

Legal and Psychological Perspectives on Same-Sex Domestic Violence: A Multisystemic Approach

Michael J. Potoczniak, Jon Etienne Mourot, Margaret Crosbie-Burnett, and Daniel J. Potoczniak
University of Miami

This article presents the legal and psychological aspects of same-sex domestic violence (SSDV) in a multisystemic model that encompasses family systems, friends and the gay–lesbian–bisexual communities, legal systems, and mental and physical health systems, encouraging family psychologists to be the leaders of reform. The current status of relevant laws is integrated into the literature on SSDV, which includes prevalence, myths regarding SSDV, help-seeking behavior of victims, and similarities and differences between SSDV and opposite-sex domestic violence. Recommendations for change in all of the overlapping systems and in the public policies of the larger society are included.

On May 27, 1991, in Milwaukee, Wisconsin, a 911 emergency call was placed by a neighbor of Jeffrey Dahmer, the infamous serial killer. The neighbor stated that there was a naked young man, who appeared badly beaten and incoherent, in front of her house. Further, there was a second call made to 911 emergency services, in which two women reported Dahmer chasing a boy who was naked and bleeding badly. The police officers who responded to the calls questioned Dahmer in an amicable conversation, during which Dahmer convinced the officers that 14-year-old Konerak Sinthasomphone was his drunken 19-year-old boyfriend. Following the conversation, the officers returned Konerak to Dahmer and remarked in their report that he was “delivered back to his sober boyfriend.” The neighbor who made the initial call later followed up with the police to check on Konerak’s status and was told, “It wasn’t a child, it was an adult . . . It is all taken care of . . . It’s a boyfriend–boyfriend thing.” At some point after that call, 14-year-old Konerak became another victim of Jeffrey Dahmer through strangulation and dismemberment (Miller & Rogers, 1991).

Because of Konerak’s age, child abuse laws in Wisconsin should have protected him; additionally, given the police’s beliefs regarding his age, domestic violence laws would have protected him had he been a woman. One of the many issues that Konerak’s case illustrates is the need for lawmakers, police, medical personnel, and social service agencies to pay greater attention to same-sex domestic violence (SSDV). Despite the emotional and physical severity of the

consequences of SSDV, several states (i.e., Arizona, Delaware, Indiana, Michigan, Mississippi, Montana, North Carolina, South Carolina, and Washington) specifically exclude gay, lesbian, and bisexual individuals in their domestic violence legislature (Jablow, 2000). Most states have gender-neutral statutes, which permit local jurisdictions to decide how to proceed on a case-by-case basis; this leads to ambiguous and inadequate protection.

Definition

One of the obstacles to creating uniform and equal legal protection for gay, lesbian, or bisexual (GLB) people is the lack of a uniform definition of SSDV. Much of the meager body of SSDV literature does not attempt to assign a definition, which therefore leads to studies that are incongruent with each other on a very basic level (i.e., they examine SSDV on the basis of varying aspects of abuse; Cruz & Firestone, 1998; Elliott, 1996; Lie, Schlitz, Bush, Montagne, & Reyes, 1991; Margolies & Leeder, 1995; Merrill, 1998; Renzetti, 1997; Turrell, 2000). In the only definition we found, SSDV is defined as “a pattern of violent or coercive behaviors whereby a lesbian or gay man seeks to control the thoughts, beliefs, or conduct of an intimate partner or to punish the intimate for resisting the perpetrator’s control” (Hart, 1986, p. 178).

Although such a definition explains a general concept of SSDV, it manifests faults found not only in SSDV literature but often in the larger body of opposite-sex domestic violence (OSDV) research as well: a lack of distinction among different patterns and severities of violence and a lack of distinction concerning the concept of control behind the violence (Johnson & Ferraro, 2000; Johnston & Campbell, 1993; Kwong, Bartholomew, & Dutton, 1999). Recently, Johnson and Ferraro (2000) argued that within violent relationships, it is possible to distinguish four major patterns of partner violence: (a) *common couple violence*, which has a relatively low frequency per couple, is not likely to escalate over time, and is many times mutual between the partners; (b) *intimate terrorism*, in which one partner at-

Michael J. Potoczniak, Jon Etienne Mourot, Margaret Crosbie-Burnett, and Daniel J. Potoczniak, Department of Educational and Psychological Studies, University of Miami.

