

2015

Barriers to Help Seeking for Lesbian Victims of Intimate Partner Violence

Maria Joanne Lovett
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Lesbian, Gay, Bisexual, and Transgender Studies Commons](#), and the [Psychology Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Maria Lovett

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Medha Talpade, Committee Chairperson, Psychology Faculty

Dr. Augustine Baron, Committee Member, Psychology Faculty

Dr. Carolyn Davis, University Reviewer, Psychology Faculty

Chief Academic Officer

Eric Riedel, Ph.D.

Walden University

2015

Abstract

Barriers to Help Seeking for Lesbian Victims of Intimate Partner Violence

by

Maria Lovett

MBA, Texas Wesleyan University, 1999

BS, Texas Wesleyan University, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

August 2015

Abstract

Lesbian intimate partner violence (IPV) is an understudied social and psychological problem in the United States. The purpose of this qualitative, comparative study was to understand any barriers of help-seeking behaviors for victims of lesbian IPV. The literature on lesbian IPV has not included the perspectives of both service provider and support person on why these barriers persist. Normative resource theory and the barriers model informed the study. Interviews were conducted with a sample of 8 providers and 5 support persons. Interviews were then transcribed and coded. The 7 themes that emerged among these 13 participants were an unawareness on how to get help, inability on the part of the victim to recognize abuse, lack of acknowledgement of abuse in the community, inadequate specialized training and policies to work with the lesbian community, no assurance of safety at the shelter, fear of disclosure of sexual orientation, and no confidence with system or service agency. All of these themes were identified as contributing factors that deterred lesbian IPV victims from seeking help. Although the findings are representative of a small sample, these findings can initiate positive social change by informing interventions which can bridge the gap between the lesbian IPV victim and the support services she needs.

Barriers to Help Seeking for Lesbian Victims of Intimate Partner Violence

by

Maria Lovett

MBA, Texas Wesleyan University, 1999

BS, Texas Wesleyan University, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

August 2015

Acknowledgments

I would like to thank Dr. Talpade first and foremost as she provided an outstanding level of help and commitment to me finishing my dissertation. Without you I would have not been able to complete this dissertation process. The tunnel was long but eventually I did see the light. You were an amazing chair and had great deal of patience working with me. The participants all in the study were of great help and assistance providing detailed descriptions in most cases of variations in how this issue is important to research. To those individuals that did not want to partake in the study, I hope this paper finds a way into your hands. Even though the subject is controversial, it is important to learn how to be proactive especially if this issue comes up. Last but not least, my many friends and family members that supported me throughout this journey. This was a long but meaningful journey that will resonate with me for a lifetime.

Table of Contents

List of Tables	vi
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background of the Study	3
Problem Statement	4
Purpose of the Study.....	5
Research Design.....	6
Research Questions.....	6
Theoretical Framework.....	7
Definition of Terms.....	8
Assumptions.....	9
Limitations	9
Delimitations.....	10
Significance of the Study	10
Summary and Transition.....	11
Chapter 2: Literature Review	13
Introduction.....	13
Literature Search.....	15
Theoretical Framework.....	17
Help-Seeking Behaviors	17
IPV.....	23

Lesbian IPV	25
Limitations of the Literature on Lesbian IPV	27
Community Support for Victims of IPV	28
Community Support for Lesbian IPV	29
Barriers in Help-Seeking Behaviors	32
Providers and Perspectives on IPV	34
Provider Perspectives	37
Potential Themes and Perceptions	40
Research Methodology	41
Significance of the Research.....	42
Summary of the Literature Review	43
Chapter Overview	45
Chapter 3: Research Method.....	47
Introduction.....	47
Research Design.....	48
Research Questions	48
Instrumentation and Materials	49
Qualitative Methodology	49
Setting and Sample	49
Recruitment Process.....	49
Service Providers	50
Support Role	50

Informed Consent.....	50
The Role of the Researcher.....	51
Participants.....	52
Protection of Participants	53
Data Collection	54
Verification	55
Data Analysis Strategy.....	55
Procedure for Collecting Data	56
Dissemination of Findings	56
Chapter 4: Results	58
Introduction.....	58
Interview Process	59
Participants.....	60
Emergent Themes	61
Issues with Recruitment of Participants.....	62
Support Role Responses on Emerging Themes	63
Need for Identification of Specific Help for Lesbians.....	63
Problems Related with Recognition of Abuse and Fear	64
Problems with Unfamiliarity of Community Help and Interaction	66
Perceptions that Lesbian IPV Does Not Occur.....	67
Safety and Education Awareness.....	68
Formal Training and Cultural Competence	69

Finding Support and Access to Help	70
Problems with Acceptance to Lesbian IPV	71
Service Provider Responses on Emerging Themes	71
Legal Protection Issues and Problems	71
Lack of Confidentiality in System and Providers	73
Problems with Embarrassment and Fear.....	75
Issues with External Providers (Legal, Police, Etc.).....	77
Acceptance and Disclosure Theme	79
Issues with Safety, Policies, and Discrimination	80
Issues with Minimum Effective Training	82
Issues of Training Specific to LGBTQ and Cultural Competence	82
Acknowledgment Issues in the Community of Lesbian IPV	84
Common Emerging Themes of Both Types of Participants	86
Researcher Bias.....	88
Validation and Trustworthiness of the Data	89
Member Checking.....	90
Summary.....	90
Chapter 5: Discussion, Conclusions, and Recommendations	92
Introduction.....	92
Purpose of the Study	93
Social Change Implications	94
Limitations of the Study.....	96

Recommendations for Further Research.....	97
Service Provider Recommendations.....	98
Support Role Member Recommendations.....	98
Reflections from Researcher.....	99
Conclusions and Summary.....	100
References.....	103
Appendix A: Sample E-mail Communication.....	112
Appendix B: Interview Questions (Service Providers).....	113
Appendix C: Interview Questions (Support Role).....	115

List of Tables

Table 1. Interview Setting and Participant Type 61

Chapter 1: Introduction to the Study

Introduction

The Centers for Disease Control and Prevention (CDC, 2011b) reported an increase in the amount of intimate partner violence (IPV) in the past few years in the general population. Their reports indicated that lesbian IPV was more prevalent than IPV among gay male couples. IPV occurs among individuals of all socioeconomic and ethnic backgrounds. Statistics provided by the CDC and the National Center on Domestic and Sexual Violence showed how IPV has become a social and mental health problem in U.S. society (CDC, 2011b). The 2010 results of the National Intimate Partner and Sexual Violence Survey conducted by the CDC indicated that 3 in 10 women are affected, whereas only one in seven men is affected (CDC, 2011a). The data varied by the type of violence, ethnicity, race, and gender. The lack of specific data on lesbian IPV from the survey illustrated an opportunity to research the issue (CDC, 2011a).

IPV among the lesbian population has become a social problem because the family and the health and psychological well-being of the victim are at stake. The problem is not easily identified in hospitals, resource centers, and shelters where the victims may expect support. The staff needs to be prepared to recognize the signs of the violence and then identify the barriers for victims seeking help (Barron & Hebl, 2010; Hien & Ruglass, 2009; King & Cortina, 2010). According to the literature, the lack of resources available to help and identify the victims has become a barrier to providing help (Barron & Hebl, 2010; Hien & Ruglass, 2009; King & Cortina, 2010). Research also indicated that providers need proper training available to increase awareness of the

problem proactively (Barron & Hebl, 2010; CDC, 2011b; Coleman, 2003; Helfrich & Simpson, 2005). Researchers have identified the victims' feedback and stories of why a victim may not seek help, but there has been an insignificant amount of literature on provider perspectives. There has been limited research in the connection between a victim's desire not to seek help and why providers believe the help is not being pursued (Bernhard, 2000; Simpson & Helfrich, 2005).

Exploration centered on lesbian IPV and help-seeking behavior has been inadequate (Blasko, Winek, & Bieschke, 2007). The need to investigate differences in help-seeking behaviors reported by service providers and help-seeking behaviors reported by individuals in a supportive role to lesbian intimate partner victims is an additional gap (Blasko et al., 2007). Understanding these two aspects must be melded to understand why a victim would forego not seeking any help in an abusive situation (Blasko et al., 2007).

The purpose of this qualitative research study was to explore barriers to getting help and help-seeking behaviors for lesbian IPV victims from two perspectives: the provider and those who play a support role. The reason for collecting the qualitative data was that information on lesbian IPV and existing instruments measuring barriers were inadequate from both perspectives. A variety of instruments have focused on a specific population sample or aspect of the IPV, but this is inadequate for determining the gaps in treatment (Simpson & Helfrich, 2005). Interviewing service providers and those in a support role revealed why lesbian IPV victims did not seek help.

Chapter 1 introduces more on the background of the issues, literature gaps, and problem statement. The purpose of the study is discussed in detail to gain a better

understanding to the significance of the problem. The research design is introduced along with the research questions addressing lesbian IPV. The literature reviewed in Chapter 2 represented a variety of perspectives on the problems of lesbian IPV and barriers for seeking help. As indicated in research by Duterte (2008) and Madera (2010), lesbian IPV is a social problem. The issue becomes a social problem when there is potential impact to the general well-being of the community and the issue is not properly addressed. The significance of the problem and research into the literature indicated the need for provider perspectives to be assessed (Simpson & Helfrich, 2005).

Background of the Study

IPV is a damaging social problem that is present in Global society. Agencies and advocate groups have sought actively to learn more information about why the problem occurs and how to gain help in this area for the heterosexual population (Helfrich & Simpson, 2005). However, what appeared to be missing was information centered on lesbian IPV. Victims of lesbian IPV have a limited voice as indicated directly in the literature (Helfrich & Simpson, 2005). These victims potentially have several reasons that limit them from seeking help and overcoming obstacles preventing them from protection. One of the gaps included treatment providers prepare to help these victims. When there is little research and direction the treatment provided to the victim may be ineffective for the healing process (Speziale & Ring, 2006).

As indicated in studies by Helfrich and Simpson (2005) and Sorenson and Thomas (2009), views of treatment and acceptance of lesbian abuse have been understudied. Identifying how to help victims overcome barriers and understanding with

what providers need to be equipped when treating this population is important to pressing forward and not covering up this issue. The inquiry into both perspectives, from a provider's point of view and from those who play a supportive role for the victim, can be used to find potential gaps in why victims do not seek treatment. In Chapter 2, I discuss literature that provided an understanding about the experiences of the lesbian IPV victims.

Problem Statement

Lesbian IPV is a silent violence that is not recognized as often as heterosexual abuse. A review of the literature revealed limited facts and research focused on uncovering the reasons as to why victims do not seek help from their abusive situations. Research has been limited as to what providers' perspectives are on why victims do not seek help. Public research surveys indicated combined statistics on why lesbian victims may not seek help, but these did not place emphasis solely on this population (CDC, 2011a). There has been limited research on how to tailor treatment for lesbians in these situations. The importance of understanding why lesbian IPV victims do not seek help can be investigated from the perspective of both a provider and individuals in a supportive role (Turrell & Cornell-Swanson, 2005). Lesbian IPV is an increasing social and mental health problem (Duke & Davidson, 2009). The potential for research in finding ways to tap into working with the lesbian IPV victims is a need that must be addressed (CDC, 2011b; King & Cortina, 2010).

Purpose of the Study

The purpose of this qualitative study was to explore providers' and support individuals' perspectives on barriers to access services for lesbian IPV victims. The purpose included understanding the help-seeking behaviors of the lesbian IPV victims. Simpson and Helfrich (2005) identified in their study a gap in understanding the barriers from a lesbian perspective. Their study did not include research into those closest to the victim such as a friend or family member in a support role. An important aspect to this study was to investigate if interviewing the two groups would reveal a difference that would help insure lesbian IPV victims experienced fewer roadblocks. Interviewing the providers and those in a support role uncovered various perspectives on why victims did not seek help for the abuse. The discrepancies of perceptions should be used to build stronger relations between the support role members and service providers.

The discovery showed detailed descriptions of provider responses working with lesbian IPV victims in an agency or shelter. An additional discovery uncovered the help-seeking behaviors identified by those individuals in a supportive role. An example of this discovery could be individuals in a support role identifying relationship history and socialization as a significant barrier to help-seeking, whereas the provider would have identified financial dependence as the main issue. The end result is the identification of differences between the provider perspectives and supportive role. These discoveries should allow more effective means for ensuring that victims can access the help they need. Dissemination of the research findings will educate and create awareness in mental

health and other professional fields. The information provided through the research can be used to inform and build additional research into the subject of lesbian IPV.

Research Design

The qualitative approach involved a guided set of interview questions (see Appendices B and C). The interview questions included baseline questions from previous peer-reviewed literature studies and research (Todahl, Linville, Bustin, Wheeler, & Gau, 2009). Participants were eight service providers and five individuals who were in a supportive role to a lesbian IPV victim. The utilization of the research design identified general themes related to barriers for help-seeking among lesbian IPV victims. I identified these themes from the interviews with the providers and the individuals in a supportive role.

Research Questions

The research questions uncovered information to help increase awareness of the problem statement. The central qualitative question was as follows:

What are the barriers to help seeking behaviors for lesbian IPV victims according to service providers and individuals in a supportive role to the victim?

Specifically, this qualitative design addressed the following research questions:

RQ 1: What are the barriers that lesbian IPV victims encounter and how do IPV victims describe their help-seeking behavior?

RQ 2: What are the variations of themes mentioned by the providers versus those in a supportive role which explain why lesbian IPV victims do not seek help?

Theoretical Framework

This study relied on two underlying theoretical foundations to understand the potential themes related to barriers in help-seeking behaviors of IPV victims. The frameworks are described in detail in Chapter 2. These frameworks included the normative resource theory and the barriers model, and I used these to formulate the open-ended interview questions (Grigsby & Hartman, 1997; Goodman, Dutton, Vankos, & Weinfurt, 2005).

Grigsby and Hartman (1997) articulated how the barrier model describes four factors for victims not seeking help from their situation. These factors include past abuse victimization, environmental barriers, the barriers that one faces due to their role expectations in society, and the consequences of the fear of further violence. Waalen, Goodwin, Spitz, Petersen, and Saltzman (2000) argued how the legal and criminal fields are some barriers created for seeking help because of perceived attitudes toward the victims.

Goodman et al. (2005) argued that the normative resource theory can be observed with victims of IPV. Victims may not have the appropriate resources to seek help from their situation. The resources of finances and transportation may be a factor and considered a resource that is limited by the abuser. Victims may be in situations where there are limited resources to help overcome the situation.

The normative resource theory and the barriers model are used as a foundation to understand why lesbian victims do not seek help from their abuse. These theories provided a broad explanation of barriers and help-seeking behaviors. The participants

gave insight into experiences shared by a lesbian IPV victim using this framework. The theories helped define the questions asked during the interviews.

Definition of Terms

The following are definitions of terms used in this study for context and clarity.

Intimate partner violence (IPV): The CDC (2011a) defined IPV in several forms including psychological and physical behaviors forcing and showing aggression towards another in the relationship.

Lesbian IPV: Violence that occurs between spouses where one partner is made to become helpless by various factors such as physical and sexual violence. Violence can also be in the form of psychological violence and financial dependence (CDC, 2011a; Helfrich & Simpson, 2005).

Help-seeking behaviors: Corliss, Grella, Mays, and Cochran (2006) identified help-seeking as a behavior where a person may need help but is weakened from doing so due to impaired influences or barriers. The behavior may be caused by motivational, social, or religious factors.

Providers: Those field workers and employees who work in an agency or shelter where IPV is an occurrence.

Support role: Individuals identified as knowing and helping a lesbian IPV victim through their crisis. These individuals may be a family member, friend, and coworker.

Barriers: Buss and Duntley (2011) identified barriers as a person or any financial, mental, physical, and power-related influence that blocks the victim from seeking help needed.

Assumptions

For this research study, I assumed that providers and individuals in a supportive role to the victim were aware of experiences of lesbian IPV and could identify the barriers to seeking help and providing help for victims of IPV. I also assumed that there were some common themes that could be identified from the responses of the participants. There was an assumption that there are various barriers that are related to why lesbian IPV victims do not seek help from their situation.

In a shelter or agency setting, there are assumptions that go along with field workers helping victims that may have struggled to seek the help. In the current research design, I did seek to build rapport with the participants in order to explore their perspectives about sensitive issues related to being a lesbian IPV victim. It was assumed that the rapport would help build honest and open communication to understand the underlying issues for lesbian IPV victims.

An assumption existed for differences between provider responses and individuals in a supportive role to a victim. The differences assumed were based on the relationship of the victim to community providers and individuals in a supportive role. There was an assumption that differences would occur because of the relationship variances to the victim.

Limitations

The research study involved a sample size of 13 and used a combination of criterion and snowball sampling. These strategies added strength and credibility to the deep understanding of those with the experience needed to fulfill the research questions.

