Over the past three decades, the literature on intimate partner violence (IPV) has seen advances by including the victimization of same-sex individuals. An understanding of interpersonal violence within gender and sexual minority populations has been largely overlooked in the criminal justice system and among victim advocacy organizations in the United States, despite the substantial harm produced by violence in relationships. A significant contribution to this disparity has been adherence to homophobia. Defined as experiencing fear directed toward individuals as a result of negative attitudes and prejudicial beliefs based on their sexuality and gender (Herek, 2004), homophobia has been central to understanding the bias and discrimination experienced by individuals in same-sex relationships by the criminal justice system. Discriminatory responses to gender and sexual minorities have included increased levels of victim blame and decreased social services for victims in same-sex relationships.

The Violence Against Women Act (VAWA, 1996) has been monumental in drawing attention to the experiences of female victims of violence, though it failed to include protections for same-sex couples until 2013. In addition, prior to the United States Supreme Court’s decision to legalize same-sex unions in Obergefell v. Hodges (2015), many state domestic violence statutes excluded same-sex couples and, therefore, did not protect them from interpersonal violence (Barnes, 1998; Burke, Jordan, & Owen, 2002; Elliott, 1996). The Supreme Court’s decision reiterated the lack of legal protection traditionally afforded heterosexual populations and the continuing need for scholars to be more inclusive in scientific studies of IPV.

Furthermore, while recent years have reshaped the heterosexual paradigm rooted in the 1960s domestic violence movement (Ristock, 2003), public policies have generally failed to identify the unique needs of same-sex IPV victims. Both federal and state funding have largely been awarded to programs that provide services to heterosexual IPV victims (Murray & Mobley, 2009). As a result, gender and sexual minorities have been reluctant to report IPV to police and have been less likely to seek and receive services than their heterosexual counterparts, highlighting an important shortcoming of the resources available to victims that can aid recovery.

Within the criminal justice system, victims of IPV from the same-sex community face greater legal challenges than heterosexual victims when stereotypes regarding heterosexual relationships and IPV have been applied to cases of same-sex partner violence (Johnson, 2000; Wasarhaley, Lynch, Golding, & Renzetti, 2015). These stereotypes include the belief that women are inherently non-violent and that men are expected to be “masculine” and aggressive in interpersonal settings (Hassouneh & Glass, 2008; Kay & Jeffries, 2010). Indeed, same-sex victims are more likely than heterosexual victims to be blamed and less likely to be viewed as credible by criminal justice decision makers and in court settings due to their failure to conform to traditional gender roles and the stereotypical profile of a “legitimate” or “true” victim (Abrams, Viki, Masser & Bohner, 2003; Little & Terrance, 2010). When victims of same-sex IPV are criminally charged for using physical force against abusers, their claims of self-defense and history of abuse are less likely to be believed by jurors due to widespread misconceptions about IPV in same-sex couples, homophobia, and the public stigma associated with heterosexuality (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011; Poorman & Seelau, 2001; Poorman, Seelau, & Seelau, 2003). To be sure, both victims and perpetrators of same-sex IPV have received more punitive responses when compared to their heterosexual counterparts, as they are perceived to violate these traditional gender norms (Carvalho et al., 2011; Poorman et al., 2003; Rohrbaugh, 2006). This report provides an overview of the literature on same-sex partner violence to encourage and facilitate appropriate, culturally-sensitive service provision and response among advocates, social service agencies, and criminal justice system personnel.

**Sexual Minorities and IPV**

A general understanding of IPV rooted in the second wave of the women’s movement that took place in the 1960s and...
Intimate Partner Violence among Sexual Minority Populations

1970s (Dicker, 2008; Freedman, 2002) called attention to IPV as a form of victimization that disproportionately affected women (Murray & Mobley, 2009). Historically, research on IPV focused on heterosexual relationships, with the assumption that IPV was characterized by male-perpetrated violence against female partners (Cannon & Buttell, 2015; Poorman et al., 2003). Specifically, the domestic violence movement argued that woman battering was the result of a patriarchal society (Martin, 1976; Johnson, Kuck, & Schander, 1997) that emphasized hypermasculinity, sexist attitudes toward women, control, and dominance as highly valued and normalized in relationships and among the broader cultural context (Messerschmidt, 2004; Murray & Mobley, 2009).

