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PREDICTORS OF INTIMATE PARTNER VIOLENCE IN WOMEN'S SAME SEX RELATIONSHIPS

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PREDICTORS OF INTIMATE PARTNER VIOLENCE IN WOMEN'S SAME SEX
RELATIONSHIPS

BY

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A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT
FOR THE MASTERS OF ARTS DEGREE IN PSYCHOLOGY

UNIVERSITY OF RHODE ISLAND

2013

MASTER OF YOUR ARTS THESIS

OF

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ABSTRACT

Intimate partner violence (IPV) is a widespread occurrence in the United States, particularly in women's same sex relationships. Unfortunately, little is understood about the factors that contribute to the prevalence of same sex IPV and women often have few resources available to provide the necessary education on this issue. The purpose of the current study is to evaluate a prediction model of characteristics associated with IPV in same sex couples. Using logistic regression and multiple regression analyses, this study tests the likelihood that negative dyadic dependence on one's partner, childhood sexual abuse, psychological symptoms, a negative family environment, internalized homophobia, and disclosure of one's sexual orientation predict the experience of IPV. Model indicators were used to predict sexual, psychological, physical, and LGB specific forms of IPV. The sample included 699 women in a same sex relationship for at least 6 months, with a range of gender and sexual identities across the United States. Results suggest that experiencing internalized homophobia and childhood sexual abuse greatly increase the likelihood of IPV, as well as negative dyadic dependence, psychological symptoms, and age. Implications on sex education, sociocultural considerations, and therapeutic interventions are discussed.

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CHAPTER 1

INTRODUCTION

It is no surprise that intimate partner violence (IPV) is a common occurrence and is certainly on the rise in the United States. A recent study conducted by the Center for Disease Control and Prevention found nearly early 1 in 3 women in the United States has been slapped, pushed, or shoved by an intimate partner and 24% of women have experienced severe physical partner violence (Black et al., 2011). One aspect in this area of research that needs more attention is the implication of IPV in same sex relationships, particularly women's relationships. Many instances of violence within lesbian, gay, and bisexual (LGB; see appendix A for terminology) women's relationships are overlooked, because they are not thought to have these sorts of problems, and at times the women themselves do not even recognize when abuse is occurring (Donovan & Hester, 2008). In actuality rates of physical and sexual violence against LGBT people are at rates similar to and higher than opposite sex couples (Balsam, Rothblum, & Beauchaine, 2005). Though specific prevalence rates have been difficult to ascertain, the National Intimate Partner and Sexual Violence Survey (NISVS), found bisexual women (61.1%) and lesbian women (43.8%) experienced significantly more rape, physical violence, and/or stalking by an intimate partner over their lifetimes compared to and heterosexual women (35%) (Walters, Chen, & Breiding, 2013).

The current study seeks to investigate the characteristics associated with IPV in women's same sex relationships. The primary aim of the study is to evaluate the likelihood that women will experience IPV, based on their history of child sexual victimization, experience of a negative family environment, psychological symptoms, lesbian identity acceptance, lesbian identity disclosure, and dyadic dependency.

CHAPTER 2

REVIEW OF LITERATURE

Intimate Partner Violence

Violence in intimate relationships is often a secret shame that no one likes to reveal or acknowledge. This can be particularly true for same sex couples who are frequently victimized and outcast for breaking heteronormative expectations. For those individuals it is even more important to appear as “normal” as possible to the outside world, so when dysfunction arises in a couple it is important to distinguish the characteristics of an unhealthy relationship. Sadly, women in same sex relationships experience physical, emotional, and sexual abuse at rates just as high as heterosexual women (Turell, 2000), but not enough is being done to attend to it. In schools, sex education often neglects to address same sex relationships and discussions on violence prevention are geared toward heterosexual couples, while in reality young people under the age of 25 are more likely to experience their first abusive relationship in a same sex context (Donovan & Hester, 2008). Furthermore, professionals’ lack of cultural competency and narrow view that IPV is a heterosexual, male perpetrated experience re-victimizes queer women, thus preventing them from receiving the help that they need (Ard & Makadon, 2011).

Intimate partner violence can take the form of physical, psychological, or sexual abuse. Women in same sex relationships have been shown to sustain physical injuries from minor to severe, oftentimes requiring medical care (Brown & Groscup,

2009). Studies have shown that LGB women carry out or fall victim to sexual violence in large numbers, sometimes experiencing both sides of the abuse (Balsam and Szymanski, 2005) Additionally, same sex couples can perpetrate LGB specific instances of abuse that involve using a partner's sexual orientation as an excuse to perpetrate violence. Bisexual women, compared to lesbians, reported more LGB specific instances of psychological violence, where their partner attacked the validity of their sexual identity (Balsam & Szymanski, 2005). Factors specific to lesbian, gay, and bisexual women can lead to poor relationship quality and eventually violent interactions, which Balsam and Szymanski (2005) conceptualize as minority stress. In addition to correlates of IPV found in heterosexual women, such as childhood abuse and emotional dependency, Balsam and Szymanski (2005) suggest the importance of considering the unique characteristics of women who endure added stress due to discrimination and marginalization of their sexual orientation.

Childhood Sexual Abuse

Several factors have been shown to relate to IPV in same sex couples with the growing research being done in this area. Links between childhood victimization and domestic abuse have been found in heterosexual women and though research is somewhat scarce on this relationship in same sex couples, Roberts, Austin, Corliss, Vandermorris and Koenen (2010) found that sexual minorities were more at risk of experiencing childhood sexual abuse than straight individuals. Similarly, in a sample of LGB individuals, Lie and colleagues (1991) found that for women, being abused in one's family predicted perpetration and victimization of IPV with another woman. For those women who have experienced childhood abuse, the risk of being revictimized

physically and sexually as an adult increases (Graham-Bermann, Sularz, & Howell, 2011; Seedat, Stein, & Forde, 2005). Rates of physical and sexual abuse in childhood are particularly high in racial and ethnic minorities who identify as LGB (Balsam, Lehavot, Beadnell, & Circo, 2010).

Negative Family Environment

Like childhood sexual abuse, a woman's home life can be equally influential on her future relationships. Kwong, Bartholomew, Henderson, and Trinke (2003) found in a sample of Canadian adults that violence in the home predicted both physical and psychological abuse in later intimate relationships, regardless of which parent perpetrated the abuse or if the victim was the child or other spouse. Individuals who witness violence in their families learn an aggressive method for coping with interpersonal conflict and thus are more likely to resort to violence in their intimate relationships when they feel powerless (McKenry, Serovich, Mason, & Mosack, 2006). For sexual minorities, revealing one's sexuality, or coming out, to one's family can create additional distress within the household, especially when done at a young age. Emotional abuse may take the form of negative messages or personal insults related to homosexuality from parental figures, making home life difficult (Balsam, Lehavot, Beadnell, & Circo, 2010). Alternatively, Beals and Peplau (2005) found in a sample of lesbian, gay, bisexual, and transgendered college students that when families are supportive and accepting, students' self esteem was higher and they reported better relationship interactions.

