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THE HEALTHY EMOTIONAL RELIANCE SCALE AND
DECONSTRUCTION OF DEPENDENCY: A LATENT VARIABLE MODEL OF
RELATIONSHIP FUNCTIONING IN FEMALE COUPLES

BY

A. CASSANDRA GOLDING

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY
IN
CLINICAL PSYCHOLOGY

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ABSTRACT

The current study was designed to meet two overarching goals. The first goal was to test an empirical and theoretically driven structural model of dyadic dependency and relationship functioning for female couples. This model tested mediating pathways between early life experiences: negative family environment and childhood sexual abuse (CSA), outcome variables: relationship functioning (i.e. communication style, power equality, relationship satisfaction, sexual satisfaction and domestic violence) and psychological symptoms (i.e. depression, anxiety and somatization). Mediating latent variables included adult sexual victimization, dyadic dependency, social support and identity. The second goal was to establish support for construct validity of the Healthy Emotional Reliance Scale (*HERS*; Golding, Morokoff & Rossi, 2007). Structural Equation Modeling (*SEM*) with EQS statistical program Version 6.1 was used to analyze data for two samples of women ($n_1 = 439$; $n_2 = 438$, $N_{\text{tot}} = 877$) currently in a relationship with another woman for at least six months. Participants were recruited online and data was collected via an online survey.

SEM results suggested good fit between the data and revised proposed models of relationship functioning in female couples for both sample 1 ($\chi^2(223, n = 245) = 443.372$, $p < .001$); $CFI = .923$; $RMSEA = .064$) and sample 2 ($\chi^2(223, n = 244) = 444.704$, $p < .001$); $CFI = .913$; $RMSEA = .064$) as well as partial support for construct validity of the *HERS*. Three main model pathways emerged: (1) Negative Family Environment to Social Support to Relationship Functioning (revised to include mediating variable of Dyadic Dependency), (2) Negative Family Environment to Social Support to Psychological Symptoms and (3) CSA to Adult Sexual

Victimization to Psychological Symptoms. Model comparison results suggest that social support is an important facet to same-sex female relationships. Results suggested an intertwined relationship between dyadic dependency and relationship functioning which resulted in model revisions that incorporated dyadic dependency under relationship functioning as one outcome latent variable. Details of the hypothesized model and theoretical underpinnings, statistical processes, theoretical implications of findings and future directions are discussed.

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I am also grateful for the financial support provided by the University of Rhode Island Graduate School which has afforded me the time and energy to pursue this research. As is explained in the following text, this very work exemplifies the ways in which we need each other and the benefits of being willing to rely on and support one another throughout our individual journeys.

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INTRODUCTION

Statement of the Problems

Same-sex female romantic couples represent a significant yet largely invisible sexual minority in the United States. Due to stigmatized and, likely, hidden identities of lesbian and bisexual women, or any women in romantic relationships with other women regardless of how she may choose to identify, accurate estimates for this hidden population are unknown (Kurdek, 2005; Pachankis & Goldfried, 2004; Peplau, 2001). Estimations of the adult gay and lesbian range from two to ten percent of the national population (Black, Gates, Sanders & Taylor, 1999). Laumann, Gagnon, Michael, and Michaels (as cited by Kurdek, 2005) found that 4.1 percent of 1,921 women interviewed national-wide reported having had a same-sex sexual experience since 18 years old; 4.4 of women sampled reported having feelings of same-sex been attraction and 1.4 percent of the female participants self-identified with a sexual orientation label representative of same-sex sexuality. The 2000 U.S. Census reported 601,209 total unmarried same-sex partner households (1.2 million individuals, 304,148 male couples, 297,061 female couples) which is a 314 percent increase from the 1990 U.S. Census count of 145,130 (Smith & Gates, 2001). However, the Human Rights Campaign (2001) estimates that such figures do not include 62 percent of all cohabitating U.S. same-sex couples due to mis-categorization of partners, hidden identities and decreased response of lesbian, gay and bisexual (LGB) residents. Assuming that five percent of the U.S. population is gay or lesbian (a modest estimate) and that 30 percent of this five percent are in committed

relationships, a more realistic estimate is 3,136,921 gay and lesbian individuals coupled and cohabitating with their partner (Smith & Gates, 2001).

Several recent research studies have explored LGB relationship issues (Balsam & Szymanski, 2005; Beals, Impett & Peplau, 2002; Beals & Peplau, 2005; Kurdek, 2004; Meyer, 2003; Mohr & Fassinger, 2000; 2006; Otis, Rostosky, Riggle & Hamrin, 2006; Roisman, Clausell, Holland, Fortuna & Elieff, 2008), however, empirical research on the predictors of lesbian relationship quality is scant and lacking in rigor. Previous studies on lesbian relationship functioning are limited by homogeneous samples often using clinical populations, the use of poorly validated measures developed for use with heterosexual couples, lack of statistically sophisticated analyses, and disregard for the effects of contextual variables such as social stressors and sexual identity considerations upon relationship quality. Further, past studies have used perceived relationship satisfaction as a measure of relationship quality and/or relationship functioning (Kurdek, 2005; Smith & Brown, 1997).

Research comparing levels of dyadic dependency in lesbian, gay male and heterosexual couples are often grounded in theory based on relationship conceptualizations that emphasize autonomy and independence which may not be appropriate frameworks by which to measure dyadic dependency patterns unique to female couples. Similarly, based on clinical observations of merger, an emotional state in which the identity of the relationship replaces one's individual identity, in lesbian couples, psychodynamic theory has cast lesbian relationships in a pathological light asserting that high levels of emotional intimacy coupled with dependency on the relationship is indicative of psychological regression. As such, until recently, lesbian

couples have been presented in the clinical literature as evidencing pathological relationship styles which upholds a heterosexually hegemonic and sexist social-political climate and, consequently, hinders social acceptance and clinical services for female couples (for review see Golding, 2007; Mencher, 1997).

Purpose of the Study

The purpose of this study was four-fold. The first and second goals related to scale development while the last two goals relate to testing a model of relationship functioning. First, the present research intended to refine items of the Healthy Emotional Reliance Scale (HERS; Golding, Morokoff, and Rossi, 2007), a previously constructed measure of emotional dependency for female couples, in order to reflect subscales of interdependency, independence and negative dependence. Second, this study sought to support construct validity for the HERS, as it relates to distinguishing between negative dependency, independence and interdependency according to the presence of both individual pathology and functional relationship quality (operationalized as a multivariate construct consisting of relationship satisfaction, sexual satisfaction, effective communication/conflict-resolution skills, lack of domestic violence, and power equality) in female couples. Third, this research tested an empirical and theoretically driven structural model of relationship functioning. This model hypothesized that early life experiences are predictors of relationship functioning for female couples and that independence, interdependence and negative dependence are mediating factors of relationship functioning. Fourth, the structural model tested the role of minority social stressors (degree of relationship social support and degree of lesbian identity disclosure and self-acceptance) in mediating between

early life experiences and relationship functioning. The research model also included an exploratory assessment of adult sexual victimization as a mediating variable between the effects of early life experiences (negative and childhood sexual abuse) and relationship functioning. This association is well-founded for heterosexual women, but not for a sample of women in same-sex relationships.

Justification for and Significance of the study:

The significance of this study spans issues relevant to theory, psychotherapy and multiculturalism. Theoretically, this research aimed to determine whether interdependency, negative dependency, and independence are associated with female relationship functioning and individual pathology. It may be that to the extent an individual is negatively dependent on the relationship, the relationship signifies what has been called merger or a negative relational style, but not if the relationship is characterized as interdependent. This research is significant for psychotherapy as it helped to establish validity for a scale that may be used to assess relationship quality as an aide to psychotherapy for female couples. From a multicultural perspective, this research enables further understanding of lesbian relationships in a way that does not overtly pathologize female couples.

Overview of Model

Scale Development

The HERS was developed to measure three types of dyadic dependency for female partners: interdependence, independence and negative dependence. The psychological literature around dependency is rich. Although dependency has historically had a negative connotation, Bornstein and Languirand (2003) propose

Healthy Dependency as a construct characterized by “the ability to blend intimacy and autonomy, leaning on others while maintaining a strong sense of self, and feel good (not guilty) about asking for help when you need it...depending on people without becoming dependent on them...trusting people enough to open up and be vulnerable, yet having the self-confidence you need to survive those inevitable relationship conflicts” (p.19). The HERS uses this conceptual understanding of healthy dependency to operationalize *Interdependence*. The construct of *Interdependence* assumes that healthy emotional connections require emotional vulnerability as well as the ability to recognize one’s emotional undertakings as separate from that of their partner. This construct posits that partners are able to emotionally connect in a satisfying yet not burdensome way and balance needs of autonomy and attachment within a partnership.

Independence, on the other hand, is representative of an avoidance dependency style in which individuals guard themselves against intimate interpersonal relationships in fear of disappointment, emotional vulnerability and/ or a general schema that other-reliance is a sign of weakness. Independence may also be conceptualized as autonomy and in several studies autonomy is used as a measure of how dependent partners are on the relationship (Kurdek, 1998; 2003). Such a style is hypothesized to result in less effective communication/ conflict-resolution skills between partners, less relationship and sexual satisfaction and possible abuse and power conflicts between female partners (Balsam & Szymanski, 2005; Renzetti, 1992).

Negative Dependence is used to describe the type of dependency between partners which is overbearing and dissatisfactory. This relates to the degree of unhealthy or over-dependency within a couple that may lead to power conflicts, abuse, lack of trust, jealousy and destructive levels of relationship functioning. Negative dependence has been linked to the maladaptive coping strategies associated with the merger-as-pathology arguments (Burch, 1993; Colwell, 1988; Pearlman, 1988). Taken together, the model posits that female couples reported to be high on levels of interdependency will also report higher scores on multivariate measures of positive relationship functioning than those couples who score high on either independence and/ or negative dependence.

Initial empirical research of the model (Golding, et. al, 2007) is based on a scale construction study using a nation-wide sample of 336 women who were currently in a relationship with another woman for at least one year. Split-half Principal Components Analysis (PCA) with Varimax rotation and pairwise deletion were used to identify underlying scale factors and bivariate correlations were used to assess construct validity claims of the resulting measure, the *Healthy Emotional Reliance Scale* (HERS; Golding, Morokoff & Rossi, 2007). Results support the hypotheses at hand suggesting a significantly positive correlation between relationship satisfaction and interdependence and a strong negative correlation with negative dependence. Additionally, findings suggested a positive relationship between healthy dependency, as measured by the *Healthy Dependency* (HD) sub-scale of the *Relationship Profile Test* (Bornstein & Languirand, 2003), and relationship satisfaction as well as a positive association between HD and interdependence.

However, several confounds with this initial research merit further refinement of the HERS and further investigation of related model components: (1) while initial construction of the HERS yielded a reliable 18 item scale with three statistically independent components: Interdependency, Attachment, Negative Dependence, a full scale score was conceptually, but not statistically supported; (2) construct validity was only partially established for this scale, in part, due to a re-conceptualization of Component 2 (originally named Emotional Autonomy and re-named Attachment) and Component 3 (originally named Differentiation and re-named Negative Dependence) since items were written for slightly different conceptual constructs, but measures for the re-conceptualized constructs were not included in the study, and the later realized differences in conceptualization likely affected the lack of cohesion among originally constructed items as well as later statistically supported sub-scales; (3) relationship satisfaction, as opposed to relationship functioning, was informally assessed with invalidated items developed specifically for the purpose of the previous research, and (4) several items overly elicited socially desirable responses which inflated item means and, subsequently, respective sub-scale totals, possibly influencing factor loadings of individual items and, thus sub-scale item composition. Therefore, the present research is needed in order to refine ill-conceived items, assess multiple facets of relationship functioning, and test a predictive model inclusive of likely relationship functioning correlates (i.e., social stressors and early life experiences) in addition to dependency levels.

Model Predicting Relationship Functioning

The predictive structural model (see Figure 1) tested by the current research study posited that early life experiences are predictors of relationship functioning for female couples and that independence, interdependence and negative dependence along with minority social stressors are mediating factors between early life experience and relationship functioning. The research model also examined the effects of sexual victimization variables in childhood and adulthood and childhood negative family environment on relationship functioning and psychological symptoms for women coupled with other women. Such a link has not been well-founded for this minority population (Bradford, Ryan & Rothblum, 1994), but is well documented for primarily heterosexual women (Finkelhor, Hotaling, Lewis & Smith, 1990). The proposed model specified two independent variables (negative family environment and childhood sexual abuse), four mediating variables (sexual victimization, dyadic dependency, social support, and lesbian/bisexual identity), and two dependent variables (relationship functioning and psychological symptoms).

Based on empirical relationship literature, this study conceptualized a functional and healthy relationship in female couples according to measures of (a) relationship satisfaction, (b) sexual satisfaction, (c) relationship power equality, (d) effective communication and conflict-resolution skills, and (e) absence of domestic violence. Together, these underlie the dependent latent variable of relationship functioning in the proposed model. All the model variables were latent meaning that they are made up of two or more underlying observed variables that are thought to accurately measure a latent construct or hidden factor for which there is not a known

good single measure alternative. Dyadic dependency was represented by the previously described developed measure of independence, interdependence, and negative dependence. It was unclear if these would emerge as separate variables or adequately converge under one latent variable. Social support was indicated by measures of global social support both for the individual and the couple as a couple as well as a measure of LGB specific support. Identity was indicated by a measure of sexual orientation disclosure and lesbian/bisexual identity acceptance as measured by a reversed scored scale of internalized homophobia. Childhood sexual abuse was indicated by penetration and non-penetrated abuse before the age of 15 years and negative family environment was indicated by psychological and physical abuse experiences of childhood family life. Adult sexual victimization was represented by rape, attempted rape, sexual coercion and sexual contact.

One of the primary purposes of this research was to test the relationship between dyadic dependency and individual psychological symptoms. Similarly, the relationship between social support and identity with individual psychological symptoms was tested. Therefore, a measure of psychological symptoms with underlying scales of anxiety, depression and somatization was included as a dependent variable, allowing claims about correlations found between dyadic dependency, social support, and identity with relationship functioning to also be tested against the presence of individual psychological symptoms. The hypothesized predictive path between dependency and individual psychological symptoms is directly related to providing support for one of the underlying theoretical bases of the model which deconstructs the notion of dependency as a necessarily pathological concept.

Theoretical Basis for the Model

There are two theoretical underpinnings for the proposed model of relationship functioning in female couples. The first is related to Huston's (2000) social ecology model of marriage and other intimate unions and minority stress models. The first of these examines relationships on three levels: individual, partner, and the social-context based upon four underlying principles: (1) relationships are interpersonal systems, (2) partners' psychological and physical qualities shape their interpersonal efforts, (3) the relationship and partners themselves are dynamic (changing by context and developing over time), and (4) relationships are embedded within a social context. Accordingly, Huston specifies ten interrelated axioms which underscore the interdependent relationship of partners with each other, their environment, their own and each other's individual and stable qualities, and the dynamic nature of these interdependencies. Similar to Huston's social ecology model theory, the current research conceptualizes relationships, particularly those between women, as the culmination of "multifaceted dyadic experiences" (Kurdek & Schmitt, 1986a, p. 308) that are tightly woven of several interacting and interdependent relationship variables representative of individual differences and functioning, partner interactions, and social influences. As such, the model tested by this research posits that female couples are impacted by socio-political forces and that their relationships exist within the contexts of other social relationships.

One such social force is that of minority stress which Brooks (1981) defined as "a state resulting from ...culturally sanctioned, categorically ascribed inferior status, social prejudice and discrimination, the impact of these environmental forces on

psychological well-being, and consequent readjustment or adaptation” (p. 107, cf. Lewis, Derlega, Griffin & Krowinski, 2003). Meyer (2003) explains that minority stress is characterized by the totality of the minority experience in dominant society. Such models emphasize the influence of stigma, prejudice, and discrimination in creating a hostile and stressful social environment for LGB individuals which propagates unstable individual mental health caused by experiences of prejudice, “expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping processes” (Meyer, 2003, p. 674). The daily struggles of thriving in a hostile environment can engender marginalization, identity struggles, lack of social support and consequently depression, anxiety and stress-disorders which may act to further stigmatize sexual minorities.

The proposed model asserts that lesbian relationships are embedded in and influenced by social contexts that influence individual identity facets and determine degrees of social support which, consequently, impact couples’ functioning. The consequences of minority social stressors upon relationship functioning for sexual minorities has been previously documented (Balsam & Szymanski, 2005; Meyer, 2003; Mohr & Fassinger, 2000). One of the most salient of social stressors for individuals in same-sex relationships is that of social stigma which often results in internalized homophobia, a hidden identity, and in turn, a lack of social support (Balsam & Szymanski, 2005; Lewis, et. al, 2003; Meyer, 2003).

Identity disclosure which is, in part, reliant upon identity acceptance, is a gatekeeper to gaining social support. Without the disclosure of one’s sexual minority identity, the gathering of social support to directly bolster and validate one’s sexual

minority identity and related life experiences, remain out of reach. Thus, measures of identity acceptance (i.e., lack of internalized lesbian homophobia) and disclosure are included in the proposed model in order to assess the relationship between constructs of Sexual Identity and Social Support and the effects these have on the construct of Relationship Functioning. Lastly, sexual abuse in childhood (CSA) and re-victimization in adulthood have been well documented to be correlated with psychological symptoms and relationship functioning in heterosexual women. These variables are included in the model to assess the effects of sexual trauma on relationship functioning and psychological well-being for women coupled with other women.

