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*Violence Against Women* 2008 14: 310

DOI: 10.1177/1077801207313734

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# The Influence of Gender Role Stereotyping on Women's Experiences of Female Same-Sex Intimate Partner Violence

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Female same-sex intimate partner violence (FSSIPV) is a serious problem that affects the health and safety of lesbian and bisexual women. To begin to address the paucity of research, a mixed methods study was conducted to identify shared and unique risk and protective factors for FSSIPV. This article reports on qualitative findings related to the influence of gender role stereotyping on women's experiences of FSSIPV. Findings indicate that gender role stereotyping shapes women's experiences of FSSIPV by influencing individual, familial, community, and societal perceptions and responses to this phenomenon.

**Keywords:** *intimate partner violence; same sex; women*

Female same-sex intimate partner violence (FSSIPV) is a serious problem that profoundly affects the lives of lesbian, bisexual, and transgender (LBT) women (National Coalition of Anti-Violence Programs, 2004; Poorman, 2001; Ristock, 2002). Because prevalence estimates are often based on small samples or samples of convenience (e.g., women's festivals, lesbian organizations) and because studies have used various definitions of violence, time frames for measuring victimization and perpetration, and sampling procedures, estimates of the percentage of women affected by FSSIPV have varied widely (Relf & Glass, 2005). For example, in the National Violence Against Women Survey, the only population-based study that has included an analysis of FSSIPV, Tjaden, Thoennes, and Allison (1999) reported that of 79 women, 11.4% reported a lifetime prevalence of physical and/or sexual abuse

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**Authors' Note:** This research was supported by funding from the Centers for Disease Control and Prevention, No. R49 CE000232-01 (principal investigator, Nancy Glass). We would like to thank our collaborators from the Bradley Angle House, Emily Gardner, and the Sexual Minority Youth Resource Center, Zane Gibbs and Mehera Scheu, and the study's two senior research assistants, Tina Bloom and Kira Hughes. Furthermore, we thank the women who participated in the study by sharing their experiences, time, and expertise.

perpetrated by a female intimate partner. In contrast, Rose's community-based study (2003) of FSSIPV in a convenience sample of 229 self-identified lesbians, reported that 12.2% of participants had experienced one or more incidents of intimate partner violence (IPV) in the past year. Despite the variation in prevalence rates reported across studies, even the lowest reported rate of 11.4% indicates that FSSIPV is a significant problem deserving the attention of policy makers and researchers, as well as health care, social service, and criminal justice professionals.

Risk factors for FSSIPV include prior physical violence by an intimate partner (male or female), controlling behaviors, dependency, alcohol and drug use, depression, and ending the relationship (Coleman, 1994; Glass, Koziol-McLain, Campbell, & Block, 2004; Lockhart, White, Causby, & Isaac, 1994; Renzetti, 1992; Schilit, Lie, & Montagne, 1990). Yet it is important to note that the majority of existing risk models, risk assessment instruments, and prevention and intervention strategies were primarily developed with heterosexual samples and then applied to FSSIPV. It is only recently that researchers have begun to examine the role of minority stress (e.g., internalized homophobia and discrimination) as risk factors for IPV in same-sex relationships (Balsam & Szymanski, 2005). To contribute to the limited knowledge base related to risk factors for FSSIPV, we conducted a mixed methods study. Our qualitative findings indicate that risk factors for FSSIPV exist at the individual, familial, community, and societal levels. The purpose of this article is to report qualitative findings related to the influence of gender role stereotyping on women's experiences of FSSIPV.

