

Internalized Sexual Minority Stressors and Same-Sex Intimate Partner Violence

Amana F. Carvalho · Robin J. Lewis ·
Valerian J. Derlega · Barbara A. Winstead ·
Claudia Viggiano

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Abstract Intimate partner violence (IPV) is a serious problem in both same-sex and heterosexual relationships. Although there are numerous similarities in the dynamics of IPV, gay men and lesbians experience unique stressors related to their sexual minority status. This preliminary, descriptive study examined the relationship among internalized homophobia, stigma consciousness, and openness to self-reported IPV victimization and perpetration. Among 581 men and lesbians, approximately one-quarter reported IPV victimization and almost 10% reported IPV perpetration. When demographic variables of age, sex of participant, and relationship status were controlled, victims of IPV reported greater expectations of prejudice and discrimination, yet were more open about their sexual orientation.

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A. F. Carvalho · C. Viggiano
Virginia Consortium Program in Clinical Psychology,
Virginia Beach, VA, USA

R. J. Lewis (✉) · V. J. Derlega · B. A. Winstead
Psychology Department, Old Dominion University,
Norfolk, VA 23529-0267, USA
e-mail: rlewis@odu.edu

Present Address:

A. F. Carvalho
University of Pittsburgh Counseling Center,
Pittsburgh, PA, USA

Present Address:

C. Viggiano
Trenton Psychiatric Hospital,
Trenton, NJ, USA

Similarly, expectations of prejudice and discrimination were related to IPV perpetration. As researchers and counselors focus on understanding, and ultimately reducing, same-sex IPV, it is imperative that sexual minority stressors are considered.

Keywords Intimate partner violence · Same-sex · Gay · Lesbian · Minority stress · Stigma

Intimate partner violence (IPV) is a serious problem in both same-sex and heterosexual relationships. Although most research on IPV focuses on heterosexual dyads, there is growing evidence to suggest that this type of violence also occurs in same-sex relationships. Recent reviews report prevalence estimates ranging from 17% to 52% (Ristock 2005), and between 25% and 50% (Murray and Mobley 2009) in gay and lesbian relationships. Some studies suggest that same-sex IPV occurs at a rate that is comparable or lower to rates of heterosexual partner violence (e.g., Brand and Kidd 1986; Gardner 1989; Tjaden and Thoennes 2000a), whereas others found a higher prevalence of IPV in same-sex relationships (Balsam et al. 2005; Tjaden and Thoennes 2000b; Turell 2000).

Prevalence estimates for same-sex IPV may vary for men and women. For example, Bimbi et al. (2008) found that 38% of their gay/lesbian/bisexual (G/L/B) sample reported IPV, with 22% reporting physical violence and 34% reporting nonphysical violence. Women were 1.5 times more likely to report any form of physical violence and were more likely than men to report being pushed or shoved, having something thrown at them, and being kicked. Women were also more likely to report verbal threats, being verbally put down in front of strangers, and having property destroyed or damaged. In contrast, and

with a much smaller sample, Hequembourg et al. (2008) found that gay men perpetrated abuse more often and reported being victimized more often compared to lesbians. Thus, prevalence rates reported for lesbians may not generalize to gay men and overall prevalence rates may mask important sex differences. Drawing conclusions about the prevalence rate of same-sex IPV is also hampered by: the underreporting of abuse; difficulty distinguishing between perpetrators and victims; a lack of a clear definition of partner abuse; difficulty obtaining representative samples of gay men and lesbians; and not considering sex differences (Murray et al. 2006).

In both same-sex and heterosexual relationships batterers use violence, intimidation, and emotional abuse to exert power and control over their victims (Eaton et al. 2008; Hequembourg et al. 2008; McLaughlin and Rozee 2001). Victims of IPV in heterosexual and same-sex relationships stay in their abusive relationships for many of the same reasons: love for the perpetrator, financial and emotional dependence, hope for change, and fear of reprisal (Cruz 2003; Island and Letellier 1991; Merrill and Wolfe 2000). Another similarity in abuse dynamics is reflected in the relationship among stress, violence, and substance use (e.g., Craft et al. 2008; Eaton et al. 2008; Murray et al. 2006). Recently, Craft et al. (2008) found that the relationship between perceived stress (i.e., family stress, financial stress, work stress, and relationship stress) and perpetration of violence in same-sex relationships was mediated by an insecure attachment style, consistent with findings for heterosexuals. In addition, IPV has been correlated with depression and substance abuse in a sample of gay men (Houston and McKirnan 2007), and lesbians with a history of IPV are more prone to substance problems (Eaton et al. 2008).