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Correspondence concerning this article should be addressed to Michael J. Potoczniak, Department of Educational and Psychological Studies, School of Education, Merrick Building 312, P.O. Box 248065, University of Miami, Coral Gables, Florida 33124-2040. E-mail: mikepfl@bellsouth.net

tempts to exert control over the other, and which is more frequent than common couple violence, will likely escalate over time, and will possibly involve a serious injury; (c) *violent resistance*, which is akin to the concept of self-defense in lay terms, as compared with definitions of self-defense as found in various laws; and (d) *mutual violent control*, which might be viewed as both partners striving for control through intimate terrorism.

The vast majority of violence within couples occurs in the pattern described as common couple violence (Johnson & Ferraro, 2000; Kwong et al., 1999). As stated, such a pattern assumes violence that is "bi-directional, minor, infrequent, and not physically injurious" (Kwong et al., 1999, p. 155). Although much literature on domestic violence seems to assume a pattern of violence most similar to intimate terrorism, an ideal definition would also include the most statistically prevalent form of violence (common couple violence) as well as concepts of self-defense and attempts at mutual control.

It is worth noting that the above definitions have been termed solely on research that assumed a heterosexual relationship. The terms are undoubtedly helpful in clarifying patterns of OSDV and presenting possible categories for SSDV. Such parallels in violence between same-sex and opposite-sex relationships, however, have yet to be empirically determined.

Dearth of Research

In addition to the lack of specificity in the literature's definition of domestic violence, another obstacle to the development of legal protection of SSDV victims is the lack of psychological research regarding the issue. Although there have been legal and sociological studies focusing on the area, they are generally not empirical and largely anecdotal in nature (Burke & Follingstad, 1999). Regarding such studies, a greater quantity focus exclusively on lesbian domestic violence (Donnelly, Cook, & Wilson, 1999; Lie et al., 1991; Margolies & Leeder, 1995; Marrujo & Kreger, 1996; Renzetti, 1992, 1996; Wise & Bowman, 1997; Waldron, 1996) than on gay male domestic violence (Cruz & Firestone, 1998; Letellier, 1994; Merrill, 1998; Merrill & Wolfe, 2000).

Purpose

The purpose of this article is to summarize the literature on SSDV and then to attempt to advance scholarship, practice, and policy in SSDV by creating a heuristic model of SSDV that conceptualizes SSDV from a multisystemic perspective. Figure 1 shows the relationships among the legal systems, the mental health systems, the GLB communities, and the violent couple's family systems, all of which exist within the society and are influenced by the mythology and biases with respect to GLB people. In the literature review, we have integrated the psychological and sociological literatures with the relevant laws to provide an integrative view of SSDV. Finally, recommendations regarding theory development, research, policies, practice, and the law are

delineated. Bearing in mind that legal statutes address exclusively physical and sexual characteristics of domestic violence, for the purposes of this article the definition of SSDV is restricted to those aspects. Additionally, this article is one of the few attempts in psychological literature to address SSDV through the discussion of issues relevant to both the gay and lesbian communities.

Literature

Prevalence of SSDV

In addition to the lack of legal protection for SSDV victims, as illustrated in the Dahmer case, there is a myth that SSDV is not a widespread problem, or that it occurs with lower frequency in comparison to OSDV (Burke & Follingstad, 1999). SSDV literature has made few attempts to address prevalence (Burke & Follingstad, 1999); however, those few studies' findings have indicated that the percentage of same-sex couples experiencing domestic violence was equal to or greater than the percentage of heterosexual couples experiencing domestic violence. Additionally, they have indicated that of the possible hundreds of thousands of SSDV cases in the United States, the majority have never been reported (Island & Letellier, 1991).

In one of the few studies regarding the prevalence of SSDV, Turrell (2000) examined a variety of forms of SSDV (i.e., emotional, financial, physical, sexual, and a variety of psychological abuses) among lesbians, gay women, and gay men (female participants were allowed to choose between the labels *lesbian* and *gay woman*). The findings revealed sexual abuse prevalence rates of 13% for gay men ($n = 213$), 11% for gay women ($n = 57$), and 14% for lesbians ($n = 193$) in a past or present relationship. Pertaining to physical abuse, Turrell found that 44% of gay men, 58% of gay women, and 55% of lesbians reported physical abuse in a past or present relationship. These findings supported the conjectures of previous studies (Merrill & Wolfe, 2000; Renzetti, 1997) that SSDV may have elevated prevalence in comparison to OSDV.

