



Blame, Empathy, and Homophobia Directed Toward Sexual Minority Intimate Partner Violence Survivors

Cortney A. Franklin, Ph.D.
Hae Rim Jin, Ph.D.

Sexual Minority Intimate Partner Violence

Intimate partner violence (IPV) is a pervasive social problem that occurs in both same-sex and heterosexual relationships (Centers for Disease Control and Prevention [CDC], 2011). This violence has been discounted among the criminal justice system, victim service programs, and in public health policies (Herek, 2004). Prevalence estimates of same-sex IPV using the National Violence Against Women Survey (NVAWS) and the National Intimate Partner and Sexual Violence Survey (NIPSVS) revealed increased incidence compared to heterosexual counterparts (Tjaden & Thoennes, 2000; Walters, Chen, & Breiding, 2013). Recent analyses of the NIPSVS demonstrated 44% of lesbian women and 61% of bisexual women reported lifetime experiences of rape, physical violence, and/or stalking compared to 35% of heterosexual women. Disparate rates of IPV have also been reported among male sexual minorities (Walters et al., 2013). Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner was highest among bisexual men (37.3%) followed by heterosexual men (29%) and gay men (26%; Walters et al., 2013).

Sexual minorities have faced challenges in accessing resources because services have been largely tailored to heterosexual survivors. This is the result of an historical narrative that IPV is a heterosexual woman's issue involving a male perpetrator (Dicker, 2008). Same-sex IPV has failed to fit this paradigm. Fear of having their sexual orientation "outed" has dissuaded sexual minorities from seeking formal support (D'Augelli & Grossman, 2001). Sexual minorities have obscured their sexual orientation to protect themselves from stigma, stereotypes, and scrutiny from justice and victim service professionals (Cruz & Firestone, 1998). Same-sex survivors have expressed shame and embarrassment about IPV and have feared being discredited by service providers who would see them as blameworthy (Simmons, Farrar, Frazer, & Thompson, 2011).

Same-sex IPV incidents, as compared to IPV in heterosexual relationships, have been viewed as less violent, less serious, and less in need of police intervention by service providers, criminal justice professionals, and college students (Cormier & Woodworth, 2008). Crisis center staff and victim service workers from emergency shelters have reported same-sex IPV survivors as more culpable and less believable than heterosexual IPV survivors (Calton, Cattaneo, & Gebhard, 2015). Brown and Groscup (2009), for example, presented 120 crisis center staff

members with an IPV scenario and reported that the IPV description involving sexual minorities was rated less serious than IPV among a heterosexual couple. Survivors were blamed more and believed less when they were part of a same-sex couple as compared to heterosexual unions. These negative perceptions have produced deleterious health outcomes for sexual minority victims, including depression, anxiety, and post-traumatic stress disorder (Calton et al., 2015).

Appropriate resource provision for same-sex survivors requires a more thorough understanding of victim blaming. Careful assessment of factors that correlate with assessments of blame directed toward same-sex IPV survivors may decrease blame and increase provision of appropriate services. This report presents a summary of findings from a study using college student responses to examine assessments of blame directed toward same-sex IPV survivors.

Defensive Attribution Theory and IPV

Psychologists have argued that individuals want to delegate blame when there is a catastrophe or traumatic event. *Defensive attribution* has been used to understand this process (Shaver, 1970). Following a series of experiments designed to understand blame after a vehicle accident, Shaver (1970) argued that victim culpability would decrease when a participant's perceived similarity to and empathy for the victim increased. After giving participants a series of scenarios, Shaver (1970) reported that perceptions of blame decreased when participants were instructed to think of themselves as similar to the victim described in the scenario compared to when participants were told to think of themselves as different.

Shaver (1970) argued that situational relevance would negatively influence blame, so that when a participant could relate to the broader situation where the accident was taking place, the likelihood of blaming the victim would decrease. Shaver (1970) concluded that increased perceived similarity and increased situational relevance would decrease blame. Ultimately, the degree to which a participant viewed themselves as similar to the victim and belief that a situation similar to the one described in the scenario could happen to them would decrease the amount they blamed the person depicted in the vignette. Shaver's (1970) claims have been used to explore blame directed toward IPV survivors.