The criterion sampling helped to identify and uncover any potential system defects. The snowball technique allowed me to gain access to others identified by the participants as good candidates to interview (Patton, 2001).

The research study took place in the United States. The interview questions used and designed were created specifically for the use of this research study. These interview questions used in this study may not be appropriate for other populations where lesbian IPV exists. The relationship and potential themes discovered may not reflect the themes found in other geographic areas (Creswell, 2007). I had never been to an agency or shelter previous to the study and had not been in any situations of partner abuse.

Delimitations

Delimitations of the study included participants in the study from shelters and agencies located in the United States. All of the provider participants had at least 1 year of experience working with lesbian IPV victims. Individuals serving in a supportive role had at least one experience working with a victim in the past year. The information collected concerned lesbian IPV specifically and did not address any heterosexual IPV comparisons. All participants were interviewed in English.

Significance of the Study

The American Psychological Association (APA, 2011) has supported research into IPV. Division 44: Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues was created to help research areas that will help promote the welfare and health of this population (APA, 2011).

Information uncovered from this research will assist professionals working with the lesbian victims who experience IPV. Provider perspectives will educate and provide awareness to build a core of elements for future assistance and intervention with lesbian IPV victims. The differences uncovered between the provider perspectives and individuals in a support role can be blended together to provide a specific treatment for victims.

Lesbian IPV is not only about the victim but culture, families, and communities. Communities must learn to adjust to changes and support ongoing issues to advocate ending violence. Assistance and support from a group of resources will increase the awareness and create social change. The more information and support that is provided increases the victim's empowerment to seek help. Positive social change will increase with awareness and insight into help-seeking behaviors for lesbian IPV victims.

Summary and Transition

Chapter 1 introduced lesbian IPV and how this issue has been understudied. The chapter reviewed background on the issues, introduction on the gaps in current literature, and the problem statement. The purpose of the study was to explore providers' and support individuals' perspectives on barriers to access services for lesbian IPV victims. The study was discussed in detail to gain a better understanding to the significance of the problem. The need for a greater emphasis is significant at the social and mental health levels as this issue is increasing in society(CDC, 2011b; Simpson & Helfrich, 2005).

The literature review in Chapter 2 introduces statistics on heterosexual IPV and then narrows down to specific statistics on the lesbian IPV victims. The literature review

identifies specific and varying findings on lesbian IPV victimization. Past and recent literature is identified to help support the need for further research in this area. Around 50 articles were used to support the further research into areas of gaps in the literature.

Chapter 3 introduces the qualitative research design, methods, and plans for data analyses of the findings. The sample size and selection process is identified in this chapter. The themes and how data were handled is listed. In Appendices B and C, a sample of the interview questions is presented. The chapter ends with how the process of the dissemination of findings will occur.

Chapter 4 details the results of the study. Eight service providers and five support role members participated in the IPV research through structured interviews or the online survey. Emergent themes were identified from the responses of both types of participants. Common themes emerged including (a) seeking help, (b) recognition of abuse, (c) acknowledgement of abuse in order to seek help, (d) being safe, (e) disclosure issues, (f) confidence in system, and (g) not knowing if there is training available to help with abuse.

Chapter 5 provides a summary of the overarching purpose of the study, the significance of the issues with lesbian IPV, and the social change implications. The results provided great depth and meaning to the subject of IPV and can be utilized by future researchers and service partners to help elevate the issue of IPV. Further recommendations were provided for service providers and support role members on how to connect with IPV victims.

Chapter 2: Literature Review

Introduction

IPV between same-sex lesbian partners is becoming a more prevalent problem (McClennen, Summers, & Daley, 2002). The literature over the past 20 years has been minimal when covering the lesbian population suffering from abuse. The percentage of domestic and sexual violence is hard to determine because some victims do not identify as being an abused victim (McClennen et al., 2002). The available survey instruments published are marginal and are not specific to measuring treatment gaps identified by service providers and individuals in a supportive role (McClennen et al., 2002). In addition, there is no real good tie between data collected from service providers and those closest to the victims. Estimates of violence among lesbian couples have been as high as 35% (McClennen et al., 2002); however, other literature suggested this statistic may be just a fraction of the abuse that exists among the population (CDC, 2011a; Simpon & Helfrich, 2005).

Another factor influencing the percentage of women identified as victims of IPV is lack of education among hospital personnel. Freedberg (2006) reported that up to 50% of women who seek assistance in hospital settings may be victims of IPV. However, less than half of those women are identified by hospital personnel as being IPV victims because the staff has not been educated on how lesbian IPV is identified (Freedberg, 2006). Identifying potential barriers for lesbian intimate partner abuse may help educate future researchers, abuse victims, advocates, and service providers in determining how they can provide a more sound and robust system to help those who are victims of abuse.

The identification of barriers can help community outreach programs and supporters advocate for change in a supportive role for these lesbian victims (McClennen et al., 2002).

IPV specifically with lesbian women has become a prevalent problem as identified in literature (Simpson & Helfrich, 2005). IPV includes domestic and sexual violence involving pushing, fighting, bullying, and coercing sexually (Simpson & Helfrich, 2005). IPV among the lesbian population has been understudied because of the limited reported cases of abuse by the victims. In addition, lesbians already face multiple forms of discrimination and biases, which leads the victims in many cases to not report the abuse. Historically, these victims have been silenced, and not until recent years has there been more support for victims of abuse (Simpson & Helfrich, 2005).

Transportation, money, and power all are potential barriers that may prevent abuse victims from seeking help. Abuse has been linked to power imbalances, previous abuse experienced by the abuser, and the need for dependence (Buss & Duntley, 2011). A challenge to addressing this abuse and the associated barriers is ensuring that experienced health providers are available and have the resources to help these victims. Compared to the heterosexual population, the lesbian population has fewer agencies devoted to supporting and providing care or shelters for lesbian abuse victims (Mimiaga & Safren, 2008). Oftentimes, the victims of IPV face embarrassment with providers because agencies accustomed to providing help for heterosexual victims may not understand the issues faced by lesbians. Inadequate help and accessibility of services makes seeking help a challenge for victims. The awareness of these issues and barriers could provide

substantial information on how to effectively change the current operating procedures of the service providers (Helfrich & Simpson, 2006).

The barriers model (Grigsby & Hartman, 1997), help-seeking behaviors of victims, and the normative resource theory (Goodman et al., 2005) have been discussed in the research to help explain behaviors of victims, as well as the behaviors of service providers working with the lesbian population. Family, friends, service providers, and other supportive services are considered and discussed when working with lesbian abuse victims. The victims of IPV often suffer from physical, psychological, and psychosocial issues due to the abuse (Goodman et al., 2005; Grigsby & Hartman, 1997; St.Pierre & Senn, 2010).

In this chapter, I summarize the search criteria for the literature review, the theoretical foundations for this study, and information related to IPV, including statistical variables on the lesbian population and help-seeking behavior of victims. Provider perspectives and perceptions are evaluated. Limitations of the literature are noted as well, indicating the need to research lesbian IPV and any obstacles preventing the victims from obtaining help. There was a clear gap analysis between the service providers' insight to help-seeking behaviors and individuals who are in a supportive role to a lesbian IPV victim. The literature presented a blend of methods to help understand current thoughts around the issues.

Literature Search

The literature was reviewed using current peer-reviewed articles retrieved from the EBSCO database at Walden University. The literature covered specific information

related to potential barriers, domestic abuse factors, information from external services, and how the population was viewed when seeking help. The following databases were searched: LGBT Life with Full Text, PsycINFO, CINAHL with Full Text, PsycARTICLES, PsycBOOKS, and SocINDEX with Full Text. I began by searching for quantitative studies in the LGBT Life with Full Text database using the key word *lesbian violence*. The next step of the search became broader as the methodology reviewed included mixed method approaches. Resource articles from the CDC and the National Center on Domestic and Sexual Violence were reviewed for statistical facts on IPV. The search criteria for these resources included survey results in the past 10 years that reviewed IPV and provided specific information about lesbian violence.

The research articles located were used as primary sources, and listed references on those articles were also researched because there were limitations on the subject. The literature presented in this chapter includes current studies from a qualitative approach (22), quantitative approach (5), and mixed methods approach (20). The depth of literature reviewed provided avenues of barriers and community responses when working with the population.

In this chapter, IPV is presented using current peer-reviewed articles that focused on the statistics and facets of lesbian domestic and sexual violence, potential barriers for receiving proper care and attention for the abuse, and the help-seeking behaviors of the victims who have suffered from lesbian domestic and sexual violence. The research was based on using reliable and valid information from current literature.

Theoretical Framework

When conducting this literature review, I strived to understand the foundation behind IPV victims and help-seeking behaviors. Help-seeking behaviors are incorporated into the barriers model and the normative theory. These two theories attempted to explain why victims do not seek help, based on various factors. The barriers model explained four levels of impediments impacting the decision of seeking help in contrast to the normative resource theory that explains the amount of resources is indicative of seeking help (Grigsby & Hartman, 1997; Hien & Ruglass, 2009).

Help-Seeking Behaviors

Corliss et al. (2006) identified help-seeking as a behavior where a person may need help but is impaired from seeking help by influences or barriers. The behavior may be caused by motivational, social, or religious factors. Identification of help and the outcome has been associated with help-seeking.

Goodman et al. (2005) defined the normative resource theory as one that posits an individual with more financial resources or control will be able to overcome issues. This theory is in contrast to a person who does not have enough resources to overcome the problem so he or she does not seek to solve the problem or issue. The person may not have the means to take the next step needed.

The barriers model was developed by Grigsby and Hartman (1997) to help understand and describe the barriers that women of abuse face. The model was developed in response to understanding why the victims struggle for help to escape from the abuse and explains perhaps why some of the victims stay with their abuser. The victim

experiences four factors or types of boundaries to cross in order to overcome and seek help (Grigsby & Hartman, 1997). Help-seeking behavior research based on these foundations has been significant in determining barriers to overcome the abuse. Uncovering the root cause of potential areas to improve the result of lesbian abuse victims to help is critical to the movement of society (Corliss et al., 2006).

Renzetti (1989) found third party respondents are not necessarily as helpful for lesbian couples as for heterosexual couples. In the study, 77 respondents reported some type of abuse and were involved in a relationship. However only some of the respondents ($n = 14$) had reached out to a hotline and only a fraction ($n = 3$) had stated it was very helpful. Some respondents ($n = 19$) had reached out to police and none ($n = 0$) of them stated that they were very helpful. The research indicated 69 ($n = 69$) out of the 77 respondents ($n = 77$) reached out to their friends and only 19 ($n = 19$) had reported them to be very helpful. Respondent comments included being discriminated against, shelters not being interested in their issue or police ignoring their issue.

Renzetti (2005) indicated that if there is a recurrence of abuse that occur victims who previously sought help unsuccessfully may not have the desire to try again. Thus the previous response influenced the decision to seek additional help if it were needed. The respondents were also interviewed and responses included instances of the victim being advised that the abuse was not really abuse that it could be a disagreement.

Irwin (2006) reported the visibility of the lesbian community is recent and can be attributed to the struggle with oppressions and discrimination. The experiences and behavior exposed to in the past will delay the help for the victim. If the victim did report

the abuse to a friend some of them believed the abuse did not happen and that it should not be discussed. In research presented the help may not be extended and that is why there is little desire to seek help. The study indicated having a strong sense of community acceptance and the fact that violence does occur allowed the victim to not feel ashamed about getting help. The research presented if counseling services were sought and successful this led to a greater empowerment to make positive life changes.

A study which investigated abusive violence between heterosexual and lesbian victims reviewed ($n = 10$) heterosexual women and ($n = 20$) lesbians. Out of the heterosexual population 30% of the victims reported seeking help from a shelter or service compared to less than 5% that sought help from the lesbian victim population. The help-seeking behavior in the lesbian population was tied to variables such as feelings towards the abuser, exposure to abuse in their childhood, being outed, and social influences. There were reported differences between victims who were known lesbians versus those that were not known by their families (Patzel, 2006). Patzel asserted social influences and expectations impacted the outcome in the situation for lesbian victims. Even though there were more than the 5% reported in the study the author argued how perceptions of victims maintaining friendship with their abuser impacted the percentage of victims seeking help to resolve the situation.

Baker, Buick, Kim, Moniz, and Nava (2013) documented how culture plays an important role in the context and prejudice of IPV. Symbols of the violence may be interpreted by some victims as small and insignificant thus there may be confusion as to it actually being connected to abuse. There is also the stigma that is associated with

lesbian IPV which adds to a barrier for seeking help. The stigma that has been placed with IPV has underscored the real issue that does occur in some relationships. It was reported that more violence is likely to occur with the lesbian community in different forms versus that in the heterosexual population.

Irwin (2008) documented 21 accounts of victims of intimate domestic partner violence and reported how victims were more than likely to talk with their friends rather than their families because some of them did not know about their relationship. In addition, the victims had feared the discrimination or outing of the gender of the batterer which suggests why there is silence among the victims. The interesting reported facts about the abuse was how some of the women believed that they were just in a normal lesbian relationship and did not associate the abuse as with a heterosexual domestic abuse. This can be the reverse reported by agencies that may seem to come across as homophobic because they assume the batterer is a man. This can create doubt in the victim as the abuser in the lesbian relationship does not follow the normal procedures of the agency or organization that had been sought out after. It is important to point out that the women in the study had reported some first time relationships and thought the violence was part of the relationship struggle (Nurius, Macy, Nwazbuzo, & Holt, 2011).

Duke and Davidson (2009) argued how the laws that are in place may make lesbians weary of seeking help for their abuse. For example, LAMBDA, an agency that supports and advocates for the lesbians, gay men, bisexual women, and bisexual men population discussed how some states specifically call out abuse is considered between a man and a woman. This in itself calls out why lesbian victims do not disclose their abuse.

In addition, lesbians may face opposition and professionals may become homophobic or have negative attitudes because they have certain types of funding sources that do not include for the lesbian population. In some states there is not a way to file any charges against the abuser which may cause reason for doubt in the system to help them. The victim may be so closely connected to the LGBT community that they are feared to seek help (Rogers, Emanuel & Bradford, 2003).

Madera (2010) asserted how lesbian victims can struggle with their sexual identity in a numerous of areas which can impact how they have to suppress their feelings in certain situations. This is why it is important to understand and help change the resistance in agencies and mental health providers and inform them of acceptance of the population.

According to the research help-seeking can be affected by a number of variables. Resistance from seeking help stems from community acceptance to familial acceptance of identity. The victim of the abuse struggles with identifying and being motivated to seek help depending on their current social and psychological state (Duterte, 2008).

The normative resource theory. According to the normative resource theory the partner with more power and resources impacts the help that a victim receives. For example, the victim may not have a job or money and this variable could be factor in seeking help. The victim may appear dependent on the abuser in the situation. The normative resource theory was used to help validate victims that had certain material resources and support systems that abuse was not repeated. The research argued how information found in empirical studies or research with lesbian violence can be used as a

guide to help those service providers that work with them. In addition, a research study indicated how women that have more resources financially had the ability to leave an abusive relationship. A review of 265 women that were victimized in their relationship reviewed how in a two-year pattern how those with less quality of life financially had a harder time with getting involved again with someone who abused or they went back to their abuser. In addition, those with surrounding social support were able to move forward with charges or find additional help to end the abuse. The support system acted as an additional form of help assistance towards finding something to escape the situation (Goodman et al., 2005).

Victims who are concerned about financial responsibilities and economic hardship could be challenged with deciding whether to seek help. This particular barrier could be researched further to determine if providers or agencies have programs to provide assistance to victims in this scenario (Hien & Ruglass, 2009).

The barriers model. St.Pierre and Senn (2010) argued how the barriers model explained why the help-seeking behavior occurred with lesbian abuse victims. The research presented how there are four factors of why there are external barriers to seeking help from an abusive relationship. The barriers model depicted four layers including: Availability of services, the social or familial barriers, psychological trauma from the abuse, and either witnessing abuse as a child or had been re-victimized.

The first level of the model discussed barriers that exist for the victim in their current environment. There may be limited resources and availability of knowing how to access services. The abuser may threaten the victim thus delaying the response to receive

or find help which is needed. The second level of the model discussed how perceptions of the familial role and responsibilities hinder the victim from seeking help. For example, the cultural expectations of the victim may hinder the decision to seek help and cause exposure to their family. The victim may feel responsible for the abuse and want to keep their abuse silent from friends and family members (St.Pierre & Senn, 2010).

The last two layers of the model discussed the emotional and physical consequences of the abuse of which happened. The victim could isolate herself from friends and feel ashamed so they do not seek help. The emotional trauma may be overwhelmingly difficult for the victim to relive or the victim has become depressed. The last layer that becomes a barrier for seeking help is if the victim was previously abused or neglected. These factors come into play from seeking help because the victim may be accustomed to this behavior. In addition the victim may have been neglected as a child and needs the abuser around in hopes they do not feel neglected again (Grigsby & Hartman, 1997).