In order to leave abusive relationships, it is often necessary to access resources for assistance. Those who have concealed, or partially concealed, their sexual identity may have a particularly difficult time reaching out to family and friends, thereby reducing available social support and financial and alternative housing resources. Thus, the isolation and helplessness that IPV victims often experience may be exacerbated in a sexual minority population (Allen and Leventhal 1999).

Whereas similarities exist between the dynamics of IPV in heterosexual and G/L/B relationships, characteristics unique to same-sex relationships may impact the nature of partner violence in these dyads. For example, same-sex partners may experience conflict related to disclosure of their relationship (Kulkin et al. 2007). Perpetrators may threaten to “out” a partner (i.e., reveal sexual minority status) to family, employer, landlord, or co-custodial parent with the potential of consequences such as loss of one’s job, home, or children (Ristock 2005). Such threats may have an

impact on victims’ willingness to report the abuse or leave the relationship. In addition to the usual (and significant) barriers for heterosexuals in reporting IPV and accessing services, it may be particularly challenging for sexual minority individuals to access support due to societal heterosexism. Victims of IPV may be reluctant to seek assistance from the legal system, fearing discrimination and limited legal rights. Domestic violence programs and shelters are often unprepared to deal with victims of same-sex IPV. There may also be more subtle forms of discrimination that emerge from the law enforcement and health care systems (Murray et al. 2006; Ristock 2005). Balsam (2001) noted that over 60% of lesbians in her sample remained in abusive relationships due to a lack of resources and most did not seek assistance from a battered women’s shelter.

The above mentioned factors reflect the experience of sexual minority stress. Meyer’s (2003) minority stress model is based on the notion that members of a stigmatized group experience additional, unique stressors. This model includes both internalized stressors (e.g., openness/concealment, perceived discrimination, and internalized homophobia) and externalized stressors (e.g., actual experiences of violence, discrimination, and harassment). Sexual minority stressors have been associated with negative mental health outcomes (Hatzenbuehler 2009; Meyer 2003).

Internalized homophobia (IH) is a sexual minority stressor that involves internalizing society’s negative messages about a sexual minority orientation. These negative thoughts and feelings about oneself as a gay man or lesbian are associated with a number of negative outcomes (see review by Szymanski et al. 2008). Perpetrators of IPV may displace their negative feelings toward themselves as a sexual minority onto their partner. Victims’ internalized homophobia may be intensified by messages from the perpetrator that serve to eradicate the pride in being gay or lesbian and reinforce the victim’s feelings of responsibility for the abuse (Balsam and Szymanski 2005). In one of the few empirical studies that examined IH and IPV, IH and lifetime heterosexual discrimination were associated with lifetime IPV perpetration in women’s same-sex relationships. Lifetime discrimination, but not IH, was associated with lifetime IPV victimization. When IH and actual discrimination were considered simultaneously, discrimination was the stronger predictor of partner violence. Furthermore, the relationship between IH and past year IPV was fully mediated by relationship quality, suggesting that both relationship variables and individual characteristics and experiences are important to understanding same-sex IPV.