Similarities, such as prior victimization (e.g., psychological and physical dating abuse) have increased participants' perceived similarity to and empathy for IPV survivors. This has decreased blame (Sylaska & Walters, 2014). Findings from this research have demonstrated that women and participants with prior IPV victimization reported increased similarity to, empathy for, and situational relevance with an IPV survivor.

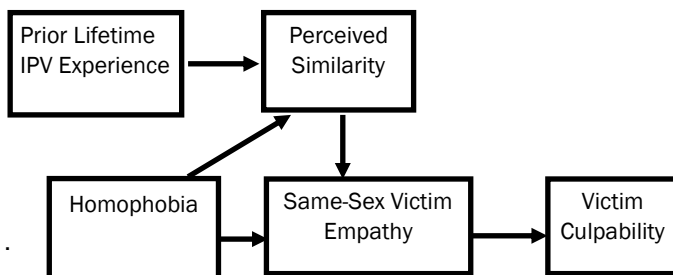
Homophobia

Weinberg (1972, p. 15) defined homophobia as experiencing an intense and irrational fear, hatred, and intolerance toward "homosexuality and homosexual persons" (see also Balsam, 2001). As it is related to defensive attribution theory, homophobia is for understanding how situational relevance may influence blame assessments in a situation involving same-sex IPV. To that end, participants exposed to a scenario depicting IPV in a same-sex relationship may be unable or unwilling to relate to or empathize with a same-sex IPV victim. Homophobia is important to understand as it has the potential to increase prejudicial attitudes directed toward sexual minorities and may decrease both situational relevance (e.g., the degree to which an observer can relate to the situation) and perceived similarity toward same-sex IPV victims. This can increase victim blame which may subsequently decrease help-seeking and post-trauma recovery.

Path Models

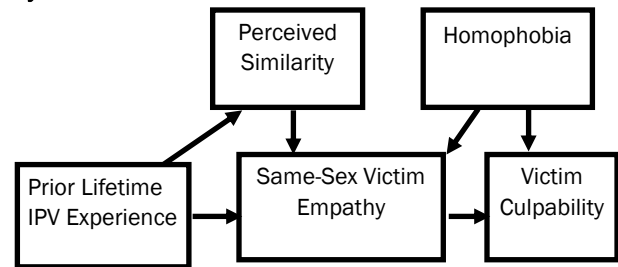
Two path models were proposed and compared to examine assessments of blame toward IPV survivors. The hypothesized model proposes that homophobia will decrease perceptions of similarity and same-sex victim empathy. Decreased similarity and decreased empathy will increase victim blame (see Figure 1). Prior lifetime IPV experience, according to the hypothesized path model, will impact perceived similarity in that those individuals with IPV histories will view themselves as more similar to the victim presented in the scenario as compared to those individuals with no history of IPV experience.

Figure 1. Hypothesized Path Model Predicting Victim Culpability



In contrast, the competing path model proposes a more traditional defensive attribution explanation for victim blame in a same-sex IPV scenario. Here, prior IPV victimization will decrease victim blame by increasing perceiver similarity and same-sex victim empathy. Increased homophobia will decrease empathy, which will increase blame assessments toward same-sex IPV survivors.

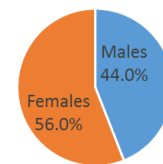
Figure 2. Competing Path Model Predicting Victim Culpability



Sample

To test these path models, survey responses from a sample of undergraduate students enrolled in criminal justice courses at a state university in Texas were used. Among those invited, 211 participants voluntarily participated and were randomly assigned to read same-sex male and same-sex female IPV scenarios used to examine assessments of blame directed toward sexual minority IPV survivors. As illustrated in Figure 3, the majority of participants were female (56.0%).

