

Same-Sex Interpersonal Violence: An Activist Researcher's Commentary
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After four decades of community organizing, legal advocacy, and research on issues of domestic and sexual violence, interpersonal violence that occurs in lesbian, gay male, and bisexual (LGB) relationships is still treated as a rare phenomenon by mainstream shelter organizations, in legal recognition, and within the lesbian, gay, bisexual, and transgender (LGBT) communities themselves. There have been some exemplary exceptions to this invisibility such as the network of Anti-Violence Projects across the country that focus on LGBT interpersonal violence and hate crimes, individual statewide domestic violence and sexual violence coalitions that provide training for their member agencies on LGBT issues, and some organizations that take it upon themselves to serve *all* survivors of interpersonal violence regardless of their sexual orientation. Still, this silence is resounding, even more so when studies suggest that same-sex domestic violence is similar in type and frequency to heterosexual domestic violence (Koss et al., 1995; West, 2002)

Challenges

The absolute number one reason that violence—whether physical, sexual, verbal, or psychological—that takes place in a same-sex relationship is invisible is because of rampant homophobia in our society. LGB people face a hostile social environment in living their lives authentically as who they are as individuals who are not heterosexually-identified. Societal messages through media (such as movie story lines, advertising, jokes, talk shows, etc.), laws relating to adoption, marriage, and family forms, service in the military, federal and state anti-discrimination protection, all of these and other aspects of society continually reinforce that to be heterosexual is normal and

right, and to be LGB is abnormal and not tolerated. Transgender individuals face similar messages around issues of gender identity. LGBT people grow up in this environment and attempt to live their lives as who they are within severe constraints.

On an individual level, many straight people say they do not care if someone else is gay; they feel accepting. However, the structural level of society reveals the extent to which LGBT people are set apart or even condemned. The contest over marriage rights is the clearest example of this. If there was no problem with same-sex relationships, marriage and all the rights of marriage would already be accorded to LGB people. The Federal Defense of Marriage Act (DOMA), passed in 1996, posits that no state needs to recognize a same-sex relationship as a marriage even if another state does, and that the Federal Government does not treat the relationship as a marriage for any purpose even if a state does. Same-sex marriage is now legal in Connecticut, Iowa, Maine, Massachusetts, New Hampshire, and Vermont, and was overturned in California by voters in the 2008 election. But states all over the country have amended their state constitutions in recent years to ban same-sex marriage and often civil unions, and many states prevent adoption or fostering of children by same-sex couples.

This national sentiment against same-sex marriage and family forms is unambiguous. While political activism continues, for example, to overturn the election results in California, the overall sense is that someone who is gay or lesbian does not have the right to marry, to have children, or to live in a family form that heterosexuals freely have access to. This epitomizes the negative climate that LGB people face every day. The family is the basic social unit of society and if same-sex families are not seen as equal—legally, morally, or socially—then they have a stigmatized identity that is

degraded. Furthermore, one result of being a stigmatized sexual minority is internalized homophobia, when LGB people come to believe to some extent the negative messages of the culture about them. This can range from self-hatred to guilt and a concern if LGB people ever find long-term happiness. If you are in a same-sex relationship and you are abused, how can you come forward and admit to this second-class status?

One of the resulting severe constraints is the ability to be public with your life—your relationship, your family, and if abuse is involved, reaching out to services for safety and advocacy. It is no surprise that if you repeatedly hear that your relationship is unacceptable and somehow not legitimate that you will hesitate to call a hotline or try to seek shelter away from an abuser. The uncertainty of how you will be received pushes many lesbians, bisexual men and women, and gay men from ever telling anyone not LGB that they are facing abuse from a partner. This is compounded by the fact that most domestic violence agencies only serve women (and usually it is assumed only heterosexual women) and that men have even fewer resources for help. Sexual assault agencies generally serve women and men in their support groups and therapy offerings, but speaking openly that your perpetrator was of the same sex is still a challenge. Most LGB people do not want to deal with educating others about their sexual orientation while dealing with the trauma of their abuses. The same is true for transgender individuals, who may be heterosexual, but have a trans history that most people do not understand.