Events in previous decades propelled changes to the conceptualization of IPV and the need for a more inclusive paradigm that considered same-sex relationships. Scholarly interest in same-sex IPV is traced to Burke and Follingstad’s (1999) seminal review of the literature, which documented same-sex IPV as an understudied phenomenon resulting from widespread cultural misperceptions of IPV, such as the infrequency of homosexual relationships and the belief that IPV is perpetrated by men toward women. Additionally, bias against the gender and sexual minority community and reluctance to acknowledge the existence of same-sex relationships played a notable role in the relative lack of empirical research on same-sex IPV. Limited scholarly interest was also influenced, in part, by perceptions of homosexuality as inherently associated with psychopathology (Bayer, 1987; Herak, 2004; Minton, 2002). Consequently, the study of victimization among gender and sexual minorities has been largely overlooked in criminal justice (Herak, 2004), and victims have been generally excluded from public health policies (Elliott, 1996).

The Supreme Court’s decision in Obergefell (2015) universally acknowledged same-sex unions (Blosnich & Bossarte, 2009). The legalization of marriage, regardless of an individual’s sexual orientation, has reiterated the continuing need for scholars to include individuals from the gender and sexual minority community in scholarship on IPV to better serve them in criminal justice and social service contexts. Indeed, perceptions of victim culpability in same-sex IPV is instructive to consider as victims have been blamed more frequently for their abuse and have not been taken seriously by criminal justice actors and victim service providers upon seeking help (Brown & Groscup, 2009; Cormier & Woodworth, 2008; Harris & Cook, 1994). Finally, gender and sexual minorities have expressed fear of discrimination from service providers and consequently, have been less likely to seek and use resources. This has elevated the likelihood of developing psychological and physical symptoms post-victimization (Balsam & Szymanski, 2005; Messinger, 2011), such as post-traumatic stress disorder (PTSD), anxiety and depression, sleep disruptions, elevated startle responses, and a host of physical ailments which have limited prosocial integration and healthy functioning for same-sex IPV survivors.

Prevalence of IPV in Same-Sex Partnerships

Empirical studies have demonstrated prevalence rates of IPV that are generally higher for homosexual men and women when compared to heterosexuals (Carvalho et al., 2011; Edwards, Sylaska, & Neal, 2015; Messinger, 2011). In particular, gender and sexual minorities have faced increased risk for verbal, physical, and sexual IPV, in part, as a consequence of increased stress that perpetrators have experienced from external factors such as widespread discrimination, and from internalizing this discrimination (Duke & Davidson, 2009). To be sure, batterers with abusive personalities have used violence as a stress-release mechanism in both heterosexual and same-sex relationships (Balsam & Szymanski, 2005; Cano & Vivian, 2001), but this has been especially salient among gender and sexual minorities. These individuals have been repeatedly exposed to bias, discrimination, and homophobia from the general public which places strain on an intimate relationship and enhances vulnerability to violence (Balsam & Szymanski, 2005; Messinger, 2011).

Characteristics of Same-Sex IPV Perpetrators

Research has highlighted the overlap in characteristics of same-sex abusers as compared with their heterosexual counterparts. Perpetrators have tended to rely on emotional and psychological manipulation strategies to degrade and oppress intimate partners (Rohrbaugh, 2006). This illustrates that domestic violence has remained an exercise of power and control over the subordinate partner in a relationship (Rohrbaugh, 2006). Regardless of sexual orientation, perpetrators of IPV have reported mental health problems and histories of childhood maltreatment (Island & Letellier, 1991). Specifically, Farley (1996) found that, among 119 gay men and 169 lesbian women from 1986 to 1991, 87 percent of male perpetrators and 94 percent of female perpetrators had records of previous psychiatric treatment for offending behavior. Gender and sexual minorities have also faced increased risk for lifetime IPV victimization as a consequence of sexual orientation (Calton et al., 2015). Some abusers within the gender and sexual minority community have reported a fragile sense of identity, fears of abandonment, and loss of control in their own lives (Island & Letellier, 1991). Similar to heterosexual abusers, perpetrators felt powerless and used violence and coercion to assert authority in their relationships (Miller, Greene, Causby, White, & Lockhart, 2001; Poorman & Seelau, 2001).

