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The Reported Availability of U.S. Domestic Violence Services to Victims Who Vary by Age, Sexual Orientation, and Gender

Denise A. Hines, PhD
Clark University

Emily M. Douglas, PhD
Bridgewater State University

Grassroots movements during the 1970s established several types of emergency services for battered women seeking to find refuge from or leave an abusive relationship. As time went by, the range of services offered by these agencies grew to include counseling, legal services, outreach, and other services, and battered women can now access over 2,000 domestic violence (DV) agencies throughout the United States for assistance. At the same time, these services have come under increasing scrutiny for their inability or unwillingness to provide their existing services to some populations of intimate partner violence (IPV) victims. In this article, we focus on DV agencies' ability to provide their services to various populations that have documented evidence of being underserved due to their age, gender, and/or sexual orientation. We present information on the percentage of agencies that report being able to provide victim-related services to each of these groups. We also consider various regional, state, and agency characteristics that may predict the availability of services to these underserved groups. Overall, agencies report that adolescents and men are the least likely groups to which they are able to provide their victim services. Results are discussed utilizing a human rights perspective that stresses that all IPV victims, regardless of age, sexual orientation, or gender, should have access to services provided by DV agencies.

KEYWORDS: domestic violence; bias; male victims; adolescents; elderly; GLBT

In the 1970s, battered women's advocates began organizing grassroots efforts to aid female victims of IPV; these efforts included shelters for women and their children who were trying to escape an abusive home and hotlines to aid in a crisis situation (Shepard & Pence, 1999). By the 1980s and 1990s, battered women's advocates succeeded in receiving private and public funding for their agencies and institutionalizing them across the United States. Currently, there are over 2,000 DV agencies in the United States, most of whom are members of the National Coalition Against Domestic Violence ([NCADV]; Hines & Malley-Morrison, 2005) and many of whom now offer a wide range of services to victims. The most typical service is shelter services, but for agencies that do not have the capacity to provide shelter, they can also offer hotel vouchers or safe homes. These housing services are temporary and designed to aid IPV victims and their children in escaping an abusive home. In addition, agencies can offer transitional housing, which is a longer-term housing option aimed at helping a victim become self-sufficient after having permanently left an abusive home. DV agencies also can offer a wide range of legal services, including assistance with filing a restraining order, victim advocacy and case management, pro bono legal services, divorce and child custody services, and legal assistance for illegal immigrants. Practical services that may be available include emergency transportation and educational and employment services. In addition, counseling services for victims are typically available in many DV agencies and can include residential and nonresidential support groups, group and individual mental health counseling, and rape or sexual assault counseling. Finally, agencies may also engage in outreach efforts in which they publicize their services or target a specific population of victims to receive information about IPV and the services that the DV agency offers (Glass, Rollins, & Bloom, 2009; Hines & Malley-Morrison, 2005).

The women's movement was primarily responsible for the development and institutionalization of DV agencies. Thus, the philosophy that typically guides these agencies has been a feminist-based philosophy, which supports the notion that there is a causal link between patriarchy and IPV, and that men use IPV to maintain a power system in which they are dominant and women are subordinate (e.g., Dobash & Dobash, 1977–1978). This perspective has been criticized as a White, middle-class female perspective that potentially alienated many other potential victims of IPV (see Glass et al., 2009, for a discussion) including IPV victims of other races and ethnicities, sexual orientations, and social class backgrounds (Malley-Morrison & Hines, 2004). Concerns also rose when male victims of IPV stated that they were turned away from DV agencies in their quest to seek help for themselves and their children (Cook, 2009; Douglas & Hines, in press; Hines, Brown, & Dunning, 2007).

In order to be more inclusive of the wide range of IPV victims, experts argue that DV agencies should be oriented around a "human rights perspective" (Glass et al., 2009; Hines & Malley-Morrison, 2005). DV agencies, Glass et al. (2009) argue, should maintain a philosophy of nondiscrimination and should, therefore, protect and empower those who are the underserved victims of IPV, because these individuals have rights "without regard to gender, race, ethnicity, religion, sexual orientation,

nationality, age, class, ability, and language” (p. 203). Therefore, according to this theory, DV programs should find ways to include all victims in their outreach and services, and “change rules that limit the provision of services to victims” (p. 204). Services of DV agencies should be available, accessible, and acceptable to all IPV victims without discrimination, and DV agencies should adapt their services to fit the needs of the IPV victims who seek them. Underserved victims, Glass et al. state, are those “victims who have the most significant barriers or who have been unable or unwilling to access existing services or for whom there are limited or nonexistent services available” (p. 205).

Allegations of Discrimination Based on Age, Sexual Orientation, and Gender

Among the possible underserved communities in the United States that conform to Glass et al.’s (2009) definition are those defined by their age, sexual orientation, and gender. For example, estimates of adolescent dating violence show that as many as one in four high school students may sustain an act of dating violence (e.g., Foshee et al., 1996; Jezl, Molidor, & Wright, 1996), yet at the same time, they are unlikely to seek help from adults or any formal sources of support (Ashley & Foshee, 2005; Watson, Cascardi, Avery-Leaf, & O’Leary, 2001), and rely instead on their friends, who are often unequipped to handle issues of dating violence (Ashley & Foshee, 2005; Watson et al., 2001; Weisz, Tolman, Callahan, Saunders, & Black, 2007). In addition, formal services available to adolescent victims may be limited to only outreach (Sousa, 1999). The limited services may be because of the fact that adolescents are minors, therefore, they are not recognized as potential victims of DV in most state statutes, so there may be legal barriers for DV agencies to provide their services to adolescent victims (Break the Cycle, 2008; Sousa, 1999). However, there is no research examining whether DV agencies have their full range of services available to adolescent victims. Given the high prevalence of dating violence among adolescents, their inexperience with romantic relationships, and their likely lack of knowledge about dating violence, it is important to understand whether DV agencies are able to offer their victim services to these vulnerable individuals.

Another group that is vulnerable because of their age is the elderly. Although the typical elder abuse stereotype is of a frail elder being abused by an adult child caretaker, a random sample of elders in Boston showed that 60% of elder abuse perpetrators were spouses (Pillemer & Finkelhor, 1988), and estimates of rates of elder abuse by spouses range from 4%–6% of the elderly population (Harris, 1996; Mouton, Rovi, Furniss, & Lasser, 1999; Pillemer & Finkelhor, 1988). It is likely, therefore, that elderly victims of IPV may need the services of DV agencies, and there is evidence that 1% of female and 5% of male victims of IPV who present at DV agencies are elderly persons (Lundy & Grossman, 2009). Both internal and external barriers may preclude elderly abuse victims from receiving help (Beaulaurier, Seff, & Newman, 2008; Donnelly, Cook, & Wilson, 1999; Lundy & Grossman, 2009). For example, abused

elderly women cite the difficulty in breaking long-standing abusive patterns in their relationships, but also indicate a perception that DV agency services were targeted toward younger women (Beaulaurier et al., 2008; Leisey, Kupstas, & Cooper, 2009) and they, therefore, would be turned away, ridiculed, or made to feel uncomfortable if they asked for help (Beaulaurier et al., 2008). DV agency staff do sometimes turn away elderly women because of the misperception that they are frail and in need of too much help with activities of daily living (Donnelly et al., 1999), and staff may perceive elderly female victims as downtrodden, overly dependent, and resistant to change (see Leisey et al., 2009). Moreover, in comparison to younger female victims, elderly female victims who present at DV agencies are significantly less likely to receive shelter services, advocacy, employment and educational assistance, economic aid, family services, case management services, individual and group counseling services, family counseling, and group therapy (Lundy & Grossman, 2009). Thus, elderly victims of IPV are a group that seems to be underserved in the current DV service system, and it is important to assess the extent to which DV agencies report that their services are available for this particular group of victims.

