

Intimate Partner Violence in Lesbian Relationships: A Review and an Intervention
Program

Ann M. Diamond

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Philosophy in Psychology

June 21, 2014

UMI Number: 3689845

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



UMI 3689845

Published by ProQuest LLC (2015). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.

All rights reserved. This work is protected against unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

Unpublished Work

Copyright 2015 by Ann Diamond

All Rights Reserved

Intimate Partner Violence in Lesbian Relationships: A Review and an Intervention
Program

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Philosophy in Psychology

Ann Diamond

2015

Approved By:

Braden Berkey, Psy.D., Associate Professor
Chairperson

Carrol Smith, Ph.D., Clinical Assistant Professor
Member

Melisa Bailey, Psy.D., Adjunct Faculty
Member

Abstract

Intimate partner violence (IPV) refers to emotional, physical, and/or sexual abuse within a romantic relationship. The majority of research and program interventions focus on IPV in heterosexual relationships, often dichotomized with the male as the perpetrator and the female as the victim. Less research exists regarding IPV within the LGBT community. Specific research dedicated to lesbian IPV is even rarer. Due to a lack of recognition within research and the LGBT community, intervention programs to assist self-identified lesbian women who have abused their intimate partners have historically been absent. An intervention program specifically tailored to the unique experiences of lesbians that have abused their intimate partners resulting in IPV is proposed.

Table of Contents

Copyright Page.....	ii
Signature Page.....	iii
Abstract.....	iv
Chapter 1: A Review of Intimate Partner Violence in Lesbian Relationships.....	1
Chapter 2: Models and Theories of Intimate Partner Violence in Lesbian Relationships	
Sexual Minority Stress and Lesbian Relationship Violence.....	20
Chapter 3: An Intervention Program for Intimate Partner Violence in Lesbian Relationships.....	27
References.....	61
Appendix A: The Lesbian Internalized Homophobia Scale.....	76
Appendix B: The Outness Inventory.....	79
Appendix C: The University of Rhode Island Change Assessment.....	83
Appendix D: Lesbians Who Abuse Intimate Partners: LWAIP Intervention Program....	85

List of Figures

Figure 1. Lesbians Who Abuse Intimate Partners Intervention Program Plan.....42

Chapter 1: A Review of Intimate Partner Violence in Lesbian Relationships

In 2008, The Center for Disease Control and Prevention reported that women experience two million injuries from intimate partner violence (IPV) each year. Research suggests, “approximately 1.3 million women and 835,000 men are physically assaulted by an intimate partner in the United States annually” (American Bar Association, 2000). The figures demonstrate the frequency of IPV, and yet many occurrences remain unreported and overlooked for various reasons. Although these estimates were not made exclusively on a lesbian population, they demonstrate the impact of IPV on women overall. Rates of lesbian, gay, bisexual, transgender (LGBT) partner violence continue to grow. According to Greenwood et al., (2002), national data indicates that gay and lesbian partner violence has increased 25% since 1991, and increased 23% between 1998 and 1999. More recent reporting completed by the National Coalition of Anti-Violence Programs (NCAVP) in 2012 indicates a new, disturbing trend in IPV: in 2012, 21 LGBT IPV-related homicides were recorded. This statistic reported by the NCAVP serves as the highest yearly total on record and is truly an indication of the extent and seriousness of IPV in LGBT communities. It is crucial to remain aware that these figures are undoubtedly low considering the discriminatory and prejudice climates gay and lesbian individuals frequently encounter (McKenry et al., 2006).

The statistics regarding LGBT IPV are mere estimates of its prevalence. Although the current investigation is an attempt to explore the prevalence and seriousness of lesbian IPV, all research has its limitations and can only provide a snapshot of its participants and community respectively.

Previously, researchers proposed that IPV among heterosexual and LGBT identified couples occurred at comparable rates. However, a recent study indicated that IPV may be more likely to occur in LGB couples than in opposite-sex relationships (Zahnd et al., 2010). Reports of IPV in lesbian, gay, and bisexual communities often vary according to geographic locations. IPV in more populous areas, such as major cities, can be reported up to twice as often as their LGB counterparts in smaller communities (Zahnd et al., 2010). LGB people in smaller communities face increased stigma when indicating their involvement with IPV, making attempts to measure prevalence difficult. Another sampling of IPV rates in the lives of LGBT individuals found an overall 15% increase in reported IPV observed between 2008 and 2009 (NCAVP, 2009). Lesbians comprised 27% of the total individuals reporting current IPV or experiences of IPV at some point in a relationship involved in the 2009 NCAVP study. Other studies have also demonstrated that the percentage of lesbian women who have experienced IPV ranges from 30% to 51% (Bernhard, 2000; Miller, Green, Causby, White, & Lockhart, 2001; West, 2002).

The national 2012 report from the NCAVP indicates that lesbians composed 24.5% of the 2,190 LGBT identified individuals that reported IPV. Of the 2,190 participants in the study, nearly 62% identified as racial minorities. In 2013, the Wisconsin Coalition Against Domestic Violence (WCADV) published an article that described the “triple jeopardy” racial minority lesbians face: racism from direct service providers and the LGBT community, heterosexism within one’s community of color, and abuse from their partners.

Generally, IPV is conceived of as some form of physical, sexual, or emotional abuse. The United States Department of Justice’s (2012) website defines IPV as, “...behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner”. The definition is also inclusive of economic disparities, psychological actions,

or threats that can be used by one partner against the other in the relationship. The latter are mentioned less frequently but are crucial to understanding IPV from an all-encompassing standpoint. Without conceptualizing the less visible aspects of IPV, such as economic disparities and psychological actions/threats, there runs a risk of minimizing and overlooking the severity of the issue. The occurrence of lesbian IPV is not always an exercise in maintaining power and control over another intimate partner and therefore the traditional definition needs to be recognized for its shortcomings. The following chapters will elaborate upon the idiosyncrasies of lesbian IPV with the intention of more clearly illustrating the limitations of viewing IPV from merely a physically, sexually, or emotionally abusive standpoint.

Overall, IPV has been regarded as one of the largest health problems in the LGBT population (Island & Letellier, 1991) and has serious physical, mental, and social consequences for its victims, families, LGBT communities, and society at large. Peterman and Dixon (2003) regarded same-sex IPV as the third largest problem facing the LGBT community after substance abuse and acquired immunodeficiency syndrome (AIDS). The Center for Disease Control and Prevention (CDC) cited multiple ways in which IPV instigates adverse health outcomes. Several serious medical conditions such as cardiovascular disease, fibromyalgia, irritable bowel syndrome, chronic pain syndromes, joint disease, and migraines/headaches are more prevalent in those impacted by IPV (CDC, 2011). An individual experiencing IPV may also suffer psychologically. The manifestation of mental illnesses related to anxiety, depression, and symptoms of post-traumatic stress disorder, antisocial behavior, suicidal behavior, and sleep disturbance are common. The combination of medical and mental conditions that manifest as a result of involvement/experiencing IPV have a strong relationship with negative health behaviors for women. The CDC cited research that demonstrates engaging in high-risk sexual behavior

(choosing unhealthy sexual partners, unprotected sex, and multiple sex partners), using harmful substances (smoking cigarettes, drinking alcohol), and unhealthy diet behaviors (fasting, vomiting, and overeating) are outcomes of heterosexual IPV on women (Heise & Garcia-Moreno 2002; Plichta, 2004; Roberts, Auinger, & Klein 2005; Silverman et al., 2001).

The first section of this paper is a review of previous research that has been published regarding IPV and more specifically, lesbian IPV. The latter portions of the paper will include theoretical frameworks for understanding lesbian IPV. The proposed intervention program for lesbians who abuse intimate partners will be attached as an addendum with appendixes.

Intimate Partner Violence in LGBT Community

Literature regarding lesbian IPV began to appear in the early 1980s and flourished until the middle 1990s. Claire Renzetti, author of *Violence in Gay and Lesbian Domestic Partnerships* (1996), presented that:

The myth that lesbian relationships are more peaceful and egalitarian than heterosexual unions has been shattered by the reality of lesbian battering. Old fears of confronting arduous topics must be set aside if the gay/lesbian community is to incorporate healthy relationships, respond to victimization in gay and lesbian relationships, and render heterosexual IPV programs inclusive in their services. (p. 13)

In alignment with Renzetti, IPV has commonly been viewed as a gender issue involving the use of power and force by men influenced by a patriarchal culture to control their female partners (Rohrbaugh, 2006). The impact of a patriarchal culture is also evident in the definition of IPV provided by the United States Department of Justice (2012) cited previously. Not only does this assumption support a false belief about the occurrence of IPV, it also insinuates that IPV

perpetrators can only be male. However, as research with women has demonstrated, IPV can also be instigated by self-identified lesbian and heterosexual women. Although the distinct dichotomy between “perpetrator” and “victim” within any relationship where IPV is occurring is the way in which the dynamic has been historically conceptualized, a divergence from previous models is necessary for the lesbian population. Examining the fluidity that often exists between an individual identified as the perpetrator in the relationship and the other individual as the victim is specific to the proposed intervention program for lesbians. Individuals within a lesbian relationship may at times slip into and out of their roles as either the abuser or the abused.

Research completed by Marrujo and Kreger (1996) demonstrated the tendency for a third position outside of the perpetrator/victim dichotomy in lesbian partnerships experiencing IPV called the “participant.” Additional information regarding the fluidity of positions in lesbian relationships with IPV will be included in the following chapter. One way this occurs is when lesbian women decide to, or are forced to, defend against their abusive partner. An argument regarding the “actual” perpetrator of the abuse arises when the participant role is taken into account. In this way, the role of the abuser and victim can be conceptualized as co-created within the context of the relationship at various times. Exploring the intention behind the occurrence of IPV is crucial to gaining insight about roles within the relationship.

When a heterosexual man hits a heterosexual woman within a romantic relationship, it has historically been viewed as a product of his desire for power and dominance, and further, an enactment of patriarchy. When a heterosexual woman hits a man who is a romantic partner, it has historically been conceptualized as self-defense or a joke. When a lesbian woman hits another woman who is a romantic partner, individuals look to heterosexual models of conceptualizing IPV and remain ignorant to the unique contextual factors surrounding the

violence. Further, the occurrence of lesbian IPV is even more likely ignored by society because of an inability to, or disinterest in, understanding the violence.

As previously mentioned, there is a deficit of research regarding the occurrence of IPV in lesbian relationships. There is an even larger paucity of IPV research specifically regarding lesbian abusers. The research that does exist focuses on the experience and characteristics of victims involved in the relationships. Although the experience of an identified victim of IPV is important, exploring the victimization piece of IPV has proven to be helpful to only one part of a two part, co-created problem: IPV victimization *and* perpetration. Relationship violence remains an underserved issue for the LGBT community, the solution for which will continue to remain invisible without research dedicated specifically to IPV perpetration.

The use of the terms perpetration and/or perpetrator throughout this investigation is different from the way in which they have been used previously. Perpetrator refers to any self-identified lesbian woman that has at one time in the past abused another woman who was, or is, a romantic partner. The shift away from the paradigm of unilateral perpetration by one individual and victimization of one individual to roles that can shift, and are more fluid, is an accurate representation of lesbian relationship violence, as has been suggested by some research (Rohrbaugh, 2006).

Intimate Partner Violence in Lesbian Relationships

As previously indicated, the majority of IPV research has focused on the experience of heterosexual victims and perpetrators of IPV. Researchers have applied many theories and methodologies in attempts to encompass the experiences of heterosexual individuals reporting IPV, but few have done so for lesbians reporting IPV. Lesbian IPV is innately different from heterosexual IPV in both causation and maintenance, and therefore, needs to be examined under

a different lens. For example, exploring the labels, victim and perpetrator, within this context warrants a more nuanced approach. There is evidence that the bulk of IPV research with heterosexual couples has built, and worked to support, the role of the male perpetrator and the victim as inevitably female (Carney et al., 2006). However, lesbian IPV obviously poses a challenge to the customary way of explaining IPV.

Ristock (2002) stated, “When a woman beats her partner she does within the context of a homophobic society that sees lesbianism as deviant. Both partners are aware of this context, and know people will likely dismiss or be hostile to their situation” (p. 94). Dismissal is a frequent response lesbian women face in the larger heteronormative culture. However, dismissal also occurs within the smaller LGBT community for many reasons.

One reason for this challenge is that society holds different expectations for women and men. Men are commonly seen as the aggressors within society and women are viewed as the passive, docile inhabitants of a patriarchal civilization. Men, as the aggressors, are viewed as stronger and more powerful than women, who are encouraged to fulfill the “weaker sex” role. IPV in lesbian relationships, in the context of roles previously mentioned, is therefore considered not as likely to occur as heterosexual IPV and it is often underestimated in terms of severity and numbers. The absence of a man within the occurrence of IPV makes it seem inherently less violent and less visible than heterosexual couples reporting IPV. Our patriarchal culture inherently insinuates that two women, of the seemingly weaker sex, are seen as being unable to harm one another. However, research by Tjaden and Thoennes (2000) revealed that IPV occurs at the same, if not at a higher rate, in same-sex relationships than in heterosexual counterparts. The severity of same-sex IPV has also been found to be as, if not more, potentially physically and psychologically harmful and fear-evoking as that of heterosexual relationship violence

(Ristock, 2002). For these reasons, “We should not see violence in lesbian relationships as parallel to that of male violence against women” (Ristock, 2002, p. 31).

Erbaugh (2007) reiterated the notion that, “When the gender identities of the individuals in a violent intimate relationship assume some non-normative configuration, the patriarchal analysis of victim and perpetrator roles does not apply” (p. 17). Lesbian IPV is a non-normative configuration and requires researchers to seek an alternative method of explaining its occurrence, and as such necessitates a different framework of conceptualizing overall.

The commonly held binary between perpetration and victimization has been established and examined throughout the majority of discourses related to IPV (Waldner-Haugrud, Gratch, & Magruder, 1997). However, this binary is more accurately described as a continuum in which the perpetrator and victim can alternate roles and create an intimately violent relationship unique and fitting to them solely, especially when considering the non-normative configuration of lesbian relationship IPV. The continuum between perpetrator and victim roles reveals that, “Victims and perpetrators are not so easily recognized, whether or not the individuals undergoing assessment fit binary gender categories” (Erbaugh, 2007, p. 17). With this in mind it is crucial to also recognize, “Acknowledging and responding to IPV as a serious problem within the LGBT community requires detachment of the victim and perpetrator categories from preconceived gender roles” (Erbaugh, 2007, p. 18). A departure from a dichotomy of roles is further supported by the use of a postmodern feminist approach to program development. The proposed intervention program does not differentiate between perpetrators and victims exclusively; instead it will use the criteria of a “self-identified lesbian woman who has abused another woman” as a qualifier to participate. After the following section entitled, “Defining Perpetration”, the term perpetration and/or perpetrator will only appear in reference to previous research findings and

direct literature references. The term perpetrator will not be used within the proposed intervention program. Additionally, the importance of the self-identified aspect of identity for participation within the program will also be later addressed.

Defining Perpetration

Given the previous discussion related to lesbian IPV, one must now consider how perpetration has been defined in the past. Even though the current intervention program will not place emphasis on roles of a designated perpetrator and/or victim within the lesbian relationship, examining the definitions used in the past inform the importance and value in relying less on them. Hart (1986) constructed one of the most comprehensive explanations: “A pattern of violent (or) coercive behaviors whereby a lesbian seeks to control the thoughts, beliefs, or conduct of her intimate partner or to punish the intimate for resisting the perpetrator’s control” (p. 32). The usage of the word “pattern” and “control” within the definition qualify IPV perpetration in general, and more specifically, within lesbian relationships. An overarching factor of intentionality exists behind the pattern and control that is innate in the previously defined perpetrator role. Intentionality, combined with patterns of control within the intimately violent relationship, is what fuels the IPV cycle. Some variability can exist in the fulfillment of either the perpetrator or the victim roles within the relationship. Overall, it has been found that in the majority of lesbian relationships reporting IPV there is commonly one person that utilizes the methods of containing and maintaining the abuse (Gelles, 1999). This person is termed the “primary aggressor.” However, after being trapped in the IPV cycle for so long, the victim can feel compelled to lash out or retaliate against the perpetrator. In this way, it is possible for the victim to respond to the pattern of intentional control imposed on them by their partner with mirrored patterns of intentional control and abuse. Retaliation by the victim against the

perpetrator is aggravated by the fact that the abuse is likely taking place outside the acceptance and awareness of a heteronormative society, and even more so within their smaller LGBT community that also fails to recognize the IPV they are experiencing.

In addition to the roles of perpetrator and victim in the lesbian relationship, a third role exists. Marrujo and Kreger (1996) proposed the idea of the participant within the abusive lesbian relationship. The participant is one that, “Establishes a pattern of fighting back against their abusive partner with the intent not to just protect herself but to retaliate” (Ristock, 2002, p. 336). This idea lends to the concept of a co-created reality between the victim and perpetrator in which fluidity exists, often for a reason that serves the relationship. This is also the reason it is crucial for researchers and clinicians to refrain from the strict binary of perpetrator and victim when investigating lesbian IPV. The qualifier for participation in the proposed intervention program as “women who have abused intimate partners” embodies this shift in emphasis from perpetrator and victim and embraces the largely ambiguous experience of the participant role, and also, the fluidity between an identified perpetrator and victim.

The cycle of IPV designated for heterosexual and same-sex IPV has been found to be comparable. Pam Elliot (1996) proposed that lesbian violence occurs in a similar fashion to that of heterosexual violence, “...in a cyclic fashion with a ‘honeymoon’ period following a violent episode” (p. 11). Consistent within IPV research, the cycle of abuse occurs in three stages: 1) crisis phase, 2) honeymoon phase, and 3) tension building phase (Walker, 1979). In spite of the stages that have been established, this model is only a template for the cycle of IPV and not all relationship violence aligns with it, nor is each experience of IPV the same.

A closer examination of the stages of abuse in relationships is critical to understanding the context in which it occurs. The crisis phase is classified as the eruption of abuse in the

relationship. The abuse can be in emotional, physical, or sexual form, regardless of the sex of the individuals involved. Clinical work and advocacy with victims of same-sex IPV shows that the types of abuse lesbians endure are the same types of IPV that heterosexual women endure (Elliot, 1996). The honeymoon phase commonly occurs after the crisis phase. This stage is characterized by the display of regret and guilt for the abuse. Acts or verbalizations of apology and a seeking to convince the victim that they will never abuse again are common actions within this stage. In addition to apologies, the enactors of violence often promise or make bargains that they will get help and that they will change. The honeymoon phase is followed by the tension building phase. During this phase, the abuser is more irritable and at a higher likelihood to abuse the victim. Communication breaks down between the perpetrator and victim, tensions builds, and eventually the eruption of violence in the crisis phase occurs again (Walker, 1979).

What creates conflict in the crisis stage in lesbian relationships? Those involved in lesbian relationships reporting IPV encounter unique factors specific to their experience (Lockhart et al., 1994). The necessity for developing intervention programs for other GBT individuals specific to unique factors based on their experiences can also be derived from Lockhart et al.,'s (1994) research. When examining the likelihood of violence within these relationships, it is helpful to know which kinds of triggers have been established. Lockhart et al., (1994) found that verbal/emotional abuse in same-sex couples is often tied to conflicts about careers, emotional dependency, financial worries, housekeeping duties, sex within the relationship, and the use of alcohol/drugs. Physical abuse appeared to be linked to issues of power imbalances and struggling for interdependency or autonomy within the relationship. Sexual abuse also occurs in lesbian relationships. A study completed by Waldner-Haugrud and

Gratch (1997) found that over half of the individuals they surveyed reported at least one incident of sexual coercion, with penetration existing as the frequent outcome in these instances.

Although a majority of paradigms relevant to heterosexual IPV are applicable to lesbian IPV, it is crucial to hesitate from completely generalizing them. This idea is reiterated by Ristock (1994): “We cannot simply equate and generalize about all intimate relationships in research, nor can we rely on heterosexual gender-based frameworks for explaining abusive same-sex relationships” (p. 7). There are factors unique to IPV in lesbian relationships that necessitate attention in order to conceptualize lesbian IPV. Researchers and clinicians can no longer depend on gender, as heterosexual paradigms of IPV have done in the past, to provide a framework for lesbian relationship violence.