Unfortunately, most of the studies that addressed the prevalence of SSDV had ambiguous definitions of domestic violence. Therefore, the results of the studies can be misleading, because they probably do not assess the same aspects of SSDV (Cruz & Firestone, 1998; Elliott, 1996; Lie et al., 1991; Margolies & Leeder, 1995; Merrill, 1998; Renzetti, 1997; Turrell, 2000). Additionally, there has been a greater focus on the prevalence of lesbian as compared with gay male domestic violence. This may be due to the necessary focus on the AIDS crisis in the gay male community (Merrill & Wolfe, 2000). Despite these shortcomings, the literature has established that SSDV is a problem that exists with equal or greater prevalence in comparison to OSDV (Cruz & Firestone, 1998).

Perpetuation of Myths Regarding SSDV

In addition to the aforementioned myths that SSDV is scarce or does not exist, many other myths regarding SSDV

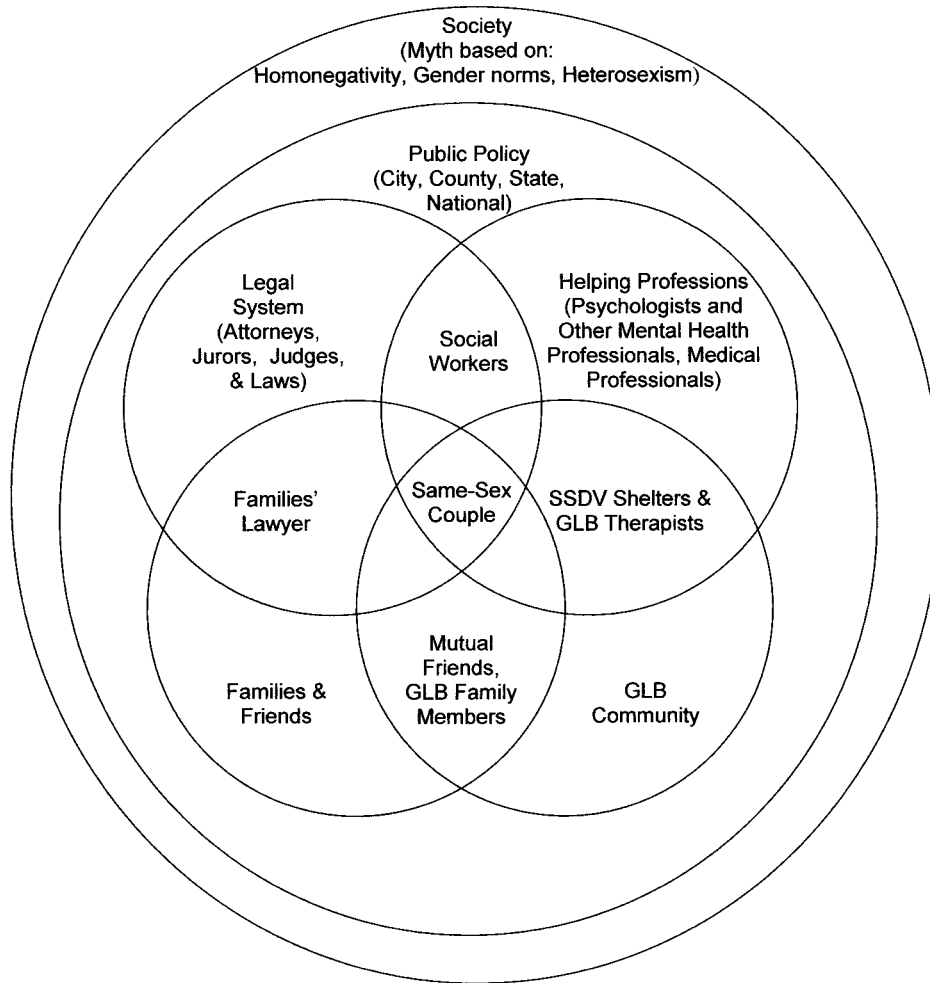


Figure 1. A multisystemic model of same-sex domestic violence (SSDV). GLB = gay, lesbian, and bisexual.

facilitate the view that such violence is not as violent or serious because both individuals are of the same gender. These myths are perpetuated by gender role norms, internalized homonegativity, the predominant (feminist) domestic violence theory, and heterosexism (Cruz & Firestone, 1998; Letellier, 1994; Merrill & Wolfe, 2000; Renzetti, 1997). Furthermore, these myths are not exclusively the sentiment of the heterosexual community. Myths regarding SSDV can potentially be perpetuated by all individuals, including gay men, lesbians, and bisexuals.

