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Domestic Violence Between Same-Gender Partners Recent Findings and Future Research

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Empirical literature about same-gender domestic violence was relatively nonexistent until the past 20 years, and conducting research with this population about a sensitive topic remains a daunting endeavor. Existing studies reveal similarities between opposite- and same-gender domestic violence in prevalence, types of abuse, and various dynamics, as well as dispel myths and establish a theoretical basis on which to conduct future research. Differences are evident in areas such as help-seeking behaviors and correlates, thus demanding unique assessment and intervention strategies. This article presents further explanation of the latest research, recommendations for future studies, and effective as well as problematic methodological practices about same-gender domestic violence.

Keywords: *lesbian; gay male; domestic violence*

Although empirical studies on domestic violence between opposite-gender partners has steadily increased since the 1970s, similar research on same-gender partners remained virtually nonexistent until 20 years later (Renzetti, 1992). Relying on empirical data, policies and programs are lacking in their ability to provide protection and services for same-gender individuals experiencing domestic violence, thus creating further social injustices to this oppressed population. Empirical data are needed to provide evidence of these injustices and to dismiss existing myths about this social problem. This article reports many of the recent findings about domestic violence between lesbian and gay male partners as well as recommendations for future research using various methodological approaches.

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RECENT FINDINGS

Domestic violence is more recently referred to as *intimate partner violence* (IPV) as this new terminology differentiates this type of family violence from others (children and the elderly) while being inclusive of any intimate relationship regardless of the couples' marital status, age, or gender (Centers for Disease Control and Prevention [CDC], 2002). In America's homophobic society, researching IPV between lesbian and gay male partners is, at best, challenging as, in their efforts to preclude oppressive forces from gaining information that could be used to further persecute them, these individuals have created a conspiracy of silence about the existence of IPV within their homes. This silence results in many of these individuals being double closeted—entombed in their same-gender identity and in their personal pain of abuse.

Findings from existing research reveal many similarities between same-gender and opposite-gender IPV. The prevalence rate of approximately 25% to 35% of all partners experiencing IPV is comparable (Gunther & Jennings, 1999), thus of the 19 million same-gender couples (Island & Letellier, 1991), about 5.7 million report being either a victim or perpetrator of IPV. Also similar are the types of violence reported including sexual, physical, financial, and emotional abuse (Merrill & Wolfe, 2000; Renzetti, 1992). Common is the spiral of violence—the violence increasing in frequency and severity over time (Tully, 1999). Despite the similarities, IPV between lesbian and gay male partners differs in its theoretical underpinnings and is fraught with myths.

Although applicable to opposite-gender partners, the patriarchal theory, with its cultural endowment of domination of men over women, cannot explain the existence of same-gender partner abuse; however, four theoretical approaches are proposed as underlying this phenomenon. Originally, Island and Letellier (1991) attributed partner abuse to perpetrators' personality disorders. Renzetti (1996) asserted the feminist theory, with its emphasis on sociopolitical oppression of at-risk populations, underlies same-gender IPV. Integrating the former two theories, Merrill (1996) proposed the social-psychological theory attributing IPV between same-gender partners to oppression, learned behaviors, and individual choices. Although agreeing with the social-psychological theory as underlying gay male IPV, McClennen (1999) proposed that, when referring to lesbian IPV, the patriarchal social-psychological theory is more apropos, as the addition of the feminist term emphasizes the sexism and gender socialization experienced by all women regardless of their gender orientation. These theoretical approaches

provide guidelines for future research and intervention with persons addressing same-gender IPV.

Research as to IPV between same-gender partners being primarily mutual battering is dismissed by a majority of research as a myth (McClennen, Summers, & Vaughan, 2002). Mutual battering is considering victims' actions of self-defense against their perpetrators' attacks as synonymous with voluntary acts of engaging in physical fights. In demystifying mutual battering, perpetrators are differentiated from their victims by their intent and by their emotional reactions following the violence (Morrow, 1994). Perpetrators intentionally instigate coercive acts blaming their victims for their actions and feeling exhilarated after the incidences, whereas victims often blame themselves and feel emotionally distraught. The continued belief in the existence of mutual battering has contributed to victims being rebuffed by helping professionals, who cannot believe that IPV could occur between individuals of the same gender.

