

Scheer, J. R. (2018). Trauma-informed care for sexual and gender minority survivors of intimate partner violence. *Dissertation Abstracts International*, 78, 11-117.

The premise of this study was to highlight the prominence of intimate partner violence in the LGBTQI community and how trauma-informed care (TIC) might benefit those affected by these incidences. This study also examined several mobilizing mechanisms as mediating the relationship between TIC and health including lower social withdrawal, lower shame, greater emotion regulation, and greater empowerment (p. 3). The participants in this study were 227 self-identified sexual and gender minority adults who reported currently experiencing or have experienced some form of intimate partner violence (IPV) within the past year, and who are currently seeking or who had sought services related to IPV. Participants were given online anonymous questionnaires about perceptions of receiving TIC from counselors and how they might help sexual and gender minorities. While this study indicated that the direct and indirect effects of TIC on mental and physical health of the LGBTQ population that have experienced intimate partner violence were not statistically significant, TIC did predict greater empowerment, emotion regulation, and lower social withdrawal (p. 60). In addition, lower social withdrawal and shame were related to better mental health, and lower shame and emotion regulation were associated with better physical health (p. 74). Because the dissertation was released in May of this year, containing sources that were mostly published within the last ten years, the information provided is relevant in servicing the LGTBQ population on the topic of intimate partner violence. There is additional literature in this dissertation that could be helpful for later exploration of this topic cited throughout this article. I believe this can be helpful to use with

LGBTQ survivors of IPV, but much more research should be done to appropriately modify and improve this intervention for this population.

Lee, K. E. (2017). Treating intimate partner violence in lesbian, gay, bisexual, transgender, and queer relationships. *Dissertation Abstracts International*, 78, 1-105.

The premise of this article was to identify, gather, and review peer-reviewed literature about treatment of LGBTQ intimate partner violence (IPV). The articles under review focused on the areas of barriers to treatment, attitudes of treatment providers toward LGBTQ IPV, and mental health treatment policies, procedures, and protocols for LGBTQ IPV over the last ten years.

There has been controversy over the effectiveness of traditional treatment methods for the LGBTQ community, but there is a lack of specialized treatments and lack of research supporting these treatments. The research examined in this article shows no empirical data to support the assertion that the LGBTQ population does not benefit from standard IPV treatment, or that they would not benefit more from a modified version, but there is a gap in the literature on the need for specialized treatment in this area. The article emphasizes a need for future research on effectiveness of specialized treatment protocols over traditional treatments for LGBTQ IPV and whether they are superior to standard care. Research in understanding how treatment is received by LGBTQ individuals themselves and clinicians' education and training are also needed. One of the important factors of this article is that not only does it review literature about IPV in same-sex relationships, but also in relationships in which at least one partner identifies as transgender or gender non-conforming. This article does a good job of moving beyond reporting the frequency of IPV in LGBTQ relationships, but looking at the different treatment methods and what is needed for advancement in this field.

Jacobson, L., Daire, A. P., & Abel, E. M. (2015). Intimate partner violence: Implications for counseling self-identified LGBTQ college students engaged in same-sex relationships. *Journal of LGBTQ Issues in Counseling, 9*, 118-135.

The premise of this article is education on the topic of intimate partner violence (IPV) and the study involved aimed to gather the attitudinal differences between male and female LGBTQ college students and counseling implications regarding IPV with this population. Nearly one third of college students experience IPV (p. 119). This article highlights the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards stating counselors in training must acquire knowledge and skills to address IPV issues, and that also includes IPV in LGBTQ populations (p. 120). The study focused on identifying levels of victimization, perpetration, and attitudinal acceptance of IPV in male and female LGBTQ college students through an investigation of relationships. The participants included 278 LGBTQ college students enrolled in public or private universities in the United States. The study utilized a correlational research design combined with online anonymous survey methodology to the participants. Participation involved completing a demographic questionnaire and six assessments: Demographic Information Questionnaire, Victimization in Dating Relationships, SD-PAV, Perpetration in Dating Relationships, SD-PAP, and ACV-M. The results of the study suggest LGBTQ females report greater levels of victimization and males report higher levels of acceptance (p. 132). Counselors must be aware of the risk of victimization of LGBTQ females, compared to their male counterparts. Some of the important counseling implications include being aware of individual factors such as the relationship between biological sex and victimization, perpetration, theory, assessment, and treatment. Also, counselors must develop