Heterosexuality is "a way of perceiving, categorizing, and imagining the social relations of the sexes" (Katz, 1998, p. 87). Historically, heterosexual discourse has engendered persons as being feminine or masculine. This duality has created gender role stereotypes that many view as immutable biological categories rather than social constructions. Perper and Cornog (2000) described this form of biological categorization:

Western cultural traditions have created two idealized categories, called Man and Woman, that co-align gender roles, sexual activities, and anatomy. In everyday and vivid words, Men enact masculine gender roles, have sex with women, and have big muscles, penises, and testicles. Women enact feminine gender roles, have sex with men, and have breasts, vaginas, and clitorises. (p. 101)

In addition to focusing on women's anatomy and sexual behavior, traditional gender role stereotyping has portrayed women as being innately nonviolent, caretaking, and nurturing (Gilbert, 2002; Girshick, 2002; Perilla, Frndak, Lillard, & East, 2003). This perception has significant implications for women who behave in ways that are incongruent with traditional gender stereotypical roles, such as women who perpetrate violence and women who have sex with women. Such women may be viewed as being unnatural, deviant, a threat to the status quo of existing gender relations in families and society. Perper and Cornog's description (2000) of men and women ("Man and Woman") also illustrates the interconnectedness of gender role stereotyping and

heterosexism wherein women who have sex with men are viewed as “normal” and women who have sex with women are “abnormal.” The pervasiveness of gender role stereotyping, along with concomitant heterosexism and homophobia, places battered LBT women at risk in the context of a society where their experiences are ignored and stigmatized and where traditional sources of help, such as friends, family, and community domestic violence services, are lacking (Balsam, 2001; Dworkin & Yi, 2003; Poorman, 2001).

Since its inception, the battered women’s movement has conceptualized the problem of IPV in terms of a male–female phenomenon, linking violent behavior to male gender roles and socialization processes (Miller, Greene, Causby, White, & Lockhart, 2001; Ristock, 2002). As a result, contemporary battered women’s services are based on a heterosexist model of abuse, involving a violent controlling man and a nonviolent passive woman (Van Natta, 2005). Radical lesbian feminist culture of the 1970s reinforced the view that only men are violent, as a way of validating lesbian relationships and working against dominant constructions of lesbians as being perverted, sick, and deviant. Thus, recognition of the problem of FSSIPV challenges gender-based analyses of IPV, which have been the mainstay of the battered women’s movement to date, and comforting views of female same-sex relationships as safe havens (Ristock, 2002). Given these dynamics, it is not surprising that both the battered women’s movement and LBT communities have been reluctant, for the most part, to address the problem of FSSIPV in any significant way (Balsam, 2001; Worcester, 2002). This reluctance has placed battered LBT women at a severe disadvantage, leaving them with extremely limited access to vital social, health, and community services that meet their needs.

## Method

### Sample

Women (15 years and older) who self-reported current or past-year IPV from a same-sex partner or ex-partner and women (15 years and older) who self-reported perpetration of IPV in a same-sex relationship were eligible for study participation. A total of 52 women participated in the qualitative phase of the study, and 7 identified as the perpetrator of violence against a female same-sex partner. The age range of participants was 15 to 64 years. Of the 52 women who participated, 10 were racial and ethnic minorities. There was only 1 transgender participant in the study; for this reason, the applicability of our findings to members of this population is unknown.

Participants were recruited in collaboration with our partner community-based organizations that provide services to the LBT community. The study was advertised through partner organizations’ e-mail listservers and monthly newsletters and during weekly activities (e.g., dinners, support groups, sports events) sponsored by

the organizations. The study was also advertised in local alternative and lesbian, bisexual, gay, and transgender newspapers, bookstores, bar and social events, university campuses, craigslist, and domestic violence agencies. Once the study was known in the community, several referrals came through word of mouth from other study participants. Participants who were recruited through our partner organizations were informed that refusal to participate had no effect on their participation in any program services.

## Procedures

Potential participants contacted members of the research team for information about the study via the use of a toll-free number that was included in all study materials. Interviews were conducted at a safe and convenient time determined by the participants and were most often held on-site at our partner organizations. Informed consent was obtained for each participant, and participants were provided a \$20 reimbursement for their time and expertise.

