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ORIGINAL ARTICLE

Examining Factors Co-Existing with Interpersonal Violence in Lesbian Relationships

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Abstract Interpersonal violence within lesbian relationships is a significant yet understudied problem. Women attending a gay pride festival in Atlanta, GA, were asked to complete a survey concerning same-sex interpersonal violence. Women who reported being in a current or previous same-sex partner relationship were included in the analyses (N=226). Factors that occurred in the context of interpersonal violence were investigated: substance use, HIV/STI risk behaviors, barriers to reporting abuse, and attitudes inhibiting seeking of social support. In addition, the survey assessed relationship-related power dynamics. Results of multivariate analyses support the hypotheses that power imbalance and inequality when making sex-related decisions within women's same-sex relationships are associated with interpersonal violence. Further findings suggested that a combination of factors must be considered when dealing with and reducing the risk for violence in same-sex relationships.

Keywords Lesbian relationships · Interpersonal violence · Power · Sexual decision making

Research has demonstrated that lesbians are affected by interpersonal violence (IPV) at rates similar to heterosexuals (Lockhart et al. 1994; Owen and Burke 2004). The frequency of IPV in lesbian relationships ranges from about 25% to 50% (Alexander 2002; Brand and Kidd 1986; Lockhart et al. 1994) and includes physical, social, and psychological violence. These prevalence estimates of violence are alarming given that IPV within same-sex relationships engenders serious and devastating personal and interpersonal crises.

Psychosocial needs of lesbians affected by IPV should be understood so that services for women involved with same-sex IPV can provide the most comprehensive support and care (Burke et al. 2002; McClennen 2005). In order to provide these services, certain aspects of these women's lives warrant further understanding: their substance use, HIV/STI risk behaviors, and attitudes toward reporting IPV. Further, how power dynamics within a relationship affect couples is also of importance. These factors have been identified by prior research as areas that are critical for explaining IPV likelihood, frequency, and coping behaviors.

Research has established a connection between substance abuse and IPV; in particular, IPV increases during periods in which alcohol or drugs are being used (Fals-Stewart 2003; Schumacher et al. 2001). Testa et al. (2003) assessed women's substance use in abusive heterosexual relationships and found that hard drug use was associated with increased odds of experiencing IPV. It is clear that IPV often exists in the same context as substance use and that abusers and victims both have been found to abuse substances.

However, a limited amount research has been dedicated to studying the relationship between substance abuse and IPV among lesbian couples. A more recent meta-analysis suggests that lesbians might be more vulnerable to alcohol-related problems than heterosexual women and are less likely than heterosexual women to abstain from alcohol use (Hughes and Eliason 2002). Substance use may, therefore, be as critical a factor in same-sex relationships that involve IPV as it is in heterosexual relationships that involve IPV.

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Sexual risk behaviors among lesbians may also be related to IPV. Although some studies have found that women (irrespective of sexual orientation) engage in more self-protective behaviors including safer sex practices during periods of IPV, (Campbell et al. 2004; Tucker et al. 2004) the majority of research in this field suggests that violence co-occurs with sexual risk behaviors (Kalichman et al. 1998a; Silverman et al. 2004; Tubman et al. 2004). Unfortunately, there is little research examining the relationship between sexual risk behaviors and IPV among lesbians (Cooperman et al. 2005). It is possible that this area has been overlooked due to the belief that lesbians are not at risk for sexually transmitted infections (STI). Mistaken beliefs about lesbians and STI transmission have been found among members of the medical community as well as among women who have sex with women (McNair 2005). Possibly due to these beliefs, the relationship between sexual risk behaviors and IPV has been studied less often among lesbians.

Focusing on sexual risk behaviors among lesbians is vital because these women are at risk for STI. In a study involving 1,189 sexually active bisexual women and lesbians, Stevens and Hall (2001) found that these women lacked familiarity with HIV prevention strategies and inconsistently practiced safer sex. Further, only a small number of these women acknowledged that there was a risk of acquiring STI during lesbian sexual contact. Additional studies have shown that lesbians are at risk, specifically, for genital human papillomavirus (HPV) and genital herpes, with prevalence rates among these women around 8–12% and 9%, respectively (Fethers et al. 2000; Marrazzo et al. 2001). Although a proportion of these viral infections may have been acquired from sex with men, they are transmittable to female sex partners.