Among adults between the ages of 18 and 65, there is also evidence of exclusion from victim services based on sexual orientation and gender: Individuals who are gay, lesbian, bisexual, or transgendered (GLBTs), and heterosexual men have cited barriers to receiving help from the current DV service system. The reason believed for such exclusion is that the prevailing theory that guides DV agencies—that IPV is causally related to patriarchy—makes it difficult for a female victim with a female perpetrator or a male victim, in general, to fit into this model (Cook, 2009; Douglas & Hines, in press; Helfrich & Simpson, 2006; Renzetti, 1989; Russo, 1999). Nonetheless, prevalence rates of IPV toward heterosexual men and GLBTs are estimated to be approximately equal to prevalence rates of IPV toward heterosexual women (Archer, 2000; Hines & Malley-Morrison, 2005; Straus, 1995; Waldner-Haugrud, Gratch, & Magruder, 1997; West, 2002), and although there are arguments concerning the extent to which the IPV toward these groups is severe enough to warrant the use of DV agencies (Brown & Groscup, 2009; Das Dasgupta, 2001; Johnson, 1995; Loseke & Kurz, 2005; Russo, 1999), there is much evidence that severe IPV toward both GLBTs (McClennen, Summers, & Vaughan, 2002; Renzetti, 1989; Russo, 1999; West, 2002) and heterosexual men (Ehrensaft, Moffitt, & Caspi, 2004; Hines et al., 2007; Hines & Douglas, 2010) does occur and that victims from these populations do attempt to seek help through DV agencies (Cook, 2009; Douglas & Hines, in press; Hines et al., 2007; McClennen et al., 2002; Renzetti, 1989; Turell & Cornell-Swanson, 2005).

Experimental studies have shown that service providers display biases regarding IPV in same-sex relationships—it is viewed as less serious, less likely to reoccur, more likely to be mutual and less likely to get worse over time than opposite-sex IPV (Blasko, Winek, & Bieschke, 2007; Brown & Groscup, 2009), and GLBT victims of IPV have encountered both internal and external barriers to accessing victim services originally aimed for heterosexual women. For example, lesbian IPV victims have cited fears of discriminatory and homophobic responses from DV agencies and their

clients, and fears that because of lax screening procedures, staff will admit their abusive partners to the agency (Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006). External barriers include blatant discrimination, bias, and stigma when trying to access services (Girshick, 2002; Renzetti, 1989, 1992). Agency staff and directors have reported reluctance to provide services to lesbian victims, either because of staff biases or biases of their stakeholders or their community (Donnelly et al., 1999; Helfrich & Simpson, 2006).

Similarly, studies of gay men and DV agencies show that agencies are often unwilling or unable to serve gay men (Merrill & Wolfe, 2000). Gay men are reluctant to seek such sources of help when victimized by IPV, and when they do, they find the agencies to be not at all helpful (McClennen et al., 2002). Little research has documented the help-seeking experiences of transgendered individuals (Turell & Cornell-Swanson, 2005), although there are indications that they do not seek help because of fear of exposure of their status and because gender segregation makes shelters inaccessible to them (Courvant & Cook-Daniels, 1998).

Finally, male victims of female-perpetrated IPV may also experience barriers to seeking help. For example, Douglas and Hines (in press) reported on the experiences of 302 male victims of IPV who sought help: Almost half of their sample sought assistance from a DV agency and more than half of them found the agency to be not at all helpful. Common complaints were that the DV agency said they only help women (78.3%), that the agency was biased against men (95.3%), and that they were accused of being the batterer in the relationship (63.9%). There have been no studies to date, however, that document the extent to which DV agency directors report that their agency offers victim-related services to heterosexual men.

Overall, the extant research documents the problems that adolescents, elderly, GLBTs, and heterosexual men may have when seeking help from DV agencies. From a human rights perspective, we note that although various DV services exist, these services do not seem to be equally accessible or available to all IPV victims. However, the research to date is limited by (a) its scope of the DV agencies that are assessed (e.g., concentrating on a certain area), (b) convenience samples of underserved IPV victims, or (c) its concentration on just one potentially underserved population. The goal of this study is to present the results of a survey of the directors from a random sample of DV agencies in the United States in which we asked the extent to which the housing, legal, counseling, and other services they provide are available to various potentially underserved populations. Our study will achieve one of the primary goals of a human rights perspective on the provision of DV services evaluation. That is, we need to evaluate the extent to which DV services are available to IPV victims who are typically excluded or have reported barriers in accessing or using services (Glass et al., 2009). Thus, in this study, we will report the extent to which existing services are available to victims of differing ages, sexual orientations, and genders.

Given previous research documenting the difficulties that adolescents, elderly persons, GLBTs, and men have experienced when seeking help for IPV victimization, we expect that not all DV agencies in our sample will indicate that all of their services

are available to each of these populations. Therefore, we will explore various possible reasons for why some groups remain underserved. First, the most documented explanation for excluding some groups from existing DV agency services is a lack of resources, usually budgetary, but also in terms of personnel (e.g., Donnelly et al., 1999). We will, therefore, explore whether budget size, the size of paid and volunteer staff, and the number of victims overall they are able to serve in a year influence the extent to which agencies are able to offer their existing services to these potentially underserved populations. Second, another cited reason for failing to make existing services available to underserved groups has been external constraints posed by funders of the agency (Donnelly et al., 1999; Renzetti, 1996). Although we do not have information on specific funders or their ideologies, we do know whether the agencies in our sample were receiving federal funding. Because U.S. law requires that DV agencies practice nondiscrimination (Glass et al., 2009), it is predicted that agencies receiving federal funding will be less likely to indicate that they exclude any of the previous populations from potentially receiving services. Third, a final cited constraint to making services available to all DV victims includes the values and ideologies of the community in which the agency operates (Donnelly et al., 1999; Helfrich & Simpson, 2006). We have information on the cities, states, and regions in which the DV agencies in our sample operated, and we will look at such issues as liberalism of the state, state median household income, educational level of the state population, and female representation in state government, as indicators and proxies of the values and ideologies of the community. We expect these to correlate with whether certain groups are excluded from having certain types of victim services available to them.

METHODS

Sample

A random sample of 371 DV agencies was selected from all of the 1,980 agencies listed in the *2004 National Directory of Domestic Violence Programs* published by the NCADV. This sample constituted almost 20% of the agencies in the directory; the size of the sample was determined by previous research (Schaefer & Dillman, 1998) and the amount of time that could be allocated to this unfunded study. Each DV agency was telephoned by an undergraduate or graduate research assistant who asked for the name of the program director and his/her e-mail address. We then used this information to recruit participants via e-mail to participate in our study. Using the methods of Dillman (2000), we invited DV agency directors to participate in our Internet study on multiple occasions. We emailed all program directors an initial recruitment letter, and 1 week later, all received a thank you/reminder e-mail; 5 weeks after the initial recruitment, we e-mailed those participants who had not yet responded; 4 months later, we tried again to increase response rates by having a graduate research assistant call those who had not yet participated. A small number of participants (fewer than 20) completed the survey via the telephone; those we were unable to reach via

telephone received a final e-mail from us encouraging them to participate. Data collection took place between January and August 2008.

Program directors who responded to the recruitment e-mail were directed to a webpage on Zoomerang.com that explained the details of the study, their rights as participants, and their ability to decline to participate or to skip any questions they did not wish to answer. All procedures for this study were approved by a board of ethics at Bridgewater State College. In total, 213 DV agencies participated; the response rate was 57.4%.

