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Intersectionality and sex and gender-based analyses as promising approaches in addressing intimate partner violence treatment programs among LGBT couples: A scoping review

Montse Subirana-Malaret^{1,2*}, Jacqueline Gahagan³ and Robin Parker⁴

Abstract: Although Intimate Partner Violence (IPV) is an important health and social issue, less is known about IPV among sexual orientation and gender-minoritized (SOGI) populations such as Lesbian, Gay, Bisexual and Transgender (LGBT) couples. IPV among same-sex (e.g. lesbian, gay, bisexual) and gender-minoritized (e.g. transgender) couples requires a reframing of this issue from a heteronormative and cisnormative lens in order to better understand and effectively address approaches to prevent this kind of abuse and to improve treatment programs. The purpose of this scoping review is to explore why including an intersectional lens in Sex and Gender-Based Analysis is needed to improve effectiveness of IPV treatment programs, analyzing what works and why among SOGI populations impacted by IPV in current IPV programs. Specifically, this scoping review systematically searched three academic databases to identify peer-reviewed publications examining: (a) existing treatment programs for SOGI-minoritized populations who are impacted by IPV, and (b) suggestions for future policies and services for SOGI-minoritized populations. Of the 1172

ABOUT THE AUTHOR

Montse Subirana-Malaret is a member of the Group of Advanced Studies on Violence (GEAV) at the Universitat de Barcelona. As the GEAV main purpose is the scientific analysis of violent and criminal behavior in its various forms and social manifestations she holds a close relationship with public institutions involved in criminal research, justice, treatment, and prevention of crime. She is experienced assessing men in batterer intervention programs. In addition, GEAV encompass activities related to justice consulting, professional specialized training, and technical advice concerning analysis, management and prevention of violence and crime. She expanded her horizon as a Postdoctoral Visiting Fellow at Dalhousie University (School of Health and Human Performance) at the Gender and Health Promotion Studies Unit; and as a Visiting Fellow at the City University of Hong-Kong. Subirana-Malaret teach courses in psychology of violence, psychology of the individual differences, and psychological assessment (Faculty of Psychology), and psychological assessment in gender and sexual diversity (Master's degree in General Health Psychology).

PUBLIC INTEREST STATEMENT

Intimate Partner Violence (IPV) is a global public health concern. Taking a public health approach, as supported by the World Health Organization, is key to preventive measures whereby victims are part of the intervention with batterers. Although women can engage in IPV, the most common perpetrators of IPV are male intimate partners or ex-partners. Given this, Batterer Intervention Programs (BIP) are rooted in a gender-based approach, emphasizing the relations of heteronormative power and violence and how these relations are linked to patriarchal social norms. However, rates of IPV among same-sex couples are similar to different-sex IPV rates and heteronormative approaches are not conducive to addressing same-sex IPV. Same-sex approaches to IPV remain underrepresented in the literature and related interventions, suggesting the need for new policies and programs that can better serve the community and to achieve health equity for all.

potential articles, 75 met the inclusion criteria, but none described IPV programs specific to SOGI-populations. The findings of this scoping review reflect the need for developing IPV programs that are informed by evidence-based practice in health and social services for SOGI populations, and will offer new approaches for current BIPs programs to move forward prevention and intervention.

