Leaving a Second Closet: Outing partner violence in same-sex couples

Carolyn M West, University of Washington

Available at: https://works.bepress.com/DrCarolynWest/34/
CHAPTER FIVE

Leaving a Second Closet

*Outing Partner Violence in Same-Sex Couples*

CAROLYN M. WEST

Researchers have been investigating partner violence for more than 20 years (Straus et al., 1980). Yet, there is a discernible absence of research on violence among same-sex couples. Information on lesbian battering, for example, did not emerge until approximately 12 years ago (Lobel, 1986), and the analyses of gay male intimate violence is even more recent (Island & Letellier, 1991). Within the last few years, some journals have devoted special issues to same-sex partner violence (Renzetti & Miley, 1996), and several second editions of self-help books have incorporated chapters on lesbian battering (e.g., NiCarthy, Merriam, & Coffman, 1994; White, 1994). Although more empirical studies have been conducted on same-sex partner violence (e.g., Renzetti, 1992), much of the material concerning gay and lesbian battering continues to appear in the forms of occasional articles in lesbian and gay newspapers (Shomer, 1997), anecdotal accounts (Lobel, 1986), and unpublished empirical reports (Gardner, 1989).

The dearth of research makes it difficult to obtain an accurate estimate of same-sex partner violence. The available literature, however, indicates that partner violence among gays and lesbians appears to be as prevalent as it is among heterosexuals (Renzetti, 1997). Furthermore, violent couples of all sexual orientations may share

163
some similarities; for example, sexual assaults may accompany battering (Campbell & Alford, 1989; Waterman, Dawson, & Bologna, 1989). Despite the similarities, intimate violence may not always be the same across sexual orientations. Because of the marginalized status of gay men and lesbians, the experience of battering may take different forms in same-sex couples (Hart, 1986). In addition, effective therapeutic intervention requires awareness and sensitivity to the particular stressors and difficulties faced by this population, such as discrimination based on sexual orientation (Morrow & Hawkhurst, 1989).

On the basis of national sexuality surveys, approximately 10% of the population identifies their sexual orientation as gay or lesbian (Gebhard, 1997; Janus & Janus, 1993). As more attention is focused on the concerns of homosexuals, both community activists and researchers agree that it is time to "out" partner violence in same-sex couples (Island & Letellier, 1991; Lobel, 1986). Outing, or revealing an individual's sexual orientation without his or her consent, can be a negative experience (Wallace, 1996). In contrast, the "coming out" process, in which a person publicly declares his or her sexual orientation, can signal acceptance and liberation (Miranda & Storms, 1989). With regard to partner violence, the latter form of outing is referred to in this chapter.

The purpose of this chapter is to discuss the emerging literature on same-sex partner violence. First, a brief description of the challenges and types of discrimination faced by this population is presented. Second, the incidence rates and distinct forms that gay and lesbian battering might assume are discussed. Next, correlates of partner violence and research limitations are highlighted. Finally, treatment implications and recommendations for policy are suggested.

Description of the Population

Gay men and lesbians have experienced and continue to endure stereotyping, harassment, and discrimination in employment, housing, and public accommodations. This intolerance so permeates every aspect of society that members of this group can lose jobs or custody of their children, often without legal recourse. In some instances, gays and lesbians have lost the support of their families and friends (Almeida, Woods, Messino, Font, & Heer, 1994). As a result of
prejudice, some homosexuals may develop a negative self-image, which may in turn contribute to substance abuse and suicide attempts, particularly among individuals who lack a positive gay identity (Arey, 1995; D’Augelli & Dark, 1995).

Although media attention to gay and lesbian issues has increased, public opinion remains negative. For example, in a 1993 New York Times/CBS News Poll of 1,154 adults, 55% believed that homosexual relationships between adults were morally wrong (New York Times, 1993). Homophobia, or the irrational fear and hatred of lesbians and gay men (Weinberg, 1972), also may culminate in criminal victimization, commonly referred to as hate crimes or bias crimes (Klinger, 1995). In a recent survey of 157 lesbians, gays, and bisexuals, for example, 41% reported being the target of physical assaults, verbal harassment, threats, and vandalism of their property as a result of their sexual orientation (Herek, Gillis, Cogan, & Glunt, 1997).

Researchers have found that, despite unfair treatment, many lesbians and gay men were satisfied with their sexual orientation and intimate relationships (Isay, 1989; Miranda & Storms, 1989; Peplau, 1991). In addition, many are actively engaged in a civil rights movement dedicated to educating the larger society about lesbian/gay issues and changing unfair legal and employment practices. A thriving gay community also offers support in the forms of crisis hotlines, churches, social groups, community centers, and bookstores (Arey, 1995; Butke, 1995).