LGBT communities have downplayed the extent of violence within their midst. Battling the stigma of not being heterosexual is a huge stressor. If they were to be honest and public—as they were with the spread of HIV—this might add to the laundry

list of wrongs some people collect about LGBT individuals: They are perverted and violent, too; their relationships are wrong. There are periodic articles written in the LGBT press about interpersonal violence, but not nearly enough to keep the focus on the issue or to underscore the risks to people being abused. Rather, for same-sex interpersonal violence to receive the attention it needs, the communities need to demand inclusion in services, in research, and in legal protections. Still, given the homophobic atmosphere, this impulse for self-protection is understandable. It does, however, come at a very high price.

One consequence of the lack of publicity about interpersonal violence in same-sex relationships is the difficulty for the victim in identifying that abuse is occurring in the relationship. Most pamphlets and ads about abuse are targeted to heterosexual women and this reinforces the idea that abuse is not a big issue in LGB relationships. Friends might encourage the idea that this is a not too serious communication problem and support staying together to just work it out. Furthermore, our society rarely addresses the fact that some women do choose to use violence; violence is seen firmly as something men choose. Women are not seen as violent or controlling, and the belief that women do not hit other women—and certainly would not sexually assault another woman—is widespread (Bornstein et al., 2006; Girshick, 2002). Similarly, the idea that a man can be a victim of interpersonal violence confronts our cultural concept of masculinity. By definition, a real man stands up to violence.

Methodological issues in studying LGB interpersonal violence are many. A major problem is the impossibility of achieving a random sample for a stigmatized population. We will never know the true population of LGB people from which to randomize study

participants. Consequently, studies are usually convenience samples relying on snowball sampling or whoever responds to fliers, ads, internet appeals, or picks up a survey at a festival or clinic. Most research tends to be based on small, homogeneous samples and does not have control or comparison groups (Hughes et al., 2000). We know very little about lesbian and gay male people of color, and almost nothing about bisexuals. It is also difficult to compare research findings as questions are worded differently. For example, lesbian respondents might be asked about abuse histories but some studies will ask about lifetime abuse while others ask about the past year or the current relationship. Some questions ask about the sex of the perpetrator and others will not (West, 2002).

The National Coalition of Anti-Violence Programs (NCAVP) issues a yearly report of domestic and sexual violence numbers, stories, and trends. However, even the NCAVP admits that these numbers are a function of the organizational capacity of the member agencies. The numbers are only as good as the statistics on the intakes, the outreach and visibility of that particular agency in their particular city or town, and the participation of LGBT individuals who contact them. Sixteen organizations contributed to the 2007 report, which detailed 3,319 incidents of intimate partner violence that year (NCAVP, 2008).

Measurement of abuse is complicated, whether studying same-sex or heterosexual relationships. We need more discussion of the issues of fighting back, how to account for shifting power dynamics, and other issues we have yet to understand in same-sex or heterosexual relationship violence. For example, Marrujo and Kreger (1996) and Renzetti (1992) discuss issues of victims that either fought back in self-

defense or fought back to get back. There is certainly a distinction between the motivation of hitting someone to control and intimidate them versus hitting someone to try to stop an assault. But, how do we measure violence that combines different motivations by the same person? Related is the idea of “mutual battering” where women are just fighting each other and one is not controlling the other (hence, not really “battering” in the domestic violence sense). Furthermore, Ristock (2003) found in her research using 80 in-depth interviews that power relations shifted within relationships; power did not always reside in one person. Examining relationship dynamics in this way complicates our understanding of domestic violence where there is a consistent perpetrator and a consistent victim. Is it possible that some relationships are more likely to experience shifting power roles?

Another limitation of capturing the full extent of LGB interpersonal violence is the almost complete absence of transgender people in research on these issues. Often researchers will have to drop the one or two or three transpeople who filled out a survey due to the low response rate. There are numerous problems with reaching trans-identified people—they are still early in their political visibility, there is a very wide range of identities included under the transgender umbrella, transgender is a gender identity and not a sexual orientation (and not all trans-identified people are LGB; some are straight); and researchers have been unsuccessful in attracting them to participate in studies. I personally attempted to include transwomen in my study on woman-to-woman sexual violence and had only one trans-identified person submit a survey (Girshick, 2002).