Figure 3. Sex of Participants



In assessing race/ethnicity, 61.9% of participants were people of color (see Figure 4).

Figure 4. Race/Ethnicity of Participants

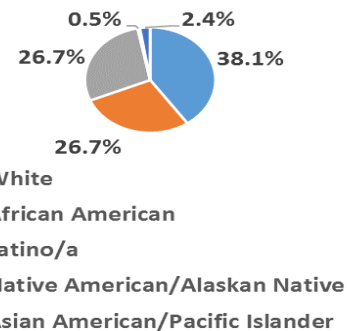
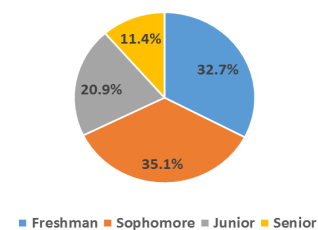


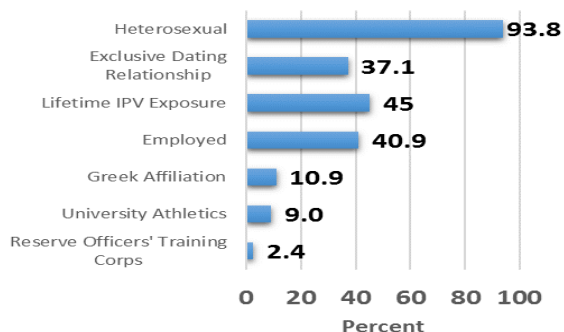
Figure 5 demonstrates that more than half of participants were either first year students (32.7%) or sophomores (35.1%). The remaining students were juniors (20.9%) followed by seniors (11.4%).

Figure 5. School Classification of Participants



As illustrated in Figure 6, the majority of participants were heterosexual (93.8%) and were not in an exclusive dating relationship (62.9%). Approximately 59% of students were unemployed. The majority of students were not affiliated with or involved in Greek organizations (89.1%), university athletics (91.0%), and ROTC (97.6%).

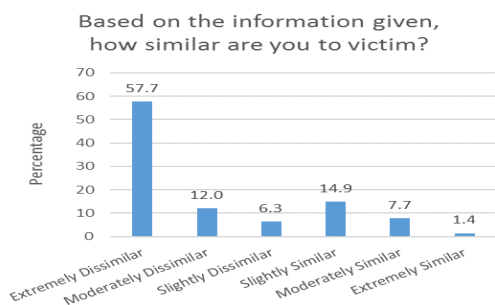
Figure 6. Descriptive Statistics of Sample



Results

Prior to estimating path models, descriptive statistics on study variables are presented. 45 percent of participants reported lifetime IPV experience. Figure 7 demonstrates perceiver similarity as reported by the sample.

Figure 7. Perceiver Similarity



Additional descriptive statistics of study variables are presented in Table 1.

Table 1. Descriptive Statistics of Study Variables

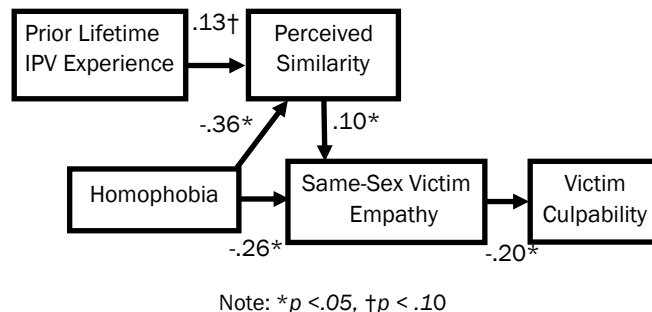
Variable	Range	Mean	Standard Deviation
Homophobia	0-115	27.59	23.13
Same-Sex Victim Empathy	0-50	33.38	10.00
Victim Culpability	0-15	3.00	3.57

Using AMOS 22.0, two competing models were tested to assess same-sex IPV victim blame. Results presented in the hypothesized path model demonstrated acceptable overall model fit with the data ($\chi^2 [5] = 2.26, p = .81$) and strong model fit when compared to the independence model (CFI = 1.00, TLI = 1.17, RMSEA = .000; Hu & Bentler, 1999). Results are presented in Figure 8.