The second theoretical stance underlying the proposed model is that of self-in-relation feminist theory which posits that the experiences of women differ markedly from that of men, in part, due to differences in socialization and developmental trajectories. These proposed socialized differences are assumed to drastically increase in magnitude for couples consisting of two women as compared to heterosexual couples. Feminist theories have long criticized the conceptualization of dependency as pathological proposing that such frameworks are implicitly tied to masculine gender role characteristics of independence, self-sufficiency and autonomy and fail to consider affiliation and connectedness (Gilligan, 1982; Jordan, Kaplan, Miller, Stiver & Surrey, 1991). Lichtenberg (1991) explains, intimacy between partners is created by the balancing of self-assertion and mergence or togetherness; however the focus on self-assertion in Western society necessitates separation in order to affirm oneself as unique, independent and autonomous. Rather, “individuality is also a function of a

person's method of merging with others" (p. 32). As such, self-in-relation theorists view high degrees of closeness in lesbian couples as relational strengths, rather than indication of pathology; and relatedness, rather than separation, is considered the basis for women's self experience and psycho-social-emotional development (Burch, 1985; 1993; Green, 1990; Mencher, 1997; Miller, 1976; Pardie & Herb, 1997). Jordan (1997) describes relational health as being rooted in mutual engagement, mutual empathy, mutual empowerment, and relational authenticity as opposed to the separateness of the self. Berzoff (1989) posits that, "empathy and access to the deepest, inner experiences of others require a high level of self differentiation" (p. 105) and that "temporary losses of self need not be understood as regressive or necessarily pathological losses, but as potential articulations of the self in the context of an intimate other" (p.106).

Based on these underlying theories, the proposed model is a re-conceptualization of dyadic dependency in female couples asserting that high levels of emotional connection between female partners and a balanced sense of dependency on the relationship is more conducive to female socialization, women's self-concepts, and how women navigate their interpersonal interactions than are relationship models based on highly individualistic functioning. This model challenges the psychodynamic interpretation of dependency as pathology, positing that *interdependence* is both vital to personal growth as well as the cornerstone of relationship quality, particularly for women coupled with other women (Mencher, 1997). The following sections provide empirical support for the direct (dyadic dependency, minority social stressors, adult sexual victimization) and mediated (early

life experiences) predictive pathways that are posited by the proposed structural model of female relationship functioning presented in Figure 1.

Model Variables

This section will briefly describe the variables included in the above described proposed model of relationship functioning in female couples and briefly provide empirical and descriptive support for these variables.

Relationship Functioning. This study uses five indicator variables to represent the construct of Relationship Functioning. Each of these has singularly been empirically evidenced to significantly relate to relationship functioning, however no relationship model of yet has used them in this combination. First, the *Relationship Satisfaction* (Rel. Sat.) indicator is measured by the *Dyadic Adjustment Scale-7* (Spanier, 1976) which assesses the quality of romantic dyads as well as three lesbian-relevant items created and researched by Balsam and Szymanski (2005). Using path analysis to measure predictors of commitment and stability in a sample of 301 lesbian couples (originally collected by Blumstein and Schwartz, 1983), Beals, Impett and Peplau (2002) found relationship satisfaction to be the strongest predictor of relationship stability as mediated by commitment.

Second, *Sexual Satisfaction* (Sex Sat.) is measured by the *Brief Index of Sexual Functioning for Women (BISF-W)*; Taylor, Rosen & Lieblum, 1994) and the *Psychosexual Functioning Scale* (Harlow, Quina, Morokoff, Rose & Grimley, 1993) which assess women's sexual functioning as well as sexual satisfaction and general attitudes about personal sex life. Lesbian couples have been cited in the literature as reporting less frequent sexual activity than other couple types (Blumstein & Schwartz,

1983; Kurdek, 1991; Nichols, 1987, 2004), a phenomenon that has been given the name “lesbian bed death” (Blumstein & Schwartz, 1983). Counter to this notion, however, Salisbury (2003) found that lesbians reported more sexual satisfaction when she compared a sample of 87 lesbian couples with an equal number of heterosexual women counterparts. Related to the next Relationship Functioning construct indicator, *Power Equality*, Caldwell and Peplau (1984) found that sexual satisfaction among lesbians significantly differed between equal and unequal power relationships.

Third, relationship *Power Equality* (EQ) is measured by the *Equality Scale* (Kurdek, 1998) which is a measure of power equality and balance in current romantic relationships. Many studies have found power dynamics to be significant predictors of relationship satisfaction in lesbian couples (Blumstein & Schwartz, 1983; Caldwell & Peplau, 1984; Eldridge & Gilbert, 1990; Falbo & Peplau, 1980; Kurdek, 1988b; 1991; 1994b; 2003; Kurdek & Schmitt, 1986c; Prince, 1999; Schreurs & Buunk, 1996) including occurrence of domestic abuse (Lockhart, White, Causby & Isaac, 1994; Telesco, 2001) and changes in relationship commitment over time (Kurdek, 1994a; 1995b). Eldridge and Gilbert (1990) found that among 275 lesbian couples, relationship power significantly predicted relationship satisfaction. Kurdek (1995a) found that the discrepancy between partners in ideal and current level of power equality best predicted relationship commitment in a sample of 42 lesbian couples over the span of three years. Further, power imbalances alongside other variables have been evidenced to severely disrupt female intimate relationships and very frequently underlie physical, psychological (emotional or verbal) and/or sexual abuse of partners (Lockhart, et al., 1994; Telesco, 2001).

Fourth, the construct of effective *Communication and Conflict-Resolution Skills* (Comm) is measured by the *Ineffective Arguing Inventory* (IAI; Kurdek, 1994b) and The *Conflict Resolution Styles Inventory* (CRSI; Kurdek, 1994b), respectively. The domain of communication and conflict-resolution style was chosen for its ability to underscore the interactions between partners and the popular notion that successful resolution of conflicts is one of the central tasks of any intimate relationship (Gottman, et al., 2003). Kurdek (2004) found ineffective arguing to strongly and negatively predict relationship satisfaction among a sample of 53 lesbian couples in comparison to gay male and married heterosexual couples. Gottman, et al (2003) found that, compared to heterosexual partners, gay and lesbian partners began their discussions more positively and were more likely to maintain a positive tone throughout the course of the discussion. These authors attribute these results to the higher value placed on equality and, thus, fewer differences in power and status within lesbian and gay relationships.

Lastly, the construct of current relationship *Domestic Violence* (DV) is measured by thirteen selected items from subscales on the *Revised Conflict Tactics Scales* (CTS2; Straus, Hamby, Boney-McCoy & Sugarman, 1996) and *Psychological Maltreatment of Women Inventory* (PMWI; Tolman, 1999) with some items specifically tailored for LGB populations as described by Balsam and Szymanski (2005) for a total of 21 items. A number of research studies have found significant relationships between domestic violence and relationship functioning in female couples (Balsam & Szymanski, 2005; Lockhart, et al., 1994; Renzetti, 1989; 1992, Telesco, 2001). A survey by Brand and Kidd (as cited by Renzetti, 1989) found that

among 55 self-identified lesbians, 25 percent had been physically abused by a female partner and seven percent raped by female dates in comparison to 27 percent of heterosexual women physically abused by their male partners and nine percent raped by male dates. Hart (as cited by Renzetti, 1989) has described lesbian battering as “a pattern of violence or coercive behaviors whereby a lesbian seeks to control the thoughts, beliefs, or conduct of her intimate partner or to punish the intimate partner for resisting the perpetrator’s control (p. 173). Predictors of domestic violence include: power imbalances (Lockhart, et al., 1994; Telesco, 2001), ineffective or hostile communication styles (Lockhart, et al., 1994), histories of abuse (Lie, Schili, Bush, Montagne & Reyes, 1991), minority stress social influences such as internalized homophobia (Balsam & Szymanski, 2005) and dependence/ independence struggles (Renzetti, 1992; Telesco, 2001). Lockhart, et al. (1994) in a sample of 256 (90% of all participants) abused lesbians and Renzetti (1989) in a sample of 100 battered lesbians have found that most abuse are acts of verbal aggression and of a psychological nature. Lockhart, et al. (1994) found that 31 and 11.6 percent of her sample (n = 87; 33 respectively) had experienced one or more acts of physical abuse and severe physical abuse, respectively and that physical violence increased with power imbalance conflicts. Additionally, physical violence was found to increase with power imbalance conflicts involving a partner’s job, partner’s financial dependency, spending money, housekeeping/ cooking duties, right to make major decisions, partner’s unemployment. In a study of 272 lesbian and bisexual women, Balsam and Szymanski (2005) found that 40 percent of their sample had perpetrated physical or

sexual violence upon a female partner and 44 percent had been victimized by a female partner; 31 percent reported both.

Social Support and Identity. The construct of *Social Support* is measured by three indicator variables: individual, couple as a couple and LGB specific social support. Social support is defined as the degree to which an individual is supported emotionally and practically in a global sense, the degree to which a couple is supported and validated as a same-sex couple, and the degree to which an individual has secured social support for their sexual identity. Individual, couple and LGB specific social support measures were chosen in order to examine the association between the Social Support and the constructs of Relationship Functioning and Dyadic Dependency. *The Multidimensional Scale of Perceived Social Support* (MSPSS; Zimet, Dahlem, Zimet & Farley, 1988) was used to assess individual social support. Items that tap social support for same-sex couples as couples and a separate set of items that tap LGB-specific social support were developed for this study based on the *Measure of Gay-Related Stressors* (MOGS; Lewis, et al., 2003). Many previous studies have measured social support, but only do so for the individual and not the couple as a couple (Smith & Brown, 1997). It is particularly important to assess social support for stigmatized same sex relationships which do not always benefit from the same validation and bolstering that have been theorized to help sustain heterosexual relationships (Kurdek & Schmitt, 1986c). Todosijevic, Rothblum and Solomon (2005) found that lesbian couples with Vermont civil unions (n = 199) reported experiencing more stress connected to family reactions to their sexuality than did male couples.

The construct of *Identity* is measured by two indicator variables: degree of participants' lesbian *Identity Acceptance* as measured by a sub-set of the *Lesbian Internalized Homophobia Scale* (LIHS; Szymanski & Chung, 2001) and the degree of sexual orientation *Disclosure* as measured by the *Outness Inventory* (OI; Mohr & Fassinger, 2000). Lack of social acceptance for one's identity can be detrimental to one's self-concept, self-efficacy and ability to navigate the social world. For a person of minority sexual orientation, this often results in internalized homophobia (the internalization of negative social attitudes about gay or lesbian individuals by a sexual minority). As such, an individual experiencing internalized homophobia may deny, withdrawal from, or feel aggravation towards group membership as a manifestation of one's own self-hatred. Less extreme, a person may try to pass as heterosexual, deny any differences between groups, or avoid committed relationships (Bebko & Johnson, 2000; Peterson & Gerrity, 2006; Mohr & Fassinger, 2000; 2006). Prevalence rates of these self-deprecating feelings in lesbians and gay men have been reported to be between 25 and 35 percent (Peterson & Gerrity, 2006). Indeed, these internal struggles are likely to significantly affect one's romantic relationship functioning, although this has not been well studied, as well as psychological health, findings which LGB researchers avoid focusing on in fear of further pathologizing the LGB community (Meyer, 2003).

Adult Sexual Victimization. The construct of *Adult Sexual Victimization* is measured by four indicator variables: *Rape*, *Attempted Rape*, *Sexual Coercion* and *Sexual Contact* which parallel the four sub-scales of the *Sexual Experiences Survey* (SES; Koss, Gidycz, & Wisniewski, 1987) which is designed to reflect various

degrees of sexual aggression and victimization. National surveys report that 20 to 30 percent of adult women in the United States are sexually assaulted and 15 to 36 percent of all sexual assaults are of female sexual minorities by male perpetrators (Long, Ullman, Long, Mason & Starzynski, 2007). The National Lesbian Health Care Survey (Bradford, et al., 1994) recruited 1,925 lesbians of whom 41 percent (n = 794) reported at least one incident of sexual attack or rape over their lifetime with 21 percent reporting this occurred in their childhood, 15 percent in their adulthood, four percent both in childhood and adulthood, and 19 percent (n = 336) reported incest. In a sample of 980 lesbians and 190 bisexual women, Herek, Gillis and Cogan (1999) report that three percent of lesbians and four percent of bisexual women experienced sexual assault due to their sexual orientation compared to 19 and 29 percent of lesbians and bisexual women, respectively, who experienced sexual assault not attributed to their sexual orientation. In a national telephone study of 1,793 women, Moracco, Runyan, Bowling and Earp (2007) report that 60 percent of respondents experienced at least one form of violence since age 18 and ten percent reported having experienced violence in the past year. Further, this study found that, compared to heterosexual women, lesbian and bisexual women were 2.28 times more likely to experience any type of violence in their adult lifetimes, and 3.89 and 4.19 times more likely to experience sexual assault by a stranger or known person, respectively.

Childhood Sexual Abuse (CSA) and Negative Family Environment. The constructs of *Childhood Sexual Abuse (CSA)* and childhood *Negative Family Environment* are measured by two indicator variables each: *Non-Penetration* and *Penetration* items; *Negative Family Perceptions* and *Physical Abuse* items of the

Childhood Sexual Abuse Scale (adapted by Harlow, et al., 1993 from Wyatt, 1985), the *Family Perceptions Scale* (Harlow et. al, 2001), and three items adopted from the *Revised Conflict Tactics Scales* (CTS2; Straus, et al., 1996) to create the childhood physical abuse indicator. Estimates of childhood sexual abuse for the general female population range from one in four women before age 14 and one in three before age 18 (Russell, 1983) to 27 percent in a sample of 1481 women (Finkelhor, et al., 1990). Of a sample of 1,576 lesbians, Loulan (as cited by Bebeko & Johnson, 2000) reports that 38 percent of participants reported histories of childhood sexual abuse. In general, childhood sexual abuse refers to the “misuse of power or authority by adults or older children [typically more than 5 years older] to obtain sexual gratification from a child [typically defined as prior to age 14 or age 18 years” (Johnsen & Harlow, 1996 p. 45). Re-victimization is defined as the experience of at least one sexual experience in childhood paired with at least one sexual or physical victimization experience in adulthood. The Childhood Sexual Abuse and Adult Victimization constructs are included in the proposed model based on theoretical implications that sexual trauma histories may create romantic relationship disturbances.

Dyadic Dependency. As described previously, a revised and lengthened *Healthy Emotional Reliance Scale* (HERS; Golding, Morokoff & Rossi, 2007) will be used to measure *Dyadic Dependency* as a mediator between early life experiences (*CSA* and *Negative Family Environment*) and *Relationship Functioning* and *Psychological Symptoms*. The idea is to show that dependency is not related to pathology as is asserted by past models posited to be less conducive to female

relationship patterns. The next section will describe dyadic dependency in more detail.

Dyadic Dependency and Relationship Functioning

Previous models based on heterosexual samples have found that men and women have different expectations for and value different aspects about romantic relationships. The most consistent and notable are women's greater orientation towards relationships, integration of self-concept into relationships, and women's greater desire for intimacy and equality in relationships (Eldridge & Gilbert, 1990; Kurdek, 1998; Mencher, 1997; Peplau, Cochran, Rook & Padesky, 1978). According to minority stress models, lesbians are expected to engage coping mechanisms that are most conducive to their interpersonal styles in order to uphold the relationship in the face of stigmatization (Krestin & Bepko, 1980). Combined, these theories and research findings suggest that lesbian relationships assume higher levels of interdependency (Anderson, 1989) and equality (Eldridge & Gilbert, 1990), than heterosexual or gay male relationships (Kurdek, 1998; 2003) and female partners generally place a high value on interdependent qualities of their relationship and report that these add to their relationship satisfaction (Carroll, Hoenigmann-Stovall, Turner & Gilroy, 1999; Kurdek, 2004; Peplau, et al., 1978; Schreur & Buunk, 1996).

Research results on the relationship between autonomy and relationship satisfaction are mixed with some studies suggestive of a negative association (Eldridge & Gilbert, 1990; Kurdek, 1988b) and others finding that autonomy is positively related to relationship satisfaction in lesbian couples (Falbo & Peplau, 1980; Kurdek & Schmitt, 1986c). As observed in *clinical samples only*, merged individuals

frequently suffer from a lack of autonomy and independence from one another (Pearlman, 1988) and merger, as a prolonged state, can have serious negative ramifications for both the individual's sense of self and the relationship as a whole (Burch, 1993). However, *non-clinical samples* of lesbian couples report experiencing high levels of closeness and simultaneous high levels of satisfaction, while placing significant value on personal autonomy in their relationships (Kurdek, 1988b; 1998; Kurdek & Schmitt, 1986c; Peplau, et. al, 1978, Salisbury, 2003). Yet, the empirical literature on female couples does not distinguish between healthy connectedness and pathological dependency as stated by Berzoff (as cited in Bornstein & Languirand, 2003, p. 105), "[w]e do not yet have a sufficient vision of healthy interdependence which admits the vulnerability of fusion with a celebration of a strong sense of self".

Predictive relationships between dependency and relationship functioning have also been described. Among a Dutch sample of 119 lesbian couples (n = 238), Schreurs and Buunk (1996) found that intimacy, emotional dependency, autonomy, and equity independently predicted relationship satisfaction. Autonomy was negatively related to emotional dependency, however, no significant relationship existed between autonomy and intimacy. Falbo and Peplau (1980) found that women showed a greater preference for equal powered relationships, women were more likely to report an egalitarian balance of power and that autonomy was significantly related to the type of power strategies used by women. However, an over-reliance on the relationship in the place of independent identity may cause problems. For example, Causby, Lockhart, White and Greene (1995) surveyed a non-clinical sample of 275 lesbians about the extent of fusion (merger) in their relationships and found that those

participants who reported high *sharing fusion* (i.e., sharing things like money, clothes and professional services) were more likely to also report more relationship conflict and inferior conflict-resolution skills. On the other hand, among a sample of 284 lesbians, Miller, Greene, Causby, White and Lockhart (2001) found that independence significantly predicted physical aggression in lesbian relationships. In a sample of 256 abused self-identified lesbians, Lockhart, et al. (1994) found a significant correlation between reported severe physical abuse in lesbian relationships and perceived greater need for social fusion on the account of the non-responding partner. Findings by Renzetti (1992) support the position that unhealthy dyadic attachment of lesbian partners may be associated with abusive behavior in couples where dependence levels become so great that a loss of self results. Research by Renzetti (1988; 1989; 1992) supports two significant predictors of abuse severity in lesbian couples: dependency and jealousy. In contrast, Telesco (2001) did not find significant relationships between domestic violence and dependency or power imbalance among 105 lesbians currently in a relationship for at least 6 months.