One conclusion is clear given the challenges of understanding LGBT interpersonal violence: a serious public health issue is being ignored. There is a lack of LGBT data in public health research and policy. As Kadour (2005, p. 31) points out, “data are a cornerstone of any public health system, and the lack of data on sexual minorities correlates with the failure of public health to address this group’s needs.” While we do have some data on prevalence (to be discussed below), LGBT people are consistently left out of major research, resulting in the perpetuation of the cycle of invisibility. However, stress of homophobia and interpersonal violence can lead to additional public health issues such as high rates of suicide risk and increased substance abuse. As Kadour (2005) reminds us, we should not use the excuse that the data is difficult to gather as an excuse to not gather any at all.

Societal Context

Adrienne Rich named the problem of lesbian invisibility “compulsory heterosexuality” in 1980. She saw that through the societal bias for heterosexuality and male dominance lesbian and gay existence would be marginalized. This bias is no small thing: it exists in religion, law, employment, family, media, in fact, through every assumption and norm of the culture. Homophobia, or the denigration of lesbians and gay men (sometimes also referred to as an irrational fear of same-sex relations) has become a weapon of sexism (Pharr, 1988)—a mechanism to control women and anyone or anything feminine. This ranges from economic issues such as pay rates, job types, and positions of power that favor men to violence against women and feminine men to keep them oppressed. Homophobia works with economic control and violence because it justifies a system of beliefs and actions to keep “real” men in control of

societal resources. Through gay-bashing and taunts during adolescence to social institutions that protect male privilege, Pharr (1988) explains that homophobia controls threats to male control.

Controlling access to marriage, as discussed above, is one manifestation of compulsory heterosexuality. Yet, same-sex relationships are remarkably similar to heterosexual ones. As Ossana (2000, p. 276) says, these couples face the same issues, “including those concerning children, sex, money, communication, family of origin, conflict resolution, and balancing work with personal commitments.” However, the context is different. Due to prejudice, discrimination, and the devaluation of same-sex relationships, the same-sex couple may not feel safe; hence, coming out is an issue (Ossana, 2000). “Coming out” involves letting other people know that you are gay or lesbian and it is a life-long process of negotiating risks—can I tell my employer or will I lose my job? Can I tell my ex-spouse or will I lose my children? Is it safe for the neighbors to know or will we face harassment? Couples negotiate these and other related concerns about family, schools, doctors, and so on, which is not something heterosexual couples deal with. Coming out to a therapist, a hotline crisis counselor, or a support group when dealing with interpersonal violence are yet other risks to manage. Needless to say, this is a very stressful experience.

Degree of outness has been found to be related to psychological well-being. Increased levels of being out to others about your identity and relationships increases well-being and adds to external validation, while less disclosure generally adds to isolation. This isolation might contribute to domestic violence, especially if there is conflict over how out the couple should be, and also makes it more difficult to leave an

abusive situation (Balsam & Szymanski, 2005; Berger, 1990). Another significant impact of homophobia is the lack of rituals associated with being a couple that same-sex couples lack. Rituals help mark and celebrate important life events, and the lack of legitimacy for same-sex couples is shown in the lack of ritual associated with the relationship. As Ossana (2000) suggests, this sense of social support and legitimacy is lacking during difficult relationship periods, such as interpersonal abuse.

Discrimination in the larger society from the Federal “Don’t Ask, Don’t Tell” military policy to lack of anti-discrimination legislation in employment, frames other aspects of social life. Studies have shown that experience of external stressors is related to women’s violence (Cano & Vivian, 2001). Balsam & Szymanski (2005, p. 266) found that living as a sexual minority in a heterosexist society “may be a factor that specifically contributes to the use of violence against one’s partner among lesbians and bisexual women.” They found that discrimination was also related to lifetime interpersonal violence in a same-sex relationship.

Meyer (2007, p. 242) points out that there are many variables in social demographics—racial and ethnic identity, age, education, income, and so forth, and for LGB people, how integral their sexual orientation is to their identity, as well as their level of internalized homophobia. However, they “share remarkably similar experiences related to prejudice, stigma, discrimination, rejection, and violence directed toward them, across cultures and locales.” These stresses begin in childhood and extend into adulthood; they are life-long. The Gay, Lesbian, and Straight Education Network publishes an annual National School Climate Survey. In 2007 (pp. 2-3) they found that nearly three-fourths (73.6%) of students heard homophobic remarks often or frequently

at school; nine out of ten (90.2%) students heard “gay” used in a negative way often or frequently at school, and the vast majority (83.1%) reported that they felt distressed to some degree by this. Almost half (44.1%) had been pushed or shoved at school because of their sexual orientation, and 22.1% had been physically assaulted because of their sexual orientation. 14.2% had been physically assaulted because of their gender expression. These homophobic messages of the culture are learned at a young age.