IPV

The CDC (2011a) reported on a yearly basis there are around 8 million cases of IPV. Not all cases are reported to authorities or agencies. Each year there are over 2.5 million men that are abused by a partner in contrast to 5 million women which are victims of intimate partner abuse. The CDC describes basic behaviors such as physical violence, emotional abuse, threats, and sexual violence that roll up under IPV.

Bornstein, Fawcett, Sullivan, Senturia, and Shiu-Thornton (2006) asserted that IPV happens across all of the genders and cultures. The violence is not discriminative

across different cultural and ethnic groups. The prevalence for transgendered individuals and IPV is high. The rate for which was reported was around 50% who had been abused sexually or physically by a partner. This percentage may be higher as there are not a lot of studies and or research reported on this population because they may feel threatened for reporting to agencies and other resources.

The National Coalition of Anti-Violence Programs (2009) reported in their survey of 3856 participants that 4.3% were reported survivors of IPV and were transgendered. This is substantially lower than the 50% women and around the other 37% that were men who reported abuse by their partners. Of the men and women who reported the intimate violence there were 31% that were gay, 26% lesbian, and around 10% that were heterosexual. Out of the 3658 participants reported in the survey there were only around 10% of them who reported services that were utilized to help their situation.

IPV statistics has been reported through various channels indicating that IPV is an issue that must continue to be studied. The National Resource Center on Domestic Violence (2007) reported how the lesbian population is more than likely understated when it comes to reporting their abuse. Only 11% of over 3300 respondents in nine different vicinities of the United States reported as being physically assaulted or coerced sexually by a partner in a relationship. The National Coalition of Anti-Violence Programs 2009 reported how even though there was an increase in the number of cases reporting partner violence there are less funded programs to address these issues. These programs however are needed to help increase efforts to advocate for policy changes and relief

services for lesbian victims of abuse (National Coalition of Anti-Violence Programs, 2010).

McClennen et al. (2002) asserted that same-gender partner abuse has developed into an issue that impact about 30-35% of lesbian couples. The lesbian victim of violence and the community continue to hold resistance among if abuse really exists. The study conducted by the authors acknowledged over 35% of abuse victims had been exposed to abuse on an on-going daily rate. A power imbalance in the relationship was a significant factor in seeking help in the community for the abuse. Loss of power in this research was explained by losing control of the dependency one partner may have as the other partner seeks independence. For example, as one partner becomes independent the dependency on one partner decreases thus causing a power imbalance. The abuse victim suffers in numerous forms of abuse such as emotional, physical, and sometimes sexual abuse.

Lesbian IPV

IPV between lesbian couples and in relationships has been around for years however the research conducted is minimal. Violence considered includes sexual violence such as forcing oneself on another, sexual activities and force, and activities that make the victim feel forced or harassed in a sexual manner. For the purpose of the research study sexual violence is considered in the context of sexual activity and violence that occurs in a sexual manner towards the other party. Self-reports and literature has been understudied because of the lack of empirical evidence provided from these instances (Gilroy & Carroll, 2009; Helfrich & Simpson, 2006). Gilroy and Carroll (2009) asserted how lesbian sexual violence is suppressed by people and thus causes some of the

ideas of why abuse is not widely publicized between the lesbian population. The authors presented research on two cases of women that had experienced same-sex sexual abuse. In one particular case the victim was victimized in her support group. This opens up another door for this population as professionals not experienced with the women to women sexual violence may not be able to recognize the difference between the abuser and the victim. The scenario in this case is an example of the detrimental experiences the victims suffer. In addition, one victim had been victimized twice which made the victim feel as if she was doing something wrong. When she sought help the first time empathy was given to her from friends and family. The second time the incident happen it was as if it should not be talked about again.

The lesbian population has experienced oppression because of social, moral, and religious standards. The lack of equal laws and rights for the lesbian population has made the group cautious of becoming to open about their lives. Women are historically considered to have the soft-spoken behaviors and mannerisms in the heterosexual norms any behavior outside of these norms would be seldom considered. The prevalence and idea of abuse between women challenges this norm and even poses a problem for agencies that provide support services for victims (Helfrich & Simpson, 2006). Another challenge to this phenomenon stems from understanding why women would abuse other woman in a relationship whether it is a short-term or long-term course (Renzetti, 2005).

The challenge of accepting that violence occurs between two women is one that is not accepted across all dimensions. The cause of the violence has been often speculated by the role the woman plays in the relationship, dependency, and power control in the

relationship. Historically the acceptance of lesbian abuse has been silenced because of little reports and information from victims. The social norms and the mainstream of the heterosexual culture have overpowered the need for literature to be produced (Murray & Mobley, 2009; Sorenson & Thomas, 2009).

Lesbian IPV historically has not been researched to an extent as to why cases are not reported. Society and agencies that support IPV victims have not been accustomed to the realization of this epidemic between lesbians because of their soft-mannered behavior. Societal, cultural, and legal perceptions become challenged with same-sex violence (Renzetti, 2005; Sorenson & Thomas, 2009).

Limitations of the Literature on Lesbian IPV

Little (2010) argued lesbian sexual abuse has received little attention over the past years because this is commonly ignored by the legal system and community help providers. The literature by Little (2010) reported that less than 10% of victims suffered from physical partner abuse while more than 30% suffered from mental abuse. The studies are often hard to compare to previous research because of different assessments used and variables such as concrete data collected from abuse victims. The rate of violence is hard to validate because not all victims will come forward and report the abuse.

Lesbian partner abuse has been obscured in literature because there is little discussion about the topic in communities. Some communities do not discuss the issue or downplay the problem because of the irrelevance to the heterosexual population. The literature suggested how the statistics around partner abuse in lesbian relationships has

been difficult to capture because of the varying factors that influence the studies from a data perspective. In the research which has been reported the lesbian abuse is prevalent among the population and is as common as lesbian, gay men, bisexual men, and bisexual women violence. The research posited how violence and abuse may become increasingly more frequent the longer the relationship continues (West, 2002).

Community Support for Victims of IPV

The CDC (2009) in conjunction with strategic state coalitions and Delta Focus have implemented programs to help at various levels with IPV. These programs consist of early education curriculums to understand why behaviors exist and are developed by abusers, developing programs to help with taking an initiative in providing safe services for victims of abuse, and working with organizations to identify patterns of abuse with employees. One of the resources implemented by the CDC is the National Sexual Violence Resource Center which helps to advocate for protection of victims and communities where resources are highly warranted.

The National Coalition of Anti-Violence Programs (2009) discussed how agencies, police protections, laws, and support is centered on the heterosexual population. Agencies and the language of the laws explicitly are detailed to help victims who suffer from the abuse. Shelter workers have been trained and have experience working with the heterosexual population. The heterosexual population has the ability to seek protection in most of the states from a legal standpoint.

The prevalence of calls to police in regards to partner abuse are fewer in number than the heterosexual population. Sorenson and Thomas (2009) reported that the National

Incident Based Reporting System database indicated that less than 1% of the results reported having told police about the incident. This is significant in that the gay and lesbian population did not seek these types of services to help the abuse. The results of the study indicated that societal agencies and supporters are more adapt to understand and work with the heterosexual victims because they are trained to help the majority of the population which in this case is the heterosexual group.

When working with the heterosexual population the agencies, police, and shelters staff are trained to identify the perpetrator of the abused and the victims are asked to discuss their feelings and emotions. However, in IPV involving the transgendered, gay, bisexual, and lesbian population, staff members treated the situation differently. For example, the staff identified in the study was more inclined to leave the situation alone and encourage the victim to leave the relationship. In addition, the survey respondents indicated that both the perpetrator and victim are blamed for the abuse in a non-heterosexual relationship (Sorenson & Thomas, 2009).

Community Support for Lesbian IPV

Simpson and Helfrich (2005) argued how there are not enough resources around and visible which can often turn away victims of abuse. There are only around 30 agencies that are specific to helping with lesbian violence in the United States. Shelters gear assessments and questions toward the heterosexual individual. Their study included interviews which were transcribed to identify potential themes related to limitations in the laws for lesbian IPV victims. The information presented was important according to the

authors because the interviews were used to help discover any limitations in education, legal, and social laws to help the lesbian victims of abuse.

Investigating lesbian sexual violence is pivotal for several reasons including education and prevention of lesbian violence. The literature presented how employees in agencies can help with the issue of violence by advocating from an employee and local representative perspective. For example, American Airlines was crucial in supporting the education on lesbian violence in a particular region. These types of issues can be supported by internal forces coming from the employees. External forces such as local businesses in the area that support rights for lesbians are another strong ally. This helps draw other organizations into areas where they feel should be supported and the business is a strong external advocate for an oppressed population. The research indicated how unsupportive companies do not allow disclosure as a choice. This in turn hinders whether a victim will reach out for help (King & Cortina, 2010).

VanNatta (2005) argued that victims of lesbian sexual abuse may not seek help because they have experienced issues in the past or they do not fit the normative population. Violence inconveniences the victim and shelters which are not supportive of the lesbian community could impair the situation even worse. The literature presented show how agencies use the normal approach to helping the victims which does not apply to the lesbian population. The lesbian victim could get shuffled around or misguided because there is no standard approach for treatment and help for the population. Agencies work off of the standard heterosexual model of abuse. This means the agencies try to

support the aspect of lesbian victims however they still use the standard model of practices guided by the dominant population.

Irwin (2006) suggested how providers and the legal system will gain more acceptances by reviewing their policies when it comes to helping lesbian relationships. This review will help to identify and analyze any challenges or holes from which would block them from the help needed to leave the abusive relationship.

Research conducted by VanNatta (2005) posited how there is currently no shelter in the United States that specifically only works with lesbian victims of violence. This makes the issue more difficult for lesbians to find a place where they believe there would be comfort and there are no employees that they may know onsite. The issue of deciding to seek help creates confusion and also desire at the same time to obtain help. However, for many victims there is a crucial screening that they must partake in to get the help. The set of questions used and the high level of detail may keep a lesbian from continuing on to get help. Essentially if there is no support agency for lesbian this creates a discomfort as the victim not only has to disclose the abuse but also the individual responsible for the violence.

Merlis and Linville (2006) argued how the first significant place for women who were abused was in the early 1970s and established in the country of England. The issue for the same-sex domestic violence is one that is unique because the lesbian violence tests many of the theories that are in place about domestic violence across genders. When a woman is abused by another woman the abuser may often be labeled as the one taking on the "male" role because men are more common to abuse in heterosexual relationships.

The researchers, Merlis and Linville (2006) conducted a qualitative study with 15 participants who worked with domestic violence victims for a minimum of two years. The data collected captured themes on lesbian communities where help is available, but who are still struggling with trying to get and keep services in line with their needs. The service providers in some areas have been educated but they perhaps may not be completely up to date. Thus, there is importance in understanding stories and context from the victims to help modify the services based on some of these examples.

Barron and Hebl (2010) presented how external factors such as organizations can play a vital role in the integration of discrimination against the lesbian population. This is because larger corporations can influence the way the communities change their behavior and outlook on proactive approaches to bettering the community. One example cited was a change in the Dallas Fort Worth area with an executive of American Airlines speaking out to help support the LGBT community. The city passed a law which helped to reduce the negative behavior and attitude of the surrounding community. In addition information is necessary to further help the change of behavior by not stopping with handbook changes or training for this population.

Barriers in Help-Seeking Behaviors

The prevalence of sexual abuse or violence is hard to capture because not all cases of violence are reported in the demographics. This phenomenon stems from the same reason why victims do not seek help from agencies, shelters, and other organizations. A report by Turrell and Hermann (2008) was examined reviewing agencies and

organizations around the United States to determine if a victim did seek help from an agency or organization if they would be able to help the victim.

Out of the agencies surveyed above 90% of them responded that they would be able to help lesbian victims however pertinent material or training to help them was only found in less than 10% of the places. Even though victims reported how having agencies applicable for the population there are additional fears of knowing someone at the agency or organization that would disclose the issue to a known party. The accounts researched in the study reported on how the lesbian abuse victims may seek additional help if they work with a lesbian domestic abuse support group in the beginning where there is no fear of biases or known people in the organization. The research conducted used a qualitative approach surveying the (n = 11) participants (Turrell & Herrmann, 2008).

Hien and Ruglass (2009) reported how even though abuse occurs in a partnership there are other barriers that impair the victims from seeking help. One of these barriers includes the current psychological trauma that the victim has suffered. Women in abusive relationships could suffer from psychological disorders hindering them from seeking help for their abuse. The victim may not have the resources to seek the help or are depressed which impairs the motivation process to seek help for themselves.

An additional barrier for seeking help from the victim's perspective is not having enough funds to break away from the relationship. The abuser is oftentimes the main financial resource in the relationship. This barrier may cause the victim to make a decision against their well-being to stay in the abusive relationship. The abuser may

threaten the victim with the caveat that the victim will no longer have access to accounts or money for future purposes (Hien & Ruglass, 2009).

Women who have experienced multiple oppression factors may not seek help from their abuse as well. For example, a Hispanic woman who is in an abusive relationship may not seek help because of the different expected societal views of how the Hispanic woman is viewed from a cultural perspective. The woman may feel external pressures from family and cultural views that hinder the victim from seeking the additional help to be removed from the situation (Hien & Ruglass, 2009).

Legal policies and the court system are deterrents when it comes to IPV experienced by women. Hien and Ruglass (2009) reported that women tend to look the other way when it comes to pressing charges because their lack of faith and discrimination with the legal system. Victims fear of retaliation on their life and lack of protection because proper legal policies are in place for their unique situation. In addition proper protection is not provided in serious situations which may be life-threatening.

Social, legal, and cultural perceptions become obstacles for lesbian victims of abuse. A struggling victim may potentially be at a crossroad when determining to seek help for their abuse. The victim's values are challenged and how the victim believes they will be treated when they seek help from shelters become a deciding factor in seeking the help (St.Pierre & Senn, 2010).

Providers and Perspectives on IPV

DeKeseredy (2006) argued how sexual violence should not be ignored just because it is not brought up in the literature as often as emotional and physical abuse.

Sexual violence can be in the form of using weapons against the genital area or forcing sexual acts onto a victim in the relationship. The literature mentioned empirical facts with content using qualitative methods reporting the importance to get the voice of the victim out into the community. Because the area is limited in depth of experience and years the qualitative aspect reaches beyond a set of survey questions. The qualitative approach allows the victims to tell their stories and experiences from a victim's perspective.

Burke and Owen (2006) posited how sexual violence is difficult to determine in lesbian couples because there are two people involved of the same gender. In addition, training has to be provided in order to determine who the abuser versus the victim is in the scenario. The literature presented how there are not enough information or resources available to help victims in these situations. The research offered some potential barriers such as local laws and the protection rights in a domestic violence situation. Their research suggested how involving politicians and support groups will help openly allow discussions for these issues.

The research presented in a study with mental health professionals ($N = 165$) that over 65% have some type of homophobia. This is disappointing as some of the primary places where victims obtain help are through agencies and shelters. However, this research indicates the need for change to occur because not allowing help to these lesbian abuse victims can become very serious. Ignoring these issues and not learning about them opens the gap for further issues with this population. The frontline of the defense for these victims are shelters and agencies hence if there is a poor level of service then this discourages the victims because they may not be working with individuals who have an

interest in helping them in their situation. In the agencies or organizations where they primarily work with heterosexual couples there is the need to increase awareness on how to handle the lesbian victims. In the research reported crisis workers struggle with working with these populations because it does not follow the standard "male" and "female" relationship (Brown & Groscup, 2009).

VanNatta (2005) argued how shelters can even hinder the individual if there are group sessions to discuss the abuse. This is because the group sessions would require that the victim disclose not only their sexuality but the experience of the abuse as well. Other group members may not understand the relationship and even question if the victim is actually a victim because of their sexuality. Oftentimes there is also a question as to who is the victim in the scenario because the advocate does not know how to screen appropriately with this population. The author noted only about 30% of agencies understand how to work with this population and also have material to help advocate for victims. Service providers have also mentioned how some victims are afraid of the legal system because the region they live in does not respect the fact that lesbian, gay men, bisexual men, and bisexual women have equal rights.

Lesbians face certain limitations in a number of service areas. For example, the researchers Helfrich and Simpson (2006) pointed out the discrepancy in language, when lesbian victims are admitted because of sexual violence, in urgent care centers. The language can be detrimental because it reinforces the language used between the heterosexual population (Helfrich & Simpson, 2006). Another example, of barriers that lesbians faced were because of where the services were available to get the help needed

away from their batterer (Helfrich & Simpson, 2006). As noted by Helfrich and Simpson (2006) all service providers and shelters do not provide service to lesbians and mainly focus on male perpetrators. It may be even harder for lesbian victims who depend on their partner for money or transportation to see the help needed (Helfrich & Simpson, 2006).