Over a period of five years Kurdek (1998) measured relationship quality across five dimensions: (1) intimacy, defined as “merging the self and the other” (this is similar to the conceptualization of dyadic dependency used by this research study), (2) autonomy, “maintaining a sense of self separate from the relationship”, (3) equality, “having equal power and investment in the relationship”, (4) constructive problem solving, “negotiating and compromising” and (5) barriers to leaving, “pressure to remain together” (p. 554) in a sample of 236 married heterosexual, 66 gay male and 51 lesbian cohabitating couples. As hypothesized, lesbian couples reported significantly

higher intimacy and higher equality, but also higher autonomy and fewer barriers to leaving the relationship compared to heterosexual couples. For all couple types, level of intimacy, not autonomy, significantly predicted relationship dissolution. In a similar study, Kurdek (2004) used the same measures of intimacy, autonomy and equality and found that lesbian couples (N = 53 couples) surveyed across eight assessment periods perceived significantly higher levels of autonomy *and* equality compared to heterosexual couples. Using the same sample, Kurdek (2003) found that *low* autonomy, *high* intimacy and equality were positively correlated with high relationship satisfaction for gay and lesbian couples.

Social Support and Identity with Relationship Functioning

Stigmas are born out of rigid stereotyping, cruel distrust, awkward embarrassment, and imminent fear, blatant bias and/ or simple avoidance (Barranti, 1998). Stigmatized individuals incur discrimination in the housing, social, and employment arenas. This limits their opportunities and access to valuable resources, often resulting in isolation, hopelessness, and low self-esteem (Meyer, 2003). Stigmas curtail people's sense of worth and hinder their full involvement in society (Bebko & Johnson, 2000).

Lesbian and gay male couples have been evidenced to perceive less social support both for themselves as individuals and for their same-sex relationships (Kurdek & Schmitt, 1986c; Smith & Brown, 1997). In a sample of 370 gay male, lesbian and heterosexual married couples, Kurdek and Schmitt (1986c) found that heterosexual married partners, compared to gay and lesbian partners, perceived more family support. In a similar sample, Kurdek (2004) reports social support to be

significantly related to relationship satisfaction, but lesbian partners ($n = 106$) perceived less support from their own family and their partner's family than heterosexual couples did from their families. Avoiding disapproving family may insulate lesbian couples from stigma, however this is at the price of numerous negative psychosocial effects that are associated with forfeiting even small amounts of positive or stabilizing effects that family support can provide. As McKenzie (1992) points out, in the absence of social support, rituals, legal sanctions, affirmation of the relationship and its boundaries, or traditional milestones, lesbian and gay male couples must depend on the integrity of their relationship to create and uphold these standards. A lesbian couple's struggle to maintain emotional intimacy in the face of societal preclusion may intensify feelings of vulnerability and, thus, direct the couple towards mal-adaptive relational patterns, mainly negative dependency on the relationship in an attempt to fulfill the unrealistic goal of meeting one's full set of personal needs by way of the romantic relationship alone.

In a study of 272 lesbian and bisexual women, Balsam and Szymanski (2005) found that lifetime discrimination, which is indicative of a lack of social support, positively correlated with all lifetime domestic violence variables: psychological aggression perpetration, psychological aggression victimization, physical or sexual violence perpetration, physical or sexual violence victimization except for LGB-specific perpetration and victimization. Lifetime discrimination was the strongest predictor of verbal violence. Internalized homophobia was positively correlated with victimization and perpetration of physical/sexual violence within the past year and lifetime victimization. Path analysis results indicated that higher reported levels of

internalized homophobia increased perpetration as well as frequency of victimization, Lastly, looking at the effects of stress on same-sex relationship quality in 131 same-sex couples, Otis, et. al. (2006) found significant path coefficients between relationship quality and internalized homophobia and perceived stress.

Kurdek (1988a) reports that social support is significantly related to psychological well-being and relationship quality for a sample of 50 lesbian couples. In order of most-to-least, lesbians reported friends (43% of total support), partner, family (especially mother), and co-workers most often as sources of social support. Additionally, consistent with findings about greater reciprocal expressiveness and power equality in lesbian relationships, large discrepancies in perceived partner support and satisfaction with social support was related to lower relationship satisfaction for lesbian couples. However, large discrepancies between lesbian partners on family support were related with higher relationship satisfaction. The author suspects that this a compensatory finding in which the support of one partner's family compensates for the lack of support in the other partner's family. In another study of 75 gay male and 51 lesbian cohabitating couples ($n = 252$), relationship satisfaction and satisfaction with social support were strongly correlated for both partners of lesbian couples and relationship rewards and costs for the entire sample were best predicted by social support satisfaction for both partners (Kurdek, 1991). Kurdek (2003) also found a significant relationship between social support and relationship satisfaction in a sample of 53 lesbian couples.

Results from Duffy and Rusbult's (1985) investment model investigation showed that for lesbians, level of investment in the relationship was significantly

predicted by couples having mutual friends and a connection between their social life and relationship. In a qualitative study of eight lesbian couples, Hill (1999) found that conflict around fusion arises in the presence of resentment about family isolation. This speaks to the common lack of acceptance and subsequent lack of support on the part of one or both families of many lesbian couples and the strain that this places on the relationship, sometimes in the form of resentment.

As has been discussed, the clinical literature suggests that lesbian couples have difficulty with balancing partner intimacy and personal autonomy needs in their intimate relationships more so than other couple types (Golding, 2007). Some research implicates that this is a consequence of social invalidation and lack of social support which results in “closed systems” (Krestan & Bepko, 1980) that foster emotional intensity and closeness in the relationship and may, simultaneously, exacerbate insecurities by not allowing separateness. These social influences paired with minority social stressors (i.e., discrimination, internalized homophobia) and a pattern of female gender socialization that “predicates [lesbians’] sense of self on connectedness to others and other’s views of them” (Renzetti, 1992, p. 31) may underlie the “circular process of orienting self toward the other” (Vargo, 1987, p. 165) that characterizes the strong dyadic attachment of lesbian partners (Baggio, Coan & Adams, 2002; Krestan & Bepko, 1980).

The process by which an individual comes to understand and relate to their stigmatized group membership influences their psychological adjustment (Miranda & Storms, 1989), well-being (Beals & Peplau, 2005; Lewis, Derlega, Clarke & Kuang, 2006) and same-sex relationship quality (Mohr & Fassinger, 2006). Internalized

homophobia has been described as the most hurtful and insidious of stressors that lesbian couples face because it can be, and often is, largely unconscious. Self-disdain, low self-esteem and shame, not only shadow one's experience of self, but also uncover underlying doubt in the viability of the romantic partnership, and thus disrupts trust in the relationship (Barranti, 1998). Burch (1993) explains that lesbian couples' experience difficulties as both partners face varying degrees of ambivalence about the difficulties imposed by a lesbian lifestyle and frustration, anger, and ambivalence about lesbianism can be unconsciously directed towards one's partner. Green and Mitchell (2002) note that internalized homophobia may also adversely affect relationship functioning by increasing levels of depression interpersonal withdrawal, and inhibited sexuality, and that the stress and frustration which result from constant self-monitoring and stigma hyper-vigilance may leave partners vulnerable to couple difficulties (e.g., arguing, sense of betrayal, limited social outlets, etc.). Mohr and Fassinger (2006) found that relationship quality was significantly predicted by four facets of identity-related difficulties (internalized homonegativity, stigma sensitivity, identity confusion and identity superiority) in a sample of 274 female and 187 male same-sex couples.

Access to social support for lesbian, gay and bisexual individuals necessitates the voluntary disclosure of their sexual orientation which may influence the relationship in that, the extent to which one discloses their sexual orientation, determines the extent of their possible range of social support and, therefore, may influence the well-being and dyadic attachment style of their same-sex relationship. Initial scale construction of the *HERS* found a significant correlation between

interdependency and degree of sexual orientation disclosure (i.e., outness).

Additionally, the Healthy Dependency subscale of the *Relationship Profile Test* was significantly related to participants' degree of sexual orientation disclosure.

Todosijevic, et al. (2005) found that sexual orientation disclosure was significantly correlated with certain gay-specific stressors: sexual orientation conflict, visibility with friends and family, co-workers and in public, as well as family reaction.

CSA and Negative Family Environment with Sexual Victimization

The socio-political context of lesbian issues and resulting popular misconceptions asserting same-sex sexual orientation as a consequence of earlier sexual trauma has historically prevented sexual abuse research with lesbian populations. Kerewsky and Miller (1996) point out, "researchers may be hesitant to undertake studies that may contribute to a vision of lesbianism as originating in pathology" (p. 299). While the empirical literature on sexual abuse with lesbian samples is scant and inconclusive about *any* causal relationships regarding sexual orientation, strong associations between prior sexual abuse and family functioning, later adult victimization, psychological symptoms and, to a lesser degree, intimate relationship difficulties are widely evidenced for large percentages of victimized women (Finkelhor & Browne, 1986; Moracco, et al., 2007). Additionally, some research has supported the idea that lesbian and bisexual women are at a greater risk than heterosexual women for sexual victimization (Balsam, Rothblum & Beauchaine, 2005; Moracco, et al., 2007).

A substantial amount of research evidences a strong link between childhood or adolescent sexual abuse and adult sexual re-victimization as compared to non-abused

women in subsequent adult relationship victimization for a clinical sample and prior sexual assault among rape victims (Letourneaux, Resnick, Kilpatrick, Saunders & Best, 1996; Whitmire, Harlow, Quina & Morokoff, 1999). Using an impressive sample of 3,187 college women, Koss and Dinero (1989) report that 66 percent of women who experienced rape or attempted rape as adults ($n = 685$) also reported childhood sexual experiences (compared with 20% of 1,183 non-victimized women) and 13 percent experienced attempted or completed childhood sexual intercourse (compared to three percent of non-victimized women) showing a strong correlation between childhood sexual abuse and adult sexual victimization.

Similarly, using retrospective *and* prospective data, Gidycz, Coble, Latham, and Layman (1993) retrospectively surveyed 857 women about histories of childhood sexual abuse prior to age fourteen, sexual abuse from age fourteen to the time of participation (adolescent sexual abuse), and then nine weeks later for sexual victimization that occurred since the initial assessment (adult victimization). Path analysis revealed that early life sexual victimization was a significant risk factor for adult victimization experiences as compared with non childhood victimized women. Using a sample of 248 African American and White women, Wyatt, Guthrie and Notgrass (1992) found that women reporting childhood sexual abuse before age 18 ($n = 161$) were 2.4 times more likely to be re-victimized in adulthood than non childhood victimized women. Overall, across community, college and clinical samples, research results suggest that between 16 and 72 percent of women with a history of childhood sexual abuse (prior to age 14 and others prior to age 18) are at significant risk for later re-victimization.

Women who have been re-victimized seem more likely to experience feelings of depression, anxiety, hostility and other difficulties as evidenced by findings of greater psychiatric difficulties among sexually abused victims, particularly incest victims (Messman & Long, 1996). Finkelhor's *Traumagenic Dynamics Model* (as cited in Cole & Putnam, 1992 and Johnsen & Harlow, 1996) has put forth four underlying factors of childhood sexual abuse: (1) traumatic sexualization, (2) stigmatization, (3) betrayal, and (4) powerlessness. In addition to re-victimization, these factors can precipitate adulthood sexual dysfunction, difficulty with sexual intimacy, gender identification, social isolation, shame and secrecy, self-injury, low self-esteem, depression, psychosocial maladjustment, difficulty with trust and dependency, a need for control, and substance abuse.

The data also consistently suggest that sexual abuse within the family of origin, particularly sexual abuse by father figures with genital contact and using force, has the most severe consequences upon adult risky sexual behavior (Finkelhor & Browne, 1986; Whitmire, et al., 1999). In a sample of 519 women, Whitmire, et al. (1999) found significant differences among four groups of childhood abuse (no abuse, exhibition, touching and penetration) on positive and negative family environment, amount of re-victimization, and adult relationship violence. Mitchell (1998) found support for a mediated structural model in which childhood sexual abuse significantly predicted life satisfaction and was significantly associated with negative family environment. Bennet, Hughs and Luke (2000) found that childhood abuse survivors perceived their family of origin as significantly less healthy.

The intergenerational model posits that individuals who were victimized or witnessed abuse as a child will later perpetrate or be further victimized in their adult relationships. Several large surveys have supported this theory finding that those who observed parental physical violence as children were twice as likely to experience severe marital aggression compared with those without a history of family violence. In a sample of sexually abused mothers ($n = 54$) and their 23 sexually abused daughters (70% of total victimized girls sample; m age = 9 years), McCloskey and Bailey (2000) found that daughters of sexually abused mothers were 3.6 times more likely to also be sexually abused and if their mother also used illegal drugs (34% of sample), they were 23.7 times more likely to be sexually abuse. Support for this theory was also found by Lie, et al. (1991) who report that lesbians with a history of childhood victimization, compared to lesbians without victimization histories, were significantly more likely to later be victimized as an adult in an intimate relationship, become a perpetrator of abuse themselves, or both.

Sexual Victimization and Relationship Functioning

For the lesbian sexual trauma survivor, issues of guilt, shame, trust and secrecy may be confounded due to minority social stressors and lack of societal validation for lesbian relationships. Consequently, a lesbian sexual trauma survivor may lack social support systems such as family or religious communities that may be afforded to a heterosexual survivor (Renzetti, 1992). Brown (1995) acknowledges that because a lesbian couple is made-up of two women, it is “twice as likely to include a survivor of childhood or adult sexual abuse or assault” (p. 280).

Child sexual abuse survivors report more difficulties with adult relationships, insecure attachment, lower levels of sexual and relationship satisfaction and more frequent relationship dissolution. In a primarily heterosexual sample of women (n = 732), Testa, VanZile-Tamsen and Livingston (2005) found support for a mediated structural model of childhood sexual abuse, partner characteristics, and relationship satisfaction indicating that childhood sexual abuse was affiliated with sexually risky and more aggressive partners which resulted in lower relationship satisfaction across three different partner relationships. Findings by Lockhart, et al. (1994), for their sample of 284 lesbians in committed and cohabitating relationships, verbal aggression and abuse in participants' current relationships was significantly correlated with a history of parental emotional abuse for the respondent and a history of parental physical abuse for the partner. Physical violence and severe abuse in the current relationship was also significantly correlated with a history of rape by a relative, non-relative, parental physical abuse or parental emotional abuse for the respondent.

Dyadic Dependency, Social Support, and Identity with Psychological Symptoms

Psychological adjustment impacts both the individual and the couple functioning. Further, social support and identity issues can impact psychological adjustment. In a sample of 204 lesbians (N = 91) and gay men (N = 113), Lewis, et al. (2003) found that gay-related stress and internalized homophobia were related to depressive symptoms. Beals and Peplau (2005) sampled 34 lesbians across three stages: initial assessment, two-week daily diary study and two-month follow-up. Results suggest that identity support significantly correlates with concurrent life satisfaction, self-esteem, depression, and overall well-being. Hierarchical regression

analyses revealed that identity support made a significant contribution to all three well-being measures: life satisfaction, self-esteem, depression, as well as an overall well-being index. Kurdek (1988a) found that psychological maladjustment was negatively related to satisfaction with social support as well as partner and friend support for a sample of 50 lesbian couples. In a sample of 130 lesbian couples, Olson (as cited in Roper, 1997) found social support to be the single best predictor of psychological well-being.

Research Hypotheses

The current study was designed to test a model of relationship functioning in female couples with several mediating paths involving early life experiences, dyadic dependency and social stressor variables. This study also aimed to support the construct validity of the Healthy Emotional Reliance Scale (*HERS*; Golding, Morokoff & Rossi, 2007). Based on previously conducted research, underlying theory and the extensive literature reviewed, the following research hypotheses were posed:

Scale construction:

H1: Three factors will emerge from a factor analysis of Dyadic Dependency.

H2: Negative Dependence will negatively correlate with both Interdependence and Independence, whereas Interdependence and Independence will not correlate.

Variable relationships:

H3: Psychological Symptoms will positively relate to Negative Dependence and negatively relate to Interdependence

H4: Psychological Symptoms will negatively relate to Social Support

H5: Interdependence will positively relate to Relationship Functioning compared to Independence and Negative Dependence.

H6: Social Support indicators will positively relate to Relationship Functioning

H7: Sexual Victimization will negatively correlate with Relationship Functioning

H8: CSA and Negative Family Environment will positively relate to Independence and Negative Dependence and negatively relate to Interdependence

H9: CSA and Negative Family Environment will be related to less Social Support

H10: CSA and Negative Family Environment will be related to less positive sexual identity

Model pathways:

H11: Construct validity will be supported for the HERS subscales.

H12: Significant meditational path from early life experiences through Dyadic Dependency to Relationship Functioning will emerge

H13: Significant meditational path from early life experiences through the Social Support to Relationship Functioning will emerge

H14: Sexual Victimization will predict Psychological Symptoms

H15: CSA and Negative Family Environment will significantly predict Adult Sexual Victimization

METHODS

The Institutional Review Board at the University of Rhode Island approved this study prior to data collection.

Participants

The 1,016 adult women who agreed to participate were recruited from solicitation advertisements placed in national lesbian/gay/bisexual (LGB), university LGB and psychology department listserves and feminist internet networks, and lesbian/ feminist social/ support/ community groups for research participants. Consistent with previous research (Carroll, et al., 1999; Gregory, 1998) participants were recruited using the snowball (chain) sampling procedure in which participants were asked to provide the study's online survey link url to other potential participants who meet the study's eligibility criteria. Participants must have been able to read and write English (at a fifth grade reading level or above), otherwise participants could be of any ethnicity and any age over 18 years. Participants must have had a current female partner for at least the last 6 months; however, they were not required to be cohabitation with their partner. Both partners of the couple were eligible to participate. All participants were aware of the nature and purpose of the study: to increase the understanding of female romantic relationship experiences. Participants were offered to be entered into an optional random drawing for one of 25 monetary prizes.

