



E-ISSN 2332-886X

Available online at

<https://scholasticahq.com/criminology-criminal-justice-law-society/>

Help-Seeking Behavior among Same-Sex Intimate Partner Violence Victims: An Intersectional Argument

Megan Marie Parry and Eryn Nicole O'Neal

Arizona State University

ABSTRACT AND ARTICLE INFORMATION

Few studies have examined the barriers that lesbian and gay male IPV victims face when attempting to access social services which has resulted in an area of theorizing that remains underdeveloped. The paucity of research on this topic is problematic, as extant inquiry indicates that these victims encounter several barriers when engaging in help-seeking. Moreover, a small number of studies have used intersectional thinking to guide analyses of IPV help-seeking behavior in the lesbian and gay community. The current theoretical paper identifies the barriers that lesbian and gay IPV victims encounter when attempting to access social services because prior work has failed to synthesize what is known about their experiences using an intersectional approach. We identify help-seeking obstacles that are specific—and often unique—to lesbian and gay IPV victims with the goal of providing synthesized information useful for future research and theory development. In the first section, we discuss relationship barriers (e.g. threats of outing). Section II describes structural and institutional barriers (e.g., gender norms, minority stress). In Section III we examine legal barriers (e.g., justice system, anti-homosexual beliefs). The last section offers recommendations for practitioners and future research based on prior literature.

Article History:

Received 13 October 2014

Received in revised form 27 January 2015

Accepted 2 February 2015

Keywords:

intersectionality, intimate partner violence, barriers to service, same-sex, gay, lesbian

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"Based on how the incident started, there's very little to justify such extreme action [by a police officer] other than homophobia."

Cynthia Conti-Cook, lawyer
(as quoted in Rayman, 2013)

Research on intimate partner violence (IPV) victims has historically focused on the experiences of heterosexual women. Considerable progress has been made by feminist scholars in examining the social support, intervention, prevalence, risk factors, consequences, and justice responses associated with opposite-sex IPV (i.e., men battering women; see Belknap, Hartman, & Lippen, 2010; Kimmel, 2010; Tellis, 2010; Tjaden & Thoennes, 2009). An

underdeveloped area of inquiry, however, includes the IPV experiences of victims in same-sex relationships (see Ard & Makadon, 2011; Chan, 2005; Merrill & Wolfe, 2000; Simpson & Helfrich, 2007; for review, see Ball & Hayes, 2010). This oversight is problematic because research indicates that IPV between same-sex partners occurs at higher rates when compared to similarly situated opposite-sex couples (Strasser, Smith, Pendrick-Denney, Boos-Beddington, Chen, & McCarty, 2012). Overall, prevalence estimates for same-sex IPV vary widely; studies report that between 11% and 73% of these couples experience abuse (for review, see Klostermann, Kelley, Milletich, & Mignone, 2011). In their recent study examining multiple types of abuse (e.g. physical and physiological), Kelly, Izienicki, Bimbi, & Parsons (2011) found that approximately half of same-sex partnerships involve IPV. The dearth of inquiry surrounding the experiences of same-sex IPV victims is arguably due to their marginalization and historical reluctance to report violence (Blosnic & Bossarte, 2009). Furthermore, in instances when IPV victims in same-sex relationships are studied, examinations often ignore the experiences of males and/or lack a theoretical basis (Ball, 2011; Valentine, Bankoff, & Pantalone, 2013; for review of male same-sex IPV, see Jeffries & Ball, 2008). This limited approach is likely due to the fact that one research paradigm—feminist theory—has traditionally dominated IPV research (see Yllo & Bograd, 1988). This approach is questionable, however, because feminist theory is limited in its ability to provide insight into the experiences of sexual minority victims (Ball, 2011; Bell & Naugle, 2008; Marrujo & Kreger, 1996).

Feminist theory fundamentally posits that IPV occurs as a consequence of gender power differentials maintained by a patriarchal society (Burgess-Proctor, 2006; Renzetti, Edleson, & Bergen, 2001). Power dynamics, however, are often difficult to assess in same-sex relationships, as most models assume that power and gender/sex are inextricably linked (Renzetti, 1998; Ristock, 2003). Bell and Naugle (2008) have argued that the principles of feminist theory would have to be drastically altered in order to be applied to same-sex IPV. Overall, feminist theory's application to same-sex IPV is challenging. Neglecting to focus on individual experiences independently from sexual orientation, gender, ethnicity, class, race, and other aspects of identity creates a distinct voice that often ignores the experiences of those on the margins (e.g., lesbian and gay individuals; Harris, 1990). Extant IPV research approaches have resulted in theory development that offers few answers for gay and lesbian individuals. Instead, acknowledging the ways societal and cultural

categories—sexual orientation, race, ethnicity, gender—work together results in a more comprehensive investigation of the contextual dynamics that influence experiences (Crenshaw, 1989, 1991). Using an intersectional framework and integrating the analysis of sexual orientation into IPV research will move discourse beyond heteronormativity toward a deeper understanding, where all aspects of identity are equally considered. Indeed, a recent Institute of Medicine (IOM; 2011) report suggested that scholars employ cross-cutting—linking the traditionally separated—perspectives to examine the experiences of same-sex IPV victims.