Participants had the option of participating in individual or group interviews. Forty-one women participated in group interviews, and the remaining 11 participated in individual interviews. A total of 11 individual interviews and 7 group interviews were completed. Interviews continued until members of the research team agreed that the analysis revealed an adequate description. All interviews were audiotaped and transcribed verbatim for analysis. To ensure the safety and protection of participants, guidelines for the ethical and safe conduct of research with battered women were stringently followed (Parker, Ulrich, & Nursing Consortium on Violence and Abuse, 1990).

## Measures

The qualitative phase of this study used individual and semistructured group interviews to collect data about women's experiences of FSSIPV. Individual interviews incorporated life history and focused interviewing techniques. Participants were asked to talk about their definitions of FSSIPV, to describe their lived experiences of violence, and finally, to provide feedback related to items on the Danger Assessment-2, which is a risk assessment tool that is sensitive and specific in identifying risk for repeated victimization and murder of women in heterosexual intimate relationships (Campbell, Sharps, & Glass, 2001).

We followed a standardized qualitative interview guide during all interviews. The questions that provided the basic structure for all interviews were as follows: first, "We would like to start by talking about the definition of domestic violence. What do you think domestic violence is? How would you define it?"; second, "Now that we have talked some about the definition of domestic violence, we would like to talk about what kinds of violence women in same-sex relationships experience. Can you share some real-life examples?"; third, "In addition to finding out about women's

**Table 1**  
**Danger Assessment–2 Items Reviewed and Discussed**  
**During Qualitative Interviews**

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**Danger Assessment–2**

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1. Does she follow or spy on you, leave threatening notes or messages on your answering machine, destroy your property, or call you when you don't want her to?
2. Is she violently and constantly jealous of you?
3. Does she control most or all of your daily activities?
4. Does she ever try to choke you?
5. Has she ever forced you to have sex when you did not wish to do so?
6. Have you ever been beaten by her while you were pregnant?
7. Does she threaten to harm your children?
8. Has she avoided being arrested for domestic violence?
9. Is she unemployed?
10. Has the physical violence increased in severity or frequency over the past year?

**Weapons / Alcohol and Drugs**

11. Is she an alcoholic or problem drinker?
12. Does she use illegal drugs? By drugs, I mean uppers or amphetamines, speed, heroin, cocaine, street drugs, or mixtures of drugs.
13. Does she own a gun?
14. Has she ever used a weapon against you or threatened you with a lethal weapon?
15. Does she threaten to kill you?
16. Has she ever threatened or tried to commit suicide?

**Survivor Actions**

17. Have you left her after living together during the past year?
  18. Do you have a child that is not hers?
  19. Have you ever threatened or tried to commit suicide?
  20. Do you believe she is capable of killing you?
- 

experiences of violence, we are also interested in what factors may place women in same-sex relationships at risk for repeat violence. What are some of the things that you think place women at risk? Can you share some real-life examples?"; fourth, "What kind of protections are available to women in same-sex relationships who experience violence?"; and, fifth, "What are some of the barriers to getting help that you or other women in same-sex relationships face?" Finally, toward the end of interviews, women were asked to review and provide feedback regarding each item on the Danger Assessment–2 (see Table 1).

## Analysis

Analysis occurred concurrently with data collection using transcripts as they became available. All interview transcripts were analyzed before completion of the analytic process. Analytic strategies included thematic analysis, exemplars, and biographical comparisons (Benner, 1994). During the analysis, we searched for differences in experience,

if any, between ethnic groups. However, the sample size of 10 non-White women was not adequate to generate themes related to racialized gender issues.