Subjects: Law; Social Sciences; Behavioral Sciences

Keywords: IPV; SOGI; treatment programs; prevention; intervention; LGBT

Since its grass-roots beginnings in the early 1970s, and with strong connections to a gender-based perspective, Batterer Intervention Programs (BIPs) for men have been framed as violence against their female partners and this framing has evolved into one of the most prominent and visible form of Intimate Partner Violence (IPV) interventions (Gondolf, 2012). However, some 50 years since the emergence of the first BIPs, the debate about how to prevent this type of violence remains a contested health and social issue. In addition, both the recognition and prevention of IPV among sexual orientation and gender-identity (SOGI) minoritized populations such as Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals has been largely overlooked, despite the fact that the rates of IPV among same-sex couples are purported to be similar to opposite sex IPV rates (Badenes-Ribera, Frias-Navarro, Bonilla-Campos, Pons-Salvador, & Monterde-i-Bort, 2015; Burke & Follingstad, 1999; Finneran & Stephenson, 2014; Kulkin, Williams, Borne, Bretonne, & Laurendine, 2007; Mason et al., 2014), higher (Edwards, Sylaska, & Neal, 2015; Messinger, 2011) or even double among men in same-sex relationships (Duke & Davidson, 2009). For detailed lifetime prevalence of rape, physical violence, psychological aggression, and/or stalking victimization by an intimate partner by sexual orientation see, for example, Walters, Chen, and Breiding (2013), who emphasize lesbian women (43.8%) and bisexual women (61.1%). The gender-based paradigm of IPV underlies heteronormative power and violence relations and how these gendered relations are linked to the patriarchal social structures which suggest, for example, that males hold power and regulate institutions of social control and which differentially afford power and privilege to males and females (see Russo & Pirlott, 2006), and that there are gendered differences in health implications between men and women who experience IPV (Stets & Straus, 1989). To date, a heteronormative and gender-based conceptualization of IPV has been the mainstream approach to understanding and addressing BIPs and has served to shape the regulatory, legal, and policy discourses of many western countries (Dixon & Graham-Kevan, 2011). However, gender binary constructions of victim/perpetrators and related discourses of power and control have been criticized by the postmodernist and poststructuralist feminists who call for broader and more flexible subjectivities, which shifts the traditional feminist paradigm of power and control toward a reframing and understanding the dynamics of IPV (see Cannon & Buttell, 2016; Davis & Glass, 2011). Despite the fact that there are some similarities between LGBT and heterosexual IPV, as the power and control key theme in heterosexual IPV (see Felson & Outlaw, 2007), current research stresses the unique aspects of LGBT IPV that must be addressed using a non-heterosexual-cisgender (non-transgender) paradigm regarding the specific risk factors of SOGI-minoritized populations (Kulkin et al., 2007; Longobardi & Badenes-Ribera, 2017; Messinger, 2017; Stephenson & Finneran, 2016). Intersecting social determinants of health such as age, education, language, geography, culture, income (Status of Women Canada, 2016) as well as race and ethnicity, sexual orientation and gender identity (Baker & Hughes, 2016; Jordan et al., 2011; Robinson, 2002) must be considered in understanding IPV (see Carbado, Crenshaw, Mays, & Tomlinson, 2013).

1. Background

1.1. Batterer intervention programs (BIPs) conceptualization

The batterer intervention programs (BIPs) that emerged in the late 70's in US and rapidly spread to Canada, UK, and other countries in Europe were predominately based on the Duluth model, with a focus on a gender-based approach to understanding the centrality of power and control (Price & Rosenbaum,

2009). BIPs quickly adopted techniques of the cognitive-behavioral approach and gradually evolved to include the adoption of different elements such as couples counseling programs based on typologies or “wrap-around” services, among others (see Gondolf, 2012). On the other hand, the Ecological Model (Bronfenbrenner, 1979) has long been considered a comprehensive approach to address the multifaceted nature of violence, including IPV (World Health Organization, 2002). This model suggests that it is necessary to intervene in all levels within which individuals are situated, including the microsystem (biological and psychological factors), the exosystem (close relationships as family, friends, and peers), the mesosystem (community contexts that have an effect on the individual), and the macrosystem (general factors including the culture and the society of what the individual is part of). However, a better understanding of how these structures interact in the framing of IPV is also paramount to understanding IPV dynamics and adequately addressing the problem. In the same way, current models of intersectionality appear to offer a promising framework (see for example Hill, Woodson, Ferguson, & Parks, 2012; Morgan et al., 2016; Simpson & Helfrich, 2014). Although the term “intersectionality” was conceived by Crenshaw (1989) as an intersectional-based framework to better understand issues of race and ethnicity in health outcomes (Hankivsky, 2014), it was not widely adopted in health and social policy approaches at the time. This framework suggests that individuals’ experiences, including IPV, are affected by multiple, intersecting axes of oppression related to social identity that interact “in different socio-cultural context, and at the broader societal level wherein norms and values are entrenched as policies and laws” (Koehn, Neysmith, Kobayashi, & Khamisa, 2013, p. 446).

1.2. Batterer intervention programs (BIPs) in summary

It is important to note that, historically, the complexities of the limited governmental funding landscape have contributed to the variability in BIPs focus, availability, duration, and sustainability. Leaving aside the controversy about the effectiveness of BIPs, these interventions are considered one of the most important actions for victims of IPV, independent of the program modality (self-referred or court mandated). As noted by Gondolf (2004, p. 608) “batterer programs are enmeshed in an elaborate intervention system that includes police practices, court action, probation supervision, civil protection orders, victim services, additional services for the men, community resources, and local norms”.

