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Permalink

<https://escholarship.org/uc/item/8zc548wp>

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Publication Date

2023-12-11

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Illusion of Inclusion: The Failure of the Gender Paradigm to Account for Intimate Partner Violence in LGBT Relationships

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This article examines the intimate partner violence (IPV) literature, particularly scholarship of the gender paradigm, for a heteronormative bias—normative expectations, constraints, and demands of heterosexuality. Beginning with a critique of the gender paradigm’s framing of IPV as an extension of patriarchy that assumes a male perpetrator and female victim, this article moves to examine research on female perpetrators to gain insight on alternative arrangements of perpetrators and victims. Next, this article analyzes heteronormative biases implicit in policy implications and intervention services of the dominant gender paradigm theoretical framework. Finally, we discuss treatment options for lesbian, gay, bisexual, and transgender perpetrators, with suggestions for future services.

KEYWORDS: IPV; LGBT; heteronormativity; policy

INVESTIGATING HETERONORMATIVE BIASES IN THE FEMINIST PARADIGM OF DOMESTIC VIOLENCE

Intimate partner violence (IPV) scholarship has primarily focused on heterosexual male offenders and heterosexual female victims (Archer, 2000; Dutton & White, 2013; Hamby, 2009; Henning & Renauer, 2005; Storey & Strand, 2012). This focus has resulted in development of specific policies federally and across states that guide law enforcement protocol and govern treatment options. Prior to critiquing the shortcomings of the feminist conceptualization of IPV, it is important to acknowledge that this model has proved invaluable in unveiling the patriarchy present in domestic relationships and denormalizing men assaulting their wives. Thus, our point here is not to

denounce the feminist paradigm but to identify the unintended consequences of this conceptualization for nontraditional relationships (e.g., heterosexual female perpetrators of IPV, lesbian, gay, bisexual, and transgender [LGBT] perpetrators). We contend that the feminist paradigm's exclusive focus on heterosexual relationships fails to accurately capture the violence occurring in intimate relationships in three ways.

First, it fails to address the problem of IPV in other kinds of relationships (i.e., same-sex relationships; Letellier, 1994). For example, the Violence Against Women Act (1996) did not include protections for LGBT couples until it was reauthorized in 2013, after a long fight with the Republican-controlled House that let the act expire to prevent the extension of its \$1.6 billion funds and legal protections to same-sex couples. Second, such a limited focus fails to capture different configurations of abuse and victim identities (i.e., female perpetrators). Finally, this limited focus fails to identify key factors of motivation and possible ameliorating effects for any abuser and victim that do not fall into the heterosexual male perpetrator and heterosexual female victim paradigm advanced by the feminist model (or gender paradigm model; Buttell & Starr, 2013). Because of limited empirical research, it is difficult to determine the rates of IPV in the LGBT community, but recent research estimates IPV is experienced by same-sex partners at similar rates as heterosexual couples (Blosnich & Bossarte, 2009; Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2004; Messinger, 2011; Walters, Chen, & Breiding, 2013).

According to the Centers for Disease Control and Prevention's latest National Intimate Partner and Sexual Violence Survey (Black et al., 2011), Walters et al., (2013) break down IPV by sexual orientation. This study reveals that 43.8% of self-identified lesbians reported to have been physically victimized, stalked, or raped by an intimate partner in their lifetime, compared to 35.0% of heterosexual women, 29.0% of heterosexual men, and 26.0% of gay men. Bisexual women experienced the highest rates of IPV with 61.1% (Hamel, 2014). For a more in-depth analysis, see Walters et al. (2013) and Hamel (2014). Given the newness of this information and the pervasiveness of IPV for LGBT relationships, it seems clear that greater attention should be given to studying IPV in the LGBT populations.