Individual Factors Related to Lesbian Intimate Partner Violence

When a lesbian couple differs in terms of race, class, disability, or immigration status, issues of power and privilege can play out in a number of ways. The partner whose status is more ‘privileged’ may exert this privilege in subtle ways, leading the less privileged partner to attempt to establish power and control through violence. Alternatively, the partner with more privilege may attempt to use this privilege to control and abuse her partner. (Szymanski et al., 2001, p. 33)

Minority status can contribute to the abuse of another woman by a lesbian partner. These individual minority factors shape the experience of IPV for lesbians and are crucial to the occurrence of this violence. Individual minority factors related to race, class, disability, or immigration status also compose the disempowerment and resource theories previously mentioned. Often, the presence of several individual minority factors intensifies the negative impact the disempowerment and resource theories have in a lesbian’s life.

Other individual factors that have been found to contribute to lesbian IPV are dependency and jealousy. Renzetti (1992), while interviewing lesbians reporting IPV, found that perpetrator's dependency on their partner, rather than the dependency of the victim, served as a risk factor for more severe and frequent relationship violence and intensified when the victim sought independence in the relationship. Renzetti (1992) also found jealousy in lesbian relationships to be a strong predictor of one's likelihood to perpetrate IPV.

An additional factor that has been found to contribute to IPV is substance abuse (Eaton et al., 2008). More specifically, IPV increases the likelihood of one becoming or remaining substance abusive. Substance abuse has been found to be a factor for both perpetration and victimization of IPV in relationships (Eaton et al., 2008). Although additional research regarding the relationship between substance abuse and IPV perpetration in lesbian relationships is needed, extant studies suggest that there are relationships between gender, sexual orientation, and alcohol. Hughes and Eliason (2002) proposed that lesbians may be more vulnerable to developing alcohol-related problems than heterosexual women and are less likely to abstain from alcohol use. The combined impact of disempowerment and resource disparities lesbian women encounter related to their identity are perhaps contributors to Hughes and Eliason's (2002) research findings.

Attempts have been made throughout the literature addressing lesbian IPV perpetration to draw similarities to heterosexual male perpetrators (Prospero, 2008). Although it is important to realize that lesbian perpetrators and male heterosexual perpetrators are two distinct groups of people, there exists some overlap in their individual characteristics. One specific commonality is that many heterosexual male and lesbian perpetrators frequently endorse a history of psychiatric treatment or hospitalization (Farley, 1996). Additionally, a personal and/or familial history of

psychological, physical, or sexual abuse was found to be prevalent amongst perpetrators (Farley, 1996).

Research completed by Miller et al., (2001), Renzetti (1992), and Poorman and Seelau (2001) suggested that specific characteristics of a lesbian's personality and demeanor are related. Rohrbaugh (2006) further posited:

Lesbian batterers are often charming, articulate, and manipulative in public, which may lead professionals to believe the abuser's claim that the victim was the cause of the relationship problems and battering. These abusive lesbians are people who feel powerless and use violence as a means to achieve power, control, and dominance in their intimate relationships. (p. 295)

Obviously, this is not the only presentation a lesbian who abuses their intimate partners can have within a clinical or community setting. The opinion of this researcher is that many of the qualities described above, "charming, articulate, and manipulative," have been informed by heterosexual, male perpetrators of relationship violence, and thus previous research may have been biased in exploring lesbian abuser characteristics. More research related to individual characteristics among lesbian perpetrators of abuse has supported the fact that they are frequently emotionally dependent upon their partner and seek validation and acceptance. A lesbian that was charming, articulate, and manipulative may not always fit this trend.

Lesbian Identity and Relationship Violence

McConaghy and Zamir (1995) proposed that the more a lesbian identified with masculine identity components, the more likely they were to become an abuser. Although this appears to be a stereotype wherein aggression and violence is related to masculinity, a larger idea is

represented. A lesbian who does present, or identifies as more masculine, may carry a higher level of inadequacy or lack of self-efficacy due to society's strong emphasis on fulfilling gender roles and may also be more likely to experience overt homophobia from others in the world (McConaghy & Zamir, 1995). Additionally, a lesbian's perceived gender conformity is in line with the hypothesis that a higher level of internalized homophobia may be found within lesbians that identify as more masculine than their counterparts that are more feminine.

Further supporting the hypothesis that higher levels of internalized homophobia are found among lesbian perpetrators of relationship violence is researched by Lockhart, White, Causby, and Issac (1994). Their research demonstrated that higher levels of emotional dependency are more frequent among lesbian batterers than lesbian victims of abuse. A higher level of internalized homophobia, or self-hate for one's identity within sexual orientation and/or gender identity, leads to more intense emotional dependency on a lesbian's partner from whom they receive support and affirmation.

Internalized homophobia is specifically impactful on the lives of lesbians that perpetrate relationship violence. Internalized homophobia has been connected to lower self-esteem, feelings of powerlessness, and self-destructive behaviors (Coleman, 1994). Overall, Schilit et al., (1990) found sociocultural alienation in a primarily heterosexual society exacerbates stress, often leading to a lack of affective and behavioral control. Building on this, Byrne (1996) found that perpetrators of lesbian relationship abuse often experienced more negative feelings about being gay than their non-battering counterparts. Internalized homophobia is an individual characteristic of the disempowerment theory that greatly impacts the occurrence of lesbian IPV perpetration. Badenes-Ribera et al., (2014) revealed a need for homophobia prevention programs among lesbian women that identified as abusers of their intimate partners. Their study was a meta-

analysis of all research regarding lesbian IPV within the past 20 years and issues of internalized homophobia were found to be prevalent within each study that assessed for its presence/impact.

This investigation asserts that the intersectionality of sociocultural factors greatly influences the likelihood of a lesbian becoming an abuser of her intimate partners. Additionally, relationship violence is also a learned, repeated behavior that necessitates separate recognition. The proposed intervention program takes both the sociocultural factors and behavioral aspects of lesbian IPV into account to effectively assist lesbian abusers.

Intimate Relationship Factors

Bartle and Rosen (1994) stated: “Violence in intimate couple relationships is, in part, a distance-regulating mechanism that maintains a balance between separateness and connectedness in the relationship” regarding lesbian relationships (p. 222). The above is strongly applicable to lesbian couples because of the documented intensity, or “fusion”, that has been identified by Lockhart et al., (1994). The researchers proposed that fusion, or an intense level of enmeshment with one’s partner, was a predictor of psychological abuse in their sample of several hundred lesbians. The idea of enmeshment among lesbian couples is an additional reason the exploration and emphasis on the unique contextual factors surrounding lesbian relationship violence is needed. Perhaps it is that the specific intensity of disempowerment related to each lesbian’s sexual orientation that sets the stage for enmeshment. Although this is obviously an idealized way of viewing romantic relationships, it is possible that certain characteristics of those involved in the romantic lesbian relationship could contribute to feelings of disempowerment and further increase the likelihood of IPV. Lockhart et al., (1994) found disparities in physical size, attractiveness, and job status also increase the likelihood of lesbian violence occurring. These disparities are evidence of relationship factors that perpetuate the same disempowerment lesbian women face outside of their romantic relationship. The implications of Lockhart et al., (1994) are

consistent with more recent research regarding the implications of fusion and lesbian IPV. Research conducted by Milletich et al., (2014) revealed that fusion mediated the relationship between internalized homophobia and intimate partner violence perpetration among lesbians.

Dependency has particular relevance to lesbian relationships. Lesbian relationships are denied mainstream social validation and acceptance outside of the LGBT community. Lesbian couples may attempt to protect themselves from negativity and hostility related to their sexual orientation by retreating into the safety of their relationship, often making the relationship a “closed system.” The closed system fosters an intense emotional connection, but also creates insecurity by discouraging separation or independence for the individuals in the relationship. The individuals in the lesbian relationship with intense dependency seek out one another for the validation and acceptance they do not receive from society. Intense dependency may create space for rationalizing the relationship violence as justified, if it allows for the validation and acceptance the lesbian individual has desired.

Then and Now: Lesbian Relationship Violence

It seems intuitive to attribute the lack of research regarding lesbian relationship violence to the heteronormative society and culture it exists within. The book *No More Secrets: Violence in Lesbian Relationships* by Janice Ristock (1994) posited that: “For lesbians, keeping secrets about abuse in relationships is also linked to homophobia and heterosexism: it is still risky for some of us to be out, and it can be dangerous to reveal abuse within an already oppressive context” (p. 25). In 1986, Kerry Lobel wrote:

Many lesbians are understandably reluctant to air issues related to lesbian battering, for fear of triggering homophobic attacks on our communities. In a society where there has

been no acceptance of lesbian relationships, the fears are legitimate. By discussing these issues openly we risk further oppression. (p. 1)

Both excerpts address the same issue that continues to be the reality for lesbians experiencing IPV today. Various factors that prevent, or perhaps even discourage, lesbians from reporting relationship violence exist. Not only is IPV in lesbian relationships dismissed by heteronormative culture, but it is also overlooked within the lesbian community (Lobel, 1986). The ignorance regarding the occurrence of violence in same-sex relationships within the lesbian community is a result of various factors that will be discussed in more depth. However, the largest impact of ignorance surrounding lesbian IPV is the lack of effective intervention programs designed exclusively for lesbians. Although it can be argued that awareness of lesbian relationship violence has slightly increased since the previous books were published, until the lesbian community claims lesbian IPV as an issue and forces it into the attention of domestic violence agencies and larger heteronormative culture and law enforcement agencies, violence in lesbian relationships will continue to be a silent plague. Ristock (1994) posited several ideas explaining the silence surrounding lesbian violence:

There have been two main forms of resistance to examining abuse in lesbian relationships: one stems from the desire to keep a focus on male violence, thereby minimizing women's violence; the other arises from the fear that this issue will create a backlash against feminism and lesbians. (p. 3)

Kaschak (2001) touched on many of the reasons perpetration of lesbian relationship violence is permitted to exist within the LGBT community. Kaschak (2001) observed that, "Breaking the silence and violating frequent demands for secrecy by partners and by imposing the self on the

community can be seen as an act of aggression toward the perpetrator and this perception can be shared by the lesbian community” (p. 8). The perpetrator is then provided with a sort of privacy that protects them and leaves their partner exposed to the ridicule tied to revealing an abuser within the lesbian community. Perhaps lesbians continue to batter their partners because they can and because of this their partners experience additional undue harm while also immersed in a cycle of violence. In this way, the LGBT community is as responsible as the larger heterosexual society for keeping violence in lesbian relationships “closeted”.

The postmodern feminist lens utilized within this framework forces us to contemplate the language provided by heterosexual IPV. Perhaps another reason lesbian relationship violence remains closeted within the lesbian community is because of the association those in the LGBT community and the heterosexual community make with the label perpetrator. Derived from this is the idea that the label of perpetrator is often associated with the male instigated violence in a heterosexual relationship. Perhaps lesbians and those in the lesbian community fear having any similarity to male perpetrators that embody patriarchy and imposed dominance over women. The proposed intervention program designed specifically for lesbians is entitled, “Lesbians Who Abuse Intimate Partners” (LWAIP), as symbolic of a divergence away from the term perpetrator that carries a male, heterosexual association. The Lesbians Who Abuse Intimate Partners intervention program begins to encourage lesbian women to identify their own experiences as a woman that has abused an intimate partner(s), not as a perpetrator that has abused partners in the same way men do.

Previous research committed to lesbian violence has focused on prevalence rates, often compared to those of heterosexual IPV. When attention is paid to the contextual factors that contribute to lesbian relationship violence, it often involves the examination of only one or two

factors. Also, absent within literature regarding IPV are developmental models or pathways to demonstrate the factors that contribute to violence.

Although this investigation examines how these contextual factors impact the abuse of intimate partners of lesbians, many of them are consistently found to be present in perpetrators regardless of gender identity and sexual orientation. Additionally, although there has seemingly been progress made for the LGBT community within recent years, an understanding of lesbian IPV remains in its infancy. The belief of the researcher is that perpetrators should be identified and classified by their behavior while also accounting for the socio-political context in which the violence occurs. Intimate partner violence perpetrators can no longer be identified on the basis of their gender.

Lesbian IPV has been conceptualized through the use of several models/theories throughout research. Following, in the chapter 2 literature review, are several models/theories that are particularly salient to lesbian women.

Chapter 2: Models and Theories of Intimate Partner Violence in Lesbian Relationships

Sexual Minority Stress and Lesbian Relationship Violence

Meyers (2003) originated the concept of a minority stress model based on the unique experiences of individuals that identify as members of a stigmatized group. Lesbian-identified women may be under several layers of minority stress based on their gender, sexual orientation, and a number of other personal factors (race, socioeconomic status, and level of education). Individuals that identify as sexual minorities confront isolation and helplessness unmatched by their heterosexual counterparts (Neisen, 2008). Carvalho et al., (2011) proposed that, “Regardless of the direction of the effect, it is clear that sexual minority stress (expectations of prejudice, and discrimination due to being LGBT) is associated with partner violence” (p. 3).

Lewis et al., (2014) completed a study on two specific sexual minority stressors for lesbian women: internalized homophobia and social constraints in talking with others about one's minority sexual identity. Their research, which presented internalized homophobia and social constraints in talking to friends about sexual identity, yielded a positive indirect link with psychological aggression (PA). Psychological aggression was classified as a range of methods to hurt, coerce, control, and intimidate partners. Additional research related to lesbian relationship quality and the role of sexual minority stress was conducted by Balsam and Szymanski (2005). Their research assessed the degree of "outness," internalized homophobia, lifetime and recent experiences of discrimination, butch/femme identity, relationship quality, and lifetime and recent experiences of domestic violence in a sample of 272 predominantly European American lesbian and bisexual women. Balsam and Szymanski (2005) related these factors to relationship quality, specifically when influenced by lesbian IPV. Their results demonstrated:

Minority stress variables (internalized homophobia and discrimination) were associated with lower relationship quality and both domestic violence perpetration and victimization. Outness and butch/femme identity were largely unrelated to relationship variables. (Balsam & Szymanski, 2005, p. 35)

Carvalho et al., (2011) also noted that an exploration of the internal and external minority stressors, as they relate to IPV, is an area lacking within lesbian relationship violence research. The idea of sexual minority stress will be reiterated in the future portions of this investigation for its application to the proposed intervention program and the use of a postmodern feminist framework.

A study by Edwards and Sylaska (2013) detailed the important impact minority stress has on LGBT individuals. Their exploration of minority stress specifically included the repercussions

of sexual orientation victimization, sexual minority stigma, internalized homophobia, and sexual identity concealment related to verbal, physical, and sexual abuse among LGBT participants.

Edwards and Sylaska (2013) found that physical abuse perpetration was tied to identity concealment and internalized homophobia, sexual abuse perpetration to internalized homophobia, and verbal abuse perpetration to sexual orientation victimization. Although Edwards and Sylaska's (2013) research only included the impact of sexual minority stress, other minority factors of lesbian women who abuse their partner can be hypothesized to further amplify the stress of having several minority statuses.

The intersectionality of minority statuses for lesbian women requires exploration and significant consideration. Each intervention program group member can be helped to explore her own identity through the use of intersectionality. These correlations accentuate the necessary inclusion of a minority stress framework in the lesbian intervention program. Heterosexual perpetrators of relationship violence, male or female, do not face the challenges related to sexual orientation victimization, sexual minority stigma, internalized homophobia, and/or sexual identity concealment. For this reason, intervention programs for any individual that identifies as a member of the LGBT community must stress the impact of minority stress. The idea of minority stress and its subjective impact on each lesbian woman will be addressed throughout the perpetration intervention program.

The impact of minority stress illustrates an idea previously outlined by Baker et al., (2013):

Viewing IPV through a same-sex lens removes gender-based assumptions about the manifestations of IPV, enabling us to see how other cultural and systemic factors may contribute to IPV. At the same time, incorporating the experience of same-sex couples

facilitates viewing gender as a marker for variables requiring further study rather than as an explanation. When we change our focus of IPV in such a way, we discover it is a function of a complex interaction of culture, social structures, social status, and interpersonal dynamics. (p. 184)

Truly, the “complex interaction” that Baker et al., (2013) identified that makes lesbian women abusing their intimate partners so distinctive is evident. Although it appears that much of the reasoning for the impact of minority stress is a direct product of a heterosexist, patriarchal culture, the contribution of the LGBT community to the perpetuation of lesbian violence requires examination. Turell et al., (2012) demonstrated that there exists a “lack of readiness” to address relationship violence within the LGBT community. Furthermore, Turell et al., (2012) utilized a community readiness model to explore the degree of such within the LGBT community. Overall, Turell et al., (2012) found only vague awareness of lesbian IPV among study participants. Although this lack of awareness is likely unintentional, it still contributes to an inter-communal sense of disempowerment and minority stress among lesbian women who abuse. The opinion of the researcher is that the heterosexist, gender-bound way relationship violence has been viewed in the past has, at least partially, made it difficult to recognize this same violence within the LGBT community. The researcher also maintains that lesbian relationship violence shatters the lesbian communal notion of a perfect utopia inhabited by lesbian women who defy the heterosexist, patriarchal patterns typically associated with IPV.

Stigma Consciousness and Lesbian Intimate Partner Violence

Carvalho et al., (2011) completed research on stigma consciousness. According to the researchers, stigma consciousness is another element of minority stress. Stigma consciousness is defined as, “The extent to which members of a stigmatized group, such as ethnic minorities or

gay or lesbian individuals, expect to be stereotyped by others and experience discrimination” (Pinel, 1999, p. 81). One’s level of stigma consciousness is based on his/her reality of being a minority member. Higher levels of stigma consciousness related to more masculine lesbian women may carry higher levels of inadequacy or lacking of self-efficacy due to society’s strong emphasis on fulfilling gender roles and norms (Pinel, 1999). A masculine lesbian woman who more obviously deviates from her expected gender role/appearance may be more likely to have a higher level of stigma consciousness and perhaps more likely to perpetrate relationship violence. Carvalho et al., (2011) also found that higher levels of stigma consciousness led to more closeted lesbian individuals. Overall, lesbian women with high levels of stigma consciousness expect to be stereotyped and discriminated against based on their sexual orientation and gender presentation. This establishes a base of distrust toward the world and the society in which each lesbian woman exists. Perhaps high levels of stigma consciousness and distrust make lesbian perpetrators more emotionally dependent on their lesbian partners and increase their likelihood of perpetrating violence against them.

Lesbian Intimate Partner Violence Through a Postmodern Feminist Lens

The utilization of a postmodern feminist lens while seeking to understand lesbian intimate partner violence is appropriate for several reasons. Judith Butler’s (1990) book, *Gender Trouble*, outlined many of the basic fundamentals related to postmodern feminism, most notably, the fact that people are often only able to regard femininity, or what qualifies as being feminine, as a result of what has been constructed to embody masculinity (Butler, 1990). With this, Butler recognizes gender as a social construct that often belittles the experiences and identities of women. Postmodern feminist theory’s rejection of a grand narrative for all, regardless of gender,

makes it appropriate for use with women who traditionally experience oppressive contexts in which their true narratives have been silenced or unheard/ignored.

Overall, physical and emotional abuse has been viewed within a power/control paradigm, but not within a firmly feminist framework (Gelles, 1994). By utilizing a feminist framework to examine the occurrence of IPV within lesbian relationships, we become better equipped to truly recognize and conceive of the unique process by which it occurs. More specifically, a postmodern feminist lens allows us to deconstruct the ways in which a lesbian's sexual orientation, race, socioeconomic status, and various other factors combine to form their experience as an individual. The way these specific factors influence one another is called intersectionality (Crenshaw, 1989). Viewing lesbian relationship violence from a disempowerment perspective allows us to do this. Disempowerment theory indicates those that feel inadequate or deficient in self-efficacy are at an elevated risk of using unconventional means of power assertion, specifically with violence (McKenry, Serovich, Mason, & Mosack, 2006). The strength of disempowerment theory is in its lack of reliance on the crutch of gender, therefore making it applicable to the occurrence of lesbian IPV. The disempowerment perspective also demonstrates the impact of a low level of self-esteem related to feelings of powerlessness and insignificance. Lesbian women are forced to feel disempowered by the patriarchal, heteronormative society in which they live. After experiencing the unfair revocation of power and meaning as a person within society, lesbians perhaps feel overwhelmingly compelled to reclaim it within their own romantic relationships with the use of IPV. Using violence within a lesbian relationship is a method of doing this, as it allows for avoidance of a society that does not recognize them as deserving of power and significance and allows them to achieve such at their own will.

