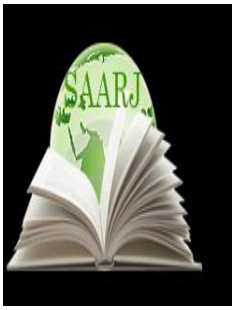

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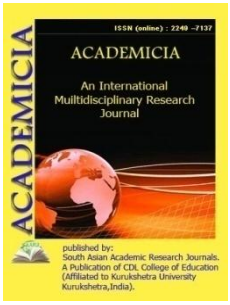

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THE ASSESSMENT OF DOMESTIC AND FAMILY VIOLENCE BETWEEN SAME-SEX COUPLES

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ABSTRACT

The causes of and interventions for intimate partner violence (IPV) have been addressed and researched throughout the last several decades. This article provides a narrative overview of IPV in same-sex couples, often known as same-sex IPV (SSIPV). Despite the popular belief that IPV is just a problem in heterosexual relationships, numerous studies have shown that IPV is just as common in lesbian and gay couples as it is in heterosexual ones. While there were parallels between heterosexual and lesbian, gay, and bisexual (LGB) IPV, LGB IPV had its own characteristics and dynamics. These characteristics are primarily linked to the detection and treatment of SSIPV in the community, as well as the necessity to examine the impact of sexual minority stresses. Our results indicate that there are few studies that address LGB people who are victims of IPV; this is mostly owing to the long-standing quiet in the LGB community about violence, a silence based on fears and misconceptions that has prevented a public debate on the issue. The major topics addressed in the published papers that we have examined have been recognized. Based on the evaluations, we believe it is critical to provide a space where this topic may be openly addressed and handled by both LGB and heterosexual individuals.

KEYWORDS: *Bisexual, Gay, Intimate Partner, Lesbian, Violence.*

1. INTRODUCTION

Intimate partner violence (IPV) has piqued the attention of mental health professionals in recent decades. IPV is defined as any conduct between a couple that includes acts of physical and sexual assault, emotional and psychological abuse, and controlling behaviour, according to the World Health Organization. According to a number of writers, the term "interpersonal violence" refers to a kind of violence that may be perpetrated by men and women of any age, marital

status, or sexual orientation. Numerous research has also examined the effects of IPV on mental health and overall well-being[1].Lesbian, gay, and bisexual (LGB) people had worse results than heterosexual people "across many life dimensions, such as mental and physical health, subjective wellbeing, employment, poverty, homelessness, and social exclusion." IPV in the LGB community has not been researched as extensively as it has in the heterosexual population: in 2015, LGB IPV research accounted for just 3% of all IPV studies. Despite the fact that there is few research on same-sex intimate partner violence (SSIPV), they show that it happens at a rate similar to or even greater than heterosexual IPV. Because of the various methods employed in the studies, determining LGB IPV prevalence rates may be challenging. However, almost one-third of sexual minority males and half of sexual minority women in the United States said they had been victims of physical or psychological abuse in a romantic relationship, according to one of the most current and representative research findings. In addition, more than half of homosexual males and over seventy percent of lesbian women said they had been victims of psychological IPV. According to studies, 4.1 million LGB individuals in the United States have been exposed to IPV at some point in their lives[2].

IPV prevalence in LGB couples seemed to be comparable to or greater than in heterosexual couples across time: IPV was experienced by 61.1 percent of bisexual women, 43.8 percent of lesbian women, 37.3 percent of bisexual men, and 26.0 percent of gay males, compared to 5.0 percent of heterosexual women and 29.0 percent of heterosexual men. When it came to severe violence episodes, the prevalence of LGB adults (bisexual women: 49.3 percent; lesbian women: 29.4 percent; homosexual men: 16.4 percent) was comparable to or higher than heterosexual adults (bisexual women: 49.3 percent; lesbian women: 29.4 percent; homosexual men: 16.4 percent) (heterosexual women: 23.6 percent; heterosexual men: 13.9 percent). Researchers found that gay and bisexual couples were more likely than heterosexual couples to experience all types of abuse. Furthermore, he theorized that a greater proportion of violence was driven by specific risk factors related to minority stress that only LGB persons face. Furthermore, the research found that lesbian women were more likely than heterosexual women, gay men, and heterosexual men to be engaged in IPV. Furthermore, bisexual individuals seemed to be the most abused group among the others; bisexual women, in particular, were more likely to be victims of all types of IPV, with the exception of psychological IPV[3].