Of the 1,016 women who agreed to participate, 877 women met all eligibility criteria and completed the minimum number of items necessary (entire demographics and at least one complete measure) to be advanced to statistical analysis. Participants ranged in age from 18 to 73 years, mean age was 37.63(SD = 11.5). Participants' current partner's age ranged from 15 to 81, the mean age was 38.05 (SD = 11.6). Participants reported being in a committed relationship with their current partner for

an average of 70.99 months (5.92 years; range = 6-469; $SD = 76$). Most participants cohabitated with their partner ($n=648$, 73.9%) for a mean of 54.33 months ($SD = 75.6$), almost one fifth reported currently raising children together ($n= 155$, 17.7%), most reported never having attended couples counseling ($n=598$, 68.2%), and about fourteen percent reported that their partner were also participating in the study ($n= 128$, 14.6%) while another 278 (31.7%) were not sure if their partner had or would be participating.

Procedures

Recruited participants filled out a series of measures (258 items in total) via an online survey link. Informed consent (Appendix B) was given via an online agreement of the informed consent materials and clicking the appropriate box to signify agreement or disagreement with the study's purposes and possible known benefits and possible harmful effects. Participants were invited to contact the researcher in one year's time to obtain a brief report of the study's results. Data was encrypted and in no way linked to participant's computer location.

Measures

Initial measurement modeling was conducted using exploratory Principle Component Analysis (*PCA*) with Varimax rotation on a random half of the sample (Sample 1) for each measure (the other random half sample, Sample 2, was used later for cross-validation of the *SEM* results). *PCA* was undertaken as a precaution in order to evaluate the stability of the many items and scales that were either revised, combined or developed specifically for this study before they were submitted to the next stages of analysis: exploratory multiple regression and structural modeling.

Revisions to each set of indicator items were made based on the component structure suggested by *PCA* results using a *guide* of .45 or greater loadings combined with theoretical considerations and reliability estimates. Some indicators consisted of full measures; other indicators were made-up of measure sub-scales or composite scores of two or more measures or measure sub-scales. After revision, each set of indicator items was submitted to confirmatory *PCA* with Varimax rotation in order to confirm the revised component structure. The measurement analysis results are presented here along with each measure description organized by each hypothesized latent variable. For each measure, Table 1 provides information on the number of items, response format, and a sample item. Table 2 summarizes the latent variables, indicators, and revisions made to each indicator along with Cronbach's alpha coefficients for Sample 1 for each revised measure. A full set of revised measure items and their Cronbach's alpha values is available in Appendix C.

Measures Not Included in Latent Variables

The *Demographic fact sheet* asked for age, ethnicity, gender (how one identifies), public and private sexual orientation, highest earned educational degree and occupation for the participant and her partner, number of months in current relationship, if they cohabitate with their partner, if so, the length (in months) of cohabitation, if participants have children, if the participant and her partner have sought counseling, and if the participant's partner is also participating in this research. The total number of demographic questions was 21.

The *Butch -Femme Spectrum Scale* was developed for this study using 17 items that tap the multiple masculine *and* feminine roles that partners may play at any

given time within a relationship. Sample item: “I usually make the first move”. These items were submitted to Principle Component Analysis (PCA) and scale revised resulting in a four items being retained. Cronbach’s alpha for the four items retained after measurement analysis was .72.

Childhood Sexual Abuse Latent Variable Indicators

The *Childhood Sexual Abuse Scale* (CSA) was adapted by Harlow, et al., 1993 from Wyatt, 1985, and is an eight-item scale that measures child sexual victimization through age 14 years. Items are rated on a four-point frequency scale (0 = *no*, 4 = *many times*) Sample item: “Did anyone older ever show their genitals to you?” Authors report an alpha of .95 and test re-test alpha of .88, .85, and .89 over three time periods. Cronbach’s alpha for this sample was .94. During measurement modeling all items adequately loaded on one of two components (penetration and non-penetration) as was expected. All items were retained. However, the six items were broken into three two-item subscales based on Whitmire, et al. (1999): *Unwanted Childhood Sexual Exhibition* (Exhibition; $\alpha=.85$), *Unwanted Childhood Sexual Touch* (Touch; $\alpha=.88$), and *Unwanted Childhood Sexual Penetration* (Penetration; $\alpha=.97$).

Negative Family Environment Latent Variable Indicators

The *Family Perceptions Scale*, a 6-item measure, was adapted from the Project Respect (Harlow and associates, 2001). A sample item was: “People in my family were upset a lot of the time”. Harlow and associates (2001) report internal reliability of .91 and test re-test reliability of .85, .85, .88 over three time periods. Three items from the physical aggression sub-scale of the Conflict Tactics Scale- revised (CTS2) were initially added to assess childhood physical abuse ($\alpha = .90$). However the two

component structure of Negative Family Perceptions (FamPerc; $\alpha=.89$) and Family Physical Abuse (FamPhys; $\alpha=.89$) was re-structured, as indicated by *SEM* analyses, to not include the CTS2 items and split the remaining six items into three two-item subscales (full scale $\alpha=.89$): (1) *Not Understanding Family* ($\alpha=.60$), (2) *Unhelpful Family* ($\alpha=.80$) and (3) *Unhappy Family* ($\alpha=.82$).

Adult Sexual Victimization Latent Variable Indicators

The *Sexual Experiences Survey* (SES; Koss, Gydycz, & Wisniewski, 1987) is a 10-item self report instrument designed to reflect various degrees of sexual aggression and victimization after age 14. Items can be divided into four groups based on type of victimization (rape: items 8, 9, 10; attempted rape: items 4, 5; sexual coercion: items 6, 7; sexual contact: items 1, 2, 3). Sample item: “Have you given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn't want”? Internal consistency reliabilities of .74 (for women) have been reported for the SES, and a one-week test-retest agreement rate of 93 percent. The Pearson correlation between a woman's level of victimization based on self-report and her level of victimization based on interview responses several months later was .73 ($p < .001$). Cronbach's alpha for this sample was .83

All items adequately loaded on one of four components and all items were retained. However, rather than the subscales of Rape, Attempted Rape, Sexual Coercion, Sexual Contact conceptualized by the authors, the *PCA* for this sample suggested a four component structure named: Physical Force (SVpf; $\alpha = .85$), Arguments/Pressure (SVap; $\alpha = .77$), Power/Authority (SVpa; $\alpha = .75$), Alcohol/Drugs

(SVad; $\alpha = .65$). These four components were used as the four indicators under the Adult Sexual Victimization latent variable.

Dyadic Dependency Latent Variable Indicators

The *Healthy Emotional Reliance Scale* (HERS; Golding, Morokoff & Rossi, 2008) included the original 18 items (HERS; Golding, Morokoff & Rossi, 2007) and 15 revised/ new items which were used to assess dyadic dependency style. This scale is rated on a five-point Likert-scale (1 = strongly disagree to 5 = strongly agree).

Example item: “I think in terms of “we” and “us” rather than “I” or “me”

(Interdependency); “I like that my partner is able to take on my problems as if they were her own” (Negative Dependence); “I make most decisions on my own without checking with my partner” (Independence). These items were submitted to PCA and sub-scales were revised based on the results. Cronbach’s alpha for each resulting six item subscales: Interdependence (Interdep; $\alpha = .78$), Independence (Indep; $\alpha = .83$) and Negative Dependence (Neg Dep; $\alpha = .73$). For further detail, see the Scale Development section.

Social Support Latent Variable Indicators

The *Multidimensional Scale of Perceived Social Support* (MSPSS; Zimet, et al., 1988) is a 12-item measure of subjectively assessed social support for the individual. It measures three different sources of support with three subscales: (a) Significant Other, (b) Family, and (c) Friends. Responses are fully anchored, are rated on a 7-point Likert-type scale, and range between a low-point anchor of *very strongly disagree* to a high-point anchor of *very strongly agree*. Sample items include “There is a special person who is around when I am in need” (Significant Other subscale), “I

get the emotional support I need from my family” (Family subscale), and “I can count on my friends when things go wrong” (Friends subscale). The authors report internal reliability for the total scale to be .88, for the subscales Significant Other, .91, Family, .87, and Friends, .85, and 3-month test–retest reliability for the total score was reported to be .85. Construct validity was demonstrate through statistically significant relationships of the Family, Friends, and Significant Other subscales with a measure of psychological distress in the expected direction (Zimet et al., 1988). Confirmatory factor analysis results using two separate samples (students and outpatients) supported the three-factor structure of the MSPSS (Clara, Cox, Enns, Murray, & Torgrude, 2003). Potoczniak, Aldea, and DeBlaere (2007) found internal consistency reliability for the total MSPSS score to be .89. Cronbach’s alpha for this sample was .87

The Couple-specific Social Support Scale is measured by seven items written for this study to roughly parallel the items of the MSPSS measuring individual social support. These items were intended to measure global social support for lesbian couples as a couple. The 7 point rating scale follows that of the MSPSS asking participants to rate how strongly they agree with each statement (e.g., “Someone really appreciates my partner and I as a couple.”). Item were written to tap a range of practical, emotional, and symbolic support for the couple. Cronbach’s alpha for this sample was also .87

The *LGB-specific Social Support Scale* was comprised of ten items written for this study to parallel the MSPSS for LGB specific situations involving family, friends and co-workers. These items were, in part, based upon selected items from The

Measure of Gay-Related Stressors (MOGS; Mohr & Fassinger, 2003). Sample item: “introducing a new partner to my family”. Cronbach’s alpha for this sample was .85

In order to determine indicators for the Social Support latent variable, all social support items were entered into a PCA. A total of 22 items, out of 29 submitted, adequately loaded on one of three components: Personal Social Support (Personal; $\alpha = .88$), Familial Social Support (Family; $\alpha = .92$) and Sexual Identity Social Support (Sex ID; $\alpha = .77$). These differ slightly from the original conceptualized indicators of Individual (MSPSS), Couple (CSS) and LGB (LGBSS) social support. The three component solution suggested by *PCA* was used as the three indicators under the Social Support latent variable.

Identity Latent Variable Indicators

The *Lesbian Internalized Homophobia Scale* (LIHS; Szymanski & Chung, 2001) was administered to measure participant’s lesbian identity acceptance. The full measure consists of 52 theoretically derived items reflecting internalized negative attitudes concerning lesbianism across five dimensions: (1) personal feelings about being a lesbian, (2) connection with the lesbian community, (3) public identification as a lesbian, (4) attitudes toward other lesbians, and (5) moral and religious attitudes toward lesbianism. However, for brevity, two items from each of the five dimensions were chosen to represent the five facets of sexual orientation identity acceptance. Several LIHS items are modified to be inclusive of bisexual women. Example of items include “I am not worried about anyone finding out that I am a lesbian/bisexual woman,” and “I hate myself for being attracted to other women.” Each item is rated on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The

mean rating for all items is used to create a total scale score with higher scores indicating more internalized homophobia. Reported alpha and test-retest reliability for scores for the full-length LIHS were .94 and .93, respectively (Szymanski & Chung, 2001). Validity of the scores for the full-length LIHS was supported by expert review and significant correlations between the LIHS subscales and measures of self-esteem, loneliness, depression, social support, passing for straight, membership in a LGB group, and conflict concerning sexual orientation (Szymanski & Chung, 2001). In a study of 272 lesbian and bisexual women Balsam and Szymanski (2005) found an alpha for the LIHS of .89. Cronbach's alpha for the 10 selected items for this sample was .64

The *Outness Inventory* (OI; Mohr & Fassinger, 2000) is a 10 item measure that assesses the extent to which an individual has disclosed their sexual orientation to others. Each item asks about a single particular person such as mother, or type of person such as work peers. Each item is rated using a fully anchored 7-point scale ranging from "person definitely does not know about your sexual orientation status" to "person definitely knows about your sexual orientation status and it is talked about openly". An option of "not applicable" (N/A) was added to this scale. The scale yields three subscales: Out to the World (4 items; $\alpha = .79$), Out to Family (4 items; $\alpha = .74$), and Out to Religion (2 items; $\alpha = .97$). Similar reliabilities were found for a lesbian sub-sample (Out to the World $\alpha = .78$, Out to Family $\alpha = .71$, and Out to Religion .98). The authors report good reliability and convergent and discriminate validity through predictive associations for the scale. Mean subscale scores are

calculated and then averaged together to create a full scale measure of sexual orientation disclosure. Cronbach's alpha for this sample was .72.

The *Lesbian Internalized Homophobia Scale* (LIHS; Szymanski & Chung, 2001) and the *Outness Inventory* (OI; Mohr & Fassinger, 2000) items were mostly retained by a two component solution. Eight of the ten items chosen from the LIHS and all 10 of the OI items adequately loaded on their hypothesized components of Identity Acceptance (IDAcc; $\alpha = .68$) and Sexual Orientation Disclosure (SOD $\alpha = .75$). These were entered into the next stage of analysis as the two indicators under the Identity latent variable.

Psychological Symptoms Latent Variable Indicators

The *Brief Symptom Inventory -18* (BSI-18; Derogatis, 2000) is a multidimensional, self-report short-form of psychological symptoms that is derived from the longer 53-item Brief Symptom Inventory (BSI) which itself is a shorter version of the SCL-90 (90-item Symptom Check List-90). This 18-item measure yields scores on 4 subscales (Depression, Anxiety, Somatization, and the Global Severity Index (GSI). Lower scores indicate better adjustment, whereas higher scores indicate more symptoms. Items are rated on a five-point Likert-scale (1 = not at all, 5 = extremely). Sample item: "How often in the past 7 days have you experienced... feeling blue". Numerous studies have found the BSI-18 to be reliable and valid reporting Cronbach's alpha reliabilities in the .89 range and significant correlations between it and the BSI as well as the SCL-90 in the $> .90$ range. Cronbach's alpha for this sample was .92. BSI items all adequately loaded on their expected components

and the original component structure was maintained with three subscales: Depression ($\alpha = .85$), Anxiety ($\alpha = .85$), and Somatization ($\alpha = .78$) for further analyses.

Relationship Functioning Latent Variable Indicators

Dyadic Adjustment Scale- 7 (DAS-7; Spanier, 1976) is a 7-item short form that was employed to assess relationship satisfaction. The DAS-7 is subset of the original 32 item measure. The DAS is widely used and originally developed for use with married and unmarried couples to assess the quality of romantic dyads. Participants are asked to rate to what degree they agree on 3 specific topics important to the relationship (e.g., philosophy of life) and how often they have engaged in coupled activities (e.g., a stimulating conversation of ideas) on a 6-point Likert scale from 0 ("always disagree") to 5 ("always agree") and 0 ("never") to 5 ("more often [than once per day]"), respectively. The last items assess general happiness and are scored on a 7-point Likert scale from 0 ("extremely unhappy") to 6 ("perfect"). The total score is calculated by adding each item providing a range from 0 to 36. Higher scores indicate greater relationship satisfaction. A score of 16 or lower has been used to signify distressed couples. Cronbach's alpha for the DAS-7 was .76. Three items were added to this measure based on research by Balsam and Szymanski (2005) showing them to be relevant to lesbian couples and reliable when added to the DAS-7. Cronbach's alpha for these three items was .66 and Cronbach's alpha for all ten items used to measure relationship satisfaction was .79.

The *Ineffective Arguing Inventory (IAI; Kurdek, 1994b)* was used to measure communication skills in female couples. The IAI is an eight-item measure of how a couple problem-solves together. Kurdek adapted three of the items from the *Problem-*

Solving Communications Scale of the Marital Satisfaction Inventory (Snyder, 1981). Respondents rate each item on a 5-point scale according to how much they agree that it fits their relationship (1 = *strongly disagree*, 5 = *strongly agree*). Sample item: “we go for days without settling our differences”. Kurdek (1994b) reports strong psychometric data for each partner of 51 lesbian cohabitating couples (partner 1 $\alpha = .89$ and partner 2 $\alpha = .86$ and 1 year test- retest reliability of .66 and .67, respectively). Items are added to create a full scale score. Cronbach’s alpha for this sample was .90.

The *Conflict Resolution Styles Inventory* (CRSI; Kurdek, 1994b) is a 16-item measure of individual conflict-resolution styles. Four conflict resolution styles (4 items per style; positive problem-solving, conflict engagement, withdrawal and compliance) were assessed. Participants gave self-report ratings of how often they used each style in response to conflict with their current partner (1 = *never*, 5 = *always*). Sample items: “negotiating and compromising” (positive problem-solving), “launching personal attacks” (conflict engagement), “tuning the other person out” (withdrawal), and “not defending my position” (compliance). Strong psychometrics for each of the four conflict resolution styles specific to a lesbian sub-sample are reported (positive problem-solving, $\alpha = .81$, conflict engagement, $\alpha = .83$, withdrawal $\alpha = .81$, and compliance $\alpha = .89$). This study used a composite score of all four subscales, with reverse coding for the conflict-engagement, withdrawal and compliance scales to assess constructive female partner communication. Cronbach’s alpha for this sample was .87 for the total scale score.

The *Equality Scale* (Kurdek, 1998), is an eight-item measure of power equality and balance in a current relationship. Participants answered each item with a 9-point

scale (1 = *not at all true*, 9 = *very true*) yielding a range scores from 8 indicating low equality to 72 indicating high equality. Sample item: "My partner and I have equal power in the relationship". For a sample of 236 married heterosexual couples, 66 gay cohabitating, and 51 lesbian cohabitating couples, Kurdek (1998) found a Cronbach's alpha for the total sample of .91. Cronbach's alpha for this sample was .93.

