

The Lesbian Partner Abuse Scale

Joan C. McClennen

Anne B. Summers

James G. Daley

Southwest Missouri State University

Objective: The Lesbian Partner Abuse Scale-Revised (LE-PAS-R) was designed and construct validated to assess power imbalance between lesbian couples resulting in partner abuse. Method: The 135-item Lesbian Partner Abuse Scale (LE-PAS) was content validated. Implementing a nationwide survey using convenience sampling, an assessment packet containing the LE-PAS, two established scales (the Index of Self-Esteem and the General Contentment Scale), and demographic information was completed by 45 abused and 33 nonabused lesbians. Results: A series of factor analyses resulted in six factors (communication and social skills, substance abuse, intergenerational transmission of violence, fakes illness, internalized homophobia, and status differentials) accounting for 77.3% of all item variance. The 25-item LE-PAS-R shows evidence of strong reliability ($r = .94$), credible concurrent validity ($p < .01$), and the ability to differentiate between abused and nonabused lesbians ($p < .01$). Conclusions: Further validation of the LE-PAS-R will provide evidence of its ability to assist clinicians in identifying lesbian relationships in which power imbalance may result in partner abuse.

Available information clearly indicates that the rate of partner abuse among lesbian couples is similar to that of heterosexual couples (Franklin, 1984; Renzetti, 1992). Wallace (1996) estimates that the rate of its occurrence is approximately 25% to 35% of all couples, whereas others estimate that almost half of all lesbian relationships experience abusive behaviors (Coleman, 1996; Lie & Gentlewarrier, 1991). Using a conservative estimate, approximately 500,000 lesbians are victims of partner abuse annually (Island & Letellier, 1991). This means that every minute of every day a lesbian is abused by her intimate partner. Despite the similarity in occurrence to heterosexual abuse, published works on lesbian partner abuse are sparse (Morrow, 1994), resulting in limited information to assist social workers in assessing

Authors' Note: Correspondence may be addressed to Joan C. McClennen, Southwest Missouri State University, School of Social Work, 901 S. National, Springfield, MO 65804; phone: 417-836-5000; fax: 417-836-7688; e-mail: jcm334f@smsu.edu. The authors gratefully acknowledge the assistance of David W. Stockburger in completing this research. This research was partially funded through Faculty Grant monies awarded by Southwest Missouri State University.

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and providing appropriate intervention with lesbians experiencing abusive relationships (Fox, 1999; Sullivan & Laughlin, 1999).

To a great extent, the lesbian community continues to deny the extensive existence of partner abuse between its members (Meyers, 1999). For couples experiencing relationship problems, this denial limits the likelihood of their seeking professional help. Even more unfortunately for these couples, if they do finally seek help, the scarcity of knowledge about lesbian partner abuse often results in their receiving inappropriate, and even harmful, assessment and treatment (Istar, 1996).

Social workers base their intervention on thorough, accurate assessments of their clients. Meyer (1995) stated, "The use of rapid-assessment instruments has become increasingly important as brief treatment has become more and more prevalent (Corcoran & Fischer, 1987; Edelson, 1985; Levitt & Reid, 1981; Toseland & Reid, 1985)" (as cited in Meyer, 1995, p. 264). Various scales exist to assess the potential existence of partner abuse (Garner & Hudson, 1993; Hudson, 1993c; Straus, 1979). None, however, is designed exclusively to measure power imbalance between lesbian couples resulting in partner abuse.

Power is "the ability to influence others, the ability to get others to do what one wants them to do regardless of whether or not they want to do it" (Renzetti, 1992, p. 43). Power imbalance between couples tends to result in abuse of power with its accompanying abuse of one of the partners. Traditionally, power imbalance between heterosexual couples has been attributed to variables associated with America's patriarchal society such as rigid gender role socialization, wage inequality, and childcare responsibilities (Davis, 1995; Walker, 1979). Likewise, power imbalance within lesbian relationships is considered the primary correlate of partner abuse (Hart, 1986; Margolies & Leeder, 1995; Morrow, 1994). However, the variables that make up power imbalance between lesbian couples, resulting in abuse of power, are scantily researched (Hart, 1986; Renzetti, 1992).