and understanding of healthy, functioning, same-sex relationships when working with LGBTQ college students. Because this study only used college participants, and the original invitation to participate was sent to 1,960 participants, the generalizability may be called into question. However, the overall study led to useful counseling implications for clinicians with this population.

Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence, & Abuse, 17*, 585-600.

The premise of this article is to review the literature on LGBTQ intimate partner violence (IPV) and suggest three major barriers to help-seeking for this population. The significance and consequences of each barrier are discussed and suggestions for future research, policy, and practice are provided. The three major barriers to help-seeking include a limited understanding of the problem of IPV in LGBTQ relationships, stigma, and systemic inequalities (p. 586). The CDC found IPV in sexual minority respondents to be equal to or higher than sexual majority respondents. Despite these high reports, there is limited understanding of the uniqueness of IPV in LGBTQ relationships from a lack of research which is the first barrier (p. 588). Also, most of the research has only examined IPV in lesbian and gay relationships, and not so much with trans\*, bisexual, and queergender populations. Counselors do not know the effects of IPV on the mental and physical health of this population. The counseling field is limited by theoretical limitations, as the theories that many counselors use may not be applicable to the LGBTQ population (p. 592). Stigma, the second barrier, is a two-way barrier that prevents survivors from seeking help and prevents helpers from offering support (p. 594). The stigma surrounding help-seeking for anyone with mental health issues, and the stigma felt by the LGBTQ community are intense barriers to help-seeking. The final barrier is systemic inequalities, as evidenced by the stigma manifested at the system level for the LGBTQ population (p. 596). It is especially difficult to seek help for a mental health issue, when one has had negative experiences at the system level for possibly their entire lives. Recommendations for decreasing the obstacles for

this population are provided at the end, including future research, further education and training for counselors, and policy change that allows IPV in LGBTQ relationships to be visible. This article is very informative to counselors and highlights the need for additional action to be taken toward resolving this prevalent issue. The goal of this article was to educate the reader and prompt change, and it succeeded.

Cannon, C. E. B., & Buttell, F. P. (2016). The social construction of roles in intimate partner violence: Is the victim/perpetrator model the only viable one? *Journal of Family Violence, 31*, 967-971.

The premise of this article is to review the literature on this topic, address the controversies over LGBTQ intimate partner violence (IPV) by describing the scope of the problem and providing suggestions for advancing the field. Prior research cited in this article indicated that IPV occurs at rates similar to or greater than heterosexual couples (p. 967). Scholars are challenging the traditional feminist theory and highlighting the limitations that has been used to approach these issues in counseling (p. 968). The article goes on to define IPV and the controversy in the field over how to frame the problem of IPV occurring in LGBTQ relationships with the current research and clinical practices. In addition, treatment approaches that are not designed for this population undermine the current societal assumption of heteronormativity (p. 967). Following the challenging of the previous research and practice, the article goes on to recommend different interventions for LGBTQ perpetrators of IPV. Suggestions include having an LGBTQ facilitator in group counseling to build trust and cohesion and training counselors to deal specifically with this population. Finally, the article discusses the implications for how we legislate policy and develop treatment interventions, and using more culturally appropriate curriculum for groups is ethically right. While the recommendations in this article are helpful, they may not always be plausible. Instead of having an LGBTQ identified group facilitator, all counselors should receive additional education and training in this area to ensure competency and best practice. This article focuses mostly on the treatment of LGBTQ perpetrators of IPV and not that of victims. Also, this article does not touch on how LGBTQ survivors of IPV can be treated individually, only in a



group setting. This article does, however, prompt future reading from the research cited throughout.