Provider Perspectives

The level of service from providers stemmed from their awareness level. Professionals interviewed who worked with domestic violence victims had varying levels of awareness (Merlis & Linville, 2009). Professionals either denied the reality of same sex domestic violence, had opinions about how IPV only occurred in a heterosexual community, or those situations where employees had experience working with lesbian IPV victims (Merlis & Linville, 2009). In lesbian communities the research reported there was a level of understanding for victims of sexual violence if they were in a lesbian community. The research in Merlis and Linville (2009) asserted how providers still struggle with the fact that women can abuse each other and become so serious where they would need to seek out shelters. The research and results conducted included how the providers had provided feedback on various barriers such as the ethnicity and where the shelter or service was provided. Certain ethnicities prefer to seek help from shelters where they are represented from a cultural perspective (Merlis & Linville, 2009).

Brown and Groscup (2009) argued how the results of a domestic abuse vignette proposed and reviewed by each professional ($n = 120$) in the study indicated how they thought same-sex violence was less aggressive than heterosexual domestic violence. The results indicated how the professionals more than likely believe that the lesbian victims

of violence have the opportunity to leave the relationship or the situation. The research indicated how intensive training needs to occur to help change some of the negative feelings and involve workers who are part of the lesbian population to help advocate for these services. The literature asserted how important it is to educate and involve crisis centers to engage with the lesbian population (Brown and Groscup, 2009). The involvement with the lesbian population will allow the crisis centers to build a better relationship in helping the population. Renzetti (1989) represented in a study how shelters, psychiatrists and law officials were among the lowest sought out for help. When the victims did seek the help the information was not considered helpful to them.

Dutton, Kaltman, Goodman, Weinfurt, and Vankos (2005) argued how community service providers and policymakers should be aware of the different levels of abuse experienced by victims. In the study of participants ($N = 406$) there were three levels of victimization. The levels ranged from low psychological abuse to high abuse and high sexual abuse. The need for individualized treatments was argued depending on the type of abuse level the victims suffered from in the relationship. The study presented used both the interview approach and questionnaire approach for those that felt more comfortable using the questionnaire. Results indicated that even though there were varying levels of assistance the average time a victim spent with their abuser was about six years.

These results contradict earlier research presented by Renzetti (1989) which reported in their study less than 60% of the participants were in the abusive relationship

anywhere from a year up to 5 years. The rate of victims that stayed with their abuser was only slightly above 10% for those that stayed longer than five years.

Freedberg (2006) argued how minorities can be recognized by their race or ethnicity however with the lesbian, gay men, bisexual men, and bisexual women population there is no physical characteristics that identify them if they were abused. The research studied and reviewed argued how the myths and misconceptions can lead to homophobic attitudes and could impact how the professional views the abuse. If the attitudes cause a change in the professional's behavior then this becomes a social issue which causes psychological and possible physical consequences of not treating the victim. Freedberg (2006) discussed how if the victim feels comfortable enough to disclose their sexuality with a professional or support team then they could more than likely discuss their abuse with the person.

There are service providers who believed that heterosexual domestic abuse is looked upon as being worse than the lesbian victims of abuse. Therapist accounts have been reported advising some victims of abuse to have couples therapy versus the typical heterosexual victim not being advised having couple therapy (Poorman, 2001). However, this approach can be ineffective and cause more harm to the victim because the batterer may become enraged with the victim and may potentially silence the victim for good. In addition, there is not a lot of information reported on how the legal system has helped the abuse victims. In addition, research has been conducted on service providers indicate how some have not had training on working with lesbian abuse victims or may have had just a few courses (Poorman, 2001).

Providers do play a significant role in the protection and assessment of victims of lesbian abuse. The criticality of their role is another increasingly strong indicator of why providers need to ensure proper awareness and training is provided to help the victims. The ability to understand the aspects of a lesbian sexual abuse victim is significant to improve future provider awareness (Simpson & Helfrich, 2005).

Potential Themes and Perceptions

Themes and perceptions in the literature review uncovered barriers of help-seeking behaviors of victims and provider perceptions. Providers have the opportunity to uncover any biases in the mental health system and are authorized representatives for administering assessment. In the literature review there is support for the need to understand why there are still gaps when providing help to lesbian sexual abuse victims (Coleman, 2003; West, 2002).

There was a need to research and assess current potential themes that hinder the process for a lesbian sexual abuse victim. Identifying provider perspectives on treating lesbian victims and uncovering if providers are consistently accepting victims at their agencies is important (Hien & Ruglass, 2009). Analyzing and interviewing feedback from providers is important to improving the quality and effectiveness of the care. A potential area of exploration is determining how the providers are educated about the population and perceptions of proper treatment. Another area of exploration is to understand if once the victim does seek help from a provider is the provider equipped to help guide the victim and whether the appropriate action is taken (Hien & Ruglass, 2009).

An important factor such as the provider level of involvement serving the lesbian population is a factor of understanding the treatment level necessary to help victims. Service providers must be competent in treating lesbian abuse victims. Staff members who are not competent may impact the satisfaction level of the victim. Perceptions of supportive and competent providers can influence victims seeking help. Reviewing these themes and perceptions will help drive to understand if the satisfaction level of a victim is met (Simpson & Helfrich, 2005).

Research Methodology

The qualitative, quantitative, and mixed methods approaches are critiqued to inform the audience of the level of interpretation of the information driving the research to be presented. Each of the different types of methods described leads the way for the outcomes desired by the research and data to be collected. All of these methods collect data and provide an analysis to be used in research (Creswell, 2003).

Quantitative methodology uses surveys, questionnaires, and statistical tools to collect data around a specified theme or set of themes. The researcher has predetermined variables to test a theory and generates predictions in the form of hypotheses (Creswell, 2003). The quantitative approach provided accurate information pinpointed on the specific information the researcher seeks to analyze. The data can be used to drill down to specific trends and provide a reason why a particular effect happens (Creswell, 2003).

The qualitative methodology uses accounts, narratives, or theory to determine a more in depth look or review a particular experience (Creswell, 2003). The experiences are grouped and analyzed to determine if there are additional key ideas which should be

reviewed (Creswell, 2003). According to Creswell (2003) the different inquiries provide experience and seek understanding for the variables being researched. The strength of this approach is the deep dive into the life and worldview of the people involved in the experience (Creswell, 2003).

A mixed methodology approach combines the strengths of both the methodologies. . The data collected from a quantitative approach can be validated from the qualitative aspect by inquiring about more information and reviewing additional themes. In addition, this design uses the strength of both methods to draw correlations while providing documented themes from participants studied (Creswell, 2003).

The interviews conducted with the providers and with those in the supportive role to the lesbian IPV victim helped to discover and explore all the barriers to seeking help and conceptualize the treatment process when help is received. Applying an interview with the service providers and with those in a supportive role allowed for content review and additional items to be investigated throughout the research.

The collection of the qualitative data in the research study was substantiated because of the strength from the methodology. The interview results from the participants as the key informants did uncover barriers and issues in various forms. The use of this methodology increased the validity of the results and provided a good source of information to share with key stakeholders (Creswell, 2003).

Significance of the Research

IPV is prevalent among the lesbian population and is not reported as much as in the heterosexual population. Service providers do not obtain the proper training necessary

to service the lesbian victims of abuse. Hien and Ruglass (2009) reported the CDC is taking action on research and reporting for IPV. The rate of IPV is prevalent in our society and is often underrepresented in statistics because oppressed populations like lesbians, gay, bisexual, and transgendered groups may not come forward to report the violence in all cases. The significance of IPV has been elevated in various levels such as the local government, nationwide research resources, and in the health professions.

Further research and education on IPV in general will help to train professionals on how to better serve the lesbian population and uncover boundaries impacting the population from seeking help. IPV potentially creates mental health problems stemming from the abuse and examines the competence of professionals working with the victims. Future decisions on policies, laws, and assessments for lesbians who experienced IPV will be impacted by effective awareness of societal implications (Hien & Ruglass, 2009).

The significance of addressing this epidemic becomes a task for everyone involved in working with the lesbian population affected by abuse. Proper measures implemented will allow an opportunity for a decrease in the percentage of victims impacted each year (CDC, 2011a). Another important aspect of addressing this issue is determining the behaviors that motivate the abusers to take an active part in the violence. There has to be a way to address and monitor how our society can improve and teach the public to recognize these behaviors (Bernhard, 2000; McClennen, 2003).

Summary of the Literature Review

Barriers and help-seeking behavior play a role in lesbian sexual violence and in order to improve or seek to increase awareness these must be identified. VanNatta (2005)

reported on the fear of being shuffled around by agencies because there is not proper education on treating the lesbian population. In contrast, Irwin (2006) and Hien and Ruglass (2009) determined legal implications and policies could hinder lesbian victims from seeking the proper care and safety from their abuse.

Barriers that are common across the literature dictate how a victim's culture, socioeconomic, and fear of being outed are attributed to not seeking help. In addition, there are barriers such as comfort and availability of agencies treating the lesbian victim (Freedburg, 2006). If there is no availability of agencies for lesbians to seek help then the epidemic stays consistent year over year. The research provided accounts of lesbian victims of abuse from a narrative perspective and through the use of surveys. Both of these sources provide substantial and valuable information to promote suggestions to improve resources for this population (Simpson & Helfrich, 2005). Brown and Groscup (2009) identified attitudes towards the victims' impact the level of care provided to the victim and there is a fear from both sides because of bias or discrimination.

St. Pierre and Senn (2010) discussed research to support why the barriers model provides a strong understanding of the challenges lesbian victims face. The barriers model presented four levels of the different thought processes and angles on which victims associate with which impact them from seeking help. Goodman et al. (2005) reviewed how the normative resource theory implies if resources are threatened then there is a decrease in options to seek help.

Chapter Overview

IPV is prevalent in society today among all cultures, races, and genders. The statistics indicate women are at higher risk for IPV according to the CDC (2009). There have been substantial arguments over the exact statistics for IPV from multiple sources. However, what is apparent is the underrepresentation of lesbian intimate partner victims who are sexually abused. In one survey conducted by The National Coalition of Anti-Violence Programs (2009) 26% of a population just under 4000 represented lesbian victims.

The lack of sufficient research of lesbian violence can be attributed to the minimal years of studying the lesbian population. Many of the research studies are conducted using narrative accounts from victims or providers in designated states. Providers and victims indicate historical reasons for not seeking help due to fear, discrimination, availability of resources, and cultural values. The literature provided here within the chapter provides various accounts of current barriers and gaps in researching lesbian violence (Simpson & Helfrich, 2005; Speziale & Ring, 2006).

Community support for the lesbian victims may be extinct in areas in different rural areas. In contrast, in communities where the lesbian population is accepted the fear of knowing someone from a shelter or agency can be intimidating for the victim. The victim may feel as if their abuser may know people who work at the support services or will find out about the help that is being sought out (VanNatta, 2005).

The analysis of qualitative study was reviewed in connection with the proposed research on lesbian violence. The desire to understand provider perspectives and

subsequently substantiate the themes with individuals in a supportive role was to provide tools necessary to serve the needs of the victims to the personnel involved.

In Chapter 3 the research design and method are introduced along with the questions that are being addressed. The recruitment strategy involved snowball sampling and looked to participants who were at least 18 years of age and located in the United States. The data collection process is discussed and the way participants will be kept anonymous are presented. Verification and data checks are verified by participants for accuracy throughout the research. Rich and descriptive details are captured to give strength to the collected results.

Chapter 3: Research Method

Introduction

The study explored service providers and support individuals' perspectives on barriers to access services for lesbian IPV victims. The lack of information in the literature on lesbian IPV victims created additional questions about the help-seeking behavior of victims. I compared responses from these key informants to further understand any barriers that were preventing lesbian IPV victims from seeking help.

In Chapter 3, I identify the research methodology. Creswell (2003) indicated the importance of selecting a research method appropriate to answer the research questions. An importance of the qualitative approach is the foundation that allows for additional inquiry into understanding why certain experiences happen. This study explored information from the narratives of providers serving the lesbian IPV victims. Information from those in a support role to the lesbian IPV victims was also explored. Hence, I based this research on the qualitative design, which is significant and appropriate for the inquiry into lesbian help-seeking behaviors.

The qualitative research design allowed for additional inquiry using the interviews with the sample population. I identified these individuals as having experience supporting a lesbian IPV victim. Sample size included 13 participants for the interview process. I review the research questions in the chapter along with the criteria to meet the standard of ethical care to participants. In this chapter, I include the specific strategies for the research design, sampling techniques, ethical guidelines, and protection of data collected.

Research Design

A qualitative design was appropriate to explore providers' and support individuals' perspectives on lesbian IPV victims. The qualitative design allowed for an in-depth understanding of the barriers to help-seeking behaviors.

This research study was a qualitative study examining the barriers that lesbian IPV victims faced from a provider perspective. There were two groups interviewed for the qualitative interview process. The first group interviewed was the service providers. The second group I interviewed was those in a supportive role to lesbian IPV victims. The providers were considered the experts in their field while the individuals in a support role were identified as being close to a victim. Once the interview process was completed, I analyzed the data and began to identify trends. These trends helped to determine significant differences of provider perspectives versus individuals in a support role. I was granted approval to conduct research with the IRB approval number 05-30-13-0055130.

Research Questions

Qualitative interviewing answered the following central research question: What are the barriers to help seeking behaviors for lesbian IPV victims according to service providers and individuals in a supportive role to the victim?

Specifically, this qualitative design addressed the following research questions:

RQ 1: What are the barriers that lesbian IPV victims encounter and how do IPV victims describe their help-seeking behavior?

RQ 2: What are the variations of themes mentioned by the providers versus those in a supportive role which explain why lesbian IPV victims do not seek help?

The interview guide in Appendices B and C allowed for additional inquiry to determine other information needed to identify gaps in helping the lesbian victims.

Instrumentation and Materials

The instrument for the qualitative approach was predetermined interview questions. The questions conducted a specific inquiry into potential barriers from a provider perspective and also incorporated questions about help-seeking behaviors of lesbian IPV victims based on the sample's knowledge of experience. The interview questions are available in Appendices B and C. Complete description of the interview answers and coding of specific themes and trends will be in Chapter 4.

Qualitative Methodology

Setting and Sample

I recruited participants via various resources for the research study. Population for the sample came from the United States at various shelters and agencies where IPV victims have been treated. Participants in the population were eligible if they were over the age of 18 years old and worked with lesbian IPV victims in the last year. Eligibility qualifications allowed for the understanding of what lesbian IPV victims have been through and treatment in the past.

Recruitment Process

Criteria-based and snowball sampling were the criteria to recruit participants. The criteria-based sampling included criteria of those identified as service providers and

support role individuals who were over the age of 18 years living in the United States. In addition, the individuals did speak English and had experience working with a lesbian IPV victim in the past year.

Service Providers

Service provider communities received a letter of request for participation and an abstract of the study via e-mail (see Appendix B). I e-mailed the letter of request using the Walden e-mail account. Any interested parties at the sites were asked to e-mail me back to participate in either a phone interview or an in-person interview. I obtained site approval for any in-person interviews.

Support Role

I recruited individuals in a support role using the service provider sites as a source for the research posting. The Walden Participant Pool was a source for data collection as needed. Flyers were presented at these sites with prior approval to recruit individuals who met the criteria of support role individuals. Interested parties e-mailed me back to discuss the study. The Walden e-mail account was the primary messaging system.

Informed Consent

The research study was explained to the participants in the study. There were separate informed consents for service providers and one for the individuals identified in a support role. Informed consent and debriefing on the interviews both occurred. Participation was open to both women and men working in the United States. The expectation was that more women would take part in the research study.

The Role of the Researcher

I collected qualitative interview questions to generate data in the open-ended-format to elicit comprehensive responses from the providers and support individuals. Open-ended questions were estimated to take up to 1 hour of time to answer.

The predetermined interview questions were approved by the committee chair in advance. All of the participants described and narrated their experiences with barriers of lesbian IPV victims in seeking help.

As the researcher, I had 5 years of interviewing experience with open-ended questions in a corporate environment. I had no experience working with lesbian IPV victims in the past. I have been interested in learning how to advocate for populations that may be underrepresented in vulnerable populations. I hold professional and personal relationships with members of the lesbian population.

I knew past victims of lesbian IPV limited to verbal abuse. However, current friends have been in situations at some point in their lives where an event labeled as abuse has happened to people they know. I was trying to bridge the gap and understand why victims do not seek help for their situation and at the same time trying to understand if there was any information that would provide a viable option for victims to seek help.