Being rebuffed by professionals, same-gender victims' help-seeking behaviors, as supported by recent research, are directed principally toward their friends (McClennen, Summers, & Vaughan, 2002). Formal sources (attorneys and shelters) are seldom sought, and therapeutic sources (psychologists and social workers) are perceived as lacking in helpfulness. The inability to receive helpful, responsive professional services and protection contributes to victims' maintaining long-term relationships with their perpetrators, as they remain silent about their abuse.

Provision of appropriate interventions is determined by the causes, or correlates, of problems. Just as between opposite-gender partners, the principal correlate attributed to the existence of same-gender partner abuse is power imbalance (Renzetti, 1992). Determining the composition of this imbalance is more challenging than with opposite-gender abuse where, historically, men have been imbued with power over women, and a differential in size results in women more often being harmed by the abuse. For lesbian partners, the correlate of power imbalance has been attributed to the combined factors of perpetrators' lack of communication and social skills, perpetrators' experiencing intergenerational transmission of violence and exhibiting substance abuse and faked illnesses, victims' internalized homophobia, and couples' status differentials (McClennen, Summers, & Daley, 2002). For gay male partners, the factors contributing to power imbalance remain anomalies.

After power imbalance, the major correlates of lesbian IPV are dependency and jealousy (McClennen, Summers, & Daley, 2002). As to gay male IPV, following power imbalance, the major correlates are dependency, jealousy, and substance abuse followed closely by possessiveness and inde-

pendence (McClennen, Summers, & Vaughan, 2002). Most likely, further studies would provide evidence of perpetrators' lack of communication and social skills as well as intergenerational transmission of violence and HIV as contributing to gay male IPV.

A plethora of data is needed as to the theoretical underpinnings, myths, and correlates of same-gender partner abuse. Knowledge of the existence, realities, and correlates of IPV between same-gender partners can assist professionals in providing protective services, assessing clients' relationships, providing helpful intervention services, and conducting further research into this multifaceted social problem.

FUTURE RESEARCH

Within the next 10 years, the most important thing professionals and laypersons need to learn about same-gender IPV is increased empirically based data about a plethora of issues including the dynamics, help-seeking behaviors, correlates, and interventions. Especially dearth in its existence is research about children living within same-gender-headed households where the adults are experiencing IPV. These data need to be manifested by increased education, advocacy, policies, programs, and effective assessment and treatment strategies.

Same-gender persons are in need of education and advocacy as many are unaware of the existence, let alone the magnitude, of lesbian and gay-male IPV. Factual information is intended to reduce the stigma of same-gender persons who are experiencing partner abuse and to empower victims and perpetrators in their seeking professional assistance. Advocating with same-gender persons, professionals can assist in grassroots and social planning strategies toward ameliorating this social problem.

Social workers, psychologists, medical personnel, law enforcement, clergy, educators, and any other professionals working with same-gender persons need education to assist in changing policies, establishing programs, and providing appropriate intervention strategies to serve this population. Approximately 21 states have laws making sodomy a criminal offense, thus forcing same-gender victims into confessing a criminal offense as a prerequisite to receiving help in a domestic dispute; seven states exclude same-gender persons from the protection afforded opposite-gender partners (Smith & Dale, 1999). Policies and laws are needed to provide same-gender persons the same rights and protection afforded opposite-gender partners.

Culturally sensitive programs and services are needed for intervention with same-gender persons experiencing IPV. Counselors need to use as-

assessment tools designed uniquely for same-gender partners. Evaluation is needed to ensure the effectiveness and efficiency of established programs and services.

METHODOLOGICAL INNOVATIONS

Research studies within the same-gender community require improved methodological approaches. Sample sizes are usually small using non-probability techniques. Research using large sample sizes and probability techniques would greatly enhance the validity of findings and their generalizability. Numerous national surveys have been conducted on the prevalence of IPV. Additional funding is needed to conduct nationwide surveys and research focusing exclusively on same-gender IPV.

Participatory qualitative research has been found effective in uniting the researcher and the population being researched into a collaborative effort while conducting studies. This type of research has provided a wealth of information about IPV between same-gender partners. Rather than being researched, individuals experiencing the problem become an integral part of the study from designing the data collection instruments to validating the findings and conclusions.

With computerization evolved a plethora of innovative methods to collect data. Researchers are using chat lines, Web sites, Web cams (electronic interviews), and e-mails (Hash & Cramer, 2003). Along these same lines are toll-free telephone lines with a guarantee of anonymity. Technology will continue to provide new strategies for studying IPV between same-gender partners.

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