Psychological Symptoms

In addition to past childhood trauma and difficult family circumstances, women commonly experience psychological distress in conjunction with abuse. A study on women who had experienced childhood sexual victimization and were also in an abusive relationship in adulthood revealed that those women experienced lower self esteem, endorsed PTSD symptoms in the past year, as well as alcohol dependence in the past year (Whiting, Simmons, Haven, Smith & Oka, 2009). Post-traumatic stress disorder symptoms related to re-experiencing the trauma, persistent avoidance, and feeling easily startled, are common in women who are being abused presently or in past (Seedat, Stein, & Forde, 2005). This is particularly true for older women or women who have sustain physical and sexual abuse over longer periods of time. For this subset of LGB and heterosexual women, long term trauma is associated with depression, hopelessness, guilt, generalized anxiety, and panic attacks (Lehavot, Walters, & Simoni, 2010; Wolkenstein & Sterman, 1998). Racial and ethnic minority women in same sex relationships are often neglected in the research and clinically with regard to their multiple minority statuses. In a study of ethnically diverse LGB adults, Balsam and colleagues (2010) found PTSD and anxiety was predictive of emotional abuse in Black women and physical abuse in Latina women. Though the focus of IPV research is often the victim, it is important to note that both the abused and the abuser alike are prone to depression, self hatred, and insecurity (Burke & Owen, 2006).

Lesbian Identity Acceptance

In same sex relationships, the added factor of sexual identity comes into the picture. For members of the LGB community realizing their sexuality, internalized

homophobia, or the internalization of negative attitudes and assumptions about homosexuality, is a common occurrence (Szymanski & Chung, 2001). Minority stress in the form of internalized homophobia can come from outside influences such as hate crimes, discrimination, and negative experiences resulting from disclosing one's sexual orientation, or coming out, which in turn can predict domestic violence in same sex relationships (Balsam & Szymanski, 2005). Bornstein (2006) proposed a model of dependency possessiveness which describes when individuals are unable to manage their insecurity and abandonment fears that are in turned manifested strategies to control their partner and coerce them into staying in the relationship. It is possible that for queer women, low lesbian identity acceptance or discomfort with their sexual orientation is strong enough to engender this same pattern in relationships where violence is present. Balsam and Szymanski (2005) found in a sample of LGB identified women that internalized homophobia was predictive of both physical and sexual victimization and approached significance for perpetrators of violence.

Lesbian Identity Disclosure

The way in which a member of the queer community identifies and when that fact is disclosed to others is a lifelong process that is personal to each person going through it. Because this is such a delicate issue, in abusive relationships it is not uncommon for partners to threaten to "out" or expose their significant other's sexual orientation to people who are not aware (Burke & Owen, 2006). Women may also carry additional self esteem issues after disclosing their sexuality to their families earlier in life (Balsam, Lehavot, Beadnell, & Circo, 2010). When negative outcomes are associated with openly identifying as lesbian, gay, or bisexual, women are more

cautious and guarded in situations where they are confronted with this issue. Women who identify as bisexual are faced with both homophobic and heterosexist backlash for not conforming to a singular attraction to one gender. In intimate relationships, relationship dissatisfaction can occur when one partner is more open with her sexual orientation, connected to the LGBTQ community, and/or participates in LGBTQ activism (Beals & Peplau, 2001).

Dyadic Dependency

Given the existence of the previously mentioned experiences in same sex relationships, the proposed model builds on those patterns to predict IPV with lesbian relationship dependency styles. Golding (2010) sought to distinguish between those types of dyadic dependency that lead to relationship dysfunction. Based on the minority stress model, individuals with a minority identity experience increased stigma, prejudice, and discrimination from the dominant culture, and in turn develop psychological stress which makes it difficult to cope with one's identity (Golding, 2010). Stressful relationships, both intimate and interpersonal, can predict domestic violence in women (Balsam & Szymanski, 2005). Adding to this, Golding (2010) conceptualizes women's same sex relationships in terms of a balance of emotional dependency, reciprocity and mutuality. The ideal balance is achieved through interdependency where each partner is supportive of the other and feels comfort in leaning on her for emotional security. Independence is a second dyadic style marked by separation in the relationship, lack of sharing and resentful feelings toward closeness. The last type, Negative Dependence, is indicative of extreme partner fusion, lack of one's own identity and no sense of self. Using the dependency-possessiveness

theory, conceptualizing lesbian relationships through insecurities and abandonment issues, partners' fears can lead to fear of rejection and abuse (Bornstein, 2006). Furthermore, when one partner is highly dependent on the other for financial or emotional reasons, tolerance and risk of abuse increases (Bornstein, 2006). A woman's dependency style therefore can contribute to IPV and increase the risk of abuse given other factors such as childhood abuse, psychological symptoms, and identity issues.

The proposed study investigates the predictors that contribute to four forms of IPV: physical, sexual, psychological, and LGB specific. The study will utilize logistic regression to predict the presence or absence of each of the forms of IPV, as well as multiple regressions to determine the *degree* to which women report psychological and LGB specific acts of domestic violence based on the set of predictors, as opposed to the strict presence and absence of domestic violence being assessed in LR. Participants may be more likely to report few instances of psychological and LGB abuse due to the large range of behaviors included, which could result in different patterns not seen when domestic violence is dichotomized for LR.

The following hypotheses are informed by the literature on the aforementioned constructs:

1. Women who embody the negative dependence dyadic style will be more likely to experience IPV.
2. Women who have experienced depression, anxiety, and somatization symptoms will be more likely to experience IPV.

3. Women who report low lesbian identity disclosure will be more likely to experience IPV.
4. Women who report low lesbian identity acceptance will be more likely to experience IPV.
5. A history of childhood sexual victimization will be associated with a woman's greater experience of IPV.
6. Women who report a negative family environment will be more likely to experience IPV.

CHAPTER 3

METHODOLOGY

Participants

The sample for the current study is a secondary data analysis from the *Latent Variable Model of Female Couples* data set measuring correlates of relationship functioning in women's same sex couples (Golding, 2010). The Institutional Review Board at the University of Rhode Island approved the original study prior to data collection and the current study was approved as a secondary data analysis.

Participants were recruited through online listservs targeting lesbian, gay, and bisexual women. These online networks included universities, psychology departments, feminist and national organizations. The survey was disseminated through the snowball, or chain, sampling procedure where participants were asked to forward the survey link to other women who would be eligible. Participants were required to be able to read and write in English at a 5th grade level and be at least 18 years of age. There were no restrictions on race or ethnicity. All women in the study must have been in a relationship with another woman for at least six months, though cohabitation was not required. To be eligible for statistical analysis, participants must have completed all demographic questions and at least 1 full measure of the survey. Participants were not required to complete all questions within the survey due to the sensitive nature of many of the measures. Of the 1016 women who agreed to

participant, 877 were eligible. For the present study, 699 women were selected after data cleaning.

Participants were also asked if their partner would be completing the study, to which one could respond *yes*, *no*, or *I don't know*. Due to anonymity, partner data could not be linked and traced. When participants who answered *yes* or *I don't know* were filtered out of the dataset, there were no significant differences in results and were subsequently left in sample.

Measures

Demographic measures. Participants were asked to complete a demographics questionnaire. Descriptive information analyzed for this sample include age, ethnicity, gender, highest level of education, occupation, length of relationship, length of cohabitation, number of children, and if the couple had sought counseling. Participant age and length of relationship will be used to predict significant differences on these descriptive variables across domestic violence.