Analyses using the competing path model displayed above in Figure 2 exhibited fit statistics indicating a poor fit to the data ($\chi^2 [4] = 14.15, p = .007$) and a poor fitting overall model

when compared to the independence model (CFI = .789, TLI = .209, RMSEA = .110), reiterating the utility of the hypothesized path model presented in Figure 1.

Figure 8. Supported Path Model Predicting Victim Culpability



Model Fit: ($\chi^2 [5] = 2.26, p = .81$), CFI = 1.00, TLI = 1.171, RMSEA = .000

Conclusion

IPV has been historically overlooked in sexual minority populations as a result of the traditional belief that it predominantly impacted heterosexual women (Dicker, 2008). Recent attention has identified the ways same-sex couples are threatened by partner violence (Walters et al., 2013). Additionally, same-sex IPV survivors are more often blamed for their victimization and the plight of their IPV experiences have been treated with less urgency than heterosexual counterparts. To understand victim blame in same-sex IPV scenarios, defensive attribution theory was used to assess participants' assessments of blame, while accounting for homophobia, perceived similarity, empathy, and prior IPV victimization experiences.

Findings reported here highlight the negative role that adherence to homophobia has on empathy and blame directed toward same-sex IPV survivors. Homophobia decreased perceptions of similarity to same-sex IPV survivors and hindered empathy, which increased blame. Additionally, prior lifetime IPV experiences moderately increased participants' perceptions of similarity to the same-sex IPV survivor, but this relation was not stronger than the role of homophobia on similarity or empathy. Factors that limit compassionate responses to IPV survivors are important to note, especially among sexual minorities who already report increased fear and reluctance to seek help.

Currently, there are limited resources for same-sex IPV survivors. Much of the existing funding has been diverted to create programming for heterosexual IPV survivors and may not address the unique needs of sexual minority victims (Calton et al., 2015; Parry & O'Neal, 2015). While national and state domestic violence hotlines and advocacy organization websites are available, there is a need for community-level organizations to incorporate resources designed for same-sex IPV survivors. These may include augmenting existing programs and educational curriculum with cultural competency training to increase awareness of sexual minority relationships and to increase empathic responses toward sexual minorities survivors (Parry & O'Neal, 2015).

Several existing programs in Texas have begun to offer resources tailored for sexual minority survivors of IPV, including The Family Place (2016) and The LGBTQ Initiative operated by the Texas Advocacy Project (2016), both offer legal assistance

with protective orders. Along with the demand for comprehensive programs tailored for sexual minorities, scholars have underscored training to enhance help-seeking behavior among sexual minorities. Training should focus on the dynamics of heterosexual and same-sex relationships and the unique barriers experienced by sexual minority survivors. Training can also educate practitioners on the negative impact that prejudicial attitudes have on post-trauma recovery. In Houston, Texas, The Texas Council on Family Violence (2016) created the LGBT Caucus to accomplish these goals.