Price and Rosenbaum (2009) conducted a large study to evaluate 276 BIPs in 45 American states from an initial data base of 2,557 programs. They found that the majority of the programs utilize an open-ended, group format and are delivered on an average of 31 sessions of 90 minutes each. They may vary in structure with some being stand-alone while others operate in collaboration with other institutions (i.e. mental health clinics, counseling centers, religious organizations, or victim shelters). The most popular philosophy (theoretical orientation) was a combination of Duluth, cognitive-behavioral therapy, and psychoeducational models, and 95% of the programs analyzed IPV as a form of power and control.

Although some programs incorporate an individual intervention approach, the vast majority reported following a “one size fits all” approach. These results can be extended to many European programs, where a similar study was conducted in 19 countries with a final sample of 170 programs (see Geldschläger et al., 2010). This approach fails to recognize the diversity of what constitutes a large heterogeneous population. As mentioned previously, it is paramount to consider the individual risk factors, needs, the dynamics of the abuse to understand their causes and consequences (see for example Caetano, Vaeth, & Ramisetty-Milker, 2008; Poorman & Seelau, 2001), and the internal motivation to change the violent behavior and the therapeutic compliance (Subirana-Malaret & Andrés-Pueyo, 2013).

1.3. Why heteronormativity is not conducive for IPV among SOGI populations

Heteronormative and cisnormative approaches found in mainstream IPV have not been conducive to addressing IPV among same-sex couples (see Cannon & Buttell, 2015; Merlis & Linville, 2006; Ristock, 2011). Same-sex couple dynamics do not rest on heteronormative gender scripts or stereotypes (see for example Coleman 1994; Goldenberg, Stephenson, Freeland, Finneran, and Hadley 2016), but rather consider of unique risk factors such as minority stress (stress resulting

from experienced and internalized homophobia), homophobia, homonegativity (negative internalized beliefs towards non-heterosexual forms of identities, behaviors, relationships, and communities), public “outness” (disclosure), stigma and discrimination, or syndemics (HIV status and violence) which are often unaddressed in mainstream IPV approaches. Same sex approaches to IPV remain largely underrepresented in the literature (Burke & Follingstad, 1999). However, we did identify two programs in the academic literature: the New York City Gay and Lesbian Anti-Violence Project’s seeking non-violent Alternatives Program (SNAP) and the Toronto David Kelley Services’ Partner Assault Response Program (PAR) (Mendoza & Dolan-Soto, 2011). The SNAP program began in 1991 and was funded as a community initiative working mainly with self-referred clients, with two different groups offered for gay men and another for lesbian batterers. On average, groups had six participants, and all participants had engaged in a range of controlling and abusive behaviors. The program originally involved a fourteen-week format based on the Duluth model (as is the case for the Toronto-based program), and evolved to twenty-three sessions in a two-tiered structure. The curriculum addressed domination and abusive behaviors in a social context and also “looked at the impact of homophobia, transphobia and biphobia, power dynamics specific to same-sex couples, and the means by which conceptualizations and expressions of sexual orientation and gender identity can be used as a means of control” (Mendoza & Dolan-Soto, 2011, p. 279) and gradually incorporated the Power and Control Wheel for Gay, Lesbian, Bisexual and Trans Domestic Violence, developed by the Texas Council on Family Violence in 2009. Both programs were evaluated and similar results were found, underlying the specific needs for LGBT individuals either in the public health and the criminal justice (Mendoza & Dolan-Soto, 2011). Other commonalities with BIPs are the need to not consider LGBT as a single group much in the same way that heterosexual male perpetrators cannot be regarded as a homogenous group.

Although batterer programs for LGBT abusers exist in many major city centers across North America, these services have been mainly focused on victims rather than on perpetrators (Mendoza & Dolan-Soto, 2011) and the gap is even wider if we take into consideration the lack of research on batterers in LGBT IPV (Murray, Mobley, Buford, & Seaman-DeJohn, 2008; Schwartz & Waldo, 2004). Although more than the 78% of the 271 BIP’s evaluated by Price and Rosenbaum (2009) reported that they would provide services to homosexual batterers, homosexual batterers comprised only 1% of actual program participants. Accordingly, additional consideration to specific needs among SOGI-minoritized populations should be incorporated into the development of IPV programs for these populations.