Garcia et al. (2002) examined links between childhood sexual abuse, suicide ideation, and sexual orientation in San Diego among college students. Their findings indicated a significant difference in suicide ideation between the LGB and heterosexual respondents; the LGB students were 2.9 times more likely to think about committing suicide (p. 10). Looking more closely at the data they found that lesbians and bisexual women were 3.7 times more likely than heterosexual women to consider suicide. Suicide risk among LGBT youth is a widely studied phenomenon (Kadour, 2005), and these study findings illustrate the profound impact of homophobia on well-being.

Several key social institutions have a profound impact on LGBT stress, which is taken into their intimate relationships. One, religious institutions, is important because most people are exposed to religious teachings and religious practice from an early age and through adolescence. Every major religion condemns homosexuality. In Christianity a major objection is that same-sex intimate relations are not for procreation and that the intimate acts are not sanctioned by marriage. It is not a sin to be homosexual, but it is a sin to act on being homosexual. Hence, there are many messages from several religions—Catholicism, Presbyterian, and United Methodist, for example, that maintain they “love the sinner, but hate the sin.” Every religion has LGBT people in that faith and

most have some kind of national support group for their LGBT followers. Different battles over gay and lesbian ordained ministers, conducting same-sex unions, and involvement in political issues (such as in California's Proposition 8 by Mormon followers in the 2008 election) keep sexual orientation in high visibility in many religions. There are welcoming denominations such as Unitarians, Reform Judaism, the United Church of Christ, and some Protestant denominations, but the overwhelming message of religious teachings is that only heterosexuality is acceptable.

In legal institutions, LGBT individuals face much difficulty. A major problem is that LGBT people do not view law enforcement or the courts as avenues for relief. Rather, the tendency is to see them as enemies. There is a long history of police harassment of the LGBT community members; this combines with current experiences—personal or of friends—that bear out continued resistance to see legal redress for grievances. LGBT people do not have to look far to see the laws do not protect them—exclusion of rights speaks very loudly. A review of domestic violence civil protection orders (CPO) by state by the NCAVP (2007) reveals that the majority of states allow CPOs in same-sex relationships; however, in some it is up to the judge's discretion. It is the rare state that explicitly states that same-sex relationship survivors are covered and where it is still not up to the judge's interpretation of the legal language or requires that they live together. Protection orders are one important option for survivors of domestic violence; however, many LGBT individuals do not want to deal with potential homophobia of police, courtroom personnel or judges.

Furthermore, studies with jury-eligible adults show that they hold biases against gay men and lesbians and this could mean they would view domestic violence cases

differently than they would if they were hearing a case involving heterosexuals (Seelau et al., 2003). Seelau et al. (2003) also note that research suggests that the public is unsympathetic to men as victims or perpetrators of domestic violence, meaning gay men are in the most problematic situation. In a study of male and female university students reading abuse scenarios of heterosexual and same-sex abuse, participants judged the heterosexual abuse more seriously, they felt the heterosexual cases should move forward with charges more of the time than the same-sex cases, they felt the same-sex victims were less believable than the heterosexual victims, and this believability was related to sentencing (Poorman et al., 2003). Overall, this context in itself is a deterrent to seeking legal redress. Because our society does not take same-sex interpersonal violence seriously primarily because of homophobia and prejudice against LGBT people, we allow this interpersonal violence to continue. Perpetrators are not held accountable in this opportunity environment (Merrill, 1996) and survivors are left without support.

Gender Role Socialization and Same-Sex Interpersonal Violence

Our socialization concerning how to be a woman or a man in our society influences our ideas and behaviors. Gender role stereotypes are one result of this process. For example, the idea that women are nurturing, gentle, and other-oriented is widespread and runs contrary to the notion that a woman could punch, kick, or sexually assault another woman. We have firm ideas that women are rarely violent or aggressive; Hassouneh & Glass (2008, p.316) refer to this as “the belief that woman are innately nonviolent.” This makes it difficult for a woman who has been abused by another woman to come forward with her claims of physical or sexual abuse. In my

study on woman-to-woman sexual violence the fear of not being believed that another woman was her sexual perpetrator was the number one reason why women did not tell others of their abuse (Girshick, 2002). Studies also find this stereotype inhibits a survivor from realizing she is being abused (Girshick, 2002; Hassouneh & Glass, 2008).