Sexual orientation interacts with gender, ethnicity, race, socioeconomic status, and relationship status to influence power relations between partners as well as propensities for IPV (see Anderson, 1999; Lockhart, White, Causby, & Isaac, 1994). Therefore, forcing gay and lesbian individuals to exclusively identify with one category or another results in an incomplete view of the oppression they encounter. For example, lesbian Latinas who seek out law enforcement assistance may encounter officers who are neither bilingual nor bicultural (Rivera, 1994) as well as homophobic (Little 2008; Potoczniak, Mourot, Crosbie-Burnett, & Potoczniak, 2003). As a means of acknowledging these complex facets of identity, intersectional framing can offer a theoretical approach that considers the entirety of an individual's multiple circumstances. This approach considers the social construction of power hierarchies while examining the complex ways numerous inequalities intersect to shape experiences (Crenshaw, 1989, 1991). The intersectional approach was initially developed in response to the idea that women of color were often forced to choose one status over the other—to either shape their identity around being a woman *or* a person of color. Conceptualizing one social category as dominant over another ignores context and the fact that that identity is rarely static and always socially mediated (Crenshaw 1989; Harris, 1990). Focusing on the intersections of sexual orientation, race, class, and gender will facilitate the production of a universal language that criticizes the hegemonic culture while concurrently creating the foundation for unified activity against discrimination (Crenshaw, 1989). Synthesizing prior literature on the experiences of same-sex IPV victims through the lens of intersectionality will enhance understanding regarding IPV, victimization, and justice processes.

Few studies have examined the barriers same-sex IPV victims face when attempting to access social services, resulting in an underdeveloped area of theorizing (Guadalupe-Diaz, 2013). The current theoretical paper identifies the barriers that same-sex

IPV victims encounter when attempting to access social services since no one has synthesized what is known about their experiences using an intersectional approach. Using an intersectional lens, we identify service barriers specific to same-sex IPV victims with the goal of providing synthesized information useful for future research and theory development. In the first section, we discuss relationship barriers (e.g., threats of outing). Section II describes structural and institutional barriers (e.g., gender norms, minority stress). In Section III, we examine legal barriers (e.g., justice system, anti-homosexual beliefs). The last section offers recommendations for service providers and future research based on prior literature. Placing historically ignored victims, such as sexual minorities, at the center of service barriers discussion will facilitate the formation of knowledge (see O'Neal & Beckman, in press). Doing so is necessary for relevant theory and intervention development because mainstream inquiry has generally ignored the interests of those on the margins.

Intimate Partner Violence and Barriers to Social Services

Relationship and Individual Barriers to Help-Seeking

The cycle of violence. The cycle of violence, a term first coined by Lenore Walker (1979) to describe the progression of violence in abusive relationships, has been found in both abusive opposite-sex and same-sex relationships (Burke & Owen, 2006). Both types of relationships experience a tension building phase, followed by abusive behavior, and a cooling down phase--often referred to as the "honeymoon" stage (Walker, 1979). The abuse present in the second phase takes many forms, ranging from physical and sexual violence to emotional and psychological abuse, and is not limited to any single type of abuse (Lundy, 1993). The honeymoon stage of IPV is a period of resolution that can take place immediately after or a few days following a severe incident (Walker, 1979). Throughout this period, the abuser appears remorseful and caring, promising not to assault their partner in the future. This behavior can result in the victim placing blame on themselves, deciding not to report the incident or dropping any legal charges, or actually believing that the history of abuse has come to an end (Kovach, 2004).

Given the nature of the cycle of violence and the manipulation that occurs during the honeymoon phase, it is no surprise that most IPV incidents go unreported (Kay & Jefferies, 2010; Lundy, 1993; Wolf, Ly, Hobart, & Kernic, 2003). It is estimated

that almost half of all IPV incidents remain unreported to the police (Wolf et al., 2003), making it one of the lowest reported crimes (McCart, Smith, & Sawyer 2010; Wolf et al., 2003). Victims detail a number of reasons as to why they decide to not report IPV victimization. For example, Wolf and colleagues (2003) compiled an extensive list that included apprehensions about law enforcement personnel as well as emotional barriers such as fear, shame, and embarrassment. Moreover, victims report avoiding contact with the police due to feelings of privacy and the belief that IPV is not a matter serious enough to warrant professional intervention (McCart et al., 2010; Wolf et al., 2003). Another reason preventing individuals from reporting and seeking help for IPV victimization includes fears that their abuser may harm or even kill family pets. In fact, Ascione and colleagues (2007) reported that concern for the well-being of pets and companion animals factored into victims' decision to leave. This may be due to the fact that most IPV shelters do not have the proper facilities to provide shelter and protection for the pets of IPV victims. (Ascione et al., 2007), complicating the help-seeking process.

Fear of outing. Threats of outing, or exposing an individual's previously private sexual orientation to others, create a unique barrier to social services for same-sex IPV victims (Chan, 2005). Outing can be used by perpetrators as a tool for abuse, creating a barrier to help-seeking. In circumstances where victims hide their outward expression of sexuality—in fear of societal stigma or other repercussions—the perpetrator may exploit this decision by threats of forced outing. This can result in the manipulation of victims, where they remain in abusive relationships due to fears of isolation and rejection from the community (for a discussion of gay male relationships and threats of outing see Ashton, 2008). Additionally, closeted individuals may be reluctant to seek help from family, friends, and formal service providers due to anticipated discrimination or rejection (Hammond, 1988; Kulkin, Williams, Borne, de la Bretonne, & Laurendine, 2007). For example, Hardesty, Oswald, Khaw, and Fonseca (2008) found that closeted lesbian IPV victims often modified their help-seeking efforts due to foreseen stigmatizing responses. It is clear that IPV help-seeking by same-sex victims is complicated by the unique stressors they encounter regarding outing. Turell and Herrmann (2008) found that lesbians' biggest concerns were to maintain anonymity regarding this victimization within the lesbian and gay community as well as avoiding homophobic and heterosexist responses when seeking out services. Until societal attitudes become more positive and tolerant, threats of outing will continue to be a tool used by

perpetrators of violence in sexual minority relationships (see Burke, Jordan, & Owen, 2002).