1.4. Aims

The purpose of this article is to provide an overview of the key findings to emerge from a scoping review aimed at exploring existing treatment programs for sexual orientation and gender identity (SOGI) populations such as LGBT couples who are impacted by IPV. Due to the uniqueness and diversity of LGBT populations, it is paramount to not regard this as a single, homogenous population, but rather, it is important to understand the wide range of sexual orientations and gender identities (SOGI) in order to take into account the unique needs of these populations.

Specifically, this scoping review examined peer-reviewed, academic literature published up to June 2017 to determine: (a) existing treatment programs for SOGI-minoritized populations impacted by IPV, and (b) suggestions for policies, programs and services for SOGI-minoritized populations. The findings of this scoping review will be particularly useful in developing IPV programs that are informed by evidence-based practice in health and social services among LGBT populations, and will offer new approaches for current BIPs programs to move forward prevention and intervention.

2. Data and methods

2.1. Scoping reviews in summary

Our scoping review follows the methodology as described by Arksey and O’Malley (2005) which is based on their experiences of scoping the literature on services for carers of people with mental health issues. “Scoping reviews aim to map rapidly the key concepts underpinning a research area

and the main sources and types of evidence available” (Mays, Pope, & Popay, 2005, p. 194) and according to Arksey and O’Malley (2005) the scoping review methodology involves six stages: identifying the research question; searching for relevant studies; study selection; charting the data; collating, summarizing and reporting the results; and consulting with stakeholders. In this scoping review consultation included soliciting feedback from a local LGBT health organization.

2.2. Identifying the research question

This scoping review focused on research related to existing treatment programs for LGBT individuals who are impacted by IPV, including studies that focused on IPV treatment programs for LGBT populations; studies that take into account the specific needs of LGBT individuals who are impacted by IPV; studies that present an alternative to the heteronormative and gender binary lens in which IPV has been mainly framed for LGBT individuals. To assist with the identification of key terms to include in our scoping review the authors held consultations with IPV expert researchers and practitioners. With the help of the IPV experts and the expertise of a reference librarian, the authors finalised the search terms that were used in our scoping review (see Table 1).

2.3. Searching for relevant studies

After the initial selection of the search terms, one author (RP) selected three key electronic databases, MEDLINE (1946—June 2017), Scopus (1800s—June 2017), and PsycINFO (1600s—June 2017), containing academic, peer-reviewed journals with coverage of the health and interdisciplinary literature relevant to IPV. The electronic searches covered the entire date range of the databases as noted in order to capture as much of the relevant LGBT IPV literature as possible (see Appendix A). We conducted the search using multiple terms to capture each of the three concepts of the LGBT population, IPV, and programs or treatment. Because of the variation in language used on this topic, we used adjacency operators to search for phrases such as “domestic violence” or “domestic abuse”. Following the guidance from Arksey and O’Malley (2005), the search approach was revised based on the final results to incorporate additional terms for transgender persons. The revised search was conducted only in

Table 1. Search terms used

Concept 1: IPV program	Concept 2: Same sex couples	Concept 3: Intimate Partner Violence	
Program*	Same sex*	Intimate	Violen*
Rehabilitat*	Homosexual*	Partner*	Abuse*
Therap*	lgb*	Husband*	Assault*
Education	glb*	Wife*	Beat*
Training	msm	Spouse*	
Prevention	wsw	Domestic	
	Lesbian*	Dating	
	Gay*	Date	
	Queer*	Relationship*	
	Bisexual*	(terms in IPV columns combined with proximity operators, eg. adj2, N2, W/2)	
	Sexual minorit* transgender* OR trans-gender* transsexual* OR trans-sexual* transman OR trans-man OR transmen OR trans-men transwoman OR trans-woman OR transwomen OR trans-women		

PsycINFO search: ((intimate OR partner* OR husband* OR wife* OR spouse* OR domestic OR dating OR date OR relationship*) N2 (violen* OR abuse* OR assault* OR beat*)) AND ((lgb* OR glb* OR msm OR wsw) OR (lesbian* OR gay* OR queer* OR bisexual* OR “same sex*” OR homosexual* OR transgender* OR transman OR transmen OR transwoman OR transwomen OR “trans-man” OR “trans-men” OR “trans-woman” OR “trans-women” OR “trans-gender*” OR transsexual* OR “trans-sexual*” OR (sexual N2 (minorit* OR orientation OR identit*)))) AND (program* OR treatment OR therap* OR rehabilitat* OR education OR training OR prevention).