Stigma consciousness (SC) is another component of minority stress. It reflects the extent to which members of a stigmatized group, such as ethnic minorities or G/L

individuals, expect to be stereotyped by others and experience discrimination (Pinel 1999). Stigma consciousness is an individual characteristic that is based in the realities of being a member of a marginalized group. Research shows that gay men and lesbians high in SC are more likely to perceive discrimination directed toward them (Pinel 1999) and to provide evidence for perceptions of discrimination and to make attributions to discrimination (Pinel 1999, 2004). Sexual minority stress and SC were both positively correlated with depression (Lewis et al. 2003). Stigma consciousness was also associated with more IH, physical symptoms, and intrusive thoughts for lesbians who had difficulty talking with others about their sexual orientation (Lewis et al. 2006). Specific to IPV, SC was positively related to G/L participants' desire to keep abuse silent in an effort to protect victims of same-sex IPV from a homophobic legal system (Carvalho 2006). This result appears to be consistent with the research suggesting that people high in SC expect to be stereotyped and, in turn, avoid situations in which they may be discriminated against (Pinel 1999).

A third internalized minority stressor relates to identity concealment. Concealing vs. disclosing one's identity is likely related to social and contextual factors (Balsam and Mohr 2007). Concealing one's identity is associated with IH (Herek et al. 2009; Lewis et al. 2003). Concealing one's identity restricts access to social support, but also reduces the likelihood of rejection by others. Thus, although openness may be seen as a positive characteristic that enables receipt of individual and G/L/B community support, openness may also increase negative consequences related to sexual minority status.

The present study examined the relationship of internalized sexual minority stressors and IPV in same-sex relationships. Respondents indicated whether they had been a victim and/or perpetrator of domestic violence. This method of self-identification as an IPV victim and/or perpetrator is based on respondents' *perceptions* of themselves as victims or perpetrators. This results in a heterogeneous group of IPV victims and perpetrators, including those who experienced physical and psychological types of IPV. Furthermore, those who endorse IPV experiences include those who may experience situational couple violence (SCV; when specific conflicts escalate into violence), violent resistance (VR; characterized by violence but not by controlling behavior), intimate terrorism (IT; characterized by both violence and control), and mutual violent control (MVC; characterized by both partners' violence and control) (Johnson and Leone 2005; Johnson 2006). Using the minority stress framework (Meyer 2003), we predicted that internalized minority stressors would be associated with IPV victimization and perpetration. Specifically, we expected that individuals

who report IPV would have higher levels of internalized homophobia and more stigma consciousness. We did not have a specific hypothesis regarding openness about sexual orientation as previous research has suggested that openness may serve to increase or decrease minority stress.

Method

Participants

Volunteer participants responded to announcements in local gay/lesbian newspapers and in various nationwide professional psychology and gay/lesbian internet list serves. Participants were also recruited through G/L festivals, bookstores, and organizations, and through personal and professional contacts of the first author (AFC). Snowball sampling was utilized, allowing participants to informally recruit additional members of the G/L community. Volunteers were obtained from multiple U.S. and foreign cities. This study was approved by Old Dominion University's College of Sciences Human Subjects' Committee prior to data collection.

Data reported in this paper were collected as part of a larger study (Carvalho 2006). The total sample in the present study consisted of 581 gay men and lesbians who were recruited to participate in a study on "gay men's and lesbians' beliefs, attitudes, and opinions about oneself and others." As part of their responses to a larger questionnaire that included relationship scenarios and questions about these scenarios, as well as other attitudinal measures, participants were asked if they had ever been a victim or perpetrator of IPV, and if so, whether this violence had been in same- or opposite-sex relationships or in both types of relationships. Participant responses to this question are presented in Table 1.

For the data analyses, participants who endorsed same-sex IPV and both same- and opposite-sex IPV were combined into a single group who experienced same-sex IPV. Overall, 138 participants (24.2%) endorsed being victims of same-sex IPV, and 51 (9.4%) reported that they had been perpetrators. Separated by sex of participant, 67 lesbians (25%) and 71 (23%) gay men reported that they had been victims of same-sex IPV. Twenty-five lesbians (9.3%) and 26 gay men (8.3%) reported they had perpetrated same-sex IPV. There were no differences in the percentage of gay vs. lesbian participants who indicated that they had been victims, $\chi^2(1, N=567)=.529, ns$, or perpetrators of IPV, $\chi^2(1, N=575)=.585, ns$.