Building on the idea of women's nonviolence is the notion that two women together must have a harmonious relationship. This is known as "lesbian utopia." Without men present—those who we know might choose violence—a relationship or community of women must be ideal (Elliot, 1999; Hassouneh & Glass, 2008; Ristock, 2002). This also silences female survivors since they are discouraged from contradicting the myth and are explicitly told to shut up (Girshick, 2002; Turell & Herrmann, 2008).

Another stereotype is that men are strong while women are weak. If women are weak, they cannot hurt each other if they fight. Hence, the notion that if a woman does attack another woman, she cannot cause serious injury. These encounters are often referred to as "cat fights," violence that is not dangerous and does not need to be taken seriously (Elliot, 1999; Hassouneh & Glass, 2008).

Hassouneh & Glass (2008) found in their research that female perpetrators sometimes would "play the victim." If women are seen as not aggressive then it is confusing for police, relying on stereotypes, to identify the perpetrator. A perpetrator's claim that it is the other woman who attacked her seems believable in the absence of other clues (such as a "violent" male present).

The minimization of violence by women against women makes this interpersonal violence difficult to acknowledge. The context of women's and men's roles in social life,

politics, and the economy means that it is not simply an issue of counting aggressive acts, but looking at power, relationship context, and consequences. Gender of perpetrator and of victim is not the be-all and end-all of understanding interpersonal violence. As Worcester (2002) points out, it isn't only gender role stereotypes but also social inequities and the broader framework of power and control that need to be considered. For example, Worcester (2002, p. 1396) reminds us that generally, "violence disrupts the lives of men and women in quite different ways." It is not simply overcoming the stereotypes that women are never violent and moving away from assumptions that men are always the perpetrator and women always the victim, but in understanding the multiple meanings for people of sex in a sexist society and same-sex in a heterosexist society.

Male socialization has some consequences for gay male relationships; these may enhance the risk for controlling and abusive behaviors. Ossana (2000) writes that the male emphasis on achievement and competition, sex, and aggression can lead to problems presented by gay males in couples' therapy. The combination of two individuals socialized to be independent and emotionally unexpressive may lead to communications problems and challenges for establishing intimacy. In addition, the societal message that being male and being gay are contradictory introduces a tension for many gay male couples. In the gay male relationship where there is abuse, the survivor faces admitting he was not "man enough" to defend himself against another man's aggression.

Lesbians and bisexual women in relationship have a different set of issues to face in their relationships (Ossana, 2000). A focus on nurturing and other-orientation

can lead these women to “lesbian fusion,” the blurring of individual boundaries. Togetherness and closeness are over-valued (Klinger, 1996; McClennen, 1999; Renzetti, 1992). Fusion may also be encouraged by the lack of acceptance of same-sex relationships in the society; hence an “us versus them” dynamic develops. West (2002) suggests this lack of support leads to greater attachment to their partners as a buffer against discrimination. In an abusive relationship, the survivor needs to expose the lack of harmony in the relationship and focus on her own individual needs contrary to her female socialization.

Prevalence of Same-Sex Interpersonal Violence

Though there are methodological problems with research on stigmatized populations (primarily self-selected nonrandom sampling, overly White and middle-class), compounded by questions asked in different ways (time frames for experiencing violence; some studies focusing on physical abuse, others physical and verbal, or other combinations of types of violence; and studies that do or do not specify sex of perpetrator, for example), we are gaining a solid idea that domestic and sexual violence are serious abuses in same-sex relationships. Furthermore, the numbers do not have to be high to recognize that the public health problem of interpersonal violence extends to same-sex relationships and responses are needed.