MEDLINE and PsycINFO, for feasibility and practical reasons as Scopus retrieved an excessively high rate of irrelevant results and negligible novel results not already retrieved by the other databases. See Table 1 for the list of all terms used and the full search strategy used in PsycINFO and adapted to the other databases. We also conducted backward and forward citation chaining, which involved examining the reference lists of the studies included to identify further relevant studies (backward chaining) and checking to see if any new articles cited each included paper (forward chaining).

2.4. Study selection

The articles retrieved through the electronic database searches were evaluated according to a number of key criteria (see Table 2) prior to inclusion in the scoping review. The parameters for this scoping review were focused specifically on treatment programs for LGBT populations impacted by IPV. Therefore, articles focused only on IPV treatment programs through a heteronormative approach were excluded. Our scoping review includes studies that offered alternative approaches to the heteronormative, cisnormative mainstream in IPV treatment programs. For example, we included studies that used needs assessments to determine the risk factors for IPV among LGBT populations. By allowing LGBT populations to identify their own health needs and concerns, needs assessments present an important alternative to the assumption that the health needs and outcomes of LGBT populations are similar to those of their heterosexual, cisgender peers (Gahagan & Colpitts, 2016)

Prior to inclusion in our scoping review, articles were examined through a two-tiered assessment process. In the first phase, articles were retrieved from the primary database search, duplicates were removed and the results were merged into a master Excel spreadsheet. Publications that were not peer-reviewed academic articles were removed, as were book chapters, conference abstracts or dissertations, and publications in a language other than English. The remaining articles were reviewed independently by two authors based on their relevancy to our key research questions by examining the title of the article, abstract and the content of the articles, and articles that meet the selection criteria were assembled into a second Excel spreadsheet. When the relevancy of an article was not easily determined based on the inclusion criteria outlined in Table 2, a checklist outlining inclusion criteria for the study was used to categorize articles into “yes” or “no” responses. Articles that received two “no” ratings were excluded from the scoping review. Articles receiving a mixed rating were further reviewed by the research team before determining whether they met the inclusion criteria.

2.5. Charting the data

The articles selected for inclusion in the scoping review were read and charted according to the methodological framework defined by Arksey and O'Malley (2005). For this charting approach, we mapped the articles according to the study location, study population, research methods, type of IPV intervention, outcomes and future policies; and soliciting feedback from the Pride Health. The results were uploaded into a final project Excel spreadsheet.

2.6. Feedback from community partners

Upon completion of the scoping review, the authors held consultations with Pride Health, an LGBT program of the provincial health authority. The purpose of the consultation was to discuss the

Table 2. Inclusion/exclusion criteria

Inclusion	Exclusion
Published in English	Published in other language than English
Peer-reviewed	Non peer-reviewed
Academic journal article	Book, dissertation, conference abstract, etc.
Primary Study	Not a primary study
Approaches treatment programs	Approaches IPV treatment programs
For LGBT impacted by IPV	From a gender binary perspective

preliminary results of the scoping review and their relevancy for conducting future research in the area of IPV based on the key findings. According to their feedback this scoping review offers an important contribution to our understanding of IPV among LGBT populations as much of the earlier literature has been focused solely on IPV perpetrated by cisgender, heterosexual men against cisgender, heterosexual women.

3. Results

The search strategy for this scoping review yielded a total of 1172 potential articles. Following a deduplication process, 864 citations were screened and a total of 75 papers met the inclusion criteria. The number of citations and articles screened at each level is shown in the PRISMA flowchart (Appendix B). The results of the scoping review are discussed in the following section according to the methodological framework defined by Arksey and O'Malley (2005) and regarding the study location, study population, research methods, type of IPV intervention, and suggestions for future policies and services for LGBT populations.

3.1. Study locations

The vast majority of the studies included in this scoping review were conducted in the United States ($n = 52$), two were conducted in Canada, two in Australia, one in the UK, one in multiple cities in the US and other countries, one in China, and two were conducted in both the US and Canada. We also included several systematic reviews that were conducted in multiple locations not specified ($n = 13$).

3.2. Study populations

As noted earlier, LGBT populations are diverse and unique and cannot be considered a single group with unified IPV experiences or prevention intervention needs. The information on the study populations can be found in Table 3.