While IPV victimization exerts a tremendous physical and emotional toll regardless of sexual orientation, sexual minorities face additional adverse consequences including internalized homophobia (Szymanski, Kashubeck-West, & Meyer, 2008) and stigma consciousness (Carvalho et al., 2011; Meyer, 2003). Internalized homophobia occurs when an individual has assumed society’s negative view regarding sexual minority orientation. The individual as-
sociates these negative thoughts with their identity as a homosexual person. The inability to cope with emotions has produced violence as a stress-management tool (Cano & Vivian, 2001). Stigma consciousness is experienced when individuals from the LGBT community expect to be stereotyped and discriminated by others due to their sexual orientation (Pinel, 1999). Internalized homophobia and stigma consciousness have produced negative mental health outcomes such as depression, anger, confusion, stress, difficulty with family, and problems at work (Meyer, 2003; Szymanski et al., 2008). Lewis and colleagues (2006) found, for example, that stigma consciousness was associated with internalized homophobia, physical symptoms such as faintness, migraine or headache, cold or cough, diarrhea, and intrusive thoughts for lesbian women unable to talk about sexual orientation for fear of identifying themselves as members of a stigmatized group. Finally, these adverse health effects combined with fear of being “outed” highlight the need to increase scholarly attention directed toward same-sex IPV victims in order to address misperceptions and improve service provision (Calton et al., 2015; Duke & Davidson, 2009).

### Same-Sex IPV Victimization Disclosure

Disclosing victimization to family and friends and formal support providers, such as police and counseling professionals, has the capacity to mitigate the trauma associated with violence if victims receive empathic responses and validation. Victims of IPV have faced barriers to disclosure when attempting to leave abusive partnerships as a result of stigma surrounding relationship violence and fear of secondary victimization by service providers and system professionals. Same-sex victims, in particular, have been reluctant to disclose victimization for fear of being discredited, blamed, and mistreated (Fountain & Skolnik, 2007). Fear of disclosure has been the result of inherent vulnerability as a sexual minority and consequences that result from seeking help (Edwards, Sylaska, & Neal, 2015), such as being “outed” (Wolff & Cokely, 2007). Research has documented that same-sex IPV victims have experienced discrimination and prejudice from the criminal justice system following disclosure (Calton, Cattaneo, & Gebhard, 2015; Oswald, Fonseca, & Hardesty, 2010; St. Pierre & Senn, 2010).

Regardless of sexual orientation, however, IPV victims have been more likely to disclose to informal support systems such as friends and family than to formal support providers like police or social service agencies (Edwards et al., 2015; McClennen, Summers, & Vaughan, 2002). Gender and sexual minority victims have reported that disclosure to friends was more helpful than disclosure to formal providers as informal networks were less likely to respond with blame and more likely to exhibit compassion (Irwin, 2008; McClennen et al., 2002; Merrill & Wolfe, 2000) — both of which have produced positive outcomes, such as decreased likelihood of PTSD and increased post-traumatic growth.

### Implications for Policy and Practice

The victimization of same-sex partners has been generally overlooked by the criminal justice system, victim service organizations, and social policies due to the traditional assumption that IPV is a heterosexual woman’s problem. To be sure, sexual minorities have been perceived as more culpable compared to their heterosexual counterparts because they have failed to fit the stereotypical profile of a “true” victim (Brown & Groscup, 2009; Cormier & Woodworth, 2008). This has resulted in limited resources devoted to and tailored specifically for gender and sexual minorities as compared to their heterosexual counterparts (Balsam & Szymanski, 2005; Messinger, 2011).

### Existing Programs for Same-Sex IPV Survivors

Currently, there is significant demand for comprehensive services specifically tailored to the unique needs and experiences of gender and sexual minorities involved in domestically violent relationships (Calton et al., 2015; Mobley, Buford, & Seaman-DeJohn, 2007). While much of the research has demonstrated limitations in available resource provision, promising avenues in programming have produced limited resources for gender and sexual minorities. Indeed, services are available and accessible through the national and state domestic violence hotlines and coalition websites. To be sure, a model program that is comprehensive in focus, treatment, and resource allocation has been missing. Recognizing this shortcoming, advocacy organizations and community programs in Texas have begun to provide services to same-sex IPV victims.