---

**Incidence of Same-Sex Partner Violence**

Violence among homosexual couples has not been well documented for several reasons. Societal institutions have not recognized same-sex partnerships as legitimate. For example, the law often limits the definition of partner violence to male-female couples. As a consequence, same-sex partner violence is not counted in police reports and other official statistics (Hart, 1986; Island & Letellier, 1991). Lack of resources and education concerning gay and lesbian battering has also prevented service providers from recognizing and conducting research on this form of aggression (Island & Letellier, 1991; Renzetti, 1996).
Furthermore, within the gay community there is pressure against revealing partner assaults. Researchers, activists, and often victims fear that discussing battering will reinforce negative societal stereotypes (that lesbian/gay relationships are dysfunctional or unhealthy; Elliot, 1996; Hart, 1986). In addition, after battling more visible forms of prejudice, such as hate crimes and discriminatory laws, little time and energy has been left for many activists to conduct research on intimate violence (Byrne, 1996).

**How Much Violence Exists in Same-Sex Relationships?**

*Lesbian Partner Violence.* Estimates of partner violence in lesbian relationships have varied widely. In a survey of lesbian sexual practices, Loulan (1987) found that 17% of 1,566 lesbians surveyed had experienced "adult abuse" by a female partner. Substantial rates of partner violence were discovered by other researchers as well. Approximately one third of 284 lesbians surveyed by Lockhart, White, Causby, and Isaac (1994) reported being physically abused by partners, as measured by the Conflict Tactics Scale (CTS; Straus, 1979); and Coleman (1990) categorized 46% of 90 lesbian couples she interviewed as violent. Higher percentages of battering were reported when women were queried about violence in previous relationships in comparison with current partnerships. Using a sample of 36 lesbian undergraduates, Bologna, Waterman, and Dawson (1987) found that 40% were victims in their current or most recent relationships and that 64% were victimized by previous partners. Respondents also reported substantial rates of inflicting physical aggression in current (54%) and past (56%) relationships as measured by the CTS. Bologna et al.'s results should be interpreted with caution, however. Not only are these findings based on a small sample, but the researchers also asked respondents to participate in a study on "conflict resolution tactics," a method of solicitation that might have attracted more respondents who were willing to reveal partner violence.

When the definition of aggression was broadened to include psychological and sexual abuse in addition to physical violence, even more respondents reported victimization. In a sample of 1,099 lesbians surveyed at a music festival, one half of the respondents reported a combination of physical, psychological, and sexual abuse (Lie &
Gentlewarrior, 1991). Similarly, in a sample of lesbians surveyed through the mailing lists of lesbian organizations in Arizona, researchers found that, when all forms of aggression were considered, 50% were victimized (Lie, Schilit, Bush, Montagne, & Reyes, 1991; Schilit, Lie, Bush, Montagne, & Reyes, 1991).

*Gay Partner Violence.* Few researchers have attempted to estimate the amount of gay male partner violence. Using a very small sample of 34 gay male undergraduates, Bologna and colleagues (1987) found that 18% were victims and 14% were perpetrators of violence in their current relationships. An even higher percentage of respondents sustained (44%) or inflicted (25%) violence in previous relationships.

In the absence of reliable prevalence studies, other means have been used to approximate the number of violent gay male partnerships. For example, researchers at the Seattle Counseling Service for Sexual Minorities predicted that 30,000 gay men have been battered in that city alone (Farley, 1992). Island and Letellier (1991) believe that 500,000 gay males are battered annually; they based their estimate on a 10% to 20% rate of battering among the 6.5 million adult gay males who are believed to be in intimate relationships (64%). Given the difficulties of calculating the number of gay relationships and the amount of partner violence experienced by couples regardless of sexual orientation, there is no way of knowing the accuracy of these estimates.

### Does Partner Violence Differ by Sexual Orientation?

Several studies have compared rates of partner violence by sexual orientation. The results, however, have been mixed. Bologna and associates (1987) found that a higher percentage of lesbians, compared with gay men, reported being victims and aggressors in both current and past relationships. Several other studies found that partner violence did not differ by sexual orientation. For example, Gardner (1989) used the CTS (Straus, 1979) to assess physical aggression in a sample of 43 lesbian, 43 heterosexual, and 39 gay male couples. The results revealed that lesbian couples reported the highest rate of physical violence (48%), followed by gay (38%) and heterosexual couples (28%). These differences were not significant, however. Similarly, Brand and Kidd (1986) compared the reported frequency of physical aggression experienced by 75 self-identified heterosexual
women and 55 lesbians. The authors found that the percentage of lesbians who were physically abused by female partners in committed relationships was comparable to the frequency of heterosexual women who were abused by male partners in committed relationships (25% vs. 27%, respectively). When dating relationships were considered, however, heterosexual women were significantly more likely to be physically abused by male dates than lesbians were to be abused by female dates (19% vs. 5%, respectively).

Mixed findings have been reported when researchers have compared partner violence rates among self-identified lesbians with a history of intimate relationships with both men and women. Loulan (1987), for example, found that almost twice as many lesbians reported being abused by male partners as female partners (30% vs. 17%, respectively). In contrast, Lie and colleagues (1991) found that more lesbians reported being physically victimized in previous relationships by women (45%) than men (32%).