3.3. Research methods

The studies included in this scoping review made use of different quantitative, qualitative, and mixed methods approaches. Qualitative methods were used in the majority of the studies included (44) and were identified as a useful method aimed to determine the meaning, importance and/or understanding specific issues of L, G, B and/or T populations and individuals, as for example risk factors or health-care access barriers. Accordingly, different surveys, mixed studies, systematic reviews, meta-analysis and two case study were included in this scoping review, with a total of 12 quantitative studies and 19 mixed studies.

Quantitative and mixed methods were used in 31 of the studies included in this scoping review and were identified as useful methods aimed to determine correlates, characteristics, evaluation, magnitude, prevalence and/or the importance of some specific issues as the already mentioned risk factors (e.g. substance abuse, HIV status, homophobia, public “outness”, stage of sexual identity development), the knowledge and existing policy interventions and advocacy with regards to in L, G, B, and/or T populations and individuals, and/or health-care access barriers.

3.4. Type of interventions

As mentioned previously, although there exists wide scientific evidence indicating that rates of IPV among same-sex couples are similar to different-sex IPV rates or even higher than among heterosexuals, there were few specific BIPs programs aimed at meeting the needs of LGBT populations, and none were found in peer-reviewed academic articles.

Despite the lack of a specific framework for batterers in LGBT IPV as there is the BIP framework for heterosexual-cisgender couples (either perpetrator or victim of IPV), an intersectional approach was mentioned in 6 of articles included in our scoping review (see for example Hester & Donovan, 2009; Hill et al., 2012; Simpson & Helfrich, 2014). Intersectionality has also been mentioned as an important framework to address LGBT IPV as well as IPV in opposite-sex relationships in other current articles (see for example Morgan et al., 2016). Poststructuralist feminism or post feminism is mentioned in 5

Table 3. Study populations

Study population	# of Studies
Lesbian women	12
Gay and Lesbian individuals	10
Lesbian abusers	6
Gay and bisexual men	5
Lesbian, Gay and Bisexual individuals	5
Lesbian, Gay, Bisexual, Transgender and Queer affected by IPV	3
Lesbian, Gay, Bisexual and Transgender clients	2
African American Lesbians	2
Lesbian mothers	1
Lesbian victims of IPV	1
European American lesbian and bisexual women	1
Lesbian, Gay, Bisexual, and Transgender	1
Sexual minority (Gay, Bisexual, Lesbian, Queer, Pansexual, Non-orientation, Questioning, Female to Male transgender)	1
Lesbian, Gay, Bisexual and Transgender Youth	1
Woman who have been in relationship with other woman	1
Gay, bisexual and other Men having sex with men	1
Male in same-sex relationship victims of IPV	1
Men in same-sex relationship	1
Black lesbian victims of IPV	1
Gay men victims of IPV	1
Gay men	1
Young men who have sex with men (YMSM)	2
Transgender people (don't specific if MTF or FTM)	2
Transgender women	1
Young adults (heterosexual and sexual minority groups)	1
Women and men involved in IPV	1
Same-sex communities (lesbian, gay, queer, bisexual, transgender, or heterosexual respondents)	1
Gay, Lesbian, Bisexual and Transgender undergraduates	1
Mental health professionals who self-identified as having currently or previously worked with SMIPPV	1
Social service agencies staff member serving L, G, B, T youth and adults	1
Service providers	1
Mental health professionals with expertise in the field of lesbian domestic violence	1
Feminist counselors (heterosexual, lesbian and bisexual) for lesbians affected by IPV	1
Masters and doctoral level counseling students to IPV	1
Domestic Violence Theories	1

articles as a new approach to face IPV, specifically in LGBT populations, and move beyond the binary feminist lenses (see for example Cannon & Buttell, 2016; Ristock, 2003; Wong et al., 2017). However, in a different framework of what BIPs are considered, and facing the impact of IPV to the perpetrator and/or the victim, or perpetrator and victim at the same time, affirmative psychotherapy or some of its tenets is mentioned in 6 articles. In general terms, *affirmative, gay affirmative, or lesbian, gay, and bisexual (LGB) affirmative*, refers to the psychotherapy approach that considers “homosexuality per se

as a normal variant of human sexuality and that lesbian, gay, and bisexual (LGB) people deserve to be affirmed and supported in their sexual orientation, relationships, and social opportunities” (American Psychological Association, 2009, p. 11). This model “includes suggestions for: (a) a training presentation for advocates providing services to survivors of IPV, (b) effective advertising efforts, (c) cross-collaborations between community agencies (e.g. health care settings, shelters, social services, law enforcement), and (d) LGB affirmative resources and referrals” (Duke & Davidson, 2009, p. 808).