Gender roles. Given that both straight and gay adults were reared as children under similar circumstances (i.e., by mostly heterosexual parents, teachers, and peer networks), it can be hypothesized from social learning theory that GLB individuals would learn about gender roles in the same social systems as heterosexual individuals (Bandura, 1977; Burke & Follingstad, 1999; Cruz & Firestone, 1998). Therefore, GLB individuals would initially adopt the myths regarding gender roles prevalent in the heterosexual community. Heterosexist gender norms have produced a variety of myths regarding SSDV. Among these myths is that societal

norms dictate men's and women's respective gender roles and thus preclude the existence of domestic violence between members of the same sex. Masculine norms dictate that a man should not be (or appear to be) vulnerable and consequentially should be able to defend himself against another man. The perception of a man's weakness in this regard is a perception of his own personal shortcoming. It follows that if a man seeks help from an outside source, he would be perceived as weak and incapable (Merrill & Wolfe, 2000). Conversely, societal norms suggest that a woman should not exhibit violence toward a man or a woman. Such traditional "feminine" norms also dictate that women should be nurturing and docile individuals; therefore, within societal expectations, a woman can be abused by a man but not by another woman (Renzetti, 1997).

According to these gender norms, the concept of mutual battering can be introduced (Marrujo & Kreger, 1996). The term *mutual battering* was originally used in describing heterosexual women who defended themselves against a male perpetrator through physical aggression. Since the term was developed in the late 1970s, it has been refined to

mean only those situations that are created within a self-defense milieu. The concept is particularly relevant to gay male domestic violence because, unlike women, men have been socialized to defend themselves. In this light, a person trying to assist a victim of SSDV may be met with a confusing or ambiguous situation, in that she or he may perceive both parties participating equally in the violence. Concurrently, the notion that a man should be able to defend himself and resist victimization facilitates the difficulty men have attempting to assist a male SSDV victim; under traditional gender norms, men would understandably have difficulty in viewing themselves or other men as victims.

Unfortunately, recent literature has not thoroughly explored the concept of mutual battering in SSDV. However, in a study conducted by Renzetti (1992), 78% of the exclusively lesbian sample ($N = 100$) reported that they had fought back against an aggressor in self-defense. The incidence of mutual battering among SSDV situations facilitates a myth that SSDV victims share equal blame with the perpetrators and also are not as vulnerable as heterosexual women in cross-gender couples. To overcome the myths and assist a victim of SSDV appropriately, it is necessary to examine the violence within the context of the relationship to gain insight into the power structure (i.e., which member of the relationship has established physical or psychological power over the other member). This is particularly important in light of the findings of Letellier (1994), that police dismiss the majority of SSDV reports as "mutual combat." This is a misperception that may prevent SSDV victims from receiving the appropriate care and treatment. As Jablow (2000) explained,

It is purely a myth that all lesbian relationships follow the "butch-femme" dichotomy and that the stronger, "butch" lesbian is the batterer. Violence in lesbian relationships occurs in egalitarian, role-typed, and traditional couples. Furthermore, it is equally a myth that when lesbian partners are of the same size, they engage in "mutual battering." In actuality, the lesbian who fights back is just engaging in self-defense. The community's adoption of the notion of mutual battering only serves to deter reporting of battering incidents. In addition, the battered lesbian's own guilt from having defended herself contributes to the refusal to seek help. (p. 1104)