In conclusion, it is difficult to obtain an accurate estimate of partner violence in same-sex relationships, particularly among gay men. This difficulty may be partially a result of the small sample sizes in many studies (e.g., Bologna et al., 1987; Gardner, 1989), as well as the different measures used to assess partner violence across studies. Although some researchers have used standardized measures of intimate violence (Bologna et al., 1987; Lockhart et al., 1994), such as the CTS (Straus, 1979), other researchers have simply asked, “If you are currently in a lesbian relationship, is it abusive?” (Schilit, Lie, & Montagne, 1990). Despite the limited research, battering appears to be as prevalent among gays and lesbians as among heterosexuals. More research needs to be conducted, however, before conclusions can be drawn about whether couples are at greater risk on the basis of their sexual orientation.

### Types of Same-Sex Partner Violence

#### What Forms Does Lesbian and Gay Battering Take?

Lesbian battering has been defined by Hart (1986) as a “pattern of violence (or) coercive behaviors whereby a lesbian seeks to control the thoughts, beliefs, or conduct of her intimate partner or to punish the intimate for resisting the perpetrator’s control” (p. 174). Gay male
Partner Violence in Same-Sex Couples

Partner violence has been characterized as "any unwanted physical force, psychological abuse, or material or property destruction inflicted by one man on another" (Island & Letellier, 1991, p. 28). Regardless of the definition, partner violence among same-sex couples generally takes the same forms as abuse in heterosexual relationships (Morrow & Hawxhurst, 1989). In a sample of 100 lesbian victims of partner violence, for example, Renzetti (1989) found that pushing and shoving (75%), being hit with a fist (65%), and having an object thrown at them (44%) were the most frequently reported forms of victimization. A similar pattern of lesbian abuse was discovered by Lockhart and colleagues (1994). The same study also revealed that between 4% and 12% of respondents experienced severe aggression, including beatings and assaults with weapons. Furthermore, on the basis of both clinical (Farley, 1996; Island & Letellier, 1991; Margolies & Leeder, 1995) and empirical samples (Renzetti, 1992), same-sex partner violence tends to occur multiple times and to increase in severity over time. Again, this pattern of violence frequently occurs in heterosexual relationships as well (e.g., Walker, 1979).

Although many similarities are found between same-sex and heterosexual partner violence, several important differences exist. For example, aggressors may use homophobic control (Hart, 1986), the HIV (human immunodeficiency virus) positive status of themselves or their partners (Letellier, 1996), or the myth of "mutual battering" (Renzetti, 1992) to control their victims. Each form of aggression is discussed below.

Homophobic Control. According to Hart (1986), homophobic control includes such actions as the following:

- Threatening to tell family, friends, employer, police, church, community, etc. that the victim is a lesbian . . . ; telling the victim she deserves all that she gets because she is a lesbian; assuring her that no one would believe she has been violated because lesbians are not violent; reminding her that she has no options because the homophobic world will not help her. (p. 189)

This form of abuse appears to be a common occurrence in violent same-sex relationships. For example, in Renzetti's (1992) survey of 100 victims of lesbian battering, 21% indicated that their partners had "threatened to bring her out"—that is, to reveal one's sexual orientation without permission. Several victims in this study responded
to this form of abuse by quitting their jobs. Their rationale was that quitting was preferable to being terminated as a result of being "outed" (Renzetti, 1996). Thus, homophobic control appears to be an effective form of dominance in some battering relationships.

**HIV Status.** Although AIDS (acquired immunodeficiency syndrome) and HIV are not solely a problem of the gay community, this population has been disproportionately affected by this health crisis in the United States. According to the Centers for Disease Control and Prevention (1993), gay and bisexual men account for 58% of AIDS cases in the United States. A considerable number of gay men must contend with both HIV infection and partner abuse. For example, 30% of battered gay and bisexual men served by the San Francisco Gay Men's Domestic Violence Project were also HIV positive (cited in Letellier, 1996). Although HIV does not cause battering (Island & Letellier, 1991; Letellier, 1994), Letellier (1996) cites numerous examples of ways this infection can further complicate intimate violence. Specifically, if a batterer is HIV positive, he may threaten to infect his victim or use his failing health to make the victim feel guilty about leaving the abusive situation. He may also use his poor health to manipulate others into believing that he is not the aggressor in the conflict. As a result, both friends and legal authorities may be less likely to intervene. Alternatively, if the victim has been infected with HIV, the batterer may threaten to withhold medical care or to reveal the victim's HIV-positive status, which may result in discrimination and the loss of income or insurance benefits. In addition, the internalization of societal animosity toward both gay men and people living with AIDS, in conjunction with the lack of financial resources and fear of losing a caregiver, may further hamper a victim's ability to leave a violent relationship.

**Mutual Battering.** In same-sex relationships, researchers and clinicians cannot rely on gender to determine the roles (victim vs. aggressor) played by each partner in a battering incident. As a result, intimate violence among same-sex couples has often been perceived as an "equal fight" or mutual battering (Island & Letellier, 1991; Renzetti, 1992). At first glance, empirical studies appear to support the existence of mutual violence in same-sex relationships. For example, Lie and associates (1991) found that 39% of respondents who had been both aggressors and victims of lesbian battering labeled their violence as mutual abuse. However, many lesbian respondents—
between 30% (Lie et al., 1991) and 64% (Renzetti, 1992)—have also characterized their aggressive behavior as self-defensive.