Child sexual abuse. Child sexual abuse is measured with the *Childhood Sexual Abuse Scale* adapted by Harlow, Quina, Morokoff, Rose and Grimley (1993) from Wyatt (1985) and assesses frequency and specific types of sexual victimization up to age 15. The measure developed by Harlow and colleagues (1993) is eight items, each rated on a 4-point scale from *no* (0) to *many times* (4). An example of an item included: "Did anyone older ever rub their genitals against your body?" The authors reported an alpha of 0.95 and test-retest alphas of 0.88, 0.85 and 0.89 over three time periods. Golding (2010) achieved an alpha of 0.94 with the current data. An overall

measure is calculated by averaging values from each question, where higher scores indicate more childhood sexual abuse.

Negative family environment. Negative family environment is measured with the *Family Perceptions Scale*, a 6-item scale adapted from the Harlow and colleagues' study (1991) on risky sexual behavior, and was later published with work done on childhood trauma and HIV (Whitmire, Harlow, Quina, & Morokoff, 1999). Harlow and colleagues reported an internal reliability of 0.91, and test-retest reliabilities of 0.85, 0.85, and 0.88 over three time periods. An example item: "There were times when I couldn't stand my situation at home." Golding (2010) structured the items into three 2-item subscales and achieved the respective alphas, Not Understanding Family (0.60), Unhelpful Family (0.80), and Unhappy Family (0.82). Each item is rated on a 5-point scale from *never* (1) to *very often* (5). The full scale alpha obtained with this sample is 0.89. An overall measure is calculated by averaging values from each question, where higher scores indicate more positive functioning.

Psychological symptoms. Psychological symptoms will be measured with the *Brief Symptom Inventory - 18* (BSI-18; Derogatis, 2000), an 18-item checklist designed to assess for the presence of psychological symptoms. It is an abbreviated version of the 53-item Brief Symptom Inventory, which was adapted from the longer Symptom Check List-90. The Global Severity Index (GSI), or overall measure of psychological symptoms, is calculated by summing all values from each of three subscales, Depression, Anxiety, and Somatization. Higher scores on the GSI indicate more symptoms. Each item is rated on a 5-point scale from *not at all* (1) to *extremely* (5). An example of an item: "How often in the past 7 days have you experienced spells

of terror or panic?” The BSI-18 has proven to be both reliable and valid with alpha reliability values in the 0.89 range. Golding (2010) achieved a Cronbach’s alpha of 0.92 for this sample.

Lesbian identity acceptance. Lesbian identity acceptance is measured with the *Lesbian Internalized Homophobia Scale* (Szymanski & Chung, 2001) to capture internalized homophobia in lesbians. The original measure contains 52 items divided into five subscales: connection with the lesbian community, public identification as lesbian, personal feelings about being a lesbian, moral, and religious attitudes toward lesbians and attitudes toward other lesbians. The full assessment was abbreviated in the Golding (2010) study to 10 items, two from each subscale. Examples of items include “I hate myself for being attracted to other women” and “I feel comfortable being lesbian/bisexual.” Each item is measured on a 7-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (7). An overall indicator of internalized homophobia is calculated by averaging all the scores, where higher scores equate to a greater degree of internalized homophobia. Szymanski and Chung (2001) reported an alpha of 0.94 and test-retest reliability of 0.93. From the Golding (2010) study, the 10 item measure found a Cronbach’s alpha of 0.64.

Lesbian identity disclosure. Lesbian identity disclosure is measured through the *Outness Inventory* (Mohr & Fassinger, 2000). This 10 item measure seeks to uncover the extent to which the participant has disclosed their sexual orientation in various areas of their life. Items are assessed on a 7-point scale anchored with “this person definitely does not know about your sexual orientation status” (1) and “this person definitely does know about your sexual orientation status and it is openly

talked about” (7). An option of “not applicable” (n/a) was added for the Golding (2010) adaptation, for zero points. Overall outness is calculated by averaging all the items, where higher scores indicated greater disclosure of one’s sexual orientation. Three subscales within the *Outness Inventory*, Out to Religion, Out to Family and Out to the World produced alphas of 0.98, 0.71 and 0.78, respectively, in the lesbian subsample. Golding achieved a Cronbach’s alpha of 0.72 with the current sample.

Dyadic dependency. The Dyadic Dependency construct will be measured using the *Healthy Emotional Reliance Scale* (HERS; Golding, Morokoff, Rossi, 2007) to assess for negative dependence. The full HERS consists of subscales measuring independence and interdependence as well, which were not included in the current study. The Negative Dependence subscale consists of 10 items. Items are rated on a 5-point Likert scale from *strongly disagree* (1) to *strongly agree* (5). An example item: “I seem to never want to be away from my partner.” Authors reported Cronbach’s alpha of 0.73 for the Negative Dependence subscale.

Intimate Partner Violence. The outcome variable, IPV is assessed in four subscales measuring physical abuse, sexual coercion, psychological abuse, and LGB specific tactics. The physical abuse subscale contained three items from the Physical Assault scale of the *Revised Conflict Tactics Scale* (Straus, Hamby, Boney-McCoy & Sugarman, 1996) assessing for physical aggression from one’s partner. Authors reported an internal reliability of 0.86 from this subscale. An example of an item from the Physical Assault subscale included: “Have you ever been choked by a partner?” The sexual coercion subscale also included three items from the Sexual Coercion subscale of the *Revised Conflict Tactics Scale* (Straus, Hamby, Boney-McCoy &

Sugarman, 1996) to assess for violent tactics to obtain sex. Authors reported an internal reliability of 0.87 for Sexual Coercion subscale. A Sexual Coercion sample item included: “My partner used threats to make me have sex.” The *Psychological Maltreatment of Women Inventory* (Tolman, 1999) captures emotional abuse and dominance in the relationship from the 10-item Psychological Aggression subscale. Authors reported high construct validity (range: 0.46-0.94) with other similar scales such as the *Index of Spousal Abuse*, *Conflict Tactics Scale*, *Index of Marital Satisfaction* and the *Brief Symptom Inventory*. An example of an item: “How often have you or your current partner: called hurtful names, sworn at or insulted?” Lastly, five lesbian relevant items were taken from Balsman and Szymanski (2005) to measure LGB specific abuse. In their 2005 study on domestic violence with 272 lesbian and bisexual women, Balsman and Szymanski found that these items were significantly related to relationship quality items measured by *The Dyadic Adjustment Scale-10*. An example of an item: “I questioned where my partner was a ‘real’ lesbian, gay, bisexual woman.” Golding (2010) altered the Likert scale to measure frequency of abuse over one year, across 4 points, from *never* (1) to *always* (4), for all indicators of IPV. Scores are calculated by summing values from all the items, for an overall frequency score. Separate subscale scores are calculated by summing values for each subscale.

Data Analysis

The data will be analyzed using logistic regression and multiple regression methods to test predictors of IPV. Intimate partner violence is operationalized into frequency of various types of abuse. Separate LRs and MRs will be conducted with

the set of independent variables for each of these subscales of domestic violence. Categories of abuse include *never*, *rarely*, *sometimes*, and *frequently*. For the purposes of the logistic regression models, the outcome variable will be dichotomized to distinguish between the presence of any abuse versus no experience of abuse. Thus the *rarely*, *sometimes*, and *frequently* categories will be combined in those analyses, and the *never* category will represent women who have not experienced IPV. Logistic regression works best with a dichotomous dependent variable and can tolerate a combination of categorical or continuous variables. Logistic regression is also appropriate for the current study given its adherence to fewer statistical assumptions, which is important given the skewed nature of IPV and selected predictors in this sample. For example, physical, sexual, and LGB specific forms of IPV were highly skewed and leptokurtic (see Table 6), which necessitates the use of a robust method such as logistic regression to evaluate this prediction model.

