

ORIGINAL ARTICLE

Prevalence of Partner Violence in Same-Sex Romantic and Sexual Relationships in a National Sample of Adolescents

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Purpose: To present the first national prevalence estimates of psychological and physical intimate partner violence between adolescents in same-sex relationships.

Methods: Analyses focus on 117 adolescents aged 12–21 years (50% female) from Wave II of the National Longitudinal Study of Adolescent Health who reported exclusively same-sex romantic or sexual relationships in the 18 months before interview. Items from the Conflict Tactics Scale were used to measure partner violence victimization. Data analysis included computation of prevalence estimates and a logistic regression analysis to assess associations between sociodemographic characteristics and violence victimization.

Results: Almost one-quarter of adolescents with same-sex romantic or sexual partners reported some type of partner violence victimization; about 1 in 10 reported physical victimization. Significant sex differences were found (OR = .29, CI = 0.08, 1.00), with males being less likely than females to report “any violence.” Of six other sociodemographic characteristics examined, importance of religion (OR = .27, CI = 0.07–1.07) and school size (OR = .32, CI = 0.09–1.11) were associated with victimization at the $p < .10$ level. Adolescents who reported that religion was important to them and adolescents who

attended larger schools were at lower risk of “any violence.”

Conclusions: As with opposite-sex relationships, psychological and minor physical violence victimization is common among adolescents involved in same-sex intimate relationships. Males reporting exclusively same-sex relationships were less likely than females to report experiencing the violence behaviors examined. © Society for Adolescent Medicine, 2004

KEY WORDS:

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Most research on intimate partner violence between adolescents has focused on opposite-sex (i.e., male–female), rather than same-sex, relationships. Recent findings from a nationally representative sample indicated that approximately 3 out of every 10 adolescents who had an opposite-sex romantic relationship in the 18 months before interview experienced some type of violence victimization, with 12% experiencing minor physical violence and 29% experiencing psychological violence [1]. Victimization reports were similar for males and females. Although these figures suggest that physical violence victimization may be less prevalent than previously reported in smaller scale studies, they document the fact that psychological and minor physical violence is common in adolescent heterosexual romantic relation-

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ships, and as has been found in earlier surveys, that adolescent females report perpetrating less severe violence at frequencies similar to males [2–5].

In reviewing 19 empirical and quasi-empirical studies of intimate violence in adult lesbian and gay relationships, Burke and Follingstad [6] noted that, as in studies of violence in opposite-sex relationships, the reported prevalence of violence in same-sex relationships can vary tremendously (e.g., 7% to 80% [7–11]), depending on various facets of study methodology, such as whether or how violence is defined and measured (e.g., verbal, physical, sexual, psychological, or all of the above), the time frame considered (e.g., lifetime versus current violence), whether specified partners are considered, sampling techniques, and sample sizes. In addition, estimates of same-sex violence may vary according to how sexual orientation is defined. Probably the most difficult methodological obstacle in studying same-sex intimate violence is obtaining a representative sample; even studies based on large samples typically have used nonrandom sampling methods, with respondent recruitment often occurring through gay and lesbian publications, organizations, and activities [6]. Two studies with better methodology reported prevalence estimates of 25% and 17% for ever having experienced physical victimization in a lesbian relationship [12,13]; these figures are comparable to figures for heterosexual relationships.

A recent report about dating violence among gay, lesbian, and bisexual (GLB) adolescents based on a community survey of 521 adolescents attending a GLB youth rally found that about 40% of self-labeled gay males and lesbians reported at least one lifetime incident of emotional, physical, or sexual abuse by a same-sex partner [14], estimates that are generally similar to lifetime reports of violence from heterosexual samples. To our knowledge, no studies have reported partner violence prevalence figures based on adolescents in same-sex relationships who were drawn from a nationally representative sample. Thus it is unclear whether the social and developmental processes that appear to put gay and lesbian adolescents at elevated risk for problems such as depression and substance use also put them at elevated risk for intimate partner violence [15–27].

Studies examining sociodemographic correlates of adolescent partner violence have mostly been limited to opposite-sex relationships and have produced varying results. For example, some studies have found a positive relationship between age and the risk of victimization [28,29], suggesting that as individuals age, they generally experience more relation-

ships, and therefore there are more “opportunities” to experience a violent one. Other researchers have found no significant relationship between age and exposure to partner violence [30], whereas still others have found a negative relationship [31]. Findings about associations between violence and other factors such as parental education, family structure, and religiosity have also been mixed [1,29,32–34].