The majority of studies on the incidence of SSIPV have focused on North American communities, with a few smaller studies focusing on Australian, Chinese, South African, and British populations, with comparable or even greater IPV rates than North American ones. Scholars used Facebook ads to recruit participants in the United States, Canada, Australia, the United Kingdom, the Republic of South Africa (RSA), Brazil, Nigeria, Kenya, and India for their transnational study. Their results revealed that the United States and the other countries had comparable rates of physical abuse, with Australia, Brazil, the Republic of South Africa, and the United Kingdom having similar or higher rates of physical abuse than the United States.Two studies on lesbian IPV were performed in Italy. The emphasis of the study was on the lack of protection legislation for lesbian women who have been victims of IPV, and academics tried to quantify the incidence of IPV among Italian lesbian women. A total of 102 lesbian women, mainly from Italy, were included in the study (88.2 percent). A questionnaire with 29 multiple-choice questions was given to the participants. The respondent confessed to being frightened of her spouse returning home in more than one out of every five cases (20.6 percent of the total). In

addition, 41.2 percent of women had hidden anything from their relationships in the past because they were scared of their partners' responses. Furthermore, 14.7 percent of lesbian women said they were always frightened about their relationships. The psychological harm caused by a pair dispute was recognized by almost half of the respondents, whereas physical injury was recorded by 5.9% of the interviewees[4].

In light of these results, it is clear that LGB IPV requires more investigation. Nonetheless, the public perceives LGB abuse as an uncommon occurrence; this perception is especially prevalent when it comes to bisexual and lesbian women, who are frequently romanticized as being in tranquil and utopian relationships, free of the violence and aggressiveness associated with "normal" male virility. Lesbian victims may find it difficult to recognize that their partner's conduct is abusive and not typical because of this stereotype.Previous study has recommended that further research be done on the subject: LGB IPV has a double-invisible character, which is why there have been so few studies on it. Health professionals have previously encountered many barriers to obtaining SSIPV research and data, a reality that has been linked to harmful effects such as discrimination and disinformation, in addition to the more apparent results[5].

1.1 Stress in Sexual Minority:

According to the researchers, LGB individuals face particular stresses as a result of their sexual minority status. These stresses, which seem to be linked to IPV, mirrored the experience of members of a stigmatized group who faced unique and extra stressors that no one outside the group could ever experience, according to Meyer's concept of Sexual Minority Stress. Internalized stressors and externalized stressors were incorporated in this paradigm. Internalized stressors were shown to be positively linked to physical, sexual, and psychological IPV in studies; externalized stressors, on the other hand, were found to be unrelated to any type of IPV, especially when combined with internalized minority stressors.As a result, research mostly focused on internalized minority stressors, such as Internalized Homophobia, demonstrating that IPV offenders directed their negative feelings onto their partners, which they had previously self-addressed as homosexuals. Partners have robbed people with internalized homophobia of pleasant feelings about their sexual orientation, reinforcing their sense of guilt for inciting the abuse. Internalized homophobia and IPV were linked in lesbian relationships, according to researchers, and were affected by the quality of the relationship. As a result, comprehending the gay IPV phenomena required consideration of both couples' characteristics and individual experiences. Although there was evidence of a link between internalized homophobia and IPV, data indicated that it was not substantial. This finding may be explained by the fact that research participants had low degrees of internalized homophobia, since LGB individuals with high levels of internalized homophobia are unlikely to participate in any LGB study. Another reason may be that the individuals in the sample were all highly educated white folks[6].

Scholars examined a sample of gay and bisexual males and found that disclosure was positively linked to the likelihood of physical and psychological IPV. Such results may be attributable to the fact that being out gay meant you were more likely to be abused by your spouse for a longer length of time, but it could also mean you were in an abusive relationship for a shorter period of time. In terms of this final point, offenders may threaten to evict the victim in front of their family, employer, landlord, previous spouse, or current guardian of their children.The Concept of Consciousness the final internalized minority stressor examined in connection to IPV was

stigma. According to researchers, stigma awareness increases the risk of IPV. IPV offenders and victims both reported high levels of stigma awareness; therefore, it can be inferred that IPV increases stigma consciousness and is positively associated with the propensity to overlook abuse in order to shield IPV victims from the homophobic judicial system.