The "Power and Control" wheel was developed by The Domestic Abuse Intervention Project (n.d.) pertaining to heterosexual couples and was later adapted by The Southern Arizona Task Force on Domestic Violence (1995) for same-gender couples. With power and control as the hub, the spokes of the wheel visually display coercive techniques used by perpetrators of partner abuse: emotional abuse, isolation, sexual abuse, use of children, economic abuse, entitlement, coercion and threats, and intimidation (McClennen, 1999a). Although explaining *how* perpetrators control their victims, the wheel fails to explain *why* persons would abuse their intimate partners.

Renzetti's (1992) breakthrough study of 100 lesbians, identifying themselves as victims of partner abuse, found power imbalance as one of the five principal variables explaining occurrence and severity of abusive

relationships. Other identified variables were dependency, jealousy, substance abuse, and intergenerational transmission of violence; in a later publication, Renzetti (1996) added internalized homophobia and personality disorders to this list. In an attempt to define power imbalance, Renzetti (1992) projected four factors, with their accompanying total of 21 items: (a) personal characteristics (a taker, yielding, decisive), (b) feelings and patterns of interaction (division of household chores, initiator of sexual activity, economic dependence), (c) sources of conflict or strain in the relationship (money, social class, intelligence), and (d) status differentials (older, more educated, occupational status). Renzetti concluded, "With respect to the balance of power in abusive lesbian relationships [data] do little to help clarify the relationship between power imbalances and intimate violence The major difficulty that faces future researchers is developing measures that adequately tap the complexity and multifaceted nature of power between intimate [lesbian] partners" (pp. 54-55).

This research focuses exclusively on designing a measurement scale for identifying variables related to power imbalance between lesbian couples resulting in partner abuse. The purpose of this scale is to assist social workers in assessing their lesbian clients' risk of partner abuse. The provision of this scale is intended to assist the following: (a) social workers in screening lesbian clients for determining the quality of their relationships; (b) social service providers in developing and providing prevention and intervention services to reduce lesbian partner abuse; and (c) researchers in collecting data for further comprehending the dynamics of this problem.

METHOD

Development of the LE-PAS

Using various theoretical and research discussions with regard to lesbian partner abuse (Coleman, 1996; Hart, 1986; Renzetti, 1992), 29 variables potentially differentiating power imbalance between lesbian couples were identified and categorized under one of the four factors identified by Renzetti (1992) (see Table 1).

An initial scale was developed with 135 items (17 items were inversely scored), which sought to reflect the 29 variables. Each item was rated on a 7-point scale from *never* to *all of the time*. The scale was to be completed by lesbians concerning their relationships with their female partners. Lesbians who were either present or past victims of abusive relationships were requested to complete the entire scale with the one abusive woman in mind.

TABLE 1: Factors and Respective Variables for Identifying Power Imbalance Between a Lesbian Couple*Personal Characteristic*