Reporting IPV to police is potentially inhibited by many factors, some of which are specific to same-sex relationships. Homophobia can impede women in same-sex relationships from reporting IPV because prejudice "dissempowers" women from seeking assistance from the legal system and domestic violence shelters (Potoczniak 2003). Lesbians with children who report IPV to police also face losing custody of or visitation rights with their children (Renzetti 1998). Furthermore, lesbians tend to perceive community services as only available for heterosexual women (Renzetti 1996).

Power dynamics, in particular, controlling behaviors within an intimate relationship, are inextricably linked with IPV (Johnson and Ferraro 2000). Unequal power dynamics among partners in an intimate relationship have been associated with IPV (Gage and Hutchinson 2006). Power within a same-sex relationship is often challenging to assess because most models of IPV assume partner's gender as a key factor (Renzetti 1998; Ristock 2003). Additionally, there is a dearth of research focusing specifically on lesbians, power, and IPV, which is unfortunate given that power has been identified in heterosexual relationships as a critical factor for explaining IPV.

In the current study of women in same-sex relationships sampled from a Gay and Lesbian Festival, we expected that a significant number of women will have experienced IPV with either a current or previous same-sex partner. Social constructs were assessed to assist in explaining the context in which IPV is most likely to occur. In particular, we focused on the role of substance use and sex risk behaviors in relation to IPV. We also focused on social barriers to reporting IPV. We hypothesized that substance use and evidence of HIV/STI risk behaviors co-exist with IPV, and barriers to reporting IPV would be experienced by women affected by IPV. We also hypothesized that women with unequal status in their intimate relationship, as defined by differential power dynamics, would be more likely to have experienced IPV.

Method

Participants and Procedures

Surveys were collected using venue intercept procedures that have been reported in several previous studies (e.g., Halkitis and Zade 2004; Hickson et al. 1997; Kalichman et al. 1998b; Kelly et al. 1998; Vanable et al. 2000). Potential participants were asked to complete a survey concerning same-sex relationships as they walked through the exhibit and display area of a large gay community festival, where two booths were rented for the purpose of this study. Participants were told that the survey was about same-sex relationships, contained personal questions about their behavior, was anonymous, and would take 15 min to complete. Participants' names were not obtained at any time. Participants were offered $4 for completing the survey and were given the option of donating their incentive payment to a local AIDS service organization. Approximately 80% of women approached agreed to complete a survey.

Participants were 317 women surveyed at the Atlanta Gay Pride Festival in June of 2005. We were specifically interested in women who had a same-sex partner in the last 5 years (N= 226, 71%). This inclusion criterion was based on our interest in frequency and form of IPV in same-sex relationships. All further analyses focus on these 226 women.

Measures

Participants completed self-administered anonymous surveys measuring IPV, demographic information, interper-

sonal violence, substance use, HIV/STI risk behaviors, reporting IPV to police, attitudes towards IPV, and power dynamics in a same-sex relationship.

Demographics Participants were asked their age, years of education, income, ethnicity, whether they identified as gay, bisexual, or heterosexual, if they were in a relationship and if so whether the relationship was exclusive or not, and how 'out' they are about their sexual orientation.

Interpersonal Violence Measures of interpersonal violence included physical violence, threats of physical violence, psychological abuse, destruction of personal property, and threats to reveal sexual orientation status (Burke et al. 2002). Participants reported how many times they had ever experienced these IPV acts with a current or previous (within last 5 years) same-sex partner. Responses were open ended, with participants writing the number of times they had experienced each behaviorally defined act of IPV.