In this article, we seek to (a) reveal prevailing heteronormative biases—normative expectations, demands, and constraints of heterosexuality (Warner, 1991)—underlying the predominant feminist model for IPV; (b) challenge current policies that follow this model; and (c) evaluate available treatment options based on these policies. To accomplish these aims, first, we bring a critical lens to evaluating the IPV literature, with an eye toward revealing instances of heteronormative bias. Second, we look at state mandated intervention policies to determine to whom these policies address and to whom they do not. Finally, we evaluate available treatment options and their outcomes for LGBT people. In order for LGBT people to achieve equality, they must have equal access to effective treatment for mental, behavioral, and emotional issues. To ensure such equality, scholars must first look to our own body of work for discriminatory assumptions that prevent construction of such equal and productive policies and treatment interventions.

It is important to interrogate the assumptions of the feminist model to understand how it (a) leads to heteronormative bias and (b) can be used to understand how a theoretically emancipatory theory for a certain group of women (namely, White, middle-class women) has resulted in continued oppression of separate groups of women (namely, LGBT women, poor women, women of color, and intersections thereof). This work builds on the work of Buttell and Starr (2013) in their critique of the assumptions of the feminist model. Instead of the gender paradigm for explaining IPV, Buttell and Starr argue that IPV is a symptom of psychosocial factors, which allows for a more broad and nuanced understanding of IPV. Such a conceptual framework lays a foundation for including and interrogating same-sex IPV in a meaningful way. The gender paradigm, because it has been understood as a male violent expression of patriarchal systems (R. P. Dobash, Dobash, Wilson, & Daly, 1992), forecloses this opportunity because it cannot help us understand why a femme lesbian abuses her femme lesbian partner.

Extensive adoption of the gender paradigm for policy and intervention services not only masks who is abusing whom but also has failed to provide necessary tools to ameliorate the problem for certain classes of people—namely, LGBT people, people of color, and poor people. In this article, we focus on the LGBT population (for a review of the state of knowledge on ethnic minorities and sexual minorities see West, 2012). The gender paradigm already assumes heteronormativity because it frames men as batterers and women as victims of this male dominance and privilege. And if women respond in kind, their violent expression is always self-defensive or retaliatory (DeKeseredy, 1988; R. E. Dobash & Dobash, 1979; Dragiewicz & Lindgren, 2009). Using this framework, then, how do we understand the gay man who abuses his male partner? How can we understand the bisexual woman, whom research shows probably is most likely to experience IPV (Baker, Buick, Kim, Moniz, & Nava, 2013), who is abused by her female partner, and abuses her male partner? Given the gender paradigm's reliance on a hierarchical binary of gender, this framework cannot help us understand the particular nuances of same-sex identified people's motivations and experiences of IPV. By extension, this failure extends to the policy arena and makes explicit the necessity of understanding LGBT offenders and victims to craft policies that create effective treatment options (Goldenson, Spidel, Greaves, & Dutton, 2009; Hines & Douglas, 2009). The gender paradigm, then, renders deviant anyone who is not heterosexual and male and violent toward women.

As Buttell and Starr (2013) and a recent review of the literature (Langhinrichsen-Rohling, McCullars & Misra, 2012; Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012) demonstrate, there are many reasons women may use violence in relationship conflicts for reasons other than self-defense and that are similar to male perpetrator motivations (e.g., in retaliation, to express anger, and to control). However, often the implicit assumption is that these are heterosexual women. Although lesbian and bisexual women might use violence for similar reasons (although it is impossible at this point to say so with any certainty), such a distinction is not delineated, and very limited empirical research has focused on the motivations of

same-sex abusers and victims (Bernhard, 2000; Bradford, Ryan, & Rothblum, 1994; Brand & Kidd, 1986; Galvan et al., 2004; Kelly, Izienicki, Bimbi, & Parsons, 2011; Lie & Gentlewarrior, 1991; Merrill & Wolfe, 2000; Renzetti, 1992; Stanley, Bartholomew, Taylor, Oram, & Landolt, 2006; Tuel & Russell, 1998). Following this logic, similar to the lack of knowledge into why women express violence in their intimate relationships, we know even less about the motivations of violence by LGBT people. Owing to this lack of knowledge, we know very little about how to better develop treatment options that effectively address these issues.