An additional theory that allows us to gain perspective into the occurrence of intimate violence in lesbian relationships is resource theory. Resource theory was originally proposed by Claes and Rosenthal (1990). This theory asserts that those with few resources or little capacity to exert control in more normative or traditional ways resort to physical violence as a means of attaining power (Arias, Samios, & O'Leary, 1987). Resource theory and the disempowerment perspective are similar in the sense that they demonstrate the ways lesbians often feel powerless within a heteronormative society. Additionally, it is likely that many lesbians are disempowered and lacking resources for other aspects of their identity (i.e., gender, race, and socioeconomic status). The disempowerment and resource theories will reemerge throughout this paper as specific lenses to examine IPV in lesbian relationships. Both theories will also reemerge in the proposed intervention program.

Responses to Lesbian Perpetration

This author found no batterer programs or interventions specifically tailored to the needs of lesbian women who abuse. The few facilities that do work with lesbian perpetrators often use revised versions of batterer programs or interventions that originated from work with heterosexual male perpetrators. Previous research has demonstrated that applying the treatments and interventions useful with male perpetrators cannot be expected to be as effective with lesbian women who abuse their partners. Lesbian abusers present with different issues and experiences, as has been demonstrated throughout this paper, and necessitate a different framework for treatment. To better serve lesbian women who abuse, designing an intervention program specifically tailored to their experiences is necessary.

Chapter 3: An Intervention Program for Intimate Partner Violence in Lesbian Relationships

An intervention program for treating self-identified lesbian women who abuse their intimate partners within the context of IPV is proposed and is attached as an addendum. Transgender lesbian women are a frequently underserved population and are greatly impacted by relationship violence and qualify for participation within the intervention program. The inclusion of all self-identified lesbian women is intentional in the sense that it seeks to foster and create a space for interaction, understanding, and support that may not occur otherwise.

To best understand the methodology behind the program, two explanations regarding the theoretical and behavioral components of the program will be addressed. This program will address the unique experiences of lesbian women who have abused intimate partners, and as such, can only be applied to working with lesbian women. Theoretically, this program will incorporate a postmodern feminist approach, as well as the transtheoretical model of behavior change (Prochaska & DiClemente, 1983).

Feminists cannot overcome the privileging of the male and the devaluing of the female until they reject the epistemology that created these categories. The attempt to preserve the ‘good’ aspects of modernity, or even to privilege the feminine over the masculine, cannot escape from the inherent sexism Enlightenment epistemology. (Hekman, 1990, p. 8)

The vast majority of intervention programs have solely valued the experience of the male, heterosexual perpetrator of IPV, which has inherently devalued and almost eradicated the experience of violence within any other context, especially a lesbian woman who abuses. A dramatic, necessary shift that serves as a blatant rejection of the male dominated approach to

working with perpetrators of IPV needs to occur. One of the critiques of the postmodern feminist lens is that it is inherently sexist in its emphasis on the exploration of the experiences of women over those of men (Anderson, 2012). The program developer would like to stress that this idea, although understandable, exists for a reason. The emphasis on the male experience of perpetration has dominated the IPV world. For this reason, the program developer firmly maintains that until the experience of all abusers, regardless of their gender or sexual orientation, are of equal importance, the push for recognition of lesbian women who abuse intimate partners will remain restricted. Until all abusers are recognized with uniform significance, the experience of lesbian women impacted by relationship violence will remain eclipsed by those of male, heterosexual perpetrators.

The current intervention program is a necessary departure from previous perpetration intervention programs. Essentially, this departure makes the proposed intervention program more difficult to contextualize without the support of previous intervention programs. Postmodern feminism rejects the universality of any experience. However, some generalizations will inevitably be made during the intervention program. Smiley (1993) made a distinction between generalizations that are liberating versus those that are oppressive:

I argue that while all explanatory theories impose identities on individuals and separate them from other members of the community, they differ with regard to the oppressiveness of the identities that they impose. If feminists want to develop a mode of generalization that neither translates into oppressive identities nor creates barriers between individuals who share interests and values in common, they will have to place the practical concerns of women themselves, rather than the coherence of a pre-existing theory at the centre of their attention and develop an understanding of commonality that

enables us to grasp how women are disempowered in practice. (p. 92-93)

Overall, Smiley (1993) stressed the importance of moving beyond exploring who women are and instead focusing on how women are disempowered in different situations: an additional piece that has been unexamined by previous perpetration intervention programs. Emphasis on identity while incorporating disempowerment within different situations is at the core of the current perpetration intervention program for lesbian women.

A Postmodern Feminist Approach and Abuse Intervention Programs

The proposed intervention program's participants will include any person who self-identifies as a lesbian woman. The emphasis on self-identification within the program is necessary considering the postmodern feminist theory's heavily weighing social change and the subjective lived experience (Smiley, 1993).

The goal is to not fit 'others' into the dominant mold, but rather to come to a better understanding of the diversity of domestic violence experiences, the significance and meaning this violence has in the lives of different groups of people, and how this intersectionality affects outcomes. (Renzetti, 2001, p. 23)

The largest reason for the incorporation of a postmodern feminist approach involves its focus on social change (Ebert, 1991). To create a lasting impact on the occurrence of lesbian perpetration, the program seeks to treat more than the individual seeking intervention program services. The postmodern feminist approach encourages those working within the framework to transmit their own internal processes and experiences to those around them, and in effect, inciting change or questioning in the lives of others that also identify as lesbian women who abuse. The idea is demonstrated in the writings of Amy Rossiter. Rossiter (1999) posited that "totalising truths," or seeking to provide unitary explanations of human behavior, contributes to oppression. Departure

from unitary explanations is one of the driving forces of postmodern feminism. Members of Lesbians Who Abuse Intimate Partners (LWAIP) move toward a transformation in accessing their own subjective truth while accompanying other group members doing the same. It is anticipated that the use of postmodern feminism will incite ripples of intrapersonal change that will inevitably impact interpersonal dynamics. One of the reasons IPV continues to occur is because of the absence of the inclusion of social change within intervention programs.

Ristock (2011) acknowledged the dangers and limitations to “totalizing truths” and how this calls to attention our need to continue questioning the terms and understandings we apply to the experiences of others, especially those that identify as members of minority groups:

Who benefits from the way we currently talk about relationship violence and what difference does it make? Whose voices are heard and not heard when we use categories such as: domestic violence; same-sex domestic violence, victim/perpetrator, and so on. Whose realities are blurred and/or erased when we focus on binary categories? Whose needs are not met as a result? What if we mapped the range of experiences of violence in people’s lives (partner, family, societal, colonial, etc.)? How might that change our theorizing? How might that change our practice? (p. 8)

Rossee and Koss (2001) regarded feminist theory in part by, “The interaction of gender systems with other power systems. This does not mean women experience gender as their primary oppression, nor do all women experience gender in the same way” (p. 17). Feminist theory generally emphasizes the position of women in the world, or one’s gender, as the defining aspect of their experience of the world and the way in which they view themselves within it. Postmodern feminist theory embraces the intersectionality of every aspect of an individual

(Smiley, 1993). Race, religion, sexual orientation, gender identity, and class are all allotted equal emphasis and a need for exploration within the lives of women. Creating an intervention program for lesbian who abuse their intimate partners that failed to encourage the group members to explore their intersecting identities and experiences of oppression would inherently overlook the “whole” woman seeking treatment.

In critique of feminist theory, Ebert (1991) stated, “...various feminisms have attempted to define women’s positions in society” (Ebert, 1991). Postmodern feminism seeks to create space for women to tell their own story instead of imposing one. No two women have had the same experience and for this reason should not be generalized under an umbrella of experiences. The creation of a narrative true to the subjective experience of each group member is a central component of the intervention program and allows the woman to ascribe her own language to her experiences in order to derive meaning. In the process of constructing one’s own reality instead of being told how to construct reality, an individual moves toward a reflective way of reconciling the past with the present and hope for the future. Rossiter (1999) with regard to language insists that:

In short, we have no innocent access to reality: reality is an effect of language because we cannot know outside of language. And language is social—made by humans. The very fact that language is social means the descriptions of reality are inevitably produced within the power relations of human society. (p. 25)

Although a complete departure from the meaning each member of the group attaches to their language is unrealistic, an emphasis on exploring, questioning, and challenging language that is routinely used within narratives about themselves is fundamental to postmodern feminist perspective (Rossiter, 1999). Evident here, in part, is the notion of identifying one’s subjective

truth instead of assuming truth. Additionally, assumed truths often perpetuate oppressive narratives that are enforced by a patriarchal society. The truth is subjective to each person. Oppressive narratives bestowed upon lesbian women who abuse may often create a feeling of powerlessness that may be acted out within their relationships with women. In this way, lesbian IPV can be viewed at times as a desperate thirst for power and meaning that is enacted as violence within the relationship. Exploring and claiming one's own truth and language is empowering for an individual, especially an individual who has been made to feel powerless within society. The examination and claiming of language to embody one's narrative is a process of internalizing power instead of acting it out in a violent way in a relationship with another woman.

It is the opinion of the researcher that intervention programs originally created to treat male perpetrators that have been applied to lesbian perpetrators continue to perpetuate the oppressive nature of patriarchy. The application of treatment programs developed for male perpetrators to female perpetrators, regardless of sexual orientation, cannot truly assist women in their recovery process if the program was not created with women's needs at the forefront of its creation. The proposed intervention program seeks to accomplish this need by continually emphasizing the subjective experience of each woman within the group. Further, the postmodern feminist theory framework within this program allows for the inclusion of discourse related to the social context in which women reside.

The use of language, specifically language that allows for the inclusion of group members' experiences, will also be crucial while utilizing a postmodern feminist approach. Lather (1996) previously emphasized the importance of making language accessible within postmodern feminist theory as a "discourse of power." The idea of a discourse of power directly

relates to the emphasis on power within the presence of violence within a lesbian relationship. Accessible language allows members of the group to feel empowered and thus less likely to enact the power dynamics of IPV within a lesbian relationship. Imparted upon group members is the responsibility and right of claiming their subjective lived experience, without being forced to utilize labels and words imposed upon them. A sort of naming one's own experience also contributes to the striving toward an egalitarian relationship between the group co-leaders and the group members.

One of the main factors contributing to the use of a postmodern feminist approach to this intervention program is captured in a quote by Teresa Ebert (1991): "I believe that postmodern feminist theory is necessary for social change, and that rather than abandon it as too abstract, we need to re-understand it in more social and political terms" (p. 18). A hallmark of all feminist theories is the notion that inherently, "...the personal is political" (Hanisch, 1969, p. 18). Furthermore, not only is the personal political, it is necessary for social change. The experience of each member of the group is a personal process with political applicability. Although the experience of each member of the group is unique and subjective to them, that process in general is a political one. Carol Hanisch (1969) is also credited with furthering the meaning of "the personal is political". She posited that political refers to any power relationship. The idea is even more applicable to lesbian IPV. A personal re-understanding of experience embedded with the personal language of each group member is political in itself and will incite social change while increasing awareness and recognition of IPV in lesbian relationships. A similar idea to re-understanding is reiterated by Ebert (1991):

Rewriting is a postmodern strategy for what I call 'activating' the 'other' suppressed and concealed by dominant ways of knowing: it articulates the unsaid, the suppressed, not

only of texts and signifying practices but also of the theories and frames of the intelligibilities shaping them. (p. 888)

In this way, re-understanding and rewriting can be viewed as the process of allowing each group member to most accurately capture their own experiences and identification instead of absorbing one dominant way of knowing or being known by others.

The emphasis on language prevalent throughout postmodern feminist theory has created a need for special consideration in the use of language within the intervention program protocol. For this reason, the use of language that is less clinical and more egalitarian has been intentional throughout the protocol development. For example, use of the term “members” instead of “clients,” “facilitators” instead of “therapists,” and “women who abuse women” instead of perpetrator is present throughout the protocol. The term perpetrator is also likely to produce a feeling of shame within the individual to whom it is applied. The phrase, women who abuse women, allows a lesbian woman a feeling of agency and acknowledges her interest and willingness to change her behavior. An additional reason for the departure from the dichotomy of perpetrator and victim within the intervention program is due to research that has shown lesbian relationship violence can, in some instances, be mutual or bidirectional (Marrujo & Kreger, 1996). Although these terms are utilized, group members will be encouraged to implement their own language to make the intervention resonate as most impactful for them. Additionally, the explicit use of the term “transformation” in lieu of “treated” with regard to the process of transitioning away from one who identifies as a lesbian who abuses toward one who has explored, gained awareness, and now abstains from abusing women is perhaps the most intentional., Jana Sawicki (1991) demonstrates the power of creating space for narratives of oppressed people to be shared:

Narratives of oppressed people are important insofar as they empower these groups by giving them a voice in the struggle over interpretations without claiming to be epistemically privileged or incontestable. They are not denied the ‘authority’ of experience, if by ‘authority,’ one means the power to introduce that experience as a basis for analysis, and thereby to create new self-understandings. What is denied is the authority of unanalyzed experience. (p. 169)

Many of the previous intervention programs have evolved from an assumption of authority over the experiences of the group members. Perhaps this is why many of these programs have been unsuccessful (Dutton & Corvo, 2007). Allowing a group member, especially one seeking to alter behavior, to benefit from gaining self-understanding is more sensitive to their individual personhood. By forcefully inserting interpretations and language into the narratives of each group member, autonomy and the desire to implement true change in one’s life is diluted: their experience remains unanalyzed. The shared encouragement, praise, and invitation to analyze one’s own experiences are that which increase an engrained type of empowerment. Internalized empowerment will shift the need of the individual to desperately grasp at moments of powerlessness over another person, as a lesbian woman who abuses their intimate partner resulting in IPV, to someone that no longer seeks dominance over another to feel powerful and of worth.

The use of the term, transformation, within the intervention program protocol is also embodied in a quote by Rosenwald and Ochberg (1992): “Personal stories are not merely a way of telling someone (or oneself) about one’s life; they are the means by which identities may be fashioned” (p. 3). The power of a personal story is perhaps one of the best ways to incite a shift or transformation in identity for the lesbian women partaking in the program intervention. The

creation, recreation, and sharing of one's personal story allows for a reimagining of one's own way of relating to themselves, others, and the society in which they are immersed. The hope of the program developer is that the shift in identity experienced by many of the members of the group will create an additional ripple of change within the lesbian and larger gay community. The ripple of transformation is also embodied within the postmodern feminist perspective. The ripple of transformation will create a shift in identity and awareness within the group member, the lesbian community, the gay, bisexual, and transgender (GBT) community, and other communities by allowing them to imagine a new manner in which they can seek to understand themselves, others, and society.

The impact of a lifetime of discrimination as a lesbian within a heterosexist, patriarchal culture has been established within one study. Balsam and Szymanski (2005) found that, "...lifetime heterosexist discrimination was associated with lifetime IPV perpetration in women's same-sex romantic relationships" (p. 501). Unfortunately, not many studies have focused exclusively on the compounding impact of lifelong discrimination on lesbian women.

Overall, the postmodern feminist approach rejects any notions of ultimate truth, roles, or realities and will be present within the intervention program throughout. The opportunities for all of these are endless and particular to each person. Postmodern feminism is the ultimate acknowledgement of diversity in this way. The intervention program will strive to embody the theory as ultimately accepting of all diversity related to lesbian women. The process of moving away from an essential one manner of being creates space for exploring the multiple, intersecting aspects of every woman seeking to access the intervention program. Additionally, explorations of the impact of oppression due to multiple, intersecting levels of oppressed identities will occur in group discussions and individual exercises within group.

The Transtheoretical Model of Behavior Change

Prochaska and DiClemente (1983) created the transtheoretical model of behavior change (TTMBC) to be utilized by anyone seeking to intentionally change a specific behavior. The model serves as an integrative, biopsychosocial framework for conceptualizing change. Since early 1980, the TTMBC has been shown to change individuals across a variety of maladaptive behaviors, including partner violence (DiClemente & Hughes, 1990; Prochaska & DiClemente, 1992). A large body of empirical research now exists to demonstrate the effectiveness and validity of TTMBC (Bridle et al., 2005, Brug et al., 2005). Although the stages of change within the model appear linear, they are better described as spiral. The stages allow, and actually anticipate, relapse, as we often would with any attempt to change a long-standing human behavior (Prochaska & DiClemente, 1983, 1986). The nature of the TTMBC allows it to be applied to any number of populations, settings, or behaviors. The opinion of the researcher is that this behavioral model may be useful with women working to alter their emotional, physical, or sexually abusive tendencies. The TTMBC has been used previously within IPV intervention programs with men and heterosexual women, but has not been utilized with a lesbian population (Babcock et al., 2005; Burke et al., 2001; Eckhardt, Babcock, & Homack, 2004; Murphy & Baxter, 1997). One study has been completed regarding possible gender difference between utilizing the TTMBC for male and female perpetrators: research completed by Babcock et al., (2005) revealed no gender differences when utilizing the model for male or female perpetrators and proposed that the model may be equally applied to female perpetrators as well as male.

One of the most important aspects of utilizing the TTMBC is assigning the appropriate stage to each member partaking in services. It is anticipated that because the group members will self-identify as perpetrators of lesbian relationship violence that they will at least be at the

preparation stage in the TTMBC. The ability to self-identify, or a person's level of readiness to change, is positively correlated with program completion and is effective in sustaining from relationship violence long-term (Daniels & Murphy, 1997; Scott & Wolfe, 2003). For this reason, potential group members will be assessed with the University of Rhode Island Change Assessment-Domestic Violence (URICA-DV). The measures that will be utilized with lesbian women participating in the intervention program have been tested for their validity and reliability. Daly and Pelowski (2000) completed research that demonstrated readiness to change not only predicted perseverance within perpetration program interventions, but also their likelihood of remaining in treatment. Previously, the use of the TTMBC with mandated male, heterosexual perpetrators has proven largely ineffective when they are not assessed accurately for the stage within the model that they are at upon entering the intervention group. This is deemed appropriately, "stage-matched," by Prochaska et al., (1993). Stage-matched intervention has out-performed one-size-fits-all intervention (Marcus et al., 1998). If during participation within or during assessment to qualify for group participation, the lesbian woman denied having perpetrated relationship violence in the past, she would need to be referred to another service that would provide stage-matched intervention for her.

The model is designed in a series of stages (Prochaska & DiClemente, 1983). The stages are:

- 1) Precontemplation: Individuals in the precontemplation stage are not thinking about or planning to change a behavior. Usually they are aware of the risks associated with their behavior.
- 2) Contemplation: Individuals in the contemplation stage are thinking about planning to change a behavior, usually within the next six months. The individual will weigh the

positive and negative aspects of permanently refraining from the desired behavior. The belief is that the ambivalence produced from weighing the pros and cons of the behavior keep many immobilized in this stage. Resolving ambivalence is a key factor in successfully moving through the contemplation stage and progressing toward making changes to refrain from their identified behavior.

3) Preparation: Individuals in the preparation stage have successfully weighed the positive aspects of refraining from a specific behavior over the negative aspects. Action toward refraining usually occurs within 30 days after entering the preparation phase. Individuals in this stage have often attempted, unsuccessfully in the past, to alter their behavior. Often, they have a plan of how to execute change, but may not be fully committed to executing it. This stage represents the self-identified lesbians enrolling in the intervention program. The potential group member will be administered a measure that will accurately capture the stage of change the lesbian woman is within at the time of the assessment. This is also the stage that lesbians within the group will best benefit from.