A Taker (abuser is a "taker")
 Communication (abuser has problems communicating feelings)
 Networking/social skills (abuser has poor social skills)
 Blames others (abuser will blame others for her behaviors)
 Defensive (abuser is overly defensive)
 Passive-aggressive (abuser is passive-aggressive)
 Feelings of vulnerability (abuser feels vulnerable)
 Feelings of powerlessness (victim feels helpless)
 Extremes/dichotomous thinking (abuser thinks in extremes)
 Depression (abuser is depressed)
 Impulsive (abuser is impulsive)
 Contempt for women (abuser does not want to be a woman and dislikes women)
 Somatic/health (abuser has many complaints about illnesses when she is not diagnosed as being ill)
 Substance abuse (abuser is substance abuser)
 Believes violence is permissible (abuser comes from abusive home)
 Internalized homophobia (victim has homophobia)
 Attractiveness (abuser thinks partner is more attractive)
 Controls finances (abuser controls)
 Delegates responsibilities/decisiveness (abuser delegates)
 Household chores (abuser does not participate)
 Sexuality activity (abuser determines)
 Economic dependence (abuser is dependent)
 Past social class (abuser and victim are from different social classes)
 Religious beliefs (abuser and victim are from different religious backgrounds)
 Intelligence (abuser believes she is less intelligent)
 Physical strength (abuser is physically stronger)
 Occupational status (abuser has lower occupational status)
 Education (abuser has less education)
 Age (abuser is younger)

An Advisory Council, composed of a dozen lesbians and heterosexual women interested in lesbian research, reviewed the scale for readability and content validation. They suggested revision of one item but otherwise supported the scale as written. In addition, social work faculty and clinicians reviewed the scale and concurred that the scale was clear and conceptually sound.

Sampling and Data Collection

The purpose of the data collection was to confirm the reliability and validity of the Lesbian Partner Abuse Scale (LE-PAS) and to design and validate

the shorter version of the Lesbian Partner Abuse Scale-Revised (LE-PAS-R). Therefore, at least 100 lesbian respondents were sought to complete an assessment package that included demographic information and well-established scales for confirming the level of concurrent validity. A random sample of 400 social work clinicians from the 1997 *Register of Clinical Social Workers* (Cayner, 1997) were mailed a description of the project and an invitation to participate. The clinicians were asked to recruit both abused and nonabused lesbian clients from their caseload to complete the assessment package and to personally complete a Lesbian Partner Abuse Scale-Therapist's Opinion (LE-PASTO).

The LE-PASTO is a 29-item scale designed by the researchers that asks clinicians to rate the presence or absence of the constructs measured by the LE-PAS for their individual clients completing the assessment package. The intent of obtaining respondents through clinicians was to obtain an adequate, nationwide sample size. The LE-PASTO was intended to determine the level of concurrent validity by comparing responses of lesbian subjects on the LE-PAS with the responses of their respective clinicians on the LE-PASTO.

Because the random sampling of social work clinicians from the *Register of Clinical Social Workers* (Cayner, 1997) resulted in such a small response rate ($N = 7$), a convenience sampling process was initiated. Respondents were sought from various settings through (a) member agencies of the National Coalition of Anti-Violence Programs (NCAVP) in Arkansas, California, Colorado, Illinois, Massachusetts, New York, and Ohio; (b) advertisements placed in local and national publications targeted for lesbian populations; (c) booths obtained and worked at two Pride Festivals in Missouri; and (d) personal invitations to participate made by friends and colleagues.

With the change in the sampling method, the subjects' assessment package consisted of the 135-item LE-PAS, the two self-report measures, and a demographic form. The LE-PASTO and consent forms were discontinued, and responses became anonymous. The demographic form gathered information on ethnicity, income, age, and the details on the abusive relationship in which the respondent either presently was involved or had been involved in the past. Both the initial and the revised packets were approved by the University's Human Subjects Review Board.

Establishing Concurrent Validity

Although the LE-PASTO was no longer available for validation purposes, two self-report measures remained in the packet for this purpose. The decision as to which self-report measures to use was difficult. No established self-report measures on lesbian partner abuse were available from the