Thematic analysis was performed using an iterative process of developing and refining codes, and both open coding and line-by-line coding techniques were used. First, each interview text was read in its entirety for the purpose of obtaining a global understanding of the narrative. Open coding of narratives using pencil and paper began shortly thereafter. These preliminary codes were then examined for areas of commonality and difference. An initial draft of emerging themes and important differences was completed early in the data collection phase of the study. Next, narratives were imported into N-6 (QSR International, 2002), a qualitative research data management program, generating over 250 codes. Next, N-6 codes and their corresponding data bits were printed out on hard copies. At this point, all codes were systematically examined for commonalities, overlap, and the ways in which codes related to one another. Once these relationships were examined, like codes and inter-related codes were collapsed and connected, resulting in the emergence of a structure of themes and subthemes.

Once categories, themes, and subthemes were in place, we began to search the text for exemplars that provided clear and powerful pictures of each theme. We selected exemplars based on the following criteria: logical fit with categories and themes, clarity and power, diversity of speakers, ability to reflect differing nuances of themes, and previous use (we made efforts to avoid using exemplars more than once). As the exemplars were interpreted, we looked back to the entirety of the texts from which they came and compared them with other exemplars in each category. Finally, to enhance our understanding of exemplars, we placed them into the context of biographical information, when available. Participants' biographical narratives significantly aided our ability to understand attitudes, perceptions, and meanings embedded in the texts. Examining family of origin, intimate relationship histories, and life trajectory influences allowed us to frame the narratives of abuse by context, locale, identity, and personal history.

## **Reliability and Validity of Qualitative Data and Analysis**

Evaluating the credibility of interpretation requires that the interpretation be reasonable to others and that adequate safeguards to protect against discernible biases be in place during the research. For this purpose, we used peer review and debriefing, as well as member checks (Creswell, 1998).

Peer review and debriefing provide an external check of the research process, "much in the same spirit as inter-rater reliability in quantitative research" (Creswell, 1998, p. 202). All members of the research team who were not involved in the qualitative analysis provided peer review of the interpretation of narratives. Each team member had access to all narrative accounts, and discussion of the analytic process was ongoing. This process helped to ensure that our interpretations were called into account and discussed as necessary as the analysis progressed.

Member checking involves taking analysis and interpretations back to participants so that they can consider the accuracy and credibility of the account. Arrangements were made to conduct a 2-hour group interview with women who had participated in the study, providing them the opportunity to review and provide feedback regarding the themes and exemplars that emerged during the analysis. Information derived from member checks was used to review and change interpretations as needed.

## Findings

This article provides an overview of findings from the analytic category *the influence of gender role stereotyping on women's experiences of violence*. Themes belonging to this category include *girls don't hit other girls*, *the myth of a lesbian utopia*, *cat fight*, and *playing the feminine victim*. We derived the first three themes from the common experiences of the total sample; we derived the last theme from the common experiences of participants who identified as victims of FSSIPV, as well as from the narratives of three of the women who identified as perpetrators.

### Girls Don't Hit Other Girls

The belief that women are innately nonviolent influenced women's experiences in two important ways. First, it made it difficult for them to recognize IPV in their own intimate relationships with women, and second, it made it difficult for them to find domestic violence services in their communities that met their needs.

*Naming the problem.* Traditional gender role stereotyping of women as being nonviolent influenced participants' perceptions of their experiences in relationships. One participant noted,

I think a lot of people are so convinced that girls don't hit other girls. Basically that women are supposed to be nurturing, and caring, and emotional. And you know, have the whole maternal instinct. And you know, not everybody has that.

Although women were aware that they were having "relationships problems," the strongly held belief that girls don't hit other girls interfered with their ability to recognize that their relationships were abusive. The following exemplar from a social worker shows the strong influence that gender role stereotyping had on women's perceptions:

Participant: Well, I mean, I've worked in domestic violence. I worked in a domestic violence shelter for two summers, when I was in college. And so—and I'm a social worker now, so I know that I know intellectually and everything what I'm supposed to know. But at the time I don't think it would have made a difference. It just didn't seem like—girls didn't have domestic violence issues with each other.



Interviewer: You had seen and heard a lot about it, but because you were in a same-sex relationship, it didn't fit?