Although the programs specifically for LGBT populations impacted by IPV were not the main objective of most studies, we found several studies where consideration of IPV as a consequence of an unaddressed primary concern in this population. For example, a dyadic approach to HIV prevention (the relationship between HIV status and violence syndemic) in gay men is mentioned in some articles (see for example Kubicek, McNeeley, & Collins, 2015), therapy for depression and anxiety is mentioned in one article (see Robinson, 2002), and specifically alcohol use and its link to IPV is also addressed in one article (see Klostermann, Kelley, Milletich, & Mignone, 2011). Correlates among IPV, mental health disorders, and substance use is largely documented in several studies (see for example Nuttbrock et al., 2014). The fact that sexual minorities have unique health and social care needs became clear with the AIDS epidemic in North America which resulted in social mobilization to force mainstream health institutions to tackle these complex and intersecting social and health issues (Mayer et al., 2008). Although the longstanding erasure of the health and social needs of SOGI-minoritized populations has contributed to poor health outcomes (e.g. higher rates of depression, suicide, substance use), there is a growing interest in understanding and addressing these issues through culturally competent interventions. The experiences of transgender people have been found to be significantly different than that of other members of the LGB communities, suggesting the need to redefine IPV for transgender people (see for example Yerke & DeFeo, 2016).

3.5. Suggestions for policies, programs and services for SOGI-minoritized populations

The second aim of this scoping review was to examine suggestions for policies, programs and services for SOGI-minoritized populations impacted by IPV. Notwithstanding the lack of specific frameworks (such as philosophy, structure, clientele, curriculum, policies, operating environment, and/or evaluation) for IPV intervention programs (self-referred or court mandated) for SOGI-minoritized populations found in this scoping review, noteworthy considerations for future policies and services for LGBT populations arise from the articles included: 1) an urgency to develop and implement education and training programs for health care workers, service providers, and professionals/counselors to address IPV among same-sex couples (identified in 39 articles or 52%). Accordingly, dispelling myths about LGBT communities regarding the suggestion that women are not able to sexually assault or rape other women (see for example Coleman 1994, 2003) or that men who engage in “sexual assault” or aggression with other men are doing so on a level playing field which renders IPV invisible (see for example Duke & Davidson, 2009, p. 2) the importance of taking into consideration the specific and unique risk factors associated with LGBT populations and individuals (identified in 41 articles or 54.7%); 3) the promotion, development, implementation of changes in the public and social policies, and “remove” barriers for help-seeking (identified in 33 articles or 44%); 4) updating of theories that can provide a better understanding of IPV among same-sex couples (identified in 46 articles or 61.3%). In addition, the need to develop standardized tools in order to appropriately evaluate the specific needs and issues facing same sex couples in IPV, as for example risk factors (e. g. minority stress, homophobia), violence within intimate relationships, public “outness”, or syndemics among others was specifically mentioned in 9 articles (12 %). And finally, the statement that further research on the field has to be conducted was identified specifically in 11 articles (14.7%).

4. Discussion

In keeping with the objectives of our scoping review, the first aim was to identify existing treatment programs for SOGI-minoritized populations who are impacted by IPV in order to offer potential new ways to advance IPV prevention and interventions. The findings of our scoping review highlighted the dearth of BIPs aimed at sexual orientation and gender-identity minoritized populations impacted by IPV. As mentioned earlier, “batterer programs are enmeshed in an elaborate intervention system that

includes police practices, court action, probation supervision, civil protection orders, victim services, additional services for the men, community resources, and local norms” (Gondolf, 2004, p. 608) and are generally framed within a heteronormative gender-based framework in which men are regarded as the perpetrator of the violence and women the victims. The gender-based paradigm of IPV also underlies the relations of heteronormative power and control and how these relations are linked to the patriarchal social model (see Russo & Pirlott, 2006). Although emerging from a feminist analytic perspective, considering IPV only in relation to a gender-based paradigm with its attention to power and control dynamics has many limitations (Dutton, 2012; Sokoloff & Dupont, 2005).