TABLE 2: Demographics of Respondents Comparing Abused Versus Nonabused Lesbians

	<i>Abused (n = 45)</i>	<i>Nonabused (n = 33)</i>
Age	37.33 (<i>SD</i> = 8.15)	39.35 (<i>SD</i> = 9.70)
Monthly income	\$2,054 (<i>SD</i> = \$1,121)	\$2,059 (<i>SD</i> = \$980)
Ethnicity		
Caucasian	57.8% (<i>n</i> = 26)	75.8% (<i>n</i> = 25)
African American	4.4% (<i>n</i> = 2)	—
Hispanic	2.2% (<i>n</i> = 1)	—
Asian American	8.9% (<i>n</i> = 4)	—
Other ethnicity	15.6% (<i>n</i> = 7)	12.1% (<i>n</i> = 4)
No response	11.1% (<i>n</i> = 5)	12.1% (<i>n</i> = 4)
Total ethnicity	100% (<i>n</i> = 45)	100% (<i>n</i> = 33)

literature; therefore, scales were selected that reflected similar constructs that should differentiate between individuals in abusive and nonabusive relationships. The constructs of self-esteem and depression were selected and measured respectively by the Index of Self-Esteem (ISE) (Hudson, 1993a) and the Generalized Contentment Scale (GCS) (Hudson 1993b); both instruments have well-established reliability and validity (Hudson, 1993a, 1993b). Anticipation was for abused lesbians to reflect lower self-esteem and less contentment with their relationship than nonabused lesbians.

RESULTS

Seventy-eight respondents were obtained, with 45 (57.7%) acknowledging having experienced an abusive intimate lesbian relationship. As only 3 of the 45 still remained in their abusive relationships, all respondents having been victims of abusive relationships were treated as one group. Demographics as shown in Table 2 indicate that, for both abused and nonabused, respondents had an average monthly income of \$2000 and were, on the average, 37 years of age. Although both groups were predominantly Caucasian, one third (31.1%) of abused lesbians, as compared with one eighth (12.5%) of nonabused lesbians, were from other ethnic backgrounds. Abused lesbians seemed to experience more than one type of abuse: 91.5% had experienced emotional abuse, 63.8% physical abuse, 46.8% financial abuse, and 14.9% other types of abuse. Furthermore, 48.9% had been abused frequently and 37.8% almost daily or daily.

Reliability and Validity of the LE-PAS

Using the *Statistical Package for Social Sciences* (SPSS), an alpha reliability coefficient of .99 was obtained for the 135-item LE-PAS, and a split-half reliability coefficient was .97. The correlation between LE-PAS and GSC was $r = .34$; therefore, the concurrent criterion validity was confirmed between LE-PAS and GCS ($p < .01$). All calculations used two-tailed tests. The correlation between LE-PAS and ISE was $r = .15$, not confirming concurrent validity between the two scales. The correlation between the GCS and ISE was $r = .76$, which was statistically significant ($p < .01$). Unfortunately, the inadequate sample size of social work clinicians prevented the construct validity confirmation by correlating therapists' ratings with respondents' ratings. However, the LE-PAS did adequately differentiate abused ($M = 559.25$, $SD = 116.87$) from nonabused lesbians ($M = 271.27$, $SD = 59.81$; $t(64) = -12.219$, $p < .01$, $R^2 = .70$).

Factor Analysis and Creation of the LE-PAS-R

Factor analysis is an acceptable statistical technique that may be applied when researchers are interested in discovering which variables in a data set form coherent subgroups that are relatively independent of one another and that create apparent order from chaos (Tabachnick & Fidell, 1983). A correlation matrix of the 135 items on the LE-PAS was computed using the *R* solution to reveal intercorrelations among observed variables. To remain conservative, missing values were assigned a 1 meaning *never*.

All items revealed the communality of 1, indicating that all the variance was explained by the common factors (Kinnear & Gray, 1997). After factor extraction, the Cattell's scree plot flattened at approximately 15 components, indicating that these factors made unique, meaningful contributions to the total observed correlation matrix. The program was unable to provide the values for the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy or the Bartlett test of sphericity. Varimax rotation was used, as it is the most commonly used orthogonal technique (Tabachnick & Fidell, 1983); 25 factors possessed eigenvalues with values of at least 1, accounting for 87.82% of the total variance.