In order to reduce my own biases as the researcher, I made efforts to establish rapport with the participants through the initial visit. Validation of the data occurred through the use of rich descriptions of the interview answers and member checking of the statements captured. Analysis of the sample statements captured by the participants

insured the information summarized was what was stated during the interviews. This helped to validate and insure the data were free of potential biases.

Participants

The research study utilized criterion and snowball sampling in the United States for the selection of participants. All of the participants worked with lesbian IPV victims in the past. Participants in the study didn't receive any compensation for participating and agreeing to the research study. Population was recruited from contact with shelters serving IPV victims. Research in Chapter 2 had indicated sample sizes ranging from six participants in the study presented by Simpson and Helfrich (2005) to 77 in the study conducted by Renzetti (1989). A sample size of 20 was originally chosen to be appropriate for the research study to reach saturation. The sample size was adequate to identify the themes from the interview responses. The actual sample size that was achieved was 13.

MacCallum et al. (1999) determined how sample size of a research study is strongly dependent on other factors of the study. Small samples are just as acceptable in research as large samples. In a research study conducted using a qualitative method Simpson and Helfrich (2005) interviewed six providers which deemed to be significant and provided the saturation needed for the research. Research conducted provided comprehensive accounts from the respondents adding an extended view into issues with lesbian IPV. Irwin (2006) interviewed 21 victims of lesbian IPV. The research conducted allowed for exhaustive accounts of violence experienced by the victims and their opinions about potential contacts to help the situation.

The research study used the sample size of 13 in the interviews. Participants were individuals that had experienced a supportive role or acted as a service provider to a lesbian IPV victim in the last year. Sampling was appropriate given the purpose and the expertise of the participants. All of the participants in the study were experts in their field and knowledgeable about this very specific topic of research. Each of the participants added their expertise and provided in-depth interviews about the research topic. Service providers are experts as they have worked with lesbian IPV victims in the past. Those in a support role are defined as experts since they have personal experience and knowledge of the issues lesbian IPV victims face.

Protection of Participants

The informed consent was available to all participants. Any clarifications were resolved prior to the signing of the informed consent. Participation in the study was voluntary and participants were advised they could drop out of a study at any time. They could stop at any time if they were uncomfortable with the questions pertained in the research study. The IRB reviewed the research study and protection to participants to ensure all Walden University rules protected the participants.

Each participant had a number for the interviews to protect the identities. An analysis of the records are in a fire-safe and locked cabinet that the I only had access to protect the participant's confidentiality. The records will exist for only seven years. There were no known potential issues at this time with discussing the barriers for lesbian IPV victims seeking help from the provider perspectives. In the case where a participant

would have become stressed or upset, necessary arrangements for referrals were made available for the participants.

Data Collection

A sample of eight providers who have served lesbian IPV victims and five individuals that provided support to lesbian IPV victims were interviewed about barriers for lesbian IPV victims. Participants also responded to questions about possible help-seeking behaviors of lesbian IPV victims. The interview helped to guide the participants to discuss experiences from a provider perspective on lesbian IPV victims and barriers for seeking help for the abuse.

Qualitative data collection. Interviews lasted at least one hour of time per participant. A list of set pre-determined open-ended questions elicited responses of the providers and from those in a supportive role to the victim, to discuss the struggles and barriers of lesbian IPV victims. Interviewees each interviewed using an audio device and separately from the other participants. This allowed for complete independence in answering the questions and not their answers would not be affected by those generated by others in the room. The responses had an assigned number in accordance to the sampling strategies to protect the information provided.

Qualitative data storage. The raw data from the structured interviews are kept in the fire-safe cabinet and for at least seven years. The cabinet is a in a secure location where there is no access granted to the cabinet except for the researcher. The data was available for use by the researcher but will not be disclosed by any identities of the

participants in the original study. All structured interviews are coded to protect the individuals of the research. The researcher addressed all inquiries of the raw data.

Verification

Participants in this study served as experts in their area since they have experience working with lesbian IPV victims. The service provider themes were further compared with those that arise from the supportive role interviews.

Creswell (2007) described these two strategies as strengthening the research conducted and provides a data check to ensure accuracy of results which are reached. One of the strategies to data collection and verification of the data is to allow for members to review any notes and information pertaining to the interviews. Member checking were done throughout the interview and at the conclusion. The researcher built rapport with the participants to receive the most honest answers. The researcher restated and re-summarized the responses from the participants. Rich thick descriptions provided additional verification of the data being collected.

Data Analysis Strategy

The strategy for data analysis was to identify the potential themes of the research study and code them accordingly. The researcher used NVivo10 that formulated, organized, and implemented trends that were reported from the data. Data was coded according to key words and phrases and then organized into specific themes. Coding of data that did not fit into the themes or were unique to the research was also identified. Coding of the data into the themes helped to compare the themes identified by the service

providers and by those in a supportive role to the victim answered the research questions of the study.

Procedure for Collecting Data

Once the interviews were completed I reviewed the responses for consistency. I checked the responses to make sure they fit within the guidelines of the research study. When the results were ready for analysis I compiled the results together and completed an analysis.

Dissemination of Findings

The researcher had the desire to share the themes discovered in the research study to help support and be an advocate for lesbian IPV. Since there was a gap in peer-reviewed and empirical studies in this area there is great importance to share the information with appropriate parties of interest.

The researcher expressed interest to share information gathered in the study in a poster session during one of the terms at the Walden University Residency. The poster would be presented to the students attending the Walden University Residency and this would promote Walden's social importance of helping the community. A summary of the findings would be shared to the agencies to be used in guidance for any suggested improvements.

The goal would be centered on what types of education and preparation should be available to increase awareness and increase help-seeking behaviors for lesbian IPV victims. Research findings of the provider perspectives and the individuals in the support role were provided. These findings will help provide steps to bridging the gap of the

variations reported in help-seeking behaviors of victims. Bridging the gap of why lesbian IPV victims do not seek help can point providers down a different path of developing treatment.

In Chapter 4 the results of the research are introduced. There were eight service providers and five support role participants who completed the online survey or interviews. The results introduced summarize the emergent themes that came from the answers collectively. Several themes are presented by both participant types. The results of the participants are presented in categorical themes and supported by interview transcripts.

Chapter 4: Results

Introduction

This chapter provides a description of how the data were collected, followed by a rich description of the results. The chapter contains a description of the participants and the data that contributed to the study. There is also a detailed analysis of the various steps that had to take place in order to collect the data as issues came up with participant recruitment. The chapter ends with a description of the quality of the data collected and a brief summary of the chapter conclusions.

The purpose of the data collection and analysis was to answer the research questions and understand help-seeking behaviors of this population. Specifically, this qualitative design addressed the following research questions:

RQ 1: What are the barriers that lesbian IPV victims encounter and how do IPV victims describe their help-seeking behavior?

RQ 2: What are the variations of themes mentioned by the providers versus those in a supportive role which explain why lesbian IPV victims do not seek help?

The goal of the researcher was to recruit 10 service providers and 10 support role members. I had challenges with service providers not wanting to respond to some of the questions and take part in the study. The same challenges existed with the support role members as some responses came back with only wanting to provide certain information and not answer the questions. Because these challenges did occur, I used the information collected from eight service providers and five support role members.

Eight people were interviewed and five people completed the online survey, for a total of 13 responses. Five of the interviewees were identified as support role members and eight were identified as service providers in the United States. During the phone interviews, I was seated in a secured office where no one else was around. The participants were able to talk freely on the phone and respond to the interview questions as appropriate.

The length of the phone interviews varied from 30 minutes to just slightly over 60 minutes. The phone interviewees agreed to using first names on the phone. All of the participants had turned in the consent form and I asked if there were any other follow-up questions before the interview questions started. All of the participants were advised that they could stop the process at any time with no repercussions. The interviewees were advised that their names would be kept confidential when the information was being gathered and shared. As the information was gathered from the participants on the phone, the content was repeated for valid checking of the answers provided.

Interview Process

All of the participants responded by e-mail or logged in through the Walden Participant Pool and Qualtrics. I had e-mailed the consent form to the participants for those who responded via e-mail with interest. The consent form was placed on the Qualtrics Survey for the online respondents. Electronic signatures were gained for participation in the study. I had called all of the participants that wanted to be interviewed. Rapport was established with each of the participants by welcoming them and thanking them for participating in the study. More in-depth background information

on the purpose of the study was also offered. I had the interviewees answer the same questions, and I also had placed them on speakerphone in order to tape record the answers. Each of the participants answered the interview questions, which can be found in Appendices B and C. At times when clarification was needed on both sides, answers were provided to help define any inconsistencies. Once the interviews were completed, I had manually written down the communication that was taken from the recorder.

Participants

Participant characteristics were not taken at the time of the assessment due to confidentiality and protecting their identities. All of the participants, however, noted that they did live in the United States, were at least 18 years old, and were working with the lesbian population as a support role or service provider. All of the participants involved in the interviews and online surveys had at least 1 year of contact with the lesbian victim experience. Consent forms had all been verified or collected and recorded to follow the protocol of the IRB at Walden University. The participant settings varied and are indicated as in Table 1. Names have been protected and participants are identified with numbers 1 through 13. The associated participant identification of a service provider or support role member was gathered, which guided the questionnaires that were to be answered (Appendices B and C).

Table 1

Interview Setting and Participant Type

Participant	Type of Participant	Interview Setting
1	Service Provider	Phone Interview
2	Service Provider	Phone Interview
3	Service Provider	Phone Interview
4	Service Provider	Phone Interview
5	Service Provider	Phone Interview
6	Service Provider	Phone Interview
7	Service Provider	Online
8	Service Provider	Online
9	Support Role	Online
10	Support Role	Online
11	Support Role	Online
12	Support Role	Online
13	Support Role	Online

Emergent Themes

The analysis and interpretation of the data was done carefully and collectively to insure there was a clear understanding of the participants' responses. The responses were collected and gathered to determine if there were any themes among the questions that were answered by each of the participants. Content analysis was performed in order to achieve a confidence level in the themes developed. Each of the responses was looked at from a comparative view, and words that sounded or were the same were highlighted as evolving key themes from each of the questions collected. Barnett, Bril, Kapral, Kulkarni, and Davis (2014) discussed how content analysis allows for quality organization of key phrases and words to be reviewed in order to develop themes that can be used to highlight qualitative research. Looking at responses related to phenomena requires careful analysis and independent validation of recorded themes.

Themes were collected at a high level and then broken down to subthemes as they began to emerge into other iterations where appropriate. During this time, if themes emerged and did not fit into categories they were still evaluated and discussed as outliers to the collective responses. These are still important to determine if there were limitations for further evaluation of these questions at a later time. The themes eventually became granular and added a clear picture of the themes to be presented in the research.

I utilized an audio recorder to help with the accuracy of the responses collected and helped with looking for key words to develop themes. This level presented by me allowed for complete freedom when checking the results. There were a total of eight respondents for the interview and five respondents for the online survey. The participant breakdown included eight service provider responses and five support role members who participated.

Issues with Recruitment of Participants

The recruitment period lasted from August 2013 to January 2015 as there were initial issues with recruitment for this study. The initial research study was to utilize participants that were only identified as being in the Dallas–Fort Worth area. However, the criteria had to be changed to broaden the area to the United States. In addition to this update, several e-mails were sent back from the population stating no interest in the research or that I had to join a group in order for the group to even consider the request for the dissertation. A Facebook community page was established as an additional recruitment method and for the study to be spread with other members who joined.

I was contacted on a few occasions by those interested in the study; however, they were victims of lesbian violence and thus were not included in the scope of this study. There definitely was a challenge trying to get the LGBT population and those who support the community to participate in the study. At the end of the recruitment period, there were not enough participants that met the initial study requirements. However, there were enough data to have emerging themes between the two groups that had participated in the study.

Support Role Responses on Emerging Themes

Need for Identification of Specific Help for Lesbians

One of the first themes that emerged was related to the identification of the services and resources for victims of IPV. This is important since the participants who responded were those identified as support role members. The participants that had identified as support role members did not have a thorough extent of knowledge about where to seek help for IPV. The beginning of this theme is strong considering that all of the participants did not identify where to get help.

Theme 1: Awareness that there is a need for services to be identified more openly.

Question 2: To your knowledge, what are the services and resources available for a “lesbian IPV victim”?

SRP 1: I do not know of any specific resources.

SRP 2: I have not researched to find resources or services, and am unsure if these services exist for our local lesbian community.

- SRP 3: I have many friends that are LGBT. One of such experience IPV. The resources made available to her were: a) filing a police report, b) filing a restraining order, c) the woman's resource center, d) and counsel to move. These services sound great... but the quality was low. She was stalked, harassed, and threatened for months. Because her mate did not legally cross the line, she was not charged/sent to jail.
- SRP 4: There seems to be a lack of resources available to my friends that in are a violent relationship. I do not know of any place that is easily identified.
- SRP 5: I had a friend that had been hurt and she did not know where to go for help. No known help except for going to a regular shelter.

Problems Related with Recognition of Abuse and Fear

All of the support role members identified in the research study noted that there was fear of seeking help if and when they did identify the abuse in the relationship. Baker et al. (2013) examined how the stigma is still out there that if abuse is reported that they will not be taken seriously. There is also the notion that the report will be anonymous if it is reported to an agency or officials. Recognition of abuse may not be recognized because it may be in the form of mental abuse.

Theme 2: Problems related with recognition of abuse and fear of reporting

Question 6: What are the main reasons the lesbian victims you are familiar with

provide for not seeking help immediately for their abuse?

Question 7: If there are differences, what are the main reasons YOU think, the lesbian victim/s you are familiar with, do not seek help for their abuse?

SRP 1: Afraid to look "stupid" for being with someone like that, or staying with someone like that. Afraid to start over again. I think the victims I am familiar with are not necessarily due to differences, they are the same reasons as everyone else. Not wanting to go through the drama of a breakup and all of the violence/pettiness that could potentially happen.

SRP 2: As fore-mentioned, I believe lesbians in general do not recognize abuse as quickly and might not even realize the abuse is taking place therefore we tend to be more hesitant to search for help. I wouldn't even know where to begin to look for assistance. I believe in both heterosexual and lesbian relationships the excuse that I have heard the most is that they believe that their partners will change their abusive behaviors.

SRP 3: 1) fear of stigmatization, 2) fear of being exploited by the straight population, 3) lack of faith in the straight counseling system, and 4) LGBT pride that endorses them to suck it up and move on. LGBT women pride themselves in being independent and strong. Hence, the majority of

those that I have known over the years state that they don't report IPV since they don't want appear weak. They also don't want to be further victimized by the police if they press charges (if he/she is against this group). Lastly, many don't want to talk to straight counselors about LGBT IPV. They want an LGBT therapist for this.

SRP 4: Afraid to be seen or have partner find out that help would be provided if a place was found. The individual I am familiar with did not want to get help because she was afraid that her partner would find out. Also, she was not aware of the places that were available to help and was a little embarrassed.

SRP 5: Don't want to be recognized as a girl that is abused by another girl. Scared of getting help because of ramifications. This was the first relationship for my friend and I really think she was not aware that the way her partner was with her was considered abuse and that it would go away.

Problems with Unfamiliarity of Community Help and Interaction

Three of the participants were not sure how service providers such as lawyers and police work with lesbian IPV. This was interesting in that there is either not enough education or advertisement of how these outside services engage with this population

- SRP 1: It starts with educating young people on learning how to treat others and what type of treatment they deserve and should expect.
- SRP 2: It is my contention that the general straight population views LGBT IPV as less of a victimization.
- SRP 3: I think the attitude is that it is non-existent. There is not a lot of violence that occurs or is perceived to be occurring.

Safety and Education Awareness

Participants noted that education is crucial when it comes to understanding the violence that occurs in the lesbian community. Safety is also another concern specifically relating to if the partner is a woman and may end up at the same shelter in order to taunt the actual victim. This was an interesting response as this would be different than a regular heterosexual couple. It is possible that perpetrators and victims in same sex relationships could end up in the same counseling program or shelter.

Theme 6: Safety and Education Awareness

Question 10: What are the special or distinct needs of the lesbian IPV victims in contrast to IPV victims in general?

Question 11: If there are special or distinct needs, are there services available to meet these needs?

- SRP 1: There are a few differences that can prove to be much more difficult. For instance, if a victim seeks assistance in a women's shelter, she is not necessarily safe from the

aggressor. Potentially the aggressor could gain access to the shelter by posing to be another victim. There would have to be additional measures put in to help protect the victim.

- SRP 2: They need safety homes that are LGBT friendly. None noted above at the quality level that I have noted.
- SRP 3: There has to be more information for this group and trained professional to work with the group.
- SRP 4: Information and education geared toward our community.
- SRP 5: I think there are many services provided to domestic violence individuals in general but not enough information on the LGBTQ community.