4) Action: Individuals in the action stage have often engaged in a direct action to alter their designated behavior, usually within the past six months. At this stage, individuals are most prone to relapse and regression to an earlier stage in the model. If an individual has not prepared well enough for the behavior change and is committed to their plan, relapse is more likely.

5) Maintenance: Individuals in the maintenance stage have successfully attained and maintained their designated behavior change for at least six months. Relapse is still a risk factor within this stage, but is of less concern than within the action stage.

Important to note is that progression through the stages of the transtheoretical model of behavior change (TTMBC) is often non-linear, allowing for relapses and regression to earlier stages in an effort to preserve eventual success with the desired behavior change (Babcock et al., 2005). The design of the intervention program has been tailored to meet this non-linear tendency of behavior change characteristic of the TTMBC. The intervention program will span 40 weeks in order to best accommodate for relapse and regression within program completion. Upon completion of the LWAIP program, group members will have the option to participate within a peer-led support group.

One of the areas the TTMBC model overlooks is the social context in which the behavioral change is expected to occur, further emphasizing the use of a postmodern feminist approach by allowing space within the intervention program for the subjective social context or minority factors of each individual group member. The postmodern feminist approach brings the model to life within the lives of the group members seeking to create long-term behavioral change. The stages of change, decisional balance, self-efficacy, and process of change become more than a model; they become a lifestyle true to the social context of each member. The TTMBC is broken into two processes of change. The first process is the experiential component of the model. The second is the behavioral process. The first and second processes are comprised of a total of ten elements that need to be included in an intervention program in order for the group members to progress successfully thorough the stages (Prochaska & DiClemente, 1983). The experiential processes occur in the early transitions of the behavior (Stage One) and the behavioral processes occur in the latter portion (Stage Two) of progressing through the model. A chart illustrating the stages of the TTMBC with regard to the intervention treatment program is listed in Figure 1.

Stage 1 Experiential Process (15 weeks)	1.) Consciousness Raising: Individual knowledge is increased for the individual regarding their problem behavior. 2.) Dramatic Relief: Emotional responses to the individual's problem behavior and possible treatments are roused.
	3.) Environmental Reevaluation: Impact of the individual's problem behavior on their environment is reexamined.
	4.) Self-Reevaluation: Cognitions/emotions regarding the individual's problem behavior are reassessed.
	5.) Social Liberation: Attempts are made in order to reduce the prevalence of the individual's former problem behavior in society.
Stage 2 Behavioral Process (25 weeks)	6.) Reinforcement Management: Positive behavioral changes rewarded. 7.) Helping Relationships: Trusting/open dialogue regarding problem behavior is received by supporting individual., 8.) Counterconditioning: Positive alternative behaviors replace the individual's problem behavior.
	9.) Stimulus Control: Stimuli that may be associated with the problem behavior and linked to possible relapse are prepared to be dealt with, avoided, or removed.
	10.) Self-Liberation: Choosing a course of action and committing to that course.
Stage 3 Support Group (Unlimited)	Peer-led support group for participants that have completed the LWAIP program. The purpose of the group will be to support those that are continuing to abstain from violence in their romantic relationships. The group will also be encouraged to present their experiences within LWAIP within public forums. The presentations will be focused on increasing awareness of lesbian IPV and advertising the LWAIP program.

Figure 1. Lesbians Who Abuse Intimate Partners (LWAIP) Intervention Program Plan

Lesbians Who Abuse Intimate Partners (LWAIP) Intervention Program

This intervention program is designed specifically for lesbian women who abuse their intimate partners. Previous intervention programs have been based solely on the needs of heterosexual male perpetrators of abuse. The belief of the author is that current intervention programs being used with lesbian women who identify as abusers of their partners based on those of heterosexual male perpetrators may inflict more harm than benefit. The intervention program also stands in contrast to many of the existing because of the inclusion of non-mandated

group members for participation.

Exclusive Lesbian Abuse Intervention Programs

The *2012 Report on Intimate Partner Violence in Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Impacted Communities in the United States* released by the National Coalition of Anti-Violence Programs (NCAVP) indicated many disturbing trends. The report demonstrated the extent of the detrimental impact IPV has on all individuals that identify as a member of the LGBT population. As awareness of IPV in the LGBT community gains momentum, the importance of differentiating between the experiences of individuals on the basis of their sexual orientation and gender identity will continue to grow.

An article published by Fassinger and Arsenaeu (2007) underscores the significance of conflation with regard to LGBT individuals and identity. Fassinger et al., cited (2007) that:

Sexual minorities--typically classified into the four categories of lesbian, gay, bisexual, and transgender (LGBT) people--face common struggles with societal oppression related to their sexual minority status, and they therefore face similar difficulties in developing positive individual identities and healthy communities within that context of oppression. The increasingly frequent addition of "T" to "LGB" speaks to the public--and professional--conflation of all sexual minority concerns under a shared umbrella of invisibility, isolation, and discrimination. However, there are particular dimensions of experience that differentiate these four sexual minority groups in important ways, shaping group-specific trajectories for the development and enactment of identity. (p. 19)

The tendency toward conflation with regard to LGBT identity should not be perpetuated within an intervention program. An intervention program's attempt to be inclusive by providing

services to all LGBT people instead of focusing on one sexual minority, gender identity group risks overlooking and generalizing experiences. The intervention program proposed in this paper is designed specifically for self-identified lesbian women.

As this is the first attempt at piloting the intervention program, it is likely that additions/modifications to the protocol will be made. The piloting of this intervention program will inform the future of LWAIP. It is likely that as social and political opinions shift, LWAIP programming will also require reconfiguring in order to best fit the needs of participants. The author seeks to accomplish three tasks through the development and publishing of this specific intervention program: 1) Move toward providing specific intervention services for lesbian women impacted by IPV, 2) Increase awareness of relationship violence occurring within the lesbian community, and 3) Increase awareness of the need for specific services that cater to the needs of lesbian women who abuse their intimate partners.

As a reiteration, throughout this protocol two terms are routinely used: perpetrator and lesbians who abuse intimate partners (LWAIP). The creation of this intervention program, as a movement away from those that have originated from the needs of heterosexual male perpetrators, seeks to use the title, LWAIP, to truly make the program specific to self-identified lesbian women. The use of the term LWAIP is a move toward reclaiming the experiences of lesbian women who abuse their partners in an effort to truly capture their identity.

As it has been made apparent thus far, there are many differences between the intervention programs that have been in place for decades and the intervention program being proposed. The high rates of attrition within intervention programs that have used a one-size-fits-all approach are evidence that current programs are not as successful as they aspire to be. Rates of dropout from batterer programs range from 50-75% and as low as 28% when an intervention

program has been long-standing (Daly & Pelowski, 2000; DeMaris, 1989). One can argue that perhaps the mandated nature of the intervention programs contribute to their high attrition rates; however, high dropout rates from intervention programs, whether attended voluntarily or for mandated reasons, have been observed (Stovers et al., 2009). Clearly, the one-size-fits-all intervention program approach does not work, which is an additional reason the proposed intervention program will utilize a postmodern feminist approach. This specific approach is an attempt to preserve the experience and unique identity of every lesbian woman that seeks to participate as a member of LWAIP.

It is interesting to note that previous research that has explored factors related to dropout from perpetration intervention programs has found that men from lower education levels, lower socioeconomic status, lacking employment, and lacking social stability are more likely to drop out (Jewell & Wormith, 2010). Perhaps one piece that perpetrator intervention programs have overlooked is exploration of the places in which oppression and disempowerment may have eventually led to the male clients self-selecting out of the group. The idea has been elaborated upon by Levesque et al., (2008) in her research related to resistance toward perpetration intervention programs: “Results suggest that we look beyond the most common forms of resistance (e.g., denial and victim-blaming) to identify and address other forms of resistance that may be more internally based and difficult to detect” (p. 27). The emphasis on the intersectionality of identities for lesbian women are elements of the “more internally based and difficulty to detect” aspects of IPV perpetration.

Purpose of LWAIP

The purposes of the Lesbians Who Abuse Women Intervention Program (LWAIP) are:

- 1) To ensure the safety and rights of women who abuse their intimate partners as well as those who are abused by them

- 2) To reduce and prevent IPV within the lesbian community through effective intervention programs
- 3) To ensure group members receive services tailored to their specific needs
- 4) To increase public awareness of lesbian IPV

Intervention Program Design

The LWAIP Intervention Program is divided into three stages. The program in its entirety is 40 weeks in duration with meetings weekly for approximately two hours with 6-10 group members and led by two facilitators. Fifteen weeks are allotted to Stage One and 25 weeks to Stage Two. In between Stages One and Two there is a two-week gap that is not part of the 40-week program. The purpose of this is: 1) To allow group members to implement behavioral changes in their life without the group, 2) To journal about their experiences/awareness of behavior, and 3) To mark an end to the psychoeducational component of Stage One of the intervention program and the beginning of Stage Two of the group therapy process. Stage Three is a peer-led support group for members of LWAIP that have successfully completed the 40 week program.

Stage One

This stage of the intervention program involves the introduction and implementation of core constructs #1-5 of the transtheoretical model of behavioral change (TTMBC) (consciousness raising, dramatic relief, environmental reevaluation, self-reevaluation, and social liberation). While this is achieved, the co-facilitators of the group will utilize a postmodern feminist approach to the psychoeducational and intervention program process. Stage One consists of 15 weeks of programming. The promotion of the health and wellness of all individuals is transparent throughout this stage through habitual revisiting and reviewing the

purpose of LWAIP.

Stage Two

This stage of the intervention program involves a group therapy component accompanied by core constructs #6-10 of the TTMBC (reinforcement management, helping relationships, counterconditioning, stimulus control, and self-liberation). Co-facilitators of the group continue to utilize a postmodern feminist approach to group processes. Stage Two consists of 25 weeks of programming. The promotion of health and wellness of all individual is transparent throughout this stage. Generally, Stage Two will be less structured, as to allow space for the group therapy component of the intervention program to naturally unfold.

Stage Three

This stage of the intervention program involves a peer-led support group for participants that have completed the LWAIP program. The purpose of the group will be to support those that are continuing to abstain from violence in their intimate relationships. The group will also be encouraged to present their experiences within LWAIP within public forums. The presentations will be focused on increasing awareness of lesbian IPV and promoting the LWAIP program. Those leading the support group will be required to meet biweekly with other group leaders in order to process their own experiences as facilitators of the support group.

Group Member Assessment/Screening

Although existing intervention programs emphasize the need for clear delineation between an identified victim and perpetrator in an abusive relationship, this intervention program will take a different approach. The qualifications for membership in the program will only require the lesbian individual to identify as a woman who has previously abused an intimate partner.

Group members must self-identify as lesbian women. Relationship violence occurs frequently within the LGBT community, but attempting to expand the group to include the experiences of others who do not identify as lesbian women would be a disservice. Previously, generalization regarding group members within programs has led to overlooking the subjective experiences of group members. The researcher anticipates that an intervention program designed and utilized with the interests of a specific community of lesbian women will help to instigate the creation of other specialized intervention programs designed to treat groups of individuals within the expansive LGBT continuum.

An additional group member requirement is that the member not be legally mandated for intervention program services. The intervention program is designed to treat women who self-identify as a lesbian, and who have been abusive toward women in the past. Often, individuals mandated for intervention programs attend services due to legal mandate and not by choice. This point is especially important when keeping in mind the TTMCB. A mandated individual in the precontemplation stage may not be truly interested in changing their designated behavior and would not fit well into a group of members that have already progressed through levels of the model of behavioral change (Gelles, 1998). The idea of readiness to change as originated by Gelles (1998) is a key factor in intervention program effectiveness and strongly related to being a self-identified lesbian woman who has abused intimate partners.

The assessment and screening of group members will involve two parts. The first part of screening will be the administration of several measures: Lesbian Internalized Homophobia Scale (Szymanski & Chung, 2002; Appendix A), Outness Inventory (Mohr & Fassinger, 2000; Appendix B), and the University of Rhode Island Change Assessment-Domestic Violence (Levesque, Gelles, & Velicer, 2000; Appendix C) to assess the history and current abusive

statuses of the potential group members, and to generally assess their place within the TTMBBC. Appendix D contains the program manual for the LWAIP program. The utilization of these instruments reflects the intentionality of the researcher to provide measures that have been tested in reliability and validity with lesbian samples. The second part of screening will involve an interview between the potential group member and the group's facilitators to assess interpersonal factors and allow the interviewee an opportunity to tell her story and discuss her interest in the group.

Lesbian Internalized Homophobia Scale

The Lesbian Internalized Homophobia Scale (LIHS) was developed by Szymanski and Chung (2002). The LIHS has been tested with lesbian women and has demonstrated sound reliability and validity. The LIHS will be utilized within the intervention program to assess levels of internalized homophobia among participants in measuring five subscales: 1) Connection with Lesbian Community, 2) Public Identification as a Lesbian, 3) Personal Feelings About Being a Lesbian, 4) Moral and Religious Attitudes Toward Lesbians, 5) Attitudes Toward Other Lesbians.

Outness Inventory

The Outness Inventory (OI) was developed by Mohr and Fassinger (2000). The OI has been tested with lesbian women and has demonstrated sound reliability and validity. The OI will be utilized within the intervention program to assess levels of outness among participants. The idea of outness is measured by the extent of the participants' openness or comfort disclosing their sexual orientation among family members, friends, acquaintances, at work, and within religious environments. This scale was found to correlate with the degree of one's identifying as a member of the LGBT community (Balsam & Mohr, 2007).

University of Rhode Island Change Assessment

The University of Rhode Island Change Assessment (URICA) was developed by Levesque, Gelles, and Velicer (2000). The URICA has not been utilized specifically with lesbian women, but it has demonstrated sound reliability and validity with heterosexual women (Babcock et al., 2005). The URICA will be utilized within the intervention program to assess readiness for stage among potential LWAIP participants, as this is a crucial component of the successfulness of the TTMBC.

Focus Group

The researcher held a focus group during the creation of the intervention program in order to most accurately assess the needs and experiences of seasoned professionals in the IPV field. One area of convergence among the focus group members and the researcher was the criteria needed for the group facilitators.

To create an environment most conducive to understanding and harmony among group members, the co-leaders may self-identify as lesbian women themselves to the group members if applicable. Although, identifying as a lesbian woman is not a requirement for group facilitation, at minimum group facilitators should be mental health professionals with experience in the IPV field.

Another criterion for group facilitators that emerged was having had personal experiences with relationship violence in the past. Several of the mental health professionals with experience working with victims and/or perpetrators of IPV had clients ask them for their personal involvement or exposures to relationship violence. Overall, the members of the focus group agreed that truthfully disclosing one's IPV involvement would be important to allow group members to honestly create their own narrative related to their experiences with violence in

intimate relationships. Additionally, the opportunity for group members to disclose their identification as an abuser in the presence of a facilitator may provide them the opportunity to disclose their identity to a lesbian woman within the community.

Although facilitators of the group will be encouraged to truthfully disclose their personal involvement with IPV if they have had such experiences, they will be discouraged from processing such. This will necessitate that facilitators of the group consult with one another frequently to assess any personal reactions to the group processes. Also, group facilitators will be provided with a consultation group with professionals uninvolved directly with the LWAIP intervention program in order to create and encourage the presence of outside perspectives, in addition to serving as a method of self-care for the facilitators. This is an additional reason the facilitators of the group are required to be mental health professionals. Working with group members will require that the group facilitators present and maintain boundaries between themselves and group members, as is necessary within any therapeutic group process.

Overall, the intensive focus group worked to effectively explore, critique, and expound upon the proposed intervention program. The members of the group worked collaboratively to share their own experiences working within the lesbian IPV field, their knowledge of the dynamics of lesbian relationship violence, and overall their personal views of the needs of lesbian women who abuse intimate partners. The focus group was diverse in reference to the group attendees: Carroll Smith, Ph.D., R.N., a professor in Health Systems Science from the University of Illinois at Chicago (UIC), who has worked with lesbian women who abuse intimate partners throughout her professional career and Laura Hosta, LCPC, who has worked within LGBT IPV for the majority of her career. Ms. Hosta served as the coordinator of domestic violence services at Howard Brown Health Services, a community health center for LGBTQ

identified individuals. Both Dr. Smith and Ms. Hosta were recommended as lesbian violence experts from a clinical mentor of the researcher. Alisha Chan, the researcher's assistant who has experience working within the IPV community, also attended the focus group. Ms. Chan has worked as an advocate and contributor to the field of elderly IPV, and as a member of the National Center for Elderly Abuse.

The use of future focus groups is an important piece of the implementation of the intervention plan. Focus groups will allow the program to continue to remain relevant for lesbian women who abuse. Future focus groups might be opened to more than just mental health professionals. Future groups would seek to include other members of the lesbian community, graduates of the LWAIP program, and those that have had professional and personal experiences with lesbian IPV. The invitation to participate in a focus group centralized specifically around the needs of intervention programs will also help to increase the visibility of lesbian relationship violence while emphasizing the need for the development of other programs exclusively created to cater to the experiences of lesbian women who abuse intimate partners.

The focus group members invested the majority of the discussion toward several questions proposed by the intervention program designer. The initial objective of the focus group was to discuss/critique the design for the proposed lesbian partner abuse intervention program development. The intervention program designer posed several questions. Each of the main questions and the feedback from focus group members is described below.

Which theories do you use to talk about lesbian relationship violence?

Largely, many of the theories described as utilized by the group participants were congruent with those of the current research and proposed intervention program. The sexual minority stress and disempowerment theories were elements of lesbian IPV conceptualization for

everyone. Additionally, there was an agreement among members regarding neglect of the cultural lens under which lesbian violence occurs.

How might the experience of a lesbian (oppressed and alienated by heterosexual society) impact relational abilities with an intimate partner?

Several group members spoke about their own relational experiences of oppression and alienation they experienced first-hand. However, it is crucial to remain aware that the opinions shared were those of Caucasian women only. The experiences of minority lesbian women were unrepresented within this focus group. Subsequent focus groups should seek to incorporate the experiences of minority lesbian women in order to truly illuminate the oppression and alienation that has impacted their relational experiences.

The professional experiences of the focus group participants were varied. Some of the focus group members had completed clinical work predominantly with lesbian abusers compared to others that had worked with victims. Discussion arose regarding the significant relational impact of oppression and alienation for abusers and victims, rarely with much difference between the two after exploration. The discussion led to a more in depth analysis of the perpetrator and victim roles in lesbian IPV.

How to find differences between perpetrators and victims?

For the principle investigator, the exploration/need for differentiation between lesbian intimate violence perpetrators and victims was the most impactful on the intervention program development. Victims of lesbian IPV often face unique challenges when attempting to utilize services for victims of relationship violence that have been traditionally intended for heterosexual women. This leaves lesbian women who abuse intimate partners underserved in resources, whereas victims are untreated and provided with resources. Why does the heterosexist

differentiation that has existed historically between perpetrators and victims need to exist within a program developed exclusively for lesbian women? The ultimate conclusion was that a distinction does not need to be made in order to allow group members space to process their experiences as lesbian women that have abused and been abused by their intimate partners, thus, a distinction will not be made within the proposed intervention program. The focus group members also acknowledged the incredible difficulties/unethical aspects of making a person define and label oneself with only one label or role. Often, the most difficult aspect lies within the gray space of the victim and perpetrator roles. Or rather, the lesbian woman that has contributed to the perpetration of intimate violence and been impacted as a victim of IPV.

What works/doesn't work with intervention programs?

One of the stressed aspects of intervention programs was the discussion of the need for flexibility and openness to the process. It was conveyed that the flexibility and openness of the intervention program and its facilitators would be directly correlated with the level of impact on the group participants. More specifically, there are a variety of uncontrollable factors that will inherently alter the group experience every week (absences, holidays, group dynamics between members, etc.). Regardless of the manuscript, intentions of the facilitators, and previous experiences utilizing the same intervention program, no two groups will ever be the same. Flexibility allows the facilitators and intervention programs to remain relevant and applicable week to week and from each group member to each group member. The openness of the facilitators to the impact of the intervention program on the group members is also crucial to the success of the group. There can be no wrong or right way for a group member to experience a group. The experiential process of the intervention program is truly subjective and important to

preserve as unique to each individual participant.

