse (Fortunata & Kohn, 2003). Together, these findings suggest that a prior history of family violence may increase the risk for an individual involved in a same-sex relationship to experience IPV within that relationship.

HIV Status and Same-Sex IPV

Individuals whose health is compromised by HIV-positive status or by a diagnosis of AIDS may be particularly vulnerable to the effects of IPV victimization. Therefore, researchers have begun to examine the links between HIV status and IPV victimization among the LGBT population, primarily among gay males. One area of this

research has been to examine the risk of HIV infection as it relates to the dynamics of abusive relationships. For example, Burke and Owen (2006) write that there have been a number of incidents of one person' infecting deliberately a partner with HIV in an abusive attempt to prevent the victim from leaving the relationship. Heintz and Melendez (2006) conducted a study to examine HIV risk among LGBT individuals in violent relationships. These researchers surveyed an ethnically diverse sample of 58 clients seeking services from a New York City LGBT anti-violence program. Participants reported high rates of sexual violence, and several participants reported that they did not feel safe asking their partners to use safer sex methods. In fact, "individuals who reported that they had been forced to have sex with their partner were 10.3 times more likely than those who had not to report not using protection because they feared their partner's response to safer sex" (Heintz & Melendez, 2006, p. 203). These findings suggest that victims of same-sex IPV may be at an increased risk for HIV and other sexually transmitted infections.

Researchers have also examined the experiences of IPV among individuals who are already infected with HIV. Craft and Serovich (2005) studied the links between IPV and HIV status among a convenience sample of 51 HIV-positive gay males who were involved in current relationships. Violence had occurred in over 45% of the participants' relationships within the past year. The most common type of abuse the participants experienced was psychological abuse. Craft and Serovich suggest that HIV-positive status may hinder a gay male's perceived or actual ability to leave an abusive relationship, in part due to diminished financial resources. Together, these findings indicate that an individual's risk of HIV infection may be elevated through involvement in a violent same-sex relationship and that individuals who are already infected with HIV may be particularly vulnerable to the negative effects of IPV.

In sum, the research reviewed in this section suggests that violent same-sex relationships share some common features of violent heterosexual relationships, but a number of unique issues are also related to same-sex IPV. Individuals who experience same-sex IPV may demonstrate a number of background characteristics that can influence their risk for and experiences of violence. Although the linkages between HIV status and same-sex IPV require further examination, the existing research suggests that attention to safe sex practices and HIV status are important considerations when working with clients affected by same-sex IPV. All of the issues discussed in this section examined the internal processes within violent same-sex relationships. The next section further broadens the scope to consider the influence of the social context on same-sex IPV.

THE LARGER SOCIAL CONTEXT SURROUNDING SAME-SEX IPV

As noted previously, the existing research presents both similarities and incompatibilities between heterosexual paradigms of domestic violence and the dynamics of same-sex IPV. In addition to the intrapsychic and interpersonal factors that differ between these populations, a number of broader societal considerations influence the context in which same-sex IPV occurs. This section examines (1) institutionalized homonegativity and heterosexism and (2) the relevant dynamics of the LGBT and domestic violence communities.

Institutionalized Homonegativity and Heterosexism

Institutional homonegativity (i.e., homophobia) describes discrimination toward the LGBT community by governments, businesses, churches or other institutions or organizations (Thompson & Zoloth, 1990). In addition to institutional homophobia, a broader, less visible context of heterosexism exists. Heterosexism implies that heterosexuality is normative, morally superior, and better than other sexual orientations (Thompson & Zoloth, 1990). Heterosexism is a form of oppression which subordinates sexualities and lifestyles that differ from heterosexuality. Although institutional homophobia and heterosexism affect every person who considers herself or himself to be a sexual minority, these issues play a particularly powerful role for victims and perpetrators of same-sex IPV. Through the legal system and medical and mental health organizations, homophobia and heterosexism can hinder the availability and effectiveness of protections, sanctions, and services for affected individuals.