Formal Training and Cultural Competence

Two of the participants reported that cultural competence and language is important when working with lesbian victims. Training is essential when working with this population since there are differences in heterosexual relationships versus lesbian relationships. Postmus et al. (2009) discussed how seeking help is much more beneficial to the victim if there is acceptance by the provider. There has to be sensitivity when it comes to working with someone that has been in an abusive relationship.

Theme 7: Formal training and cultural competence working with IPV victims

Question 13: Do you think there are special instructions and training provided to help the staff on providing services to the lesbian IPV victims?

SRP 1: The only thing I can think of is to begin now using different language when counseling.

SRP 2: I am not sure but there should be training to help staff on this subject.

Finding Support and Access to Help

Three of the participants reported that access to services is important but there may not be information on where to seek help. As a victim one is already suffering and made the decision to seek help but identifying where to find help may be difficult to find. Support role members expressed that there are specific services that are needed in order to help support the differences for lesbians.

Theme 8: How to Access Help and Support

Question 15: Are there any changes you would make or suggest for providing services to lesbian IPV victims from a quality perspective?

SRP 1: Only that we need guidance and support on not only physical, but mental abuse.

SRP 2: They need LGBT: a) counselors, b) interventionists, c) safety homes, d) law enforcement, e) legal advisors, and so forth.

SRP 3: Yes, more information on how to access the help. Again, there is information on straight parties and how to seek help.

Problems with Acceptance to Lesbian IPV

Once again there is a theme that participants noted that lesbian ipv is simply ignored and not discussed. There is a lack of awareness that it does occur according to those who have supported lesbian IPV victims. Hill, Woodson, Ferguson and Parks (2012) noted that the lesbian is oppressed already and then there is a perception that violence among these groups do not occur. It is more or less recognized as two girls sparring and not actual violence.

Theme 9: Acceptance to Lesbian IPV

Question 16: How does the community view lesbian intimate partner violence?

- SRP 1: I think to the general population, it isn't even an issue that they are aware exists.
- SRP 2: Many straight residents in Indiana view it as less of a crime---which is unacceptable!
- SRP 3: It is ignored and not talked about. Again it is something that does not exist or the idea is shunned by people you know.

Service Provider Responses on Emerging Themes

Legal Protection Issues and Problems

Sorenson and Thomas (2009) noted that there are issues when it comes to seeking out legal services especially in certain states. Protective orders or restraining orders may not be honored or offered due to the relationship status. 50% of the service providers supported this notion when it came to working with officers or finding legal protection

statuses. One of the respondent's discussed how there is a dual arrest rate in their jurisdiction which could deter victims from seeking help.

Theme 1: Problems with legal issues and protections

Question 3: Where are the main gaps/barriers in services for lesbian IPV victims in the community?

- SPP 1: Then there's this, who is the predominant offender?
The other complaint is that the officers may take the larger or butch partner regardless of their victim/offender status. I have heard a lesbian offender in group say she chose to go to jail so her partner didn't have to even though she believed she was the true victim of IPV. This is a specific barriers for getting appropriate services and treatment in the legal system.
- SPP 2: If we know there is a high dual arrest rate in the community that information travels and so lesbians in an abusive relationship thinking in their head that this idea impedes that they will get arrest me trickles down to a barrier in service. It comes from the dual arrest issue but it does very much stretches into why help people don't access any assistance when they are the victim in the relationship because

they are afraid of being viewed as the perpetrator and have to go through all that.

SPP 3: So if that is the case for instance in Washington DC we have been working with organization that is quite bit of work to offer the same legal services and protection or work if two women are not married. To me that is a huge gap in services in which way the couple is protected legally and the follow through really of being identified as the existence of the intimate partner can't even get to the violence part because they are not even acknowledged as intimate partners.

Lack of Confidentiality in System and Providers

According to some service providers there may not be confidence in the agency enough to seek help. This information indicated that some providers felt as if the community doesn't recognize that it happens or there is not sufficient information of programs available for the LGBTQ community. One of the provider's even had statistics from a survey that was provided about the confidence in the providers from their jurisdiction. 47% of the LGBTQ community were not comfortable with providers.

Theme 2: Lack of confidentiality in system and providers

Question 4: Where are the main gaps/barriers in services for lesbian IPV victims in the community?

- SPP 1: The GLTBQ community does not really seem to understand that IPV happens within same sex relationships, not just heterosexual relationships.
- SPP 2: Lack of awareness of programs
- SPP 3: We did a survey in community back in 2013 and same sex as indicated 47% of represented as gay or lesbian indicated that not comfortable with metropolitan police department which is who they would call if they needed to report an incident of abuse. And so I think that is obvious what I could call an issue with consumer confidence in the system.
- SPP 4: I say that some people disagree with the lifestyle so some counselors will say they do I don't feel comfortable counseling homosexuals because I don't understand about their lifestyle and I don't want to hear about their relationships. and the fact that their relationship is not good I am glad it too bad it is domestic violence but hopefully they can make another choice.

SPP 5: On top of that comes of lack of LGBTQ awareness from many service providers and lack of domestic violence in the LGBTQ violence community.

Problems with Embarrassment and Fear

Five out of the eight service providers stated that there is a hesitation when seeking help for victims because of fear. It was noted that some victims are afraid of their sexual identity to be disclosed or because there is a fear they will get blamed for the violence. There was also a report of being afraid to seek help because they did not want to get their partner in trouble. Providers also reported that victims have a fear of being outed to their families and that there is a fear of not having a support system in place for getting the help needed.

Theme 3: Embarrassment and fear expressed by the victims

Question 5: Do you think there are differences in the help-seeking behaviors of the lesbian versus the heterosexual population?

Question 6: If there are differences, what are the main reasons lesbian victims provide for not seeking help immediately for their abuse?

SPP 1: Lesbians may not choose to seek help due to not feeling welcome at DV agencies, not understanding that they are involved in IPV or being isolated in the community and not knowing where to go for help. Embarrassment, fear of police, not knowing that help is there for them.

- SPP 2: Again that was around a lesbian that was in a very different place right than maybe someone who is comfortable and has come out to their friends. But that situation but may not represent all. I don't want to say it is one of the major barriers but it is One specific to barriers, outing self, comfortable, to friends, and family.
- SPP 3: Maybe because lesbians may be out or might be isolated because of their sexual identity and not being out or else having been rejected because of their sexual identity. They may have different help-seeking behaviors may be different because they may not have the same support system. A lot of people may say that is your punishment for relationship for lifestyle, If they already hear it enough from family and friends do they want to deal with that going counseling, So they stay clear from religious counseling services steer clear because they will get that judgment.
- SPP 4: Yes, differences with that they are hesitant to seek out services. Because of the fear of discrimination.

Fear of being outed, co-workers, control them. They may be afraid of being outed.

SPP 5: But I think about lot of concerns about getting a partner in trouble concerns about you know shame and embarrassment concerns about safety and the way that influences financial limitations all of that I see it as similar. I did not want them to get in trouble I was so embarrassed that I was this person that it is happening to I felt like it was my fault.

Issues with External Providers (Legal, Police, Etc.)

Six out of the eight service providers discussed how there are some protections in various jurisdictions but huge issues still exist. IPV is still new from a lesbian perspective and it will take more training and knowledge to understand how to fill those gaps. Gaps reported included victims not being taken seriously and protection orders may not be enforced because of the nature of the relationship. Two out of the eight providers reported that there could be better relationships in place in order to help the victims.

Theme 4: Issues with External Providers (Legal, Police, Etc.)

Question 8: How well do other service providers (legal, police, etc.) work with the lesbian IPV victims in your community?

SPP 1: Not as well as would be hoped

SPP 2: Again the relationship is good not necessarily mean the response in perfect.

- SPP 3: I know there was a Story in last 5 years where a woman called law enforcement and when they came out to house her partner who had pulled a gun on her and was very charming and convinced partner was the problem not her and police did not even question the firearm. There has been a history of things not taken seriously. But we do see and hear stories from people that things have improved.
- SPP 4: Another set of officers are like what do you want me to do if they are homosexual. She can't hit that hard so what do you want me to do. They use what they grew up and use that type judgment on their job which is not right.
- SPP 5: We do work with them but the legal system not getting protective orders are geared toward heterosexuals, so they may have to go to criminal court just to get charged since family court may not do. Officer needs training. May think they are related they show up and they don't take seriously.
- SPP 6: But overall there is a huge way to go, partly for a lot of people it is a new issue because they have never dealt with before had lesbian clients or families.

Acceptance and Disclosure Theme

Service providers responded that there are definitely issues that do exist today in agencies but may not be reflective of their own where they work. Interestingly enough there is some knowledge that there are agencies or counselors who do not accept the “lifestyle” and will not provide services. Disclosure is important but a victim may not feel comfortable giving that piece of information out. Only three out of the eight providers varied in their responses pointing out that there are slight to mild issues with homophobia and disconnect with this population. One of the participants noted they had worked in an environment that was completely homophobic at one point in their career. If there is a disconnect or there are issues then a service provider can refer out to another provider in the servicing agency.

Theme 5: Agency internal attitudes

Question 9: What are the attitudes about lesbian IPV victims in your agency?

SPP 1: Underlying currents of homophobia at one agency leading to outright homophobic behavior from one program director was the worst experience. At a smaller rural agency there is just not a strong understanding of the LGTBQ community which has led to some uneducated language regarding LGTBQ issues.

SPP 2: Some counselors said that if they had issues they could refer them to someone else or another counselor if they had a problem.

SPP 3: So there is a disconnect between how comfortable they think they make the environment versus what they are actually doing. I think the intentions are there but there is still a more of work to do.

Issues with Safety, Policies, and Discrimination

Safety of the victim is important to service providers in order to build a good relationship according to some service providers. Service providers responded that there is a need for more greater gender language in the protection of orders, increased awareness of positive attitudes from others in support groups and importance of shelter safety. Safety has become an important theme throughout the research as it has been mentioned throughout the responses by both providers and support role members.

Theme 6: Safety, policies and discrimination issues

Question 10: What are the special or distinct needs of the lesbian IPV victims in contrast to IPV victims in general?

SPP 1: Safety planning and safe shelter policies specific to the lesbian community.

SPP 2: It would not apply here in DC but the Jurisdiction where there is not gender neutral language restraining orders they would be essentially being

blocked if relationship not recognized by law. A lot of the restraining orders require a requisite relationship which would include some sort of dating relationship or marriage and often a child in common and so if they can't establish that in one of those three ways often they are essentially stripped from a civil remedy for protection.

SPP 3:

One thing I guess that we see, because community is smaller than larger community like in terms of accessing resources or social activities, oftentimes a fear of running into partner or having word get back to their partner and the impact of that.

SPP 4:

Or create emotional safety within the program. To guard against that judgment in the group context so I work with the support group program. In the open groups anyone can come sometimes there is people that come who say homophobic things or heterosexist things because sometimes it is very intentional or sometimes very unintentionally and when you go do damage control it has already been done.

Issues with Minimum Effective Training

Three out of the eight service providers noted that there is no help when it comes to training the lesbian intimate partner victims. This means that the providers are given the same training and it is not gender specific but rather more about the violence that occurs with the victims. Simpson and Helfrich (2005) asserted that training and use of language is important and becomes a systematic barrier if it is not corrected.

Theme 7: Minimum effective training

Question 13: Are there special instructions and training provided to help the staff on providing service to the lesbian IPV victims?

- SPP 1: No
- SPP 2: Unfortunately no and I think that is a problem.
- SPP 3: Absolutely not. No help.

Issues of Training Specific to LGBTQ and Cultural Competence

All eight service providers noted that better training is needed in general around the awareness and education of LGBTQ issues. Some of the service providers did note they do a basic training but incorporating more training in the beginning to help bring staff closer to the issue. It was also noted that language and being thoughtful during the time a victim reaches out is important. So much of the intake process and questioning in the beginning can be crucial when working with lesbian IPV victims.

Theme 8: Training specific to LGBTQ and cultural competence

Question 15: Are there any changes you would make or suggest for providing services to lesbian IPV victims from a quality perspective?

- SPP 1: More specific education to the public through social media, public advertising and within the community regarding lesbian IPV.
- SPP 2: Maybe just to reach out to the community to provide education and awareness of services.
- SPP 3: Again it is really hard when high have case load to be really thoughtful and intentional about increased cultural competency training.
- SPP 4: Would like to see LGBTQ support group as an option because there is this assumption that females will do better with females in a group but can trigger if someone had an abusive partner and others in a support group can be helpful inspiring and powerful.
- SPP 5: You going to have to check your ego at the door and find out what people need and see if you can help them and see where it goes from there.
- SPP 6: I am not aware of staff that is specifically trained in this area LGBTQ community. Would be nice to have a staff person need more training and provide comfort for victims.

- SPP 7: I think to me there needs to be a lot more commitment to incorporating into the training from the very beginning but also in general. To go beyond the basics of it is important to say he or she and not just he when we do screenings and basic language that is covered well but in terms of broadening the literature we use the power and control model and the resources distributed.
- SPP 8: Intensive basic competency kind of or starting from basic intro knowledge of LGBTQ community and then Segway into domestic violence and violence.

Acknowledgment Issues in the Community of Lesbian IPV

There is clearly a lack of acknowledgement when it comes to lesbian IPV. Even among the six providers out of the eight that responded there were still some issues with understanding that this type of violence occurs. Some of the providers stated that it is not recognized, there needs to be more education around this topic and really put forth effort on how this occurs in society.

Theme 9 : Lack of acknowledgement of same sex abuse

Question 16: How does the community view lesbian intimate partner violence?

- SPP 1: That it is very rare and not very severe if it does happen.

- SPP 2: And I think that is a huge a lot of other places around the country would I think would tell you say we don't have an issue we don't need to do a survey which is really ignorant and part of the problem which perpetuates the issue.
- SPP 3: Something try to incorporate into all of our presentations when we talk about and programs around violence, but there still is a lot of gender bias in terms of what that looks like and what that means.
- SPP 4: The community has still not quite made it there yet do not see it happens or that it would occur less than IPV relationship. Still resistance and bias that makes it difficult to have intimate partner to disclose orientation. Bias and discrimination still exists.
- SPP 5: There is an openness and interest which is good but it reflects how not normal it seems.
- SPP 6: I would say with humor almost not real, 2 women fighting. Or it does not happen. No need for help with that.

Common Emerging Themes of Both Types of Participants

When reviewing the responses and organizing them by common themes it was apparent that there were seven common themes expressed by the provider and support role members. These seven themes were centered on 1) lack of awareness to receive help, 2) recognition of the abuse, 3) acknowledgement of the abuse, 4) training issues, 5) safety and policies, 6) fear and disclosure and 7) system or agency confidence. All of these themes were contributing factors and could deter lesbian IPV victims from seeking help.

Lack of awareness theme really stemmed from some providers being out in rural areas where perhaps the agency is not known to victims. Some of the role members were not aware of where to get help for their family or friends as well. These responses support the need for advertisement and are more out in the public to alert victims on how and where to seek help for this population.

One of the more concerning themes that emerged was the recognition of the abuse by the victim. One service provider mentioned that the average time it takes for a victim to seek help is around seven. This gives way to understanding what is abuse and how is it categorized by the victim. Abuse can be in the form of mental or physical abuse. Victims may stay because of not understanding the difference between an oral argument versus a physical fight and naming that an actual occurrence.

The third overarching theme captured by both participants was the acknowledgement that abuse happens in the community. Not only does the victim not understand when to determine abuse occurred there is the other issue of it not being acknowledged in the community in some cases. This made me think if there was more

acceptance of the issue happening by the community would a victim identify more if they knew what abuse was if it happened.

Issues with policies and training came up as something that has to be improved over time in order to continue working with this population. Inclusive agencies with gender neutral language and more specialized training were examined as being needed. Some of the agencies responded that they do have basic training need more formal training to help with cultural competence and sensitivity to all of their issues.

Safety is a huge concern with lesbian IPV victims as noted by service providers and support role members. Being able to recognize that a shelter or agency can provide safety is a big factor. Safety in terms of being able to protect the victim from the perpetrator is important because the victim and perpetrator could actually end up in the same counseling group. Another note is that the victim may need protection from other group therapy members if there is discrimination or biases.

Another concept around fear was disclosure of being a lesbian. Support role members acknowledged that there are some fears of being outed for seeking help. In addition to the abuse the victim may have to actually tell family members that they are a lesbian which could further create issues. Duke and Davidson (2009) asserted that the perpetrator has an extra advantage to keeping the victim from reporting the abuse because the victim does not want to be outed. When a victim is outed to family or friends it is an additional layer of victimization that occurs.

The final theme that came out of the combined responses was around the confidence in the system. This concept was around confidence in the agency, police and

the legal systems. It was mentioned that victims sometimes fear going to shelters or calling police because there is a dual arrest policy in some of the states. In another concept the confidence was around how well the victim would be accepted into the shelter without discrimination or biases. Turrell and Hermann (2008) discussed how the victim is likely to face some sort of discrimination or obstacles seeking help. Even though external partners may feel empathetic towards the victim the myth of two women being involved may deter or negate the situation.