Researchers assert that gay (Island & Letellier, 1991) and lesbian (Hart, 1986; Renzetti, 1997) batterers use the myth of mutual battering to further control and victimize their partners. Specifically, aggressors may claim mutual abuse to deny responsibility for their violent behavior. If a victim retaliates or takes self-defensive actions, the batterer may use this to further justify his or her behavior. For example, a perpetrator may claim that “she hit me too” as a reason for her continued abuse. A victim, regardless of her motivation for the use of aggression, may feel guilty for using violence against a partner and as a result may perceive herself as an equal combatant (Farley, 1992; Hart, 1986; Island & Letellier, 1991; Leeder, 1988). Letellier (1994) further argues that, because of the social stigma associated with male victimization, male victims might be encouraged to “take it like a man.” As a consequence, men may label themselves as equal participants in the violence, rather than as victims.

In conclusion, aggression among same-sex couples generally takes the same forms (physical, sexual, and psychological abuse) as it does in heterosexual relationships. Despite the many similarities in types of aggression inflicted and sustained, however, there are some important differences. Batterers may use homophobic control (Hart, 1986), the HIV-positive status of themselves or their partners (Letellier, 1994), and the illusion of mutual battering to further victimize their partners (Renzetti, 1992). Future research should focus on the dynamics of these forms of violence. Specifically, more information is needed concerning the prevalence and variety of forms that homophobic control might assume (Renzetti, 1992) and the effect of HIV on battering (Letellier, 1996). Because gay men may be even more reluctant to label themselves as victims, their perceptions of mutual battering warrant particular attention (Letellier, 1994).

---

Correlates of Same-Sex Partner Violence

What Are Some Correlates of Same-Sex Partner Violence?

One unique variable specific to gays and lesbians, internalized homophobia, defined as the acceptance of negative societal attitudes toward homosexuals (Pharr, 1986), has been examined as a potential
contributor to partner violence in same-sex couples (Renzetti, 1997). Specifically, researchers argue that societal discrimination fosters internalized homophobia, which in turn may contribute to low self-esteem, feelings of powerlessness, denial of group membership, and difficulty establishing committed, trusting, intimate relationships (Letellier, 1994; Margolies, Becker, & Jackson-Brewer, 1987). These negative feelings may then be acted out in the form of partner violence (Byrne, 1996; Hart, 1986). As an example of internalized homophobia, Letellier (1994) cited a case of a gay batterer who shouted at his victim after an attack: "You might as well get used to it. This is how gay relationships are" (p. 100). Although it certainly seems plausible that internalized homophobia may play a role in same-sex partner violence, this theory awaits further empirical investigation.

The majority of factors that appear to contribute to same-sex partner violence have been shown to be predictors of heterosexual battering as well. In particular, the bulk of empirical research has investigated the intergenerational transmission of violence (Schilit et al., 1991), alcohol abuse (Schilit et al., 1990), conflicts around dependency and autonomy, and imbalances of power (Lockhart et al., 1994) as correlates of same-sex battering. Although these risk factors are discussed separately in the following section, they are often interrelated; that is, they may occur in conjunction to increase the probability of intimate violence among gay and lesbian couples (e.g., Farley, 1996; Renzetti, 1997).

Violence in the Family of Origin. The intergenerational transmission of violence theory proposes that individuals exposed to violence in their families of origin, either as witnesses or as victims, are at increased risk of experiencing aggression in adult relationships (O'Leary, 1988). Regardless of sexual orientation of respondents, researchers have found mixed results (Renzetti, 1992; Straus et al., 1980). In some studies, no association was reported between violence in the family of origin and lesbian battering (Coleman, 1990; Kelly & Warshafsky, 1987; Renzetti, 1992). In contrast, other investigators have discovered significant correlations between both witnessing family violence and experiencing various forms of childhood victimization, including physical, sexual, and verbal abuse, and being an aggressor and victim of lesbian battering (Lie et al., 1991; Lockhart et al., 1994; Schilit et al., 1991). An association between a prior history of family abuse and intimate violence has been discovered in
clinical samples of gay and lesbian batterers as well (Farley, 1996; Margolies & Leeder, 1995).

Evidence both supports and refutes the belief that abuse is transmitted intergenerationally. Methodological differences, such as the many ways violence in the family of origin has been measured, may contribute to these contradictory findings. Conversely, the attributions made about witnessing or experiencing abuse in childhood, such as the belief that childhood victimization inevitably leads to partner violence, may affect adult behavior (Gelles & Cornell, 1990). For example, like heterosexual victims, lesbians may attribute battering to the violent upbringing of their partners (Renzetti, 1992).

**Substance Abuse.** Drinking has been linked to intimate violence among heterosexual couples (e.g., Kaufman Kantor & Straus, 1987). Similarly, a connection has been found between alcohol use and battering in lesbian partnerships (Coleman, 1990; Kelly & Warshafsky, 1987; Schilit et al., 1990). In addition, substance abuse has been associated with sustaining injuries in violent lesbian relationships; for example, in a sample of 125 lesbians and 27 bisexual women, Perry (1995) discovered positive correlations between frequency of alcohol use and being physically injured by both a previous and current partner, and frequency of marijuana use was associated with being injured by a past partner.