Although we know little about effective treatment interventions for heterosexual female perpetrators relative to heterosexual male perpetrators, we still know significantly more about both populations than we do LGBT women offenders because of this lack of empirical research. However, what we do know of heterosexual women perpetrators may be used to speculate about LGBT female-identified offenders because they tell us something about domestic violence that falls outside the parameters of the gender paradigm.

Currently, there is a hierarchy implicit in the IPV offender literature, as evidenced by the research focus of scholars, in which heterosexual men as perpetrators receive the most attention and research, followed by heterosexual women as perpetrators, and a distant third is the problem of IPV in LGBT partnerships. With the predominant use of the gender paradigm—that men normatively use violence to reinforce patriarchal social arrangements—to explain male IPV, there has been a gap in understanding female perpetrators: their behavior, motivations, and rehabilitation (Dutton & White, 2013; Storey & Strand, 2012; White & Dutton, 2013). The gender paradigm only allows for female violence to be explained by self-defense and female emancipation against violent expressions of patriarchy (DeKeseredy, 1988; R. E. Dobash & Dobash, 1979; Dragiewicz & Lindgren, 2009). White and Dutton (2013) rightly assert that, viewed from this framework, a single instance of IPV by a man is an act against all women not against a particular woman; and, there is not an equivalent term for a violent act by a woman. The gender paradigm inhibits a more accurate understanding of IPV because it renders political categories of abuser and abused along gender stereotypes. In a review of the literature on perceptions of female perpetrators, the majority of articles examined by Dutton and White (2013) refer to female perpetrators against male victims. Only two articles include perceptions of same-sex intimate partners. In the same way as male victims have been disenfranchised in research and treatment options, female victims of female batterers have also been disenfranchised.

Just as scholars are beginning to shed light on the perceptions and motivations of female perpetrators of domestic violence, so researchers must stop obscuring the problem of IPV in LGBT partnerships by focusing exclusively on female perpetrators against male victims. Rather, scholars must begin to delve into the motivations, perceptions, and dynamics of IPV in LGBT partnerships. Extending this line of critique, it is necessary to expose the heteronormative bias that runs throughout most domestic violence scholarship to better conceptualize and treat domestic violence within same-sex intimate partnerships and LGBT communities. As White

and Dutton (2013) conclude, “women’s equality means equal capacity for violence” (p. 114), it follows that equality for LGBT people means equal capacity for violence.

As Baker et al. (2013) argue, examining same-sex IPV not only informs us of the dynamics and needs of this community but also allows for a critical examination of the ways IPV is framed. Such a maneuver allows for an opening up of the ways we construct and understand factors (motivations, events, outcomes, treatment, etc.) of domestic violence that are most often associated with gendered roles and sex-based biological differences. Furthermore, Baker et al. stress the importance of including same-sex IPV as a means for mediating the oft-contentious battle between gendered or feminist theories and gender-neutral theories. Analyzing same-sex IPV, then, is an opportunity to study the characteristics associated with gender as variables instead of gender as an outcome precisely because gender normative behavior and assumptions are already suspended. Gender matters, but it is not the only thing that matters; heteronormativity matters too. It matters when researchers cannot identify domestic violence as a problem because it is restricted by theoretical frameworks (the gendered paradigm) and treatment options that always treat men as the abusers of female victims (Duke & Davidson, 2009; Hassouneh & Glass, 2008; Stanley et al., 2006). Patriarchal ideology and systems of power already mean that male violence against women is sanctioned. Same-sex relationships are rendered deviant and invisible by the same patriarchal system that legitimizes male violence, as a bid for control, against women.