Multiple regression models will analyze psychological IPV and LGB specific IPV only to evaluate the degree to which participants experience the aforementioned forms of IPV based on the set of predictors. Measures of psychological and LGB specific IPV contain a larger range of experiences compared to the few questions assessing physical and sexual IPV. Thus it will be important to evaluate which factors are relevant when IPV is considered on a continuum instead of presence versus absence. A drawback to multiple regression analysis with this sample relates again to the use variables that are skewed and not normally distributed. Though multiple regression will capture to what degree IPV relates to the model predictors, it is more sensitive to assumption violations and thus should be interpreted with this in mind.

CHAPTER 4

RESULTS

Descriptive Analyses

Data cleaning. The data set was reviewed for accuracy of input and analyzed in the statistical analysis software program, SPSS (22.0 for Windows). Overall indicator scores were calculated from the original data and value labels were assigned. Each variable was then examined for problematic items. A large number of participants failed to complete all questions in the Lesbian Internalized Homophobia Scale, and those 178 participants who did not complete the inventory were deleted from the sample. The variables were also checked for adherence to assumptions of normality and multicollinearity; see Table 1 for a descriptive list of all model variables and Table 2 and 3 for descriptive statistics.

Demographics. The final sample consisted of 699 participants. Participants' ages ranged from 18 to 73, with a mean age of 37.63 (SD=11.6) and length of relationship averaged 6.03 years (72.31 months; SD=77.56) and ranged 6-469 months. The ethnic breakdown of the sample was as follows: White (81%), Hispanic (7.3%), Black/African American (5.4%), Asian/Pacific Islander (3%), Native American (1%) and other (1.4%). Within the sample, 1.6% of women had a high school diploma or GED, 54.3% had some college education or attained an associate's or bachelor's degree, and 43.9% had a graduate degree. Three-fourths (76%) of women cohabitated with their partner for an average of 56.21 months (SD=77.19) and 17.9% of the

women reported raising children with their current partner. Complete demographic for the sample is presented in Table 2 and 3. Table 4 presents means and standard deviations among all of the model predictors and Table 5 for correlations of all model variables. Descriptive statistics and frequencies for the presence or absence for each of the 4 forms of IPV are presented in Table 6.

Regression Analyses

Test of demographic variables as predictors. In order to determine the unique contribution of selected demographic variables on IPV, age and length of relationship were tested in separate logistic regression models to predict each of the four forms of IPV. Age significantly predicted a decreased likelihood of psychological violence as women increased in age, (OR=0.976, 95% CI [0.959-0.993], $p=0.006$). Similarly, age also significantly predicted a decreased likelihood of physical violence (OR=0.930, 95% CI [0.903-0.957], $p<0.001$) and LGB specific violence (OR=0.956, 95% CI [0.938-0.975], $p<0.001$) as women increased in age. Though age variable was not a significant predictor of sexual violence, (OR=0.976, 95% CI [0.950-1.002], $p=0.069$), age was included in the full model with the original predictors.

The length of relationship variable did not significant predictor experience of physical, psychological, LGB specific or sexual violence, and was not included in the full model with the original predictors.

Logistic regression analyses. A series of logistic regression models were conducted to predict the impact of lesbian identity acceptance (internalized homophobia), lesbian identity disclosure, negative dyadic dependency, childhood sexual abuse, negative family environment, and psychological symptoms on the

presence of four forms of IPV. The overall model predicting sexual violence was significant, $\chi^2(7)=18.961, p=0.008$. The Cox and Snell $R^2=0.032$ suggesting a small percentage of the variance in sexual IPV explained by the model. Negative dyadic dependence was the only significant predictor, (OR=1.070, 95% CI [1.013-1.130], $p=0.015$), indicating that as women's negative dependence on their partner's increased, the likelihood of experiencing sexual violence increased by 7% (see Table 7). The model predicting psychological violence was significant, $\chi^2(7)=21.739, p=0.003$. Similar to sexual IPV, a small effect in psychological IPV was explained by the model with a Cox and Snell value of $R^2=0.038$. Greater experience of psychological symptoms was found to predict nearly 6% more likelihood of psychological abuse, (OR=1.058, 95% CI [1.016-1.103], $p=0.007$) (see Table 8).

The physical violence model was found to be significant as well, $\chi^2(7)=61.785, p<0.001$, with 10% of the effect explained by the model with a Cox and Snell value of $R^2=0.102$. Odds ratios revealed as women increase in age, they are 6% less likely to experience physical violence, (OR=0.937, 95% CI [0.906-0.968], $p<0.001$). Additionally, greater experience of psychological symptoms, (OR=1.049, 95% CI [1.019-1.079], $p=0.001$), and internalized homophobia, (OR=1.983, 95% CI [1.093-3.596], $p=0.024$), were associated with an increased likelihood of physical abuse (see Table 9). The overall model for LGB specific violence was significant, $\chi^2(7)=94.960, p<0.001$. The Cox and Snell $R^2=0.154$ value suggested a moderate effect. Micro level results indicated that as women increase in age, the likelihood for experiencing LGB specific violence decreases by 4.5% (OR=0.955, 95% CI [0.933-0.978], $p<0.001$), psychological symptoms increase the likelihood for LGB specific violence by 5.1%

(OR=1.051, 95% CI [1.023-1.078], $p<0.001$), greater experience of childhood sexual abuse increased one's likelihood by 48% (OR=1.480, 95% CI [1.119-1.958], $p=0.006$) and those who experienced greater internalized homophobia were 3 times as likely to experience LGB specific violence (OR=3.172, 95% CI [1.914-5.259], $p<0.001$) (see Table 10).

Multiple regression analyses. Multiple regression was used to test lesbian identity acceptance (internalized homophobia), lesbian identity disclosure, negative dyadic dependency, childhood sexual abuse, negative family environment, and psychological symptoms as significant predictors of psychological and LGB specific IPV, in two separate models. The results of the regression predicting psychological violence indicated that the overall model was significant with nearly 18% of the variance accounted for, $R^2=0.179$, $F(7, 560)=21.123$, $p<0.001$. Findings revealed negative dyadic dependence ($B=0.069$, $p=0.01$), psychological symptoms ($B=0.139$, $p<0.001$), greater degrees of internalized homophobia ($B=1.294$, $p<0.001$), and younger age ($B=-0.028$, $p=0.038$) significantly predicted more instances of psychological violence (see Table 11). The results of the regression predicting LGB specific violence indicated that the overall model was significant with 21% of the variance explained by the model, $R^2=0.209$, $F(7, 553)=17.186$, $p<0.001$. Findings revealed negative dyadic dependence ($B=0.013$, $p=0.048$), psychological symptoms ($B=0.030$, $p<0.001$), greater degrees of internalized homophobia ($B=0.545$, $p<0.001$), and younger age ($B=-0.011$, $p=0.001$) significantly predicted more instances of LGB specific violence (see Table 12).