Prevalence of physical violence in lesbian relationships range from 8% (Wood, 1987) to 60% (Bologna et al., 1987). Loulan (1987) reported 17%; Brand and Kidd (1986) 25%; Lockhart et al. (1994) 31%; Lie et al. (1991) 45%; Coleman (1990) 46%; Waldner-Haugrud et al. (1997) 48%; and Lie and Gentlewarrier (1991) 52%. It is

generally accepted that lesbian domestic violence approximates that in heterosexual domestic violence, at between one-fourth and one-third of all relationships (Koss, 1990)

Sexual violence is much less studied than domestic violence, but there are indications that this is a serious form of control in abusive relationships (Girshick, 2002). Studies of sexual violence against lesbians range from a low of 5% to a high of 57%. In a study by Brand and Kidd (1986) of 130 lesbian college students and lesbians in a discussion group, 5% had experienced attempted rape by a date and 7% had been raped by male or female perpetrators. Seventeen percent of lesbians in a nonrandom study by Loulan (1988) said they'd been sexually abused in a lesbian relationship. Sloan and Edmond (1996) found 23% of lesbians had experienced sexual assault and another 35% had experienced attempted sexual assault. In examining lifetime sexual victimization of college students, Duncan (1990) reported 31% of lesbians in his sample had been forced to have sex against their will by male or female perpetrators.

In Renzetti's 1992 study of 100 battered lesbians, 48% were forced to have sex by their partners. Waldner-Haugrud and Gratch (1997) found 133 instances of unwanted sexual behavior by their female partners among the 118 lesbians in their study. Fifty percent of them encountered unwanted penetration. And Lie et al. (1991) discovered that 57% of their lesbian respondents had experienced some type of sexual victimization by a female partner.

There have been fewer studies of abuse in the relationships of gay men. Island and Letellier (1991) estimated rates of 11-20% for gay men in abusive relationships. They feel that domestic violence is the third most serious health problem facing gay men after substance abuse and HIV/AIDS. Other studies of gay men have found higher

rates. For example, Waldner-Haugrud et al. (1997) reported 30%; Wood (1987) found 31%; and Bologna et al. (1987) discovered a rate of 44%. A few studies asked specifically about sexual violence in relationships. Waterman et al. (1989) found 12% of their respondents reported sexual abuse, while Wood's (1987) study found 13%. Waldner-Haugrud and Gratch (1997) reported a 55% rate for sexual abuse in gay men's relationships.

Turell's 2000 study of lifetime abuse for a mixed gay, lesbian, and bisexual study of 499 respondents found a level of 9% of current relationship physical abuse and 32% had experienced past relationship physical abuse. Turell concludes that physical abuse is estimated to occur in one-third of same-sex relationships; while sexual abuse occurs in at least 12% of LGB relationships. A study by Tjaden et al. (1999) that compared violence over the life span of same-sex and opposite sex cohabitants revealed that same-sex cohabitants reported significantly more interpersonal violence than the heterosexual cohabitants did. Twenty-three percent of gay men were raped and/or physically assaulted by a partner at some time in their lives compared to 7.7% of the heterosexual men. Thirty-nine percent of the lesbians experienced such violence, compared with 20.3% of the heterosexual women. However, for the lesbians, they were more than twice as likely to be assaulted by a male intimate than a female intimate partner. Tjaden et al. (1999, p. 421) concluded that "women are far more likely to be assaulted by male intimate partners than by female intimate partners, regardless of their sexual orientation."

Unique Factors in Same-Sex Relationships

While there are many similarities between interpersonal violence in same-sex and heterosexual relationships, there are also differences. I will cover some of these considerations now. While encountered by the vast majority, survivors of violence experience a sense of isolation either due to literal isolation from friends and family due to the perpetrator's control or their own self-isolation due to shame of being victimized, same-sex survivors have even increased isolation. Often, same-sex partners have the same friendship circle and face an inability to speak to, or be believed by, these shared friends that abuse is occurring. Abusers might also cut their partners off from shared friends to prevent discovery (Bornstein et al., 2006). A related factor is that an abuser might be very concerned that if she or he turned to a crisis service the individual who answered a hotline call might be someone known to the abuser. Hence, anonymity within the LGBT community is an important concern (Turell & Herrmann, 2008). Also, the isolation as a same-sex couple often hinders their ability to speak to family members, especially if the family disapproves of the relationship (Aulivola, 2004).

In her interviews, Ristock (2003) found a pattern of abuse in lesbians' first relationships. Almost half of her study participants experienced this. Their partners were older and had been out for a longer time. Some participants found out that their partners were serial abusers and preyed on lesbians who were newly out. Ristock suggests that this pattern is related to heterosexism where lesbian isolation encourages dependence on a first lover to learn about lesbian subculture.