In this study, data collected in a nationally representative study of adolescents are used to address two objectives. The first is to estimate the prevalence of psychological and minor physical violence in same-sex adolescent relationships, with a specified partner, using a sample that was not selected specifically on the basis of sexual orientation. The second objective is to explore associations between partner violence victimization in same-sex adolescent relationships and sociodemographic characteristics of adolescents reporting the violence, including biological sex, age, parent/guardian education level, family structure, religious importance, and school size. These goals are purely descriptive, directed at laying the groundwork for future work that will explore theoretical models of same-sex intimate violence.

Methods

Add Health was designed to examine the determinants of health and health-related behaviors of adolescents in grades 7–12 during the 1994–1995 school year [35]. Add Health began with a school sample that represents a stratified, probability sample of all high schools in the United States. More than 90,000 adolescents from 134 schools completed questionnaires. All students who completed an in-school questionnaire, or who were listed on a school roster, were eligible for inclusion in a more in-depth follow-up interview conducted in the home. The Wave I in-home sample represents a nationally representative “core sample” of 12,105 adolescents (students in each school were stratified by grade and sex, with a small number randomly chosen from each stratum), as well as several special over-samples selected on the basis of responses to the school questionnaire. More than 20,000 Wave I in-home interviews were completed between April and December 1995 (about 79% of eligible respondents). Almost 15,000 respondents in the in-home sample were re-interviewed in 1996, representing 88% of respondents who were eligible for a Wave II interview. In both waves, questionnaires were administered via laptop computer; audio-computer-assisted self-interviewing

(ACASI) technology was used for more sensitive questionnaire content, such as dating violence. All Add Health protocols were reviewed and approved by the Institutional Review Board (IRB) for the Protection of Human Subjects in the School of Public Health at the University of North Carolina at Chapel Hill. Secondary data analyses of the contractual data set were conducted under a data security plan approved by the IRB and the Add Health Data Manager.

Sample

The Wave II Add Health questionnaire does not include a question about sexual orientation. Therefore the present analyses employ a behavioral definition of "orientation." Analyses are based on respondents who reported having only same-sex intimate relationships during the 18 months before the Wave II interview; respondents who reported both same- and opposite-sex relationships are excluded. Respondents for whom partner gender could not be determined are also excluded. In Add Health, up to six romantic or sexual partners can be identified for each respondent. In the present sample of respondents reporting only same-sex partners, the maximum number identified by any given respondent was four. For each of these nominations reported at the Wave II interview, respondents indicated whether they had experienced psychological or minor physical violence victimization, as described below, within each named relationship.

To take the study's design effects into account, analyses are limited to respondents for whom sampling weights are available. Of the 13,570 respondents at Wave II with sampling weights, 117 reported exclusively same-sex relationships in the past 18 months. This represents 0.83% of the sample of 13,570, and 1.2% of the 9414 respondents who reported at least one romantic or sexual relationship (weighted percentages). The latter number is consistent with estimates from the 1997 Massachusetts Youth Risk Behavior Survey (MYRBS) [36] in which 3% of almost 4000 high school students surveyed reported at least one same-sex experience in their *lifetime*. Total sample size for the regression model in current analyses is reduced to 111, owing to miscellaneous missing data across the predictor variables.

Measures

Violence. The Wave II interview included five items selected from the Conflict Tactics Scale Form R