The sample consisted of 213 DV agencies from 47 U.S. states; 16.9% of the sample was from the Northeast, 33.8% from the South, 25.4% from the Midwest, and 23.9% from the West. Just over 18% ($n = 39$) of agencies responded that they specialized in a particular population of victims, only one of which, GLBT, was a population that we focus on in the current article.¹ When asked if there were any services they would like to provide but could not because of service barriers, 112 (52.6%) indicated there were. Among the services mentioned, eight (7.1%) indicated they would like to provide services for teens, five (4.5%) would like to provide services for men, and four (3.6%) would like to provide services for GLBTs.

DV agencies reported that a median of 1,000 IPV victims contact them annually, and that they provide direct services to a median of 800 victims. The DV agencies had been in operation for a mean of 24.2 years; they had a median of 14 paid staff and 19.5 volunteer staff. Almost half (47%) of the DV agencies reported receiving federal funding; the DV agencies reported that their median annual budget was \$638,000.

Measures

We developed the instrument for use in this study and based it on a review of the literature on the availability of services for underserved victims of IPV. Several program directors who work for DV agencies that specialize in underserved populations gave suggestions about content and questions and helped to pretest the instrument. The instrument asked about various victim services that are commonly offered by DV agencies: (a) housing (shelter, transitional housing, safe home, and hotel vouchers), (b) legal services (victim advocacy services, pro bono legal aid, assistance with divorce and/or child custody cases as well as restraining orders, and undocumented immigrants), (c) victim mental health/counseling services (group counseling, individual counseling, nonresidential support groups, and rape/sexual assault services), and (d) additional services including transportation, outreach, and education. For each of these services, we first asked program directors if their agency was able to provide this particular service. For those who responded *yes*, we asked for which of the following victim populations they were able to provide their existing services: (a) adolescent female victims, (b) senior female victims (age 65 or older), (c) lesbian victims, (d) male-to-female transgendered victims, (e) female-to-male transgendered victims, (f) adult male victims, (g) adolescent male victims, (h) male senior victims, and (i) gay male victims. We recognize that there may be considerable overlap among these populations (e.g., a gay, male adolescent), but for ease of analysis, we used the

populations as noted. For each category of services, we also asked about the ability to serve undocumented immigrants, victims who do not speak English, and individuals with disabilities, including physical, mental health, sight, and auditory limitations. These latter populations will be the focus of a future article. For the purposes of this article, we will call these groups of victims “underserved populations,” with the knowledge that according to some of our data, not all of them experience limitations on the services available to them, but that previous research suggests that there are problems with these groups actually being provided with available and appropriate DV services; therefore, they are “underserved.”

Finally, we asked DV agency program directors for descriptive information about their agencies, including the city and state of the agency; number of victims that they serve each year; the size of the agency budget; if they receive federal funding; the number of years of operation; and the number of paid staff and volunteers.

We also used existing data to examine the potential relationship between state/regional characteristics and the availability of services to these underserved groups. From the U.S. Census Bureau, we gathered the 2007 population of the city in which the agency was located, 2007 household median income of the state in which the agency was located, and the percent of the state population that was college educated. The percent of state legislators who were women in 2008 was garnered from the Center for American Women and Politics (CAWP). The degree of liberalism for each state came from a 2003 (most recent year available) CBS/*New York Times* national poll of political ideology, available at: <http://php.indiana.edu/~wright1/>. Previous research has demonstrated that state characteristics, including political ideology, predict the provision of services for members of individual states (Baron & Straus, 1989; Barrilleaux & Bernick, 2003; Burr, Mutchler, & Warren, 2005; Douglas & Cunningham, 2008; Linksy & Straus, 1986; Zimmerman, 1988, 1991). State characteristics are an approximate measure of the context in which DV agencies operate.

RESULTS

Housing Services

We asked the agencies about the shelter, safe home, hotel voucher, and transitional housing services that they are able to offer to victims of IPV. If they responded that they provided one of these services, we asked them follow-up questions concerning such issues as the maximum number of victims they could serve at once, the maximum length of stay, whether the housing service was in a confidential location, and whether there was a limit on the number of and/or age of children. Table 1 presents the results. Shelter services were the most common services (80.2%), followed by hotel vouchers (60.1%), transitional housing (32.7%), and safe homes (9.9%). As expected, transitional housing services offered the longest possible length of stay, a median of 730 nights. Shelter services offered a median of 53 nights of stay, whereas safe homes and hotel vouchers offered the fewest maximum nights of stay, a median of 3 nights each.

TABLE 1. Description of Housing Services Offered by the Domestic Violence Agencies

	Shelter Service	Safe Home	Hotel Voucher	Transitional Housing
Offers service? % Yes (<i>n</i>)	80.2% (<i>n</i> = 172)	9.9% (<i>n</i> = 21)	60.1% (<i>n</i> = 128)	32.7% (<i>n</i> = 68)
# of safe homes (median)	—	2.0 Range: 1–11	—	—
# of vouchers/month (median)	—	—	5.0 Range: 0–200	—
Maximum length of stay (median # of nights)	53.0 Range: 3–730	3.0 Range: 2–365	3.0 Range: 1–60	730.0 Range: 90–1095
Median # of victims that can be served at once	20.0 Range: 1–174	5.0 Range: 1–36	—	10.0 Range: 1–106
Is the housing service in a confidential location? % Yes	81.4% (<i>n</i> = 140)	85.7% (<i>n</i> = 18)	89.8% (<i>n</i> = 115)	69.1% (<i>n</i> = 47)
Is there a limit on the # of chil- dren a victim can bring? % Yes	5.8% (<i>n</i> = 10)	47.6% (<i>n</i> = 10)	7.0% (<i>n</i> = 9)	20.6% (<i>n</i> = 14)
Median limit on # of children (<i>n</i>)	4.0 Range: 3–8	4.0 Range: 2–7	4.0 Range: 3–4	4.0 Range: 0–5
Is there an age limit on the children? % Yes	43.6% (<i>n</i> = 75)	28.6% (<i>n</i> = 6)	3.9% (<i>n</i> = 5)	22.1% (<i>n</i> = 15)
Male child median age limit (<i>n</i>)	15.5 years Range: 10–21	13.5 years Range: 10–15	17.0 years Range: 10–18	18.0 years Range: 12–18
Female child median age limit (<i>n</i>)	18.0 years Range: 14–21	No limit	18.0 years Range: 17–18	18.0 years Range: 14–18

Shelter services could serve the most victims at once, with a median of 20 victims. Again, safe homes and hotel vouchers served the least amount of victims: A median of five hotel vouchers were available per month, and safe homes could serve a median of five victims at a time. Transitional housing services could serve a median of 10 victims at once. With the exception of transitional housing, over 80% of the housing services

were in a confidential location, and a minority of each (5.8% for shelter to 47.6% for safe homes) had a limit on the number of children a victim could bring, typically four. A minority (3.9% for hotel vouchers through 43.6% for shelters) also had an age limit on the children—this age limit was typically lower for males (from a median of 13.5 at safe homes to 18 at transitional housing) than it was for females (median of 18 at all services where there was a limit).

We then asked the agency directors whether they were able to provide these housing services to the various underserved populations. Figure 1 presents those results. Adult males represent the first bar in each series, followed by elderly persons (males then females), gay and lesbian individuals, transgendered individuals (male-to-female then female-to-male), and adolescents (males then females). According to this figure, the least likely population for whom shelter services were available seemed to be males, whether they were adult, elderly, gay, transgendered (female-to-male), or adolescent. This pattern, where underserved men were less likely to have services available to them than the corresponding underserved women, repeats itself across all housing options, except for hotel vouchers. Moreover, adolescents, whether male or female, seem to be the least likely group to have any of the housing services available to them.