CHAPTER 5

CONCLUSION

This study aimed to test a set of psychosocial factors related to women's sexual identity, past life experiences, and psychological symptoms, and their ability to predict the presence of different forms of intimate partner violence. Significant predictors emerged for physical, psychological, sexual, and LGB specific forms of IPV from the current study. The following discussion will begin with the most striking contributors to the model, lesbian identity acceptance and childhood sexual abuse, as well as a focus on the other significant predictors from this study (negative dyadic dependence, psychological symptoms, and age), followed by limitations and future directions for subsequent research.

Lesbian Identity Acceptance

Lesbian identity acceptance, also understood as internalized homophobia, was predictive of more frequent psychological and LGB IPV, as well as making women nearly 2-3 times more likely to experience physical and LGB specific IPV. These findings are consistent with limited past research linking internalized homophobia and physical violence (Balsam & Szymanski, 2005). It also makes sense that an individual who had or is having difficulty accepting her own sexual identity and who has personalized negative messages about being a lesbian would perpetrate acts of LGB specific violence to deflect their insecurities. Related findings on stigma consciousness, or expectation that others will stereotype and discriminate against

members of a minority groups, has been found to predict a greater likelihood of IPV (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011).

Carvalho and colleagues (2011) suggest that women (and gay men) develop a heightened sense of awareness that their same sex relationship could be perceived negatively and subsequently hide acts of violence to maintain a positive image of LGBTQ individuals. Women may also empathize with their partners who could be perceived negatively for being both a perpetrator of domestic violence *and* a member of the LGBTQ community. The shame associated with subjecting one's partner to more discrimination from society, as well as the shame one has within themselves for being relegated to a state of "otherness" complicates the experience of IPV (Tigert, 2001). Unfortunately this may lead to the belief that there is no means to leave or end the relationship.

Childhood Sexual Abuse

Childhood sexual abuse was found to predict a 48% more likelihood of LGB specific abuse. One unit of increase within the childhood sexual abuse scale corresponds to a relatively large range of abusive incidents (never, once, a few times, many times), thus a woman can experience sexual abuse just a few times and dramatically increase the probability that she experiences LGB specific violence as an adult. Though past research linking childhood sexual abuse and sexual minorities is scarce, there have been links between abuse during childhood and being revictimized during adulthood (Lie et al., 1991, Roberts et al., 2010). Nonetheless, the findings here predict LGB specific violence only, which has not been well studied in the literature. One potential explanation for this connection is that children being abused internalize

implicit or explicit messages from the perpetrator about the acceptability of same sex relationships, leading them to experience internalized homophobia and/or actively pass on those negative messages through LGB IPV.

Negative Dyadic Dependence

The findings from this study suggest that as women are increasingly dependent on their same sex partners, the frequency of psychological and LGB IPV increase. Similarly, more negative dependence on one's partner indicated 7% more likelihood of experiencing sexual abuse from one's partner. Interestingly negative dyadic dependence was the only significant contributor to the experiencing sexual IPV.

Negative dependence involves a lack of one's identity and desire for a large degree of fusion within the intimate relationship. The increased likelihood for sexual abuse, as it relates to dependence may speak to the need to feel overly sexually connected to one's partner and thus results in coercive tactics to initiate and maintain sexual contact. Of the three questions used to evaluate sexual IPV, two pertain to attempts to obtain sexual contact through threats or insisting without physical force, which could indicate that women are more verbally manipulative as opposed to physically. As with sexual IPV, survey items from the psychological and LGB abuse measures might be relevant to women in highly dependent relationships who use emotional attacks on their partners who threaten the closeness in their union.

Bornstein (2006) proposed that in heterosexual relationships, dependent personality disorder, where destructive behavior results when needs are not met, contributes to negative dependence within couples. Likewise, same sex couples could be experiencing similar patterns. Bornstein (2006) acknowledges that there is not

much information about emotional dependency in same sex relationships, though discusses the dependency model of commitment that would be relevant to LGBTQ individuals. The dependency model of commitment suggests that individuals stay in abusive and destructive relationships because they do not believe that they can get their needs met elsewhere. In terms of same sex individuals and IPV, this could relate to feeling hopeless about finding another same sex partner particularly in the face of low lesbian identity acceptance and disclosure. Balsam (2001) adds that women may not have disclosed their sexual orientation to others and/or may be disconnected from others in the LGBTQ community, which makes both leaving the relationship and reaching out for help difficult.

Psychological Symptoms

As with negative dependence, more intense feelings of psychological symptoms was related to greater frequency of psychological and LGB IPV, in addition to a 5-6% more likelihood of experiencing psychological, LGB specific, and physical violence. Past research connecting psychological symptoms with IPV and trauma typically focuses on heterosexual women, though there is support that depression and anxiety is predictive of IPV in LGBTQ women (Lehavot, Walters, & Simoni, 2010; Wolkenstein & Sterman, 1998), including Black and Latina women specifically (Balsam et al., 2010). Tigert (2001) suggests that queer women may also experience repeated trauma from the oppressive cultural environment where they are at risk of discrimination, hate crimes, and other acts of violence. This form of systemic trauma fosters internalized homophobia, shame, and increased vulnerability to repeated victimization within the relationship. Shame specifically underlies many psychological

concerns, including depression, anxiety, addiction, and isolation, that must be explored to understand their connections to violent behaviors (Tigert, 2001). These findings may also capture the psychopathology of women perpetrating violence, who are just as likely as victims to experience depression, self hatred, and insecurity associated with abusing (Burke & Owen, 2006).

Age

Like several other indicators, younger age was predictive of both greater frequency and likelihood of experiencing psychological and LGB violence. More research is needed to further understand the relationship between age and IPV. Turell (2000) found in a sample of LGBTQ men and women that coercive and shaming behavior peaked during participants' 20s, 30s, and 40s, while sexual abuse was most prevalent before age 30 and significantly decreased after age 50. The results may speak to generational differences between older and younger women in same sex relationships who may experience a different level of comfort and self acceptance regarding their sexual orientation, or acceptance of homosexuality in general. In a study of LGBT youth under 25 years of age and education around same sex relationships, Donovan and Hester (2008) found that participants were especially attached to their first relationship as it solidified their sexuality. Thus one's sexual identity and first same sex relationship became significantly connected as symbols of coming out. Donovan and Hester (2008) also revealed that youth lacked knowledge on same sex relationships and did not know what to expect compared to heterosexual partnerships. Obligations to maintain close ties to one's partner and a reduced awareness of relationship dynamics contributed to participants' toleration of IPV.

Another trend within the LGBTQ community related to IPV, which appears to begin in adolescence and early adulthood is the lack of resources necessary to educate oneself on same sex IPV (Donovan & Hester, 2008). Without safe spaces and sources for support, young people often are at a loss for how to deal with IPV and the negative feelings they experience that follow. Contrary to the findings here, Wolkenstein and Sterman (1998) called for increased assessment of older women for IPV because they experience depression and anxiety when physical abuse has occurred even when physical indicators are no longer present.

Limitations

Women, especially sexual minority women, are often underrepresented in research and their perspective is frequently overlooked. Though this research seeks to add to the literature about the types of life circumstances that contribute to same sex domestic violence, replicating these findings with different subgroups will add legitimacy to queer women. The current sample consists of a mostly white, college educated population and while providing some degree of insight, it does not necessarily account for differences within the lesbian community. Also, the women in this sample all identified differently in terms of sexual orientation (lesbian, bisexual, heterosexual, etc...) and gender identities (female, transgender); all things that may impact one's experiences related to the study's variables such as lesbian identity, negative family environment, and psychological symptoms.

