

INTIMATE PARTNER ABUSE IN GAY / LESBIAN RELATIONSHIPS: CLINICAL IMPLICATIONS

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Intimate partner abuse (IPA) is a pervasive social problem in the United States. Male-to-female physical violence is perceived as the descriptive norm. Yet, there is growing evidence to suggest that IPA also occurs in gay male and lesbian (G/L) relationships. Male victimization in heterosexual relationships is receiving increasing attention as well. The reality of same-sex violence and female-to-male violence challenges gender-role socialization explanations for IPA. There is a need to move away from the notion of "gendered violence" in order to reconceptualize our understanding of IPA. The research is mixed as to whether physical abuse occurs at the same frequency in G/L and heterosexual dyads. A case has been made for comparable rates across all 3 types of romantic relationships. Yet, other studies indicate higher abuse rates in gay male relationships and lower abuse rates in lesbian relationships.

The Impact of Societal Prejudice on Abuse Dynamics

Several similarities in IPA dynamics have been cited across heterosexual, gay male, and lesbian relationships (e.g., cycle of violence, forms of control, reasons for staying). However, issues unique to same-sex relationships impact IPA dynamics. G/L perpetrators frequently threaten to "out" their partner if s/he reports the abuse. HIV/AIDS status may also be used as a weapon of control. HIV+ victims may struggle with wanting to leave their abusive relationships, while also fearing that their health needs will not be met elsewhere. They may anticipate no longer having someone to care for them. Abusers who are HIV+ could use their status as a way to keep their partners from leaving the relationship. The couple's shared gender also raises distinct concerns for IPA. Lacking visible figures that fit the mainstream image of what IPA "should" look like, it can be more difficult to identify IPA and decipher who the perpetrator is. Moreover, specific to lesbians, the perpetrator may use her gender to excuse violent behavior – arguing that women cannot be abusive.

Gender-role socialization also makes abuse dynamics in same-sex relationships distinctly different from that in heterosexual dyads. Cultural values encourage women to define themselves in relation to others and to seek intimacy. Consequently, it may be more difficult for lesbians to establish a sense of independence and autonomy in their relationships. The lack of societal validation and support for same-sex relationships may cause such women to form unhealthy attachments to one another. Fusion is likely to make the cycle of violence more difficult to break as partners may view themselves as undifferentiated. While women are socialized to be peacemakers, men are taught to be protectors. Consequently, they may be more likely to engage in mutual combat for the purpose of self-defense or retaliation. This could explain why IPA is believed to be more prevalent in gay male relationships than in

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any other type of romantic dyad.

Another issue that raises unique concerns for same-sex IPA relates to the G/L community. There are advantages and disadvantages to having such a small and tight social support network. Speaking out against IPA and/or leaving the perpetrator may result in the victim losing “custody” of his/her friends and/or family members. The victim may fear becoming socially isolated and choose to remain in the relationship for this reason. The closely-knit nature of the G/L community can also impact the victim if s/he chooses to leave the relationship. The victim may feel unsafe going to G/L establishments or events for fear of being seen by the abuser. Sadly, the likely result is social withdrawal.

The final issue unique to violence in same-sex relationships is internalized homophobia. This refers to the internalization and acceptance of negative attitudes, images, and stereotypes relating to G/L identity. Preliminary research suggests a relationship between internalized homophobia and IPA. G/L individuals who hold negative views of themselves are more likely to feel that they deserve abuse. Their self-blame is twofold. Victims experience shame relating to the actual violence (e.g., “It’s my fault,” “I deserved it”) and to their sexual orientation (e.g., “Gay people are sick,” “I deserve to be abused”). The resulting combination can be detrimental. G/L victims high in internalized homophobia are less likely to report violence, seek help, and leave abusive relationships.

Responses to Intimate Partner Abuse

Third party responses can have a considerable impact on whether a victim chooses to leave an abusive relationship. This is both fortunate and unfortunate. A supportive response is likely to empower the victim to leave the relationship and/or report the abuse. A negative response discounts the victim’s experience and justifies the batterer’s behavior. Societal prejudice against gay men and lesbians may impact third party reactions to IPA. Responses might reflect homonegative or heterosexist values, thus limiting support for G/L victims. A certain degree of trust is necessary in order for these victims to reach out for help. It may require disclosing their sexual orientation and facing potential backlash.

Researchers have begun to examine perceptions of IPA occurring in same-sex versus opposite-sex relationships. Consider individual perceptions as a moral evaluation of the perpetrator and victim. We make automatic judgments about how likeable/dislikeable and justified/unjustified each partner is. The majority of research studies have been conducted using self-identified heterosexual participants. It suggests that IPA occurring in same-sex relationships is largely devalued and discounted. It is perceived as less severe than violence occurring in heterosexual relationships. There are numerous factors that influence our perceptions (e.g., personal factors, situational factors). Research has found that personal factors including gender, race/ethnicity, sexual orientation, religious orientation, gender-role beliefs, and attitudes toward G/L people influence perceptions of IPA occurring in same-sex relationships.

Responses from within the G/L Community

Qualitative data suggests that IPA is not acknowledged as a serious problem within the G/L community. Gay men and lesbians are generally unwilling to admit that IPA occurs in their relationships. Denial reflects an acute awareness of societal homonegativity. That is, publicly acknowledging IPA may reinforce negative societal attitudes and images of gay men and lesbians. Hence, there is a need to protect the image of G/L people in mainstream society. This us-against-them mentality is common to the survival of oppressed groups. The G/L community’s denial has substantial effect on victims of same-sex IPA. Sadly, these victims feel immense pressure to keep abuse silent. Additionally, G/L community members may blame the victim for his/her inability to maintain equal power in the relationship. This is because IPA challenges the idealized notion of equality in same-sex relationships.

Clinical Considerations

It is important to examine our own biases, so as to not perpetuate negative reactions towards gay/lesbian (G/L) people. As clinicians, we need to be mindful of how our verbal and non-verbal behaviors are impacting our clients. G/L clients who disclose intimate partner abuse (IPA) should receive validation and education from their therapists. There is a need to empower such clients. Information about the occurrence of IPA in same-sex relationships should be provided. Factors contributing to IPA dynamics should be explored with the client.

Therapy can also be a place to address the issue of gay-related stress. That is, all members of stigmatized groups face additional stressful events relating to their minority status in society. G/L people experience distress relating to issues of same-sex marriage, parenting rights, healthcare provisions, and housing discrimination (among many others). Gay-related stress is highly correlated with psychological disturbances (e.g., depression, anxiety, substance abuse). Therapy could function to enhance coping skills. Clinicians can provide resources and promote healthy involvement in the G/L community. This could

serve to strengthen collective self-esteem (i.e., positive social identity). Therapy could also address the issue of internalized homophobia. Clinicians can assist clients in resolving/accepting/celebrating their sexuality. This would entail letting go of feelings of guilt, shame, and inferiority. Clinicians can play an important role in helping to empower members of the G/L community to respond more effectively to this social epidemic.

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