In determining the number of factors to maintain, various issues related to factor analysis were considered: (a) Comrey (1973) suggests that loadings in excess of .71 are considered excellent; (b) the more factors one permits, the better the fit with the correlation matrix; and (c) the greater the number of factors, the less parsimonious the solution (as cited in Tabachnick & Fidell,

1983). Of the 25 factors having eigenvalues with values of at least 1, items within the first 15 (referring back to the scree plot) having a coefficient of .71 or higher were included in further analysis. To assist in determining the uniqueness of each correlation, the rotated component matrix suppressed factor loadings with values less than .5. Factors having at least two variables contributing to the meaningfulness of the total variance were maintained. Ten factors (Personal Characteristics, Substance Abuse, Fakes Illness, Jealousy, Religious Differences, Intergenerational Transmission of Violence, Sexual Problems, Status Differentials, Dependency, and Internalized Homophobia) and 54 items were included in further analysis. Details of this rotation are available from the authors.

The 54 items were factor analyzed. Throughout this and all other factor analyses, the same principles as explained for the first factor analysis were maintained (i.e., communalities of the items remained 1; varimax rotation was used; coefficients of .71 or more were maintained; items highly correlated with only one factor; only eigenvalues of at least 1 were maintained; SPSS suppressed factor loadings with values less than .5; and factors having at least two meaningful variables were considered viable).

Relating to the 54-item analysis, the KMO measure of sampling adequacy exceeded .5 (.828), although the Bartlett test of sphericity was significant with $\chi(1378) = 5373.34, p < .05$. The rotated matrix resulted in 10 factors accounting for 83.13% of the variance. Eight factors (78.79% of the variance) and 47 items remained viable. Factors of Religious Differences and Dependency no longer remained. Details of this rotation are available from the authors.

Considering the eight factors as viable for explaining the total variance and the first factor as needing more sense made of the "chaos" (Tabachnick & Fidell, 1983, p. 373), the 26 items making up the first factor were factor analyzed alone. Of the 26 items in this factor, 8 loaded in the first factor, accounting for 74.73% of all item variance (see Table 3). The 8 items were maintained for further analyses.

The 8 items from Factor 1 were factor analyzed with the 21 items from the other 7 factors identified from the second rotation. These 29 items, factor analyzed, resulted in 8 factors with eigenvalues of at least 1. Of these factors, the first 6 with their 25 items, accounting for 77.32% of the variance, were selected for the final LE-PAS-R (see Table 4). The factors of Jealousy and Sexual Problems no longer remained.

Reliability and Validity of LE-PAS-R

The four prior factor analyses resulted in six factors and 25 items making up the LE-PAS-R. The correlation between the LE-PAS and the LE-PAS-R

TABLE 3: Size of Loadings for Factor 1, Personal Characteristics

<i>Item</i>	<i>F1</i>	<i>F2</i>
Is controlling of me	.75	.51
Argues with me about trivial _____	.80	.46
Yells	.77	.45
Needs to be in charge of me	.848	—
Gets insulted easily	.515	.72
Quickly changes mood	.44	.765
Regrets decisions	.36	.83
Gets angry if I spend time with friends	.76	.53
Does not want discuss relationship	.75	.36
Gets angry with me/did days ago	.48	.80
Is demanding	.82	.40
Expects me to wait on her	.79	.40
Holds me responsible for her behavior	.58	.73

NOTE: F1 = Communication and Social Skills; F2 = Other Personality Characteristics.

was $r = .93$ ($n = 66$, $p < .01$). An alpha reliability coefficient of .94 was obtained for the 25-item LE-PAS-R; split-half reliability coefficients were $r = .94$ ($n = 13$, $M = 39.78$, $SD = 22.55$) and $r = .82$ ($n = 12$, $M = 29.73$, $SD = 13.04$). The correlation between the LE-PAS-R and the General Contentment Scale (GCS) was $r = .36$ ($n = 78$, $p < .01$). The correlation between LE-PAS-R and the Index of Self-Esteem (ISE) was $r = .19$ ($p = .095$). The concurrent validity was confirmed between LE-PAS-R and the GCS but not between the LE-PAS-R and the ISE—the same as with the LE-PAS. However, the LE-PAS-R did adequately differentiate abused ($M = 91$, $SD = 25.36$) from nonabused lesbians ($M = 39.38$, $SD = 11.05$, $t(76) = -11.032$, $p < .01$, $R^2 = .68$).