The research delivered some interesting themes around common help-seeking behaviors of victims and barriers. Overall, these themes were important as they emerged from the responses provided by the service providers and support role members. There is clearly some work that must be done in order to change the way the system and services to become more inclusive when seeking help. St. Pierre and Senn (2010) posited how there has to be a culturally sensitive provider that is willing to express interest in specific issues with the LGBTQ community in order to create a safe haven for the victim.

Researcher Bias

The researcher had friends that are in the LGBT community and have encountered first-hand accounts of IPV. Because of this I had already formed opinions about this subject. The issue of the researcher bias is addressed and corrected by the interview consistency of the questions to help subside any bias that is perceived to be seen.

The researcher had 5 years of interviewing experience with open-ended questions in a corporate environment. The researcher has no experience working with lesbian IPV victims in the past. As previously noted the interest has been limited to advocating for

populations that may be underrepresented in vulnerable populations. The researcher holds professional and personal relationships with the lesbian population.

In order to reduce the biases of the researcher, efforts established rapport with the participants through the initial questions. Validation of the data occurred through the use of rich descriptions of the interview answers and member checking of the statements captured. Analysis of the sample statements captured by the participants insured the information summarized is what was stated during the interviews. This helped to validate and insure the data is free of potential biases.

Validation and Trustworthiness of the Data

Participants in this study served as experts in their area since they have experience working with lesbian IPV victims. The service provider themes will further compare with those that arise from the supportive role interviews. Rich descriptions allowed for participants to answer using their view in detail with the experiences they established.

Creswell (2007) described these two strategies as strengthening the research conducted and provides a data check to ensure accuracy of results which are reached. One of the strategies to data collection and verification of the data is to allow for members to review any notes and information pertaining to the interviews. Member checking was done throughout the interview and at the conclusion. The researcher built rapport with the participants to receive the most honest answers. The researcher restated and re-summarized the responses from the participants. Rich thick descriptions provided additional verification of the data being collected.

An outsider reviewer was used in order to help establish accurate themes around each of the transcriptions that took place. Survey responses were already transcribed using the original responses that were entered in Qualtrics. The reviewer used the same methodology as the researcher to declare key words and phrases into specific themes.

Data was coded according to key words and phrases and then organized into specific themes. Coding of data that did not fit into the themes or are unique to the research was also identified. Coding of the data into the themes will help compare the themes identified by the service providers and by those in a supportive role to the victim to answer the research questions of the study.

Member Checking

Member checking was done with the participants that took part in the study. Questions were backed up with audio reference and then also read back to the participants once they were captured to ensure accuracy and consistency. The answers were also transcribed manually to make sure they were written correctly.

The interviewer used interactive collaboration and reflective listening during the interview process. This was able to be accomplished because of the open-ended questions that were constructed to use during the interview and online survey. The themes that emerged were checked with the respondent's answers and shared with the participants.

Summary

Chapter 4 described the interpretation and results of themes that emerged throughout the interview responses from those described as service providers and support role members. The data was collected through rich text descriptions that were translated

through the interviews. Each of the interviews that were completed included recorded audio which was transcribed word for word. Through the coding and emerging themes that occurred six themes became relevant in the research. Additional other minor themes were presented in this chapter outlined.

Chapter 5 offers the conclusion of the research and identifies the interpretation of the study. Social change implications, limitations of the study and recommendations for future research is identified. This dissertation was set out to offer an extended view at the roles of both service providers and support members who have experience with lesbian IPV victims. The qualitative study was designed to interpret the emergent themes and describe how these themes can help social change in the future.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This research study was to provide specific inquiry into the help-seeking behaviors of lesbian IPV victims. There has been a lack of informative details around lesbian IPV as reported by the CDC (2011a). Information about domestic violence in general has been captured in statistical surveys, but very little has been reported about the violence in the LGBT population (CDC, 2011a).

Lesbian IPV has become a social problem as it directly impacts a victim's health and well-being. However, there is not enough information for a victim to understand where to seek help if there is a desire to do so. Even though the problem exists, it is not identifiable or clearly noticeable in hospitals or shelters. A victim must first face the choice of disclosing what type of relationship they are in to the providers. Providers should be taught to work with the victims and understand the sensitivity to working with the lesbian victims (Hien & Ruglass, 2009).

As indicated by Helfrich and Simpson (2005), providers need the proper training and the skills to identify where problems exist with the IPV victims. Service providers and family members should be educated to help bridge the gap of victims seeking help. The themes from both the service providers and support role members in the research validated that help-seeking behavior is inadequate. There was a need to explore why there was a lack in reaching out for help and explore reasons to change this behavior proactively among this population (Potter, Fountain, & Stapleton, 2012). This study

fulfilled this need by exploring the reasons from the perspectives of the service providers as well as those in a support role to the victim.

Purpose of the Study

The purpose of this qualitative research study was to explore barriers for help-seeking behaviors among lesbian IPV victims. The participants in the study were able to describe the phenomena from a provider's perspective and those who played a support role to a victim. The perspectives of these participants were extremely important as there was a lack of comparison of both perspectives in current research to guide interventions. The exploration of the responses and discovery of the identified themes provide perspectives of why lesbian IPV victims did not seek help. The information allows researchers and practitioners to narrow down a scope of the areas of the barriers for the lesbian victims in seeking help, which could then provide valuable information to initiate positive social change.

As reported by Little and Terrance (2010), lesbian domestic violence does occur but it is hard to determine the precise rate when reporting may be discouraged. A limited amount of literature provided details on why lesbian IPV victims do not seek help. Some reasons could be financial or the fear of being outed to family members (Little & Terrance, 2010). Stereotypes cause some of the issues as to why it might be hard to determine the perpetrator in the relationship, which could be an issue as well. In addition, there has been limited information on what support members versus service providers uncover as help-seeking behaviors and barriers for seeking help (Little & Terrance, 2010).

Ahmad, Alden, and Hammarstedt (2013) noted policymakers and legal systems are not educated enough on lesbian IPV because there is not enough information out there on the topic. This perception has to be changed in order to advance and find ways to intercede where possible in lesbian IPV. Only when more research is published will there be hope to understand this understudied social issue. The contribution of perceptions about lesbian IPV and their help-seeking behaviors pave the way to improve services.

Blasko et al. (2007) reported that there are reasons why victims do not seek help; however, in order to understand more details, information has to be blended together to make sense of the situation the victims face. There are perceptions and opinions of why lesbian IPV victims face issues with help, but real world accounts are required to see the world as the victims do as they go through their unique situations.

Lesbians who are victims of IPV are faced with barriers from legal justice because they may not be viewed as the victim. The victim may not also be viewed as needing help or that the violence actually occurred. To some victims, their sexual orientation is another way for people to discriminate or create biases towards the actual situation. The victim may believe that the legal system or other providers would argue the victim could have stopped or perhaps misinterpreted the violence, leading to further stigma (Hill et al., 2012).

Social Change Implications

Social change happens when information is funneled out to the broader public on how certain issues influence decisions that happen with social and legal policies. As new information is formed on influences that shape cultural and societal issues, it can be

productive when making important changes. Social change happens when a clear message and action is delivered to those people who can have an impact on an event or situation (Pierotti, 2013).

This research set out to help create awareness and positive social change by educating on lesbian IPV. Exploration of the comparisons of support role members and service providers highlighted a level of the need for awareness to this issue. One unique discovery that came to light was the perception that lesbian victims will do better in support groups with other women. However, at least one of the support role members highlighted that lesbian victims may be too afraid to trust other women and there are instances where the perpetrator and victim can be in the same shelter. Another powerful message is the testament to adding more safety protocol into the service of the providers. As noted by one participant, it is too late to do damage control once a victim has been through a bad situation and then discriminated against in a shelter by the staff and other victims. This validates the need for service providers and support role members to be prepared and proactive to help motivate the acceptance of seeking help.

There is great significance in the sharing and dissemination of the results so they can create talking points for additional awareness. Reviewing and publishing the themes associated with this research study will create proactive discussions. These discussions will allow service providers and support role members to understand why and what barriers exist, developing positive social change. Themes of creating safety measures and visibility of shelters that are specific to LGBT issues will help service providers seek to develop quality service when working with the victims. When working with victims, it

will be important to gain the trust of the victim to feel safe to disclose the abuse and educate on how to recognize abuse.

The discovery and exploration of this research will provide direction on how to help guide future ways to bridge the gap between the victim and the providers for treatment. Some of the provider participants in the study appreciated that there was research being conducted and even had indicated that at their sites more training has to occur. Powerful statements and interview notes from the service providers and support role members will resonate with the public. Exploration of the average time it takes for victims to finally seek help after seven attempts is just only one discovery that has implied there is a greater need to share results of studies such as this one. Another discovery from a support role member perspective on a victim not knowing where to seek help was a steadfast message that victims have a harder time trying to find inclusive sites for help. The information on the support role members really shed light on how communication about this topic could help bridge the gap of where to locate help.

Limitations of the Study

All of the service provider participants in the study had at least 1 year experience working with the LGBT population and victims of violence. The support role members had at least one experience with a lesbian victim as described in the capacity of a family member or friend. The study focused on comparisons between the lesbian population that were identified as victims and did not specifically provide comparisons on the heterosexual population even though some questions were collected.

The research study set out to collect responses from 10 service providers and 10 support role members. However, because of the absence of interested participants, there were only eight service providers and five support role members who participated. This may be attributed to the lack of wanting to be involved in expressing opinions or perceptions of violence, especially from a support role member, when this population is already considered oppressed.

Recommendations for Further Research

In order to fully understand additional gaps and barriers it should be noted that future research should be directed towards an exploration of help seeking behaviors directly from the lesbian victims IPV, as well as from their social network . It would also be useful to understand if there is a difference in service provider and support role participants that identified as LGBT versus identifying as a heterosexual when answering questions about the gaps in service. Another way to incorporate additional aspects of barriers is understanding differences of shelters in rural versus urban areas. This information would benefit the understanding of potential gaps in the community.

More information of demographic statistics of shelters that provide help to victims is important to identify in future research. Research on how participants changed the services they provided to victims over the years from an experience level perspective is an important phenomenon to explore. Additional variables for research could include level of family support, median income levels of victims if noted and education may be of interest.

Service Provider Recommendations

Service provider participants that were included in the study should consider making sure levels of service to lesbian victims are available across the board from shelter availability and legal protections. Some of the providers that noted there was no separate training programs to work with the population should develop programs that would engage a victim in their own transition. Not only do training programs need to be geared how to service the victim from start to finish there needs to be a level of education that works on the self-image of the victim. Since there were some specific levels of gap on where to seek help from support role members that were collected there needs to be a way to make shelters more identifiable. It is also important to engage the community by introducing training seminars to the lesbian population. This can provide a way to have collaboration on additional barriers for seeking help.

Support Role Member Recommendations

Support role members identified in some responses as not being able to get help for their friends or family members. The responses indicated that communication about this issue is silent and services to help out are hard to find. Support role members should find a local resource center for the LGBT community and find at least one contact if the need comes up in the future. This allows the role member to be prepared or provide assistance to others who they support. Talking about the issue of violence with friends and family also raises awareness about the topic and that a victim should not have to go through additional embarrassment.

Reflections from Researcher

Baker, Buick, Kim, Moniz, and Nava (2013) acknowledged that lesbian IPV was never understood to be completed in any of the studies around IPV back 50 years ago. This was because it was thought to be outside of the normal marital rights and laws. Interestingly enough even studies in the 1990s where IPV was researched lesbian IPV was disregarded and not included in some of the studies.

Studying IPV was important for me since I knew there was limited information on the topic. I also had friends that were in the LGBT population and did not have a clue what to do if one of them got into a dispute with their partner. It was a few years back that I came to know someone who was impacted by abuse in their relationship. Initially I wanted to study what it was like to go through this experience as a victim and to share that with others. Since interviewing victims would be a tough job to tackle, I decided to take on a different approach with those individuals in a support role and service provider aspect.

As I reflected on my research and even the beginning of the process I had struggles that were important to note. Since my research was on a controversial topic I had some professors that did not even want to work with me on my study. This provides additional detail as to the boundaries that still occur when wanting to make a change for a minority population. Throughout my recruitment process I had e-mails sent back to me even from the LGBT contacts that indicated “they did not have time to be interviewed about a study on this” or that in order for me to get their help “I would have to join a group in order for them to discuss this topic”. Other responses received included how

providers “did not service this particular population” and “they were not interested in discussing this matter”. These are just some of the statements I received when trying to recruit participants. The lack of responses could have been two-fold in that I had anticipated individuals that associated with the community to want to discuss this topic and that there were others who were just not interested.

As I reflect back personally through this challenging time I learned a lot about lesbian IPV victims and how to identify if it happened to people I know. I look at this experience as a true teaching to me on a subject that I was not entirely comfortable with admitting could even happen.

Conclusions and Summary

This study was intended to explore the gaps and barriers for help-seeking behaviors among lesbian IPV victims from a support role members and service provider’s perspective. The research was expected to provide analysis and illuminate the challenges that are faced by making the decision to seek help. The responses solicited information and rich descriptions to understand the view of how gaps do exist even among the participants on what help is provided.

The current research literature depicted how lesbian IPV violence is not highly recognized because of self-image perceptions and being afraid to seek help. The responses collectively showed some level of consistent themes that emerged from the study that aligned with the minimal amount of research that reviewed this issue. For many victims the decision to seek help is the lack of knowing where to find a safe place

free of their perpetrator. In the LGBT community individuals tend to display tight-knit behavior since many have issues with acceptance outside their circle.

Services are not available at all shelters or through community providers for IPV. This makes access a barrier in itself by not identifying readily as a provider that could service the population. A level of sensitivity training must be provided to employees of shelters to help in the identification of potential victims who suffer this type of violence. Without exploring barriers and gaps in help-seeking behaviors it is hard for service providers to understand how to be proactive in changing the way they provide service for victims.

Key themes emerged from this research that brought alive the struggles of what a victim has when seeking help from a provider or friend. While services are available and are open to anyone who comes to a shelter, some of the intake surveys may use language that is not appropriate to the lesbian victims. Services are provided the same across the board but there is no specific training on what type of issues these victims encounter. Also, in some scenarios participants identified that legal policies and acceptance are still issues that have to be overcome in order to move forward. Change can't occur if a county or state does not support the lesbian population and the issue of violence. If programs were present there were only a few which could make it hard for a victim to travel and seek help.

The results of this study can guide policies to support the high need for change and adequate specialized services for lesbian victims of IPV. Specialized services and continuous communication in the community about this issue is important to stress the

acceptance of obtaining help where needed. There already is a stigma that the lesbian victim feels either from society or internalized struggles with themselves. This study justifies through exploration and discovery that specialized services are needed to highlight how this issue is present and is not going away.

Potter et al. (2012) discussed how there is inadequate specialized funding and direct services for the LGBT community. To be most effective and responsive as a service provider and support role member results need to be shared. This study will focus on helping to open up the communication among those closest to the lesbian IPV victims. The victims will not be able to be fully inclusive unless adequate safety measures are taken. The discovery of this research will help inform the community, service providers and those in a support role to help close the gap with barriers for lesbian IPV victims seeking help. Professionals working with marginalized groups can be proactive in their change for helping victims and allow for effective reporting of violence.

The gap of lesbians seeking help can be filled by integrating research results and being open to providing a better quality of care. The purpose of this research was to explore barriers and help-seeking behaviors of lesbian IPV victims. The positive social change that occurs from this research is the ability and education of having support role members and professionals help to intervene with appropriate measures. The stigma that is placed with these victims must be changed and will change if victims are provided a chance to seek help (Ahmad et al., 2013).

References

- Ahmad, A.M., Alden, L. & Hammarstedt, M. (2013). Perceptions of gay, lesbian, and heterosexual domestic violence among undergraduates in Sweden. *International Journal of Conflict & Violence*, 7(2), 250-260.
- American Psychological Association. (2011). Society for the psychological study of lesbian, gay, bisexual and transgender issues. Retrieved from <http://www.apa.org/about/division/div44.aspx>
- Baker, N., Buick, J., Kim, S., Moniz, S., & Nava, K. (2013). Lessons from examining same-sex intimate partner violence. *Sex Roles*, 69(3/4), 182-192.
doi:10.1007/s11199-012-0218-3
- Barnett, C., Bril, V., Kapral, M., Kulkarni, A., & Davis, A.M. (2014). A conceptual framework for evaluating impairments in myasthenia gravis. *PLoS ONE*, 9(5), 1-9. doi:10.1371/journal.pone.0098089
- Barron, L. G., & Hebl, M. R. (2010). Extending lesbian, gay, bisexual, and transgendered supportive organizational policies: Communities matter too. *Industrial and Organizational Psychology: Perspectives on Science and Practice*, 3(1), 79-81.
doi:10.1111/j.1754-9434.2009.01202.x
- Bernhard, L. A. (2000). Physical and sexual violence experienced by lesbian and heterosexual women. *Violence Against Women*, 6(1), 68-80.
doi:10.1177/10778010022181714
- Blasko, K.A., Winek, J.L., & Bieschke, K.J. (2007). Therapists' prototypical assessment of domestic violence situations. *Journal of Marital & Family Therapy*, 33(2),

258-269. doi:10.1111/j.1752-0606.2007.00020.x

Bornstein, D.R., Fawcett, J., Sullivan, M., Senturia, K.D., & Shiu-Thornton, S. (2006).