To formally test these observations, we coded each DV agency according to whether they were able to offer a particular housing service to any of the men noted in our study (including adult straight men, gay men, elderly men, female-to-male transgendered individuals, and male adolescents), GLBTs (including gay men, lesbian women, and any transgendered individuals), elderly (elderly men or women), and adolescents (female or male adolescents). In the transformation of these data, several new variables

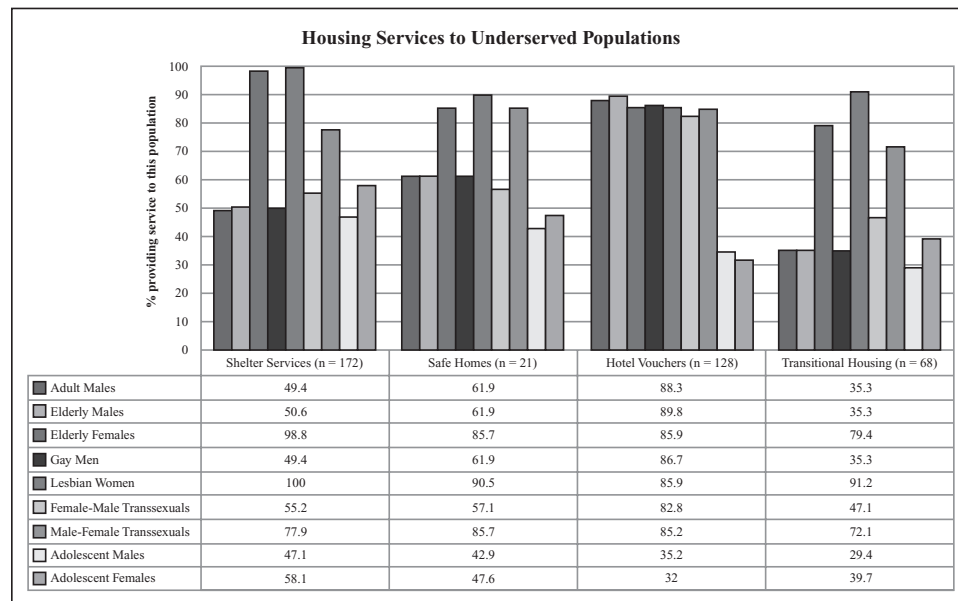


Figure 1. Housing services available to underserved populations.

were constructed for each population within each type of service. For example, if an agency had the capacity to provide shelter services to *any* male (adult straight men, gay men, elderly men, female-to-male transgender, or male adolescents), it was coded with a 1, otherwise it was coded with a 0. This procedure was followed for all of the housing services and all of the services described throughout this study. The percentages of DV agencies that have housing services available to each population are presented in Table 2. We then compared these percentages using Cochran's *Q* test, which allows

TABLE 2. Differences in Services Available to Men, GLBTs, the Elderly, and Adolescents

Type of Service	% offered to:				Cochran's Q
	Men	GLBT	Elderly	Adolescents	
Housing					
Shelter (<i>n</i> = 172)	73.1	100.0	99.4	62.0	139.39***
Safe homes (<i>n</i> = 21)	70.0	100.0	95.0	55.0	16.20***
Hotel vouchers (<i>n</i> = 128)	95.9	99.2	100.0	39.8	200.10***
Transitional housing (<i>n</i> = 68)	62.1	93.9	84.8	47.0	49.75***
Counseling					
Group mental health (<i>n</i> = 61)	71.7	98.3	96.7	81.7	31.30***
Individual mental health (<i>n</i> = 77)	89.6	98.7	97.4	85.7	18.00***
Nonresidential support groups (<i>n</i> = 173)	57.3	94.2	98.2	82.5	134.17***
Rape/sexual assault services (<i>n</i> = 128)	95.3	99.2	98.4	96.9	5.71
Legal Services					
Restraining orders (<i>n</i> = 170)	97.0	98.8	98.2	88.6	41.23***
Divorce/child custody services (<i>n</i> = 98)	95.8	95.8	97.9	†	5.43
Victim advocacy (<i>n</i> = 177)	94.7	98.3	98.3	92.5	15.33**
Pro bono legal services (<i>n</i> = 60)	94.8	100.0	100.0	82.8	22.89***
Additional Services					
Transportation services (<i>n</i> = 197)	88.3	98.7	98.7	83.9	47.47***
Outreach services (<i>n</i> = 197)	70.6	66.3	78.7	86.6	41.10***
Employment services (<i>n</i> = 35)	69.7	93.9	87.9	69.7	13.91**
Education services (<i>n</i> = 74)	95.7	97.2	98.6	90.1	8.59*

* $p < .05$. ** $p < .01$. *** $p < .001$.

† question was not asked for adolescents.

one to test similarities or differences among dichotomous variables from multiple dependent samples. As shown in Table 2, Cochran's Q is significant for all housing types, which indicates that there is a statistically significant difference between the availability of services for the populations studied in this set of analyses. For shelters, safe homes, and transitional housing, the characteristics that resulted in one not having services available were being adolescent followed by being male. For hotel vouchers, only adolescents were unlikely to have services available. GLBTs and elderly persons, if they were women, were likely to have any housing service available to them.

Because men and adolescents were less likely than the other underserved populations to have housing services available to them, we performed a series of analyses to understand the characteristics of the agencies and the regions/states in which the agencies were located that might predict the availability of housing services to these two groups. Because of low sample size, we did not perform these analyses on the availability of safe homes, and because adolescents were the only group to which hotel vouchers were restricted, we performed predictive analyses for the availability of hotel services only on adolescents. Finally, for adolescents, we only included availability of services to female adolescents because male adolescents tended to have fewer services available to them than females, presumably because of their gender. In our first series of analyses, we investigated possible regional/state characteristics that might predict the availability of services, including the 2007 population of the city in which the agency was located, 2007 household median income of the state in which the agency was located, percent of state legislators who are women, percent of the population that considered themselves liberal in 2003, and the percent of the state population that was college educated. The agency characteristics that we investigated as possible predictors included the number of victims they served in the previous year, their annual budget, the number of paid staff and volunteers, the number of years they were in existence, and whether they received federal funding.

Several regional/state characteristics predicted shelter service availability for men, including: (a) region, with the Northeast being the least likely to make shelter services available to men (Northeast, 36.4%; South, 82.6%; Midwest, 76.9%; West, 73.2%; $\chi^2(3, N = 171) = 18.56, p < .001$); (b) 2007 household median income, $r = -.17, p < .05$; (c) percent of the population who considers themselves liberal, $r = -.19, p < .05$, and (d) percent of the state that was college educated in 2005–2007, $r = -.16, p < .05$. Thus, the more affluent, liberal, and more educated a state was, the less likely they were to have shelter services available to men. One agency level characteristic predicted shelter services: federal funding; if an agency received federal funding, they were more likely to have shelter services available to men, $r = .18, p < .05$. We then dichotomized the regional variable into 1 = Northeast and 0 = all other regions and entered each of these significant predictors into a logistic regression equation. Household income, liberalism, and college education did not predict shelter service availability to men above and beyond the influence of region, and were removed from the equation. Table 3 presents the final regression equation results. Agencies in the Northeast were about 85% less likely to have shelter services available to men, and agencies that received federal

TABLE 3. Logistic Regression Summary Statistics Predicting Availability of Services for Specific Underserved Populations