Scoring the LE-PAS-R

For the final version of the scale, items were stated as they appeared on the original 135-item version, although the order of the items was changed (see Appendix). Considering the mean and dispersion of scores on the LE-PAS-R of abused lesbians ($M = 91.5$, $SD = 11.05$) as compared with the nonabused lesbians ($M = 39.48$, $SD = 25.36$), a score of 60 is suggested to alert clinicians to the potential of partner abuse existing within a lesbian relationship. None of the final items need to be reverse scored. Scoring merely involves adding the numbers the respondent has assigned to each item. The higher the score, the more potential the relationship has for being abusive. Copies of the scale can be obtained from the authors.

TABLE 4: Loadings on Six Factors Using 29 Items from 8 Prior Factors: Third Rotation

<i>Item</i>	<i>F1</i>	<i>F2</i>	<i>F3</i>	<i>F4</i>	<i>F5</i>	<i>F6</i>
Controlling of me	.83	.29	—	.15	.14	.15
Argues trivial	.88	.21	—	.12	—	—
Yells	.85	.27	.13	.19	—	—
Needs to be in charge	.88	.19	—	.14	—	.19
Angry if I spend time with friends	.86	.23	.10	.19	.11	—
Not discuss relatives	.78	—	—	.15	—	.12
Taker; demanding	.79	.27	.14	.20	.12	.17
Expects me to wait	.78	.29	—	.16	—	.19
Drinks alcohol excess	.14	.89	—	.17	—	.19
Drinks more than two	.16	.86	—	—	—	—
Gets drunk	.15	.95	—	—	—	—
Abusive when drunk	.42	.82	—	.12	—	—
Says ugly things	.48	.77	—	.15	—	-.14
Angry drunk	.40	.85	—	—	—	-.11
Complains physical illness	.32	.20	—	.82	—	.14
Illness doctor can't explain	.24	—	.12	.88	.10	—
Ill, won't go to doctor	.37	.15	.14	.79	—	—
Sexually abused by family	—	—	.75	.23	—	—
Physically abused by family	.12	—	.92	.14	—	—
Emotionally abused by family	—	—	.76	—	—	-.17
From family physical violence	.11	—	.87	—	.16	—
Threatens to tell I am lesbian	.17	—	.14	—	.96	—
She will out me	.11	.13	.13	—	.96	—
Embarrassed I am from poorer family	.18	—	—	.20	—	.88
Embarrassed she knows more	.11	.16	-.14	—	.14	.83

NOTE: F1 = Communication and Social Skills; F2 = Substance Abuse; F3 = Intergenerational Transmission of Violence; F4 = Fakes Illness; F5 = Internalized Homophobia; F6 = Status Differentials.

DISCUSSION AND APPLICATIONS FOR PRACTICE

The findings of this study indicate that the LE-PAS and particularly the shorter 25-item version (LE-PAS-R) have strong reliability and moderate-to-strong validity as scales. The LE-PAS and LE-PAS-R build on existing, although rare, research on lesbian partner abuse (Renzetti, 1992, 1996) and offer some instruments for continuing research into lesbian relationships and risk of abuse. With further validation, the LE-PAS and the LE-PAS-R will offer clinicians useful tools for effective assistance in preventing and ameliorating lesbian partner violence.