The legal system. All aspects of the legal system—from government representatives who write laws, to law enforcement officers who enforce these laws, and judges and juries who interpret them—have the potential to

demonstrate institutional homonegativity in relation to same-sex IPV. Many victims of same-sex IPV are reluctant to seek action through the legal system for fear of further victimization due to discrimination and limited legal rights (Elliot, 1996; Potoczniak et al., 2003). Most states exclude (either explicitly or by omission) same-sex IPV from the language of their domestic violence statutes (Jablow, 2000; Potoczniak et al., 2003). Very few states classify same-sex IPV as domestic violence within their statutes (Aulivola, 2004; Younglove, Kerr, & Vitello, 2002). Seven states clearly deny gays and lesbians the opportunity to apply for protective orders (Burke et al., 2002; NCAVP, 2001). Furthermore, although the U.S. Supreme Court deemed sodomy laws unconstitutional in 2003 (*Lawrence v. Texas*), many states continue to enforce them (Harvard Law Review, 2005). Consequently, victims of same-sex IPV may have to admit criminal behavior before receiving legal assistance or protection (Barnes, 1998). Thus, many current state laws do not afford equal protections to victims of same-sex IPV as they do for victims of heterosexual IPV.

The inclusion of equal protections for same-sex IPV in laws is only as effective as efforts to implement them (Younglove et al., 2002), both by law enforcement officers and the courts. Although victims of all forms of violence have access to legal recourse, the nature of the relationship in same-sex partnerships is often misinterpreted, minimized, or negated upon the first encounter with the legal system—typically law enforcement. Historically, the LGBT community has held negative connotations toward law enforcement, based upon a history of systematic harassment, bar raids, and abuse (Berrill, 1992; Burke, 1996). Not surprisingly, LGBT victims of same-sex IPV may be reluctant to initiate reporting due to these precedents of oppression (Berrill, 1992; Courvant & Cook-Daniels, 1998).

Besides discrimination from the legal system, prior experiences involving more subtle forms of discrimination by law enforcement officials may also cause victims to hesitate in coming forward (Poorman, 2001). For example, law enforcement officers may demonstrate prejudices against LGBT complainants, a lack of understanding of same-sex partnerships, or an unwillingness to assign validity to these relationships (Burke, 1996; Younglove et al., 2002). Letellier (1994) reported that police dismiss most same-sex IPV reports as mutual combat. Police officers may view same-sex intimate partners as arguing roommates who are fighting as equals and arrest both partners (Barnes, 1998; Merrill & Wolfe, 2000). In addition, law enforcement officials may view gay men or lesbians as promiscuous or immoral and, therefore, view same-sex relationships as fleeting and illegitimate, rather than legitimate partnerships in which IPV can occur (e.g., Hill, 2000).

Lastly, inadequate legal resources are available to protect victims of same-sex IPV, thereby limiting the accountability of perpetrators and the protection of victims. Even when legal sanctions exist, they may not be implemented adequately if law enforcement officials, judges, and juries demonstrate negative biases toward same-sex IPV and/or members of the LGBT community. Institutionalized homonegativity and heterosexism are present not only within the legal system. As the next section describes, these dynamics may also be present within the medical and mental health organizations that serve individuals affected by same-sex IPV.

Medical/mental health environments. The existing literature describes a number of potential obstacles hindering the effectiveness of services provided to members of the LGBT community by medical and mental health organizations. Among them are minimal awareness and sensitivity from providers, assumptions of heterosexuality, termination or referral of services due to sexual orientation, and inadequate explorations of the needs of LGBT clients in both research and clinical practice (Spinks, Andrews, & Boyle, 2000). These issues may decrease the likelihood that members of the LGBT community will seek help for mental health or medical issues (Cook-Daniels, 1997), and may be particularly powerful when combined with the shame experienced by victims and perpetrators of same-sex IPV.