The *Brief Index of Sexual Functioning for Women* (BISF-W; Taylor, Rosen & Lieblum, 1994) is a 22-item empirically derived self-report instrument for the assessment of current levels of female sexual functioning and satisfaction. This study utilized 13 of the 22 items that target sexual desire, arousal, frequency of sexual activity, orgasm, body satisfaction, sexual desire communication and, over satisfaction for respondent and respondent's partner. Items were originally adapted by the authors from the Brief Sexual Functioning Questionnaire (BSFQ) for men (Reynolds, et al., 1988). The scale in its original form was designed to assess both quantitative and qualitative aspects of women's sexual experience in healthy women and those affected by medical or psychological conditions irrespective of sexual orientation. Items rating scales vary. Sample item: "Overall, how important a part of life is your sexual activity?" The original scale was normed on 269 community women ages 20-73 years most of whom were married. Principle components analysis was used to confirm the underlying 3-factor structure of Sexual Interest/Desire ($\alpha = .39$, test-retest = .70), sexual activity ($\alpha = .78$, test-retest = .83) and sexual satisfaction ($\alpha = .68$, test-retest = .74). Good concurrent validity was shown both with a measure of social desirability and the Derogatis Sexual Function Inventory (DSFI; Derogatis & Melisaratos, 1979). Cronbach's alpha for this sample was .81.

The Psychosexual Functioning Scale (Harlow, Quina, Morokoff, Rose, & Grimley, 1993) was also used to assess sexual satisfaction and general attitudes about personal sex life. This six item scale was determined to have an alpha of .85 with good test- retest reliability. Participants respond to items on a 4-point Likert scale of frequently (0 = *never*, 4 = *always*) for how often they have felt the way described by each item in the past six months. A sample item: “Sex is a positive part of my life”. Cronbach’s alpha for this sample was .87.

The *Revised Conflict Tactics Scales* (CTS2; Straus, et al., 1996) was used to assess current relationship physical aggression and sexual force using three items each from modified Physical, Assault and Sexual Coercion subscales. The rating scale was changed to a four point Likert-like frequency scale. These subscales measure both frequency of perpetration and victimization of physical violence and sexual coercion in the past 12 months in the context of a relationship. The authors report internal reliability of .86 and .87, respectively, for these subscales. Example items include: “Have you ever: Pushed or shoved a partner?” (Physical Assault) and “Used threats to make my partner have oral or anal sex”.

Psychological Maltreatment of Women Inventory (PMWI; Tolman, 1999) was used to assess psychological aggression. Ten selected items were chosen to include the domains of dominance, isolation, threats of violence, and emotional–verbal abuse. The authors of the CTS2 report a reliability of .79 for their Psychological Aggression scale. The PMWI was originally developed for heterosexual women and was adapted to be gender neutral. An alpha of .91 for the past year scale and .87 for the lifetime experience scale was reported by Balsam, et al. (2005) who also used the CTS2 in

their study of 557 lesbian and gay adults. A similar configuration of scales was employed by Kwong, Batholomew, Henderson and Trinke (2003) in studying domestic violence in relationships among a telephone survey sample of 1,249. Additionally, a 5-item scale of LGB specific tactics of psychological aggression was added to the above measures of domestic violence as was created by Balsam and Szymanski (2005) for their study of domestic violence with 272 lesbian and bisexual women. These authors report that this scale significantly correlated with relationship quality (measured by the DAS). An example item is: "I questioned whether my partner was a 'real' lesbian, gay, bisexual woman". These 21 items were combined to create a domestic violence scale for this study. Cronbach's alpha for these 21 items together for this sample was .84.

The *Dyadic Adjustment Scale- 7* (DAS-7; Spanier, 1976) with the additional 3 lesbian relevant items, The *Ineffective Arguing Inventory* (IAI; Kurdek, 1994b), The *Conflict Resolution Styles Inventory* (CRSI; Kurdek, 1994b), The *Equality Scale* (Kurdek, 1998), The *Brief Index of Sexual Functioning for Women* (BISF-W; Taylor, Rosen & Lieblum, 1994), The *Psychosexual Functioning Scale* (Harlow, et al., 1993), selected items from the *Revised Conflict Tactics Scales* (CTS2; Straus, et al., 1996), and selected items from the *Psychological Maltreatment of Women Inventory* (PMWI; 1999), and the five LGB specific aggression tactic items were all submitted to a PCA together with five components specified. Item loadings suggested that the IAI, all but one item from the BISF-W, all five LGB specific aggression items, five PMWI items, and three DAS-7 items be deleted from further analysis. The resulting revised scales were used to establish the five indicators under the Relationship Functioning latent

variable. Cronbach's alpha for these indicators were strong: Relationship Satisfaction (RelSat; $\alpha = .75$), Effective Communication (Comm; $\alpha = .91$), Power Equality (EQ; $\alpha = .92$), Sexual Satisfaction (SexSat; $\alpha = .89$), and Domestic Violence (DomVio; $\alpha = .79$).

RESULTS

Descriptive statistics on demographic variables for all 877 participants are presented in Table 3 separately for the participant and her report of each variable for her partner. Thus data for partners was reported by the participant, not the partner herself. The typical participant identified herself and her partner as White (80.7%; 80.5%), Female (97.5%), Lesbian (72%; 74%), reported an annual gross income between 25,001 to 50,000 (31.1%; 31.9%), completed at least some college (21.3%; 20.2%), a bachelor's degree (34.1%; 35.7%), or Master's (30.4%; 28.3%) and resided in New England (34%), on the West coast (19%), or in the Midwest (16%), although participants were located in every region of the U.S. and some internationally (8.1%). One participant identified as male (.1%) and 17 participants identified as transgendered (1.9%). Table 4 presents sexual orientation descriptive statistics. A large majority of participants identified themselves as well as their partners as Lesbian. Participants were given a range of options for both private and public sexual orientation identification and were able to choose multiple answers. Descriptive statistics for all model indicator variables for the full sample are presented in Table 5.

Missing Data Analysis

Of the 877 qualified participants, 485 participants (55%) completed the survey in its entirety. Due to a large amount of missing data (392 participants were missing at least one scale score), a simple missing data analysis was undertaken. This revealed

that missing items were fairly evenly dispersed across all measures and most cases with missing data were missing only one sub-scale score ($n= 151$). Mean comparison suggested that there is no significant difference in age between those participants with missing data and those without missing data ($F(1, 873)=1.37, p = .24$). Chi-square (χ^2) testing suggested that participants did not significantly differ on five additional demographic variables: ethnicity, level of education, public sexual orientation, annual gross income or couple therapy. However, a significant difference was found for those participants who reported currently cohabitating with their partner ($\chi^2=4.58, p = .032; n=875$). Based on these results, missing data was determined to be Missing at Random (MAR) meaning that participants significantly varied on a limited number of variables. Missing Completely at Random (MCAR) would mean that participants did not significantly vary on any variables. Scale score mean replacement was used only for those 151 cases with *only* one missing scale score (model indicator). Model comparisons with and without mean replacement data suggests that data without mean replacement performed better. Thus, the Structural Equation Modeling (SEM) results reported here are based on data *without* mean replacement.

Scale Development of the HERS

One of the major goals of this research was to bolster the psychometrics of and find support for the construct validity of the *HERS*. The results of this study have significant ramifications for the structure of this measure. Hypothesis 1 stated that three factors will emerge from a factor analysis of Dyadic Dependency. This hypothesis was supported. *PCA* with Varimax rotation results suggested that some of the new and revised items explained more of the variance than some of the original

items and thus those items were replaced. Based on item loadings paired with underlying theory, 18 items (six items per each of the three sub-scales) were retained from the 33 items submitted to analysis. With the exception of item 15, all items sufficiently loaded on only one component. Item 15, loaded on the *Negative Dependence* component (loading= .48), however, this item was determined to be more theoretically suited to the *Interdependence* component on which it loaded just below .48 at .40 and was therefore retained in the *Interdependence* sub-scale rather than *Negative Dependence*. The rotated component matrix for the final items is presented in Table 6. As expected, three subscales emerged each with strong Cronbach's alpha values: $\alpha = .78$ (*Interdependence*; INTD), $\alpha = .83$ (*Independence*; IND), and $\alpha = .73$ (*Negative Dependence*; ND). PCA was also conducted on the original *HERS* (2007) items which resulted in the same three component structure. Compared to alpha values obtained from data collected previously with a similar sample ($\alpha = .89$, $\alpha = .74$, and $\alpha = .81$, respectively), the *Negative Dependence* sub-scale of the original *HERS* (2007) showed to be significantly less reliable ($\alpha = .57$) for this sample. However, the *Interdependence* and *Independence* subscales ($\alpha = .82$, $\alpha = .77$ respectively) showed similar reliability across both samples. Table 7 presents the rotated component matrix for the original *HERS* (2007) items using the current sample. All items from the original *HERS* (2007) can be found in Appendix A and all items from the revised *HERS* (2008) are presented in Appendix C.

Hypothesis 2 stated that *Negative Dependence* will negatively correlate with both *Interdependence* and *Independence*, whereas *Interdependence* and *Independence* will not correlate. This hypothesis was partially supported. However, according to

PCA and correlation analysis results, the three subscales of the revised *HERS* did not show strong enough inter-correlation to merit the use of a full scale score. Mainly, the *Negative Dependence* subscale demonstrated a significant but weak correlation with the other two subscales of *Independence* and *Interdependence*. For the *Interdependence*, *Independence* and *Negative Dependence* subscales of the *HERS*, the correlation matrix (see Table 8) shows a negative relationship between *Independence* and *Negative Dependence* ($r = -.201, p < .01$). An unexpected positive relationship was found between *Interdependence* and *Negative Dependence* ($r = .239, p < .01$) as well as an unexpected moderate, negative relationship between *Interdependence* and *Independence* ($r = -.400, p < .01$) emerged. Original conceptualization held that *Negative Dependence* was a polar opposite of *Interdependence*. However, these results suggest that, qualitatively, *Negative Dependence* actually falls in between *Interdependence* and *Independence*. *Structural Modeling Statistic (SEM)* results showed that the exclusion of *Negative Dependence* from the Dyadic Dependency latent variable in the meditational latent variable model (LVM) significantly improved the overall model fit. Thus, *Negative Dependence* was removed from the model and further analyses for the purpose of generating the cleanest and most robust model possible.

Removing *Negative Dependence* significantly revised the structure of the *HERS* measure changing it from a three component measure to a two component measure. Based on the bi-directional relationship pattern of *Interdependence* and *Independence* among the other model variables, both in preliminary analyses and *SEM* results, *Independence* was reverse-scored in order to create a unidirectional measure.

In order to assess the stability of this new structure, the six items of the revised *Independence* sub-scale, along with the 6 items from the revised *Interdependence* sub-scale were submitted to *PCA* using Varimax rotation and pairwise deletion with the full sample ($n = 873$). Results showed that the subscales clearly loaded on two separate components with no multicollinearity and sufficient item loadings above .45. The rotated component matrix for this analysis is presented in Table 9. The Cronbach's alpha value suggested that this two component structure is significantly more reliable ($\alpha = .835$, $N = 837$) than the previous three component structure ($\alpha = .561$, $N = 826$) for this sample.

Correlational Results

Before *SEM* analyses were conducted, bivariate Pearson correlations for the full sample were examined. Correlational results (see Tables 8, 10, 11, and 12) indicate strong relationships among most of the model variables, except the Identity indicators of Identity acceptance (IDAcc) and Sexual Orientation Disclosure (SOD). Table 8 shows that Identity indicators did not significantly correlate with any other mediating variables except a weak relationship with Sexual Victimization involving Pressure and Arguments.

Psychological Symptoms. Hypothesis 3 stated that Psychological Symptoms will positively relate to *Negative Dependence* and negatively relate to *Interdependence*. As exemplified by Table 10, this hypothesis was mostly supported by a positive correlation between *Negative Dependence* and Depression ($r = .08$, $p < .05$) and negative correlations between *Interdependence* and both Depression ($r = -.27$, $p < .01$) and Anxiety ($r = -.16$, $p < .01$). This suggests that higher depression scores

coincide with more negative dyadic dependence and that an interdependent dyadic style is related to less depression and less anxiety in study women

Hypothesis 4, which stated that Social Support will negatively correlate with Psychological Symptoms, was mostly supported. All Social Support indicators negatively correlated with all Psychological Symptom indicators with the exception of the relationship between Family Support and Somatization which was not significant (see Table 10). The Identity indicators both weakly and negatively correlated with Depression and Sexual Identity Support and weakly correlated with Anxiety in a negative direction (see Table 10).

Relationship Functioning. Hypothesis 5 stated that *Interdependence* will positively correlate with Relationship Functioning compared to *Independence* and *Negative Dependence*. As shown in Table 11, this was strongly supported. *Interdependence* is strongly associated with positive relationship functioning (Relationship Satisfaction, $r = .513$; Equality, $r = .618$; Domestic Violence, $r = -.308$; Sexual Satisfaction, $r = .376$; Communication, $r = .453$, all $p < .01$), while *Independence* is strongly negatively associated with relationship functioning (Relationship Satisfaction, $r = -.540$; Equality, $r = -.474$; Domestic Violence, $r = .359$; Sexual Satisfaction, $r = -.357$; Communication, $r = -.495$, all $p < .01$). *Negative Dependence* was weakly correlated with three Relationship Functioning indicators (Relationship Satisfaction, $r = .151$; Equality, $r = .101$, both $p < .01$; and Sexual Satisfaction, $r = .087$, $p < .05$).

As shown in Table 2, Social Support indicators were restructured into Personal Support, Family Support and Sexual Identity Support based on *PCA* results.

Correlations between all mediating variables and the Relationship Functioning indicators are presented in Table 11. Hypothesis 6 stated that Social Support indicators will positively relate to Relationship Functioning indicators. This hypothesis was mostly supported. All but one (Family Support and Sexual Satisfaction) of these relationships was significantly correlated with each of the Relationship Functioning indicators in the expected direction at the $p < .01$ level (see Table 11). Hypothesis 7 stated that Sexual Victimization will negatively correlate with Relationship Functioning. This hypothesis was partially supported. As presented in Table 11, two Sexual Victimization indicators involving arguments/pressure and alcohol/drugs, negatively correlated with Relationship Satisfaction, Equality and Communication and positively correlated with Domestic Violence. Sexual Satisfaction did not significantly relate to any of the four Sexual Victimization indicators. Additionally, Sexual Victimization involving physical force also positively correlated with Domestic Violence. Both Identity indicators significantly correlated, although weakly, with all five Relationship Functioning indicators with the exception of Sexual Orientation Disclosure and Domestic Violence (see Table 11).

CSA and Family Functioning. Hypothesis 8 stated that CSA and Family Functioning will positively relate to Independence and Negative Dependence and negatively relate to Interdependence. This was partially supported. As seen in Table 12, only three correlations between the Dyadic Dependency indicators, CSA and Negative Family Environment were significant. *Interdependence* negatively correlated with Negative Family Environment ($r = -.106, p < .01$), while *Independence* positively correlated ($r = .081, p < .05$). *Negative Dependence* positively correlated

with CSA with penetration ($r = .084, p < .05$). Hypothesis 9 stated that CSA and Negative Family Environment will be related to less Social Support. Table 12 shows partial support for this hypothesis. All three social support indicators negatively correlated with both Negative Family Environment indicators with the strongest relationship between Family Social Support and Negative Family Environment ($r = -.472, p < .01$). Social support indicators showed weak, negative relationships with the CSA indicators. Hypothesis 10 stated that CSA and Negative Family Environment will be related to less positive sexual identity. Given insignificant relationships between the Identity variables and both independent variables, this hypothesis was not supported (see Table 12).

Exploratory Multiple Regression Analysis

In order to better assess the appropriateness of the hypothesized model, exploratory hierarchical multiple regressions (*MR*) were undertaken for each hypothesized path between all latent variables. Multiple regression analysis helps determine if the paths between the independent variables and the dependent variable are significant. If paths are not significant, it is unlikely that significance will emerge in a more complex structural model, thus revisions to the model are often made based on preliminary *MR* analysis. However, because multiple regression is only able to predict one dependent variable at a time, conducting regressions for all indicators under the model's six dependent variables results in 56 separate regression equations. Conducting this large number of separate regressions drastically inflates the error and, thus, *MR* is not appropriately suited to provide information on the overall value of the

proposed model. Therefore, *MR* analysis was used only as a preliminary step rather than an assessment in and of itself.

In general, *MR* results confirmed the hypothesized model with the exception of three pathways. First, the predictive pathway from Negative Family Environment to each of the three indicators under Dyadic Dependency was not significant. Second, contrary to expectation, Sexual Victimization did not significantly predict any of the five indicators under Relationship Functioning. Third, contrary to expectation, neither CSA nor Negative Family Environment significantly predicted either of the two Identity indicators. Without significant predictor paths estimated at this stage of the analysis, it is unlikely that these paths will significantly add to the *SEM* model in later analysis stages. All other hypothesized pathways were at least partially supported by the *MR* analysis in that at least one pathway from each indicator of each hypothesized construct significantly predicted at least one indicator of the dependent latent variables. Figure 2 presents a summary of the *MR* analysis with a range of standardized beta-weights shown for each significant pathway between groups of indicators under each latent variable. Non-significant pathways are indicated by dashed lines.

Latent Variable Modeling (LVM)

A structural equation model (SEM) analysis of the model indicated by the *MR* analysis was undertaken using *EQS*, Version 6.1, (Bentler, 2004) statistical program for a Maximum Likelihood Estimation. As a statistical methodology *SEM* affords several advantages over regression modeling: more flexible assumptions (particularly allowing interpretation even in the face of multicollinearity), reduction of

measurement error through use of confirmatory factor analysis using multiple indicators per latent variable, better model visualization through its graphical modeling interface, overall model testing rather than individual coefficient testing, the ability to model multiple dependent variables, mediating variables and error terms as well as assess relative model fit through alternative model comparison. For this research, latent variable modeling (*LVM*) was used to confirm the best model for the data collected. The main goal of *SEM* methods is to assess the overall goodness of fit for a given hypothesized model grounded in theory and empirical research to the “real world” by using a large collected set of data from a representative sample (Harlow, 2007). Reporting SEM results varies widely among researchers, but standard reporting conventions developed by the American Psychological Association (2002) and by McDonald and Ho (2002) have been followed.