Variable	<i>B</i>	<i>SE</i>	Wald	Odds Ratio
Shelter Services for Men: $\chi^2 (2, N = 171) = 20.99, p < .001$.				
Northeast ¹	-1.92	.50	14.77***	.15
Federal funding ²	0.89	.38	5.49*	2.43
Shelter Services for Female Adolescents: $\chi^2 (1, N = 164) = 10.75, p < .001$.				
# Victims served	0.28	.10	7.29**	1.32
Transitional Housing Services for Female Adolescents: $\chi^2 (1, N = 64) = 6.68, p < .01$.				
% College educated	0.14	.06	5.96*	1.15
Group Mental Health Counseling Services for Men: $\chi^2 (1, N = 60) = 6.70, p < .01$.				
West ³	-1.59	.62	6.52*	0.20
Nonresidential Support Groups to Men, $\chi^2 (1, N = 171) = 9.65, p < .01$.				
Federal funding ²	0.97	.32	9.37**	2.65
Nonresidential Support Groups to Female Adolescents, $\chi^2 (1, N = 158) = 6.63, p < .05$.				
% Female state legislators	0.06	.03	3.23 [†]	1.06
2007 City population	-0.01	.01	3.26 [†]	0.99
Outreach Services for GLBTs: $\chi^2 (1, N = 109) = 4.18, p < .05$.				
Years agency in operation	0.04	.02	3.70*	1.04
Transportation Services for Men: $\chi^2 (1, N = 155) = 8.31, p < .01$.				
2007 Median household income	-0.10	.03	8.05**	0.91
Transportation Services for Female Adolescents: $\chi^2 (1, N = 148) = 4.73, p < .05$.				
Years agency in operation	-0.05	.03	3.46 [†]	0.95

¹Northeast: 1 = Northeast, 0 = All other regions

²Federal Funding: 1 = Indicated they received federal funding, 0 = Did not indicate they received federal funding

³West: 1 = West, 0 = All other regions

⁴Midwest: 1 = Midwest, 0 = All other regions

[†] $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

funding were almost 2.5 times more likely to have shelter services available to men. No agency or regional/state level characteristics predicted the availability of transitional housing services to men.

Only two agency-level characteristics predicted the availability of shelter services to female adolescents: number of victims served ($r = .23, p < .01$) and number of paid staff ($r = .17, p < .05$). After entering both of these predictors into a logistic regression equation, only the number of victims served remained as a significant predictor (see Table 3). Finally, two state level variables predicted the availability of transitional housing services to female adolescents: The percentage of state legislators who were women ($r = .27, p < .05$) and the percentage of the state population that was

college educated ($r = .32, p < .01$). However, once educational level was accounted for in the logistic regression equation, female legislators no longer predicted availability of transitional housing services to female adolescents (see Table 3). No agency or regional/state characteristics predicted the availability of hotel vouchers to female adolescents.

Counseling Services for Victims

Overall, 95.6% ($n = 195$) of the agencies offered some type of victim counseling service: 31.3% ($n = 61$) offered group mental health counseling, 39.7% ($n = 77$) offered individual mental health counseling, 88.7% offered nonresidential support groups ($n = 173$), and 60.1% ($n = 128$) offered rape or sexual assault services. Figure 2 shows the distribution of these services across underserved population type. This figure is set up to be similar to the previous figure, with adult men first, followed by elderly individuals (males then females), gay and lesbian individuals, transgendered individuals (female-to-male then male-to-female), and adolescents (males then females). There were slight differences in the availability of rape/sexual assault services to men and women, with these differences becoming wider when considering the availability of individual mental health counseling, followed by group mental health counseling, and finally nonresidential support groups. The results indicate that across age group and sexual orientation, DV agencies indicated that they were less likely to have these services available for men than for women.

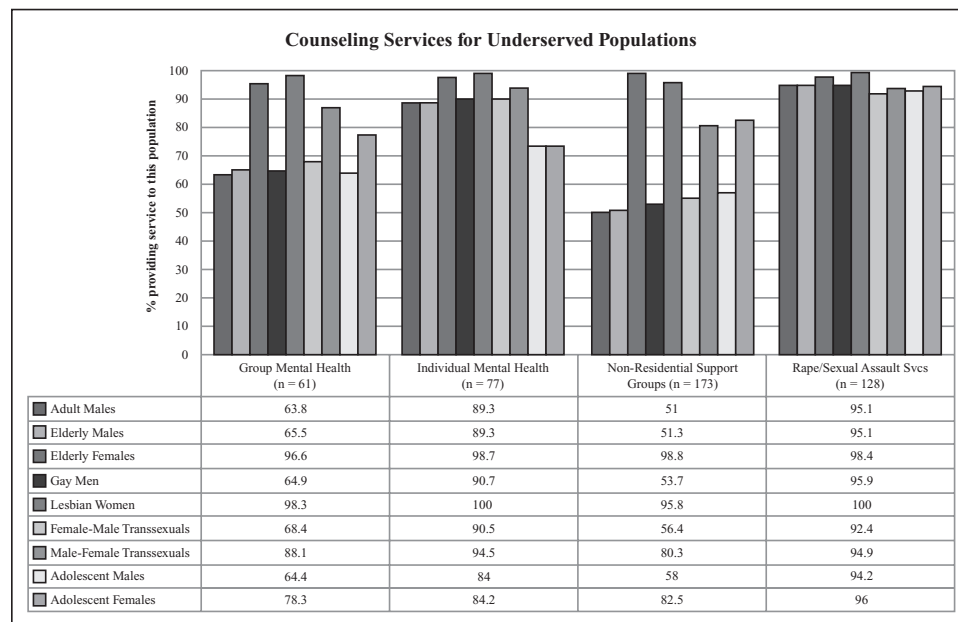


Figure 2. Counseling services available for underserved populations.

To formally test this pattern, we coded each victim service according to whether it was available to men, GLBTs, elderly individuals, and male adolescents, and conducted a Cochran's Q test to investigate differences in percentages by underserved population group. The results of these analyses are in the middle of Table 2. There were differences by group for group counseling, individual counseling, and nonresidential support groups, but there were no group differences in the availability of rape/sexual assault services, at least 95% of which were available to all underserved populations studied. For the group mental health counseling and nonresidential support groups, men were the least likely group to have services available to them, followed by adolescents. For individual mental health services, adolescents were the least likely to have services available to them, followed by men; however, 85% or more of the agencies indicated that this service was available to each of the underserved populations. All counseling services were widely available to GLBTs and elderly people, if they were women.

Because group mental health counseling and nonresidential support groups were the least likely services available to men and adolescents, we used the same regional/state and agency level characteristics described previously to predict the availability of these services to men (including male adolescents) and female adolescents. DV agencies in the West reported that they were less likely to have group mental health counseling available to men than DV agencies in any other region (Northeast, 83.3%; South, 80.0%; Midwest, 82.4%; West, 47.1%; $\chi^2(3, N = 66) = 7.11, p < .10$); fewer services were also available to men in states with a greater percentage of female state legislators ($r = -.28, p < .05$). We dichotomized the regional variable into 1 = West and 0 = all other regions and entered this new regional variable and the female state legislator variable into a logistic regression equation. Only region remained significant, with western DV agencies being 80% less likely to have group mental health counseling available to men than DV agencies in other regions (see Table 3). Receiving federal funding was the only variable that predicted the availability of support groups for men ($r = .24, p < .01$), with agencies receiving federal funding being 2.65 times more likely to have such services available to men (see Table 3). Finally, two variables predicted the availability of support groups to female adolescents: population of the city in which the agency was located ($r = -.16, p < .05$), and the percentage of the state legislature that was female ($r = .15, p < .05$). Both remained marginally significant when entered together into the regression equation (Table 3). Overall, cities with lower population and states with a greater percentage of female state legislators were more likely to have nonresidential support group services available for female adolescents. No variables, however, predicted the availability of group mental health counseling services to female adolescents.

Legal Services

Overall, 86.9% of the agencies indicated that they offered any type of legal services with 79.8% offering assistance filing restraining orders, 46.0% offering legal help in divorce or child custody cases, 83.1% offering victim advocacy services, and 28.2% offering pro bono legal services to financially needy victims. With regard to

the availability of services to the underserved populations in comparison to housing and counseling services, there was much more uniformity in services available to the potentially underserved IPV victims. The majority of the time, 90% or more of DV agencies had all four types of legal services available to underserved populations. Figure 3 documents the availability of services for the underserved populations investigated in this study. The only variation in this pattern was among services for adolescents. Twice, both groups of adolescents fell below the 90% mark, specifically for assistance with restraining orders and pro bono legal services. The group with the fewest legal services available to them was male adolescents. We combined the populations, as described previously, into (a) males, (b) GLBTs, (c) elderly persons, and (d) adolescents, and examined the availability of services across these groups (see Table 2). Despite the high level of availability, the differences between populations for three types of legal services (restraining orders, victim advocacy, and pro bono) were statistically significant, as indicated by the Cochran's *Q*, with adolescents being the least likely group to have these services available to them. The overall high availability of these victim services prevented us from conducting predictive analyses.