One control mechanism unique to same-sex relationships is the threat to "out" the partner to family, the workplace, or nongay friends. The abuser uses the fears of rejection, loss of child custody, and/or job loss to keep the partner from talking about the

abuse or leaving the relationship. If the abused partner is not fully out, this can be a very effective control. The abuser may also build on the partner's internalized homophobia to claim that no one will believe the partner because she or he is gay (Aulivola, 2004; Balsam & Szymanski, 2005). Another tactic found mostly with gay men when the controlling partner is HIV+ is to threaten to deliberately infect the other partner if they tell about the abuse or try to leave (Pattavina et al., 2007).

The gay and lesbian social scene is probably more focused in the bars than heterosexual social life due to societal homophobia and limitations on acceptable public expressions of affection. Alcohol (or other substances) use might also be used as a coping mechanism to deal with the stigma of being gay or lesbian. The association between alcohol use and interpersonal violence is not clear-cut, but studies have found increased alcohol use related to violence. Alcohol lessens the inhibitions of a perpetrator and this factor might increase the number of aggressive acts (Schilit et al., 1990; West, 2002).

Structural Responses to Same-Sex Interpersonal Violence

It is difficult to fully understand same-sex interpersonal violence when it is so severely underreported. It is underreported because of the inadequate response from police, laws, shelters, and other services. Given the societal context of homophobia, it is no surprise that LGBT individuals are reluctant to call the police, utilize the court system, call crisis lines, or reach out to social services (Turell & Herrmann, 2008). While the dynamics and consequences of interpersonal violence are similar regardless of sexual orientation, there is a significant difference in the response to this violence by the couples themselves and the institutions supposed to address it.

The National Crime Survey (US Department of Justice, 1998) has found that common reasons for not reporting interpersonal violence included feeling that this violence was a private matter, fearing the abuser would retaliate, believing the crime was not important enough, and observing that past police calls did not change the problem. In a study on barriers to seeking help from police for intimate partner violence Wolf et al. (2003) conducted focus groups with 41 diverse women in Seattle which included Native Americans, lesbians, and refugee women. Certain reasons for reluctance to call police for the lesbians in the Wolf et al. study included issues of discrimination. They felt that sexual orientation slowed police response time, that police did not take the violence seriously, and that they had difficulty in identifying the abusive person. Based on race, class, and sexual orientation, women also feared the police might subject the abusers to excessive punishment.

These concerns are echoed by Bornstein et al. (2006, p. 172) who found in their study, "Participants reported that they believed authorities would not treat them respectfully, believe them, or offer them protection.... They did not want to subject their partner to potentially discriminatory or dangerous interactions with police." In cases where both the victim and the perpetrator are arrested they are sometimes transported in the same vehicle and kept in the same cells (Berrill, 1992).

Pattavina et al. (2007) explored whether police responded similarly to same-sex domestic violence cases as those involving heterosexual couples. They cite studies where police demonstrate negative attitudes towards gay men and lesbians (Bernstein & Kostelac, 2002; Knauer, 2001). What stood out to them was the difference between arrests in domestic violence cases of gay men compared to lesbians. In states with

mandatory arrest practices, there was little difference in arrests between cases of simple assault and aggravated assault; but for gay men arrest was more likely for cases of aggravated assault. The researchers conclude that gender stereotyping influenced police: women are seen as “typical” victims, but violence by men is tolerated. Hence, the offense needs to be more serious to be addressed.

Not only sexual orientation stigma but gender identity transphobia keeps individuals from reporting to police in cases of interpersonal violence. Transgender individuals rarely report abuse to police, medical personnel, or other social service providers regardless of their sexual orientation as LGB or heterosexual. The risks of coming out as transgender and transgressing sexual and gender expectations are huge. Transgender individuals are well aware of cases of police harassment, medical neglect ending in death, and victimization by service providers. Hence, the underreporting of interpersonal violence and hate crimes is enormous for this subpopulation, the “T” in LGBT (Girshick, 2008; Kidd & Witten, 2007). A 2005 study on sexual violence experienced by trans-identified individuals by FORGE (For Ourselves: Reworking Gender Expression) found that 5% of their 265 respondents had been sexually assaulted by the police. Eighty-two percent (of 202 answering this question) did not report their sexual assault to the police.