Forty-five participants (8% of the total sample) reported that they had been *both* perpetrators and victims of IPV. Separated by sex of participant, 21 men (7% of the men in

Table 1 Participant responses to questions regarding IPV victimization and perpetration

	Victim								Perpetrator							
	No IPV		Same-sex		Opp-sex		Both		No IPV		Same-sex		Opp-sex		Both	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Lesbians	164	61.2	46	17.2	31	11.6	21	7.8	238	89.1	22	8.2	1	.4	3	1.1
Gay men	228	73.3	56	17.9	7	2.2	15	4.8	285	91.1	21	6.7	5	1.6	5	1.6
Total	392	32.3	102	17.6	38	6.5	36	6.2	523	90.2	43	7.4	6	1.4	8	1.4

Percentages may not add to 100% due to rounding errors and missing data

the sample) and 24 of the women (9% of the women in the sample) reported they had been both victims and perpetrators of IPV. For purposes of analyses, individuals who identified as both perpetrators and victims were included in both the victim and the perpetrator groups.

Materials

Demographic Questions Participants indicated their city of residence, sex, age, race/ethnicity, level of education, sexual orientation, current relationship status, and income level.

Lifetime IPV Victimization and Perpetration Participants responded to two questions, “Have you ever been a victim of domestic violence?” and “Have you ever been a perpetrator of domestic violence?” Participants who responded “yes,” indicated whether the violence had been a “same-sex violent incident,” an “opposite-sex violence incident” or “both.” Respondents who described the violence as same-sex or *both* same- and opposite-sex violence were considered to have experienced same-sex violence. Based on their responses to these questions, participants’ lifetime victimization and perpetration status was determined.

Outness Inventory (OI; Mohr and Fassinger 2000) The OI is a 10-item measure that assesses the degree to which an individual’s sexual orientation is known to others or discussed openly with people in different spheres of the individual’s life: family life, everyday life, and religion. Participants use a 7-point Likert-type scale ranging from: (1) *person definitely does not know about your sexual orientation status* to (7) *person definitely knows about your sexual orientation status, and it is openly talked about*. A mean OI score was computed with higher scores indicating more openness. This measure was internally consistent with an alpha of .91.

Internalized Homophobia Scale (IHP) This nine-item scale was developed by Herek et al. (1998) to assess IH in both

gay/bisexual men and lesbian/bisexual women. As this study did not recruit bisexuals, all items were modified to reflect gay/lesbian sexual orientation only. Sample items for the IHP include “I wish I weren’t gay/lesbian” and “I feel that being gay/lesbian is a personal shortcoming.” Respondents use a 5-point Likert-type scale ranging from: (1) *strongly disagree* to (5) *strongly agree*. Mean scores were generated, with higher scores indicating more IH. The IHP has adequate psychometric properties (see Herek 2009; Szymanski et al. 2008). In this study, the male and female versions of the IHS had alphas of .86 and .76, respectively.

Stigma-Consciousness Questionnaire (SCQ) Pinel (1999) developed this scale as a tool for assessing the extent to which gay men and lesbians expect to be stereotyped by others. The SCQ is a 10-item scale that includes items such as “My being a homosexual does not influence how heterosexuals act with me” and “Most heterosexuals have a problem viewing homosexuals as equals.” Participants indicated responses along a 7-point Likert-type scale which ranged from: (1) *strongly disagree* to (7) *strongly agree*. Seven items were reverse-scored, and mean scores were generated with higher scores indicating greater expectations of prejudice and perceived discrimination related to being a member of the gay/lesbian community. Pinel (1999) reported good internal consistency ($\alpha=.81$). She also demonstrated good construct validity with established measures of trust in others and social-anxiety. In this study, the SCQ had an alpha of .75.

Procedure

Participants completed the above measures as part of a larger online survey. The IHP and SCQ were randomized in their presentation and were followed by presentation of the OI and demographic questions. By completing the online survey and submitting their responses, participants indicated their consent to participate in the study. Although demographic information was requested, the participants were not required to provide any identifying information, thus ensuring anonymity.