These results should be interpreted with caution, however. Many of these findings are based on very small samples; for example, several studies based their results on fewer than 42 violent respondents (Coleman, 1990; Schilit et al., 1990). Furthermore, the association between substance abuse and lesbian battering has been assessed by using such questions as "Were you or your partner ever under the influence of drugs or alcohol at the time of the battering incident?" (Renzetti, 1992). This type of question is not sufficient to differentiate patterns and levels of alcohol consumption. This is a research limitation because different types of drinking patterns—for example, binge drinking—have been linked to wife assaults (e.g., Kaufman Kantor & Straus, 1987). With the available methodology used to measure alcohol abuse among same-sex couples, however, it is not possible to access links between different types of drinking behavior and partner violence.

Although substance abuse may occur in conjunction with partner violence, it does not cause violence in either heterosexual (Kaufman
Kantor & Straus, 1987) or same-sex relationships (Island & Letellier, 1991). In fact, battering can and often does occur in the absence of alcohol use (Margolies & Leeder, 1995); for example, one third of Renzetti’s (1992) sample was not under the influence of alcohol during the violence. Therefore, it is imperative that multiple factors, which act in conjunction with or mediate the association between substance abuse and battering, be investigated. For instance, Renzetti (1992) discovered that dependency of the batterer on her partner was highly correlated with alcohol use. On the basis of qualitative analysis of interviews with 10 lesbians, Diamond and Wilsnack (1978) made a similar association between alcohol use and dependency. Thus, this area warrants further discussion.

Dependency and Autonomy Conflicts. Although male batterers have been found to be very dependent on their female victims (e.g., Walker, 1989), it has been argued that additional factors may influence how dependency is experienced in lesbian partnerships. Women continue to be socialized to define themselves in relation to significant others and to place a high value on intimacy (Chodorow, 1978). Thus, when two women are romantically involved, it may be even more difficult for them to establish a sense of independence and autonomy in their relationship. In addition, lesbians, like gay men, may develop a greater attachment to their partners in response to the lack of social validation and support for their relationships that they receive from the larger society (McCandlish, 1982; Renzetti, 1992). A sense of intimacy and closeness may also act as a buffer against discrimination. Among some lesbian couples, however, high levels of intimacy can create a sense of “fusion” (Lindenbaum, 1985) or “merging” (Pearlman, 1989), which may make it difficult for each partner to have a sense of independence and separate identity in the relationship. As a result, having a different opinion or initiating social activities without the partner might be perceived as rejection, which in turns leads to conflict and possibly physical violence (Margolies & Leeder, 1995).

Although Coleman (1990) found no correlation between relationship interdependency and partner violence among lesbian couples, other researchers have discovered that conflicts around dependency and autonomy were related to lesbian battering (e.g., Renzetti, 1992). For instance, Lockhart and associates (1994) found that, when compared with their nonvictimized counterparts, respondents who reported severe levels of physical abuse perceived that their partners
had a high need for social fusion, as measured by such beliefs as couples need to do everything together and the use of communication techniques that include mind reading. Severely victimized respondents in this study also reported more conflict around issues of independence and autonomy, such as a partner's emotional and financial dependency, a partner socializing without the respondent, and a respondent's intimate involvement with other people. Similarly, in her sample of lesbian victims, Renzetti (1992) assessed dependency and autonomy with such items as "My partner and I have a separate set of friends." Her results revealed that batterers who were very dependent on their partners, as well as victims who desired more independence, reported a greater frequency of abuse and more types of abuse, such as shoving, pushing, and choking.

The association between dependency and autonomy requires further investigation. For example, the extent to which dependency issues reflect borderline or narcissistic personality disorders should be considered (Coleman, 1994). Dependency issues may also be related to concern around power and control. For instance, it has been argued that some gay men might avoid relationship dependency for fear of losing power and control (Farley, 1992). Thus, it is also important to consider the role of power imbalances in same-sex battering.

Power Imbalances. Among heterosexual couples, power imbalances have often been associated with partner violence (Coleman & Straus, 1990; Straus et al., 1980). The link between the imbalance of power and battering is less clear among same-sex couples (e.g., Bologna et al., 1987). This inconsistency may be partially a result of how power imbalances are defined across studies. When indicators of social status, such as income, were used as predictors of partner violence, the findings have been contradictory. For example, Kelly and Warshafsky (1987) found no significant correlations between partner violence and indicators of status as measured by income, education, race, religion, and age. In contrast, Renzetti (1992) found that as differences in social class and intelligence became a source of conflict between the partners, the severity and frequency of some forms of violence increased. In particular, social class and intellectual differences between partners were associated with batterers hitting, choking, and pushing their partners. It is not clear, however, whether the victim or the batterer was the partner with the higher social class or greater intellectual ability. Renzetti (1992) concluded that the cumulative
effects of differences in status and resources between partners should be taken into consideration; that is, social class differences between partners may not necessarily result in abuse—for example, if the older, more educated partner makes more money. In contrast, if the younger or less educated partner has more economic resources relative to the older, more educated partner, such a relationship may experience a greater likelihood of conflict concerning the balance of power.