Substance Use and HIV/STI Risk Behaviors Participants were asked if they had used alcohol, marijuana, nitrite inhalants (poppers), powder or crack cocaine, or methamphetamine in the past 6 months. In addition, the Drug Abuse Screening Test (DAST 10; Skinner 1982) and the Alcohol Use Disorders Identification Test (AUDIT; Saunders et al. 1993) were administered to assess drug use and alcohol, respectively. Drug abuse problems were defined as scoring a 3 or greater on the DAST and alcohol related problems were defined as scoring a 7 or greater on the AUDIT. HIV/STI risk behaviors included asking participants: have you ever used drugs to heighten your sexuality, exchanged money, drugs or a place to stay for sex, contracted an STI, or used drugs intravenously. Participants engaging in one or more of these acts met the criteria of demonstrating HIV/STI risks.

Reporting IPV and Attitudes Towards IPV The survey included sections to examine the barriers to reporting IPV to police and pertinent attitudes related to IPV (Burke et al. 2002). Barriers to reporting were related to fears of physical retaliation from partners, dependency on partners, shame, and negative feelings towards the police department. Items on the IPV attitudes scale assessed legitimacy of IPV, IPV help seeking behaviors, and discrimination by police departments. Responses to both sets of items were scored dichotomously as agreeing or disagreeing with each statement. Specific statements are shown in the results section.

Relationship Power Dynamics Participants were asked to complete the Sexual Relationships Power Scale (SRPS, Pulerwitz et al. 2000). This scale is divided into two major sub-scales: Relationship Control and Decision-Making Dominance. The Relationship Control sub-scale consists of 14 items such as, "I don't do what I want if my partner does not want me to" and "My partner won't let me wear certain things". Responses to these items were on four point scales, ranging from 1=*strongly disagree* to 4=*strongly agree*. The Decision-Making Dominance sub-scale consists of eight items that assess who in the relationship, the participant or the participant's partner, had more to say about the social and daily activities in their relationship, such as "whose friends you go out with" and "when you talk about serious things". Responses to these items included *your partner* and *you* or *both of you equally*. Both the Relationship Control and the Decision-Making Dominance sub-scales were internally consistent in the current study, alpha=0.85 and 0.74, respectively.

Data Analyses

Differences between groups, women involved with IPV and women not involved with IPV, were examined using χ^2 for proportions and t tests for continuous variables. Bivariate logistic regression was used to determine associations between independent variables and the outcome; specifically, IPV involvement verses no IPV involvement. A $p<0.05$ cutoff was used to decide which variables would be entered into a multivariate logistic regression analysis. A less conservative cutoff was not used because of the large number of variables that were initially explored. Multivariate analysis simultaneously controlled for all variables endorsed including relationship status.

Results

Interpersonal Violence

Women were divided into two groups based on self-reported abuse histories. Comparing women on this key factor was determined to be appropriate because it offered considerable insight into how the lives of women affected by IPV may uniquely differ from other women.

Participants were instructed to only think of a current or previous same-sex partner in answering the IPV measures; this request avoided inclusion of IPV experiences in heterosexual relationships. One or more acts of abuse, perpetrated against the participant, were sufficient to meet the criteria of having suffered some form of IPV. Forty four percent (N=99) of women experienced IPV. IPV acts most frequently experienced at least once by a women with a history of IPV (WHIPV) were those related to verbal harassment (50%, N=49), physical violence (39%, N=39), and threats of physical violence (33%, N=33). Items related to personal belongings such as destruction of property

(25%, *N*=25), withholding of medication (10%, *N*=10), and harm of pets (8%, *N*=8) were less often indicated. Number of IPV acts committed against a participant within this group varied. However, 71% (*N*=71) of WHIPV endorsed experiencing at least two acts of IPV, 41% (*N*=41) experienced four or more acts, while about one in five (19%, *N*=19) participants in this group experienced six or more acts of IPV (see Table 1).