Participant: It wasn't domestic violence to me.

Similar to what occurs in some heterosexual abusive relationships, some women blamed themselves for their relationship problems. The tendency toward self-blame may have contributed to women's difficulty in viewing their partners as abusive:

When I was with her, I didn't think of her—I didn't think it was domestic violence, even when she hit me. I thought it was my fault, and I know that that's how . . . it is very similar in heterosexual couples where you feel like it is your fault. But I just didn't think that girls committed domestic violence against each other.

As the above exemplar demonstrates, difficulty identifying FSSIPV occurred even in instances where physical violence occurred. The following exemplar illustrates how gender role stereotyping also influenced women's perceptions of sexual abuse:

Interviewer: So your boundaries, sexually, were really pushed, with what you were comfortable with?

Participant: Yeah.

Interviewer: Did you ever try to have that conversation with her?

Participant: No—I thought, well, I just thought that it was fine because we were girls, like, and girls don't hurt each other like that. So I just thought that it was the way it was supposed to be.

The idea that this is just the way that things are "supposed to be," described by the participant above, was particularly common among women in their first same-sex relationship and among those who were in relationships with much older women. For example, one participant who was in her first same-sex relationship was told by her abuser, "Well, you'd better get used to it because this is the way lesbians are." This finding is consistent with that of previously published work indicating that women in their first female same-sex relationship may be more vulnerable to violence (Ristock, 2003). It may be that gender role stereotyping in combination with lack of relationship experience makes it particularly difficult for women to recognize IPV in their intimate same-sex relationships.

*FSSIPV challenges dominant gender-based discourses of IPV.* Several authors have identified the need for a complex theory of IPV that takes into account the varied dimensions of human identity and social status, including race, class, gender, sexual orientation, and disability on women's experiences of IPV (Gilbert, 2002; Greene, 2000; Hanson & Maroney, 1999; Merrill, 1999; Ristock, 2002; Van Natta, 2005). Much of this discussion has highlighted the heterosexist and Eurocentric nature of the dominant gender-based discourses of IPV that currently guide the philosophy and worldviews of the majority of domestic violence service agencies currently operating

in the United States (Elliot, 1999; Garcia, 1999; Ristock, 2002). Consistent with findings reported in other studies of FSSIPV, our findings revealed that the hegemony of gender-based analysis of IPV was a barrier to help seeking for many women in our study. One woman noted,

Even the domestic violence community . . . I've been through lots of training through work, and it's always that "Well, it is usually men, it's usually men" and I even went to one where . . . a domestic violence provider who taught the class said, "Women are not violent." . . . And so there is the whole domestic violence community saying, "We need to change the men," . . . and then we pop in and say, "but women are abusing us," and it's like, well, that is messing up everything. It's almost like they don't want to hear it; they might have to deal with it.

The heterosexist nature of traditional gender-based analyses of IPV permeated the atmosphere in domestic violence services such as battered women's shelters to such a degree that some women felt the need to keep their sexual orientation a secret:

I've been in, I've been in shelter—this is my third time. But this is the first time that I've ever had anybody want to help me for being a lesbian, you know, in a lesbian relationship. I didn't want to come for shelter. I didn't want to ask for help . . . and, um, a lot of straight women in shelters will play games with your head, with my head. The last time I was in shelter, really, I had to be hush-hush. And they're concerned about a lesbian being around their children, and, um, they "shouldn't have to be subjected to this."

This exemplar illustrates the interconnectedness of traditional gender role stereotyping and homophobia referred to earlier. Women who do not fit the traditional feminine role (e.g., women who partner with women) may be perceived as an unwholesome influence and, in some cases, even a threat in heterosexist and homophobic environments. These findings are consistent with other published research indicating that service providers and people in general are more likely to respond positively to battered women who conform to stereotypes of traditional femininity (Ristock, 2002). As one of our participants noted, this dynamic results in a double standard wherein heterosexual women have greater access to domestic violence services than do women who have sex with women. The heterosexist and homophobic environments extant in many domestic violence agencies place women who have sex with women at risk for experiencing secondary traumatization. The following quote illustrates this vulnerability: "I live in a shelter full of straight women, and I feel very vulnerable and lonely there. Isolated there. I'm trying to grow beyond that and, ah, take it one day at a time."