Accessing safety in a shelter is also rarely sought by LGBT individuals seeking to escape interpersonal violence. First of all, the vast majority of domestic and sexual violence agencies do not shelter men, gay or straight. Transwomen do not feel safe in shelters because they fear not being seen as “real” women. Lesbians also rarely seek shelter services because they are afraid of coming out and facing discrimination

(Bornstein et al., 2006). Shelters are widely viewed in the lesbian community as for straight women only and the concern of dealing with homophobia from staff and residents is a significant barrier (Merrill & Wolfe, 2000; Turell & Herrmann, 2008). The fact that a female perpetrator can access the shelter pretending to be a victim is another reason why survivors often stay away (Aulivola, 2004).

The paucity of services for LGBT survivors of interpersonal violence is well-documented. The most likely service a survivor is likely to access is private therapy (if the survivor has the finances to do so). Because therapists are bound by rules of confidentiality, coming out to this one individual carries less of a risk than accessing services of an organization (Girshick, 2002; Renzetti, 1992). Seeking services from a LGBT anti-violence project (AVP) is often a good option, but many stay away for fear that confidentiality will not be kept within their community.

Hope for the Future

The number one need in making a real difference in same-sex interpersonal violence is to address societal homophobia. Anti-LGBT attitudes and practices impact every issue discussed in this chapter. If it was as easy as providing anti-homophobia training to police, EMTs, emergency room, and hospital providers, shelter workers, and social service staff I would advocate for a nationwide comprehensive training program to start today. But education within a discriminatory context can only go so far. Community educators all over the country do provide education and LGBT sensitivity training. However, it is the social institutions of media, religion, and law, and the gender stereotypes that permeate our families, ideas, and behaviors that need transforming. Homophobia—its practice and consequences—is well-documented. We need a

commitment to social justice and social change so that all individuals regardless of sexual orientation and gender identity will be treated with dignity and respect.

Of course, that does not mean we should do nothing at the community level. There are many smaller-scale changes we can address. Within the LGBT communities it is essential to name the violence for what it is—painful, scary, controlling, abusive, unacceptable. West (2002) suggests raising community awareness through newspaper advertising, phone books listing services for same-sex interpersonal violence, flyers at parades and conferences, expanding services at shelters, and making special effort at reaching adolescents and women of color. Others address the need for strong friendship networks and the role modeling of healthy relationship that could help individuals identify abusive behaviors. Studies cite participants who mentioned that support from friends who validated their experiences and spoke up for their rights helped them gain strength. Community members who spoke out publicly against abuse and confronted abusers legitimized the right to a healthy and non-abusive relationship (Bornstein et al., 2006; Chung & Lee, 2000).

Establishing community liaisons with police domestic violence units, working to have LGBT issues named in brochures and pamphlets, serving on city Human Relations Councils—all are important steps toward sensitizing people to understand the structural changes that need to occur. For example, national legal changes are profound in scope and not easily achieved. However, they do occur. For years sodomy laws were on the books at the Federal level and in many states. These laws were used to persecute gay men and lesbians. If LGB people came forward to press charges in a same-sex domestic or sexual violence case the victim faced the possibility of being

charged with the crime of sodomy (unnatural sexual acts). In June, 2003, the US Supreme Court struck down Lawrence v. Texas as unconstitutional, wiping sodomy laws off the books. It took years of activism to reach this point, but the change was profound. We need more enlightening changes such as this.

If this sounds too big of a challenge, think of the anti-violence movement as a whole. Where have we come over the past 30 years? Have we changed the number of domestic violence cases, lowered the number of sexual assault cases? It would be difficult to argue that we have significantly stopped the pain and suffering of interpersonal violence, and this is in spite of increased funding, the Violence Against Women Act, legal victories in mandatory arrest or changes in civil protection orders, increase in bed space at shelters, or special domestic violence police units. What hasn't changed is the culture of violence, the fusion of masculinity and control, and the gender role stereotyping of female subordination. In other words, the changes are important but they have not changed the social context for the violence; hence the violence continues. Same-sex domestic violence is similar; in fact, it is intimately related to the broader culture of violence. Misogyny and homophobia must both be defeated if we want to end power and control over the "weaker" person, the person held in contempt. Nothing less will resolve interpersonal violence—same-sex or otherwise.

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