Characteristics of Women With and Without Histories of IPV

Demographic characteristics for the groups, women with no history of IPV (WNHIPV) and WHIPV, were quite similar with no significant differences. Mean age among WNHIPV was 33 (standard deviation (SD)=8.97), mean age among WHIPV was also 33 (SD=9.61) and the number of years of education attained was 14 (some college) for both groups (SD=2.23 for WNHIPV and SD=1.96 for WHIPV). In terms of race, 82% of the participants in both groups were White, approximately 10% of the participants in both groups were African-American, with the remaining participants being Hispanic (about 3% for both groups), Asian American (2% for WHIPV), and other ethnic background (6% for WNHIPV and 3% for WHIPV). Nineteen percent of WNHIPV and 15% of WHIPV reported incomes less than $15,000, 29% of WNHIPV and 33% of WHIPV earned between $16,000–$30,000, and 52% of both groups earned over $30,000 annually. Most participants reported being in an exclusive relationship with one woman (73% of WNHIPV, and 65% of WHIPV), reported their sexual orientation as gay (86% of WNHIPV, and 88% of WHIPV), and reported being 'out' about their sexual orientation (71% WNHIPV, and 75% of WHIPV, see Table 2).

Substance Use and HIV/STI Risk Behaviors

Measures pertaining to substance use showed that scores of 3 or higher on the DAST-10 were significantly associated with being in WHIPV group (odds ratio (OR) 2.61, 95% confidence interval CI 1.05–6.44, $p<0.05$). AUDIT scores of 7 or higher were found among about a quarter of the participants in the WNHIPV group (*N*=29, 23%) and were found among a third of the WHIPV group (*N*=32, 33%), however the difference was not significant (OR 1.63, 95% CI. 89–2.96). WHIPV were also significantly more likely to have been involved with HIV/STI risk behavior than WNHIPV (OR 2.56, 95% CI 1.14–5.74, $p<0.05$).

Attitudes Towards and Reporting of Same-Sex IPV

All participants responded to statements related to reasons for not reporting same sex IPV to police. Across groups, reasons for not reporting same-sex IPV to police that were most likely to be endorsed related to distrust of law enforcement and lack of confidence in courts. Desire to conceal sexual orientation and economic dependence on partners were the least likely to be endorsed by participants as reasons not to report same sex IPV to police. After controlling for relationship status, women endorsing distrust of law enforcement as a reason to prevent reporting same-sex IPV to police were significantly more likely to be in WHIPV group (see Table 3).

Analyses of attitudes towards IPV, such as seeking help for IPV and IPV victim blaming, showed that participants were more likely to be in the WHIPV group than in the WNHIPV group if they agreed with the statement "domestic violence is the victim's fault" (see Table 4). Participants in the WHIPV group were less likely to endorse the item "I would be comfortable asking family for help if I was a victim" of IPV than the participants in the WNHIPV. A large number of women in both groups reported feeling they would be "comfortable asking the police for help if [they were] a victim" of IPV (*N*=76, 60% of WNHIPV, and *N*=56, 57% of WHIPV). Slightly less than half the participants in the WNHIPV group and slightly more that half the participants in the WHIPV group agreed with the statement "my local police department is biased against homosexuality" (*N*=53, 45% of the WNHIPV, and *N*=55, 57% of the WHIPV, see Table 4).

Sexual Relationships Power Scale-Relationship Power Dynamics

The Relationship Control sub-scale of the SRPS, showed a clear division among participants in the WNHIPV group (mean (M)=1.68, SD=0.58) and the WHIPV group (M=1.37, SD=0.34); having been involved in IPV was significantly associated with endorsing a lack of relationship power in their same-sex relationship, OR 4.13, 95% CI 2.07–8.23, $p<0.001$.

For six of the eight items in the Decision-Making Dominance sub-scale, endorsing "your partner" as having more say, on a topic pertaining to the participant's relationship was significantly associated with being in the WHIPV group. For example, after controlling for relationship status, stating "your partner" has more to say when it comes to "whether you have sex" (OR 0.20, 95% CI 0.07–0.51, $p<0.05$), "what you do together" (OR. 0.22, 95% CI 0.06–0.70, $p<0.05$) and "what type of sexual acts you do" (OR 0.25, 95% CI 0.06–0.96) was significantly associated with being in the WHIPV group (see Table 5).