Additional Services

The final types of services about which we inquired included (a) emergency transportation, (b) outreach to potential IPV victims, (c) employment services, and (d) educational services. Overall, 77.5% of agencies offered emergency local transportation services

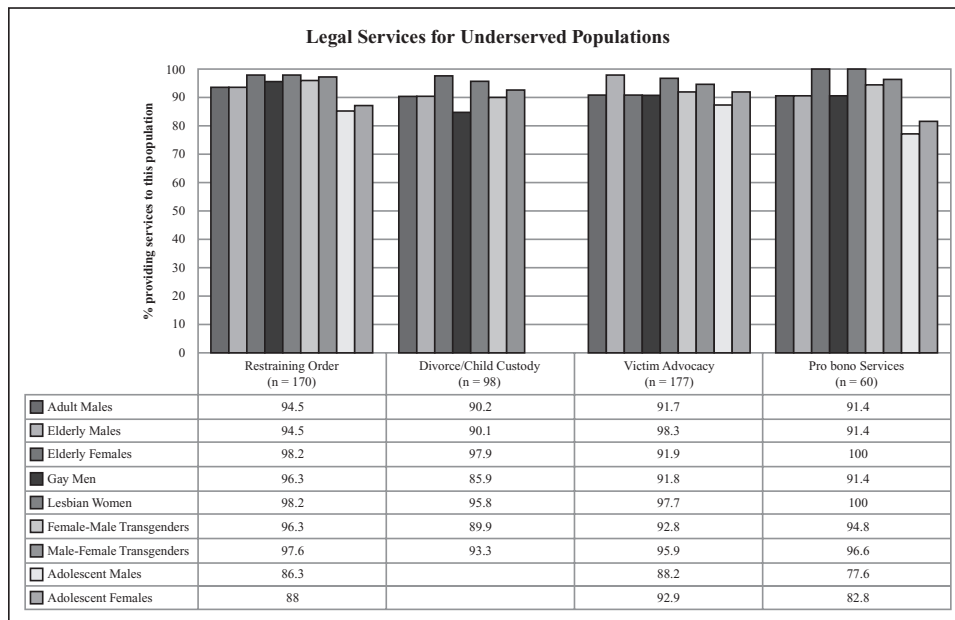


Figure 3. Legal services available for underserved populations.

to IPV victims; 92.5% indicated they engaged in outreach; 16.4% offered employment services, and 34.7% offered educational services. The availability of these services to underserved populations is illustrated in Figure 4. In general, transportation and outreach services are more available to underserved IPV victims than employment or educational services. The availability of these types of services to the underserved populations assessed in this study however, differs depending on the specific underserved population. In general, the availability of services for male adolescents is the lowest. Outreach services available to most populations, except for adolescent and elderly females, appear to be especially low across multiple populations.

We grouped the populations to compare the availability of services, using Cochran’s *Q*, for (a) men, (b) GLBTs, (c) elders, and (d) adolescents, as displayed in Table 2. For all types of services, Cochran’s *Q* was significant. For both transportation and employment services, men and adolescents were the least likely groups to have these services available to them. For outreach, men and GLBTs were the least likely to have these services available, whereas adolescents were the least likely to have educational services available to them, although over 90% of agencies stated they made their educational services available to adolescents.

Because outreach services for men and GLBTs and transportation services for men and adolescents were not readily available (although outreach services were not that readily available to the elderly persons and adolescents, according to Figure 4, this appears to be because of the fact that outreach was not conducted for male adolescents and elderly persons; thus, we will analyze the predictors of outreach to men),

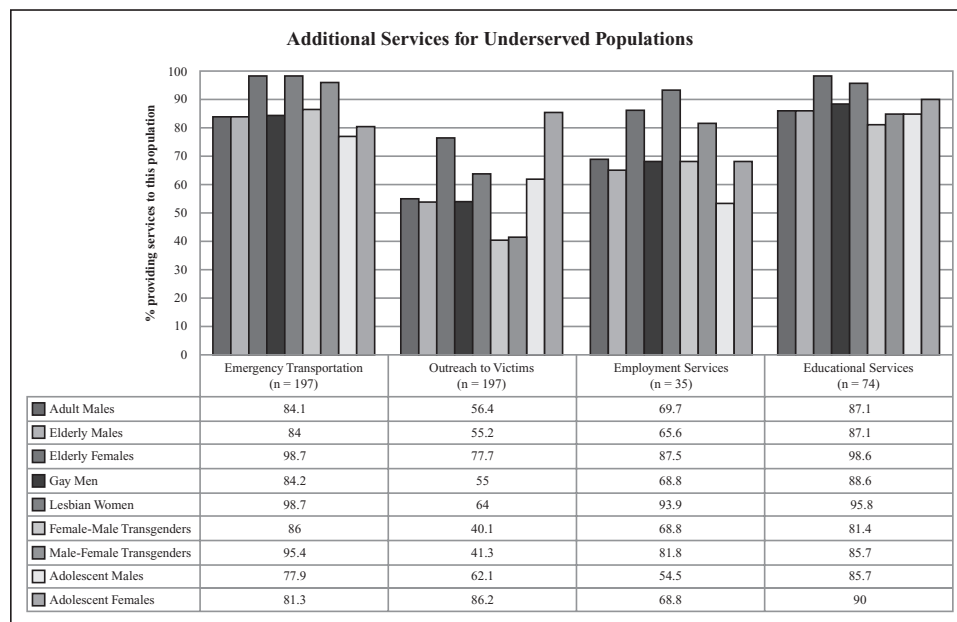


Figure 4. Additional services available for underserved populations.

we examined the relationship between the state/regional and agency characteristics and the availability of these specific services. There were no bivariate relationships between state/regional and agency characteristics and outreach services for men; thus, no multivariate analyses were performed. Years that the agency had been in operation was marginally related to the availability of outreach services for GLBT populations ($r = .15, p < .10$); for each additional year that an agency was in operation, it was 1.04 times more likely to offer outreach services to the GLBT community (Table 3).

In the final set of analyses, we examined the relationship between state/regional and DV agency characteristics and the availability of transportation services for men (including male adolescents) and for female adolescents. The availability of transportation services for men was significantly related to several state and DV agency characteristics at the bivariate level: population of the city ($r = -.23, p < .001$), state-level median household income ($r = -.22, p < .01$), state education level ($r = -.19, p < .05$), and total number victims served by DV in the previous year ($r = -.16, p < .06$). When combined into one logistic regression model, only median household income remained significant. Table 3 shows that for each additional \$1,000 in median household income, the odds that the agency located in that state would have their emergency transportation services available to men decreased by 9%. For female adolescents, only the number of years the agency was in operation was associated with the availability of transportation services ($r = -.19, p < .05$); for each additional year in operation, the odds that an agency would have this service available to female adolescents decreased by 5%.

DISCUSSION

This study was grounded in the human rights perspective concerning availability of services to victims of IPV. Specifically, we conducted the first systematic, national study of randomly selected DV agencies to explore their reported ability to make available their IPV services to populations that are traditionally underserved because of age, gender, and/or sexual orientation. In addition to identifying the types of services that are reportedly available for each underserved population, we also sought to explore the relationship between state/regional and agency characteristics and the availability of these services. Our findings indicate that overall, most agencies have their services available to these various underserved victims, but when DV agencies are unable to offer their services to underserved populations, those populations tend to be adolescents and men. In addition, outreach services to most of the assessed underserved populations seem to be lacking, particularly for GLBTs.