Another limitation of this study is the relationship status inclusion criteria. The participants in this study were included only if they were in a relationship lasting at least 6 months at the time of the survey. While this provides good information about

women's current relationship functioning, women who have *ever* been in same sex relationship were excluded and this may have biased the result in some way by not capturing their experience. In terms of statistical analyses, there could be concern for violations of independence within the sample. Participants and their partners were both permitted to complete the survey, though the anonymity embedded in the data collection process would not allow direct correlations to be made between partners within a couple. Given this, a couple's data may be expected to vary in a similar or different manner depending on the subject matter. Despite no significant differences in findings when participants and their partners were excluded from the study, there is no way to adjust the results to address statistical dependency.

A final aspect of the study to consider is that participants were to answer questions on IPV that included behaviors that either the participant or her partner could have executed. Therefore the findings should be interpreted cautiously since there is no clear distinction between perpetrator and victim with the couple.

Future Directions

Based on the current study's findings and limitations, several recommendations are made to further improve on the current body of knowledge. For the future, researchers should make special efforts to reach out to racial and ethnic minority groups, as well as a range of educational and socio-economic backgrounds to increase generalizability to lesbian women. Furthermore, replicating this model comparing women of different gender and sexual identities on these measures would also result in noteworthy findings that need attention in this research area. It is also important to make distinctions apart from gay male perpetrated violence, which

manifests itself in more physically aggressive ways than female violence. Attempts to combine all LGBTQ individuals blindly can lead to an interpretation of results that overestimate the way we understand the psychosocial factors contributing to IPV for each group.

In addition to considerations to demographic factors, prior research has suggested links to IPV in the LGBTQ community that need further investigation including alcohol and substance use (Seedat et al., 2005) and butch/femme roles which speak to the tendency of the masculine gender identified partner to perpetuate abuse in a couple (McHenry et al., 2006). Perpetrators of IPV often feel a sense of power or control in the relationship related to other differences from their partner where they may be of privilege (e.g. race, socio-economic status), thus future research should attend to the various ways in which women employ power through abusive acts (Balsam, 2001).

As it relates to therapeutic work, research is also needed to consider the specific needs of same sex couples struggling with the various forms of intimate partner violence, especially with regard to sensitivity to their sexual orientation and complicated nature of identity acceptance. Nearly a third of the current sample has engaged in couple's counseling and given the increasing rates of same sex domestic violence, attention and care in this area is necessary to create change. Many of the women in this sample experienced multiple forms of trauma, emotional distress, and strong messages from society that their sexual orientation is not acceptable. In a therapeutic context, it is important to remember that these experiences and internalized messages must be unlearned (Tigert, 2001). Positive change toward healthy

relationships must begin in the therapy room. Furthermore, mental health providers should be mindful of their beliefs about gender roles within women's same sex relationships and be aware that masculine/feminine roles that may exist in heterosexual relationships are not necessarily present in the LGBTQ community. Heterosexist assumptions create victim blaming within the context of IPV and decrease safe spaces for women to seek help (Balsam, 2001).

Conclusion

This study was conducted in order to gain a better understanding of the relevant factors that contribute to the presence of sexual, physical, psychological and LGB specific acts of intimate partner violence. The findings supported previous research and early predictions set forth in the study, as well as cultivating a set of experiences encompassed in women's same sex relationships. Continued research to understand same sex domestic violence, appropriate treatment considerations, and education on how intimate partner violence manifests in this population will be greatly important moving forward.

TABLES

Table 1

Description of the measures for each variable

	# of items	Score Range	Alpha
CSA	6	1-6	0.94
NFE	6	1-5	0.90
GSI	18	18-90	0.92
IH	10	1-10	0.64
SOD	10	0-10	0.72
NegDep	10	10-50	0.73
PhyIPV	3	3-12	0.54
SexIPV	3	3-12	0.65
PsyIPV	10	10-40	0.81
LgbIPV	5	5-20	0.69

CSA – Childhood Sexual Abuse

NFE – Negative Family Environment

GSI – Psychological Symptoms

IH – Internalized Homophobia/Lesbian Identity Acceptance

SOD – Sexual Orientation Disclosure

NegDep – Negative Dependence

PhyIPV – Physical IPV

SexIPV – Sexual IPV

PsyIPV – Psychological IPV

LgbIPV – LGB specific IPV

Table 2

Descriptive Statistics of Demographic Characteristics

	M	SD	Skewness	Kurtosis	Min	Max
Age	37.7	11.59	0.42	-0.63	18	73
Time Couple Together	72.3	77.56	1.83	3.31	6	469
Time Cohabitated	56.2	77.19	1.99	4.03	0	434

Table 3

Frequency Table of Demographic Characteristics

	Frequency	Percent
Race		
White	566	81.0
Hispanic	51	7.3
Black	38	5.4
Asian/Pacific Islander	21	3.0
Native American/Alaska Native	7	1.0
Other	10	1.4
Missing	6	0.9
Gender		
Female	683	97.8
Male	1	0.1
Trans	12	1.7
Missing	3	0.4
Level of Education		
GED	2	0.3
High School	9	1.3
Some College	147	21
Bachelor's	231	33.0
Masters	213	30.5
Doctorate	94	13.4
Missing	3	0.5
Live-in Children		
Yes	125	17.9
No	569	81.4
Missing	5	0.7
Couples Therapy		
Yes	222	31.8
No	474	67.8
Missing	3	0.4

Table 4

Descriptive Statistics of Model Predictors

	M	SD	Skewness	Kurtosis	N
NegDep	26.79	5.72	0.20	-0.70	678
GSI	26.82	9.01	2.33	7.88	635
CSA	1.57	0.84	0.84	0.09	672
NFE	2.85	0.88	0.88	-0.77	671
IH	2.77	0.50	0.50	3.21	699
SOD	4.28	1.30	1.30	0.05	666

Table 5

Correlations: Model Predictors and Outcome Variables

	NegDep	GSI	CSA	NFE	IH	SOD	PsyIPV	SexIPV	PhyIPV	LgbIPV
NegDep	1.0	.12**	.05	.02	.14**	-.12	.17**	.15**	.20**	.17**
GSI		1.0	.22**	.33**	.11**	-.10*	.36**	.11**	.31**	.32**
CSA			1.0	.30**	.04	.04	.08*	.13**	.08*	.13**
NFE				1.0	.01	-.06	.15**	.06	.11**	.10**
IH					1.0	-.40**	.16**	.18**	.22**	.31**
SOD						1.0	-.08*	-.06	-.11**	-.16**
PsyIPV							1.0	.27**	.51**	.43**
SexIPV								1.0	.46**	.61**
PhyIPV									1.0	.61**
LgbIPV										1.0