Multivariate Model

A multivariate logistic regression analysis investigated the independent effects of abuse history status on reasons

Table 1 Frequencies of IPV among women with a history of IPV (N=99)

Form of IPV	Number of times experienced			
	1–2 times		3 or more	
	n	%	*n*	%
Humiliated, degraded, insulted, or otherwise verbally harassed	49	49.5	31	31.3
Hit, slapped, kicked, or otherwise physically harmed	39	39.4	17	17.2
Threatened to physically harm	33	33.3	18	18.2
Vandalized or destroyed your property	25	25.3	18	18.2
Prohibited you from seeing family or friends	16	16.2	17	17.2
Pressured you into sexual activities	17	17.2	10	10.1
Withheld medication or other necessary items from you	10	10.1	7	7.1
Threatened to reveal your sexual orientation to others	10	10.1	6	6.1
Harmed, threatened to harm, or neglected your pets	8	8.1	5	5.1

Table 2 Characteristics of participants with and without history of IPV

	Women with no history of IPV		Women with history of IPV		OR	95% CI
	M	SD	M	SD		
Age	33.1	8.97	33.5	9.61	1.00	0.97–1.03
Education	14.1	2.23	14.3	1.96	1.03	0.91–1.17
	n	%	n	%		
Ethnicity						
White	100	82.6%	78	81.3%		
African-American	11	9.1%	10	10.4%		
Hispanic/Latino	3	2.5%	3	3.1%		
Asian-American	0	0%	2	2.1%		
Other	7	5.8%	3	3.1%	0.98	0.73–1.30
Income						
$0–$15,000	23	18.7%	15	15.3%		
$16–$30,000	36	29.3%	32	32.7%		
$31–$45,000	35	28.5%	27	27.6%		
Over $45,000	29	23.6%	24	24.5%	1.02	0.83–1.24
Employment						
Working	99	82.5%	81	84.4%		
Not working	21	17.5%	15	15.6%	1.08	0.76–1.54
Relationship status						
Not having sexual relations	16	13%	17	17.3%		
Having sex but do not have an exclusive partner	8	6.5%	12	12.2%		
In an exclusive relationship with one person with no outside partners	90	73.2%	64	65.3%		
In an exclusive relationship with one person with outside partners	9	7.3%	5	5.1%	0.73	0.55–1.07
Sexual orientation						
Gay	107	86.3%	82	88.2%		
Bisexual	14	11.3%	9	9.7%		
Heterosexual	3	2.4%	2	2.2%	0.88	0.46–1.69
How out						
Definitely closeted	1	0.8%	0	0%		
Closeted some of the time	34	28.6%	22	25%		
Definitely out	84	70.6%	66	75%	1.28	0.7–2.36

Table 3 Frequencies of participants endorsing barriers to reporting IPV to police

Reasons	Women with no history of IPV		Women with history of IPV		OR	95% CI
	n	%	*n*	%		
Fear of physical retaliation from partner	17	13.7	17	17.5	1.39	0.66–2.93
Loss of emotional support from partner	17	13.7	19	20	1.63	0.78–3.40
Economic dependence on partner	10	8.1	11	11.6	1.53	0.61–3.81
Desire to conceal sexual orientation	14	11.2	6	6.2	.55	0.20–1.53
Embarrassment or shame	15	12.1	14	14.4	1.31	0.59–2.91
Distrust of law enforcement	27	21.8	33	33.3	1.87	1.01–3.44*
Lack of confidence in the courts	32	25.6	32	32.7	1.44	0.79–2.61

*$p<0.05$

inhibiting reporting IPV to police, IPV related attitudes, relationship power and control, sex risk behavior, and substance use; controlling for relationship status. Because we examined behaviors that occur in an intimate relationship, relationship status was considered an important covariate. Relationship power scores and decision-making related to who decides whether or not the participant engages in sex were shown to have unique variance associated with IPV history status; participants in the WHIPV group lack power in their relationship and were less likely to control their sexual experiences in their relationship, OR 3.334, 95% CI 1.413–7.866, $p<0.01$, and OR 0.221, 95% CI 0.059–0.823, $p<0.05$, respectively.