Reactions to Individual Experiences in the Lesbian Intimate Partner Violence Field

The two seasoned professionals have had varied clinical experiences with regard to lesbian relationship violence, which created space for exploration and engagement from several different perspectives. They discussed the stagnant realm of LGBT IPV recognition within larger heteronormative culture. The impact of the silence, or lack of recognition around lesbian intimate violence, was recognized as a contributor to its perpetuation. Additionally, discussion surrounding the lack of intervention programs designed specifically with the needs and recognition of the experiences of lesbian women was explored. Many reasons were proposed for the lack of intervention programs, but none seemed to resonate more than the undeniable lack of funding and resources generally available to LGBT people. The focus group also discussed the experience of lesbian women who experience IPV within rural communities, where even greater silence and lack of recognition persists.

Focus Group Conclusion

Overall, the experience of the focus group was incredibly fruitful for intervention program development. It allowed the program developer to pose questions related to the experiences of those working directly with lesbian women who have abused. It also created was a space for the focus group members to speak freely among one another in an effort to increase the program developer's awareness related to the specific needs of lesbian women who abuse intimate partners. As a doctoral student creating a program for a stigmatized group, constant awareness of professional limitations is of utmost importance.

Implications

The research and proposed intervention program have many implications for current and future research regarding lesbian IPV. The largest challenge to the research and intervention program has been in acknowledging its limitations while simultaneously also seeking to emphasize the weight of its importance. The research and intervention program described are only applicable to lesbian women who identify as abusers of intimate partners. Additional research dedicated to the idiosyncrasies of every sexual minority and gender identity (GBTQ) group is still needed. Research regarding intimate violence in relationships with transgender people, as information gathered from the national NCAVP report in 2012 indicated, is most notably needed. Transgender individuals are at the highest risk for experiencing IPV for a multitude of reasons related to being often disempowered by society (NCAVP, 2012). This being said, every group and individual within the GBT community that has been impacted by relationship violence should be addressed with an intervention program integrating both a behavioral model and some element of a social construct/theory. It has been through heterosexual IPV intervention programs' exclusion of a sociological lens in their treatment that the LGBT community has largely committed the same. The sociological impact, as demonstrated thorough sexual minority stress, and the application of postmodern feminist theory, is the hallmark of treatment for all LGBT-focused IPV intervention programs.

Research exploring the lack of awareness related to the occurrence of relationship violence within the LGBT community should be completed in the future. Research effectively exploring this phenomenon would perhaps contribute to better-informed prevention and education around LGBT violence within the community.

Additionally, as referenced throughout the research presented, relationship violence for those that identify as both a sexual and a racial minority is needed. Although the proposed

intervention program has attempted to integrate this into the foundation and standards of its purpose and mission, this is only the first attempt at such and should be allotted additional necessary attention in future research and intervention programs. The intersection of sexual orientation and racial minority status has not traditionally been explored within relationship violence intervention programs, in addition to less traditionally recognized aspects of identity related to ability and immigration status. Research completed by Smith (2006) is demonstrative of the future of intersectionality with regard to lesbian IPV. Smith's (2006) qualitative research explored the events and intersecting identities of 12 lesbian women who had abused their intimate partners in the past. Her research revealed that indeed the intersectionality of multiple identities in the lives of her research participants greatly impacted their propensity to abuse their intimate partners. Smith (2006) also labeled the participants of her research as "survivors" and acknowledges her use of the term survivor as counter to its traditional use when referring to victims of IPV. Smith's (2006) research relates to the proposed intervention program in that both recognize the often forced subordination experienced by lesbian women who abuse their partners with intersecting minority identifications. Until all people of varying sexual orientations, racial minorities, and abilities are addressed in ways that seek to fully capture and understand their subjective experience, IPV will continue to remain a silenced, growing problem within the LGBT community. The incorporation of postmodern feminist theory throughout this research and proposed intervention program have sought to incorporate this idea in order to increase the general applicability to as many different lesbian women from different racial identities.

Research dedicated to the additional factors that contribute to lesbian IPV should be expanded upon in the future. Specifically, studies exploring the implications of removing the labels of perpetrator and victim, as these labels that have been traditionally applied to male

perpetrated, heterosexual IPV are not applicable to lesbian violence or to any other instance of intimate violence within the LGBT community. Due to the complexities unique to lesbian IPV, an at least partial divergence from a relationship violence model based on power and control is needed. It is indisputable that the true failure of existing intervention programs are in their neglect of the social structures, demands, and experiences that impact every person that has been involved in a relationship with IPV. Intimate partner violence cannot be regarded solely as a behavioral issue that disregards the social context in which the relationship violence occurs.

Future research and intervention programs regarding relationship violence should also seek to explore which theories are best fits for the population to which they are being applied. As postmodern feminist theory has been proposed and will be applied within this intervention program, it is likely and inevitable that other theories may be applicable to this population.

The importance of intentionality behind language has been carefully navigated and invested in throughout this research and the development of the proposed intervention program. For example, abandonment of the perpetrator and victim roles are intentional endeavors toward reclaiming the experience of violence in lesbian relationships. Intentionality behind the extensive allotment of time required for participation in the proposed intervention program was carefully considered while taking into account the behavioral and social foundations of IPV implicated in lesbian violence. Additional explorations of the impact of language are also required in order to truly capture the meaningfulness of language within these contexts.

Future intervention programs should also seek to incorporate as much community, familial, and friend involvement as possible in order to lessen the silencing that surrounds the occurrence of relationship violence. This silencing is even greater in the LGBT community than the heterosexual community. Accessing IPV-related services, disclosing one's relationship status

and subsequently “outing” oneself, and fear of general aggression from the heteronormative community and culture is amplified. By incorporating community, familial, and friend involvement in the recovery from relationship violence, an individual is accompanied in an experience and process that is often isolating, and at times, blaming. The emphasis on increasing social support and awareness is just as important to every intervention program as the intervention program itself is to the participants involved. Any change that an IPV intervention program considers making should also include the larger spheres of influence that contribute to the occurrence of intimate violence. Without doing this, intervention programs will merely continue to extinguish small fires while a conflagration continues to grow and wreak havoc on those impacted, especially LGBT individuals.

IPV research and intervention programs for LGBT individuals are still in their infancy. It will only be through the careful consideration, design, and implementation of programs such as LWAIP that LGBT IPV will truly be brought out of the closet.

References

- Allen, C. & Leventhal, B. (1999). History, Culture, and Identity: What Makes GLBT Battering Different? In B. Leventhal & S. Lundy (Eds.), *Same-sex domestic violence: Strategies for change* (pp. 73-81). Thousand Oaks, CA: Sage Publishers.
- American Bar Association. (2000). *Domestic violence statistics* [Data file]. Retrieved from http://www.americanbar.org/groups/domestic_violence/resources/statistics.html.
- Anderson, E. (2012). Feminist Epistemology and Philosophy of Science. *The Stanford Encyclopedia of Philosophy*. Retrieved from <http://plato.stanford.edu/archives/fall2012/entries/feminism-epistemology>.
- Archer, J. (1994). Male Violence. NY: Routledge Publishers.
- Arias, I., Samios, M., & O'Leary, K.D. (1987). Prevalence and correlates of physical aggression during courtship. *Journal of Interpersonal Violence, 2(1)*, 82-90.
doi:10.1177/088626087002001005
- Babcock, J. C., Canady, B., Senior, A. C., & Eckhardt, C. I. (2005). Applying the transtheoretical model to female and male perpetrators of intimate partner violence: Gender differences in stages and processes of change. *Violence and Victims, 20*, 235-251.
doi:10.1891/088667005780905588
- Badenes-Ribera, L., Frias-Navarro, D., Bonilla-Campos, A., Pons-Salvador, G., & Monterde-I-Bort, H. (2014). Intimate partner violence in self-identified lesbians: A meta-analysis of its presence. *Sexuality Research and Social Policy, 1*, 1-11. doi: 10.1007/s13178-014-0164-7

Baker, N.L., Buick, J.D., Kim, S.R., Moniz, S., & Nava, K.L. (2013). Lessons from examining same-sex intimate partner violence. *Sex Roles*, 3, 182-192.
doi:10.1007/s11199-012-0218-3

Balsam, K.F., & Mohr, J.J. (2007). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology*, 54(3), 306-319.

doi:10.1037/0022-0167.54.3.306

Balsam, K.F., & Szymanski, D.M. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of Women Quarterly*, 29(3), 258-269.

Bartle, S.E., & Rosen, K. (2007). Individuation and relationship violence. *American Journal of Family Therapy*, 22(3), 222-236. doi:10.1080/01926189408251316

Bernhard, L. A. (2000). Physical and sexual violence experienced by lesbian and heterosexual women. *Violence Against Women*, 6, 68–79.

doi:10.1177/10778010022181714

Blumstein, P., & Schwartz, P. (1983). American couples: Money, work, sex. New York: William Morrow Publishers.

Bureau of Justice Statistics. (2012). *Intimate Partner Violence* [Report]. Retrieved from <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4536>.

- Bridle, C., Riemsma, R.P., Pattenden, J., Sowden, A.J., Mather, L., Watt, I.S., & Walker, A. (2005). Systematic review of the effectiveness of health behavior interventions based on the transtheoretical model. *Psychology & Health*, 20(3), 283-301.
- Brug, J., Conner, M., Harre, N., Kremers, S., McKellar, S., & Whitelaw, S. (2005). The transtheoretical model and stages of change: A critique. *Health Education Research*, 20(2), 244-258.
- Burke, J.G., Denison, J.A., Gielen, A.C., McDonell, K.A., & O'Campo, P. (2004). Ending intimate partner violence: An application of the transtheoretical model. *American Journal of Health Behavior*, 28(2), 122-133. doi:10.5993/ajhb.28.2.3
- Butler, J. (1990). Gender trouble. New York, N.Y.: Routledge Press.
- Byrne, D. (1996). Clinical models for the treatment of gay male perpetrators of domestic violence. *Journal of Gay & Lesbian Social Services*, 4 (1), 107-116. doi:10.1300/j041v04n01_11
- Carney, M., Buttell, F., & Dutton, D. (2006). Women who perpetrate intimate partner violence: A review of the literature with recommendation for treatment. *Aggression and Violent Behavior*, 12, 108-115. doi:10.1016/j.avb.2006.05.002
- Carvalho, A.F., Lewis, R.J., Derlega, V.J., Winstead, W.A., & Viggiano, C. (2011). Internalized sexual minority stressors and same-sex intimate partner violence. *Journal of Family*

Violence, 26(7), 501-509. doi:10.1007/s10896-011-9384-2

Center for Disease Control and Prevention. (2011.) *Division of Violence Prevention Annual Report* [Report]. Retrieved from www.cdc.gov/violenceprevention/pdf/dvp_

annualreport_2011-a.docx

Claes, J.A., & Rosenthal, D.M. (1990). Men who batter women: A study in power. *Journal of Family Violence*, 5(3), 215-224. doi:10.1007/bf00980817

Coleman, V.E. (1994). Lesbian battering: The relationship between personality and the perpetration of violence. *Violence and Victims*, 9(2), 139-152.

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics, *The University of Chicago Legal Forum*, 140, 139-167.

Daly, J., & Pelowski, S. (2000). Predictors of dropout among men who batter: A review of studies with implications for research and practice. *Violence and Victims*, 15, 137-160.

Daniels, J. W., & Murphy, C. M. (1997). Stages and processes of change in batterers' treatment. *Cognitive and Behavioral Practice*, 4, 123–145. doi:10.1016/s1077-7229(97)80015-6

DeMaris, A. (1989). Attrition in batters' counseling: The role of social and demographic factors. *Social Service Review*, 63, 142-154. doi:10.1086/603684

DiClemente, C.C., & Hughes, S.O. (1990). Stages of change profiles in outpatient alcoholism treatment. *Journal of Substance Abuse*, 2(2), 217-235.
doi:10.1016/s0899-3289(05)80057-4

Dutton, D.G., & Corvo, K. (2007). The Duluth model: A data impervious paradigm and a failed strategy. *Aggression and Violent Behavior* (12), 658-667. doi:10.1016/j.avb.2007.03.002

- Eaton, L., Kaufman, M., Fuhrel, A., Cain, D., Cherry, C., Pope, H., & Kalichman, S. (2008). Examining factors co-existing with IPV in lesbian relationships. *Journal of Family Violence*, 23(8), 697-705. doi:10.1007/s10896-008-9194-3
- Ebert, T.L. (1991). The difference of postmodern feminism. *College English*, 53(8), 886-904. doi:10.2307/377692
- Eckhardt, C. I., Babcock, J. C., & Homack, S., (2004). Partner assaultive men and the stages and process of change. *Journal of Family Violence*, 19, 81-93. doi:10.1023/b:jofv.0000019839.98858.5c
- Edwards, K.M., & Sylaska, K.M. (2013). The perpetration of intimate partner violence among among LGBT college youth: The role of minority stress. *Journal of Youth and Adolescence*, 42(11), 1721-1731. doi:10.1007/s10964-012-9880-6
- Elliot, P. (1996). Shattering illusions. *Journal of Gay and Lesbian Social Services*, 4(1), 1-8. doi:10.1300/j041v04n01_01
- Erbaugh, E. B. (2007). Queering approaches to intimate partner violence. In *Gender Violence: Interdisciplinary Perspectives*. New York: New York University Press.
- Fassinger, R.E., & Arseneau, J.R. (2007). I'd rather get wet than be under that umbrella: Differentiating the experiences and identities of lesbian, gay, bisexual, and transgender people. *Handbook of Counseling and Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients*, 2, 19-24. doi:10.1037/11482-001
- Farley, N. (1996). A survey of factors contributing to gay and lesbian domestic violence. *Journal of Gay and Lesbian Social Services*, 41(1), 35-42. doi:10.1300/j041v04n01_04
- Gelles, R. (1994). Research and advocacy: Can one wear two hats? *Family Processes*, 33, 93-95.

doi:10.1111/j.1545-5300.1994.00093.x

Gelles, R. (1999). Studying lesbian partner abuse. *Violent Betrayal: Partner Abuse in Lesbian Relationships*, 7-26. doi:10.4135/9781483325767.n1

Gondolf, E.W., Fisher, W.W., Fisher, E., & McPherson, J.R. (1988). Radical differences

among shelter residents: A comparison of Anglo, Black, and Hispanic battered.

Journal of Family Violence, 3, 39-51. doi:10.1007/bf00994665

Greenwood, G.L., Relf, M.V., & Huang, B. (2002). Battering victimization among a probability

based sample of men who have sex with men. *American Journal of Public Health (92)*,

1964-1969. doi:10.2105/ajph.92.12.1964

Hanisch, Carol. (1969). The personal is political., In B. Crow (Ed.), *Redstockings Feminist Revolution*. New York, N.Y: New York University Press.

Hart, B. (1986). Lesbian battering: An examination. In K. Lobel, *Naming the violence:*

Speaking out about lesbian battering (p. 173-189). Seattle, WA: The Seal Press.

Heise, L., & Garcia-Moreno, C. (2002). Violence by intimate partners. *World Report on Violence and Health*. Geneva (Switzerland): World Health Organization.87–121.

Hekman, S. J. (1990). Gender and knowledge: Elements of a postmodern feminism. Boston: Northeastern University Press.

Herek, G.M. (1990). Homophobia. In W. Dynes (Ed.), *The Encyclopedia of Homosexuality*, (pp. 552-555). New York, N.Y: Garland.

Hotaling, G.T., & Sugarman, D.B. (1986). An analysis of risk markers in husband to wife violence: The current state of knowledge. *Violence and Victims*, 1, 101-124.

Hughes, T.L., & Eliason, M. (2002). Substance use and abuse in lesbian, gay, bisexual, and transgender populations. *Journal of Primary Prevention*, 22(3), 263-298.

doi:10.1023/a:1013669705086

Island, D., & Letellier, P. (1991). Men who beat the men who love them: Battered gay men and domestic violence. New York: Harrington Park Press.

Jewell, L.M., & Wormith, J. S. (2010). Variables associated with attrition from domestic violence treatment programs targeting male batterers: a meta-analysis. *Criminal Justice and Behavior*, 37(10), 1086-1113. doi: 10.1177/0093854810376815

Kaschak, E. (2001). Intimate betrayal., *Women and Therapy*, 23(3), 1-5.

doi:10.1300/j015v23n03_01

Lather, Patti. (1996). Troubling clarity: The politics of accessible language. *Harvard Educational Review*, 66(3), 525-545.

Levesque, D. A., Driskell, M. M., Prochaska, J. M., & Prochaska, J. O. (2008). Acceptability of a stage-matched expert system intervention for domestic violence offenders. *Violence and Victims*, 23, 432-445. doi:10.1891/0886-6708.23.4.432

Levesque, D.A., Gelles, R.J., & Velicer, W.F. (2000). Development and validation of a stages of change measure for men in batterer treatment. *Cognitive Therapy and Treatment*, 24(2),

175-199. doi: 10.1023/A:1005446025201

Lewis, R.J., Milletich, R.J., Derlega, V.G., & Padilla, M.A. (2014). Sexual minority stressors and psychological aggression in lesbian women's intimate relationships: The mediating roles of rumination and relationship satisfaction. *Psychology of Women Quarterly*.

doi:10.1177/0361684313517866

Lie, G.Y., Schilit, R., Bush, J., Montagne, M., & Reyes, L. (1991). Lesbians in currently aggressive relationships: How frequently do they report aggressive past relationships? *Violence and Victims*, 6(2), 121-135.

Lobel, K. (1986). *Naming the Violence: Speaking Out About Lesbian Battering*. Seal Press: New York, NY.

Lockhart, L.L., White, B.W., Causby, V., & Issac, A. (1994). Letting out the secret: Violence in lesbian relationships. *Journal of Interpersonal Violence*, 9(4), 469-492.
doi:10.1177/088626094009004003

Marcus, B.H., Emmons, K.M., Simkin, S.L., Linnan, L.A., Taylor, E.R., & Bock, B.C. (1998). Evaluation of motivationally tailored versus standard self-helped physical activity interventions at the workplace. *American Journal of Health Promotion* 12, 246-253. doi:10.4278/0890-1171-12.4.246

Marrujo, B., & Kreger, M. (1996). Definition of roles in abusive lesbian relationships. *Journal of Gay and Lesbian Social Services*, 4(1), 23-34. doi:10.1300/j041v04n01_03

- McClennen, J.C., Summers, A.B., & Daley, J.G. (2002). The lesbian partner abuse scale. *Research on Social Work Practice, 12*(2), 277-292. doi:10.1177/104973150201200205
- McConaghy, M., & Zamir, R. (1995). Sissiness, tomboyism, sex-role, sex-identity and orientation. *Archives of Sexual Behavior, 29*(2), 278-283. doi:10.3109/00048679509075921
- McKenry, P.C., Serovich, J.M., Mason, T.L., & Mosack, K. (2006). Perpetration of gay and lesbian partner violence: A disempowerment perspective. *Journal of Family Violence, 21*, 233-243. doi:10.1007/s10896-006-9020-8
- Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674-697. doi:10.1037/0033-2909.129.5.674
- Miller, D., Green, K., Causby, V., White, B., & Lockhart, L. (2001). Domestic violence in lesbian relationships. *Women and Therapy, 23*, 107-127. doi:10.1300/j015v23n03_08
- Milletich, R., Gumienny, L., Kelley, M., & D'Lima, G. (2014). Predictors of women's same-sex partner violence perpetration. *Journal of Family Violence, 10*, 2-16. doi: 10.1007/s10896-014-9620-7
- Mohr, J., & Fassinger, F. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development, 33*, 66-89.
- Murphy, C. M., & Baxter, V. A. (1997). Motivating batterers to change in the treatment context. *Journal of Interpersonal Violence, 12*(4), 607-620. doi:10.1177/088626097012004009

National Coalition of Anti-Violence Programs (NCAVP). (2012). *Lesbian, gay, bisexual, transgender, queer, and HIV-affected hate violence in 2012* [Report]. Retrieved from http://www.avp.org/storage/documents/ncavp_2012_hvreport_final.pdf.