(CTS) [37]. In some cases, item wording was modified slightly. For each relationship reported, respondents were asked whether during the relationship their partner had ever: (a) called them names, insulted them, or treated them disrespectfully in front of others; (b) sworn at them; (c) threatened them with violence; (d) thrown something at them that could hurt them; or (e) pushed or shoved them. Answers were coded "0" or "1" ("no"/"yes"). For analytic purposes, items 1–3 were included as indicators of psychological violence, and items 4–5 as indicators of physical violence. Questions about perpetration were not included in the questionnaire. For prevalence estimates, we examined these five behaviors both individually and as composite dichotomous summary variables: Psychological Violence (at least one "yes" response to questions 1, 2, or 3), Physical Violence (at least one "yes" response to questions 4 or 5), and Any Violence (a "yes" response to at least one of the five questions). These summary variables thus indicate whether any of the behaviors or acts included in that category (psychological, physical, any) had occurred in the context of any of the same-sex intimate relationships reported by the respondent for the 18 months before interview. To provide additional information about the prevalence of violence patterns, we also categorized adolescents according to the patterns of victimization they reported, yielding a hierarchical grouping reflecting the scope of victimization and severity of violence. The categories were: (a) no violence victimization in any of the same-sex relationships reported, (b) only psychological victimization (i.e., at least one act of psychological violence victimization reported but no physical victimization), and (c) only physical victimization or both physical and psychological victimization (i.e., at least one act of physical violence victimization but no psychological victimization, or at least one act of both psychological and physical victimization). "Only physical" victimization was combined with "both physical and psychological" victimization because there were too few respondents in the "only physical" category for analysis.

Sociodemographic factors. We examined the Any Violence summary variable in relationship to six sociodemographic characteristics of respondents: biological sex, age, highest educational level achieved by a parent figure, family structure, importance of religion, and size of school attended. Parental education is used as a proxy measure for socioeconomic status. Because the number of intimate relationships in the past 18 months varied between one and four

across respondents, we also included this variable in analyses. Owing to the small sample size, only dichotomous predictor variables were used, and potential differences associated with race and ethnicity could not be examined.

Biological sex. Sex is self-reported by the respondent.

Chronological age. Age was calculated as the date of birth subtracted from the date of interview, and rounded to two decimal places. The two coding categories are ages 12–17 and 18–21 years.

Highest family education. This is the highest educational level achieved by the respondent's resident father figure or resident mother figure, whichever is greater. If there is only one parent figure in the household, his or her education level is used. Categories are: "high school graduate or less," versus "education beyond high school;" the latter category includes college graduates.

Family structure. Household roster information was used to construct a family structure variable with the following two categories: two biological parents versus all other arrangements. The latter category includes other two parents, single parents, and other family arrangements.

Religious importance. Respondents were asked about the importance of religion in their lives. Answer categories were collapsed to "very important/fairly important" versus "fairly unimportant/not important at all."

School size. Classification of the school respondents attended as smaller (≤ 400 students) versus larger (401–4000) was based on school administrator reports collected in a separate School Administrator questionnaire.

Number of intimate relationships reported. Respondents were coded as reporting one or more than one intimate same-sex relationship occurring in the previous 18 months.

Analysis

We first report descriptive statistics for the sociodemographic characteristics of our sample. We next report the prevalence of each violent act and the violence summary and pattern variables. We con-

Table 1. Sociodemographic Characteristics of Respondents Reporting Only Same-Sex Intimate Relationships

Characteristic	Sample (<i>n</i> = 117) ^a	
	<i>n</i>	% ^b
Sex		
Male	52	50
Female	65	50
Age (years)		
12–17	68	80
18–21	49	20
Highest family education		
High school graduate or less	54	45
Education beyond high school	57	55
Family structure		
Two biological parents	49	45
Other	68	55
Religion		
Very/fairly important	89	74
Fairly unimportant/not important	28	26
School size		
Smaller	22	19
Larger	95	81
Number of relationships		
1	94	82
2–4	23	18

^a Sample size varies across variables due to missing data.

^b Percentages adjusted for sampling probabilities and survey design; unweighted sample sizes listed.

clude with a logistic regression model to determine associations between sociodemographic characteristics and the "Any Violence" variable. In Add Health, each adolescent has a grand sample weight that reflects the adolescent's likelihood of sample inclusion (i.e., how many adolescents they "represent" nationally). Sampling weights have been applied in all analyses, and study design effects have been taken into account in the calculation of variance estimates using Stata survey software [38]. The application of sampling weights can result in the same raw numbers translating to different weighted percentages, depending on which adolescents in the sample are included in the raw counts.