* p<0.05

**p<0.01

Table 6

Descriptive Statistics and Frequencies for Types of Intimate Partner Violence

	Sexual	Psychological	Physical	LGB
M	3.12	14.19	3.15	5.34
SD	0.59	3.92	0.58	1.07
Skewness	8.75	1.46	5.96	6.35
Kurtosis	101.35	2.63	48.82	55.12
Min	3	10	3	5
Max	12	34	10	18
None (%)	638 (91.3)	105 (15.0)	628 (89.9)	557 (79.7)
Any (%)	52 (7.4)	565 (80.8)	66 (9.4)	125 (17.9)
Missing (%)	9 (1.3)	29 (4.2)	5 (0.7)	17 (2.4)
Total (%)	699 (100.0)	699 (100.0)	699 (100.0)	699 (100.0)

Table 7

Logistic Regression Analyses for Sexual IPV

	B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for Exp(B)	
							Lower	Upper
Age	-.018	.015	1.521	1	.217	.982	.953	1.011
NegDep	.068	.028	5.940	1	.015	1.070	1.013	1.130
GSI	.028	.017	2.839	1	.092	1.029	.995	1.063
CSA	.022	.194	.012	1	.912	1.022	.698	1.496
NFE	.081	.194	.176	1	.675	1.085	.741	1.587
LIH	.472	.324	2.126	1	.145	1.604	.850	3.027
SOD	-.002	.136	.000	1	.988	.998	.765	1.302
Constant	-6.051	1.76	11.804	1	.001	.002		

Table 8

Logistic Regression Analyses for Psychological IPV

	B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for Exp(B)	
							Lower	Upper
Age	-.017	.010	2.654	1	.103	.983	.964	1.003
NegDep	.020	.022	.825	1	.364	1.020	.978	1.064
GSI	.057	.021	7.239	1	.007	1.058	1.016	1.103
CSA	-.272	.148	3.366	1	.067	.762	.570	1.019
NFE	.205	.151	1.842	1	.175	1.228	.913	1.652
IH	.243	.286	.720	1	.396	1.275	.728	2.233
SOD	.059	.102	.342	1	.558	1.061	.870	1.295
Constant	-.674	1.39	.234	1	.629	.510		

Table 9

Logistic Regression Analyses for Physical IPV

	B	S.E.	Wald	df	Sig.	Exp (B)	95% C.I. for Exp(B)	
							Lower	Upper
Age	-.066	.017	14.953	1	.00	.937	.906	.968
NegDep	.029	.026	1.209	1	.272	1.029	.978	1.083
GSI	.047	.015	10.512	1	.001	1.049	1.019	1.079
CSA	.084	.186	.203	1	.653	1.087	.755	1.566
NFE	.175	.184	.900	1	.343	1.191	.830	1.708
IH	.685	.304	5.082	1	.024	1.983	1.093	3.596
SOD	-.184	.135	1.854	1	.173	.832	.639	1.084
Constant	-3.969	1.65	5.819	1	.016	.019		

Table 10

Logistic Regression Analyses for LGB specific IPV

	B	S.E.	Wald	Df	Sig.	Exp (B)	95% C.I. for Exp(B)	
							Lower	Upper
Age	-.046	.012	14.176	1	.000	.955	.933	.978
NegDep	.026	.021	1.567	1	.211	1.027	.985	1.069
GSI	.049	.013	13.690	1	.000	1.051	1.023	1.078
CSA	.392	.143	7.544	1	.006	1.480	1.119	1.958
NFE	.044	.147	.089	1	.765	1.045	.783	1.394
IH	1.154	.258	20.046	1	.000	3.172	1.914	5.259
SOD	-.150	.103	2.114	1	.146	.860	.702	1.054
Constant	-5.354	1.33	16.114	1	.000	.005		

Table 11

Multiple Regression Analyses for Psychological IPV

	B	Std. Error	Beta	t	Sig	95% C.I. for Exp(B)	
						Lower	Upper
(Constant)	5.263	1.706		3.085	.002	1.912	8.613
NegDep	.069	.027	.102	2.570	.010	.016	.122
GSI	.139	.019	.306	7.270	.000	.101	.176
CSA	-.020	.196	-.004	-.103	.918	-.405	.365
NFE	.290	.188	.065	1.538	.125	-.080	.660
IH	1.294	.348	.154	3.715	.000	.610	1.979
SOD	.020	.132	.007	.155	.877	-.239	.279
Age	-.028	.014	-.083	-2.076	.038	-.055	-.002

Table 12

Multiple Regression Analyses for LGB specific IPV

	B	Std. Error	Beta	t	Sig	95% C.I. for Exp(B)	
						Lower	Upper
(Constant)	3.060	.425		7.202	.000	2.226	3.895
NegDep	.013	.007	.077	1.981	.048	.000	.027
GSI	.030	.005	.258	6.278	1.051	.021	.039
CSA	.061	.049	.050	1.226	1.480	-.037	.158
NFE	.022	.047	.019	.465	1.045	-.071	.114
IH	.545	.087	.253	6.243	3.172	.374	.717
SOD	-.028	.032	-.035	-.865	.860	-.092	.036
Age	-.011	.003	-.129	-3.302	.005	-.018	-.005

APPENDICES

Appendix A *Terminology*

The following terms will be used within the paper to refer to women in same sex relationships. These terms are defined below and will be used in combination depending on their relevance to the topics being discussed.

1. *Lesbian (L)*: women who are romantically and sexually attracted to women.
2. *Gay (G)*: men who are romantically and sexually attracted to men; this is also a term women in same sex relationships use to identify themselves, which will be the primary usage here.
3. *Bisexual (B)*: women who are romantically and sexually attracted to both men and women.
4. *Transgender (T)*: individuals who identify with a gender that differs from their biological sex.
5. *Queer (Q)*: a general term used to describe individuals who are not heterosexual or conform to traditional gender norms.

Appendix B
Healthy Emotional Reliance Scale (HERS)
(Golding, Morokoff, & Rossi, 2007)

For each of the following questions below, please indicate how strongly you agree or disagree with the statements when considering yourself in your current relationship with another woman.

You will be able to select one of the following by clicking on the answer of your choice:

STRONGLY DISAGREE with the statement
DISAGREE with the statement
NEITHER AGREE OR DISAGREE with the statement
AGREE with the statement
STRONGLY AGREE with the statement

Interdependency:

1. My partner and I are comfortable sharing our deepest emotions with each other.
2. I feel safe and secure within my relationship with my partner.
4. My partner and I support each other.
8. I know that I can rely on my partner to meet many of my personal needs.
11. I feel like my relationship is a give and take that is fairly equal.
12. I am satisfied with the level of closeness in my relationship.
15. I like that my partner and I are comfortable depending on one another.
16. I can be emotionally vulnerable with my partner.
19. I have major interests of my own outside of my relationship.
22. One of the most important parts of my relationship is being able to talk about my most intimate feelings.
24. My partner is an important part of how I see myself.
28. I think in terms of “we” and “us” rather than “I” or “me”.
31. My partner and I have built an identity as a couple.

Negative Dependence:

3. I depend on my partner for emotional stability a lot of the time.
6. Only my partner can comfort me when I am sad.
9. I seem to never want to be away from my partner.
14. When my partner goes away for a long time, I feel like I am missing a part of myself.
17. I like to spend as much time as possible with my partner; I do not see the need for alone time.
21. I get worried that my partner and I are growing apart when she wants to hang out with separate friends.
25. It is important to me that I know my partner depends on me.
27. I would find it difficult to leave my partner because I could not live as well on my own.
29. I like that my partner is able to take on my problems as if they were her own.