## The Myth of Lesbian Utopia

Just as traditional gender role stereotypes depict women as being nonviolent, men have traditionally been viewed as being dominant, strong, aggressive, and

often violent. Consistent with this belief system, cultural feminism has promulgated the idea that violence is a male biological trait, and it has argued for the development of lesbian communities and ethics as a way to prevent male violence from infecting women's culture. According to this view, women do not have this violent tendency (Ristock, 2002). Thus, there exists a myth among some lesbians and feminists that lesbian communities form a sort of utopian existence wherein women do not oppress, and certainly do not beat up, other women. This myth maintains the illusion that lesbian communities are more enlightened than heterosexual communities (Elliot, 1999) and that female same-sex relationships are egalitarian, loving, but never violent (McLaughlin & Rozee, 2001). Thus, the myth of a lesbian utopia reinforces traditional gender role stereotypes of women as being nonviolent, thereby supporting the status quo extant in the battered women's movement and decreasing the likelihood that women who are battered by their same-sex partners will recognize that they are experiencing FSSIPV. The following exemplar illustrates how female same-sex relationships can be idealized:

Females can relate to females . . . because it is kind of like, with a heterosexual couple, [they] can have a domestic violence dispute, where a same-sex couple, the idea would be, because same-sex [couples] would relate a lot easier than heterosexuals, . . . they wouldn't argue and fight as much. There wouldn't be no controlling.

Another participant commented,

Well, we still have a thing of wanting to be unique in the situation that, that's the reason why we got out of the heterosexual [relationships]—we want them to see, "Oh I'm happy. I'm wonderful." But it is really not.

As the following exemplar illustrates, the myth of a lesbian utopia also results in women's being silenced within their own communities:

In our community I don't believe that it is spoken about. It's very taboo, as if we're all just the perfect little lesbians. I mean, it's just, everything is quiet, it's all got to be quiet . . . because it is, like, it is something that always happens in the heterosexual world but not our world—and it does.

LBT communities are not alone in their reluctance to talk about IPV as a means of protecting themselves from additional societal stigma, nor are they alone in their tendency to idealize their way of life as a means of resistance to societal denigration (Giorgio, 2002). Although the desire to protect one's community is understandable, the protective strategies employed (e.g., making discussion of IPV a taboo, idealization) have the detrimental effect of silencing women who, by virtue of their membership in marginalized and stigmatized communities, are among those with the greatest need to be heard and offered help. As such, identifying strategies to protect

women and their communities from harm is an important component of addressing IPV in marginalized populations.

## Cat Fight

Inherent in the ideas that girls don't hit girls and that lesbian communities are utopian by virtue of having achieved a "pure" femininity uncontaminated by male influences is the notion that femininity is something not to be feared (Ristock, 2002). According to this view, two women cannot really hurt one another (Elliot, 1999; Merrill, 1999), in part because violence goes against the grain of women's nature and in part because women are not big or strong enough to inflict serious harm (McLaughlin & Rozee, 2001). The term *cat fight*, which surfaced in our interviews more than once, seems to capture the view that women's violence is somehow less serious than men's and that women by their very nature are not dangerous:

I think I did start out thinking, "This is a woman, this is like a cat fight, this isn't abuse" . . . that this couldn't be two women fighting, couldn't be scary. . . . In the back of my mind I'm thinking, "A couple of women, how bad could it be?"