These findings are consistent with high stigma awareness rates among individuals who are likely to face prejudice and be compelled to avoid discriminatory settings. According to what we know, there is evidence of a link between minority stresses and SSIPV in the literature. Internalized stresses and IPV were shown to be highly linked, as previously stated. According to certain research, there is a link between prior discrimination and a greater likelihood of IPV. Studies on the connection between experienced prejudice and the likelihood of SSIPV victimization, on the other hand, are contradictory: some suggest a link, while others deny it.These results indicate that although the link between sexual orientation discrimination (based on other people's emotions and ideas) and IPV is not entirely apparent, there is a link between victimization and personal sentiments about one's own sexual orientation. It should be emphasized, however, that such considerations are based on cross-sectional research, making it impossible to establish whether a component emerged before, during, or after the incidence of IPV. This means that generalizing such results should be done with caution; instead, further study on predictors and related variables should be undertaken. Furthermore, clinicians should be aware that minority stressors are one of the most significant barriers to people who have experienced or are involved in IPV seeking help, as well as what can help them: heterosexism has been shown to exacerbate difficulties in reporting abuse to the police and accessing services for LGB people. IPV victims may be hesitant to seek legal help because they are afraid of prejudice or inadequate legal protection. According to the researchers, over 60% of lesbian women questioned chose not to leave their violent relationship due to a lack of resources, and the majority of the sample did not seek assistance at a women's shelter. Scholars point out that agencies and shelters were often unprepared to assist gay IPV victims.

The IPV Stigmatization Model was developed by researchers to explain why people are afraid to seek assistance. Three elements of the individual experience were outlined in the model: "stigma internalization," "expected stigma," and "culture stigma." Internalized negative attitudes about IPV, referred to as stigma internalization, and may affect people's help-seeking actions and psychological suffering. Surviving IPV may lead to feelings of guilt, humiliation, and self-blame, all of which can make it difficult to seek treatment for low self-efficacy. Anticipated stigma was concerned about whether others would respond with disdain or rejection toward the survivor if they learned about the IPV, influencing the choice to seek treatment[7].

1.2 Specific Treatments:

Researchers documented instances of creative initiatives created within LGB communities, even if study revealed significant gaps in current services. In comparison to heterosexual IPV protocols, they included new treatments that benefited both survivors and perpetrators. They provided batterer intervention programmes as well as advocacy programmes to assist LGB persons in navigating the judicial system. Furthermore, The Queer Asian Women's Shelter and Queer Asian and Pacific Islander Women promoted two approaches that focused on the specific needs of queer women in San Francisco: they attempted to better respond to IPV and address the complexities of being part of a small marginalized community like the LGB community,

teaching how to ask service providers for help. A procedure for dealing with friends and family members of IPV victims was established by the Washington State Coalition against Domestic Violence. According to the study, most victims of abuse sought assistance from friends and family before seeking services, providing them a key supportive role.

Services were sometimes linked to community-based efforts that included hosting seminars and forums to discuss healthy relationships. Lesbian victims seemed to enjoy talks on how to establish healthy relationships more than support groups for survivors, according to scholars. This may be owing to victims' worries about their privacy, which was safeguarded during discussions on a variety of issues related to violence. Instead of identifying who suffered violence and protecting participants' privacy, such a conversation may focus on other topics such as relationship expectations, negotiating differences, power dynamics, and warning indications of abuse. Another goal was to move from organizational interventions to community-based prevention in order to promote lesbian communities' health connections and offer knowledge and prevention. Rather of standardizing programmes, the various methods described aim to better adapt to local circumstances.

2. DISCUSSION

In the United States, a few research on therapy for LGB IPV victims were performed. Individualized mental health therapy has been shown in studies to help SSIPV sufferers. Because victims may fear consequences from the information provided during the session, couple therapy involving the victim and abuser has been shown to be less beneficial. Despite these results, research has shown that psychology graduate students and therapists are more likely to recommend couples therapy rather than individual counselling for LGB IPV victims than for victims of other genders. The person-centered approach and Gestalt therapy were suggested as two kinds of psychotherapy that would be suitable for SSIPV sufferers. These methods enabled victims to gain confidence in therapists over time, allowing them to become more conscious of their situation, the abuse they had experienced, and the repercussions that came with it. Furthermore, it urges therapists to allow victims to control the session, allowing them to learn how to successfully direct their life in this way. Researchers discovered that victims' knowledge of the abuse was considered to be longer-lasting due to the high desire to accept assistance. As a result of this reality, victims were able to acquire and utilize helpful resources in order to leave the abusive relationship and achieve independence from the spouse[8].

In the United States, it is not uncommon for abusers to complete psycho-educational programmes aimed at reducing the risk of future violence against partners. These programmes are referred to as "batterer intervention programmes", and they are based on two models: Cognitive Behavioral Therapy (CBT) is a kind of therapy that attempts to reduce aggressive tendencies and develop helpful tools for resolving relationship problems. The Duluth Model was developed to dismantle and eradicate patriarchal ideas in abusive males who were then taught to believe they had the right to dominate women[9].