The Family Place, located in Dallas, Texas offers:

- Safe housing
- Counseling for adult survivors and their children
- Battering intervention training programs
- Legal services
- Resources to safely escape from their abusers (The Family Place, 2016).

Further, The Family Place has opened the first male-only shelter in the Dallas area that provides shelter and protection for battered men and their children (The Family Place, 2016).

The LGBT Initiative, operated by the Texas Advocacy Project, has offered legal services to same-sex IPV survivors. These have included:

- Free legal assistance
- Resources to obtain protective orders (Texas Advocacy Project, 2016).
Finally, The Texas Council on Family Violence, located in Houston, Texas, has created the LGBT Caucus to provide services including:

- Information on the dynamics of IPV within same-sex relationships
- Open dialogue regarding the stigma associated with sexual minority orientation
- Prosocial discussion regarding the definition and consequences of homophobia
- Relevant tools to encourage service utilization among LGBT IPV victims (Texas Council on Family Violence, 2016).

**Enhancing Service Delivery**

In spite of the advances discussed here, a lack of exhaustive resources for same-sex IPV survivors has undermined progress. To combat these shortcomings, it is imperative that criminal justice actors (e.g., police, prosecutors, and judges) and victim service providers receive cultural sensitivity training to encourage appropriate response to same-sex victimization disclosure that can produce healing and promote prosocial outcomes. Additionally, advocates and criminal justice professionals would benefit significantly from psychoeducation and training that focuses on the prevalence of IPV within the gender and sexual minority community, the seriousness of violence and the effects this has on relationships and individual mental and physical health, and more generally, the dynamics of homosexual relationships.

Furthermore, the importance of empathic and compassionate response to help-seeking among same-sex IPV victims must be underscored. Awareness of the negative outcomes produced as a result of prejudice and discrimination may facilitate change in the way same-sex victims experience advocacy and criminal justice responses. Awareness initiatives can decrease these discriminatory responses and the blame that has historically been attributed to same-sex IPV victims by service providers. Such initiatives may also increase the identification and appropriate referral of service provision and resource allocation for victims within the gender and sexual minority community.

Public awareness campaigns are necessary to address widely held stereotypes among the public and formal service providers in terms of homophobia. Effectively changing perceptions may enhance appropriate response to disclosure of victimization. Indeed, sexual minorities have been reluctant to seek help due to the fear of experiencing adverse consequences after acknowledging their gender or sexual minority status (Edwards, Sylaska, & Neal, 2015). Facilitating help-seeking behavior among same-sex IPV victims remains a priority in order to fully address unique needs and provide resources that can heal a host of psychological and physical symptoms post-victimization to bolster and encourage post-trauma recovery (Balsam & Szymanski, 2005; Messinger, 2011).

**Conclusion**

Same-sex IPV is a significant social problem that has recently gained attention in the United States. With the recent legalization of same-sex marriage, increased efforts are being made to better understand interpersonal violence within this marginalized population (Obergefell v. Hodges, 6459). Additional effort is necessary, however, to fully comprehend the complex nature of heterosexual relationships, identify causes of violence derived from internal and external factors, and recognize the unique social, medical, and psychological needs of sexual minorities. Several progressive initiatives have been established in Texas-based advocacy organizations. Together, these programs contain the blueprint for continued attention and the evolution of adapting comprehensive appropriate resources for same-sex IPV survivors. Finally, the importance of education and awareness programs for both service providers and the general public is underscored as a necessity to counter the negative stigma, homophobic attitudes, and discriminating responses toward sexual minorities.

**References**


RESOURCES

Gay and Lesbian National Hotline: 1-888-843-4564
National Coalition Against Domestic Violence: http://www.ncadv.org/
National Domestic Violence Hotline (including same sex relationships): 1-800-799-SAFE
Texas Council on Family Violence: http://www.tcfv.org/
The Montrose Center (Texas LGBT Resource Center): 713-529-0037

Relevant Readings


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