Homonegativity. Homonegativity among law enforcement, medical personnel, and social service professionals is another possible source of myths regarding SSDV. Individuals who could potentially assist SSDV victims may view gays, lesbians, and bisexuals as immoral people because of their religious convictions or conservative sociopolitical beliefs. In addition to this negativity among individuals who are supposed domestic violence resources, the incidence of homonegativity among the general population can also serve as an obstacle (Cruz & Firestone, 1998). For example, in Hill (2000), GLB persons were perceived as having a lower moral character in comparison to their heterosexual counterparts in a judicial setting. Additionally, participants of that study indicated that rape committed against a GLB person by another GLB person was not as serious as a heterosexual rape and should receive a less severe penalty. The study's findings indicate that, overall, juries tend to rule

in favor of those persons who are of high moral character and that GLB victims would receive inadequate judgements owing to their perceived low moral character. These findings are significant because victims may receive inadequate recognition (i.e., difficulty in obtaining restraining orders or obtaining adequate jail sentences for their perpetrator) in domestic violence cases because of the perception that GLB persons are of low moral character. This phenomenon is similar to the reaction by a variety of groups during the AIDS crisis that gay men "deserved what happened to them" (Anderson, 1992; Crawford, Humfleet, Ribordy, Ho, & Vickers, 1991; Herek & Capitano, 1999).

Domestic violence theory. In addition to gender- and homonegativity-based myths, there are myths generated by the OSDV scholarly community (Letellier, 1994). The predominant domestic violence theory is based in a feminist perspective and postulates that domestic violence between a male-male or a female-female couple could not occur with similar prevalence to OSDV. Scholars have concluded that battered women are victims of sexism and misogyny; furthermore, the theory states that domestic violence stems from the power differential between men and women that is facilitated by sexism in the society. Therefore, male batterers are perceived as "oversocialized" men who have misogynistic tendencies (Renzetti, 1997). The majority of studies that have addressed SSDV in the OSDV research have explained such violence as an anomaly and possibly caused by the mythical male and female gender roles in GLB couples. Therefore, the abused is the "wife" of the relationship and the abuser is the more masculine "husband." According to recent SSDV research (Letellier, 1994; Merrill, 1998; Merrill & Wolfe, 2000; Renzetti, 1997), these heterosexual stereotypes fall short of successfully adapting feminist domestic violence theory to account for violence in GLB relationships.

Further incongruence between theories of SSDV and OSDV manifests itself through the issue of gender in relationship violence. An assessment of the current literature demonstrates that the pattern of violence termed intimate terrorism is almost entirely a male pattern in heterosexual relationships (Johnson, 2000). If intimate terrorism were a pattern of violence perpetrated nearly exclusively by men, across the construct of sexual orientation, then SSDV between men should logically include significantly higher numbers of a similar pattern of violence. The rates of such violence between men, however, are not significantly different from those for a heterosexual couple (Merrill & Wolfe, 2000). Ironically, a pattern similar to intimate terrorism was found to be the predominant pattern of violence in Renzetti's (1992) sample of battering in lesbian relationships (Johnson & Ferraro, 2000).

Help-Seeking Behaviors of Victims

Despite the possibility that hundreds of thousands of GLB individuals have experienced SSDV in a current or past relationship (Island & Letellier, 1991) with similar abuse patterns as their heterosexual counterparts, GLB victims do not receive as much help from the same resources.

Listed in order of most to least frequent usage, female victims of OSDV have utilized domestic violence shelters, police, counselors, and social service agencies. Listed in order of most to least helpful places, these same women named battered women's shelters and other women's groups, attorneys, counselors and social service agencies, police, and medical professionals (Merrill & Wolfe, 2000).

Although it is true that the above community resources are often more helpful for victims of OSDV than of SSDV, such resources do not always provide the necessary assistance for OSDV victims. Unfortunately, this shortcoming seems to hold especially true for the above women's lesbian counterparts. These women sought help through similar outlets as heterosexual women, but with dissimilar results. In the only study that examined help-seeking behaviors of lesbians, Renzetti (1992) found that 69% reported that friends were helpful resources, 58% reported that counselors were helpful, 35% reported that relatives were helpful, and smaller percentages reported that police, religious advisers, hotlines, and domestic violence shelters were helpful. The most frequently reported sources that were not helpful were police, attorneys, and medical professionals. It is noteworthy that lesbian victims rated the places found most helpful by heterosexual women (i.e., domestic violence shelters) as least helpful.