Niesen, J.H. (2008). Recovery from shame due to heterosexism. *Journal of Gay and Lesbian Psychotherapy*, 2(1), 49-63. doi:10.1300/J236v02n01_04

Peplau, L.A., Cochran, S., Rook, K., & Padesky, C. (1976). Loving women: Attachment and autonomy in lesbian relationships. *Journal of Social Issues*, 34(3), 7-27.
doi:10.1111/j.1540-4560.1978.tb02611.x

Peterman, L. M., & Dixon, C. G. (2003). Intimate partner abuse between same-sex partners: Implications for counseling. *Journal of Counseling and Development*, 81, 40–59.

Pinel, E.C. (1999). Stigma consciousness: The psychological legacy of social stereotypes. *Journal of Personality and Social Psychology*, 76(1), 114-128.
doi:10.1037//0022-3514.76.1.114

Plichta, S.B. (2004). Intimate partner violence and physical health consequences: policy and practice implications. *Journal Interpersonal Violence*, 19(11), 1296–1323.

Poorman, P.B., & Seelau, S.M. (2001). Lesbians who abuse their partners. *Women and Therapy* 23(3), 87-105. doi:10.1300/j015v23n03_07

Prochaska, J.O., & DiClemente, C.C. (1983). Stages and processes of self-change of

smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390-395.

Prochaska, J.O., & DiClemente, C.C. (1986). The transtheoretical approach. In *Handbook of Eclectic Psychotherapy*. New York: Brunner/Mazel Publishing.

Prochaska, J. O., & DiClemente, C.C. (1992). Stages of Change in the Modification of Problem Behaviors. Newbury Park, CA, Sage.

Prochaska, J.O., DiClemente, C.C., Velicer, W.F., & Rossi, J.S. (1993). Standardized, individualized, interactive, and personalized self-help programs for smoking cessation. *Health Psychology*, 12, 399-405. doi:10.1037/0278-6133.12.5.399

Prospero, M. (2008). Effects of masculinity, sex, and control on different types of intimate partner violence perpetration. *Journal of Family Violence*, 23, 639-645.
doi: 10.1007/s10896-008-9186-3

Renzetti, C.M. (1988). Violence in lesbian relationships: A preliminary analysis of causal factors. *Journal of Interpersonal Violence*, 3(4), 381-399.
doi:10.1177/088626088003004003

Renzetti, C. M. (1992). Violent betrayal: Partner abuse in lesbian relationships. Newbury Park, CA: Sage Publishers.

Renzetti, C. M. (1996). Violence in Gay and Lesbian Domestic Partnerships. New York; London: Routledge.

Renzetti, C.M. (2001). Violence in lesbian and gay relationships. In *Sourcebook on Violence Against Women*. Thousand Oaks, CA: Sage Publications.

Ristock, J.L. (1994) And justice for all? The social context of legal responses to abuse in lesbian relationships. *Canadian Journal of Women and the Law*, 7, 415-430.

Ristock, J.L. (2002). No more secrets: Violence in lesbian relationships. New York, NY: Routledge Press.

Ristock, J.L. (Ed.). (2011). *Intimate partner violence in LGBTQ lives*. New York, NY: Routledge.

Roberts, T.A., Auinger, P., & Klein, J.D. (2005). Intimate partner abuse and the reproductive health of sexually active female adolescents. *Journal of Adolescent Health*, 36(5), 380–385.

Rohrbaugh, J.B. (2006). Domestic violence in same-gender relationships. *Family Court Review*, 44(2), 287-299. doi:10.1111/j.1744-1617.2006.00086.x

Rosenwald, G., & Ochberg, R. (1992). Storied lives: The cultural politics of interpretation. New Haven: Yale Press.

Rossiter, A. (1999). Practice and Research in Social Work. New York: Routledge Press.

Rozee, P.D., & Koss, M. P. (2001). Rape: A century of resistance. *Psychology of Women Quarterly*, 25, 295-311. doi:10.1111/1471-6402.00030

Sawicki, J. (1991). Disciplining foucault: Feminism, power, and the body. *Choice Reviews Online*, 29(8), 4456-4459. doi:10.5860/choice.29-4456

Schilit, R., Lie, G., & Montagne, M. (1990). Substance use as a correlate of violence in intimate lesbian relationships. *Journal of Homosexuality*, 19(3), 51-65.
doi:10.1300/j082v19n03_03

Scott, K. L., & Wolfe, D. A. (2003). Readiness to change as a predictor of outcome in batterer treatment. *Journal of Consulting and Clinical Psychology*, 71(5), 879–889.
doi:10.1037/0022-006x.71.5.879

Silverman, J.G., Raj, A., Mucci, L., & Hathaway, J. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *JAMA*, 286(5) 572–579.

Smiley, M. (1993). Feminist theory and the question of identity. *Women and Politics*, 13(2), 91-122. doi:10.1300/j014v13n02_05

Smith, C.A. (2006). *Women who abuse their female intimate partners: A qualitative study* (Doctoral dissertation). Retrieved from the University of Illinois at Chicago Library.

Straus, M.A., Gelles, R.J., & Steinmetz, S.K. (1980). *Behind Closed Doors: Violence in the American Family*. New York: Anchor Books.

Stovers, C.S., Meadows, A.L., & Kaufman, J. (2009). Interventions for intimate partner violence: Review and implications for evidence-based practice. *Professional Psychology*, 40(3),

223-233. doi:10.1037/a0012718

Szymanski, D.M., & Chung, Y.B. (2001). The lesbian internalized homophobia scale. *Journal of Homosexuality, 41*(2), 37-52. doi:10.1300/j082v41n02_03

Szymanski, D. M., Chung, Y. B., & Balsam, K. F. (2001). Psychosocial correlates of internalized homophobia in lesbians. *Measurement and Evaluation in Counseling and Development, 34*(1), 27-38.

Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the national violence against women survey. *Violence Against Women, 6*(2), 142-161.

Turell, S., Herrmann, M. Hollander, G., & Galletly, C. (2012). Lesbian, gay, bisexual, and transgender communities' readiness for intimate partner violence prevention.

Journal of Gay and Lesbian Social Services, 24(3), 289-310.

doi:10.1080/10538720.2012.697797

Waldner-Haugrud, L.K., & Gratch L.V. (1997). Sexual coercion in gay/lesbian relationships: Descriptives and gender differences, *12*(1), 87-98. doi:10.1016/s1359-1789(97)00054-2

Waldner-Haugrud, L.K., Gratch, L.V., & Magruder, B. (1997). Victimization and perpetration rates of violence in gay and lesbian relationships: Gender issues explored. *Violence and Victims, 12*(2), 173-184.

Walker, L. (1979). *The Battered Woman*. New York: Harper and Row.

West, C. M. (2002). Lesbian intimate partner violence: Prevalence and dynamics. *Journal of Lesbian Studies*, 6(1), 121-127. doi:10.1300/j155v06n01_11

Wisconsin Coalition Against Domestic Violence (WCAVP). (2013). *Intimate Partner Violence*

In LGBT and HIV-Affected Communities in the United States [Report]. Retrieved from

http://issuu.com/lgbtagingcenter/docs/ncavp_2012_ipvreport.final/55.

Zahnd, M.G., Grant, D., Aydin, M., Chia, Y.J., & Padilla-Frausto, D.I. (2010). Nearly Four

Million California Adults are Victims of Intimate Partner Violence. Los Angeles,

CA. UCLA Department Center for Health Policy Research.

Appendix A

Lesbian Internalized Homophobia Scale (Revised)

*SA=Strongly Agree, A=Agree, N=Neutral,
D=Disagree, SD=Strongly Disagree*

Connection With the Lesbian Community

1.) When interacting with members of the lesbian community, I often feel different and alone, like I don't fit in.

SA A N D SD

2.) Attending lesbian events and organizations is important to me.

SA A N D SD

3.) I feel isolated and separate from other lesbians.

SA A N D SD

4.) Most of my friends are lesbians.

SA A N D SD

5.) Social situations with other lesbians make me feel uncomfortable.

SA A N D SD

6.) Being a part of the lesbian community is important to me.

SA A N D SD

7.) Having lesbian friends is important to me. SA A N D SD

8.) I feel comfortable joining a lesbian social group, lesbian sports team, or lesbian organization.

SA A N D SD

9.) I am familiar with community resources for lesbians
(i.e., bookstores, support groups, bars, etc.).

SA A N D SD

10.) I am aware of the history concerning the development of lesbian communities and/or the lesbian/gay rights movement.

SA A N D SD

11.) I am familiar with lesbian books and/or magazines.

SA A N D SD

12.) I am familiar with lesbian movies and/or music.

SA A N D SD

13.) I am familiar with lesbian music festivals and conferences.

SA A N D SD

Public Identification as a Lesbian

14.) I try not to give signs that I am a lesbian. I am careful about the way I dress; the jewelry I wear; and the places, people and events I talk about.

SA A N D SD

15.) I am comfortable being an "out" lesbian. I want others to know and see me as a lesbian.

SA A N D SD

16.) I wouldn't mind if my boss knew that I was a lesbian.

SA A N D SD

17.) It is important for me to conceal the fact that I am a lesbian

from my family.

SA A N D SD

18.) I feel comfortable talking to my heterosexual friends about my everyday home life with my lesbian partner/lover or

my everyday activities with my lesbian friends.

SA A N D SD

19.) I am not worried about anyone finding out that I am a lesbian.

SA A N D SD

20.) I live in fear that someone will find out I am a lesbian.

SA A N D SD

21.) I feel comfortable talking about homosexuality in public.

SA A N D SD

22.) I do not feel the need to be on guard, lie, or hide my lesbianism to others.

SA A N D SD

23.) If my peers knew of my lesbianism, I am afraid that many would not want to be friends with me.

SA A N D SD

24.) I could *not* confront a straight friend or acquaintance if she or he made a homophobic or heterosexist statement to me.

SA A N D SD

25.) I feel comfortable discussing my lesbianism with my family.

SA A N D SD

26.) I don't like to be seen in public with lesbians who look "too butch" or are "too out" because others will then think I am a lesbian.

SA A N D SD

27.) I act as if my lesbian lovers are merely friends.

SA A N D SD

28.) When speaking of my lesbian lover/partner to a straight person, I often use

neutral pronouns so the sex of the person is vague.

SA A N D SD

29.) When speaking of my lesbian lover/partner to a straight person, I change pronouns so that others will think I'm involved with a man rather than a woman.

SA A N D SD

Personal Feelings About Being a Lesbian

30.) I hate myself for being attracted to other women.

SA A N D SD

31.) I am proud to be a lesbian.

SA A N D SD

32.) I feel bad for acting on my lesbian desires.

SA A N D SD

33.) As a lesbian, I am loveable and deserving of respect.

SA A N D SD

34.) I feel comfortable being a lesbian.

SA A N D SD

35.) If I could change my sexual orientation and become heterosexual, I would.

SA A N D SD

36.) I don't feel disappointment in myself for being a lesbian.

SA A N D SD

37.) Being a lesbian makes my future look bleak and hopeless.

SA A N D SD

Moral and Religious Attitudes Toward Lesbians

38.) Just as in other species, female homosexuality is a natural expression of sexuality in human women.

SA A N D SD

39.) Female homosexuality is a sin.

SA A N D SD

40.) Female homosexuality is an acceptable lifestyle.

SA A N D SD

41.) Children should be taught that being gay is a normal and healthy way for people to be.

SA A N D SD

42.) Lesbian couples should be allowed to adopt children the same as heterosexual couples.

SA A N D SD

43.) Growing up in a lesbian family is detrimental for children.

SA A N D SD

44.) Lesbian lifestyles are viable and legitimate choices for women.

SA A N D SD

Attitudes Toward Other Lesbians

45.) I feel comfortable with the diversity of women who make up the Lesbian

community.

SA A N D SD

46.) If some lesbians would change and be more acceptable to the larger society, lesbians as a group would not have to deal with so much negativity and discrimination.

SA A N D SD

47.) I wish some lesbians wouldn't "flaunt" their lesbianism. They only do it for shock value and it doesn't accomplish anything positive.

SA A N D SD

48.) Lesbians are too aggressive.

SA A N D SD

49.) My feelings toward other lesbians are often negative.

SA A N D SD

50.) I frequently make negative comments about other lesbians.

SA A N D SD

51.) I have respect and admiration for other lesbians.

SA A N D SD

52.) I can't stand lesbians who are too "butch." They make lesbians as a group look bad.

SA A N D SD

Appendix B

Outness Inventory

Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you.

- 1 = person definitely does NOT know about your sexual orientation status
2 = person might know about your sexual orientation status, but it is NEVER talked about
3 = person probably knows about your sexual orientation status, but it is NEVER talked about
4 = person probably knows about your sexual orientation status, but it is RARELY talked about
5 = person definitely knows about your sexual orientation status, but it is RARELY talked about
6 = person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
7 = person definitely knows about your sexual orientation status, and it is OPENLY talked about
0 = not applicable to your situation; there is no such person or group of people in your life

1.) mother	1	2	3	4	5	6	7	0
2.) father	1	2	3	4	5	6	7	0
3.) siblings (sisters, brothers)	1	2	3	4	5	6	7	0
4.) extended family/relatives	1	2	3	4	5	6	7	0
5.) my <u>new</u> straight friends	1	2	3	4	5	6	7	0
6.) my work peers	1	2	3	4	5	6	7	0
7.) my work supervisor(s)	1	2	3	4	5	6	7	0
8.) members of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
9.) leaders of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
10.) strangers, new acquaintances	1	2	3	4	5	6	7	0
11.) my <u>old</u> heterosexual friends	1	2	3	4	5	6	7	0

Appendix C

University of Rhode Island Change Assessment

This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem", answer in terms of what you write on the "PROBLEM" line below. And "here" refers to the place of treatment or the program.

There are FIVE possible responses to each of the items in the questionnaire:

**1 = Strongly Disagree 2 = Disagree
3 = Undecided 4 = Agree
5 = Strongly Agree**

- | | |
|--|--------------------------|
| 1.) As far as I'm concerned, I don't have any problems that need changing. | <input type="checkbox"/> |
| 2.) I think I might be ready for some self-improvement. | <input type="checkbox"/> |
| 3.) I am doing something about the problems that had been bothering me. | <input type="checkbox"/> |
| 4.) It might be worthwhile to work on my problem. | <input type="checkbox"/> |
| 5.) I'm not the problem one. It doesn't make much sense for me to be here. | <input type="checkbox"/> |
| 6.) It worries me that I might slip back on a problem I have already changed, so I am here to seek help. | <input type="checkbox"/> |
| 7.) I am finally doing some work on my problem. | <input type="checkbox"/> |
| 8.) I've been thinking that I might want to change something about myself. | <input type="checkbox"/> |
| 9.) I have been successful in working on my problem but I'm not sure I can keep up the effort on my own. | <input type="checkbox"/> |
| 10.) At times my problem is difficult, but I'm working on it. | <input type="checkbox"/> |
| 11.) Being here is pretty much a waste of time for me because the problem doesn't have to do with me. | <input type="checkbox"/> |
| 12.) I'm hoping this place will help me to better understand myself. | <input type="checkbox"/> |
| 13.) I guess I have faults, but there's nothing that I really need to change. | <input type="checkbox"/> |
| 14.) I am really working hard to change. | <input type="checkbox"/> |
| 15.) I have a problem and I really think I should work at it. | <input type="checkbox"/> |
| 16.) I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem. | <input type="checkbox"/> |

- | | |
|--|--------------------------|
| 17.) Even though I'm not always successful in changing, I am at least working on my problem. | <input type="checkbox"/> |
| 18.) I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it. | <input type="checkbox"/> |
| 19.) I wish I had more ideas on how to solve the problem. | <input type="checkbox"/> |
| 20.) I have started working on my problems but I would like help. | <input type="checkbox"/> |
| 21.) Maybe this place will be able to help me. | <input type="checkbox"/> |
| 22.) I may need a boost right now to help me maintain the changes I've already made. | <input type="checkbox"/> |
| 23.) I may be part of the problem, but I don't really think I am. | <input type="checkbox"/> |
| 24.) I hope that someone here will have some good advice for me. | <input type="checkbox"/> |
| 25.) Anyone can talk about changing; I'm actually doing something about it. | <input type="checkbox"/> |
| 26.) All this talk about psychology is boring. Why can't people just forget about their problems? | <input type="checkbox"/> |
| 27.) I'm here to prevent myself from having a relapse of my problem. | <input type="checkbox"/> |
| 28.) It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved. | <input type="checkbox"/> |
| 29.) I have worries but so does the next guy. Why spend time thinking about them? | <input type="checkbox"/> |
| 30.) I am actively working on my problem. | <input type="checkbox"/> |
| 31.) I would rather cope with my faults than try to change them. | <input type="checkbox"/> |
| 32.) After all I had done to try to change my problem, every now and again it comes back to haunt me. | <input type="checkbox"/> |

Appendix D

Lesbians Who Abuse Intimate Partners: L.W.A.I.P. Intervention Program



April 2015

Dear Colleague:

It is with great pleasure that I present a well-designed intervention program incorporating a behavioral and theoretical basis exclusively tailored for self-identified lesbian women who abuse their intimate partners. It is my hope that this program will continue to evolve throughout time as it is used with many lesbian women who seek no longer to abuse.

The program developer anticipates that the creation and implementation of this intervention program tailored to the specific needs of lesbians who abuse their partners will help to increase interest in, and acknowledgment of, the need for other intervention programs for GBTQ individuals.

The commitment of facilitators like you within intervention programs like this one will continue to advance the LGBT movement and create change within the community. Thank you for your dedication.

Sincerely,

Ann Diamond, M.A.
Program Developer

TABLE OF CONTENTS

Acknowledgments	4
Introduction & Program Philosophy	5, 6
LWAIP Intervention Program Plan	7
1.0 Purpose	9
2.0 Declaration of Principles	10
3.0 Intervention Group Design	11
 3.1 Design	11
 3.2 Stage 1	11
 3.3 Stage 2	11
 3.4 Stage 3	11
 3.5 Attitudes and Beliefs of LWAIP	12
 3.6 Facilitator Teams and Group Comp.	12
 3.7 Agency Involvement	13
 3.8 Intake Process/Assessment	13
 3.8a Contracts with Participants	14
 3.9 Exclusion Criteria	14
 3.10 Mandated Reporting	15
 3.11 Fee Structure	15
4.0 Follow-Up Services	15
 4.1 Program Completion	15
 4.2 Mentoring Program	15
5.0 Confidentiality	16
 5.1 Notes/Files	16
 5.2 Limited Confidentiality	16
 5.3 Reporting	16
 Stage 1	18
 Stage 2	40
 Stage 3	41
Forms	
 Contract for Participation	42
 Lesbian Internalized Homophobia Scale	43
 Outness Inventory	46
 University of Rhode Island Change Assessment	47
 Individual Safety Plan	49
 Relational Safety Plan	51
 Group Screening	54
 Interview Questions	55

ACKNOWLEDGEMENTS

The intervention program was written in order to fulfill dissertation requirements for a doctoral program. The author acknowledges and appreciates the involvement of several mental health professionals that have contributed to the development of this program. The author would like to thank Dr. Braden Berkey, Dr. Carroll Smith, Dr. Melisa Bailey, and dissertation assistant Alisha Chan. Without all of your support and expertise this program would not have been possible.

INTRODUCTION

This protocol describes an intervention program designed specifically for self-identified lesbian women who abuse their intimate partners. Previous intervention programs have been based solely on the needs of heterosexual male abusers. It is the belief of the author that existing intervention programs that are used with lesbian women who abuse based on those of heterosexual male abusers may inflict more harm than benefit to group participants. This intervention program also stands in contrast to many of those existing because of its inclusion of non-mandated group members for participation.

As this is the first attempt at piloting the intervention program, it is likely that additions/modifications to the protocol will be made. The author seeks to accomplish 3 tasks through the development and publishing of this specific intervention program: 1.) Move toward providing specific intervention services for lesbian women who abuse their partners, 2.) Increase awareness of IPV occurring within lesbian relationships, and 3.) Increase awareness of the need for services that cater to the needs of lesbians who have abused their intimate partners.