Fears of outing are complicated when considering the economic consequences that can result when an individual's previously private sexual orientation is involuntarily made public. Research suggests that employers are willing to discriminate against gay and lesbian individuals and that their willingness translates into actual discriminatory practices in areas such as hiring and promotion (for reviews, see Levine, 1979; Levine & Leonard, 1984; Pizer, Sears, Mallory, & Hunter, 2011). The inability to gain or maintain viable employment can directly influence experiences of IPV and help-seeking practices which can lead to reciprocal effects; individuals who have less access to economic resources are more likely to be severely battered and suffer prolonged IPV (Alcade, 2006). In addition, Guadalupe-Diaz (2013) found that lesbian and gay male IPV victims were less likely to seek out help if they were of lower economic class. The multifaceted relationship between outing and financial consequences indicates that it is insufficient to examine IPV help-seeking without considering the fact that sexual orientation can influence the distribution of economic resources through workplace discrimination.

Misinterpretation that abuse is mutual. Misguided beliefs that same-sex IPV perpetration is shared or equal between partners (Kulkin et al., 2007) cause another help-seeking barrier that is relatively unique to same-sex victims. Turell and Herrmann (2008), in their qualitative study of lesbian IPV victims, found that participants were concerned that the violence would be perceived as mutual. These concerns are not unwarranted. Research indicates that service providers often assume that same-sex IPV is mutual, which influences agency responses (Simpson & Helfrich, 2007). This results in lesbian and gay male victims being turned away by helping professionals due to beliefs that genuine IPV does not occur in same-sex relationships (McClennen, 2005). The police, for example, have been found to dismiss same-sex IPV reports due to misconceptions regarding mutual combat (Letellier, 1994). In addition, gay men report negative perceptions of police helpfulness due to learned expectations of officer rejection. These learned expectations are often fueled by heteronormative views that women, not men, are the sole victims of IPV (Finneran & Stephenson, 2013). Unfortunately, this troubling type of response does not end with the police. Hammond (1988) found that judicial system members often (mis)interpreted lesbian battering as mutual, despite their general sympathy toward battered women. Inappropriate responses have real-life consequences;

when police cannot identify the true abuser, due to lack of training and/or institutionalized homophobia, both parties are either arrested or left to remedy the problem on their own (Hodges, 2000). It must be noted that, despite the myth that same-sex relationships are teemed with mutual abuse, research suggests that bilateral battering is not common. Merrill and Wolfe (2000) found that, similar to IPV between opposite-sex couples, violence in same-sex relationships is not mutual. Misconceptions may arise due to the fact that that gay males are more likely to physically defend themselves from assaults by their intimate partner; however, this should not be conceptualized or understood as mutual combat (Letellier, 1994). Accepting the notion of mutual battering in same-sex IPV can result in the victim self-identifying as a batterer due to efforts aimed at self-defense; this further complicates help-seeking behavior (for a discussion of lesbian IPV, see Renzetti, 1992).

Homophobia and racism. The small body of literature exploring the attitudes of racial/ethnic minority groups toward gay men and lesbians indicates that many have negative views of sexual minorities (Greene, 1994; Herek & Capitanio, 1995). This causes gay and lesbian people of color to feel isolated within their racial and ethnic communities (Greene, 1994) while racism often prevents them from fully identifying with the lesbian and gay community (Kanuha, 1990). This can result in conflicting loyalties between the two communities of identity (Greene, 1994; Kanuha, 1990). In addition, minority stress—the negative life events that result from living in a racist and heterosexist society—is twofold due to their double minority status (Brooks, 1981). Minority stress can result from visible incidents of discrimination, including hate crimes, but may also result from covert incidents of prejudice (Balsam, Molina, Beadnell, Simoni, & Walters, 2011) including denied access to social services. Because of their double minority status and the negative attitudes present in both communities of identity, gay and lesbian people of color are at an increased risk for experiencing negative responses when attempting to access social services. These deleterious responses can include loss of employment or custody of children as well as anti-gay/race-based discrimination (Loiacano, 1993). This research suggests the salience of considering the connection between both racial-ethnic and sexual identities in terms of help-seeking (Crawford, Allison, Zamboni, & Soto, 2002).

Institutional Barriers to Social Services

Gender norms and the preservation of hegemonic masculinity. “Hegemonic masculinity” is

a form of gender practice constructed in relation to other subordinated or less dominant masculinities as well as in relation to women (Carrigan, Connell, & Lee, 1985; Connell, 1995). Hegemonic masculinity is the term used to describe the criteria for ideal maleness within certain societies: “There is only one complete unblushing male in America: a young, married, white, urban, northern, heterosexual, Protestant, father [...] Any male who fails to qualify in any one of these ways is likely to view himself—during moments at least— as unworthy, incomplete and inferior” (Kimmel & Aronson, 2008, p. 4). Although numerous multifaceted performances of masculinity exist that inform gay male masculinities, help-seeking is likely to be hindered by dominant societal beliefs surrounding the ways in which men “should” act. Therefore, a discussion of traditional gender norms surrounding hegemonic masculinity is most relevant here.