Although some aspects of the lesbian domestic violence experience are similar to the gay male experience (i.e., pattern of abuse, homonegativity, and lack of resources available), the two groups tend not to find the same resources helpful. In the only study that examined help-seeking behaviors of gay male victims of domestic violence, Merrill and Wolfe (2000) found that 85% of gay men ($n = 52$) reported seeking help from friends, 75% from a counselor, 67% from a gay domestic violence program, and 65% from the police; apart from these sources of help, many men sought help through a variety of family- and employment-related resources as well. The places that were rated as helpful by 100% of participants were gay men's domestic violence programs, HIV-related agencies, and other social service agencies. High ratings of helpfulness were also applied to support groups, counselors, and friends. The participants rated their partner's friends, family, neighbors, battered women's services, and mutual friends as unhelpful. Unfortunately, this study included only participants located in large urban centers where a large gay community was present. Therefore, the results cannot be generalized to a rural or suburban gay population, who may not have access to gay domestic violence centers or other resources considered helpful to gay male domestic violence victims.

Additional research will be required to understand the reasons lesbians and gay men tended not to find the same resources helpful. However, it can be surmised that domestic violence shelters, hospitals, and social services lack the funding necessary to retrain personnel and volunteers in how to assist SSDV victims (Margolies & Leeder, 1995), but it is well known that police and legal services have ambiguous guidelines, if any, pertaining to SSDV (Margolies & Leeder, 1995; Merrill & Wolfe, 2000). Until legal statutes ensure the equality of SSDV and OSDV resources,

it can be assumed that SSDV victims will rely on a patchwork quilt of assistance (i.e., friends, family, and counselors) or find no assistance at all.

Similarities and Differences Between SSDV and OSDV

In addition to the similarities of prevalence between SSDV and OSDV, the differences in treatment of SSDV caused by common myths and domestic violence theory, and obstacles faced by SSDV victims in comparison to those faced by OSDV victims, there are other significant similarities and differences. Assuming a pattern of violence dissimilar to the most common form of OSDV, described above as common couple violence, the similarities include a congruent pattern of abuse that is progressive in intensity and severity, which highlights the necessity for equal treatment of SSDV and OSDV. However, there are theoretical and legal differences between SSDV and OSDV that facilitate the continuance of unequal treatment and the general lack of SSDV recognition.

The congruency in patterns of abuse is recognizable by the recurrent theme of violence followed by apologetic behavior from the abuser. The character traits of abusers vary and do not conform to stereotypes of an intimidating and domineering appearance. The personalities of SSDV and OSDV perpetrators are similar in that they tend to externalize blame and have narcissistic personality traits (Merrill, 1998). As mentioned above, the pattern is often progressive in its frequency and severity. Therefore, many of the perpetrator's behaviors are similar and entail a variety of double standards, coercion, jealousy, criticism, isolation of the victim, lying, and humiliation (Merrill, 1998). Such "controlling" forms of behavior are most notably congruent in OSDV perpetrated by men and in the majority of domestic violence among lesbians (Johnson & Ferraro, 2000).

The cycle of such abuse typically begins after an initial honeymoon phase in the beginning of a relationship. It frequently begins as emotional abuse and escalates to progressively severe forms of physical and sexual abuse (Margolies & Leeder, 1995; Merrill, 1998; Merrill & Wolfe, 2000; Renzetti, 1997). In both OSDV and SSDV, the victims behave in similar fashions toward the perpetrator. This is explained in a learned helplessness theoretical framework, typically described as *battered woman's syndrome* in its heterosexual context. A state of learned helplessness allows for a gradual acceptance and toleration of the abusive situation; the degrees of acceptance grow concomitantly with the progression of the abusive behavior, facilitating blindness to the severity of the abuse. An elaborate and hypervigilant defense structure is often the result of such a situation, thereby increasing depressive and anxious symptomatology (Merrill & Wolfe, 2000). It is also in these unfortunate circumstances that the victim, acting in eventual defense of himself or herself, may be inappropriately termed the "perpetrator" of violence in self-defense; in an OSDV framework, it is most prevalently women who perpetrate this pattern of violence (Johnson & Ferraro, 2000). Such confusion as to the nature and perpetration of the domestic

violence is a significant reason that OSDV and SSDV victims, the latter often obscured through the haze of gender and role stereotypes, do not receive the recognition and help they need.