For example, in a qualitative study by Bornstein, Fawcett, Sullivan, Senturia, and Shiu-Thornton (2006), most of the lesbian, bisexual, and transgender participants who had sought counseling for assistance related to abusive relationships had negative experiences with their heterosexual counselors. These participants stated that their counselors tended to misunderstand the control tactics used by their partners, minimize the violence they endured, or to make them feel responsible for the abuse. In another survey of 100 lesbians, over 60% remained

in abusive relationships due to the lack of helpful resources, and few sought assistance from a battered women's shelter (Balsam, 2001).

An additional reason that LGBT individuals may not seek assistance is that most services for victims and perpetrators of IPV are inadequate or inappropriate for meeting their unique needs (Kernsmith, 2005). For example, lesbian perpetrators of IPV typically receive treatment: de-signed originally for male perpetrators of heterosexual IPV (Kernsmith, 2005), which may be inappropriate for addressing lesbian IPV. Likewise, traditional feminist-based interventions for heterosexual male perpetrators have not been studied for their applicability to gay or bisexual male abusers. Battered women's shelter resources are often precluded for most gay males. Also, female victims of same-sex IPV may not seek shelter services for fear that the agency will be unable to screen out their abusive partners (Bornstein et al., 2006), thereby granting their abusers admission to the same facilities.

Some efforts have been made to enhance the services and protections available to individuals who have experienced same-sex IPV, but these efforts are often limited to large, progressive, urban/geographic areas, such as New York City and San Francisco. Pervasive cultural attitudes and stereotypes, including homophobia and heterosexism, are often slow to change. They may be found within social institutions, such as the legal system and medical and mental health organizations, and across a range of levels, from official policies to the behaviors of individual representatives of those organizations. Regardless of their source, the manifestations of negative cultural attitudes toward same-sex IPV both contribute to and reinforce intra- or interpersonal patterns related to IPV. The next section shifts the focus to an examination of perceptions of same-sex IPV within two other relevant communities, the domestic violence (battered women's) movement and the LGBT community itself.

Perceptions of Same-Sex IPV in the LGBT and Domestic Violence Communities

LGBT community. Historically, IPV among same-sex couples has been overlooked by the LGBT community due to issues deemed more significant or urgent to the community (Byrne, 1990. For example, the larger issues of homophobia and heterosexism have been addressed within the political, legal, and religious arenas in the arguments for same-sex marriage and domestic partner benefits. Also) the issues of HIV/ AIDS and school- or work-based discrimination have received much attention. These issues certainly need to be addressed, although not to the exclusion of same-sex IPV, due to the prevalence and potential negative consequences of IPV for the members of the LGBT community.

Some resistance to addressing same-sex IPV is based on the LGBT community's desire to defend itself from further stigma from the dominant, heterosexual culture. By acknowledging IPV within its own community, negative connotations about the LGBT community could be reinforced (Balsam, 2001; Browning, 1995), ultimately contributing to increased homonegativity. In addition, the LGBT, community may be ill-equipped to address same-sex IPV due to the limited availability of language and research that describe the unique aspects of healthy and unhealthy relationships within the community (Bornstein et al., 2006). Until more research on same-sex relationships becomes available, the existing language and information will continue be based upon heterosexual relationship experiences. Therefore, both members of the LGBT community and concerned allies can enhance efforts to address same-sex IPV through increased research, more specific language, and greater community dialogue. An important potential ally in these efforts will be the domestic violence community.