Fit indices were consulted for each analysis to evaluate the overall fit between the model and the data as indicated by a small, non-significant chi-square (χ^2) value that should ideally approximate the degrees of freedom. However, with large samples, twice the degrees of freedom to five times the degrees of freedom is considered adequate and often times the chi-square value emerges as significant (Harlow, 2007). Additionally, a comparative fit index (*CFI*; Bentler, 1990) close to 1.0 and a root mean square error of approximation (*RMSEA*) close to zero suggest that a model fits the data well. The *RMSEA* index suggests the amount of variance not being explained by the model. Due to the sensitivity of the chi-square (χ^2) statistic to data non-normality and sample size, it is important to consult multiple indices to assess the appropriateness of a model. In order to evaluate individual pieces of the model, the significance of

hypothesized parameters and effect sizes were analyzed by evaluating the effect sizes (i.e., $R^2 > .02$, small; .13, medium; .25, large) for mediator and dependent variables (Kline, 2005; Cohen, 1992) as well as z-ratios above 1.96, 2.58 and 3.33 for p-values of .05, .01 and .001 respectively. At the micro-level, parameter significance was estimated by regression weights, larger factor-loadings and co-variation values (Collins, Graham & Flaherty, 1998; Kline, 2005).

Measurement model results. In order to test the proposed model of Dyadic Dependency and Female Relationship Functioning, several models were tested as an iterative process of testing and refining. The entire dataset was randomly split in half in order to create two separate samples. Model fit analyses were run first on Sample 1, the first half of the sample, and then the final model was run on Sample 2, the second half of the sample. This split-half process ensures that the results are not due to chance alone. Then a measurement model with all eight factors and all inter-factor correlations was examined. Based on the results of the measurement model, three significant changes were made before moving on to the next stages of analysis.

First, the eight factor measurement model suggested a mediocre fit with the data ($\chi^2 (224, n = 242) = 517.794, p < .001$); $CFI = .876$; $RMSEA = .074$). As suggested by preliminary analyses, Identity only weakly correlated with all other factors with the exception of Social Support with which it showed *too* strong of a correlation ($r = -.1020$) suggesting that these two factors have significant overlap which creates redundancy in the model. These results indicate poor fit between the model and the Identity latent variable. This paired with similar correlational and weak

MR findings also indicating poor fit, led to the decision to remove the Identity latent variable from the model and further analyses.

Second, *SEM* results for a seven factor model showed adequate fit (χ^2 (182, $n = 242$) = 380.685, $p < .001$); $CFI = .908$; $RMSEA = .067$ and average standardized residual = .0488), however Dyadic Dependency and Relationship Functioning factors correlated too strongly ($r = .954$) to merit their inclusion in the model as separate latent variables. Conceptually, this high of a correlation between factors suggests that the factors are too entangled to be able to analyze them separately and may cause redundancy in the model as a whole. As seen in Figure 3 (factor loadings presented in Table 13), the path coefficient between Dyadic Dependency and Relationship Functioning ($R^2 = 1.00$; $\beta = 1.00$, $p < .05$) suggests the impossible, that the total amount of variance in Relationship Functioning is being accounted for by Dyadic Dependency. This was a consequence of the disturbance error for Relationship Functioning being constrained to zero by the *EQS* program. By default *EQS* will constrain a variable that is either negative or very close to a parameter to zero in order to be able to accurately calculate the other model equations. However, models with parameter violations and boundary constraints are impossible to interpret with any confidence and must be restructured in order to be properly analyzed. Item-level analysis using a PCA with Varimax rotation of all items for the seven indicators of both Dyadic Dependency and Relationship Functioning evidenced significant item overlap on single components for indicators *Interdependence*, *Independence*, Equality and Relationship Satisfaction. Accordingly, the model was respecified as a six factor

LVM incorporating the indicators of Dyadic Dependency under the latent variable of Relationship Functioning.

Due to this change, two hypotheses could not be fully evaluated. While scale reliability, correlational and regression results support Hypothesis 11 (construct validity will be supported for the *HERS* subscales), the significant overlap between the constructs of Dyadic Dependency and Relationship Functioning in the LVM prevents separate measurement of these two constructs. Consequently, Hypothesis 11 could not be fully evaluated and is, therefore, only partially supported. Similarly, Hypothesis 12 stated that a significant meditational path from early life experiences through Dyadic Dependency to Relationship Functioning will emerge. Without the ability to measure Dyadic Dependency as a separate mediating variable, this hypothesis was also not able to be tested.

Third, results of the six factor LVM produced an error for the Family Negative Environment latent variable suggesting that this and the CSA constructs need at least three indicators. Consequently, the *Conflict Tactics Scale* items were deleted from the Family Negative Environment construct and the six items of the Family Perceptions Scale and CSA scale were broken up into three two- item sub-scales based on previous research by Whitmire, et al. (1999). This produced subscales based on type of families and abuse (*Not Understanding Family, Unhelpful Family, Unhappy Family and Unwanted Childhood Sexual Exhibition, Unwanted Childhood Sexual Touch, and Unwanted Childhood Sexual Penetration*). The revised structure of these measures and the corresponding alphas are presented in Appendix C. After these three

major changes to the model structure were made, the six factor measurement model (see Figure 4) was analyzed and showed good fit ($\chi^2 (215, n = 256) = 424.531, p < .001$); $CFI = .927$; $RMSEA = .063$).

Latent variable model results. The six factor LVM was applied to Sample 1 and resulted in good model to data fit ($\chi^2 (223, n = 245) = 443.372, p < .001$); $CFI = .923$; $RMSEA = .064$). The standardized parameter estimates and path coefficients for this 6 factor LVM are presented in Figure 5. Factor loadings for this model are presented in Table 14. These results are only slightly less strong than the measurement model which is expected to show the strongest fit due to all correlations being considered and the absence of prediction path error.

Given that data was collected anonymously and, thus, partners' data was not connected, issues of non-independence in couples' data became possible. In order to test whether issues of data non-independence contributed to the overall results, the six factor LVM was applied using a sub-sample of participants who reported that their partner was not also participating in the study. Model fit results (see Figure 6) for this sub-sample suggest good overall fit ($\chi^2 (223, n = 242) = 493.235, p < .001$); $CFI = .904$; $RMSEA = .071$). Factor loadings for this model are presented in Table 15. These findings indicate that issues of data non-independence did not significantly affect fit results for Samples 1 and 2. Given that the difference in CFI and $RMSEA$ are not significantly lower than that of the Sample 1 fit ($CFI = .904$; $RMSEA = .071$ compared to $CFI = .923$; $RMSEA = .064$) and are still within fit index criterion (i.e., CFI above .90 and $RMSEA$ below .08), fit results for Samples 1 and 2 are considered valid.

Micro-level model results. This model suggested robust micro-level results. Hypothesis 13 stated that a significant mediational path from early life experiences through Social Support to Relationship Functioning will emerge. This was partially supported. A large effect size ($R^2 = .439$) was shown for Relationship Functioning, which included Dyadic Dependency, and its three predicting indicators of Social Support ($\beta = .663, p < .05$). Social Support showed a small effect size ($R^2 = .061$) and the three predicting indicators of Negative Family Environment ($\beta = -.247, p < .05$). While a predictive relationship between CSA and Social Support did not emerge, significant correlational and *MR* results suggest that Social Support is significantly associated with Relationship Functioning even without Dyadic Dependence added (see Table 11 and Fig. 2). Hypothesis 14 stated that Sexual Victimization will predict Psychological Symptoms. This was supported by a medium effect size ($R^2 = .176$) shown for Psychological Symptoms and the four predicting indicators of Sexual Victimization ($\beta = .202, p < .05$) as well as the three predicting indicators of Social Support ($\beta = -.355, p < .05$). Hypothesis 15 stated that CSA and Negative Family Environment will significantly predict Adult Sexual Victimization. This hypothesis is partially supported by the large amount of variance ($R^2 = .429$) of Adult Sexual Victimization accounted for by the three predicting indicators of CSA ($\beta = .66, p < .05$). However, the predictive path from Negative Family Environment to Adult Sexual Victimization was not significant. The correlation between the two independent variables, CSA and Negative Family Environment, was moderate ($r = .386$) supporting both of these constructs as strongly associated independent variables. The outcome variable relationship between Relationship Functioning and

Psychological Symptoms was not as strong ($r = -.239$) likely due to the inclusion of Dyadic Dependency in Relationship Functioning.

Nested model comparisons. For Sample 1, nested model comparisons were conducted. In doing so, every variable and construct remained in the model and comparisons between the meditational path model (Adult Sexual Victimization and Social Support constructs), the direct path model (between early life experience constructs, Relationship Functioning and Psychological Symptoms constructs) and the full model (with all pathways considered) are generated. As shown in Figure 7, results for the direct model ($\chi^2 (224, n = 245) = 582.222, p < .001$); $CFI = .875$; $RMSEA = .081$ and average standardized residual = .0856) indicate that the meditational model is the better fit. Factor loadings for this model are presented in Table 16. These findings suggest that the constructs of Adult Sexual Victimization and Social Support are important in determining Relationship Functioning and Psychological well-being for women involved in female couples. Due to the full model's ability to account for more relationships resulting in less degrees of freedom and a smaller chi-square value, it is expected that the full model will fit the data best. The full model results indicate a better overall fit, although only slightly ($\chi^2 (219, n = 242) = 431.287, p < .001$); $CFI = .926$; $RMSEA = .063$ and average standardized residual = .0448). Delta chi-square ($\chi^2_{diff} = \chi^2_1 - \chi^2_2$; $df_{diff} = df_1 - df_2$) was used as the index of difference in fit. This revealed that the meditational and full models are not significantly different ($\chi^2 (4, n = 242) = 4.628, p = .328$). Given criticism indicating that the delta chi-square index of difference is sensitive to sample size (Cheung & Rensvold, 2002; Kelloway, 1995), delta-CFI (the difference in CFI index between two models; $CFI_{diff} = CFI_1 - CFI_2$) was also

applied for these two models. The accepted critical value for delta-CFI is .01 or less. Thus, models with a delta- CFI of .01 or less are not significantly different and are said to be comparable (Cheung & Rensvold, 2002). Results suggest again that the two models are not significantly different ($CFI_{diff} = .926-.923 = .003$). Given no significant difference and the meditational model is more parsimonious of the two, it is considered to have the better model to data fit.

Cross-validation with Sample 2. Once the model for Sample 1 was complete, Sample 2 ($n = 438$) was submitted to the same model in order to increase the rigor of the *SEM* results. By confirming that data from Sample 2, an independent sample collected simultaneous to Sample 1, fits well to the proposed model, we can confirm that the model's good fit on Sample 1 was not due entirely to chance. The overall fit of the model to the data for Sample 2 was almost as strong as that for Sample 1: $\chi^2(223, n = 244) = 444.704, p < .001$; $CFI = .913$; $RMSEA = .064$. The model for Sample 2 with the standardized parameter estimates and path coefficients is presented in Figure 8. Factor loadings for this model are presented in Table 17. According to the accepted critical value for delta-CFI of .01 or less, the delta-CFI value for models of Sample 1 and Sample 2 ($.923 - .913 = .010$) suggests that these models are not significantly different and are said to be comparable (Cheung & Rensvold, 2002). A small delta-CFI between Sample 1 and Sample 2 is to be expected since the model for Sample 1, to some extent, capitalized on chance.

Cross validation is intended to assess this decrease in model fit and, thus, gain a sense of how much the initial model depended on chance. Nevertheless, fit index criteria (i.e., CFI above .90 or $RMSEA$ below .05 to .08) are somewhat arbitrarily

determined and model fit needs to be assessed by considering multiple pieces of evidence as well as theoretical justification. It should be noted that the fit for Sample 2 was also good for the full sample: $\chi^2 (223, n = 489) = 668.161, p < .001$; $CFI = .917$; $RMSEA = .064$.

Although the overall model fit indices do not significantly differ in terms of how they fit the data and the same predictive paths were found to be significant, some micro-level differences were shown. Compared to Sample 1, the predictive path beta weights for Sample 2 are stronger for Negative Family Environment to Social Support ($\beta = -.537, p < .05$) and Social Support to Psychological Symptoms ($\beta = -.515, p < .05$) compared to Sample 1 ($\beta = -.247, p < .05$ and $\beta = -.355, p < .05$, respectively). The effect size for Social Support ($R^2 = .288$) and Psychological symptoms ($R^2 = .318$) in Sample 2 are also stronger compared to Sample 1 ($R^2 = .061$ and $R^2 = .176$, respectively). For Sample 2 model paths from CSA to Adult Sexual Victimization ($\beta = .570, p < .05$) to Psychological Symptoms ($\beta = .189, p < .05$) and from Social Support to Relationship Functioning ($\beta = .509, p < .05$) are less strong than Sample 1 ($\beta = .655, p < .05, \beta = .202, p < .05$ and $\beta = .663, p < .05$, respectively). The Sample 2 effect-size values follow a similar pattern for Adult Sexual Victimization ($R^2 = .324$) and Relationship Functioning ($R^2 = .259$) compared to Sample 1 ($R^2 = .429$ and $R^2 = .439$, respectively). These differences are likely accounted for by discrepancies between samples in terms of factor loadings between indicators and their respective latent variable. The Sample 2 loadings are mostly in the same range as their Sample 1 counter-part with the exception of the Social Support indicator loadings which were stronger in Sample 2, the Interdependence and, to a lesser extent, Independence

indicators under Relationship Functioning which were less strong in Sample 2 and the Penetration under CSA and SV by power/authority under Adult Sexual Victimization which were also less strong in Sample 2 (see Tables 14 and 17).

DISCUSSION

The results of this study affirms that a model of early life experiences and social support predicts relationship functioning including dyadic dependency in women with female partners and that social support predicts psychological symptoms in the same sample. This study also found that CSA strongly predicts psychological symptoms via adult sexual victimization. The results of this work introduce a new empirically evaluated scale to the field of relationship and LGB research and clinical practice. Two large overarching goals were accomplished: (1) test a mediational structural model of early life experiences and relationship functioning in female couples using constructs of Sexual Victimization, Dyadic Dependency, Social Support and Identity as mediators and (2) establish support for construct validity of the *Healthy Emotional Reliance Scale (HERS)*; Golding, Morokoff, & Rossi, 2007).

Model Fit Results

SEM results suggested good fit between the data and a revised mediational latent variable model for Sample 1, Sample 2 and the full sample. The *CFI* values above .90 indicate that the proposed model is sufficiently explaining the variance within and between the latent variables. Further the low *RMSEA* values of the proposed mediational model suggest that little variance is not being explained (i.e., the model results in low residuals). When compared to other model configurations, the direct (without mediational variables) and full (all paths included) models, a

revised version of the proposed meditational model fared significantly better than the direct path model and as good as the full model with the added benefit of more parsimony. The total sample was split in half in order to facilitate cross-validation of results on a separate sample. Cross-validation analysis further assessed the validity of the revised proposed meditational model by comparing results for two samples and found that good model to data fit results for the first sample were not due to chance.

Micro-level Results

Across both groups and the full sample, results at the individual path level of the meditational model showed that the two independent latent variables, CSA and Negative Family Environment were moderately correlated. Three main model pathways emerged across both samples: (1) Negative Family Environment to Social Support to Relationship Functioning (revised to include mediating variable of Dyadic Dependency, (2) Negative Family Environment to Social Support to Psychological Symptoms and (3) CSA to Adult Sexual to Psychological Symptoms. The two outcome latent variables, Psychological Symptoms and Relationship Functioning were also moderately correlated.

Negative Family Environment to Social Support to Relationship Functioning

The significance of the first major model pathway suggests that childhood experiences of family environment predict one's configuration of personal social support which predicts one's dyadic dependency style, relationship satisfaction, sexual satisfaction, equality, effective communication and the presence of domestic violence in their current relationship for a female same-sex coupled sample. The strong relationships between Personal Social Support and several Relationship Functioning

indicators including *Interdependence* and *Independence* suggest that having a social network outside of one's romantic relationship increases dyadic interdependence as well as relationship equality, relationship communication and relationship satisfaction. While the psychodynamic literature has pathologized female couples for being "merged", in the face of increased societal tolerance for sexual diversity female couples are able to obtain greater amounts of social support which bolster the relationship rather than the absence of outside support which creates suffocation. These findings support research by Kurdek (1998, 2003 and 2004). Results also showed that Negative Family Environment strongly and negatively correlated with the Familial Social Support indicator. Personal Social Support and Sexual Identity Social Support also negatively correlated with the Negative Family Environment indicators. Conceptually, ones relationship with their family affects their developmental progress towards sustaining a range of social supports as an adult. In turn, a decreased ability to gather social supports hinders adult relationship dynamics.

To a lesser extent, personal social support is also moderately correlated to a decreased presence of domestic violence and increased sexual satisfaction. Findings related to domestic violence affirm past research by Balsam and Szymanski (2005) who found that lifetime discrimination, indicative of poor social support, is positively correlated with lifetime domestic violence variables. Concerning sexual satisfaction, theory has suggested that female couples may experience a greater emotional intensity in their relationship. Nichols (2004) reviews theory that asserts "Lesbian bed-death" as a result of partners being too emotionally close and requiring some distance in order to re-fuel passion. While preliminary results of the Institute for Personal Growth

(IPG) female sexuality survey do not support the concept of “Lesbian bed-death”, present results suggest that greater support from persons other than one’s partner may help sustain sexual satisfaction and relationship balance. Taken together, the significant predictive relationship between Relationship Functioning and Social Support indicates that Social Support is important to maintaining a functional relationship and female couples do not exist within vacuums. Rather romantic dyads exist within the contexts of all social relationships. These findings support theory asserting that a lack of social support creates a “closed system” which paired with social stressors, discrimination and internalized homophobia, endangers couples to create an identity as a couple in place of, rather than in conjunction with, their individual identity (Krestan & Bepko, 1980).