The Duluth model, alone or in combination with CBT methods, was the most often utilized programme in the treatment of abusers, according to the researchers. Both methods ignore the unique characteristics of lesbian, gay, bisexual, and transgender relationships, as well as the role played by issues such as homophobia. Furthermore, the Duluth model, which is based on patriarchal ideology, was originally designed only for heterosexual couples; however, it was later

applied to LGB perpetrators, despite the fact that in the United States, groups were frequently separated during treatment based on sexual orientation, even though the programmes were largely the same for both groups. This feminist psycho-educational method focuses on re-education in order to foster more adaptable attitudes, improve communication skills, and eventually eliminate violent behaviors. To the best of our knowledge, no studies have been conducted to assess the impact of such therapy on the LGB community, and the few studies conducted on heterosexuals have shown very minor benefits. Scholars using a feminist framework to IPV believe that a one-size-fits-all treatment model for IPV offenders should be replaced with culturally appropriate and unique treatment choices for LGB abusers, according to the researchers. Treatment interventions, they believe, should address problems of sexism, homophobia, racism, and classism in order to address how society unfairly disadvantages some while favoring others[10].In the North American Domestic Violence Intervention Program Survey, researchers examined 3,246 questionnaires submitted to directors of domestic violence perpetrator programmes in the United States and Canada. Because it is difficult for LGB individuals to freely express themselves in heterosexual groups, the findings show that the most frequent approach to LGB batterers is one-on-one treatment rather than group therapy. Two programmes were proposed for the LGB community.

Even though there is a dearth of literature on LGB IPV in general, there is a need for treatment-focused research. The findings indicated that a number of barriers hinder LGB individuals from seeking assistance in the event of IPV, the most significant of which is heterosexism. IPV sufferers may be hesitant to seek help out of fear of prejudice. Rarely was a solution given to assist LGB persons in obtaining IPV therapy, and writers advocated changes to conventional therapies or programmes. According to studies, many agencies and shelters are unprepared to help IPV gay and bisexual victims. Many emergency departments, shelters, organizations, and clinics in the United States had IPV advocacy programmes; nevertheless, most of these services had previously failed to properly react to abuse among LGB communities. The bulk of studies look solely at North American services and programmes in metropolitan regions, ignoring rural areas and foreign nations. When SSIPV treatment programmes were compared to conventional protocols, they were changed in terms of evaluating sexual identity, assisting SSIPV victims in accessing the legal system, and minimizing stigmatization. However, suggestions were included in the trials in order to concentrate on LGB-specific therapy. Despite the fact that many academics advocate for modified forms of IPV therapy, no empirical study has been done to see whether LGB individuals gain more from modified versions of treatment than conventional therapies.

It's also important to address a cultural and social context issue: the fact that we only identified papers on therapy in the North American setting suggests a paucity of study in this area in other countries; however, some studies may not have been included in international databases. According to the reviewed research, a psychological therapy tailored to particular LGB needs is needed, and it must be completed in order to ensure new usable resources and build self-determination. Intervention for LGB IPV victims and offenders should be part of a comprehensive treatment strategy that may include couples or individual therapy, but should always be tailored to each particular scenario. Appropriate training for mental health professionals, as well as established standards for evaluation and treatment, may result in more favorable results. Improvements should focus on the victims' well-being and happiness, as well

as therapeutic characteristics such as the treatment's long-term consequences; furthermore, a new strategy may specify simpler access to services. IPV seems to be as frequent and severe in same-gender relationships as it is in heterosexual couples, therefore rules and procedures should be updated to provide the same level of protection.

Due to the lack of specialized SSIPV programmes, it is critical that emerging IPV programmes provide outreach and educational services by collaborating with the community and offering a variety of services, starting with direct and physical resources like shelters, food and clothing, transportation, financial and legal assistance, 24-hour hotlines, and individual and group therapy. Although conventional battered women's shelters may serve as a model for LGB organizations, certain modifications should be made, such as more inclusive language and an emphasis on individual experiences rather than gender, which can help LGB persons feel more comfortable in reporting violence. Because IPV is still a relatively obscure problem in the LGB community, warning signals may be overlooked. As a result, education about IPV and how to identify its symptoms should be aimed particularly towards the LGB population.

3. CONCLUSION

In comparison to heterosexual IPV, the literature on LGB IPV is new and sparse. However, there is a growing corpus of empirical research that provides significant findings and concerns about LGB IPV. Previous research focused on the incidence of IPV in the gay and bisexual community, as well as LGB-specific characteristics in IPV and treatment obstacles. There are limited articles on LGB IPV treatments and therapies. Counseling interventions, especially for victims, and therapy: couple, group, and perpetrator therapy are two categories.Despite the popular belief that IPV is exclusively a problem in heterosexual relationships, it has been shown that its prevalence among LGB couples is similar to, if not greater than, that of heterosexual couples. While there were some parallels between heterosexual and LGB IPV (such as general patterns, kinds, consequences, cycle of violence, and drug use), LGB IPV had distinct characteristics and dynamics that were involved in detecting and treating IPV in the community.

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