Traditional gender norms surrounding masculinity often shape the way male same-sex IPV victims seek out social services (Ball, 2011). Western society imposes strict gender norms on men that require them to be heterosexual and homophobic (Cruz, 2000). When men deviate from this hegemonic ideal, they are in danger of facing social stigma and even violent retaliation (Kay & Jeffries, 2010). Gay men are sometimes vulnerable to IPV because their relationships necessarily involve two men; this may result in heightened levels of dominance, power, and control (Landolt & Dutton, 1997). First, gender norms surrounding masculinity that emphasize independence and self-efficacy can influence the way gay men seek out social services. Research indicates that gay men are more likely to solve personal problems independently than seek informal or formal help (Cruz, 2003; Guadalupe-Diaz, 2013; Meyer, 2008; Turell, 2000; for review, see Ball, 2011). Second, hegemonic ideals surrounding toughness—beliefs that men should be tough and strong—may be particularly salient in the discussion of barriers to help-seeking. Gay male victims may be less likely to reach out for help due to general belief systems regarding strength; research suggests that attitudes toward traditional male toughness are correlated with negative attitudes toward gay men (Davies, 2004). These two examples are by no means exhaustive, but they provide illustrations of the barriers gay men may encounter when seeking IPV help. Generally, when gay male victims do reach out for formal help they are often met with adversity due to violations of hegemonic masculinity and violations of rigid gender expressions (Barbour, 2011).

Female gender norms also shape lesbian help-seeking as societal beliefs can result in lesbian IPV

being viewed as less severe. Indeed, some lesbian IPV victims have reported that they feared violence would not be taken seriously (Turell & Herrmann, 2008). Societal beliefs surrounding gender norms posit that women are less violent and aggressive than their male counterparts. Because of this, when violence occurs within a relationship, the male is typically assumed to be the perpetrator (Brown, 2008). This assumption is sometimes applied to lesbian IPV incidents. Typically, the perpetrator is often presumed to be masculine or “butch” individual while the victim is expected to be the feminine partner (Brown, 2008). This heterosexist way of thinking may result in individuals avoiding reporting if they present a gender or role that deviates from what is labeled “ideal” for the victim. The above-mentioned gender roles are frequently reinforced by numerous sectors of society including families, communities, and the media. In the community context, norms of nonintervention (i.e. the failure to intervene or offer help) in cases of IPV can impart messages about how to respond—or ignore— violence (Miller, 2008). The following section discusses how community can act as barrier to IPV help seeking.

Isolation: Denial in the lesbian and gay community. Social networks are defined as the structure of personal ties that serve various functions including emotional, social, and economic support (Barrera, 1986). Numerous studies have examined the link between lack of support networks—or social isolation—and violence against women (Bauer, Rodrigues, Quiroga, & Flores-Ortiz, 2000; Heise, 1998; Menjivar & Salcido, 2002). This research, which overwhelmingly examines the experiences of heterosexual women and the racially marginalized, indicates that fewer social networks prevent IPV victims from gaining access to social services. Help-seeking researchers, however, fail to consider the unique ways isolation affects gay and lesbian individuals. For example, “family” is a term used by gay and lesbian individuals to designate members of the community. Unfortunately, despite the underlying assumption that this community is a cohesive one, gay men and lesbians often ignore IPV within the family and can respond in unsupportive ways (Istar, 1996; Turell & Hermann, 2008). Research indicates that friends of lesbian and gay male victims sometime minimize violence, convince victims to stay in abusive relationships, or outright deny IPV incidents to evade marginalizing stereotypes (Fahmy & Fradella, 2014; Ristock, 2003). The widespread denial of IPV in this community is complicated by the fact that lesbians often feel the need to hide abuse in efforts of maintaining intact images of lesbian relationships, or what has been coined “lesbian

utopia” (Turell & Herrmann, 2008). Denial of the problem is even more ubiquitous and problematic when discussing the experiences of gay men. Due to the overall invisibility of male victims, lack of recognition results in feelings of isolation by victims who have experienced and continue to experience IPV in their relationships (Barbour, 2011).

Denial within the community is twofold for gay and lesbian racial/ethnic minorities, making a discussion of this intersection particularly relevant. Miller (2008), in her study of gendered violence, found that nonintervention was common in areas characterized by urban inequality (Miller's work focused on the experiences of African American girls). She found that bystanders often justified their neutralization and reluctance to intervene by denying the victim. The problem of nonintervention is also perpetuated in the Latina/o community through assertions that IPV is a “private matter” where exposure can result in the division of community (Rivera, 1994, pg. 255). This is problematic, as norms of nonintervention are linked to an increased prevalence of severe nonlethal partner violence (Browning, 2002). Therefore, it is important to recognize how norms of nonintervention (among gay/lesbian and racial/ethnic communities) and gender norms shape violence against gay and lesbian individuals. For example, Agoff and colleagues (2007) found that Latina/o family members often justified IPV by blaming the victim for not fulfilling gendered family duties. In order to understand the role of social isolation as it applies to gay and lesbian IPV victimization, it is necessary to move discussion beyond one community and explore the problematic norms of nonintervention that can be present in multiple communities of identity.