Results

Table 1 shows the sociodemographic characteristics of respondents in our analyses. Based on weighted percentages, the sample is evenly split between males and females. Ages ranged from 12 to 21 years, with 8 out of 10 being younger than 18 years. Slightly more than half of respondents had at least one parent figure with education beyond high school, and 45%

Table 2. Prevalence of Partner Violence Victimization by Type and Patterns of Violent Acts

	Sample (n = 117) ^a		Males (n = 52)		Females (n = 65)	
	n	% ^a	n	%	n	%
Psychological						
Swear	19	12.9	7	9.4	12	15.5
Insult	14	13.2	5	4.8	9	19.4
Threat	7	2.6	5	5.0	2	0.8
Any psychological	26	21.3	10	14.6	16	26.3
Physical						
Push	14	8.0	10	8.7	4	7.5
Throw	6	5.9	3	1.8	3	9.0
Any physical	15	11.3	10	8.8	5	13.1
Any violence	32	24.3	15	18.3	17	28.6
Patterns of Violence						
None	85	75.7	37	81.7	48	71.4
Psychological only	17	13.0	5	9.5	12	15.5
Physical only or both	15	11.3	10	8.8	5	13.1

^a Percentages adjusted for sampling probabilities and survey design; unweighted sample sizes listed.

of adolescents' families included two biological parents. Religion was cited as "very" or "fairly" important by about three-quarters of respondents. About one in five adolescents attended smaller schools, and a similar percentage reported more than one same-sex relationship in the past 18 months.

Table 2 displays the prevalence of each act of partner violence victimization and the percentages of respondents reporting any "Psychological Violence" victimization, any "Physical Violence" victimization, and "Any Violence" victimization. Estimates are listed for the 117 respondents reporting only same-sex relationships; separate estimates by sex of respondent are also listed. The prevalence of violence victimization patterns is also listed. Overall, almost one-quarter of respondents reported experiencing Any Violence in a same-sex relationship occurring in the 18 months before the interview. Figures are higher among females. Overall, the majority of violent behaviors were psychological, with "swear at you" and "insult you" being equally common in the overall sample. Figures by gender show slightly different patterns, with females being more likely to report being sworn at or insulted and males being more likely to report receiving threats. Eleven percent of adolescents reported being the victims of physical violence. A slightly larger percentage of males reported being pushed, but the percentage of females reporting having something thrown at them was about five times higher than among males. Regarding victimization patterns, 13% of respondents reported only psychological victimization, and 11% reported only physical victimization or both. As with "any violence," a higher percentage of females

reported both "psychological violence only," and "physical only or both."

The results of logistic regression analyses modeling the presence or absence of any partner violence victimization are presented in Table 3, along with the weighted percentages of respondents reporting any

Table 3. Odds Ratios and 95% Confidence Intervals for Sociodemographic Characteristics Predicting the Presence or Absence of Any Violence Victimization in a Logistic Regression Model^a (n = 111)

Characteristic	Weighted %	OR (95% CI)
Sex		
Females	29	referent
Males	18	0.29 (0.08–1.00*)
Age (years)		
12–17	22	referent
18–21	28	1.37 (0.29–6.54)
Highest family education		
High school graduate or less	25	referent
Education beyond high school	27	1.05 (0.27–4.13)
Family structure		
Other	28	referent
Two biological parents	19	0.53 (0.16–1.79)
Religion		
Not/fairly unimportant	43	referent
Very/fairly important	18	0.27 (0.07–1.07 [†])
School size		
Smaller	33	referent
Larger	21	0.32 (0.09–1.11 [†])
Number of relationships		
1	21	referent
2–4	39	3.70 (0.76–17.96)

* $p \leq .05$; [†] $p < .10$.

^a Adjusted for sampling probabilities and survey design.

victimization by sociodemographic categories. Sociodemographic variables were entered into the regression equation simultaneously. Only one variable reached statistical significance at the .05 level: sex of respondent. The odds of male victimization were less than one-third of those for females. Two other variables, importance of religion and school size, were associated with "any violence" at the $p < .10$ level. The odds of victimization of respondents who felt religion was very or fairly important to them were about one-quarter of those for students who felt religion was unimportant. Similarly, the odds of victimization for students attending medium or large schools were about one-third of those for students attending small schools.

Discussion

Almost one-quarter of adolescents in same-sex relationships reported some type of partner violence in the previous 18 months and 11% reported minor physical victimization, indicating that intimate violence is a significant problem for adolescents engaged in same-sex relationships. These estimates are somewhat lower than those generated by other studies, particularly studies assessing lifetime prevalence, and they contradict speculations that the prevalence of partner violence may be greater in same-sex versus opposite-sex relationships. However, lower violence victimization figures for adolescents in same-sex relationships may be partly an artifact of having had fewer relationships during the reporting period [1,39,40].