The domestic violence community. We use the term *domestic violence community* to refer to activists and service providers who work to end violence against women within intimate relationships—often referred to as the *battered women's movement*. The efforts of the domestic violence community are based largely on feminist theories. However, many scholars have noted the inability for the tenets of traditional feminist theories to adequately describe same-sex IPV (Letellier, 1994; Younglove et al., 2003). Among these tenets are that (1) domestic violence is a result of sexism and misogyny and (2) the power difference between males and females facilitates violence. Services developed within the domestic violence community reflect this paradigm. For example, victims' shelters are available predominantly for females, while batterer treatment programs are available predominantly for males. Thus, same-sex IPV does not fit neatly within the feminist paradigm; in fact, the mere

existence of same-sex IPV presents a significant challenge to some of the core beliefs held within the domestic violence community. We urge members of the domestic violence community to view the challenges associated with same-sex IPV as opportunities to expand the feminist paradigm of IPV to include the convergence of multiple oppressions (Browning, 1995; Cook-Daniels, 1997; Heintz & Melendez, 2006), the influence of personality and behavioral characteristics of victims and batterers (Island and Letellier, 1991), and interpersonal dynamics (Burke & Owen, 2006; McClennen et al., 2002; Peterman & Dixon, 2003; Telesco, 2003), in addition to gender-related power dynamics.

COUNSELING INTERVENTIONS FOR CLIENTS AFFECTED BY SAME-SEX IPV

To date, the research examining same-sex IPV focuses on descriptive studies examining the prevalence, dynamics, and social context of this phenomenon, which we reviewed above. We are unable to locate any program evaluation outcome studies that provide evidence of the effectiveness of any models of service provision related to same-sex IPV, including counseling and educational services. Much more research is needed to determine which strategies and practices are effective for preventing and reducing IPV within same-sex relationships. Therefore, we focus this section on an examination of the clinical guidelines that previous authors have proposed for working with clients affected by same-sex IPV.

Counselors must apply special attention to distinguishing victims from perpetrators of same-sex IPV (Burke & Owen, 2006; Glass, Koziol-McLain, Campbell, & Block, 2004). Generally, violent interactions between same-sex partners are not mutual (Robinson, 2002). Instead, violence typically occurs in a context of one partner illustrating more power than the other partner. We recommend that counselors working with couples in which violence is suspected assess each partner individually, in that an abused partner may not be comfortable revealing victimization experiences in front of his or her violent partner (Klinger, 1995). Counselors must examine all levels of possible abuse when dealing with IPV, because abuse is often underreported (Kosberg, 1998; Robinson, 2002). Klinger (1995) recommends that a thorough assessment of the amount of trauma that a victim has experienced is needed in order to help the victim accordingly.

Other areas of clinical consideration when working with individuals affected by same-sex IPV include (1) comorbid presenting problems, the perpetrators' access to violent weapons (Glass et al., 2004), and clients' support networks—especially potentially supportive family members and friends (Glass et al., 2004; Klinger, 1995). In addition, counselors should assess clients' preferences and needs to determine the most appropriate approach to counseling services. As is the case with heterosexual IPV, conjoint couple therapy is not recommended as an appropriate treatment strategy for working with same-sex couples experiencing ongoing same-sex IPV (Burke & Owen, 2006; Klinger, 1995). Klinger (1995) notes that couple therapy should not be used in a battering relationship because of the possible manipulation and violence that may occur as a result. Our review of the literature examining same-sex IPV revealed five additional suggestions to help victims of same-sex IPV with the unique challenges they face. We address additional considerations for working with perpetrators at the end of this section.

First, Klinger (1995) warns counselors not to push their agendas (e.g., saying, "You must leave this person right now") on victims, but rather focus on creating an environment in which all related experiences can be explored. Same-sex IPV victims not only are processing the violent trauma they faced, but also may be grieving the loss of their intimate relationships, which, although violent, still likely have an important meaning in their lives. Thus, the safety and understanding provided to the victim by the counselor are essential for supporting the client's healing process (Klinger, 1995).

Second, it is important for counselors to consider how clients' thoughts about their sexual orientations may impact their experiences with IPV. Counselors should assess the extent to which victims of same-sex IPV have come out to others about their sexual orientations and the extent to which a victim or perpetrator of same-sex IPV may demonstrate internalized homonegativity (Mayfield, 2001). A number of myths and stereotypes exist surrounding same-sex relationships and violence, and victims of same-sex IPV may have internalized these beliefs (Mayfield, 2001; Robinson, 2002). When working with clients affected by same-sex IPV, we urge

counselors to consider the multiple intersections between their clients' sexual orientations, the societal context, the clients' internalized narratives or scripts about relationships from their families of origin, culture, and ethnicity, as well as the clients' general beliefs about violence within relationships (Klinger, 1995).