Reaching a deeper understanding of the ways social isolation and support networks affect gay and lesbian victims of IPV is necessary for comprehensive service efforts. Using an intersectional approach, where various aspects of identity are considered, can aid in gaining insight into the unique experiences of these individuals. For example, the discussion of social isolation and IPV is complicated when considering the many spaces gays and lesbians are denied access (e.g. see employment discussion above). This intersection of isolation and denied access results in exclusion that fosters abusive situations by making gay and lesbian individuals more vulnerable. For example, Renzetti (1996) found that, although the majority of IPV shelters reported that they accepted lesbian clients, only 10% offered services or educational material specifically designed for lesbian victims. Moreover, research suggests that IPV service providers are least likely to provide services to sexual minority males (for a review, see

Hines & Douglas, 2011). According to Knauer (1999), “[f]or abused men, there are simply no shelters” (p. 346). The lack of appropriate resources, due to the overall lack of recognition, can perpetuate feelings of isolation among gay male victims (Burke, 1998).

Due to the unequal distribution of social support prescribed by sexual orientation, social isolation must be examined using an intersectional approach, where various aspects of identity are considered. In other words, it is necessary to consider the unique ways same-sex IPV victims are isolated through denial in the lesbian and gay community, nonintervention in racial/ethnic communities, as well rejection in traditional shelter settings. This can aid in gaining insight into the unique experiences and barriers facing same-sex IPV victims.

Legal Barriers to Social Services

Inappropriate law enforcement response. The justice system has historically used legal criteria to avoid formal responses to IPV incidents (Phillips & Sobol, 2010). Government-sanctioned homonegativity continues to shape the experiences of gays and lesbians who attempt to access justice system services (Murray, Mobley, Buford, & Seaman-DeJohn, 2007). Existing literature on the legal issues facing gay and lesbian IPV victims has primarily, and narrowly, focused on whether lesbians have legal rights to interventions (Aulivola, 2005). In terms of legal social services, gay and lesbian individuals often cite fear of homophobia as a barrier to help-seeking (Balsam, 2001). Legal help-seeking among this group is complicated by the fact that openly gay and lesbian individuals were once branded criminals because of their sexual activity and their refusal to comply with gender norms (that is currently no longer the case; however, the stigma and cultural memory remain; Merrill & Wolfe, 2000). Discrimination based on sexual orientation and gender has affected how law enforcement officials respond to victims of same-sex IPV (Little, 2008; Potoczniak et al., 2003). Gay and lesbian victims report fear and mistrust of justice system personnel due to issues of past conflict, a culture of heterosexism, and institutionalized homophobia and homonegativity (Eaton et al., 2008; Hammond, 1988; Murray et al., 2007). Sexual minority crime victims often report inadequate and inappropriate police response in the forms of mocking, blaming, and laughing (Wolff & Cokely, 2007). Renzetti (1992) reported that police are less likely to intervene in same-sex IPV situations due to prejudice and attachment to gender norms and stereotypes (e.g., beliefs that men are the only IPV perpetrators). Likewise, Seelau and Seelau (2005) found that sexual

orientation affected law enforcement response as well as other legal interventions. This is demonstrated by the gay and lesbian individuals who have long reported both verbal and physical abuse at the hands of police (Renzetti, 1992; Wolff & Cokely, 2007). These types of abusive law enforcement activity influence help-seeking behaviors. Sexism and homophobia can prevent lesbians from reporting incidents of abuse because prejudice “disempowers” them from seeking formal assistance (Potoczniak et al., 2003). In addition, research indicates that help-seeking gay men are often met with homophobic attitudes from law enforcement officials (Cruz, 2003; Merrill & Wolfe, 2000). Police responses to IPV between gay men are further complicated due to beliefs about the male body and its inability to be victimized in the domestic sphere. Consider Barbour’s (2011) relevant scenario: police officers respond to an IPV call and assess the situation as a fair fight between two men and, as a result, do nothing to assist the male victim. These reasons may prevent an individual from reaching out for help when victimized.

Police responses to complaints of IPV must also be contextualized through the historical relations between racial/ethnic minorities and law enforcement officers. Despite positive reforms surrounding the police response to IPV—resulting from outcries made by feminists, advocates, and the overall community regarding inappropriate tactics (see Sherman, 1992; Smith, 2001)—legal changes have often been called narrow-minded for failing to consider the experiences of racial and ethnic minorities (Rivera, 1994). For example, research indicates that people of color often avoid contact with law enforcement officials due to feelings of fear, frustration, and distrust, coupled with perceptions of ineffectiveness (Erez, 2000; Miller, 2008). Avoidance may be the result of the long history of discrimination towards ethnic and racial minorities by law enforcement officials (Rivera, 1994). Overall, stereotypes based on racism, ethnic discrimination, homophobia, and sexism create unique experiences for victims of IPV. Therefore, in order to understand the role law enforcement play in preventing sexual minority victims from accessing social services, it is important to also recognize how experiences are shaped by race/ethnic relations.

Anti-gay/lesbian beliefs and laws. Stereotypes, which are fundamental to the construction of sexual orientation-based discrimination, result in the differential treatment of gay and lesbian individuals in social service settings. Law enforcement officials, for instance, sometimes believe that lesbians and/or gay men are promiscuous or dissolute; they view same-sex partnerships as illegitimate and ephemeral,

rather than valid relationships where IPV can happen (Hill, 2000). In addition to the police, research suggests that therapist trainees hold negative stereotypes about gay men in relation to their mental health (Boysen, Vogel, Madon, & Wester, 2006) resulting in the differential treatment of same-sex IPV victims in healthcare settings. Wise and Bowman (1997) found that graduate-level counseling students categorized lesbian IPV incidents as less violent compared to heterosexual incidents; they were also less likely to suggest charges be pressed against lesbian batterers. These findings suggest the importance of examining help-seeking using an intersectional framework, as gay and lesbian victims encounter unique barriers when attempting to access competent law enforcement and mental health services.