Women also reported that when friends witnessed the violence, in some instances they did not take it seriously:

The last time that it happened we were at a bar and it was in public. So people kind of saw what happened and walked by. And that is when I kind of decided that I'd had it. But, um, [her friends] thought it was funny. They were like, "That's not a big deal, you were just fighting." . . . They didn't think it was serious.

In addition to contributing to individual and societal failures to take FSSIPV seriously, the notion of a cat fight appeared to reveal other gender-stereotyped meanings:

Interviewer: Do you think that violence between women is taken seriously?

Participant: Uh, I think that they see it as two women fighting and no big deal. It's like that real stereotypical "look at those two lesbians going at it, they're hysterical, can't control themselves, it's a cat fight."

This exemplar illustrates that not only may women's violence be viewed as being less serious and less deadly than that perpetrated by men but also that traditional stereotypical views of women as being emotional and hysterical are part of the nuanced meanings associated with FSSIPV. The view that FFSIPV is a reflection of women's hysteria and lack of emotional control no doubt contributes to the tendency to minimize the seriousness of women's use of violence. Thus, discourses about women fighting women, as captured in the word *cat fight*, are laced with gender-stereotyped conceptions of women's use of violence as being harmless and, in some cases, funny and entertaining.

## Playing the Feminine Victim

Reliance on a gender-based analysis of IPV and the reality that men are perpetrators in the majority of IPV cases can sometimes make it difficult to correctly identify perpetrators in instances of FSSIPV. What we found in this study is that perpetrators of FSSIPV are aware of the potential for confusion and in many instances, use this to their advantage by playing victim.

The tendency to play victim was particularly pronounced in instances where law enforcement had been called to the scene. Playing victim was an extremely effective technique used by perpetrators to avoid arrest. Knowing the system and knowing “how to play” law enforcement officers were tools that perpetrators used when playing victim:

She knew the system, and you know, the first time I called the police, it was the cast-iron-skillet thing. And I tried at least three times, and she broke three different phones—two of them on me and one she just broke. And when the police got there, she’d been smoking pot and taking something else . . . and she comes back and goes, “Your little friends are here.” But as soon as she heard them say that there was a pot pipe out there, she started freaking out, saying, “Get out of my house, she tried to kill me.” And it’s like her whole tone—she was sobbing and she was saying, “You are going to give my dad a heart attack he just got out of the hospital,” and they are all telling her to calm down. And it is like she worked them. And I said, “You guys have been played.” I figured it out on my way to jail.

In this exemplar, the perpetrator used gender role stereotypes of women as being hysterical and emotional to manipulate the police and avoid arrest. The next exemplar shows how self-defense, an act that is inconsistent with the traditional gender-stereotyped view of women as passive recipients of violence, influenced the decision making of law enforcement officials:

Interviewer: This is the woman that stabbed you?

Participant: Yeah, if I didn’t have a comforter on me, I’d have had a million holes in my back, you know, the only place where the cops could put me was in jail.

Interviewer: So she stabbed you, but you got arrested?

Participant: Yeah, well, see, the cops—they got to the scene and they see her; it is her residence, and she has just trashed the place. She has taken my bicycle you know . . . and just banged on the damn tires until it bent, you know? And so she told the cops what she told the cops, and they came over to me and they go, they says, “I don’t know what happened here, but you are under arrest.” And you could see there was blood, you know. And she’s not bleeding, I’m the one that’s fucking bleeding. And uh, they goes, “You need medical.” And all I did to defend myself was, I found an aerosol can of Windex, and I sprayed her in the face. And [*crying*] she played the role of the fucking victim. Just like that. She was just fucking playing ’em.

In addition to looking for gender role–stereotyped behavior such as hysteria and passivity, law enforcement relied on noticeable differences in size between partners as a means of identifying perpetrators. The following exemplar, from an interview with a perpetrator, illustrates this phenomenon:

When they look at her and they look at me . . . they are like, “Hey, you shouldn’t have.” Um, mostly, I’ve been with little dainty feminine women; they’re not bigger or taller—well, they’re taller because I am short [*laughs*]. They are usually little women, know what I am saying? And look at me, and well, I’m bigger than them. And I put my hands, they look at my hands, and they go, “Damn!” [*laughs*]. You know? Because my hands are large. And they are like men’s hands, they are that size. And they look at my hands, and they look at me and look at the little ladies, and they are like, “You should have never—you out of your mind.”