Discussion

WHIPV in the current study were prone to more drug and alcohol related problems than were women who had not experienced IPV. A substantial number of WHIPV obtained DAST and/or AUDIT scores suggesting social and health risks common to substance use. Substance use problems were consistent with predictions based mostly on previous research with heterosexual couples. The elevated HIV/STI risk among WHIPV is also of concern. Common beliefs that lesbians are at low risk for STI may add to the barriers of STI prevention among WHIPV. Together these findings suggest a clustering of health compromising behaviors among WHIPV.

Differences among groups were found when analyzing attitudes towards reporting IPV; however, most critical was that overall, for both groups, attitudes towards reporting IPV suggested that a substantial number of lesbians perceive social barriers when seeking help. In particular, many women endorsed items related to the justice system as posing a barrier to reporting. Court systems do not always afford lesbian IPV victims the same rights as heterosexual women involved with IPV (Renzetti 1998). This inconsistency of protection limits the recourse lesbians have to impose against perpetrators, such as restraining orders or potential prosecution.

The social barriers to reporting IPV that were identified in our study may be further complicated when combined with different yet related concerns. Poorman et al. (2003)

Table 4 Frequency of participants agreeing to the following IPV attitudes and help seeking behaviors

Attitudes and behavior	Women with no history of IPV		Women with history of IPV		OR	95% CI
	n	%	*n*	%		
Domestic violence is the victim's fault	4	3.2	11	11.1	3.68	1.12–12.04*
Domestic violence is not a real crime	8	6.3	8	8.1	1.56	0.54–4.50
I would be comfortable asking my family for help if I was a victim of same sex domestic violence.	90	70.9	59	59.6	0.60	0.32–1.00*
I would be comfortable asking my friends for help if I was a victim of same sex domestic violence.	104	81.9	76	76.8	0.73	0.38–1.40
I would be comfortable asking the police for help if I was a victim of same sex domestic violence.	76	59.8	56	56.6	0.85	0.49–1.45
My local police department is biased against homosexuality	53	45.3	55	57.3	1.66	0.95–2.89

*$p<0.05$

Table 5 SRPS-decision making dominance sub-scale

Who has more to say about:	Women with no history of IPV		Women with history of IPV		OR	95%CI
	n	%	*n*	%		
Whose friends you go out with?						
Your partner	8	6.5	15	15.2		
You or both of you equally	116	93.5	84	84.8	0.39	0.16–0.99*
Whether you have sex?						
Your partner	8	6.3	22	22.2		
You or both of you equally	118	93.7	77	77.8	0.19	0.07–0.51*
What you do together?						
Your partner	4	3.2	14	14.1		
You or both of you equally	122	96.8	85	85.9	0.22	0.06–0.70*
How often you see one another?						
Your partner	5	4	12	12.2		
You or both of you equally	120	96	86	87.8	0.35	0.11–1.06
When you talk about serious things?						
Your partner	7	5.6	16	16.2		
You or both of you equally	119	94.4	83	83.8	0.34	0.13–0.88*
Whether you use condoms?						
Your partner	2	1.8	6	6.8		
You or both of you equally	112	98.2	82	93.2	0.28	0.05–1.47
What types of sexual acts you do?						
Your partner	4	3.2	9	9.3		
You or both of you equally	122	96.8	88	90.7	0.25	0.06–0.96*
In general, who do you think has more power in your relationship?						
Your partner	10	7.9	19	19.6		
You or both of you equally	116	92.1	78	80.4	0.38	0.16–0.87*

*$p<0.05$

documented that abuse when the perpetrator is female is perceived to be a less serious threat than abuse when the perpetrator is male. In addition, there is more support for a female victim to press charges when the perpetrator is male as opposed to when the perpetrator is female. The possible implications for these findings are that women in same-sex relationships involved with IPV might feel that the abuse is not legitimate or that if they report their abuse it will not be taken seriously.

In this study, relationship-related power dynamics markedly distinguished groups, with WHIPV reporting much less control and decision-making authority in their relationships. Women who expressed that their partner controls whether they engage in safe sex behaviors, who they socialize with, how they dress, what activities they partake in, the status of the relationship, and major decisions relevant to the relationship, were more likely to have experienced IPV. Power within these relationships is clearly an important element related to violence that warrants further investigation.