Availability of Services to Adolescents

Although adolescents are the underserved population most at risk for sustaining IPV (Foshee et al., 1996; Jezl et al., 1996), DV agencies consistently ranked them the least or second least (behind men) likely group to which they were able to make their victim services available. The only exception was for outreach services, which were

available to adolescents, particularly female, more than to any other group. Why are many DV agencies unable to make their services available to adolescents? Previous literature has documented some of the legal barriers that may impede the ability of agencies to offer their services to this crucial population of victims (Sousa, 1999). Often, DV legislation addresses only adult victims of DV. For example, individuals in all but one state (New Hampshire) must reach the age of 18 before they can file for protective orders without adult permission, and two states specifically exclude adolescents from filing a domestic violence restraining order at all (Break the Cycle, 2008). Many states maintain that a perpetrator has to be at least 16 years old (and at least three other states say s/he must be 18 years old), in order for a protective order to be filed against him or her (Break the Cycle, 2008; Sousa, 1999), and some states also mandate that the victim be at least 18 years of age to use the resources of DV agencies (Sousa, 1999).

Given these legal barriers, it is plausible that many of the DV agencies in our sample were unable to offer their services to adolescents because of the laws in their state. Although we did not have information on the specific laws in each state to investigate whether this was true of our sample, we were able to investigate possible additional reasons for excluding adolescents from existing services. Our analyses showed the most influential variables included the number of victims served per year by the DV agency (shelter services), the percentage of the population that was college educated (transitional housing), the percentage of women in the state legislature (nonresidential support groups), the population of the city in which the agency was located (negative relationship; nonresidential support groups), and the number of years the agency was in operation (negative relationship; transportation). However, these predictors were not at all consistent across service type; they were relatively small in magnitude, and given the number of statistical tests that were conducted, it is likely that these associations occurred by chance. Future research should replicate these results and aim to find predictors of service availability to adolescents that are consistent across service types.

From a human rights perspective, these barriers to providing services to the most vulnerable and at-risk group of potential IPV victims is troubling. Glass et al. (2009) argue that it is the responsibility for DV agencies to alter their services to fit the needs of this underserved group of victims; however, given the probability that at least some of the barriers to making existing services available involve legal issues, the responsibility first lies on state and federal governments to allow DV agencies to make their services available to adolescent victims.

Availability of Services to Men

Research consistently shows that men can be victims of IPV at rates that are close or equal to women (Archer, 2000), that this IPV can be quite severe (Hines & Douglas, 2010; McClennen et al., 2002), and that they often try to seek help for their IPV victimization (Douglas & Hines, in press; McClennen et al., 2002). However, men

also have reported being turned away from DV agencies—they report that the agencies ridicule them, tell them that they only help women, or tell them that the men must be the real abuser (Cook, 2009; Douglas & Hines, in press; Hines et al., 2007; McClennen et al., 2002). Consistent with previous research, in our current study, DV agencies report that behind adolescents, men are the least likely group to have housing and transportation services available to them; behind GLBTs, men are the least likely group to be the focus of outreach, and men are the least likely group to have all types of victim counseling, particularly group counseling and nonresidential support groups, available to them.

An often-cited reason for the inability of DV agencies to serve all populations of IPV victims is limited resources. For example, Donnelly et al. (1999) argued that, rightly or wrongly, because of limited resources, agency staff have to narrow their conception of what an IPV victim is and who the appropriate and deserving victims are for services. However, our study showed that resources did not predict the availability of services to men. Rather, the overall political climate in which the agency was located seemed to be more important. Agencies that received federal funding were more likely (shelter and nonresidential support groups), agencies located in regions that were more liberal were less likely (shelter and group mental health counseling), and agencies located in more affluent areas were less likely (transportation), to have the indicated services available to men.

Our finding that DV agencies that receive federal funding are more likely to have their shelter and nonresidential support group services available to men is consistent with the notion that U.S. law requires that DV agencies practice nondiscrimination (Glass et al., 2009). In addition, the influence of the political climate is consistent with previous research on the availability of services to lesbian victims, in that the conservative values and ideologies of the community in which the agency operated impeded agencies' ability to have their services available to lesbians (Donnelly et al., 1999; Helfrich & Simpson, 2006); however, in the case of male victims, it seems that the effect is just the opposite—agencies in more liberal and affluent regions were less likely to have their shelter and group mental health counseling services available to men. This finding could be because of the possibility that in more liberal and affluent regions, there is more ideological support for view that men intentionally use IPV to maintain the patriarchal construction of society and consequently, more resistance to the notion that men, whether gay, straight, elderly, adolescent, or transgendered, can be the victims of IPV and sometimes need the services of DV agencies. Future research should investigate this notion further. In addition, it should be noted that the predictors of service availability for men are only somewhat consistent across service type and may be because of chance findings and experiment-wise error. Therefore, replication of these results is necessary.

From a human rights perspective, political ideologies should not influence DV agencies' availability of services to any group because agencies need to maintain a philosophy of nondiscrimination and protect and empower all IPV victims (Glass et al., 2009). We recognize that some DV agencies would cite certain limitations to

having their services available to men; for example, it may be difficult to provide housing to both female and male IPV victims within a single facility with shared sleeping and bathroom space. Similarly, they might state that not enough men come forward for them to be able to offer any of their victim group counseling services. These are probably the reasons why hotel vouchers and individual counseling are the more common housing and counseling services available to men. However, Glass et al. (2009) argue that DV agencies need to find ways to include all victims in their services, change any rules that limit their availability of services to certain groups, and adapt their services to fit the needs of the IPV victims who seek them. Although the previously stated limitations may be valid, there are services that have successfully run coed shelter and group counseling services for decades; the most obvious example is Valley Oasis in California (Ensign & Jones, 2007), and their lead can be followed by other DV agencies. The adaptation of coed services would also serve to reduce discrimination against women who have male children above the cut-off age limit (as low as 10 years in this study); these women would no longer have to make the decision to either stay at home with an abuser so that they do not leave their children, or leave their male children either in an abusive environment or send them to a homeless shelter or other arrangements away from their mother. It would also ensure the safety and well-being of male children as young as 10 years of age, who may have to otherwise remain in a household with abusive fathers, while their mothers and female siblings are able to seek shelter elsewhere, or who may otherwise be left with family or friends while their mothers and female siblings are provided with an anonymous shelter.

Outreach

Outreach is vital from a human rights perspective as well. In fact, Glass et al. (2009) argue that outreach efforts should be targeted to all potential IPV victims, and previous research does suggest that underserved IPV victims may not seek services from DV agencies because of the impression that the services are only for young, female victims of male perpetrators (Beaulaurier et al., 2008; Bornstein et al., 2006; Courvant & Cook-Daniels, 1998; Douglas & Hines, provisionally accepted; Leisey et al., 2009; McClennen et al., 2002). Outreach efforts to the underserved populations in this study would explicitly show that the agencies are nondiscriminating and welcoming of all IPV victims, and that their experiences will be validated and respected. Nearly all of the agencies in our sample engaged in outreach, yet outreach was the service that was the least likely to be provided to the underserved populations in this study and was only prevalent for female adolescents. Elderly women, followed by lesbian women, were the next likely to receive outreach services, and less than 50% of agencies performed outreach to any of the male groups or to transgendered individuals. Thus, sexual orientation and gender were barriers to receiving outreach, and given the perception that DV agencies are only for female victims of male perpetrators, the lack of outreach probably decreases the likelihood that GLBTs or men will reach out to these agencies for help. A

related issue concerning outreach is that the name that the DV agency gives itself may further deter certain DV victims from seeking help, even in the presence of outreach. For example, a “domestic violence” agency may not seem pertinent to adolescent victims because the violence they are experiencing occurs in a dating relationship, not a domestic relationship. In addition, DV agencies that give themselves female-centered names, such as “A Woman’s Concern” or the “Domestic Abuse Women’s Network,” may deter male victims of any kind from seeking help there.