Results

Demographic Characteristics

Demographic characteristics of the participants are presented in Table 2. Most of the participants in this sample were Caucasian (79%). With respect to education, over 90% completed at least some college. Thirty-eight percent of the sample described themselves as single, 13% as in a dating relationship, and 49% in a committed long term relationship. There was a sex by relationship status effect, $\chi^2(2, N=580)=20.0, p<.001$. A greater proportion of gay men were single (46% vs. 28%) whereas a greater proportion of lesbians reported being in a committed relationship (58% vs. 42%). Approximately the same number of women and men were in a dating relationship (13.5% and 12.5%, respectively). There was also a relationship status by victimization group effect, $\chi^2(2, N=566)=9.84, p<.01$. Among the IPV victims, 27% were single, 12.4% were dating, and 61% were in a committed relationship compared to the 41%, 13% and 45% of those who did not report IPV who were single, dating, or in a committed relationship, respectively. There was no IPV perpetration by relationship status effect, $\chi^2(2, N=574)=4.31, ns$.

Sexual Minority Stress Correlates of IPV

The relationship between internalized minority stressors and IPV was examined first using a multivariate analysis of variance (MANOVA). A 2 (IPV Victim) \times 2 (Sex of Participant) MANOVA with the dependent variables of internalized homophobia (IH), outness (OUT), and stigma consciousness (SC) yielded a significant multivariate main effect of IPV Victimization, $F(3, 560)=5.82, p=.001, \mu^2=.03$. There was also a significant multivariate main effect of sex of participant, $F(3, 560)=10.71, p<.001, \mu^2=.05$. There was no significant multivariate interaction, $F(3, 560)=.52, ns$. Follow up univariate analyses revealed two significant IPV victim main effects and two significant sex-of-participant effects. Participants who had been victims of same-sex IPV reported being more “out,” $F(1, 562)=9.64, p<.01, \mu^2=.02$, and also reported more stigma consciousness, $F(1, 562)=4.80, p<.05, \mu^2=.01$. There were also significant univariate main effects for participant sex, with gay men reporting more internalized homophobia $F(1, 562)=32.09, p<.001, \mu^2=.05$, and less openness about their sexual orientation, $F(1, 562)=5.12, p<.05, \mu^2=.01$ (see Table 3 for means and standard deviations).

Although the number of individuals reporting perpetrating same-sex IPV was relatively small ($n=47$), a 2 (IPV

Table 2 Demographic characteristics by sex of participant and intimate partner violence

	Lesbian women								Gay men							
	IPV victim		Non victim		IPV perpetrator		Non perpetrator		IPV victim		Non victim		IPV perpetrator		Non perpetrator	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Relationship status																
Single	12	18	61	31	4	17	68	29	25	36	114	48	8	35	135	47
Dating	8	12	28	14	1	4	35	15	9	13	29	12	4	17	35	12
Committed	47	70	105	54	19	79	135	57	36	51	92	39	11	48	119	41
Age																
18–25	11	16	58	30	7	29	61	26	9	13	72	31	2	9	80	28
26–30	9	13	28	14	3	12	35	15	12	17	30	13	1	4	41	14
31–35	9	13	20	10	3	12	26	11	10	14	28	12	4	18	35	12
36–40	10	15	28	14	2	8	36	15	16	23	24	10	6	26	35	12
41–50	16	24	36	18	5	21	47	20	14	20	47	20	4	17	59	20
51+	12	18	25	13	4	17	34	14	9	13	34	14	6	26	39	14
Education																
Grade school	0	0	0	0	0	0	0	0	0	0	1	.4	0	0	1	.3
High school	4	6	8	4	1	4	11	5	5	7	16	7	1	4	20	7
Some college	21	31	51	26	8	33	64	27	25	36	65	28	10	44	82	28
Assoc.	5	8	14	7	2	8	17	7	9	13	13	6	2	9	20	7
Bachelor's	18	27	56	28	6	25	68	28	20	29	94	40	6	26	110	38
Master's	18	27	49	25	7	29	61	26	9	13	36	15	3	13	44	15
Doctoral	1	2	17	9	0	0	18	8	2	3	10	4	1	4	12	4