Results were more consistent when division of labor between the partners was considered to be a form of power. In several studies, lesbians who assumed primary responsibility for household duties, such as cooking and managing the finances, were more likely to be abused (Kelly & Warshafsky, 1987; Renzetti, 1992). Similarly, Lockhart and associates (1994) found evidence to support the link between power imbalances and victimization in lesbian relationships. Specifically, respondents who sustained severe aggression reported more conflicts around housekeeping and cooking duties, when compared with nonvictims and those who sustained mild forms of violence. On the basis of the research, however, it is not clear whether these divisions in household duties existed before the abuse. It could also be that the victims assumed domestic chores in an attempt to appease the abusers (Renzetti, 1992). These speculations await further empirical investigation.

In conclusion, intergenerational transmission (Schilit et al., 1991), alcohol abuse (Schilit et al., 1990), conflicts around dependency and autonomy, and imbalances of power (Lockhart et al., 1994) have been linked to partner violence among same-sex couples. Although these risk factors may occur independently, they are often interrelated and occur in conjunction, which may increase the probability of violence in both heterosexual and same-sex partnerships (Renzetti, 1997). Many of these results need to be replicated, however, before firm conclusions can be made about the roles these risk factors play in gay and lesbian battering.

Research Limitations

What Are Some Research Limitations?

The majority of published empirical studies on same-sex violence have surveyed young, white, educated, middle-class respondents
who were members of lesbian organizations (Lie et al., 1991; Schilit et al., 1991) or attending social events that attracted large groups of lesbians (Lie & Gentlewarrior, 1991; Loulan, 1987). In addition, most participants were openly lesbian. For example, among the 152 lesbians and bisexual women surveyed by Perry (1995), 63% classified their sexual orientation disclosure as being "out." Because of non-random sampling procedures and self-selection factors, knowledge of partner violence among gay men (Island & Letellier, 1991) and homosexuals who are "closeted" (not open about their sexual orientation), working class (Almeida et al., 1994), or ethnic minorities (Kanuha, 1990; Mendez, 1996; Waldron, 1996) is limited.

Another major research limitation is the dearth of theoretical models that address partner violence among homosexuals. Mainstream gender-based theories have attributed battering to rigid adherence to patriarchal values (Hamberger & Hastings, 1988a) or to traditional feminine sex role stereotypes (Walker, 1979). Although some researchers have argued that same-sex partner violence is the result of gay and lesbian couples acting out traditional heterosexual masculine and feminine gender roles (e.g., Walker, 1979), other investigators have not found evidence of "gender role playing" by gay and lesbian couples (Hart, 1986; Renzetti, 1992). Therefore, a theory that associates battering with traditional gender roles appears to be of limited use in explaining assaults among gay and lesbian couples. A related argument is that sexism and male dominance contribute to intimate violence among heterosexual couples (e.g., Ylö & Straus, 1990). Again, such a theory does not take into account the role of internalized homophobia or relationship dynamics in which power differences are not based on gender. To better understand the dynamics of same-sex partner violence, Letellier (1994) suggests that researchers should consider gender-neutral theories, which focus on "power imbalances, both on the societal and interpersonal levels, and on the psychological characteristics of individual perpetrators" (p. 104).

To summarize, it is difficult to obtain an accurate estimate of partner violence, particularly among gay male couples. On the basis of the limited research, same-sex couples appear to be equally likely as their heterosexual counterparts to experience violence. Many similarities are found in the types of violence experienced by heterosexual and homosexual couples. Important differences are also found, however, including the use of homophobic control (Hart, 1986), HIV-positive status (Letellier, 1996), and the myth of mutual battering
(Renzetti, 1997). Although internalized homophobia has been proposed as one possible contributor to partner violence in same-sex relationships (Renzetti, 1997), the correlates of partner violence tend to be the same regardless of sexual orientation. In particular, gay and lesbian partner violence has been empirically linked to violence in the family of origin (Schilit et al., 1990), alcohol abuse (Schilit et al., 1990), conflicts around autonomy, and power imbalances (Lockhart et al., 1994).

Therapeutic Implications

It is important to focus on the role of the therapist in the treatment of violent same-sex couples. It is not safe for some gays and lesbians to reveal their sexual orientation to relatives and friends. Consequently, therapists may be one of the few sources of help that victims and batterers have left to consult (Renzetti, 1989). The mental health profession, however, has a long history of discrimination against gay men and lesbians (Arey, 1995; D’Augelli & Dark, 1995). For therapeutic intervention to be effective, service providers need greater awareness of the strengths in the gay and lesbian community, as well as the challenges faced by this population (Morrow & Hawxhurst, 1989). Therefore, the following section focuses on barriers to help seeking, hallmarks of an appropriate assessment, and treatment recommendations specific to same-sex couples.

What Barriers Impede Help Seeking?