Despite the similarities of the two sides of domestic violence, there are disparate issues inherent to SSDV, owing to the fact that both individuals in the relationship are of the same sex. While misogyny and sexism (i.e., some of the main causes of OSDV according to domestic violence theory) may also affect same-sex relationships, it appears that homonegativity plays a larger role in SSDV in two ways (Letellier, 1994; Renzetti, 1992). First, it creates an atmosphere in which a GLB individual may feel disempowered to seek assistance from police, lawyers, counselors, and domestic violence shelters (i.e., traditional domestic violence resources) for fear that they may have their sexual identity revealed to the community and the legal system. GLB parents are vulnerable to the threat of having their sexual identity revealed to ex-spouses, which may lead to the all-too-common reality of losing custody or even visitation of their children. GLB individuals must also consider the shame, potential ostracism, and possible loss of income or housing as a result of being "outed" to family, friends, landlords, employers, and coworkers. Second, if the SSDV victim does not fear having his or her identity revealed, homonegativity may preclude the victim from receiving adequate treatment through traditional domestic violence resources (i.e., police, lawyers, counselors, and other social service agencies).

In addition to the aspect of homonegativity, there are significant legal differences between OSDV and SSDV. Both OSDV and SSDV victims across the nation may bring criminal charges against their abusive partners. However, the aggrieved party must first convince the police to take immediate protective action and then persuade the local prosecutor's office to file the charges in court. This is a daunting task when "police response to same-sex domestic violence has been called 'misguided at best and homophobic at worst'" (Jablow, 2000, p. 1110). A person arrested by police for criminal assault, or related charges, can usually bail out of custody within a matter of hours. That leaves the hapless victim possibly homeless and vulnerable to further injury, or even death. The judicial process may take months before the case is heard and adjudicated. Once tried, the outcome may have more to do with a judge's level of homonegativity and bias than the fair and impartial rule of law.

Because conviction does not guarantee imprisonment, the abuse may continue. Criminal charges may be a last resort for those who want relief but do not want the abuser jailed or punished as a "criminal" (Jablow, 2000, p. 1113). The criminal justice system is, therefore, ill suited to provide the protection and relief sought by domestic violence victims, same-sex or otherwise.

Though the criminal justice system provides an inadequate remedy to victims of domestic violence, the civil legal system provides an alternative means of protection through civil protection and restraining orders, which require a lower standard of proof and offer victims of domestic vio-

lence almost immediate relief. Both orders require the abuser to stay away from the victim until a hearing can be held to determine whether a permanent protective order is justified. Restraining orders may be obtained in all 50 states and the District of Columbia. Civil protection orders provide more extensive protection because the abuser may be ordered to vacate the home and to continue financial support for joint expenses such as mortgage, insurance, and utility payments. However, the more preferable civil protective orders are severely restricted in their availability to SSDV victims.

Unfortunately, Vermont is the only state with a domestic violence statute that expressly provides protection to same-sex couples in an intimate relationship. Because of the ambiguity of domestic violence laws in some states and the specific exclusion of gay men and lesbians in many others, the ability to obtain civil protection orders is usually restricted to heterosexual couples. State statutes explicitly protect only opposite-sex members of a relationship from domestic violence in Alabama, Arizona, Delaware, Indiana, Michigan, Mississippi, Montana, North Carolina, South Carolina, and Washington (Fray-Witzer, 1999). Several states, such as Louisiana (Protection From Family Violence Act, 2001) and Texas (Tex. Fam. Code Ann., 1997), implicitly exclude gay men and lesbians from protection by limiting the applicability of domestic violence statutes to narrowly defined classes, such as married couples or formerly married couples, a legal status denied gay men and lesbians.

In the states that do not explicitly or implicitly deny domestic violence protection to gay men and lesbians, court interpretation may be required to extend equal protection to them. Courts have interpreted gender-neutral domestic violence statutes to include victims of SSDV in Florida, Illinois, Ohio, and Kentucky (Jablow, 2000). Until judicial intervention, the question of whether gender-neutral domestic violence statutes of other states also protect members of same-sex couples remains unresolved and subject to the discretion of local authorities.

The 1994 federal Violence Against Women Act is gender neutral in the language of the statute's provisions. Although the legislative history indicates that it was enacted to protect females from male aggressors, this statute has yet to be interpreted. Whether it protects victims of same-sex domestic violence, therefore, remains unclear.

Sodomy laws in more than a dozen states and Puerto Rico (American Civil Liberties Union, 2001) create unique legal barriers for many gay men and lesbians seeking protection from SSDV. Ironically, sodomy laws may force victims "to confess to a criminal act in order to prove the existence of a domestic relationship" (Jablow, 2000, p. 1116) and, therefore, the possibility of domestic violence. Admission to criminal conduct jeopardizes the livelihood of professionals in these jurisdictions because of prohibitions against the licensure of any person who engages in illegal or immoral activity. Clearly, these factors discourage victims from taking legal action; risking legal peril to escape bodily peril may be too high a price for many battered gay men and lesbians.