Table 3 Means and standard deviations for internalized minority stressors by IPV victimization and sex of participant

		Lesbian women <i>n</i> =262		Gay men <i>n</i> =303		Total by IPV victim <i>n</i> =65	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Internalized homophobia	IPV victim <i>n</i> =137	1.23	.40	1.60	.85	1.42	.69
	IPV non victim <i>n</i> =428	1.25	.39	1.53	.66	1.40	.57
	Total by sex	1.24	.40	1.55	.71		
Outness inventory	IPV victim	5.15	1.44	4.92	1.35	5.03	1.40
	IPV non victim	4.80	1.52	4.35	1.56	4.56	1.56
	Total by sex	4.89	1.51	4.49	1.53		
Stigma consciousness	IPV victim	4.14	1.12	4.30	1.0	4.22	1.064
	IPV non victim	3.96	.98	4.05	.97	4.01	.971
	Total by sex	4.01	1.02	4.10	.98		

Perpetrator) \times 2 (Sex of Participant) MANOVA revealed main effects of IPV Perpetrator, $F(3, 568)=4.76$, $p<.01$, $\mu^2=.03$, and sex of participant, $F(3, 568)=4.48$, $p<.01$, $\mu^2=.02$. There was no significant interaction, $F(3, 568)=.71$, ns . Follow-up univariate ANOVAs indicated that perpetrators of IPV reported greater stigma consciousness, $F(1, 570)=13.56$, $p<.001$, $\mu^2=.02$. Moreover, gay male perpetrators reported more internalized homophobia, $F(1, 570)=11.38$, $p<.01$, $\mu^2=.02$, and they were less open about their sexual orientation, $F(1, 570)=10.40$, $p<.05$, $\mu^2=.01$, compared to sexual minority female perpetrators (see Table 4 for means and standard deviations).

Next, logistic regression analyses examined which variables could successfully categorize participants into IPV victim and perpetrator groups. The advantage of this approach was that we could determine the contribution of individual difference variables while controlling for important demographic variables such as relationship status, sex

of participant, age, and education level. Separate logistic regression analyses were done for IPV victim classification and IPV perpetrator classification using the following variables: relationship status, age, education, participant sex, stigma consciousness, outness, and internalized homophobia. For the IPV victim group, the omnibus test was significant, $X^2(7, N=565)=38.22$, $p<.001$. Overall classification was 76%, with a Nagelkerke R square effect size of .10. For the IPV perpetrator group, the omnibus test was significant, $X^2(7, N=573)=24.81$, $p=.001$. Overall classification was 92%, with a Nagelkerke R square effect size of .10. B weights, odds ratios, and Wald tests of significance are presented for each variable in Table 5.

Taken together, these logistic regression analyses indicate that lifetime same-sex IPV victimization is associated with more openness about sexual orientation as well as greater stigma consciousness. Further, lifetime same-sex IPV perpetration is also associated with greater stigma

Table 4 Means and standard deviations for internalized minority stressors by IPV perpetrator and sex of participant

		Lesbian women <i>n</i> =262		Gay men <i>n</i> =303		Total by IPV victim <i>n</i> =565	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Internalized homophobia	IPV perpetrator	1.29	.49	1.60	1.00	1.44	.79
	IPV non perpetrator	1.24	.39	1.54	.70	1.40	.60
	Total by sex	1.24	.40	1.55	.73		
Outness inventory	IPV perpetrator	5.04	1.20	4.46	1.28	4.76	1.26
	IPV non perpetrator	4.80	1.52	4.50	1.53	4.67	1.53
	Total by sex	4.90	1.48	4.49	1.51		
Stigma consciousness	IPV perpetrator	4.70	1.13	4.44	1.04	4.58	1.09
	IPV non perpetrator	3.94	.97	4.09	.98	4.02	.98
	Total by sex	4.01	1.01	4.12	.98		

Table 5 Logistic regressions for IPV victim vs. non victim and IPV perpetrator vs. non perpetrator