MR and *SEM* results found that the construct of Identity did not fit the model well. There are several explanations for this. It could be that the measures used to assess Identity (internalized homophobia and sexual orientation disclosure) were not appropriate to tap sexual identity as past literature has conceptualized it. The measure of internalized homophobia was meant to represent the degree to which a participant accepts her sexual identity. It was significantly shortened and its original purpose was to measure what was assumed to be the opposite of identity acceptance. However, the literature has not established that internalized homophobia *is* the opposite of sexual identity acceptance. Given the many proposed stages of identity acceptance, it is likely that the reverse score of internalized homophobia measures positive attitudes about other lesbians, but not necessarily one’s own self-acceptance or identity assertion. Second, it was hypothesized that Identity and Social Support were strongly

associated given that the range of one's sexual identity social support is, in part, dependent on the extent to which their sexual orientation is disclosed. Given that most participants identified as lesbian and, on average, participants were out to at least half of the significant people in their lives (according to mean scores on the OI), it could be that the variance that would be accounted for by the Identity construct was displaced onto the Social Support construct due to Sexual Identity being fairly well-established for this sample.

Social Support to Psychological Symptoms

The second major model pathway suggests that social support predicts one's level of psychological well-being. The findings that all three types of Social Support were associated with decreased levels of depression, anxiety and somatization (except Familial Support) maintain assertions about the importance of social support for individual psychological well-being. Further, given that individual psychological symptoms can negatively impact relationships, these findings lend further evidence that social support can bolster romantic relationships among sexual minorities which may, in turn, decrease psychological symptoms. Given this reciprocal relationship, it can be argued that social support is a preventative measure to increased psychological symptoms. In agreement of previous research, these results indicate that social support of all types is important to psychological well-being perhaps more so for sexual minorities (Balsam & Szymanski, 2005; Bebeko & Johnson, 2000; Kurdek, 1988a; Miranda & Storms, 1989; Mohr & Fassinger, 2006, Meyer, 2003).

CSA Predicting Adult Sexual Victimization and Psychological Symptoms

The third main pathway from CSA to Sexual Victimization (SV) predicting Psychological Symptoms was substantially supported both by preliminary analyses and *SEM* results. The large amount of explained variance in Adult Sexual Victimization accounted for by CSA and the strong path coefficient between the two strongly support assertions about sexual re-victimization among non-heterosexual women of which few studies have addressed. Sexual Victimization indicators showed the strongest positive relationships with somatization and about equal strength positive relationships with both depression and anxiety. These results are well established in the literature primarily with heterosexual women (Balsam, et al., 2005; Gidycz, et al., 1993; Koss & Dinero, 1989; Letourneaux, et al., 1996; Morokoff, et al., 2009; Wyatt, et al., 1992). However, this study supports that the same theory holds weight for a mostly lesbian identified sample as well.

Correlational data indicated weak negative relationships between two Sexual Victimization indicators, arguments/pressure and alcohol/drugs, and Communication, Relationship Satisfaction and Equality. Weak positive correlations were also exhibited between the same Sexual Victimization indicators and Domestic Violence. These findings suggest that women with a history of sexual abuse and sexual victimization involving alcohol and/ or drugs or arguments and/or pressure may have some difficulty in maintaining functional relationships. However, these are weak associations and are interpreted with caution. The hypothesized path between CSA, Adult Sexual Victimization and Relationship Functioning was considered exploratory due to the limited amount of previous research available to substantiate a strong link

between sexual trauma and relationship functioning in female couples. As such, it is not surprising that this predictive path was not significant.

Dyadic Dependency as a Predictor of Psychological Symptoms

One of the main purposes of this research was to deconstruct the notion of dependency as a necessarily pathological concept. The negative relationship between *Interdependence* and the reverse-scored *Independence* and Psychological Symptoms is theoretically important. The underlying theory of the proposed model assumes that interdependence is *not* indicative of psychological dysfunction. Qualitatively, the opposing direction correlational results between both *Interdependence* and lack of *Independence* and Psychological Symptoms suggests that different levels of dyadic dependency are associated with psychological symptoms in different ways. The positive relationship of *Independence* with *Depression* and *Anxiety* contradicts traditional relationship models of relationship health which emphasizes independence over dependence for psychological well-being.

Relationship Functioning and Dyadic Dependency

Correlational and MR results suggest that interdependence is positively associated with power equality in female relationships while independence is negatively associated. These results confirm previous findings (Golding, 2007; Kurdek, 1991, 2002; Kurdek & Schmitt, 1986c; McKenzie, 1993; Roper, 1997; Salisbury, 2003) related to the greater value placed on interdependent qualities of partnership and perceived equality by female couples. Interdependence and equality are consistently theorized (Berzoff, 1989; Brown, 1995; Burch, 1985; Jordan, 1997; Mencher, 1997; Pardie & Herb, 1997) and cited by research to increase relationship

satisfaction and functioning for female couples (Carroll, et al., 1999; Eldridge & Gilbert, 1990; Falbo & Peplau, 1980; Kurdek, 1998, 2003, 2004; Peplau, et al., 1978; Schreur & Buunk, 1996).

Conceptually, the large amount of overlap between Relationship Functioning and Dyadic Dependency is not surprising. Based on previous studies and resulting theory, it is expected that Equality and Relationship Satisfaction would be highly correlated and both highly correlate with *Interdependence* for lesbian couples. In this study *Interdependence* was meant to capture a healthy kind of dependency in which partners are comfortable to depend on one another and yet retain a distinct sense of self. Further, it was hoped that this conceptualization would be distinct from subjective interpretations of relationship satisfaction. The goal was to develop scale items that distinguished between an interdependent dyadic style that fosters relationship satisfaction rather than measure whether an individual perceived themselves as satisfied with their relationship which was measured by a separate scale. However, results suggest that this attempt was not successful due to *Interdependence* scale items being written in such a way that the person who scored high on this scale would only have done so if they had a high level of relationship satisfaction.

Due to social desirability bias, the tendency for participants to reply in a manner that will be viewed favorably by others, such a distinction is important. As seen by the variable descriptive statistics (Table 5), the mean score for the relationship satisfaction measure (DAS-10) was 26.4 with 96.7% of participants reporting scale scores above 16 on the DAS-7 (does not include the LGB specific items) which, according to the authors, signify non-distressed couples. Accordingly, the relationship

satisfaction variable may have been skewed based either on self-selection bias (happy couples chose to participate), social desirability bias or both. Therefore, further assessment is needed in order to know if conceptual overlap specific to female couples, poor scale construct validity or biased sampling account for the entanglement between Dyadic Dependency, Relationship Satisfaction and Equality.

The less strong correlational results for both Sexual Satisfaction and Communication to *Interdependence* may be accounted for by the difference in conceptual domains targeted. Both Sexual Satisfaction and Communication are influenced by other life factors in that partners may come to the relationship with varying levels of skill in these domains. Therefore, these relationship components may not be as current relationship specific as Relationship Satisfaction and relationship Equality. It should also be noted that these two indicators as well as domestic violence were created by combining two or more measures. Further research may be required in order to better assess the meaning of relationship satisfaction for this specific population.

In comparison, the Equality and Relationship Satisfaction indicators were made of a single measure showing good reliability and validity and, thus, poor measurement may also play a part in these findings. The results also evidence that Domestic Violence increases with an independent dyadic style and decrease with a more interdependent dyadic style for this sample of female couples. These findings support previous literature on interpersonal violence (Lockhart, et al., 1994; Miller, et al., 2001; Renzetti, 1988, 1989, 1992) with lesbian samples.

Support for Construct Validity of HERS Measure

Revised items for the *HERS* and a two component structure were supported by the data from this study. Across both groups and the full sample, the sub-scales of *Interdependence* and *Independence* showed strong loadings on the Dyadic Dependency latent variable and distinguished between Relationship Functioning and Psychological Symptoms indicators in expected ways. A limitation to this claim is the strong correlations between Dyadic Dependency and Relationship Functioning makes it difficult to assess the strength of the *HERS* ability to distinguish among Relationship Functioning variables. These findings partially support the construct validity of the *HERS* as a clinical tool to differentiate healthy emotional reliance from dysfunctional dependency as it relates to the indicators of Relationship Functioning. The ability to assess such a distinction is important to being able to accurately and expediently help couples who may present for couples counseling with issues around dependency. It is important that clinicians treating female couples be well-versed in the current literature about the way in which women relate and how socialized relational pattern play out in same-sex relationships.

Due to Negative Dependence being removed from the model, its strength as a predictor of psychological symptoms could not be determined. Based on preliminary analysis results, Negative Dependence was expected to correlate high with the indicators of Psychological Symptoms. It is unclear why this was not the case. It is possible that the scale items of Negative Dependence were associated with psychological symptoms that the short form of the BSI did not include, such as axis II disorders and sub-clinical levels of anxiety and depression. Another possibility is that because participants were required to currently be in a relationship with another

woman, individuals who reported a Negative Dependence on their partner would likely not be currently experiencing psychological symptoms since their dependence is, in a part, being met by having a relationship. Further, the BSI only assesses psychological symptoms for the past seven days. Since participants were able to complete the survey at their leisure from the comfort of their home and over a span of time, up to six months, it is unlikely that someone experiencing psychological symptoms would choose to complete the research survey at that time.

As a two component measure, the *HERS* is able to be calculated both as a full scale score or each sub-scale separately due to the greatly increased full scale alpha achieved by the two component solution and the sufficient inter-scale correlations that were not present previously. Further, the findings that *Interdependence* and *Independence* (before reverse scoring) significantly relate to all Relationship Functioning indicators in opposite directions suggests that the scale as a whole is able to assess the intersection between Dyadic Dependency and Relationship Functioning indicators with which couples may present. This is perhaps the strongest piece of evidence in support of construct validity for the *HERS*. This finding also highlights that perhaps the underlying question is not so much about how many dimensions make up this phenomenon, but rather, better understanding the multidimensional nature of dyadic dependency.

Limitations

Due to the complex nature of this study, there were a several limitations. First, ideally each stage of the statistical analysis should be conducted and confirmed with independent samples which are then used to conduct multi-sample analyses and

invariance model testing. However, in this study we were not able to employ independent samples for initial psychometrics of the scales *as well as* testing of the proposed model with the revised scales. Instead a random split-sample technique was used to best approximate this ideal and cross-validate the results. Second, the sample collected was not as diverse as one would like in terms of ethnicity and SES. This is mainly due to the nature of the collection method (by internet requiring computer access and knowledge). This may have been also been a consequence of the online recruiting method which necessitated that participants either belonged to an internet list-serve where ads were placed or were referred by someone else. Additionally, many of the listservs utilized were affiliated with an academic institution which likely increased the number of college educated participants. Third, unlike paper and pencil surveys administered in person or by mail, a limitation of online collection methods and snow ball sampling techniques is that there is no way to know how many people heard about the research compared to the number of participants gained. Fourth, in this study, data collection produced a substantial amount of missing data. The length of time required of participants to complete the online survey (i.e. increased response burden) is likely most responsible for this. Further, online surveys may appear to be less formal and thus, may increase the likelihood of participants skipping questions. Additionally, because this is a cross-sectional design, causality cannot be readily determines as it could in a longitudinal design. Such a design would add the third necessary requirement to show causality: association, isolation and temporal ordering (Bullock, Harlow & Mulaik, 1994).

Issues of non-independence in couples' data arose in this study. The anonymous consent did not allow participants' data to be correlated with their participating partner. The demographic items only required participants to indicate if their partner also participated. Given that over 50 percent of participants reported that their partner was also participating, the problem of statistical dependency may have hindered the model fit results. Data collected from couples is expected to be similar and different in predictive ways. The anonymity of participants made it impossible to link data from coupled participants and thus, it was impossible to adjust results for statistical dependency.

The most serious limitation of this study was the large overlap between the Dyadic Dependency indicators and Relationship Functioning indicators. In the original model, Dyadic Dependency was expected to be a predictor of Relationship Functioning. The overlap in constructs prevented the original model from being tested and required that these two construct be combined. Last, this research only assessed the fit of a model of relationship functioning to a sample of women currently in a relationship with another woman. Thus, this research is limited by not being able to compare model fit across gender and sexual orientation.

Future Directions

Cross-validation involves replicating the results found for one sample on a second sample and is important for generalizability of research findings beyond that of the research participants. It is nearly impossible to collect data from a sample that is completely homogeneous and is also impossible to collect data from every single person within a given population. Ideally each stage of the statistical analysis should

be conducted and confirmed with independent samples in order to substantiate that findings were not the result of some unique characteristic of a specific collected sample. A common and practical practice is to collect data from enough participants to split the sample in two equal parts and impose a simultaneous model on the two different sample halves during statistical analysis and, thus, be able to use the second sample for confirmatory analyses. Such a method was employed by this research; however, in order to fully substantiate the proposed mediational model, each stage of the statistical analysis should be conducted and confirmed with independent samples and then used to conduct multi-sample invariance testing with Sample 2. While such statistical processes were beyond the scope and resources of the research at hand, future statistic analyses will utilize this more sophisticated methodology. This method will also be used to further assess the stability of the *HERS* items across two independently collected samples with similar demographics.

Most importantly, given this study's limitations related to the entanglement between the Dyadic Dependence and Relationship Functioning indicators, future work is required to find a way to conceptually and statistically disentangle these two constructs in order to better look at their unique contribution to the proposed model. This will likely require in depth item analyses as well as comparisons across samples. Planned future studies will examine models with only the Dyadic Dependency indicators and Relationship Functioning indicators to see how much each indicator affects the others. By isolating the statistical and theoretical relationships between the three most salient model variables: dyadic dependency, equality and relationship satisfaction, the emerged construct overlap may be better understood. Due to the

conceptual overlap between relationship satisfaction and *Interdependence*, the *Interdependence* scale items will likely need to be re-written as to not simultaneously assess for subjective reports of relationship satisfaction (i.e. inquire about interdependence separate from relationship satisfaction). Therefore, using the *Interdependence* scale items written as is, it may not be possible to statistically disentangle these two constructs. Rather, the goal may be to make conceptual sense of the theoretical implications that the statistical overlap shown by this research provide and use this to refine the scale in the future.

As qualitative data on the meaning of healthy dependency was collected through the use of focus groups prior to this research, the researcher plans to utilize this data to analyze what women believe it means to have healthy emotional reliance. It is expected that these further sources of information will be rich in content and add to the growing field of LGB studies and to relationship studies of all types of romantic dyads. Efforts to collect new qualitative data would also provide the ability to seek rich information from couples that may be the best approach of understanding the interdependence, relationship satisfaction, equality overlap phenomena. Such qualitative research could take the form of semi-structured interviews, focus groups and/or recordings of couples discussing specified topics. Lastly, in order to evaluate if the meditational model does in-fact represent relationship functioning unique to women and/ or women in female couples, data using the same measures on independent samples of women *and* men in heterosexual relationships for at least six months should be collected and analyzed using multiple sample analysis and invariance model testing to assess the model across all three samples. Imbedded

within this need is the need for data using a more diverse sample. Future research efforts should include over-sampling for bisexual participants, ethnic minorities and those from lower social economic statuses. Collecting data from more diverse populations is not likely to be accomplished via the internet or even via postal mail. Rather, such efforts would require in-person surveying of low-income neighborhoods, ethnic sections of cities and specific bisexual gathering spots.

Conclusion

In general, these findings support female relationship models based on emotional connection as opposed to traditional models based on developmental trajectories towards separation. In fact, these results are contrary to past research assessing dependence and psychological symptoms. Independence has traditionally been hallmarked as the “healthy” style of relating and the only way to maintain one’s autonomy in a romantic dyad. However, the results presented here *do* support previous research asserting the importance of intimacy, communication, closeness and equality in relationship satisfaction and functioning of same-sex female couples (Carroll, et al., 1999; Eldridge & Gilbert, 1990; Falbo & Peplau, 1980; Kurdek, 1998, 2003, 2004; Peplau, et al., 1978; Schreur & Buunk, 1996).

As Feminist theories have espoused, conceptualizations of dependency as pathological are implicitly tied to masculine gender role characteristics of independence, self-sufficiency and autonomy and fail to consider affiliation and connectedness for which women *and* possibly men look to romantic relationships to gain (Gilligan, 1982; Jordan, et al., 1991). As discussed in the previous literature review, Western society has hyper-focused on self-assertion as a means to affirm

identity rather than considering the ways by which we individualize ourselves by our connection with others. Based on theory proposed by Berzoff (1989), the current findings theoretically suggest that the high degrees of closeness (i.e., interdependence) found in female couples requires high levels of self differentiation that result in less psychological symptoms and greater relationship functioning and satisfaction. This model challenges the psychodynamic interpretation of dependency as pathology, positing that *interdependence* and *not* independence is important to psychological well-being and the cornerstone of relationship quality for same-sex female romantic dyads (Mencher, 1997).

Further, contrary to many relationship models which do not include social support variables, these findings evidence that relationships between two people do not only involve those two individuals. Rather, couples exist within a social network. For sexual minority couples, in particular, this social network may take-on a multitude of characteristics and may or may not include biological family due to stigmatization still present especially among older generations that are likely parents to young sexual minority couples.

In conclusion, this research showed significant results for a largely unexplored area of the relationship and LGB research literature. Results of this work will aid future research in further understanding romantic relationships between women. This research may also be meaningful to relationship work with heterosexual couples. While feminist theory has shown excellent gains in understanding the ways in which women relate to other women, to themselves, to men, and to the world, not enough of this theory has been applied to empirical research. Further, not enough of Feminist

theory has been applied to the notion of the human experience separate from gender.

That is, could it be that the “unique voice” of women can also be found in men?

It is hoped that the present research will help clinicians better understand female couples and provide a tool for clinicians to use to evaluate dependency in terms of relationship functioning. It is hoped that such clinical tools will aid in continuing to de-pathologize interdependent relationships among *all* couples. Rather than striving to be islands, as some relationship models propose as evidence of functional autonomy, the model supported by this research encourages us to maintain our individual identities and simultaneously celebrate our ability to be vulnerable enough to experience healthy emotional reliance.