In this exemplar, law enforcement officials correctly identified the perpetrator. However, this tendency among law enforcement officials to rely on noticeable differences in size was problematic in instances where victims were larger than perpetrators. As the following exemplars illustrate, when the perpetrator was smaller than the victim, manipulating law enforcement by playing victim became even easier:

[Law enforcement] won’t take it that this is serious stuff; a lesbian is being beat up—especially a lesbian as big and handsome as me [*stands up*]. I mean, I look like the perpetrator. My girlfriend is really good at—she’s sharp at putting it all back on me by the time the police show up.

I’m a big woman and she’s little, but she can knock me clear across the room. When it came down to it in terms of the legal system, . . . she said, “They are going to take one look at you and they are going to haul your fat ass in the back of that police car.” I didn’t believe her at the time, but she was right.

Some participants perceived law enforcement’s tendency to rely on gender role stereotypes to identify perpetrators as those applicable to common images of butch–femme stereotypes:

I think that even when it is understood that it does happen in lesbian relationships, I don’t think that the dynamic is really understood. I think that a lot of people would judge who the primary perpetrator would be based on physical appearance and the whole butch-versus-femme stereotypes.

As the exemplars demonstrate, law enforcement officers tend to rely on gender stereotypes to identify perpetrators in instances of FSSIPV. This reliance is based on traditional feminine behavior, such as hysteria and passivity, size and strength, and feminine/femme and masculine/butch presentations. Unfortunately, knowledge of

law enforcement's gender-stereotyped approach to FSSIPV allows savvy perpetrators to play the feminine victim convincingly, thus avoiding arrest and circumventing justice.

## **Conclusion and Implications for Practice, Policy, and Future Research**

Throughout Western history, an "effort has been made to define Man and Woman as distinctive and therefore distinguishable types, into which everyone fits without exception" (Perper & Cornag, 2000, p. 102). Both heterosexuals and LBT women have to some degree internalized dominant Western views that gender traits and anatomy are immutable and inseparable, thereby shaping women's experiences of FSSIPV in significant and meaningful ways. This article provides examples of the ways in which dominant Western gender-role stereotyping affects women's ability to identify IPV in their same-sex relationships and to access appropriate services in the community when experiencing it.

The difficulties that the participants faced in recognizing and getting help for the abuse that they experienced, as described in this article, have significant implications for lesbian and female bisexual communities as well as health care, social service, and criminal justice professionals. The first three themes—girls don't hit other girls, the myth of a lesbian utopia, and cat fight—suggest a significant lack of awareness of FSSIPV, denial that the problem exists, and when recognized, minimization of women's use of violence, all of which suggests that education and training programs are needed in the community and among professionals to combat these stereotypes and increase awareness of the problem of FSSIPV. The fourth theme, playing the feminine victim, has significant implications for criminal justice professionals. Informing police officers, prosecuting attorneys, and judges that perpetrators of FSSIPV may deliberately play on deeply ingrained stereotypes of femininity to influence their decision making suggests a need for the development of training programs to help criminal justice professionals gain insight into their own biases and reflect on how these biases influence the handling of FSSIPV cases. Finally, in the future, both qualitative and quantitative research is needed to examine the prevalence of attitudes, perceptions, and experiences described by participants in this study and to replicate and extend the qualitative findings reported here. FSSIPV is a serious problem that is shaped by societal discourses on gender. Combating the influence of gender role stereotypes and increasing awareness of FSSIPV through education and training represent important initial steps toward addressing this serious problem and its negative and profound effects on the lives of women.

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