Variable	Victim vs. non victim						Perpetrator vs. non perpetrator					
	<i>B</i>	<i>S.E.</i>	Wald	Odds ratio	95.0% C.I. for OR		<i>B</i>	<i>S.E.</i>	Wald	Odds ratio	95.0% C.I. for OR	
					Lower	Upper					Lower	Upper
Relationship status	.26*	.12	4.56	1.29	1.02	1.64	.36	.20	3.40	1.43	.98	2.10
Education	-.23**	.08	9.40	.79	.69	.92	-.21	.11	3.37	.81	.65	1.01
Age	.15*	.06	6.30	1.16	1.03	1.30	.16	.09	3.18	1.18	.99	1.40
Sex	-.16	.22	.56	.85	.56	1.30	-.28	.33	.69	.76	.40	1.46
Outness	.23**	.08	8.36	1.26	1.09	1.47	-.002	.12	0	1.00	.79	1.26
Stigma consciousness	.26**	.11	6.17	1.30	1.06	1.59	.63***	.17	14.26	1.88	1.36	2.61
Internalized homophobia	.27	.19	2.06	1.31	.91	1.88	.10	.27	.13	1.10	.65	1.86
Constant	-3.07**	1.02	9.03	.05			-5.44***	1.32	16.87	.004		

df=1 for all variables. **p*<.05; ***p*<.01, ****p*<.001

consciousness. In fact individuals higher in stigma consciousness are almost twice as likely (*OR*=1.88) to perpetrate IPV.

Discussion

This study examined minority stress correlates of lifetime same-sex IPV victimization and perpetration. Overall, about one-quarter of the G/L participants reported being victims of same-sex IPV and just under 10% reported perpetrating IPV. There was no difference in the proportion of gay men and lesbians who reported IPV. Importantly, almost all of the perpetrators of IPV also endorsed being victims of IPV. These findings are consistent with the literature on the bi-directional nature of relationship violence (see review by Langhinrichsen-Rohling 2010).

The lifetime prevalence of IPV in our sample falls at the lower end of the range reported in a recent review (Murray and Mobley 2009) and lower than reported in other recent research (e.g., Balsam et al. 2005; Bimbi et al. 2008; Eaton et al. 2008). Comparing prevalence rates across studies is very difficult due to different definitions of IPV. For example, some researchers differentiate between physical and nonphysical violence (e.g., Bimbi et al. 2008) and others ask participants to report any “experience” with IPV (e.g., Eaton et al. 2008) that combines victimization and perpetration. Although we did not find sex differences, some previous research suggested that gay men experience IPV more often, whereas others suggest that lesbians are more frequently involved in IPV (see reviews by Kulkin et al. 2007; Murray and Mobley 2009; Ristock 2005). The purpose of this study was not to collect prevalence data, but rather to examine the relationship of internalized minority stressors to lifetime IPV. Toward that end, the exact prevalence of IPV is not essential to our findings. Instead,

it is important to note that we had a sufficient number of participants who reported lifetime IPV to conduct the analyses involving the minority stress variables.

In addition to sex of the participant, age, relationship status, and educational level were important demographic considerations. Although our data do not offer substantial information on demographic differences between IPV groups, it was important to control for the contributions of these variables. Consistent with our hypotheses, individuals who report IPV victimization and perpetration are higher in stigma consciousness. Considering the minority stress model, individuals high in stigma consciousness (i.e., with more minority stress) are more likely to be involved in violent relationships. Given the correlational nature of the data, it is also possible that being involved in interpersonal violence makes individuals more concerned about stigma associated with the sexual minority status. Regardless of the direction of the effect, it is clear that sexual minority stress (i.e., expectations of prejudice and discrimination due to being gay or lesbian) is associated with partner violence.

It would be useful for future research to examine further the relationship between relationship violence and stigma consciousness, especially with more refined assessment of IPV. For example, is stigma consciousness related to *both* situational couple violence (SCV) and intimate terrorism (IT) and to both psychological and physical tactics? One might also expect that stigma consciousness would be associated with staying in violent relationships due to expectations of rejection and discrimination, resulting in a belief that, “There is no way out.”