Implications for Applications and Social Policy

Although SSDV is probably at least as prevalent as OSDV, legal protection and mental health services addressing SSDV are sorely lacking. The following recommendations are an attempt to rectify this situation by suggesting changes in the many systems that affect and are affected by the victims and perpetrators of SSDV (see Figure 1).

Helping Professions

Research and theory. The foundation for change is an understanding of the phenomenon of SSDV. Family psychologists, working with other helping professionals (e.g., social workers), could develop a coherent theory of SSDV based on empirical research addressing the different possible patterns of SSDV rather than on the predominant domestic violence theory that arose from research on OSDV. Prerequisite to this research would be the development of measures that can differentiate patterns of SSDV and then assess change in the various categories. Research questions might include the following: Given our body of knowledge on OSDV, what parts of our knowledge, and therefore our interventions, can be generalized to SSDV? Can similar definitions of patterns of violence, which consider issues of severity, frequency, perpetration, and control, be applied to both SSDV and OSDV? Is the prevalence of certain patterns of violence different or similar when one compares a general GLB population with a general heterosexual population? Are abusers in same-sex relationships similar to abusers in opposite-sex relationships when considered along a variety of psychological dimensions? How are the couple dynamics the same and how are they different? As compared with OSDV, do SSDV victims and perpetrators respond to treatment in similar or different ways? Realizing that current empirical research distinguishes among different patterns of violence, as well as the role played therein, researchers in the future should always consider the role of both partners in the domestic violence when attempting to answer these questions.

Interventions and training. Family psychologists could develop programs to enhance the training that professionals receive in OSDV. Such programs should emphasize the different patterns of possible violence found in OSDV empirical research, as well as the fact that different patterns would require different models of intervention. For example, a perpetrator of violence that falls closely under the category of intimate terrorism obviously requires different principles of intervention than a person defending him- or herself against such violence. Additionally, by becoming sensitized to the additional legal, sociopolitical, and psychosocial issues and stressors that complicate SSDV in the lives of GLB people, medical and mental health professionals and the paraprofessionals who work in shelters could provide more adequate services. Furthermore, family psychologists could be trained to work with GLB people's "chosen" families (i.e., social support network), as well as their biological families.

GLB Community

Family psychologists and other helping professionals could intervene at the community level by initiating prevention programs within GLB communities; these might be designed to raise awareness and overcome the shame and closeted nature of SSDV. The GLB community might organize safe houses or shelters for victims of SSDV. Social norms against abuse and social sanctions against abusers could be enhanced with public education within the GLB community. The GLB community could sponsor GLB paraprofessionals to learn about prevention of SSDV; additionally, GLB individuals could volunteer to educate helping professionals about the daily lives and stresses of GLB people and the implications for them in their professional roles.

Legal System

Enacting laws giving equal protection in employment, housing, and parental rights to GLB people would make victims of SSDV less vulnerable to their abusers. Laws that protect victims of OSDV (e.g., civil protection orders) and prosecute or require therapy for abusers should explicitly include SSDV victims and abusers. Police officers should be trained to recognize domestic violence in same-sex couples and to discern the abuser from the victim, instead of assuming mutual battering. Educating judges and prosecutors to perceive battering within same-sex couples as domestic violence would likely result in more appropriate legal outcomes for the couples.

Larger Society

Educating the public to understand that SSDV is the same mental and physical health crisis as OSDV could bring support for change in much the same way that the public education initiative on OSDV has raised public awareness and changed the social context of OSDV. It is important to educate the public, not only for the purpose of debunking myths and reforming public policy within the society at large but also because these individuals are the friends and families of victims and abusers. They are the neighbors who could report abuse; they are the philanthropists who could support shelters for victims; they become the jurors in court cases of SSDV.

Using Figure 1 to guide change in the many interlocking systems that are relevant to SSDV could help family psychologists plan a comprehensive and integrated approach to SSDV. We need to bring this phenomenon "out of the closet" and into the purview of family psychology so that we can lend our multisystemic perspective and expertise to solving this serious mental and physical health problem.

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