The unweighted numbers of adolescents on whom the estimates are based are relatively small. However, our analyses have several significant strengths that directly address the key methodological weaknesses that have characterized earlier work. First, respondents were drawn from a nationally representative sample of adolescents, rather than being selected from a sample constructed on the basis of sexual orientation or same-sex experiences. Second, violence reports refer to specific partnerships that occurred within a specified time period, and for whom the sex of the partners is known. Third, violence data were collected using ACASI technology, which is thought to enhance respondents' candor [41]. Fourth, the analyses used a behavioral criterion to define sexual orientation. This definition is appropriate given the outcome of interest [42] and the variation in sexual orientation classification that occurs across criteria of behavior, attraction, or self-labeling/identification [43].

Of the sociodemographic variables examined, only one, sex of respondent, was significantly associated with victimization. Females in same-sex relationships reported higher levels of both psychological and physical violence than did males. In fact, female reports about same-sex relationships were similar to reports from females engaged only in opposite-sex relationships as documented in our earlier Add Health analyses. In contrast, male reports about victimization in same-sex relationships were half as common as male reports about opposite-sex victimization. Recent findings from the National Violence Against Women Survey (NVAW) indicated that most reports of same-sex violence were associated with a male partner rather than female [44,45]; this suggests that homosexual women may be at decreased risk of victimization by their female partners, but homosexual males may be at increased risk for victimization by their male partners. Patterns in the current analyses suggest that, in contrast to conclusions suggested by NVAW survey findings [44], but consistent with the conclusion of Burke and Follingstad [6], homosexual and heterosexual women are at similar risk of victimization, at least for the relatively low-level types of violence measured in Add Health. Whether homosexual males are at reduced risk, relative to heterosexual males, is unclear, particularly in terms of more severe forms of violence.

Importance of religion and school size did not reach conventional levels of statistical significance. Adolescents who felt that religion was fairly or very important to them were somewhat less likely to be victimized, a pattern that is consistent with our findings for opposite-sex relationships and with a generally protective effect of religiosity for multiple behavioral risks to adolescent health, such as early sexual activity or substance use [46–49].

For opposite-sex relationships, we found that males who attended large schools are more likely to be psychologically victimized by their partner than males who attend small schools [1]. Therefore, the suggestion of a protective effect of larger schools in the present analysis is somewhat surprising. Although empirical findings are somewhat mixed, depending on the outcome of interest, we typically think of smaller schools as holding greater potential to enhance adolescent health and psychosocial development, as well as academic achievement [50,51]. For GLB teens, perhaps a larger school setting offers greater anonymity and/or sexual diversity; if so, threats of "outing" may be less effective. Similarly, a larger student body may offer more available role

models for healthy same-sex relationships and more partner choices. If potential same-sex dating partners are more limited in small schools, teens from smaller schools may be more likely to seek out or to be receptive to older partners outside of the school setting. Such relationships may hold greater potential for power differentials and victimization.

Limitations

We have only five items tapping violence victimization. However, these items assess the most frequently reported types of partner violence for this age group, including "pushing or shoving" [6]. Nevertheless, it is possible that we are missing other components of psychological victimization that are specific to same-sex relationships, such as concerns about "outing" or sexual status exposure. The only study to examine threats of outing among adolescents found that about 4% of self-identified gay and lesbian teens in a convenience sample had received such threats [14]. In addition, the absence of measures of more serious types of violence, even though such violence is rare at this age, may have implications for the sex differences in victimization that were documented. Further, like most other studies of intimate violence, we do not have information about the context in which partner violence occurred, or information about sexual violence. These limitations must be considered when interpreting our results.

Conclusion

This article presents prevalence estimates for a representative sample of adolescents who have experienced same-sex partnerships. However, pathways to intimate violence in adolescence and adulthood remain unclear. Longitudinal research that incorporates the developmental histories and personal characteristics of both partners in a couple is critical to understanding the processes that underlie this problem. Many contributors to same-sex partner violence likely overlap with those leading to violence in opposite-sex relationships [6]. However, same-sex relationships have unique qualities (e.g., social stigma) that may affect interpersonal dynamics. Better understanding of the developmental processes leading to partner violence will assist in the development of more effective prevention and intervention efforts.

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