Third, counselors can provide psychoeducation to victims regarding same-sex IPV to help them understand their experiences within the con-text of social dynamics and power and control processes, as well as the characteristics of healthy relationships. We encourage counselors to be a patient and supportive presence for their clients who have been victims of same-sex IPV. Information presented in a nonjudgmental tone about the risk factors and dynamics of IPV and the unique issues of LGBT relationships can assist clients in considering their current level of risk for further violence (Glass et al., 2004; Klinger, 1995). Throughout the educational process, counselors are encouraged to use gender-neutral and inclusive language to address the problems of homonegativity and heterosexism (Robinson, 2002). Counselors who take an understanding, accepting, and proactive stance can help break the cycle of violence in same-sex IPV (Robinson, 2002).

Fourth, counselors can educate clients about the process of leaving violent relationships—including safety planning and discussing the possible risks associated with telling their partners about their plans to leave and leaving itself (Glass et al., 2004). The critical elements of a safety plan for victims of IPV are: (1) preparing an emergency bag, with money, clothing, important papers, and other essentials, (2) developing a support network, (3) varying routines to work, school and other frequent tasks so they cannot be tracked, and (4) preparing to contact police (Center Against Spousal Abuse, 2000). Because batterers often become very threatening and abusive if they suspect that their victims intend to leave them (Klinger, 1995), extra caution should be applied when working with clients planning to leave an IPV situation.

Fifth, counselors can advocate on behalf of LGBT clients who have experienced same-sex IPV. Counselors should familiarize themselves with state and national legal issues and laws that protect the client, and those that do not. We urge counselors to contact lawmakers when they identify potentially harmful policies. Counselors can participate in further advocacy efforts by helping to connect survivors of same-sex IPV to relevant organizations within their communities (such as support groups), developing these services when they are unavailable, providing educational services to interested groups, and conducting and disseminating more research on same-sex IPV (Robinson, 2002).

Researchers also highlight the importance of working with batterers or perpetrators of same-sex IPV. When working with same-sex IPV perpetrators, counselors should examine the presence of comorbid disorders that may exist, as batterers may demonstrate attachment difficulties and personality disorders (Klinger, 1995). Thus, counseling should begin with careful diagnosis. Practitioners have created a very limited number of treatment programs for same-sex batterers, and much more work is needed in this area. Klinger (1995) suggest that treatment pro-grams will be more effective if they treat heterosexual and same-sex batterers in separate therapy groups. Klinger' (1995) further recommends that the topics of accountability, alternatives to violence, and cognitive and emotional awareness are needed in order for a program to be effective.

CONCLUSION

Progress has been made in documenting and Describing same-sex IPV. Given this, we suggest that future research and programmatic efforts, in addition to reporting prevalence findings,' also focus on developing and evaluating helpful resources and interventions (Poorman, 2001). With the increasing awareness of the problems associated with same-sex IPV among both the domestic violence' and the LGBT com-munities—based in large part on the existing research—the time has now come to invest more energy in remediation and prevention for victims and perpetrators.

Further silence about same-sex IPV within the LGBT, domestic violence, and wider communities will serve to perpetuate the cycle of violence and shame for affected individuals. Counselors are in a prime position to provide education, advocacy, and supportive services to help increase awareness and motivation to address this issue within these communities. In sum, the issue of same-sex IPV requires increased efforts in the areas of

research, clinical practice, and community education. Through all of these efforts, we urge counselors to account for the complexity of the same-sex IPV—including the general population statistics, the intrapersonal and interpersonal dynamics, and the broader social context.

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