Scant research has examined the extent and nature of help-seeking efforts made by battered gay men (Island & Letellier, 1991) and lesbians (Lie & Gentlewarrior, 1991; Renzetti, 1989). In a sample of more than 1,000 lesbians, Lie and Gentlewarrior (1991) asked respondents to indicate what resources they “would be likely to use after an abuse, assuming these were available and accessible to you either as a survivor or a perpetrator.” Regardless of their victim or perpetrator status, approximately two thirds of the sample reported that they would not use any of the resources listed in this study, such as support groups and battered women’s shelters. Similarly, Renzetti (1989) also found low rates of help seeking from formal sources among the
100 battered lesbians in her sample. Although 58 sought help from counselors, fewer than 20 sought help from legal authorities, religious leaders, shelters, or physicians. On the basis of anecdotal reports, Island and Letellier (1991) found that gay male victims also were reluctant to seek help from legal and social service agencies. Taken together, these studies point to a pattern of service underuse.

Feelings of shame and fear of retaliation may preclude victims of both heterosexual (Pagelow, 1981a) and same-sex partner violence from seeking help (Renzetti, 1989). Concerns around revealing one's sexual orientation to service providers, relatives, and friends may further impede the help-seeking efforts of gay men and lesbians (Farley, 1992). Real and perceived homophobia and discriminatory practices, however, are the most widely cited reasons by some gays and lesbians for the underuse of mainstream community services (Lie & Gentlewarrier, 1991; Renzetti, 1992). Homophobia impedes help-seeking efforts because it

helps to create the opportunity for abuse without consequences by isolating the victims and preventing them access to resources such as their family, appropriate social services, and the criminal justice and legal systems. As a result, battered lesbians and gay men are unlikely to seek assistance, and even if they do, are not likely to be helped. (Merrill, 1996, p. 17)

Empirical research supports this speculation. For example, among the battered lesbians who sought help in Renzetti’s (1989) study, many reported that service providers refused to help, excused or denied the seriousness of the violence, or characterized the battering as mutual abuse. Battered gay men also have encountered similar responses when seeking help from professionals (Island & Letellier, 1991).

According to Renzetti (1996), the fear that professionals will be unresponsive to same-sex partner violence is not unfounded. On the basis of surveys with 544 service providers listed in the 1991 National Directory of Domestic Violence Programs, only 10% of the programs had intervention and outreach efforts specifically designed for lesbians (e.g., advertisements in lesbian and gay newspapers, support groups for battered lesbians). In addition, fewer than one half of the programs addressed lesbian battering when they trained their staff and volunteers. Despite the limited services offered by these agencies, only 32% of service providers planned to expand their services to battered lesbians.
What Are the Hallmarks of an Appropriate Assessment?

An appropriate assessment should include the same demographic and background information that would be gathered from any client or couple, such as family and personal history of mental illness (Farley, 1996; Klinger, 1995), violence in the family of origin (Farley, 1992), and substance abuse (Schilit et al., 1990). Therapists also should explore the following areas that are relevant to gay men and lesbians:

Unique Forms of Violence. In addition to assessing the history, duration, and course of partner violence (Hamberger, 1996), professionals should be prepared to explore the presence of homophobic control (e.g., threats to reveal the victim's sexual orientation; Hart, 1986). The HIV-positive status of the batterer or victim can play a role in battering as well; for example, a batterer may threaten to withhold medicine or to reveal the victim's illness (Letellier, 1996).

Influence of Homophobia. Farley (1992) recommends that, because homophobia so adversely influences the lives of gays and lesbians, professionals should explore the extent to which societal homophobia is internalized by both victims and aggressors, the degree to which both partners are closeted regarding their sexual orientation, and each individual's acceptance of his or her sexual orientation.

Role of Each Partner. Rather than assume that both parties are mutually abusive, service providers should explore the roles played by each partner in the abuse. On the basis of clinical observations with 64 lesbian victims and perpetrators, Marrujo and Kreger (1996) found that three roles emerged: (a) primary aggressors (27%), (b) primary victims (39%), and (c) participants (34%). Although participants did not initiate the aggression, they engaged in "fighting back" or a "repeated pattern of physical and/or emotional aggression in response to the partner's aggressive act" (p. 28). Furthermore, participants did not appear to be interested in disengaging from the conflict once it started. In contrast, primary victims desired to end the conflict and secure their personal safety. Following the violent episode, primary aggressors often expressed victimization (e.g., "She [her partner] did X to me"), and participants expressed retaliatory anger (e.g., "I wasn't
Partner Violence in Same-Sex Couples

going to let her get away with it") (p. 31), whereas primary victims expressed feelings of confusion. Although more research is needed to confirm the existence of these different roles in violent same-sex couples, these findings suggest that practitioners need to take a closer look at the roles that lesbians and gay men play in abusive relationships.

Prior Exposure to Violence. The effects of partner violence may be exacerbated by prior exposure to violence, such as hate crimes (Herek et al., 1997). Consequently, an assessment should include experiences with these forms of violence as well.

What Are Specific Treatment Recommendations?