References

- Balsam, K. F. (2001). Nowhere to hide: Lesbian battering, homophobia, and minority stress. *Women and Therapy, 23*, 25-37.
- Brown, M. J., & Groscup, J. L. (2009). Homophobia and acceptance of stereotypes about gays and lesbians. *Individual Differences Research, 7*, 159-167.
- Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2015). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence, & Abuse, 1-16*. doi: 1524838015585318.
- Centers for Disease Control and Prevention. (2011). *National intimate partner and sexual violence survey: 2010 summary report*. Atlanta.
- Cormier, N. S., & Woodworth, M. T. (2008). Do you see what I see? The influence of gender stereotypes on student and Royal Canadian Mounted Police (RCMP) perceptions of violent same-sex and opposite-sex relationships. *Journal of Aggression, Maltreatment & Trauma, 17*, 478-505.
- Cruz, J. M., & Firestone, J. M. (1998). Exploring violence and abuse in gay male relationships. *Violence and Victims, 13*, 159-173.
- D'Augelli, A.R., & Grossman, A.H. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence, 16*(10), 1008-1027.
- Dicker, R. (2008). *A history of U.S. feminisms*. Berkeley, CA: Seal Press.
- Herek, G. M. (2004). Beyond "homophobia": Thinking about sexual prejudice and stigma in the twenty-first century. *Sexuality Research and Social Policy, 1*, 6-24.
- Parry, M. M., & O'Neal, E. N. (2015). Help-seeking behavior among same-sex intimate partner violence victims: An intersectional argument. *Criminology, Criminal Justice, Law & Society, 16*, 51-67.
- Shaver, K. G. (1970). Defensive attribution: Effects of severity and relevance on the responsibility assigned for an accident. *Journal of Personality and Social Psychology, 14*, 101-113.
- Simmons, C. A., Farrar, M., Frazer, K., & Thompson, M. J. (2011). From the voices of women: Facilitating survivor access to IPV services. *Violence Against Women, 17*, 1226-1243.
- Sylaska, K. M., & Walters, A. S. (2014). Testing the extent of the gender trap: College students' perceptions of and reactions to intimate partner violence. *Sex Roles, 70*, 134-145.
- Texas Advocacy Project. (2016). *LGBT Initiatives*. Retrieved from <http://www.texasadvocacyproject.org/search.php?search=lgbt>.
- Texas Council on Family Violence. (2016). *Lesbian, Gay, Bisexual, and Trans (LGBT) Caucus*. Retrieved from <http://tcfv.org/membership/caucuses-ally-groups-and-networks-cans/lesbian-gay-bisexual-and-trans-lgbt-caucus/>.
- The Family Place. (2016). *Our Services*. Retrieved from <http://www.familyplace.org/>.
- Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the National Violence Against Women Survey. *Violence Against Women, 6*, 142-161.
- Walters, M., Chen, J., & Breiding, M. (2013). *The National Intimate Partner and Sexual Violence Surveys (NISVS): 2010 Findings on victimization by sexual orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Weinberg, G. (1972). *Society and the healthy homosexual*. Boston, MA: Alyson.

Crime Victims' Institute Advisory Board

Blanca Burciaga, Ft. Worth
Director, Victim Assistance Unit

Victoria Camp, Austin
Consultant

Dottie Carmichael, College Station
Texas A&M PPRI

Stefani Carter, Austin

Robert Duncan, Austin
TTU System Chancellor

Ana Elizabeth Estevez, Amarillo
District Judge

Ann Matthews, Jourdanon
Domestic Violence

Rodman Goode, Cedar Hill
Law Enforcement Teacher

Henry Porretto, Galveston
Chief, Galveston Police Department

Geoffrey Puryear, Georgetown
District Attorney

Richard L. Reynolds, Austin
Psychotherapist

Stephanie Anne Schulte, El Paso
ICU Nurse

Jane Shafer, San Antonio
San Antonio PD Victim Liaison

Debbie Unruh, Austin
Ombudsman

Ms. Mary Anne Wiley, Austin
Office of the Governor

Mark Wilson, Hillsboro
Hill County Sheriff's Office

Texas State University System Board of Regents

Rossanna Salazar, Chairman
Austin

William F. Scott, Vice Chairman
Nederland

Charlie Amato
San Antonio

Veronica Muzquiz Edwards
San Antonio

Dr. Jaime R. Garza
San Antonio

David Montagne
Beaumont

Vernon Reaser III
Bellaire

Alan Tinsley
Madisonville

Donna N. Williams
Arlington

Kaitlyn Tyra
Student Regent, Huntsville

Brian McCall
Chancellor

We're on the web

www.crimevictimsinstitute.org