In calling for gender identity and sexual orientation as a means for identifying issues of IPV rather than as an explanation, some scholars seek to cultivate greater awareness of the cultural contexts in which people experience IPV (Baker et al., 2013; Buttell & Starr, 2013; Kernsmith, 2006). Such a shift would allow for a richer analysis into issues of IPV in same-sex relationships and communities rather than the tacit acknowledgement of this community’s experiences with inclusive language. Furthering this logic, women must be free to express the whole range of human emotions and experience consequences for their actions (Buttell & Starr, 2013; Dutton & White, 2013; White & Dutton, 2013); to achieve equality, LGBT people must be free to express the whole range of human emotions and receive treatment that will give them the necessary tools to deal with IPV as both perpetrators and victims.

Extending this line of argument for women as perpetrators to the LGBT community just as the gender paradigm is unable to account for women as perpetrators because it assumes men are domestically violent as an extension and expression of patriarchal power and dominance against women (Dutton & White, 2013; Kernsmith, 2005), so some scholars have been unable to account for factors and experiences of perpetrators and victims of IPV in the LGBT community.

So far, there has been only a throwaway acknowledgement of LGBT people who experience IPV. When it does occur, it appears with language that papers over the different needs and particular expressions of domestic violence of and within this community. This is particularly true with the use of “intimate partner” language without specifying whom these partnerships are between. By papering over the

particular needs of the LGBT community with language of “partners,” this form of gender blindness and sexual orientation blindness seeks to point to social inclusion of marginalized people but fails to do so.

Even when we use gender-neutral language, we do not tend to refer to LGBT perpetrators and victims but to female perpetrators. Furthermore, by blanketing over the differences within this community, by treating all male offenders and all female offenders as, although they belonged to the same community (i.e., the heterosexual community), operating within the same cultural pressures, as the Duluth model assumes, then the particular experiences (the actual causes and preventive measures for domestic violence) within the LGBT community are lost. Using language that obscures the dynamics of domestic violence in LGBT communities alludes to inclusion while actually acting as a barrier to further recognition and amelioration of the problem of intimate partner abuse within the LGBT community.

The LGBT community should not be treated as a monolith either. Experiences of woman-on-woman violence, man-on-man violence, and experiences of violence by bisexual transgender people will be different (all experience at one cultural scale homophobia and transphobia, but some dynamics will be different on a more micro scale depending also on identity, time, and space, i.e., context; Baker et al., 2013). Intersectionality, the assertion that identity categories (race, class, gender, sexual orientation, etc.) are interconnected (Smooth, 2013), offers a means to better understand the ways these issues are experienced in LGBT populations. In advancing our understanding of these issues, intersectionality provides the space to investigate instances of IPV as it relates to co-constituted identity categories. Put simply, intersectionality provides the space to ask: In what ways does one’s womanness inform this instance of IPV? In what ways does her sexual orientation inform this behavior? And, in what ways does the intersection of these identities contribute to IPV? This is an interesting and potentially valuable tool to help us understand both how violence is experienced in the LGBT community and how it may differ across both individuals within the community and at different times for the same individual.

Although tacitly acknowledged as being an important issue, IPV in LGBT relationships has not been thoroughly studied or analyzed, which reveals its actual status as marginalized in current theoretical frameworks for understanding IPV (for a review of empirical studies on IPV in LGBT partnerships see Langhinrichsen-Rohling, Misra, et al., 2012). Using gender-neutral language, while still implicitly assuming heterosexual perpetrators and victims, *veils* the particular dynamics, motivations, uses, reactions, and treatment experiences of same-sex abusers and victims. In doing so, it perpetuates and reinforces a heteronormative system of oppression that continues to render invisible and disenfranchise LGBT people. The net result of using such politically correct language as “partner” is that it obscures the population we are in fact studying (heterosexual men and women) and further marginalizes LGBT experiences of IPV.

Such theoretical premises have real world consequences in the form of policies that govern IPV intervention. These policies dictate the kind of treatment that

perpetrators receive. To understand the implications of this theoretical framework, we turn to an analysis of heteronormative biases of state policies for domestic abuse.