Scant research has focused on specific strategies for the treatment of violence among same-sex couples (e.g., Leeder, 1988; Margolies & Leeder, 1995; Morrow & Hawxhurst, 1989). The research indicates that selecting the appropriate treatment modality is important. Generally, violent same-sex couples have access to fewer sources of help (Renzetti, 1989). Therefore, the treatment modality for same-sex couples is based on the resources available. For example, in large urban areas, group therapy might be an option; in rural settings, which typically have smaller lesbian and gay communities, individual and couples therapy might be the only treatment alternatives (Margolies & Leeder, 1995).

Despite the limited treatment options available for same-sex couples, the intervention strategies are generally the same regardless of sexual orientation. For example, victims of homosexual partner violence may need practical assistance, such as financial support and help with finding shelter, as well as emotional support and validation of their victimization (Island & Letellier, 1991; Renzetti, 1989). In therapy, victims may need to explore self-esteem issues and their reasons for staying in abusive relationships (e.g., fear of AIDS, small pool of potential partners, lack of support from family and friends; Farley, 1992; Island & Letellier, 1991; Margolies & Leeder, 1995).

For gay and lesbian batterers, the initial sessions should focus on assessment and establishing rapport. Once trust is established, therapists may need to focus on anger management, assertiveness training, and communication skills. At the later stages of therapy, batterers can be confronted about the consequences of their violent behavior. It is also recommended that therapists confront and set limits in a
supportive manner so that clients do not terminate therapy prematurely (Leeder, 1988).

Group therapy may be effective with victims and aggressors of same-sex partner violence as well. For victims, groups can reduce feelings of isolation, facilitate a sense of empowerment, and provide a safe place to share their stories (Island & Letellier, 1991). For batterers, groups can counteract the social isolation common in battering relationships. An additional benefit of a group format is the establishment of a peer group that can confront the abuser about his or her violent behavior. Because of societal homophobia, however, it is not recommended that gay and heterosexual batterers be in the same groups (Farley, 1992; Klinger, 1995; Leeder, 1988; Margolies & Leeder, 1995).

Other treatment modalities have been proposed for violent same-sex couples. In particular, some clinicians argue that couples counseling can be helpful once the safety of the victim is ensured and both parties have worked out their individual problems (Leeder, 1988, 1994; Margolies & Leeder, 1995). Others contend, however, that couple treatment is contraindicated because it compromises the safety of the victim (Farley, 1992; Island & Letellier, 1991; Klinger, 1995). Similar opposition has been raised about mediation as a conflict resolution strategy (Renzetti, 1989) and the community treatment model, which involves the identification of friends and relatives who would be available to intervene and consult with the violent couple (Leeder, 1988, 1994). Specifically, these forms of intervention may minimize the power imbalances in the relationship, therefore creating the illusion that both parties are equally responsible for the abuse.

Regardless of the modality used to treat violent same-sex couples, the literature stresses the importance of service providers being aware of their own biased attitudes and myths concerning homosexuals. Effective therapeutic intervention requires validating same-sex relationships and understanding how self-hatred and homophobia influence gay and lesbian couples. Professionals should educate themselves about the unique challenges faced by this population and the resources available in the homosexual community. With this knowledge, service providers can strive to eliminate discriminatory practices in their agencies (Island & Letellier, 1991; Klinger, 1995; Lobel, 1986; Renzetti, 1996).

In summary, violent same-sex couples desire assistance despite the barriers that impede their help-seeking efforts (Renzetti, 1989). When treatment is sought, therapists should take into account the
unique forms that violence may take in same-sex relationships, the influence of homophobia, the role played by each partner in the violence, and prior exposure to violence. Service providers also should strive to be sensitive to the unique challenges faced by this population.

Policy Recommendations

Based on the literature, the following recommendations are made:

1. Identifying the problem is the first step to motivating the gay and lesbian community and service providers to recognize and confront same-sex battering (Lobel, 1986). This entails such actions as broadening the language in partner violence laws to ensure that victims are equally protected regardless of gender and sexual orientation (Island & Letellier, 1991). Defining the problem also involves conducting more empirical research on the prevalence and incidence of same-sex partner violence, characteristics of the violence, and contributing factors (Hamberger, 1996).

2. Extensive training is needed for service providers in law enforcement, social service agencies, and the medical and mental health professions. Professionals may need to address homophobia and discrimination against gays and lesbians in their agencies and to develop written and spoken language that is inclusive of same-sex relationships (Hamberger, 1996; Renzetti, 1996).

3. Massive intervention efforts should be directed toward the gay and lesbian community. These intervention strategies could include newspaper advertisements, telephone books that specifically list services for same-sex partner violence, and flyers posted at parades and conferences with a larger presence of gays and lesbians (Island & Letellier, 1991). A special effort should be made to reach gay men and lesbians of color through outreaching to communities of color, advertising services for victims and batterers in different languages, and recruiting ethnically diverse staff and volunteers (Mendez, 1996; Waldron, 1996).

4. Finally, factors that contribute to same-sex partner violence must be addressed, such as substance abuse, violence in the family of origin, and discrimination against gays and lesbians.