It is noteworthy that studies of IPV intervention programs specifically aimed at LGBT populations or individuals—either self-referred or court mandated—were not found in this scoping review, highlighting the lack of coordinated policy and programming responses for SOGI-minoritized populations impacted by IPV. As Gates (2013, p. 72) states, “how public policy changes that can either support or further stigmatize sexual minorities might affect LGBT health and well-being”. On the other hand, taking into account that IPV occurs in same-sex couples at same rates that it occurs in different-sex couples or even higher, L, G, B, and T populations and individuals are claiming a place in the community and the public policy to access IPV treatment programs, which cannot be addressed in current BIP approaches.

As we highlighted in the analysis of the interventions, specific IPV intervention programs for SOGI-minoritized populations were not found in this scoping review. Accordingly, the lack of community coordinated responses for SOGI-minoritized populations impacted by IPV leaves an unattended health and social concern. “The conventional framework for understanding abuse is derived from observing white, middle class heterosexual relationships and is therefore not appropriate to accounting for abuse that takes place in relationships in which power operates along additional lines of difference and is conditioned by a particular set of contextual relations that impact partners in particular ways” (Durish, 2011, p. 244).

As informed by the findings of our scoping review, suggestions for future policies and programs for SOGI-minoritized populations impacted by IPV echo what has been claimed for decades: there is a gap for the SOGI-minoritized populations and individuals impacted by IPV. It is paramount that researchers, policy-makers, service providers and advocates understand the causes and consequences of this kind of violence in an effort to effectively respond and intervene. The needs of SOGI-minoritized populations impacted by IPV are still largely absent from public health services and when IPV occurs it is very likely to be addressed under a heteronormative framework that is not conducive for sexual orientation and gender-identity minoritized populations, especially under a court-mandated situation.

The combination of factors that lead to the underrepresentation and inattention to SOGI-minoritized populations who are impacted by IPV, either in research and practice, are beyond this scoping review. However, if there is a genuine will to investigate and understand the causes and consequences of violence and to prevent IPV through primary intervention programs, policy interventions and advocacy under the public health approach, the different experiences of violence in heterosexual and LGBT relationship have to be properly investigated in order to build a better understanding, prevention, and intervention (see for example Brown, 2011; Cannon & Buttell, 2015; Kubicek et al., 2015; Messinger, 2017; Murray & Mobley, 2009; Ristock, 2011; Wong et al., 2017; Yerke & DeFeo, 2016). IPV relationships are heterogeneous as are the individuals impacted by this type of violence, and all cases are not analogous neither interchangeable (Ristock, 2002) but rather they need to be addressed under a comprehensive framework that considers all the risk factors and systems that may affect the individuals as well as their intersections.

In the midst of these gaps, intersectionality appears to be a promising framework for SOGI-minoritized populations impacted by IPV. “Intersectionality is a theoretical framework that posits that multiple social categories (e.g. race, ethnicity, gender, sexual orientation, socioeconomic

status) intersect at the micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g. racism, sexism, heterosexism). Public health's commitment to social justice makes it a natural fit with intersectionality's focus on multiple historically oppressed populations" (Bowleg, 2012, p. 1267). The decontextualization of the heterosexism and cisgenderism is challenging not only the way that IPV has to be addressed, but also psychotherapy, health care systems, policies, legal and social services aimed at discrimination and inequities (Baker & Hughes, 2016; Swailes, Lehman, Perry, & McCall-Hosenfeld, 2016).

Given that the focus of this scoping review was on peer-reviewed published academic articles available in English, our findings may not reflect the key lessons learned in either non-peer-reviewed gray literature or research published in language others than English. Nevertheless, this scoping review identified important gaps in the existing treatment literature for SOGI-minoritized populations who are impacted by IPV including orientation, operation, clientele, and funding, among others. As Arskey and O'Malley (2005, p. 22) point out "the aim of identifying gaps in the existing evidence base is clearly important, and may or not may lead ultimately to a full systematic review" of the evidence. Aside from these limitations, the findings from this scoping review provide an overview of why current and previous BIPs' have overlooked SOGI-minoritized populations. In particular, this scoping review highlights the dearth of community coordinated responses for SOGI-minoritized populations impacted by IPV, under the framework that guides current and previous treatment intervention programs for men using violence against their partners, especially if they are court-mandated. However, by recognizing the complex interactions between social, cultural, community, and individual levels new challenging approaches for outcomes in treatment programs for SOGI-minoritized populations impacted by IPV. current BIPs programs arise and offer potential new lenses to move forward prevention and intervention. As an attempt to achieve health equity for all, intersectionality offers promising in treatment programs for SOGI-minoritized populations impacted by IPV.

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