Anti-LGBTQ legal policies, like stereotypes, also create barriers to social services. When laws are created that burden gays and lesbians, they result in collateral consequences, where individuals become victim to not only the impact of law, but their intimate partners as well (for a discussion of race, anti-immigration laws, and IPV, see Crenshaw, 1991). States have historically adopted laws and measures that explicitly excluded same-sex IPV victims and perpetrators from the legal interventions that opposite-sex victims and perpetrators receive (Hardesty et al., 2011; National Gay and Lesbian Task Force, 2005). Barbour (2012) argues that these types of laws demonstrate that “power and recognition to homosexual men by society is much less than that given to heterosexual men” (p. 4). Overall, when laws are passed that exclude same-sex IPV victims from accessing services, such as legal intervention, they are prevented from using services that directly impact their experiences of IPV. Although the legal landscape for gay and lesbian couples has become more favorable (e.g., the majority of states grant same-sex couples the right to marry; National Conference of State Legislators [NCSL], 2014), several states are currently challenging the laws that allow gay men and lesbians to marry. Additionally, because these laws are in their infancy, it is unclear how changes will affect laws governing other legal spheres such as tax- and inheritance-related issues as well as those surrounding IPV.

It is salient to discuss anti-LGBTQ laws and policies in relation to the laws that prevent racial and ethnic minority IPV victims from help-seeking. Like anti-LGBTQ laws and policies, anti-immigration laws create obstacles to social services that primarily burden individuals of color. For example, Dugan and Apel (2003) theorized that immigrant individuals may be hesitant to disclose victimization if the

offender is undocumented, fearing deportation of their significant other. In addition, when anti-immigration laws are passed that prohibit undocumented immigrants from accessing services such as health care and public education, undocumented victims are prevented from using institutions that directly impact their experiences. For example, Bauer and colleagues (2000), in their study of health care barriers encountered by battered minority women, found that some respondents feared deportation. Participants believed that simply entering the health care system presented a risk for deportation. If undocumented immigrant individuals are unable to seek medical attention (due to either real or perceived policy-based barriers) for the violence experienced in their relationships, they are further prevented from exiting the partnership. In order to understand the role anti-LGBTQ laws and policies play in preventing sexual minority victims from accessing social services, it is important to also recognize how race-based laws shape the help-seeking of racial/ethnic minorities. Gay and lesbian IPV victims of color may encounter laws that burden both of their communities of identity by systematically preventing them from seeking formal help.

Directions for Service Providers and Future Research

The general refusal to recognize IPV in the context of same-sex relationships—coupled with the barriers identified above—suggests that gay and lesbian victims may feel that their experiences of abuse are not legitimate. This can result in assumptions that their help-seeking will not be taken seriously. Lesbians often believe that community services are solely available to serve heterosexual women (Renzetti, 1996), and research suggests that IPV agencies are least likely to provide services to sexual minority males (for review, see Hines & Douglas, 2011). Therefore—similar to the movement to improve the response to heterosexual IPV—police training, legal changes to afford more protections, and increased community services appear critical in providing same-sex IPV victims avenues for exiting abusive relationships. Based on the literature review above, we now offer recommendations for service providers and future research.¹

Recommendation I: Law Enforcement

Individuals receive subtle, yet powerful, messages regarding their social standing as citizens through their interactions with legal authorities (Tyler 1989; Tyler, DeGoey, & Smith, 1996). These interactions are significant because they provide

individuals information about their relative worthiness in the community and in relation to authorities (Tyler et al., 1996). When an individual is treated fairly, messages of respect and value are communicated whereas unfair treatment communicates disrespect and reinforces marginalization (Tyler et al., 1996). Due to their contentious history with law enforcement and other governmental institutions, gay and lesbian individuals may avoid reporting IPV victimization or minimize the seriousness of an incident when police are called (Little, 2008; Potoczniak et al., 2003). Underreporting may be a result of prior ubiquitous negative treatment resulting in anticipated unfavorable treatment (Tesch, Bekerian, English, & Harrington, 2010). Conversely, research suggests that citizens are more likely to reach out when they feel supported and valued by authorities (Tyler, 1989). To this end, it is our recommendation that law enforcement personnel receive adequate training to better understand the historical mistreatment of gay and lesbian individuals to encourage empathizing with the population. In efforts to reduce real and potential police-community problems between officers and sexual minority complainants, some police departments (e.g., Atlanta Police Department, Metropolitan Police Department of the District of Columbia, Phoenix Police Department, Salem Police Department, Dallas Police Department) have developed programs that include gay and lesbian liaisons, specialized units that respond to hate crimes aimed at minorities (racial/ethnic, gender), and special outreach teams that work to strengthen the relationship between sexual minorities and officers. These programs represent first steps in addressing service accessibility problems as they work to create an atmosphere that acknowledges intersections and the variety of factors that shape IPV experiences. Although more research is required to identify the most effective types of outreach programs, it makes sense that communities with growing lesbian and gay male populations should develop specific programs to address their needs.