The creation of this intervention program, as a move away from those that have originated from the needs of heterosexual male abusers, seeks to use the term, "LWAIP," to truly make the program specific to lesbian women. The use of the term LWAIP is a move toward reclaiming the experiences of lesbian women who abuse intimate partners in an effort to truly capture their identity.

For the purposes of this protocol, intimate partner abuse between two women, one of whom identifies as a lesbian, will be defined as: "Physical, sexual, or psychological/emotional abuse occurring between at least one lesbian-identified woman and another woman" (Rose, 2000). This definition is one that will be referred to throughout the protocol.

PROGRAM PHILOSOPHY

This intervention program's foundation has been built upon the needs of lesbians who abuse their intimate partners. The program is a combination of postmodern feminist theory and the Transtheoretical Model of Behavioral Change (TTMBC). The use of postmodern feminist theory is because of its focus on social change. In order to create a lasting impact on the occurrence of lesbian perpetration, the program seeks to treat more than the individual seeking intervention program services. The postmodern feminist approach encourages those working within the framework to transmit their own internal processes and experiences to those around them, and in effect, inciting change or questioning in the lives of others that also identify as lesbian women who abuse.

The Transtheoretical Model of Behavioral Change is utilized within the program to assist lesbians participating within the program to intentionally change their abusive behavior. The model is an integrative, biopsychosocial one to conceptualize change. It is through the combination of the sociocultural and behavioral aspects of the intervention program that lesbian women may experience gaining insight into their abusive behavior, connect with other women that abuse their intimate partners, and refrain from repeating abusive tendencies in future

intimate relationships. Refer to figure 1 on page 7 for an explanation of the use of the TTMBc and the varying stages of the intervention program.

Figure 1

Lesbians Who Abuse Intimate Partners (LWAIP) Intervention Program Plan

Stage 1 Experiential Process (15 weeks)	<p>1.) Consciousness Raising: Individual knowledge is increased for the individual regarding their problem behavior.</p> <p>2.) Dramatic Relief: Emotional responses to the individual's problem behavior and possible treatments are roused.</p> <p>3.) Environmental Reevaluation: Impact of the individual's problem behavior on their environment is reexamined.</p> <p>4.) Self-Reevaluation: Cognitions/emotions regarding the individual's problem behavior are reassessed.</p> <p>5.) Social Liberation: Attempts are made in order to reduce the prevalence of the individual's former problem behavior in society.</p>
Stage 2 Behavioral Process (25 weeks)	<p>6.) Reinforcement Management: Positive behavioral changes rewarded.</p> <p>7.) Helping Relationships: Trusting/open dialogue regarding problem behavior is received by supporting individual.,</p> <p>8.) Counterconditioning: Positive alternative behaviors replace the individual's problem behavior.</p> <p>9.) Stimulus Control: Stimuli that may be associated with the problem behavior and linked to possible relapse are prepared to be dealt with, avoided, or removed.</p> <p>10.) Self-Liberation: Choosing a course of action and committing to that course.</p>
Stage 3 Support Group (Unlimited)	Peer-led support group for participants that have completed the LWAIP program. The purpose of the group will be to support those that are continuing to abstain from violence in their romantic relationships. The group will also be encouraged to present their experiences within LWAIP within public forums. The presentations will be focused on increasing awareness of lesbian IPV and

	advertising the LWAIP program.
--	--------------------------------

1.0 PURPOSE

The purpose of the Lesbians Who Abuse Intimate Partners (LWAIP) Intervention Program is:

- 1.) To ensure the safety and rights of lesbian women who are participants in the program
- 2.) To reduce and prevent IPV within the lesbian community through effective intervention programs and education
- 3.) To ensure group members receive services tailored to their specific needs
- 4.) To increase public awareness of lesbian IPV

2.0 DECLARATION OF PRINCIPLES

The Lesbians Who Abuse Intimate Partners (LWAIP) Intervention Program subscribes to the following program principles:

- 1.) To ensure the safety and rights of the of lesbian women who are participants in the program
- 2.) The primary goal is cessation of IPV
- 3.) Abuse can never be condoned under any circumstances
- 4.) Lesbian women who abuse intimate partners can change their behavior
- 5.) There is no principle cause for the prevalence of IPV in the lives of lesbian women. Rather, it is the intersectionality of factors that lead to IPV within a lesbian's life
- 6.) The focus of the group is not on saving romantic relationships, but on ending violence and abuse
- 7.) The LWAIP Intervention Program respects the individual differences and rights of participants
- 8.) The LWAIP Intervention Program does not discriminate on the basis of race, color, gender expression, religion, national origin, ancestry, age, physical or mental disabilities or economic status
- 9.) The LWAIP Intervention Program strives to reflect the cultural diversity of the community it serves
- 10.) As knowledge about the LWAIP Intervention Program expands through program use, philosophical and programmatic changes may be necessary in order to improve the program

3.0 INTERVENTION GROUP DESIGN

3.1 DESIGN

The Lesbians Who Abuse Intimate Partners (LWAIP) Intervention program is divided into 3 stages. The program in its entirety will run for 40 weeks with meetings weekly for approximately 2 hours. 15 weeks are allotted to Stage 1 and 25 weeks to Stage 2. In between Stage 1-2 there will be a 2 week gap. The purpose of this: 1.) to allow group members to implement behavioral changes in their life without the group, 2.) journal about their experiences/awareness of behavior, 3.) to mark an end to the psychoeducational component of Stage 1 of the intervention program and the beginning of Stage 2 of the group therapy process. There will also be a Stage 3 that will consist of a peer-led support group for participants that complete the LWAIP program.

3.2 STAGE 1

This stage of the intervention program involves the introduction and implementation of the Transtheoretical Model of Behavioral Change's core constructs #1-5. While this is achieved, the facilitators of the group will utilize a postmodern feminist approach to the psychoeducational and intervention program process. Stage 1 consists of 15 weeks of programming. The promotion of the health and wellness of all individuals will be transparent throughout this stage.

3.3 STAGE 2

This stage of the intervention program involves a group therapy component supported by the Transtheoretical Model of Behavioral Change's core constructs #6-10. Facilitators of the group will continue to utilize a postmodern feminist approach to group processes. Stage 2 consists of 25 weeks of programming. The promotion of health and wellness of all individuals will be transparent throughout this stage.

3.4 STAGE 3

This stage of the intervention program involves a peer-led support group for participants that have completed the LWAIP program. The purpose of the group will be to support those that are continuing to abstain from IPV in their romantic relationships. The group will also be encouraged to present their personal experiences through LWAIP within public forums. The presentations will be focused on increasing awareness of lesbian IPV and advertising the LWAIP program.

3.5 ATTITUDES/BELIEFS OF LWAIP

- 1.) Belief in an egalitarian relationship
- 2.) Respect for the equal rights of all women
- 3.) Taking full responsibility for one's behavior
- 4.) Expression of a full range of emotions
- 5.) Awareness of the costs of abusive behavior
- 6.) Exploration of the intent behind abusive behavior

In order to best support these attitudes/beliefs of LWAIP, group members will agree to:

- 1.) Recognize and identify abusive behavior
- 2.) Recognize and implement non-violent conflict resolution
- 3.) Use assertive, non-aggressive communication

An element of the postmodern approach to the intervention program is contributing to social/environmental change. This will be achieved within the group by encouraging group members to:

- 1.) Recognize and confront other individuals that demonstrate abusive behavior, sexism, racism, homophobic attitudes, behaviors, and beliefs when doing so does not jeopardize the member's own safety.
- 2.) Encourage other LWAIP to attend the intervention program.
- 3.) Work for positive changes in societal attitudes and practices within the LGBT community.
- 4.) Participate in self-help groups after completing the designated intervention program.

3.6 FACILITATOR TEAMS AND GROUP COMPOSITION

- 1.) Groups must be co-facilitated. Self-identified lesbian women co-facilitators are preferred. Although self-identification as a lesbian woman is not required of facilitators, they should at minimum be mental health professionals with experience in the IPV field. Co-facilitators should agree to be addressed on a first-name basis within the program in order to demonstrate a balance of power within the group.
- 2.) Former LWAIP participants, that have successfully completed the program, may co-facilitate after being abuse free for a minimum of one year. During facilitation, facilitators are prohibited from involvement within LWAIP.
- 3.) The group will be composed of self-identified lesbian women. Ideally, the group will contain 6-10 members. 18 years of age is the minimum age for involvement.
- 4.) Facilitators will also be required to be under the supervision of another mental health professional while facilitating a LWAIP group.
- 5.) Group facilitators must also abide by and agree to the following:

- group facilitators must be violence free within their own lives.
- group facilitators must consistently act and communicate in ways that do not Perpetuate negative attitudes or bias.
- group facilitators must fulfill their requirements to report all instances related to mandated reporting.

3.7 AGENCY INVOLVEMENT

When possible, it is the expectation of the facilitators involved with LWAIP program to collaborate/remain informed by outside agencies. Collaboration with other agencies will increase public awareness of the program. When possible, meetings with other agencies are the responsibility of the group facilitators in striving to remain informed and involved within the LGBT community. This includes agencies such as:

-victim advocates and IPV victim services programs, state and local coalitions, mental health agencies, law enforcement, correctional facilities, medical personnel, public health agencies, substance abuse treatment providers, child protective service agencies, any agency involved with delivering services to perpetrators, victims, and children that have been impacted by IPV

Agency involvement will contribute to public awareness of lesbian IPV and the seriousness of IPV and need for prevention/education efforts tailored to the LGBT community

3.8 INTAKE PROCESS/ASSESSMENT

At intake, an assessment of the potential group member must be conducted and will include, but is not limited to, the following:

- 1.) Requiring that the potential group member complete a number of measures including: Lesbian Internalized Homophobia Scale, Outness Inventory, and the University of Rhode Island Change Assessment.
- 2.) The Lesbian Internalized Homophobia Scale has been tested with lesbian women and has demonstrated sound reliability and validity. The LIHS will be utilized within the intervention program to assess levels of internalized homophobia among participants.
- 3.) The Outness Inventory has been tested with lesbian women and has demonstrated sound reliability and validity. The inventory will be utilized within the intervention program to assess levels of “outness” among participants. This scale was found to correlate with the degree of one’s identifying as a member of the LGBT community.
- 4.) The University of Rhode Island Change Assessment has not been utilized specifically with lesbian women previously within research. The assessment will be utilized within the intervention program to assess

readiness for stage among potential LWAIP participants, as this is a crucial component of the successfulness of the TTMBC.

5.) Inviting the potential group member to express her experiences with familial violence, partner violence, and in other relationships in a verbal and/or written narrative form

6.) Obtaining information regarding criminal history related to violence and pending court actions

7.) Obtaining information about possible incidents of child or elder abuse from the potential group member and stating that either of these must be reported

8.) Assessing the potential group member for mental health problems or disruptive behaviors and referring to appropriate treatment

9.) Encouraging participation within individual therapy co-currently with involvement in the LWAIP program

3.8a CONTRACTS WITH PARTICIPANTS

After the intake process is complete, the participant has been assessed as an appropriate fit for the group, and has agreed to participation they will be required to sign a contract for participation. The contract will clearly demonstrate the obligations of the participant to the intervention program. Procedures related to mandated reporting will also be outlined. In order to qualify for participation the potential participant must also complete an individual safety plan, safety plan for their current romantic relationship (if applicable), and agree to a safety plan constructed by the LWAIP group during the first meeting.

3.9 EXCLUSION CRITERIA

LWAIP staff must make a determination regarding the appropriateness of fit of the LWAIP intervention program for the potential group participant. This determination of appropriateness can also be revised throughout the group process. Individuals that do not appear to be able to benefit from the group will be offered alternative appropriate treatment. Upon later meeting requirements for group participation, potential group members may re-apply for admission into the group. With this in place, individual group members will be excluded from group participation and offered alternative services if:

-The potential group member does not self-identify as a lesbian woman that has abused an intimate partner(s) (longer than 2 years prior to the date of intake)

-Potential group member does not identify as a lesbian

-Active substance abuse/dependence is present

-Involvement within current legal litigation is present

-Active psychotic symptoms are present

-Any other interpersonal dynamics that appear to be disruptive to a group process are present

3.10 MANDATED REPORTING

If during the intake assessment or during involvement within the LWAIP intervention program a participant divulges information related to child or elder abuse, it must be reported to the Department of Children and Family Services (DCFS). The staff member of the LWAIP intervention group made aware of the information is encouraged to involve the participant in the reporting of child or elder abuse when possible. Participants should be made aware of the limits of confidentiality and mandated reporting responsibilities before intake and during the first session of the intervention group.

3.11 FEE STRUCTURE

All LWAIP participants may be required to pay a fee, however small, for participation in the group in order to support the program's monetary needs. In the instance that an individual is unable to pay, funding provided by an outside source will be utilized. The fee will be related to the cost of covering the program. Fees will be based on a sliding scale in an attempt to accommodate economic hardship.

4.0 FOLLOW-UP SERVICES

4.1 PROGRAM COMPLETION

Program graduates are encouraged to create and/or support options for continued services for individuals that are enrolled within LWAIP program or who are other graduates. Continued services will allow individuals to be involved in regular or ongoing groups. The rationale for continued support is:

- 1.) Provide access to further services
- 2.) To create social and culture change relate to lesbian violence within the LGBT community
- 3.) Maintain continued monitoring
- 4.) To continue to keep LWAIP program informed by participants when possible to keep it relevant and effective

4.2 MENTORING PROGRAM

In order to most effectively create social and culture change related to lesbian violence, LWAIP intervention program graduates will be invited to contribute as a mentor to future program participants during Stage 3 of the intervention program. This will not be a requirement for involvement within the program, but will be encouraged

5.0 CONFIDENTIALITY

5.1 NOTES/FILES

Written or verbal reports of partners of LWAIP participants will not be kept in any participant's file.

5.2 LIMITED CONFIDENTIALITY

Participants of LWAIP will be required to sign a release of information. The release would allow LWAIP facilitators to release information, as needed, to the following entities:

- relevant law enforcement, criminal justice, and court authorities
- mental health agencies
- any person or agency the program would need to report compliance or subsequent threatened abuse, as assessment or related ongoing data to plan for intervention, and/or to collaborate on an ongoing basis on an intervention plan

5.3 REPORTING

Above all, the safety of program participants and their partners is of highest priority. In the case of imminent danger or threats made toward identified individuals, the facilitators of LWAIP will make every effort to preserve the safety of the identified individual.,

Protocol for Lesbians Who Abuse Intimate Partners (LWAIP)

Objectives of Stage 1

(15 weeks)

- 1.) Create space for group members to accept and explore their experiences of lesbian IPV
- 2.) Introduce and implement the Transtheoretical Model of Behavioral Change. Core Constructs #1-5
- 3.) Emphasize the impact of homophobia in addition to other – phobias that have been experienced. Increase understanding of socio-cultural context
- 4.) Emphasize the importance of language/labels
- 5.) Promotion of health and wellness for all individuals

Week 1.Stage 1

Core Construct #1 of the Transtheoretical Model of Behavioral Change (TTMBC): Consciousness Raising (Increasing Awareness)

- 1.) Create space for group members to accept and explore their identification as women who have abused intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #1: Increasing Awareness and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and give intro	Nametags
11-40"	30'	Exercise: Introducing the other <Break into dyads. Instruct each dyad to interview each other and then be prepared to introduce each other to group>	Script #1: Program description
41-50	10'	Introduction to Program	Participant Contract
51-60	10'	Break	
61-75"	15'	Fill out Violent and Controlling Behavior Checklist	Violent and Controlling Behavior Checklist
75-95"	20'	Group discussion on results Violent and Controlling Behavior Checklist <Highlight different responses to answers on Violent and Controlling Behavior>	

96-110"	15'	Group Safety Planning	
111-120	10'	Group feedback	Feedback form

Week 2.Stage 1
Core Construct #1 of TTMBC: Consciousness Raising (Increasing Awareness)

- 1.) Create space for group members to accept and explore their identification as women who abuse intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #2: Increasing Awareness and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-50"	40'	Discussion: What does it mean to be a woman who abuses? <Break into small groups. Compile a list of themes/similarities and differences>	Paper and pen/pencil
51-60	10'	Break	
61-75"	15'	Exercise: Complete Lesbian Internalized Homophobia Scale (LIHS)	Lesbian Internalized Homophobia Scale (LIHS)
75-110"	35'	Group Discussion: What does it mean to be a woman who abuses in relation to our own varying levels of homophobia? <Highlight different responses identification as an abuser in relation to homophobia >	Script #2: Talking About Homophobia
111-120	10'	Group feedback	Feedback form

Week 3.Stage 1
Core Construct #1 of TTMBC: Consciousness Raising (Increasing Awareness)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #3: Increasing Awareness and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-30	20'	Discussion: Power and Control Wheel for Lesbian, Gay, Bisexual and Trans Relationships	Power and Control Wheel for Lesbian, Gay, Bisexual, and Trans Relationships Script #3: Talking about Power and Control
31-50"	20'	Discussion: What does power and control look like for you? <Break into small groups. Compile a list of themes/similarities and differences>	Paper and pen/pencil
51-60	10'	Break	
61-75"	15'	Introduction of Multisystemic Model of Same-Sex Domestic Violence	Multi. Model of Same-Sex Violence

75-110"	35'	<p>Group Discussion: Reactions to Multisystemic Model of Same-Sex Domestic Violence</p> <p><Highlight intersections of systems and varying impact on different group members></p>	
111-120	10'	Group feedback	Feedback form

Week 4.Stage 1
Core Construct #2 of TTMBC: Dramatic Relief (Emotional Arousal)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #4: Emotional Arousal and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-30	20'	Exercise: Complete a conflict log	Conflict Log Script #4: Tracking Conflict and Conflict Resolution
31-65"	35'	Discussion: What would it mean to no longer identify as a woman who abuses intimate partners? <Group member work alone and discuss with group>	
66-75"	10'	Break	
76-110"	35'	Group Discussion: How have the past weeks impacted you emotionally? <Highlight emotional arousal and shift from beginning of intervention program>	
111-120	10'	Group feedback	Feedback form

Week 5.Stage 1
Core Construct #2 of TTMBC: Dramatic Relief (Emotional Arousal)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #5: Emotional Arousal and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-40	30'	Exercise: In what ways are you privileged? In what ways are you not? <Break into small groups. Compile a list of themes/similarities and differences>	Paper and pen/pencil
41-65"	25'	Discussion: How are we privileged as a group? How are we oppressed?	Script #5: Talking about Privilege
66-75"	10'	Break	
76-110"	35'	Group Discussion: Revisiting Violent and Controlling Behavior Checklist <Highlight emotional arousal and realizations of oppression present within group members>	
111-120	10'	Group feedback	Feedback form

Week 6.Stage 1
Core Construct #2 of TTMBC: Dramatic Relief (Emotional Arousal)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #6: Emotional Arousal and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-40	30'	Exercise: Write a letter to yourself, to the woman that has abused women in the past, and does not want to abuse women anymore <Individual work >	Paper and pen/pencil
41-65"	25'	Discussion: Reactions to writing letters/ sharing letters <Interject as little as possible. Allow group members to respond to each other.	
66-80"	15'	Break	
81-110"	30'	Continued discussion: Reactions to writing letters/sharing letters	

111-120	10'	Group feedback	Feedback form
---------	-----	----------------	---------------

Week 7.Stage 1

Core Construct #3 of TTMBC: Environmental Re-evaluation (Social Reappraisal)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #7: Social Reappraisal and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-40	30'	Exercise: Revisiting conflict log. Contextual factors related to conflict <Break into small groups. Compile a list of themes/similarities and differences>	Script #7: Exploring Contextual Factors
41-65"	30'	Discussion: What to do with our triggers <Comment on shared triggers and ideas for recognizing/maintaining them. Outline presence of anger as trigger>	Paper and pen/pencil
66-70"	10'	Break	
71-110"	40'	Lesson: Anger Management	Script #8: Anger Management Anger Management Handout

111-120	10'	Group feedback	Feedback form
---------	-----	----------------	---------------

Week 8.Stage 1

Core Construct #3 of TTMBC: Environmental Re-evaluation (Social Reappraisal)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #8: Social Reappraisal and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-40	30'	Role-Play Exercise: How has it felt to be victimized in the past? Both group members role-play receiver of abuse and instigator <Break into dyads>	Personalized individuals scenarios to each member
41-65"	30'	Discussion: Reactions to role-playing exercise <Comment on role-playing reaction similarities and differences>	
66-80"	10'	Break	
81-110"	30'	Lesson: Mindfulness	Script #9: Implementing Mindfulness Mindfulness Handout
111-120	10'	Group feedback	Feedback form

Week 9.Stage 1

Core Construct #3 of TTMBC: Environmental Re-evaluation (Social Reappraisal)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #9: Social Reappraisal and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-40	30'	Part II Role-Play Exercise: How has it felt to be victimized in the past? Both group members role-play receiver of abuse and instigator <Break into dyads>	Personalized individuals scenarios to each member
41-65"	30'	Discussion: Reactions to role-playing exercise <Comment on role-playing reaction similarities and differences>	
66-80"	10'	Break	
81-110"	30'	Lesson: Environmental Influences on IPV	
111-120	10'	Group feedback	Feedback form

Week 10.Stage 1
Core Construct #5 of TTMBC: Self-Reevaluation (Self-Reappraisal)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #10: Self-Reappraisal and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-60"	50'	Discussion: What does it mean to be a lesbian who has abused intimate partner(s)? <Large group discussion.>	
61-80"	20'	Break	
81-110"	30'	Discussion: How has your image of yourself shifted after deciding to refrain from abusing? <Large group discussion.>	
111-120	10'	Group feedback	Feedback form

Week 11.Stage 1
Core Construct #5 of TTMBC: Self-Reevaluation (Self-Reappraisal)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #11: Self-Reappraisal and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-70"	60'	Guest speaker: A lesbian woman who abused intimate partners in the past and no longer does <Presentation. Pass out paper for members to ask anonymous questions on.>	Paper and pen/pencil
71-80"	10'	Break	
81-110"	30'	Discussion: Guest speaker will respond to anonymous questions/allow questions from members	
111-120"	10'	Group feedback	Feedback form

Week 12.Stage 1
Core Construct #5 of TTMBC: Self-Reevaluation (Self-Reappraisal)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #12: Self-Reappraisal and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-30"	20'	Lesson: The use and helpfulness of imagery	Script #11: Using Imagery for self-reevaluation
31-40"	10'	Break	
41-90"	50'	Discussion: Imagine who you have been and who you want to be <Large group discussion. Encourage each member to present.>	Paper and pen/pencil
91-110"	20'	Discussion: Transitioning from psychoeducational format to group therapy format.	