Understanding the experiences of lesbian, bisexual and trans survivors of domestic violence: A qualitative study. *Journal of Homosexuality*, 51(1), 159-181. doi:10.1300/J082v51n01_08

Brown, M., & Groscup, J. (2009). Perceptions of same-sex domestic violence among crisis center staff. *Journal of Family Violence*, 24(2), 87-93. doi:10.1007/s10896-008-9212-5

Burke, T. W., & Owen, S.S. (2006). Same-sex domestic violence: Is anyone listening? *Gay & Lesbian Review Worldwide*, 13(1), 6-7. doi:1532-1118/a 19361905.

Buss, D., & Duntley, J.D. (2011). Evolution intimate partner violence. *Aggression and Violent Behavior*, 16(5), 411-419. doi:10.1016/j.avb.2011.04015

Centers for Disease Control and Prevention. (2009). Preventing intimate partner violence & sexual violence. Retrieved from http://www.cdc.gov/violenceprevention/pdf/IPV-SV_Program_Activities_Guide-a.pdf

Centers for Disease Control and Prevention. (2011a). Chapter 4: Violence by intimate partners. World Report on Violence and Health. Retrieved from http://www.who.int/violence_injury_prevention/violence/global_campaign/en/cha p4.pdf

Centers for Disease Control and Prevention. (2011b). Understanding intimate partner violence. Retrieved from

http://www.cdc.gov/ViolencePrevention/pdf/IPV_factsheet-a.pdf

- Coleman, V.E. (2003). Treating the lesbian batterer: Theoretical and clinical considerations-- A contemporary psychoanalytic perspective. *Journal of Aggression, Maltreatment & Trauma*, 7 (1/2), 159-205.
doi:10.1300J146v07n01•08
- Corliss, H.L., Grella, C.E., Mays, V.M., & Cochran, S.D. (2006). Drug use, drug severity, and help-seeking behaviors of lesbian and bisexual women. *Journal of Women's Health*, 15(5), 556-568. doi:10.1089/jwh.2006.15.556
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five traditions* (2nd ed). Thousand Oaks, CA: Sage.
- DeKeseredy, W. S. (2006). Future directions. *Violence Against Women*, 12(11), 1078-1085. doi:10.1177/1077801206293337
- Duke, A. & Davidson, M. M. (2009). Same-sex intimate partner violence: Lesbian, gay, and bisexual affirmative outreach and advocacy *Journal of Aggression, Maltreatment & Trauma*, 18(8), 795-816. doi:10.1080/10926770903291787
- Duterte E.E., Bonomi A.E., Kernic M.A., Schiff, M.A., Thompson, R.S., & Rivara, F.P. (2008). Correlates of medical and legal help seeking among women reporting intimate partner violence. *Journal of Women's Health*, 17(1), 85-95.
doi:10.1089/jwh.2007.0460
- Dutton, M.A., Kaltman, S., Goodman, L.A., Weinfurt, K., & Vankos, N. (2005). Patterns

of intimate partner violence: Correlates and outcomes. *Violence and Victims*, 20(5), 483-497. doi:10.1891/vivi.2005.20.5.483

Edwards, K. M., Sylaska, K. M., & Neal, A. M. (2015, February 2). Intimate Partner Violence Among Sexual Minority Populations: A Critical Review of the Literature and Agenda for Future Research. *Psychology of Violence*. Advance online publication. <http://dx.doi.org/10.1037/a0038656>

Freedberg P. (2006). Health care barriers and same-sex intimate partner violence: A review of the literature. *Journal of Forensic Nursing*, 2 (1), 15-24.
DOI:10.1111/j.1939-3938.2006.tb00049.x

Gilroy, P. J. & Carroll, L. (2009). Woman to woman sexual violence. *Women & Therapy*, 32(4), 423-435. doi:10.1080/02703140903153419

Goodman, L., Dutton, M.A., Vankos, N., Weinfurt, K. (2005). Women's resources and use of strategies as risk and protective factors for reabuse over time. *Violence Against Women*, 11(3), 311-336. doi:10.1177/1077801204273297

Grigsby, N. & Hartman, B. R. (1997). The Barriers Model: An integrated strategy for intervention with battered women. *Psychotherapy: Theory, Research, Practice, Training*, 34(4), Special issue: Psychotherapy: Violence and the family, 485-497.
doi:10.1037/h0087721

Helfrich, C.A.& Simpson, E.K. (2006). Improving services for lesbian clients: what do domestic violence agencies need to do? *Health Care for Women International*, 27(4), 344-361. doi:10.1080/07399330500511725

Hien, D. & Ruglass, L.(2009). Interpersonal partner violence and women in the United

- States: An overview of prevalence rates, psychiatric correlates and consequences and barriers to help seeking. *International Journal of Law and Psychiatry*, 32(1), 48-55. Retrieved from <http://www.sciencedirect.com.ezp.waldenulibrary.org/science/article/pii/S0749379700002294>
- Hill, N., Woodson, K., Ferguson, A. & Parks, C. (2012). Intimate partner abuse among African American lesbians: Prevalence, risk factors, theory, and resilience. *Journal of Family Violence*, 27(5), 401-413. doi:10.1007/s10896-012-9439-z
- Irwin, J. (2006). Lesbians and domestic violence: Stories of seeking support. *Women in Welfare Education*, 8(1), 28-36>ISSN: 1834-4941
- Irwin J. (2008). (Dis)counted stories: domestic violence and lesbians. *Qualitative Social Work*, 7 (2).199-215. doi:10.1177/1473325008089630
- King, E.B. & Cortina, J. M. (2010). Stated and unstated opportunities and barriers to lesbian, gay, bisexual, and transgendered supportive organizations. *Industrial and Organizational Psychology: Perspectives on Science and Practice*, 3(1), 103-108.
- Lipsey, M.W. & Wilson, D.B. (1993). The efficacy of psychological, educational, and behavioral treatment. Retrieved from 10.1037/0003-066X.48.12.1181
- Little, B. & Terrance, C. (2010). Perceptions of domestic violence in lesbian relationships: Stereotypes and gender role expectations. *Journal of Homosexuality*, 57(3), 429-440. doi:10.1080/00918360903543170
- MacCallum, R. C., Widaman, K. F., Zhang, S., & Hong, S. (1999). Sample size in factor analysis. *Psychological Methods*, 4, 84-99.

- Madera, J. M. (2010). The cognitive effects of hiding one's homosexuality in the workplace. *Industrial and Organizational Psychology: Perspectives on Science and Practice*, 3(1), 86-89. doi:10.1111/j.1754-9434.2009.01204.x
- McClennen, J.C. (2003). Researching gay and lesbian violence: The journey of a non-LGBT researcher. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research*, 15(1-2), 31-45. doi:10.1300/J041v15n01_03
- McClennen J.C., Summers A.B., & Daley J.G. (2002). The Lesbian Partner Abuse Scale. *Research on Social Work Practice*, 12(2), 277-92. doi:10.1177/104973150201200205
- Merlis, S.R. & Linville, D. (2006). Exploring a community's response to lesbian domestic violence through the voices of providers: A qualitative study. *Journal of Feminist Family Therapy*, 18(1/2), 97-136. doi:10.1300/J086v18n01-05
- Mimiaga, M.J. & Safren, S.A. (2008). Mental health concerns of gay and bisexual men seeking mental health services. *Journal of Homosexuality*, 54(3), 293-306. doi:10.1080/00918360801982215
- Murray, C.E. & Mobley, A. K. (2009). Empirical research about same-sex intimate partner violence: a methodological review. *Journal of Homosexuality*, 56(3), 361-386. doi:10.1080/00918360902728848
- National Coalition of Anti-Violence Programs. (2010). Lesbian, gay, bisexual, transgender, queer, and HIV-affected intimate partner violence. Retrieved from www.ncavp.org
- National Resource Center on Domestic Violence. (2007). Domestic violence. Retrieved

from www.vswnet.org/nrcdv-publications.

- Nurius, P.S., Macy, R. J., Nwabuzor, I., Holt, V. L. (2011). Intimate partner survivors' help-seeking and protection efforts: A person-oriented analysis. *Journal of Interpersonal Violence*, 26(3), 539-566. doi:10.1177/0886260510363422
- Patton, M. Q. (2001). *Qualitative evaluation and research methods* (3rd ed.). Newbury Park, CA: Sage Publications, Inc.
- Patzel, B. (2006). What blocked heterosexual women and lesbians in leaving their abusive relationships. *Journal of the American Psychiatric Nurses Association*, 12(4), 208-215. doi:10.1177/1078390306294897
- Pierotti, R.S.(2013). Increasing rejection of intimate partner violence: Evidence of global cultural diffusion. *American Sociological Review*, 78(2), 240-265. doi:10.1177/0003122413480363.
- Poorman, P.B. (2001). Forging community links to address abuse in lesbian relationships. *Women & Therapy*, 23(3), 7-24. doi:10.1300/J015v23n03_02
- Potter, S.J., Fountain, K., & Stapleton, J.G. (2012). Addressing sexual and relationship violence in the lgbt community using a bystander framework. *Harvard Review Of Psychiatry*, 20 (4), 201-8. ISSN: 1465-7309
- Renzetti, C.M. (1989). Building a second closet: Third party responses to victims of lesbian partner abuse. *Family Relations*, 38(2), 157-163. doi:10.2307/583669
- Renzetti, C. M. (2005). Gender-based violence. *The Lancet*, 365(9464), 1009-1010. doi:10.1016/S0140-6736(05)71118-1
- Rogers, T. L., Emanuel, K., Bradford, J. (2003). Sexual minorities seeking services: A

retrospective study of the mental health concerns of lesbian and bisexual women.

Journal of Lesbian Studies, 7(1), 127-146. doi:10.1300/J155v07n01_09

Simpson, E.K.& Helfrich, C. A. (2005). Lesbian survivors of intimate partner violence: provider perspectives on barriers to accessing services. *Journal of Gay & Lesbian Social Services*, 18(2), 39-59. doi:10.1300/J041v18n02•03

Sorenson, S.B. & Thomas, K. A. (2009). Views of intimate partner violence in same- and opposite-sex relationships. *Journal of Marriage & Family*, 71(2), 337-352. doi:10.1111/j.1741-3737.2009.00602.x

Speziale, B. & Ring, C. (2006). Intimate violence among lesbian couples: Emerging data and critical needs. *Journal of Feminist Family Therapy*, 18(1/2), 85-96. doi:10.1300/J086v18n01-04

St. Pierre, M. & Senn, C.Y. (2010). External barriers to help-seeking encountered by Canadian gay and lesbian victims of intimate partner abuse: An application of The Barriers Model. *Violence and Victims*, 25(4), 536-552. doi:10.1891/0886-6708.25.4.536

Todahl, J.L., Linville, D., Bustin, A., Wheeler, J., & Gau, J. (2009). Sexual assault support services and community systems. *Violence Against Women*, 15(8), 952-976. doi:10.1177/1077801209335494

Turell, S.C.& Cornell-Swanson, L.V. (2005). Not all alike: Within-group differences in seeking help for same-sex relationship abuses. *Journal of Gay & Lesbian Social Services*, 18(1), 71-88. doi:10.1300/J041v18n0106

Turell, S.C.& Herman, M.M. (2008). "Family" support for family violence: exploring

community support systems for lesbian and bisexual women who have experienced abuse. *Journal of Lesbian Studies*, 12(2/3), 211-224.

doi:10.1080/10894160802161372

VanNatta, M. (2005). Constructing the battered woman. *Feminist Studies*, 31(2), 416-443. ISSN: 00463663.

Waalén, J., Goodwin, M.M., Spitz, A.M., Peterson, R., & Saltzman, L.E. (2000).

Screening for intimate partner violence by health care providers: Barriers and interventions. *American Journal of Preventative Medicine*, 19 (4), 230-237.

doi:10.1016/S0749-3797(00)00229-4

West, C. M. (2002). Lesbian intimate partner violence: Prevalence and dynamics. *Journal of Lesbian Studies*, 6(1), 121-127. doi:10.1300/J155v06n01_11

Appendix A: Sample E-mail Communication

Hi, my name is Maria Lovett and I am a doctoral student at Walden University. This study that I am conducting is a requirement for my doctoral degree. I am conducting research on Lesbian Intimate Partner Violence. Specifically, I am gathering information about victims' help-seeking behaviors and barriers from a provider perspective and from those identified in a support role. The research is based on a qualitative study. The interview would take around one hour to complete. I am interested in conducting at least 10 interviews with providers and 10 interviews with those in a supportive role throughout the DFW area. There is no compensation for participating in the study. I would like to ask for permission to post a flyer in the agency to obtain participants for the study.

Any interested parties at the sites will be asked to email the researcher back to participate in either a phone interview or an in person interview.

The interviews could be conducted over the phone or in person to be determined by participants. The inclusion criteria to be in the study include participants who have had at least experience of working with lesbian IPV victims in the past year. All participants must be at least 18 years old and speak English. The participants must be located in the DFW area. My goal is to start the interview process in the next three-four weeks. If you need any additional information please feel free to reach out to me via email or phone.

Thanks Maria Lovett

Walden University Counseling Psychology Program

Appendix B: Interview Questions (Service Providers)

1. What are the services and resources available for an “intimate partner violence victim”?
2. What are the services and resources available for a “lesbian IPV victim”?
3. Where are the main gaps/barriers in services for **IPV victims** in the community?
4. Where are the main gaps/barriers in services for **lesbian IPV victims** in the community?
5. Do you think there are differences in the help- seeking behaviors of the lesbian versus the heterosexual population?
6. If there are differences, what are the main reasons **lesbian victims provide** for not seeking help immediately for their abuse?
7. If there are differences, what are the main reasons **YOU** think, lesbian victims do not seek help for their abuse?
8. How well do other service providers (legal, police, etc.) work with the lesbian intimate partner violence victims in your community?
9. What are the attitudes about lesbian intimate partner violence victims in your agency?
10. What are the special or distinct needs of the lesbian IPV victims in contrast to IPV victims in general?
11. If there are special or distinct needs, are there services available to meet these needs?
12. Are there any services that you provide the heterosexual community that is not needed/provided to the LGBTQ community?

13. Are there special instructions and training provided to help the staff on providing services to the lesbian intimate partner violence victims?
14. In your daily routine do you work more with the heterosexual community or the LGBTQ community?
15. Are there any changes you would make or suggest for providing services to lesbian intimate partner violence victims from a quality perspective?
16. How does the community view lesbian intimate partner violence?

(Source: Adapted from Todahl, Linville, Bustin, Wheeler, & Gau, 2009)

Appendix C: Interview Questions (Support Role)

1. To your knowledge, what are the services and resources available for an “intimate partner violence victim”?
2. To your knowledge, what are the services and resources available for a “lesbian IPV victim”?
3. Where are the main gaps/barriers in services for **IPV victims** in the community?
4. What do you think are the main gaps/barriers in services for **lesbian IPV victims** in the community?
5. Do you think there are differences in the help- seeking behaviors of the lesbian versus the heterosexual population?
6. If there are differences, what are the main reasons the **lesbian victim/s you are familiar with, provides** for not seeking help immediately for their abuse?
7. If there are differences, what are the main reasons **YOU** think, the lesbian victim/s you are familiar with, do not seek help for their abuse?
8. How well do other service providers (legal, police, etc.) work with the lesbian intimate partner violence victims in your community?
9. What are the attitudes about lesbian intimate partner violence victims in your opinion?
10. What are the special or distinct needs of the lesbian IPV victims in contrast to IPV victims in general?
11. If there are special or distinct needs, are there services available to meet these needs?

12. In your opinion, are there any services that are provided to the heterosexual community that is not needed/provided to the LGBTQ community?
13. Do you think there are special instructions and training provided to help the staff on providing services to the lesbian intimate partner violence victims?
14. In your daily routine are you familiar with the heterosexual community or the LGBTQ community?
15. Are there any changes you would make or suggest for providing services to lesbian intimate partner violence victims from a quality perspective?
16. How does the community view lesbian intimate partner violence?

(Source: Adapted from Todahl, Linville, Bustin, Wheeler, & Gau, 2009)