Recommendation II: Shelters

Gay and lesbian shelter services are limited and even non-existent in some areas, resulting in the invisibility of sexual minorities in this setting (Hammond, 1988; Pattavina, Hirschel, Buzawa, Faggiani, & Bentley, 2007). As mentioned above, Renzetti (1996) surveyed United States IPV shelters and found that only 10% offered services or educational material specifically designed for lesbian victims. This could be due to the fact that some state laws expressly exclude gay individuals from receiving state funded assistance (Knauer, 1999;

Murray et al., 2007). Extant research *should* guide shelter services. For example, Turell and Herrmann (2008) found that lesbian help-seeking IPV victims wanted their first contact to be with a trained IPV advocate sexual minority woman. In addition, crisis hotline workers often assume that the perpetrator is male and the victim is female, sending subtle marginalizing messages to gay individuals when they call for service (for a discussion on lesbians' crisis line experiences, see Turell & Herrman, 2008). Furthermore, although shelters now admit lesbian women, many shelters have historically either turned away lesbian victims or made them feel unwelcome (Lundy, 1993).

Shelters that provide services for gay males are even more lacking, resulting in hundreds of thousands of male victims remaining in abusive homes because they have limited formal options when seeking safety (Letellier, 1994). Most shelters devote their resources to assisting female victims of IPV (Ashton, 2008). The lack of formal protection for gay males stems from the misconception that females are the sole victims of IPV (Burke, 1998; Merrill & Wolfe, 2000; Turell, 2000); women's shelters often turn away male help-seekers due to safety concerns for the women present (Island & Letellier, 1991; Merrill & Wolfe, 2000). As a result, gay male victims are typically forced to rely on HIV/AIDS treatment centers or homeless shelters—an environment that can foster hate-based violence—when attempting to flee violent relationships (Barbour, 2011). Even more disheartening, women's shelters often report that serving gay men is not a priority (Short, 1996 as cited in Merrill & Wolfe, 2000). It is no wonder that men who seek help from shelters report that the services they receive are not very helpful (McClennen, Summers, & Vaughan, 2002). These findings suggest that IPV shelters should work to overcome this marginalizing history and mend relations.

It might prove helpful for shelters to draw inspiration from the various anti-violence campaigns that outline best practices for stopping violence in the lesbian and gay community (e.g., Anti-Violence Project, "Lifting the Mask off of Domestic Violence," Jane Doe, Inc., Aids Council of New South Wales). One way to achieve this goal is to develop trainings that help service professionals understand the factors that shape the experiences of same-sex IPV victims. For example, research suggests that closeted lesbian IPV victims often modify their help-seeking attempts in fear of stigmatizing responses (Hardesty et al., 2011). Shelters can encourage help-seeking through campaigns targeted at same-sex victims. Educational public service announcements that communicate

welcoming atmosphere may promote help-seeking. In addition, Ard and Makadon (2011) have suggested several steps that providers can take to address IPV among lesbian and gay male clients including adapting institutional IPV pamphlets, posters, and visual material to include same-sex relationships.

Recommendation III: Support Networks

Research has established a link between the lack of support networks and interpersonal violence (Heise, 1998; Menjivar & Salcido, 2002). IPV between gay and lesbian partners is more invisible compared to abuse occurring in heterosexual relationships; this has resulted in a lack of support systems (Ashton, 2008). According to Guadalupe-Diaz (2013), gay men may not have the supportive networks that are critical to exiting abusive relationships. In addition, Turell and Herrmann (2008) found that lesbian and bisexual women rarely used services provided by the general community. This suggests that agencies should help same-sex IPV victims form support networks through unconventional approaches. Service providers could assist sexual minority victims in joining community groups through local organizations. By joining such groups, individuals would have access to social and emotional support while creating networks of opportunity. Building strong support networks is a salient service technique for *all* IPV victims. More important still, is creating partnerships between official services and the victim's social support networks (Goodman & Smyth, 2011). Using intersectional thinking and recognizing the unique factors that prevent same-sex IPV victims from forming strong support networks will result in services that are more responsive to their specific needs. For example, coordinated projects that work to establish community networks and strengthen organized efforts include projects such as National Lesbian and Gay Health Association and The Domestic Violence Program of the Gay and Lesbian Community Action Council. These organizations advocate change by drawing on established community resources and educating the public about same-sex partner violence. Recognizing the unique barriers that sexual minority IPV victims encounter coupled with using joint approaches through community collaboration can help distribute problem-solving efforts more evenly throughout the community. This signals to victims that stopping violence within the community is a cooperative and unified effort. It also communicates to victims that support networks are more evenly distributed throughout their residential community.

Recommendation IV: Future Research

Future research that examines the experiences of lesbian and gay male IPV victims using an intersectional framework can increase meaningful discussion regarding barriers to service. Specifically, future inquiry should aim to (1) uncover the ways sexual minority IPV victims reach out for formal and informal assistance (e.g., non-profit organizations, traditional IPV service providers, LGBTQ service providers, friends, family), (2) identify the unique barriers that sexual minority IPV victims face when help-seeking (e.g., homophobia, disbelief, fears of outing), (3) gain knowledge surrounding their overall experiences (e.g., ease of service attainment, assessments of service helpfulness), and (4) understand the barriers to help-seeking that transgender and bisexual IPV victims encounter when reaching out for assistance. Gaining insight into these areas will help inform the development of anti-violence strategies that cater to the specific needs of sexual minority IPV victims.