Obtaining an adequate sample and particularly a true random sample was as problematic for this project as it has been for many previous studies (Rierner & Thomas, 1999). The toughest problem for research on lesbian

relationships continues to be obtaining adequate random sampling of a secretive population (Daley, 1999). Even with very aggressive advertisement and networking, the researchers were both disappointed and realistically pleased to reach almost 80 respondents. Due to the convenience sampling, the generalizability of the findings is limited and cannot be inferred to reflect the lesbian population. Although the very high reliability coefficients are encouraging, the LE-PAS and LE-PAS-R need further research in expanded clinical and general population settings to confirm their scientific credibility and utility.

Practitioners counseling with lesbian couples need to be mindful of the unique issues particular to this dyad. Assessment and intervention must be geared for these couples who, in searching for professional help, desire validation for their relationship and, thus, require techniques differing from those used with heterosexual couples (Fox, 1999; Istar, 1996). Among the most important implications of this research is the multifaceted nature of partner abuse between lesbian couples, dictating assessment and intervention by practitioners who are culturally sensitive and specially trained to work with this population.

This research confirmed Renzetti's (1992) findings with regard to dependency and jealousy as separate issues from power imbalance issues requiring assessment and intervention for lesbians experiencing partner abuse. Being socialized as women (i.e., to place others' needs before their own), lesbians tend to develop "dyadic attachments" (Istar, 1996) resulting in their becoming insulated against and isolated from the outside world. Paradoxically, being socialized as feminists with the need for self-actualization, lesbians encourage independence. As one partner tends toward individual development in lieu of devoted dedication to the dyadic relationship, the other partner may often retaliate with abusive actions out of fear of loss. Even if power imbalance is assessed not to be an issue within the lesbian relationships, practitioners still need to assess the degree of dependency and jealousy between these couples.

Several factors associated with power imbalance (i.e., substance abuse, intergenerational transmission of violence, and internalized homophobia) were identified in prior literature as relating to abuse but not necessarily being part of power imbalance (Benowitz, 1986; Lie, Schilit, Bush, Montagne, & Reyes, 1991; Renzetti, 1992, 1996). Other factors identified by the LE-PAS-R (e.g., fakes illnesses and status differentials) seem newly identified means of control within lesbian relationships. Particularly poignant is the factor of "communication and social skills," which adds empirical evidence to the theoretical debate concerning causality of same-gender partner abuse (Island & Letellier, 1991; McClennen, 1999b; Merrill, 1996; Renzetti, 1998).

Lesbians are particularly prone to problems with substance abuse. Although viewed as an excuse for violence, substance abuse is considered highly correlated with partner abuse (Island & Letellier, 1991). Lesbians tend to be at risk of substance abuse because of (a) centrality of bars for leisure activities; (b) the oppressive feelings of alienation due to their sexual orientation; (c) depression resulting from isolation; and (d) women's suffering greater biological impairment than men from drinking alcohol (Renzetti, 1992). Use of substances releases perpetrators' inhibitions and increases their abusive behaviors.

Empirical evidence (Lie et al., 1991) indicates that more than 80% of victims of lesbian abuse witnessed aggression in their families of origin. Witnessing violence in the family as a child is likely to result in the adult's considering violence as a normative means of settling arguments between family members (Lehmann & Carlson, 1998). According to this study's findings, imbalance of power is partly attributed to intergenerational transmission of violence.

Internalized homophobia, another factor contributing to power imbalance, occurs when a lesbian accepts society's negative attitudes toward herself as a personal affront (Benowitz, 1986; Renzetti, 1997). Fear of being "outed" to persons not knowing she is a lesbian makes her more vulnerable to internal hatred of herself and to continued abuse by her partner. Practitioners need to take these unique issues into consideration in their intervention process with lesbians experiencing partner abuse.