Availability of Services Versus Appropriateness and Quality of the Services

For the most part, more than half of the agencies stated that each of their services were available to the underserved populations in this study, and this was particularly the case for legal services and for the traditionally underserved populations of elderly women and lesbians. Although our study showed that services were widely available to these two victim populations and for legal services, a result that is consistent with Renzetti’s (1996) survey of DV agencies and lesbian victims, we do not know the extent to which the agency directors’ self-reported willingness to help these particular underserved victims was reflected in their staff members’ behavior and/or whether any services actually provided were without bias and sensitive to the unique needs of these two populations. Indeed, we do not know this about any of the services provided to the range of underserved populations addressed in this study; therefore, it is likely that the actual rates of service availability and provision are lower than what is presented here, and that many of these underserved groups who were able to access the services were not treated in an empathic, sensitive, or respectful manner that considered their unique needs.

This issue is reflected well in a study by Helfrich and Simpson (2006) who interviewed several DV agency staff members in the Boston area about their provision of services to lesbians. The authors noted that although the staff members were willing and open to provide their services to lesbians, their training in doing so was lacking. They discussed their concerns about being able to effectively help a lesbian victim given their lack of knowledge of the similarities and differences of a lesbian victim’s experience in comparison to a heterosexual female victim’s experience. Overall, the service providers in Helfrich and Simpson’s study recommended that institutional policies needed to be written and enforced that stressed inclusion, staff competency (with an emphasis on training), and staff accountability. Outreach to the lesbian community, through the publication of their services and their nondiscriminatory practices, was also necessary in combination with overt displays of support of the lesbian community. Another simple recommendation was the alteration of screening and intake language, so that it was gender-neutral in the identification of victims and perpetrators.

These recommendations could be extended so that all of the underserved victims mentioned here are comfortable accessing the services offered by a DV agency and are treated with empathy, sensitivity, and respect. Experts in each of the types of

underserved victims can serve as trainers, teaching the staff members about the existence of these victims and their unique needs. These experts can also work with the agency directors to modify policies and procedures to make sure that all IPV victims who seek help have their experiences validated, are offered services, and are treated with respect. Because of high staff turnover at many DV agencies, it is recommended that such training in each victim type occurs at least once a year.

Another issue that we could not evaluate that would be important in future studies is the quality of the services provided. For example, although the full range of services offered by DV agencies was available to elderly female victims, the services may not have been tailored toward their unique needs. Elderly women have criticized outreach materials for not including language pertinent to their situation; the materials only seemed to increase the font size (Leisey et al., 2009). Elderly women also expressed the need for services to address their unique needs, such as increased isolation that occurs when friends/family members pass away, the possibility that their spouse will intentionally neglect caring for their increased medical needs, and the nature of their relationship with their spouse, which was typically long term and not as influenced by changes that the women's movement brought about; finally, elderly women discuss issues with medical needs and disabilities that might not be properly handled by DV agencies (Leisey et al., 2009), an issue we will address in more detail in our second article.

These issues can extend to other IPV victim populations as well. Not only do lesbian and elderly women have unique needs about which DV agency staff need to be educated, but so do straight men, gay men, transgendered individuals, elderly men, and adolescents. For example, straight men, regardless of age, may experience much shame as a result of the abuse they sustained from their female partner, a shame that may have been reinforced by reactions by friends, family members, and others to his disclosure of the abuse (Cook, 2009). Gay men may have issues with internalized homophobia that need to be addressed (Allen & Leventhal, 1999), and transgendered individuals may be particularly sensitive to any kind of gender segregation in DV agencies (Courvant & Cook-Daniels, 1998). Because IPV has traditionally been framed as a young, heterosexual female issue, all of these groups may have difficulty identifying their victimization experience as IPV, an issue that DV agencies would need to address as well.

It must be emphasized that the responses of third parties, such as DV agencies, are critical to the mental and physical health of IPV victims. Dobash and Dobash (1984) first commented on how important third party responses were to battered women seeking help—if that third party responds to her request for help in a manner that implicitly blames her for the abuse or implies that she in some way caused the abuse, that third party is also implicitly justifying the abuser's behavior, further isolating the victim, and leaving her vulnerable to further attacks. Renzetti's (1989) work on battered lesbians showed that third party responders were critical as well—the less helpful the third party was, the longer the victim stayed with her abuser; victims also reported that because many third parties were reticent to label

her situation “battering,” it left her confused, despairing, and frustrated. Douglas and Hines’ (in press) recent work on the help-seeking experiences of heterosexual male victims of IPV show that these issues are highly relevant to men as well. Specifically, they found that for each negative help-seeking experience the men had, their chances of suffering from PTSD significantly increased.

CONCLUSION

DV agencies provide a host of critical services to hundreds of thousands of IPV victims each year. We could not do without these agencies and the services that they provide. These agencies range from four-women operations to large agencies that provide a range of comprehensive services. Whatever their size and scope, their work often goes unrecognized. We do not, in any way, mean to minimize the work that they already do. By doing this research and utilizing a human rights perspective, we hope to build on it. By addressing the needs of the range of potential IPV victims, DV agencies will further their missions. If they cannot immediately provide direct services, they should be trained to be sensitive to the needs of the member of the underserved population who is reaching out to them for help; provide validation of the victim’s experience, no matter what their age, gender, or sexual orientation; and have options for appropriate referrals for DV agencies that can help that victim.

It is important to note that, with the exception of heterosexual men, the populations addressed in this study (i.e., adolescents, elderly persons, GLBTs) tend to be much smaller than the population of heterosexual women; therefore, the number of victims from these populations that will be potentially served by DV agencies will also be smaller than the number of female heterosexual victims served. Thus, DV agencies may not encounter that many victims from these underserved populations during a typical year, and with the possible exception of housing services, the provision of services would not be likely to strain operating budgets too much. Outreach may be more difficult to implement, but by linking with community agencies that already serve adolescents, elderly persons, GLBTs, and men, outreach could be more easily achieved.

From a research perspective, it is important to note that we do not know whether the agencies that did not respond were more or less likely to make their services available to underserved populations. It is possible that those that did respond had particular reasons for doing so; they may have a special interest in providing such services in the future or a special interest in focusing on more traditional populations. That said, more work needs to be done to understand why certain agencies cannot or do not make their existing services available to certain populations. We were able to conclude that various agency characteristics that are related to size and budget did not consistently or frequently predict availability of services to underserved groups. Moreover, although several of the state-level variables that were proxies for the agency’s and its community’s possible ideological orientation were predictors of availability of services, these results were inconsistent. It is possible

that state characteristics are a poor approximation of agency characteristics. In the future, researchers may want to determine if the values and ideological orientation of individual agencies is potentially related to which populations it is able to or decides to serve. If we can understand the barriers that these agencies have to making their services available to all potential victims, we can work to ensure that all IPV victims, regardless of gender, age, or sexual orientation, have the services they need.

NOTE

1. Other than GLBTs, the particular populations these agencies specialized in included: Substance Abuse/Mental Health (1), African American (1), Faith Communities (2), Asian/Pacific Islanders (4), Women and Families (6), Native Americans (8), Hispanic/Latinos (8), and Other Ethnicities and Socioeconomic Groups (17).

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Correspondence regarding this article should be directed to Denise A. Hines, Clark University, Department of Psychology, 950 Main St., Worcester, MA 01610. E-mail: dhines@clarku.edu