		<Discuss 2 week break in between phases and journaling assignment.>	
111-120"	10'	Group feedback	Feedback form

Week 13.Stage 1
Core Construct #4 of TTMBC: Social Liberation (Environmental Opportunities)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #13: Environmental Opportunities and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-40	30'	Discussion: In what ways are you empowered or disempowered? <Break into triads and discuss ideas after 15 minutes>	Paper and pen/pencil
41-65"	30'	Lesson: Creating your own empowerment	Script #10: Empowering yourself
66-80"	10'	Break	
81-110"	30'	Discussion: How can we empower each other? <Large group discussion. Dialogue related to empowering each other encouraged. How does empowerment here apply to other situations?>	Volunteering opportunities with LGBT or other communities
111-120	10'	Group feedback	Feedback form

Week 14.Stage 1
Core Construct #4 of TTMBC: Social Liberation (Environmental Opportunities)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #14: Environmental Opportunities and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-40	30'	Discussion: What are you going to do to empower yourself? <Large group discussion. Allow each group member to make a verbal commitment to other group members>	
41-65"	30'	Discussion: How does feeling disempowered influence my romantic relationships with other women?	
66-80"	10'	Break	
81-110"	30'	Lesson: Consciousness raising groups and lesbian partner violence	Script #11: Consciousness raising group and postmodern feminist theory
111-120	10'	Group feedback. Ask group members to comment if they have ever disclosed hitting another woman to a	Feedback form

		lesbian and the response they received	
--	--	--	--

Week 15.Stage 1
Core Construct #4 of TTMBC: Social Liberation (Environmental Opportunities)

- 1.) Create space for group members to accept and explore their identification as women who abuses intimate partners
- 2.) Address attitudinal factors permit/perpetuate personal attitudes
- 3.) Educate/explore impact homophobia (personal, interpersonal, institutional, and cultural)

Session #15: Environmental Opportunities and the Lesbians Who Abuse Intimate Partners Intervention Program

Cum Time	Time	Topic	Hand-out / Materials
0-10"	10'	Gather and check-in	
11-40	30'	Lesson: Lesbian Partner Abuse and the Lesbian Community	Responses group members have received from other lesbians related to abusing women
41-65"	30'	Discussion: How can we increase awareness of lesbian IPV within the LGBT community?	Paper and pen/pencil
66-80"	10'	Break	
81-110"	30'	Discussion: How will you continue to raise awareness of lesbian IPV after completing the LWAIP Intervention Program? <Large group discussion. Explore commonalities among group members related to this.>	
111-120	10'	Group feedback	Feedback form

Objectives of Stage 2

(25 weeks)

- 1.) Create space within a group therapy context for group members to accept and explore their experiences of lesbian IPV
- 2.) Implement core constructs #6-10 of Transtheoretical Model of Behavioral Change (reinforcement management, helping relationships, counterconditioning, stimulus control, and self-liberation)
- 3.) Emphasize the impact of homophobia in addition to other phobias that have been experienced. Increase understanding of socio-cultural context
- 4.) Emphasize the importance of language/labels
- 5.) Promotion of health and wellness for all individuals

Objectives of Stage 3

(Unlimited)

- 1.) Create space for continued support within a peer-led group for individuals that have completed LWAIP
- 2.) Presentations within the community about the impacts of LGBT IPV, specifically lesbian IPV
- 3.) Volunteering within the community in order to increase awareness of LWAIP and lesbian IPV

CONTRACT FOR PARTICIPATION

I. Participation

- a.) I understand it is my responsibility to attend weekly classes and groups of the Lesbians Who Abuse Intimate Partners (LWAIP) program. I may only miss 3 meetings out of 40 weeks in the program. It is my responsibility to be on time, if I am late I may not be admitted to the session.
- b.) I will complete the written exercises that are part of the program.
- c.) I will pay all the assessed registration and group fees. If I am having difficulty doing so, I will talk to the program staff person to work out an arrangement. I will notify the designated staff person of any change in my financial condition or residence.
- d.) I understand that the purpose for my being in the program is to eliminate violent tendencies and I will act accordingly toward staff and other group members during my participation in LWAIP. I will abide by all group rules and the group safety plan, which I will have a copy of.
- e.) I understand I must attend all sessions prepared to focus and sober, and that I will be asked to leave the session if found to be otherwise.
- f.) I understand I must respect the confidentiality of other member of LWAIP. My participation within the group is my agreement to preserve the identity and histories of fellow group members. None of the information shared within the program may leave the program. Refusal to adhere to confidentiality will result in dismissal from the group.
- g.) During the event that my participation within the program is no longer feasible, I agree to attend one session in which I will state my reasoning for leaving and process my withdrawing from the group other members.

I, _____, have read and agree to the above terms of participation in Lesbians Who Abuse Intimate Partners (LWAIP).

Signature: _____

Date: _____

LWAIP Staff person: _____

Appendix A

Lesbian Internalized Homophobia Scale (Revised)

*SA=Strongly Agree, A=Agree, N=Neutral,
D=Disagree, SD=Strongly Disagree*

Connection With the Lesbian Community

1.) When interacting with members of the lesbian community,
I often feel different and alone, like I don't fit in.

SA A N D SD

2.) Attending lesbian events and organizations is important to me.

SA A N D SD

3.) I feel isolated and separate from other lesbians.

SA A N D SD

4.) Most of my friends are lesbians.

SA A N D SD

5.) Social situations with other lesbians make me feel uncomfortable.

SA A N D SD

6.) Being a part of the lesbian community is important to me.

SA A N D SD

7.) Having lesbian friends is important to me. SA A N D SD

8.) I feel comfortable joining a lesbian social group, lesbian sports team, or lesbian organization.

SA A N D SD

9.) I am familiar with community resources for lesbians

(i.e., bookstores, support groups, bars, etc.).

SA A N D SD

10.) I am aware of the history concerning the development of lesbian communities and/or the lesbian/gay rights movement.

SA A N D SD

11.) I am familiar with lesbian books and/or magazines.

SA A N D SD

12.) I am familiar with lesbian movies and/or music.

SA A N D SD

13.) I am familiar with lesbian music festivals and conferences.

SA A N D SD

Public Identification as a Lesbian

14.) I try not to give signs that I am a lesbian. I am careful about the way I dress; the jewelry I wear; and the places, people and events I talk about.

SA A N D SD

15.) I am comfortable being an "out" lesbian. I want others to know and see me as a lesbian.

SA A N D SD

16.) I wouldn't mind if my boss knew that I was a lesbian.

SA A N D SD

17.) It is important for me to conceal the fact that I am a lesbian
from my family.

SA A N D SD

18.) I feel comfortable talking to my heterosexual friends about my everyday home life with my lesbian partner/lover or my everyday activities with my lesbian friends.

SA A N D SD

19.) I am not worried about anyone finding out that I am a lesbian.

SA A N D SD

20.) I live in fear that someone will find out I am a lesbian.

SA A N D SD

21.) I feel comfortable talking about homosexuality in public.

SA A N D SD

22.) I do not feel the need to be on guard, lie, or hide my lesbianism to others.

SA A N D SD

23.) If my peers knew of my lesbianism, I am afraid that many would not want to be friends with me.

SA A N D SD

24.) I could *not* confront a straight friend or acquaintance if she or he made a homophobic or heterosexist statement to me.

SA A N D SD

25.) I feel comfortable discussing my lesbianism with my family.

SA A N D SD

26.) I don't like to be seen in public with lesbians who look "too butch" or are "too out" because others will then think I am a lesbian.

SA A N D SD

27.) I act as if my lesbian lovers are merely friends.

SA A N D SD

28.) When speaking of my lesbian lover/partner to a straight person, I often use neutral pronouns so the sex of the person is vague.

SA A N D SD

29.) When speaking of my lesbian lover/partner to a straight person, I change pronouns so that others will think I'm involved with a man rather than a woman.

SA A N D SD

Personal Feelings About Being a Lesbian

30.) I hate myself for being attracted to other women.

SA A N D SD

31.) I am proud to be a lesbian.

SA A N D SD

32.) I feel bad for acting on my lesbian desires.

SA A N D SD

33.) As a lesbian, I am loveable and deserving of respect.

SA A N D SD

34.) I feel comfortable being a lesbian.

SA A N D SD

35.) If I could change my sexual orientation and become heterosexual, I would.

SA A N D SD

36.) I don't feel disappointment in myself for being a lesbian.

SA A N D SD

37.) Being a lesbian makes my future look bleak and hopeless.

SA A N D SD

Moral and Religious Attitudes Toward Lesbians

38.) Just as in other species, female homosexuality is a natural expression of sexuality in human women.

SA A N D SD

39.) Female homosexuality is a sin.

SA A N D SD

40.) Female homosexuality is an acceptable lifestyle.

SA A N D SD

41.) Children should be taught that being gay is a normal and healthy way for people to be.

SA A N D SD

42.) Lesbian couples should be allowed to adopt children the same as heterosexual couples.

SA A N D SD

43.) Growing up in a lesbian family is detrimental for children.

SA A N D SD

44.) Lesbian lifestyles are viable and legitimate choices for women.

SA A N D SD

Attitudes Toward Other Lesbians

45.) I feel comfortable with the diversity of women who make up the Lesbian

community.

SA A N D SD

46.) If some lesbians would change and be more acceptable to the larger society, lesbians as a group would not have to deal with so much negativity and discrimination.

SA A N D SD

47.) I wish some lesbians wouldn't "flaunt" their lesbianism. They only do it for shock value and it doesn't accomplish anything positive.

SA A N D SD

48.) Lesbians are too aggressive.

SA A N D SD

49.) My feelings toward other lesbians are often negative.

SA A N D SD

50.) I frequently make negative comments about other lesbians.

SA A N D SD

51.) I have respect and admiration for other lesbians.

SA A N D SD

52.) I can't stand lesbians who are too "butch." They make lesbians as a group look bad.

SA A N D SD

Appendix B

OUTNESS INVENTORY

Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you.

- 1 = person definitely does NOT know about your sexual orientation status
2 = person might know about your sexual orientation status, but it is NEVER talked about
3 = person probably knows about your sexual orientation status, but it is NEVER talked about
4 = person probably knows about your sexual orientation status, but it is RARELY talked about
5 = person definitely knows about your sexual orientation status, but it is RARELY talked about
6 = person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
7 = person definitely knows about your sexual orientation status, and it is OPENLY talked about
0 = not applicable to your situation; there is no such person or group of people in your life

1.) mother	1	2	3	4	5	6	7	0
2.) father	1	2	3	4	5	6	7	0
3.) siblings (sisters, brothers)	1	2	3	4	5	6	7	0
4.) extended family/relatives	1	2	3	4	5	6	7	0
5.) my <u>new</u> straight friends	1	2	3	4	5	6	7	0
6.) my work peers	1	2	3	4	5	6	7	0
7.) my work supervisor(s)	1	2	3	4	5	6	7	0
8.) members of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
9.) leaders of my religious community (e.g., church, temple)	1	2	3	4	5	6	7	0
10.) strangers, new acquaintances	1	2	3	4	5	6	7	0
11.) my <u>old</u> heterosexual friends	1	2	3	4	5	6	7	0

Appendix C

University of Rhode Island Change Assessment

This questionnaire is to help us improve services. Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement. In each case, make your choice in terms of how you feel right now, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem", answer in terms of what you write on the "PROBLEM" line below. And "here" refers to the place of treatment or the program.

There are FIVE possible responses to each of the items in the questionnaire:

1 = Strongly Disagree 2 = Disagree
3 = Undecided 4 = Agree
5 = Strongly Agree

- | | |
|--|--------------------------|
| 1.) As far as I'm concerned, I don't have any problems that need changing. | <input type="checkbox"/> |
| 2.) I think I might be ready for some self-improvement. | <input type="checkbox"/> |
| 3.) I am doing something about the problems that had been bothering me. | <input type="checkbox"/> |
| 4.) It might be worthwhile to work on my problem. | <input type="checkbox"/> |
| 5.) I'm not the problem one. It doesn't make much sense for me to be here. | <input type="checkbox"/> |
| 6.) It worries me that I might slip back on a problem I have already changed, so I am here to seek help. | <input type="checkbox"/> |
| 7.) I am finally doing some work on my problem. | <input type="checkbox"/> |
| 8.) I've been thinking that I might want to change something about myself. | <input type="checkbox"/> |
| 9.) I have been successful in working on my problem but I'm not sure I can keep up the effort on my own. | <input type="checkbox"/> |
| 10.) At times my problem is difficult, but I'm working on it. | <input type="checkbox"/> |
| 11.) Being here is pretty much a waste of time for me because the problem doesn't have to do with me. | <input type="checkbox"/> |
| 12.) I'm hoping this place will help me to better understand myself. | <input type="checkbox"/> |
| 13.) I guess I have faults, but there's nothing that I really need to change. | <input type="checkbox"/> |
| 14.) I am really working hard to change. | <input type="checkbox"/> |
| 15.) I have a problem and I really think I should work at it. | <input type="checkbox"/> |
| 16.) I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem. | <input type="checkbox"/> |
| 17.) Even though I'm not always successful in changing, I am at least working on my problem. | <input type="checkbox"/> |

- | | |
|--|--------------------------|
| 18.) I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it. | <input type="checkbox"/> |
| 19.) I wish I had more ideas on how to solve the problem. | <input type="checkbox"/> |
| 20.) I have started working on my problems but I would like help. | <input type="checkbox"/> |
| 21.) Maybe this place will be able to help me. | <input type="checkbox"/> |
| 22.) I may need a boost right now to help me maintain the changes I've already made. | <input type="checkbox"/> |
| 23.) I may be part of the problem, but I don't really think I am. | <input type="checkbox"/> |
| 24.) I hope that someone here will have some good advice for me. | <input type="checkbox"/> |
| 25.) Anyone can talk about changing; I'm actually doing something about it. | <input type="checkbox"/> |
| 26.) All this talk about psychology is boring. Why can't people just forget about their problems? | <input type="checkbox"/> |
| 27.) I'm here to prevent myself from having a relapse of my problem. | <input type="checkbox"/> |
| 28.) It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved. | <input type="checkbox"/> |
| 29.) I have worries but so does the next guy. Why spend time thinking about them? | <input type="checkbox"/> |
| 30.) I am actively working on my problem. | <input type="checkbox"/> |
| 31.) I would rather cope with my faults than try to change them. | <input type="checkbox"/> |
| 32.) After all I had done to try to change my problem, every now and again it comes back to haunt me. | <input type="checkbox"/> |

Individual Safety Plan

1.) Name:

2.) This plan is to keep me and the following people safe:

3.) The physical signs that I am getting angry are:

3a.) When I notice these signs or have them pointed out I will:

4.) The emotional signs I am getting angry are:

4a.) When I notice these signs or have them pointed out I will:

5.) The behavioral signs that I am getting angry are:

5a.) When I notice these signs or have them pointed out I will:

6.) When I am into the cycle of abuse these are the things I do most often.

6a.) If I start to do these things or other abusive things or have it pointed out that I am doing them I will:

7.) My time out strategy is:

8.) My support network includes the following people:

Relational Safety Plan

1.) My name is:

2.) My partner's name is:

3.) This plan is to keep me and _____ safe.

4.) The physical signs that I am getting angry are:

4a.) The physical signs my partner _____ is getting angry are:

4b.) When I notice these signs or have them pointed out I will:

4d.) When my partner _____ notices these signs or has them pointed out they will:

5.) The emotional signs I am getting angry are:

5a.) The emotional signs my partner _____ is getting angry are:

5b.) When I notice these signs or have them pointed out I will:

5c.) When my partner _____ notices these signs or has them pointed out they will:

6.) The behavioral signs that I am getting angry are:

6a.) The behavioral signs my partner _____ is getting angry are:

8b.) When I notice these signs or have them pointed out I will:

8c.) When my partner _____ notices these signs or has them pointed out they will:

9.) When I am into the cycle of abuse these are the things I do most often:

9a.) If I start to do these things or other abusive things or have it pointed out that I am doing them I will.....

9c.) My partner _____ can help me by:

10.) This thought makes me not want to be violent again:

11.) My time out strategy that I have agreed with my partner_____, is:

11a.) My partner can help with this time out strategy by:

12.) My support network includes the following people:

12a.) My partner _____'s support network includes the following people:

Group Screening

Please answer the following questions in order to determine your eligibility for participation in the LWAIP group:

a.) What is your current age?

b.) Are you currently involved in or have you within the past 2 years been involved in an abusive intimate relationship with a woman?

c.) How do you define your sexual orientation?

d.) How do you define your gender identity?

e.) Have you ever abused someone under the age of 18?

f.) Have you ever abused someone over the age of 60?

g.) Do you have access to a physician/primary care physician, faith network, or therapist/counselor

Interview Questions

- 1.) Can you please tell me the story of your abusive intimate relationships?
- 2.) Why are you interested in participating in the group?
- 3.) Have you had any previous group therapy experiences? Any individual therapy experiences?
- 4.) How do you define your sexual orientation and gender identity? To what extent are you open with others about both?
- 5.) Do you have any previous or current psychiatric diagnoses?
- 6.) What would it be like to receive feedback from other group members?
- 7.) What would it be like to give feedback to other group members?

8.) If a conflict or disagreement were to arise between you and another group member, how would you handle it?

9.) What do you think will be the biggest challenge for you in the group?

10.) Are you open to being a member of a diverse group of lesbian women representing varying races, classes, and abilities?

11.) Will you, to the best of your knowledge, be able to attend each of the 40 weekly meetings?

12.) What are some topics you would like to discuss in the LWAIP intervention group?