As cited in McClennen (1999b), "For intervention strategies to be effective, professionals must build their practice on a solid foundation of theoretical knowledge (Turner, 1986), and empirical research is required to provide evidence as to the most accurate theory (Island & Letellier, 1991)" (p. 3). Feminist theories (Renzetti, 1998) attribute lesbian abuse to societal oppression. Psychological theories denounce feminist theories as contributing to the invisibility of lesbian partner abuse and focus, instead, on the learned behavior of individuals who abuse others (Island & Letellier, 1991; Letellier, 1996). Social-Psychological theories integrate psychological and sociopolitical feminist theories separating "causation into three categories: learning to abuse, having the opportunity to abuse, and choosing to abuse" (Merrill, 1996, p. 13). The Patriarchal Social-Psychological Theory recognizes the additional pressures of sexism and gender socialization experienced by women as exacerbating lesbian relationships and requiring additional attention by practitioners when intervening in partner abuse between lesbians as opposed to partner abuse between gay men (McClennen, 1999b). The LE-PAS-R provides empirical evidence supporting the Social-Psychological theories with its loadings on "communication and social skills" and "other

personality characteristics.” Support of the Patriarchal Social-Psychological Theory requires a similar scale to be designed for gay men experiencing power imbalance resulting in partner abuse and the comparison between the two scales.

“As a social problem, same-gender domestic violence requires interventions on multiple levels, including community, organizational, and societal” (Jennings & Gunther, 1999, p. 223). Therapists, policy makers, and community organizers are only as effective in their interventions as empirical evidence is available to guide decision making. This pilot-tested instrument provides some assistance in identifying sources of abusive relationships between lesbian couples and, thus, guides resources toward these target areas (e.g., discontinuing child abuse and neglect, supporting reduction of substance abuse, and decreasing homophobia).

Further research is required to validate the LE-PAS-R and to develop a similar scale specifically for gay male partner abuse. To make this research possible, the cooperation of clinicians is imperative. It is expected that clinicians base their interventions on research findings. It is incumbent upon clinicians to recognize the importance of their assistance in conducting this research. Additional empirical evidence is required to support the underlying theories related to lesbian partner abuse and to provide effective intervention techniques for counseling and advocating on behalf of the women experiencing this social problem.

APPENDIX

THE LESBIAN PARTNER ABUSE

SCALE-REVISED (LE-PAS-R)

This questionnaire asks questions about different aspects of your relationship with your partner. The items ask your opinion of your partner’s feelings and behaviors. Answer each question as carefully and as accurately as you can by placing a number between 1 and 7 on the line before each question. Please choose the number that is most accurate about your situation from the choices below:

- 1 = Never
- 2 = Very rarely
- 3 = A little of the time
- 4 = Some of the time
- 5 = A good part of the time
- 6 = Very frequently

My partner . . .

- 1. _____ is demanding of me.
- 2. _____ is controlling of me.

3. ____ drinks alcoholic beverages excessively.
4. ____ was sexually abused by someone in her family.
5. ____ often complains of physical illnesses.
6. ____ threatens to tell people, who do not know, that I am a lesbian.
7. ____ is embarrassed that I come from a poorer family than she does.
8. ____ argues with me about trivial or silly matters.
9. ____ drinks more than two alcoholic beverages daily.
10. ____ was physically abused by someone in her family.
11. ____ expects me to wait on her most of the time.
12. ____ gets drunk.
13. ____ has many physical illnesses that doctors cannot explain.
14. ____ says she will "out" me against my wishes.
15. ____ yells at me.
16. ____ becomes abusive when drunk or high.
17. ____ is embarrassed about how much more she knows than I do.
18. ____ needs to be in charge of my behaviors in social situations.
19. ____ says ugly things to me when she is drunk or high.
20. ____ was emotionally abused by someone in her family.
21. ____ complains to me that she is ill but refuses to go to the doctor.
22. ____ gets angry if I spend time with my friends.
23. ____ is an angry drunk.
24. ____ comes from a family that used physical violence in arguments.
25. ____ does not want me to discuss our relationship with my friends.

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