ADDRESSING HETERONORMATIVE BIAS IN POLICIES FOR DOMESTIC ABUSE

From different points of view, Hamel (2014) in his batterer intervention treatment manual and Kernsmith and Kernsmith (2009) in their review of state standards for batterer intervention services show the limitations of applying the Duluth model, designed with heterosexual male batterers in mind (Pence & Paymar, 1986, 1993), to female perpetrators. Recent research suggests that women, like men, use violence in relationship conflicts for multiple reasons—to control, retaliate, express anger, communicate or, less often, in self-defense (Archer, 2002; Elmquist et al., 2014; Hamberger & Guse, 2002; Langhinrichsen-Rohling, Misra, et al., 2012). However, given findings from some studies that indicate female offenders exhibit higher levels of personality disorders relative to male offenders and are more likely to be single parents and to experience financial stress, they, therefore, have some unique treatment needs relative to male batterers (Henning, Jones, & Holdford, 2003; Simmons, Lehmann, Cobb, & Fowler, 2005). State standards and policies of intervention must address these differences in their domestic violence policies.

With the rise of mandatory arrest legislation, more women are making their way through mandated batterer intervention programs (Buttell, Powers, & Wong, 2012; Martin, 1997). With this increase, there is a concomitant greater demand for batterer intervention services. In their review of 53 standards collected from 42 states, 7 counties, 2 cities, 1 island, and 1 tribal association, Kernsmith and Kernsmith (2009, p. 345) found that 51% of these standards assumed males were always or often perpetrators of domestic violence against women. The remaining standards assumed a gender-neutral language. These policies for domestic violence intervention services mandated by the state not only overly assume that heterosexual men are batterers but also assume that heterosexual women are the victims (Kernsmith & Kernsmith, 2009). These standards express a heteronormative bias—that is, they assume that domestic violence is only perpetuated by heterosexual people, particularly men. Such standards mean that female offenders of female victims will be given the same treatment as a male offender of a male victim, or a male offender of a female victim. These standards, then, obscure the problem of IPV in same-sex relationships and communities.

Although it may be unrealistic, because of limited resources, to make personalized treatment options widely available to mandated batterers, it remains essential to expose heteronormative assumptions in research and policy, so that scholars and social workers may more accurately describe the populations they are addressing. In addition, scholars must give more attention to marginalized populations, such as IPV within the LGBT community, to better develop realistic treatment options that best serve these partnerships, families, and communities.

The Illinois model for batterer intervention programs has specified guidelines for women receiving batterer intervention services (Kernsmith & Kernsmith, 2009). The Illinois standard recommends perpetrators be separated into different groups (i.e., gender-segregated groups for violent resistors and groups into primary aggressors). Amidst these changes, the Illinois model, like most state models, only refers clients to providers if they have completed a feminist model-based domestic violence training. Although providers are encouraged to use the Duluth model, they are not mandated to do so; however, approved intervention programs may not use cognitive behavioral or family systems approaches as the main theoretical background of the intervention program (Illinois Department of Human Services, Domestic Violence Advisory Council, 2005, p. 13) This is *the illusion of inclusion*. Although the language of the model standard suggests cultural diversity and inclusion, it restricts its available treatment options to the one-size-fits-all Duluth treatment model.

Although this is the model standard for states' intervention policies, and although it is one possible solution for addressing the particular needs of women batterers, it does not address the particular needs of LGBT women batterers. The fact that the model standard continues to fail to address the needs of this population reveals the pervasive heteronormative bias and subsequent oppression of LGBT people.

The primacy of the gender paradigm has implications for intervention policy implementation and program effectiveness that may not maximize benefits for male victims and female perpetrators of IPV in heterosexual *and* same-sex relationships. By focusing exclusively on gender as cause of IPV, scholars miss other psychosocial factors and cultural contexts that contribute to IPV as well as possible factors with ameliorating effects (Baker et al., 2013; Coleman, 1994; West, 2012). Since the gender paradigm (the theory) inspires policies of intervention, such as the Illinois model (the policy development), and these policies directly determine available and mandated treatment options (the Duluth model), then it stands to reason that groups marginalized under the prevailing paradigm will remain marginalized. Without policy that goes further than merely adopting politically correct language (that, in reality, further obfuscates the treatment disparities of an already marginalized class of people), treatment options will continue to be limited for this population.