33. My emotional stability does not depend on my partner. R*

Independence:

- 5. I wish that my partner and I were more independent.
- 7. Sometimes I feel suffocated by my partner.
- 10. Sometimes I feel resentful of the time my partner demands of me.
- 13. I wish that my partner and I did not share everything.
- 18. I have to do what's best for me foremost when it comes to decision making.
- 20. I become annoyed when my partner seems needy.
- 23. Sometimes I feel tied down by my partner.
- 26. I make most decisions on my own without checking with my partner.
- 30. I don't feel that it is necessary to keep my partner up to date with the happenings of my life.
- 32. I feel that it is weak to depend on my relationship for my emotional needs.

***Bolded R** indicates reverse coded items

Appendix C
Childhood Sexual Abuse
(adapted by Harlow et al., 1993 from Wyatt, 1985)

As a child, you may have been in a sexual situation with someone older than you. A sexual situation could mean someone showing their genitals to you. It could mean someone touching you in a sexual way. It could also mean someone putting his penis in your mouth, vagina, or rectum. Think back to when you were a child up to age 15, and answer the next questions.

1 = “no”, 2 = “once”, 3 = “a few times”, 4 = “many times”

Before you were 15 years old:

1. Did anyone older ever show their genitals to you?
2. Did you ever see anyone older touch their genitals in front of you?
3. Did anyone older ever touch your breasts or genitals?
4. Did anyone ever rub their genitals against your body?
5. Did anyone older ever rub *try* to put his penis in your mouth, vagina, or rectum?
6. Did anyone older ever *put* his penis in your mouth, vagina, or rectum?

For the above questions, please tell us who those people were. Check all that apply.

- Did not have any of these experiences before I was 15 years old.
- A person I didn't know at all.
- A person I didn't know very well.
- A friend or relative not in my close family.
- A brother or sister.
- My father, mother, or stepparent.
- Someone else.

Appendix D
Family Perceptions Scale
(Harlow et al., 1991)

The next set of questions asks about your family life when you were growing up. Please say how much they describe your family when you were growing up.

- 1 = never
- 2 = rarely
- 3 = sometimes
- 4 = often
- 5 = very often

1. I felt like the people who brought me up did not understand me.
- 2. I made choices that my family likes. R***
- 3. The people who brought me up helped make my life better. R***
4. There were times when I couldn't stand my situation at home.
5. People in my family were upset a lot of the time.
- 6. I was pretty happy with my family life. R***

***Bolded R** indicates reverse coded items

Appendix E
Brief Symptom Inventory – 18
(BSI-18; Derogatis, 2000)

This is a list of problems people sometimes have. Please read carefully and select the answer that best describes how much that problem has distressed or bothered you during the PAST 7 DAYS INCLUDING TODAY.

- 1 = not at all
- 2 = a little bit
- 3 = moderately
- 4 = quite a bit
- 5 = extremely

Depression

- 1. Feeling lonely even when you are with people.
- 2. Feeling no interest in things.
- 3. Feeling blue.
- 4. Feelings of worthlessness.
- 5. Feeling hopeless about the future.
- 6. Thoughts of ending your life.

Anxiety

- 7. Nervousness or shakiness inside.
- 8. Feeling tense or keyed up.
- 9. Suddenly scared for no reason.
- 10. Spells of terror or panic.
- 11. Feeling so restless you couldn't sit still.
- 12. Feeling fearful.

Somatization

- 13. Faintness or dizziness.
- 14. Pains in the heart or chest.
- 15. Nausea or upset stomach.
- 16. Trouble getting your breath.
- 17. Numbness or tingling in parts of your body.
- 18. Feeling weak in parts of your body.

Appendix F
Lesbian Internalized Homophobia Scale – Revised
(Szymanski & Chung, 2001)

- 1 = strongly disagree
- 2 = disagree
- 3 = somewhat disagree
- 4 = neither agree or disagree
- 5 = somewhat agree
- 6 = agree
- 7 = strongly agree

1. I can't stand lesbians who are too "butch." They make lesbians, as a group, look bad.
2. **Being a part of the lesbian community is important to me. R***
3. **Having lesbian/bisexual friends is important to me. R***
4. Growing up in a lesbian family is detrimental for children.
5. **I am not worried about anyone finding out that I am a lesbian/bisexual. R***
6. I act as if my lesbian lovers are merely friends.
7. **Children should be taught that being gay is a normal and healthy way for people to be. R***
8. I hate myself for being attracted to other women.
9. **I feel comfortable being a lesbian/bisexual. R***
10. **I feel comfortable with the diversity of women who make up the lesbian community. R***

***Bolded R** indicates reverse coded items

Appendix G
Outness Inventory
(OI; Mohr & Fassinger, 2000)

Please indicate how “out” you are according to the provided 7-point scale to each of the people or types of people listed below on a scale below.

0 = not applicable

1 = person definitely does not know about your sexual orientation status

2 = person might know about your sexual orientation status, but it is never talked about

3 = person probably knows about your sexual orientation status, but it is never talked about

4 = person probably knows about your sexual orientation status, but it is rarely talked about

5 = person definitely knows about your sexual orientation status, but it is rarely talked about

6 = person definitely knows about your sexual orientation status, and it is sometimes talked about

7 = person definitely knows about your sexual orientation status, and it is talked about openly

1. My new straight friends.
2. My work peers.
3. My work supervisors.
4. Strangers.
5. My mother.
6. My father.
7. My siblings.
8. My extended family/relatives.
9. Members of my religious community (e.g. church, temple)
10. Leaders of my religious community (e.g. minister, rabbi)

Appendix H
Female Couples Domestic Violence Inventory

*No matter how well a couples gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle differences. This is a list of things that might happen when you have differences. Please choose how often you or your current partner did each of these things in the **past year**.*

1 = never 3 = sometimes
2 = rarely 4 = often

Physical Aggression Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996)

1. Slapped, kicked, bit, or hit with a fist or something else?
2. Choked?
3. Beaten up a partner?

Sexual Coercion Scale (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996)

1. Insisted on sex when the other did not want to without physical force?
2. Used threats to make the other have sex?
3. Used force (like hitting, holding down, or using a weapon) to make my partner have sex?

Psychological Aggression Scale (Psychological Maltreatment of Women Inventory; Tolman, 1999)

1. Shouted or yelled.
2. Ignored, shut out, or given the silent treatment?
3. Called hurtful names, sworn at, or insulted?
4. Criticized or put down in front of others?
5. Limited a partner's contact with others such as family or friends, or controlled a partner's behavior or activities in any way?
6. Acted jealous or suspicious of a partner's other relationships?
7. Threatened to hit, hurt, or throw something at a partner's presence?
8. Thrown, smashed, hit, or kicked something in a partner's presence?
9. Threatened to hurt a partner if they left the relationship?
10. Threatened to hurt yourself if a partner left the relationship?

LGB Specific Tactics of Psychological Aggression (Balsam & Szymanski, 2005)

1. Threatened to tell the other's employer, family, or others that she is a lesbian/gay/bisexual.
2. Forced the other to show physical or sexual affection in public, even though she didn't want to.
3. Used the other's age, race, class, or religion against her.
4. Questioned whether the other was a "real" lesbian, gay, or bisexual woman.

5. Told the other that she deserves what she gets because she is a lesbian/gay/bisexual woman.

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