Given our uncertainty about the relationship between openness and IPV, we did not make *a priori* predictions. In our sample, openness was associated with IPV victimization. This may be related to the way we assessed IPV victimization, in terms of whether participants had ever been a victim (i.e., lifetime prevalence). We could speculate

that those who are more open may be further along in the coming out process. As a result, they may have been out longer and may have had a longer time frame in which to experience same-sex IPV.

Contrary to expectations, internalized homophobia was unrelated to IPV. In previous research with sexual minority women, Balsam and Szymanski (2005) reported that IH was modestly correlated with IPV, and this was fully mediated by relationship quality. The lack of a relationship between IH and IPV in this study may be related to the restricted range of IH. Although attempts were made to recruit participants through snowball sampling in an effort to obtain a diverse sample, overall, participants scored relatively low on IH. This is a recurring problem in G/L/B research as it is challenging to find and recruit sexual minority participants with higher levels of IH. Individuals high in IH experience feelings of shame, guilt, and distress regarding their sexuality, making it unlikely that they would be visible members of the G/L/B community. Additionally, there was an overrepresentation of White, college educated participants in our sample. Therefore, the results of this study should not be generalized to the general G/L population, but rather understood within the context of our participants' demographic characteristics.

We must also acknowledge that our assessment of lifetime IPV was based on participants' answers to two general questions about their history of relationship violence. In this study we assessed participants' perceptions of victimization and perpetration rather than specific tactics or behaviors. As a result, we do not know what specific types of IPV our respondents experienced nor do we know the frequency of occurrence of IPV in their lives. Even so, our results highlight the relationship between perceptions of violence in relationships and attitudinal components of sexual minority stress such as stigma consciousness.

There are a number of important directions for future research in the area of IPV for gay men and lesbians. This study examined internalized minority stressors. Given the relationship between discrimination and IPV among young adult, urban African-American women (Stueve and O'Donnell 2008), it seems likely that discrimination based on sexual orientation may also be associated with IPV. Thus, examination of external minority stressors is a logical next step.

Examination of both internal and external minority stressors as related to types of IPV is another promising direction for future research. One might expect that sexual minority stress, an accumulation for stressors related to marginalized status may be more associated with intimate terrorism than situational couple violence. Further study of the continuum of conflict and control (Carlson and Jones 2010) and psychological vs. physical aggression will also help increase understanding of IPV in sexual minorities.

This study was a preliminary, cross-sectional effort from which we are unable to infer causal relationships. In spite of that limitation, we offer evidence that components of minority stress are related to IPV. We acknowledge that the relationship between minority stress and violence is likely complex and future research should examine potential moderators and mediators as well as changes in stress and IPV over time. Potential moderators and mediators of the relationship between minority stress and IPV outcomes could include social support, relationship satisfaction, and individuals' psychological distress.

Improved understanding of the antecedents and potential mediators of IPV in LG relationships is essential to the development of culturally sensitive and accessible prevention and intervention programs. It is also important to consider how minority stress may serve as a barrier to seeking help and what factors may facilitate help seeking. For example, those individuals high in stigma consciousness may be reluctant to seek services from legal, medical, and social service systems that are perceived as heterosexist. A positive connection to a sexual minority community and/or perceived access to LG friendly providers and community resources may facilitate help-seeking.

The results of this study also assist us in working toward the important goal of reducing IPV among sexual minorities. Our finding of higher levels of stigma consciousness among victims and perpetrators suggest that those who experience IPV may already be "primed" to expect rejection and discrimination based on their sexual orientation. Thus, it is imperative that service providers understand the role of minority stress for sexual minorities and work to create an accepting and validating environment in which LG persons can seek assistance. Furthermore, recent research demonstrated that IPV profiles may be different for heterosexual and lesbian drug abusing women (Stevens et al. 2010). These findings emphasize the importance of educating and training service providers in the unique experiences of sexual minorities, including IPV. In order to provide culturally competent treatment for sexual minority individuals, it is imperative that these service providers understand the role that sexual minority stress plays in the lives and relationships of victims and perpetrators of same-sex IPV.

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