The widespread adoption of the Duluth model, based on the gender paradigm, by states renders explicit this argument. Because the Duluth model is based on a gendered assumption that heterosexual men are always the aggressor and heterosexual women are always the victims, how well can it realistically address the needs of heterosexual women abusers and heterosexual male victims? For that matter, how well can it address the needs of LGBT aggressors and victims? Furthermore, we will not know how effective or ineffective these treatments are, or how to develop more just and effective treatment until we empirically study IPV-affected LGBT populations. To further our understanding, scholars must stop perpetuating the illusion of inclusion of LGBT people, both abusers and victims, and include them in a meaningful way in research, policy development, and treatment implementation.

TREATMENT

As the preceding discussion illustrates, very little information exists about how to conceptualize IPV occurring in LGBT relationships, as distinguished from heterosexual relationships, and craft unique treatment programs to address it. In brief, the work in this area is so nascent, and we really are just beginning to understand how much we do not know about IPV occurring in this population. Consequently, it is impossible to say with any degree of certainty what treatment for this population should entail and differentiate it from the heteronormative program institutionalized through the adoption of state program standards for batterer intervention programs (BIPs). In his comprehensive review of empirical studies on treatment of IPV, Hamel (2014) finds that the Duluth model, cognitive behavioral therapy (CBT), and couples counseling can all be successful in reducing IPV, depending on the administrator and population, and offers a model for integrating evidence-based intervention strategies into batterer intervention programming. This strategy holds enormous potential for bypassing the gender-based limitations institutionalized in conventional BIPs by moving beyond programming based on gendered stereotypes and focusing on empirical, data-driven solutions.

Recently, Eckhardt et al. (2013) have argued that policy interventions should allow for diverse types of treatment (i.e., CBT), other than the Duluth model, because of their effectiveness in reducing rates of IPV, regardless of their particular ideologies. Similarly, Hamel (2014) calls for greater study of the “active ingredients”—the elements of IPV that can be specified and treated effectively—for effective treatment. Identifying why certain elements of treatments work for some people and how these active ingredients may work in other types of treatment programs for other kinds of populations is an important course of study that has been largely neglected (Hamel, 2014). Although the treatment literature is very limited and we do not know how effective these treatment options are for LGBT offenders, this research shows that not all available tools for treating IPV are being used.

The very limited available literature suggests that treatment providers must be knowledgeable about sexual minority subgroup issues to treat LGBT batterers effectively (Coleman, 2003; Istar, 1996). Being knowledgeable of the unique identities, forms of abuse specific to LGBT people (e.g., threatening to reveal a partner’s sexual orientation), and impacts of homophobia and heteronormativity experienced by batterers may help to successfully locate motivations for IPV in LGBT populations (Coleman, 2003; Istar, 1996). In addition, ameliorating factors particular to experiences of LGBT people may be leveraged. For instance, identifying and confronting a client’s defenses against shame and that shame’s role in motivating domestic violence may help alleviate such violent behavior (Hockenberry, 1995).

CONCLUSION

This article has sought to reveal heteronormative biases in domestic violence scholarship, particularly within the gender paradigm. Second, this article has traced the

heteronormative biases of the gender paradigm through policy implementation of domestic violence intervention programs on the state level. Finally, this article addressed possible treatment options for LGBT perpetrators. We find that because of limited empirical research, it is difficult to know the motivations and dynamics particular of LGBT abuse and possible ameliorating factors as well as what treatments work and why. Some scholars advocate for treatment options based on alternative theoretical frameworks than the gender paradigm (i.e., CBT, couples counseling, etc.) and for administrators to be familiar with LGBT populations and particular pressures experienced by LGBT people. To better address the needs of this marginalized population, scholars must first recognize our own heteronormative assumptions. By doing so, we will be better able to theorize IPV, resulting in more adequate policy implications and more effective treatment options.

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