To point number four, the dearth of research examining the help-seeking behavior and experiences of transgender IPV victims is particularly problematic as research indicates that these individuals may experience increased risk of IPV compared to other sexual minorities (Landers & Gilsanz, 2009). Transgender respondents have reported a lifetime IPV rate of 34.6%, versus 14.0% for gay and lesbian individuals (Landers & Gilsanz, 2009). Additionally, transgender individuals experience unique barriers to service not experienced by other sexual minorities. For example, individuals that identify as female but were born male may encounter barriers when attempting to access women's shelters (Hines & Douglas, 2011; Pattavina et al., 2007). A recent study of IPV service professionals in Los Angeles found that non-LGBT affiliates reported feeling inadequately prepared to assist transgender persons (Ford, Slavin, Hilton, & Holt, 2012). The higher prevalence rate of IPV found in transgender relationships coupled with underdeveloped service provisions signal the need for increased scholarly attention investigating the unique experiences of this historically understudied group.

Another area of particular concern is the lack of research directed at understanding the specific needs of bisexual victims of IPV. This research neglect may be due in part to the fact that bisexuals run the risk of being defined based on their current relationship or, more specifically, their partner's gender. For example, a bisexual woman who is dating a woman may be labeled as a lesbian whereas if she were dating a man she may be classified as straight by outsiders (James, 1996). The lack of focus on

bisexuals is particularly troublesome given that the limited research on bisexual women and IPV has shown that they represent a particularly at-risk population. They are more likely to experience IPV victimization than their lesbian or gay counterparts; however, this victimization most often occurs in the context of their opposite-sex relationships (Messinger, 2011). The unique status that bisexuals occupy may present additional barriers for IPV victims, as they may not be welcomed or feel comfortable accessing resources designed specifically for opposite-sex or same-sex victims. In addition, bisexuality has a history of being completely disregarded or unacknowledged by service providers (for a discussion on the dismissal of bisexuals and the overall denial of bisexuality see James, 1996). Overall, further research should address the specific needs, as well as the potential risk factors, associated with bisexual men and women in relation to IPV victimization.

Integrating qualitative methodologies, such as focus groups, may prove useful in the study of IPV in sexual minority relationships as these approaches allow individuals to assign meaning to their experiences (Adler & Adler, 1987) while extensively examining the topic under discussion (Gerbert, Caspers, Bronstone, Moe, & Abercrombie, 1999). Focus-group methodology can tap into shared experiences of marginalization and help develop a structural examination of individual experiences (Pollack, 2003). Feminist scholars have long advocated the use of focus-group methodology for researchers interested in investigating context-driven gendered processes and experiences (Pollack, 2003). This methodology is particularly salient with interviews of sexual minority victims because it has the ability to transfer power from the researcher to the interviewees (Madriz, 2001), which is appropriate for work with oppressed, marginalized, and previously ignored research subjects.

From a feminist perspective, qualitative approaches are significant in IPV research as they offer a voice for marginalized groups (Davis, Taylor, & Furniss, 2001). Qualitative methods help to uncover the unique ways individuals function in dynamic social situations and are better equipped to draw on the numerous factors that shape individual experiences (Tewksbury, 2009), which is especially salient for intersectionality-driven work. Certainly, qualitative methodologies often do not result in generalizable findings. This limitation, however, is balanced by gaining in-depth knowledge (Tewksbury, 2009). Qualitative methods tap into the aspects of identity that shape the experiences of victims. Overall, further research on this historically ignored group—possibly with a focus on gay men

and transgender/sexual individuals given the scant literature—is necessary to inform service providers regarding their needs, perceptions, and experiences.

Conclusion

This paper should be used to guide future research on gay and lesbian help-seeking behaviors and inform the development of IPV interventions. Intersectional thinking can reframe our understanding regarding IPV, victimization, and justice processes by offering insight into the experiences of sexual-minority IPV victims (see O’Neal & Beckman, in press). The interests of lesbian and gay IPV victims have traditionally been overlooked in mainstream inquiry—although this body of work is growing. Further research is essential to establish a more comprehensive knowledge base and to examine cultural and subjective differences between sexual minorities and heterosexuals. Indeed, approaches that focus on multiple elements of experience will result in a body of knowledge that can facilitate the development of theory and policy (Simpson, 1989). Alternatively, theory will continue to be relatively uninformed as to the nature of barriers to service if scholars continue to ignore the numerous aspects of identity that shape the experiences of IPV victims.

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About the Authors

Megan Marie Parry is a doctoral student and research assistant at Arizona State University in the School of Criminology and Criminal Justice. Her research interests include cultural criminology, police legitimacy, and police officer stress, as well as the systemic responses to and treatment of marginalized populations.

Eryn Nicole O'Neal is a doctoral student and research assistant in the School of Criminology and Criminal Justice at Arizona State University. Her research interests include intimate partner sexual assault (IPSA), arrest and charging decisions in sexual assault and intimate partner violence cases, poststructural approaches in feminist theory, and qualitative methods.

Endnotes

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- ¹ Because this review highlights the unique barriers that sexual minority IPV victims encounter when engaging in help-seeking, this section is aimed at providing recommendations regarding victim services. A discussion of batterers' interventions is outside the scope of this paper; however, we acknowledge that the topic warrants future discussion. See Price and Rosenbaum (2009) for an assessment of American batterers' intervention across 45 states.