Different theories exist that offer an explanation of power and IPV. Gender role theories have traditionally been used; however, without a male perpetrator to define as the abuser, IPV becomes more challenging to explain. Some research has suggested that the abuser in a lesbian relationship is "borrowing" male authority; as this role encompasses dominance and control, and legitimizes power (Kimball 2001). Accordingly, the abuser in a lesbian relationship may take on qualities that are more typically associated with how the male gender role has been defined by our society.

In contrast, other theories have focused on non-gender related issues. The personality of the perpetrator as a theoretical model of lesbian IPV eliminates gender role explanations. However, it does not eliminate power altogether because power is not only attributed to the male gender but can also be attributed to certain personality characteristics. Personality theories consider behaviors of the individual across genders (Hamberger 1994). Personality theories focus more on the individual than on culturally defined gender roles. In terms of an individual's mental health, personality disorders such as antisocial personality disorder are commonly associated with being abusive for both women and men (Renzetti 1998). Overall, it is likely that lesbian IPV is complex enough that adequately encompassing all relevant factors pertaining to it would be very challenging to accomplish in a single theory.

The current study was conducted using a convenience sample of women at a gay pride event in a southeastern US

city. Due to the nature of convenience samples our findings may not be generalizable to all lesbians (Wegener and Fabrigar 2000). Additionally, it is possible that important factors unique to women who would attend an event such as gay pride exist. It is likely that our sample under represents lesbians who are not open enough about their sexual orientation to attend such an event. Thus, women who are not open about their sexual orientation should be included in future studies. Also, there is considerable literature documenting social and cultural aspects of homosexuality in the southern US that should be considered when interpreting our findings. Religious beliefs; a relative lack of cultural diversity; restrictive community boundaries around class, race, and gender; unbending views of child adolescent behavior; and an emphasis on relationships to land, home, and family serve as strong forces in shaping sexual identities in the South (Sears 1991). These cultural influences may account for regional differences in substance abuse and psychological adjustment among members of southern gay communities (Sears 1991; Skinner and Otis 1996). Therefore, limitations of our sample caution against overgeneralizing our findings to broader populations of lesbians and our study findings require replication with samples drawn from different geographical regions.

Our study also used a cross-sectional survey method, precluding any inferences of causation regarding substance use, power-related dynamics and violence in relationships. Separating women into groups based on their self-reported data is subject to limitations. Participants were asked to self-identify situations of IPV; defining this type of personal experience is open to subjective interpretation. Therefore, research using more sensitive methods, such as in-depth interviewing techniques, is required to confirm our study findings.

Our survey method also relied on self-report of sensitive and often stigmatized experiences and behaviors. Self report of sensitive information is prone to cognitive and motivational processes that can bias responses. In particular, distinctive events, such as experiencing IPV, are highly emotional and personal events that are susceptible to influence when recalling the experience (Reis and Gable 2000). Recency of event and state of mind during event are other factors that bias self report data. The potential for social desirability influences were minimized by anonymous survey procedures. Significant rates of substance use, IPV, and sex risk behaviors reported by this sample suggests that participants were primarily honest in their responses. Nevertheless, surveys, such as the one reported here, can yield biased information and such biases must be considered when interpreting our study findings.

Despite these limitations, we believe that the current study has important implications for interventions to reduce IPV in lesbian relationships. Like IPV in heterosexual relationships, power and interpersonal control dynamics are critical in understanding lesbian's experience with IPV. Women who lack power in their relationship may be least efficacious in sexual decision-making and least likely to avoid STI. Perceived social barriers and prejudices that inhibit help seeking behaviors and reporting of abuse may further disempower women experiencing same-sex IPV. Thus, following in the history of heterosexual IPV, improvements in police diversity training, legal protection, and judicial systems, seem necessary to provide lesbians involved with IPV an accessible alternative enabling them to break away from abuse and to access recourse options. Social structures, including shelters and counseling, available to heterosexual women who suffer abuse should be equally available to lesbians. Available resources for women who experience abuse from female partners should be public policy and a social service priority.

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