TABLES AND FIGURES

TABLE 1

Description of measures for each variable: number of items, response format, illustrative items, and Cronbach's alpha ($N=877$)

Variable	# Items	Response format	Illustrative item	Alpha
<i>Relationship Functioning</i>				
Relationship satisfaction	7	varies	How often would you say the following events occur	.76
Lesbian relevant items	3	0 = <i>always disagree</i> , 5 = <i>always agree</i>	Being "out"	.66
Sexual satisfaction	2	varies	Overall, how important a part of life is your sexual activity?	.81
Psychosexual	6	0 = <i>never</i> , 4 = <i>always</i>	Sex is a positive part of my life	.87*
Equality	8	1 = <i>not at all true</i> , 9 = <i>very true</i>	My partner and I have equal power in the relationship	.93*
<i>Communication Skills</i>				
Ineffective arguing	8	1 = <i>strongly disagree</i> , 5 = <i>strongly agree</i>	We go for days without settling our differences	.90*
Conflict-Resolution Skills total	4			.87
Positive problem solving	4	1 = <i>never</i> , 5 = <i>always</i>	Negotiating and compromising	.84*
Conflict engagement	4	1 = <i>never</i> , 5 = <i>always</i>	Launching personal attacks	.87*
Withdrawal	4	1 = <i>never</i> , 5 = <i>always</i>	Tuning the other person out	.77*
Compliance	4	1 = <i>never</i> , 5 = <i>always</i>	Not defending my position	.80
Domestic Violence total	21			.84
Physical Aggression	3	0 = <i>never</i> , 6 = <i>often</i>	Beaten up a partner	.54
Sexual Coercion	3	0 = <i>never</i> , 6 = <i>often</i>	Used threats to make the other have sex	.65
Psychological aggression	10	0 = <i>never</i> , 6 = <i>often</i>	Criticized or put down in front of others	.81
LGB specific tactics	5	0 = <i>never</i> , 6 = <i>often</i>	I questioned whether my partner was a 'real' LGB woman	.69
<i>Social Support total</i>				.92
Individual support	12	1 = <i>very strongly disagree</i> , 7 = <i>very strongly agree</i>	I can count on my friends when things go wrong	.87
LGB support	10	1 = <i>very strongly disagree</i> , 7 = <i>very strongly agree</i>	My family welcomes my romantic partner(s)	.85
Couple support	7	1 = <i>very strongly disagree</i> , 7 = <i>very strongly agree</i>	Someone appreciates my partner & I as a couple	.87
<i>Identity</i>				
Outness	10	1 = <i>person doesn't know</i> , 7 = <i>person knows</i>	My new straight friends	.72
Lesbian identity acceptance	10	1 = <i>strongly disagree</i> , 7 = <i>strongly agree</i>	I hate myself for being attracted to other women	.64
<i>Adult Sexual Victimization</i>				.83*
11		1 = <i>yes</i> , 2 = <i>no</i>	Have you given in to sex play when you didn't want	
<i>Dyadic Dependency</i>				
Interdependence	6	1 = <i>strongly disagree</i> , 5 = <i>strongly agree</i>	My partner and I support each other	.78
Independence	6	1 = <i>strongly disagree</i> , 5 = <i>strongly agree</i>	Sometimes I feel resentful of the time my partner demands	.83
Negative Dependence	6	1 = <i>strongly disagree</i> , 5 = <i>strongly agree</i>	I seem to never want to be away from my partner	.73
<i>Childhood Sexual Abuse</i>				
6		1 = <i>no</i> , 4 = <i>many times</i>	Did anyone older ever show their genitals to you?	.94
<i>Negative Family Environment</i>				
9		0 = <i>never</i> , 4 = <i>very often</i>	People in my family were upset a lot of the time	.90
<i>Psychological Symptoms</i>				
18		1 = <i>not at all</i> , 5 = <i>extremely</i>	Feeling blue	.92*

Note * Alpha greater than alpha for normative sample reported by measure's author

Table 2

Latent Variable (LV) Indicator Revisions and Scale Alphas (Sample 1, n = 439)

Measure	LV	Indicators	# deleted	alpha
Childhood Sexual Abuse (CSA) Scale	CSA	CSA- exhibition	0	.85
		CSA- touch	0	.88
		CSA- penetration		.97
Family Perceptions Scale	NFE	Not Understanding Family	0	.60
		Unhelpful Family	0	.80
		Unhappy Family		.82
Sexual Experiences Scale (SES)	ASV	ASV - Physical Force	0	.85
		ASV - Power/Authority	0	.77
		ASV- Arguments/ Pressure	0	.75
		ASV - Alcohol/Drugs	0	.65
Healthy Emotional Reliance Scale (HERS)	DD	Interdependence	5	.78
		Negative Dependence	6	.73
		Independence	4	.83
MSPSS		Personal Support	4	.88
Couple Social Support	SS	Family Support	1	.92
LGB Social Support		Sexual Identity Support	2	.77
LIHS	ID	Identity Acceptance	2	.68
Outness Inventory		Sexual Orientation Disclosure	0	.75
Brief Symptom Inventory (BSI-18)	PS	Depression	0	.85
		Anxiety	0	.85
		Somatization	0	.78
DAS-10		Relationship Satisfaction	3	.75
IAI/CRSI		Communication	8	.91
Equality Scale	RF	Equality	0	.92
PsychoSexual/BISF		Sexual Satisfaction	12	.89
CITS2/PMWI/LGB		Domestic Violence	12	.79

NFE = Negative Family Environment

ASV = Adult Sexual Victimization

MSPSS = Multidimensional Scale of Perceived Social_Support

SS = Social Support

LIHS = Lesbian Internalized Homophobia Scale

ID = Identity

PS = Psychological Symptoms

DAS-7 = Dyadic Adjustment Scale (7 item version) with LGB specific relationship satisfaction items

IAI/CRSI = Ineffective Arguing Inventory / Conflict Resolution Styles Inventory

Psychosexual/ BISF = Psychosexual Functioning Scale / Brief Index of Sexual Functioning for Women

CITS 2/PMWI/LGB = Revised Conflict Tactics Scale/ Psychological Maltreatment of Women Inventory/ LGB specific aggression items

RF = Relationship Functioning

Table 3

Descriptive Statistics for Demographic Variables

Variable	Participant <i>n</i> (<i>n</i> %)	Partner (per participant) <i>n</i> (<i>n</i> %)
Ethnicity		
White	708 (80.7)	706 (80.5)
Hispanic	65 (7.4)	61 (7.0)
Black/ African American	47 (5.4)	59 (6.7)
Asian/ Pacific Islander	28 (3.2)	27 (3.1)
Native American	10 (1.1)	12 (1.4)
Other	12 (1.4)	7 (.8)
Education level		
GED	3 (.3)	14 (1.6)
High School Diploma	13 (1.5)	34 (3.9)
Some College	187 (21.3)	177 (20.2)
Associates Degree	299 (34.1)	313 (35.7)
Bachelor's Degree	267 (30.4)	248 (28.3)
Master's Degree	105 (12.0)	88 (10.0)
Doctorate (Ph.D., M.D., J.D.)	3 (.3)	14 (1.6)
Region		
Deep South	40 (4.6)	
New England	298 (34.0)	
Mid-Atlantic	76 (8.7)	
South	39 (4.4)	
Midwest	141 (16.0)	
Southwest	42 (4.8)	
West coast	167 (19.0)	
Outside U.S.	71 (8.1)	
Annual Gross Income		
0-10,000	106 (12.1)	97 (11.1)
10,001-25,000	115 (13.1)	120 (13.7)
25,001-50,000	273 (31.1)	280 (31.9)
50,001-75,000	209 (23.8)	188 (21.4)
75,001-100,000	92 (10.5)	85 (9.7)
100,001-150,000	50 (5.7)	65 (7.4)
150,001-250,000	15 (1.7)	23 (2.6)
above 200,000	5 (.6)	7(.8)

Table 4

*Descriptive Statistics for Sexual Orientation**

Variable	Participant <i>n</i> (<i>n</i> %)	Partner <i>n</i> (<i>n</i> %)
Lesbian	669 (72)	655 (74)
Private	616 (67)	
Bisexual	77 (8.0)	77 (8.1)
Private	122 (13)	
Heterosexual	26 (2.8)	17 (1.9)
Private	12 (1.3)	
Undecided/ Questioning	7 (.76)	13 (1.4)
Private	9 (.98)	
Queer/ Non-heterosexual/ No Label/ Other	142 (15)	114 (13)
Private	153 (17)	

* multiple responses allowed

Table 5

Descriptive Statistics for all Model Indicator Variables by Latent Variable (full sample)

Indicator variable	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>N</i>
<u>Childhood Sexual Abuse</u>				
CSA- touch	3.37	1.98	6.00	694
CSA- penetration	2.72	1.64	6.00	693
CSA- exhibition	3.36	1.90	6.00	696
<u>Negative Family Environment</u>				
Unhelpful Family	5.44	2.04	8.00	695
Not Understanding Family	5.78	1.75	8.00	694
Unhappy Family	5.81	2.07	8.00	695
<u>Adult Sexual Victimization</u>				
SV by physical force *	.58	1.16	4.00	678
SV by power & authority *	.17	.50	2.00	685
SV by arguments & pressure *	.72	.86	2.00	689
SV by alcohol and/or drugs *	.29	.61	2.00	685
<u>Social Support</u>				
Personal Support	44.81	5.05	40.00	667
Family Support	25.55	6.68	28.00	680
Sexual Identity Support	20.19	3.41	20.00	679
<u>Dyadic Dependency</u>				
Interdependence	25.02	3.72	20.00	852
Negative Dependence	17.80	4.13	23.00	857
Independence	14.32	4.59	24.00	854
<u>Identity</u>				
Identity Acceptance	1.77	.72	3.75	722
Sexual Orientation Disclosure	3.89	1.45	7.00	709
<u>Psychological Symptoms</u>				
Depression	9.60	3.92	24.00	678
Anxiety	9.38	3.67	24.00	680
Somatization	7.77	2.76	24.00	670
<u>Relationship Functioning</u>				
Relationship Satisfaction**	26.41	4.10	25.00	829
Equality	57.59	11.80	64.00	782
Domestic Violence	9.35	3.05	15.00	707
Sexual Satisfaction	21.16	5.80	28.00	725
Communication	61.11	8.02	44.00	793

*SV = sexual violence

* **Scale scores above 16 ($n = 793$; 96.7%) signify non-distressed couples (Spanier, 1976).

Table 6

Rotated Component Matrix: Revised HERS (Sample 1, n = 439)

<u>Scale Item</u>	<u>Component</u>		
	Interdependence	Independence	Negative Dependence
1	.741	-.128	.058
2	.799	-.160	.005
4	.756	-.196	-.009
8	.593	-.098	.257
12	.585	-.315	.122
15	.387	-.219	.483
5	-.138	.684	.027
7	-.220	.825	.029
10	-.157	.803	-.052
13	-.180	.455	-.300
20	-.057	.677	-.215
23	-.262	.688	-.041
9	.019	-.229	.658
14	.142	-.085	.706
17	-.051	-.233	.682
24	.167	.095	.566
25	-.034	.015	.591
28	.090	.029	.582

Table 7

Rotated Component Matrix: Original HERS items (Sample 1, n = 439)

<u>Scale Item</u>	<u>Component</u>		
	Interdependence	Independence	Negative Dependence
1	.737	-.097	.046
2	.785	-.142	-.024
4	.739	-.167	-.063
8	.570	-.115	.272
11	.534	-.506	-.016
12	.587	-.346	.135
15	.392	-.277	.426
16	.467	-.296	.045
3	.551	.033	.383
5	-.141	.718	.085
7	-.219	.816	.051
10	-.149	.787	-.076
13	-.132	.578	-.295
33R	-.115	.084	.517
6	.142	.076	.488
9	.051	-.193	.748
14	.122	-.117	.721

Table 8

Correlation Matrix: Mediating Variables (full sample)

Variable	SVpa	SVap	SVad	INTD	ND	IND	PersS	FamS	SIS	IDacc	SOD
SVpf	.439**	.436**	.329**	<i>Ns</i>	.082*	<i>ns</i>	<i>ns</i>	-.088*	-.128**	<i>ns</i>	<i>ns</i>
SVpa	-	.358**	.227**	<i>Ns</i>	<i>ns</i>	<i>ns</i>	<i>ns</i>	<i>ns</i>	-.095*	.078*	<i>ns</i>
SVap		-	.350**	-.080*	<i>ns</i>	.086*	-.085*	<i>ns</i>	-.122**	<i>ns</i>	<i>ns</i>
SVad			-	-.091*	<i>ns</i>	.157**	<i>ns</i>	-.078*	-.111**	<i>ns</i>	<i>ns</i>
INTD				-	.239**	-.400**	.421**	.130**	.137**	-.092*	<i>ns</i>
ND					-	-.201**	<i>ns</i>	<i>ns</i>	-.140**	.093*	<i>ns</i>
IND						-	-.308**	-.116**	-.147**	.177**	-.097*
PersS							-	.293**	.384**	-.313**	.292**
FamS								-	.530**	-.208**	.296**
SIS									-	-.405**	.492**
IDacc										-	-.371**

** Correlation is significant at the $p < .01$ level (2-tailed).

* Correlation is significant at the $p < .05$ level (2-tailed).

SVpf = Sexual Victimization by Physical Force

SVpa = Sexual Victimization by Power and Authority

SVap = Sexual Victimization by Arguments and Pressure

SVad = Sexual Victimization by Alcohol and Drugs

INTD = Interdependence

ND = Negative Dependence

IND = Independence

PersS = Personal Support

FamS = Family Support

SIS = Sexual Identity Support

IDacc = Sexual Identity Acceptance

SOD = Sexual Orientation Disclosure

Table 9

Rotated Component Matrix: Two Component HERS (n = 873)

<u>Scale Item</u>	<u>Component</u>	
	Interdependence	Independence
1	.057	.780
2	.107	.816
4	.091	.787
8	.153	.589
12	.278	.596
15	.318	.419
5R	.694	.098
7R	.817	.148
10R	.786	.158
13R	.522	.211
20R	.691	.080
23R	.737	.185

Table 10

Correlation Matrix: Mediating Variables and Psychological Symptoms (full sample)

Variable	Depression	Anxiety	Somatization
Sexual Victimization by Physical Force	.114**	.131**	.214**
Sexual Victimization by Power and Authority	.148**	.195**	.223**
Sexual Victimization by Arguments and Pressure	.193**	.182**	.184**
Sexual Victimization by Alcohol and Drugs	.158**	.184**	.255**
Interdependence	-.271**	-.159**	<i>ns</i>
Negative Dependence	.080*	<i>ns</i>	<i>ns</i>
Independence	.319**	.256**	.172**
Personal Support	-.366**	-.218**	-.224**
Family Support	-.244**	-.160**	<i>ns</i>
Sexual Identity Support	-.251**	-.133**	-.152**
Identity Acceptance	-.125**	<i>ns</i>	-.124**
Sexual Orientation Disclosure	-.128**	<i>ns</i>	<i>ns</i>
Depression	-	.710**	.481**
Anxiety		-	.586**

** Correlation is significant at the $p < .01$ level (2-tailed).

* Correlation is significant at the $p < .05$ level (2-tailed).

Table 11

Correlation Matrix: Mediating Variables and Relationship Functioning (full sample)

Variable	Relationship Satisfaction	Equality	Domestic Violence	Sexual Satisfaction	Communication
SV - Physical Force	<i>Ns</i>	<i>ns</i>	.086*	<i>ns</i>	<i>ns</i>
SV – Power, Authority	<i>Ns</i>	<i>ns</i>	<i>ns</i>	<i>ns</i>	<i>ns</i>
SV- Arguments, Pressure	-.088*	-.111**	.117**	<i>ns</i>	-.112**
SV- Alcohol, Drugs	-.098*	-.092*	.140**	<i>ns</i>	-.120**
Interdependence	.513**	.618**	-.308**	.376**	.453**
Negative Dependence	.151**	.101**	<i>Ns</i>	.087*	<i>ns</i>
Independence	-.540**	-.474**	.359**	-.357**	-.495**
Personal Support	.389**	.508**	-.255**	.250**	.424**
Family Support	.175**	.165**	-.140**	<i>ns</i>	.153**
Sexual Identity Support	.227**	.219**	-.181**	.105**	.224**
Identity Acceptance	-.180**	-.246**	.147**	-.136**	-.196**
Identity Disclosure	.127**	.123**	<i>Ns</i>	.085*	.124**
Relationship Satisfaction	-	.666**	-.438**	.403**	.588**
Equality		-	-.482**	.477**	.660**
Domestic Violence			-	-.297**	-.683**
Sexual Satisfaction				-	.428**

** Correlation is significant at the $p < .01$ level (2-tailed).

* Correlation is significant at the $p < .05$ level (2-tailed).

Table 12

Correlation Matrix: Independent and Mediating Variables (full sample)

Variable	Family Negative Environment	Family Physical Abuse	CSA no penetration	CSA with penetration
FamPhys	.549**	-		
CSAnp	.317**	.365**	-	
CSAp	.259**	.350**	.781**	-
SVpf	.198**	.291**	.377**	.370**
SVpa	.220**	.248**	.443**	.435**
SVap	.246**	.220**	.334**	.282**
SVad	.150**	.124**	.242**	.229**
Interdep	-.106**	<i>Ns</i>	<i>Ns</i>	<i>ns</i>
Negdep	<i>Ns</i>	<i>Ns</i>	<i>Ns</i>	.084*
Indep	.081*	<i>Ns</i>	<i>Ns</i>	<i>ns</i>
PersS	-.184**	-.090*	<i>Ns</i>	<i>ns</i>
FamS	-.472**	-.211**	-.105**	-.119**
SexIDS	-.210**	-.105**	-.090*	<i>ns</i>
IDacceptance	<i>Ns</i>	<i>Ns</i>	<i>Ns</i>	<i>ns</i>
Disclosure	<i>Ns</i>	<i>Ns</i>	<i>Ns</i>	<i>ns</i>

** Correlation is significant at the $p < .01$ level (2-tailed).

* Correlation is significant at the $p < .05$ level (2-tailed).

FamPhys = Family Physical Abuse

CSAnp = Childhood Sexual Abuse without penetration

CSAp = Childhood Sexual Abuse with penetration

SVpf = Sexual Victimization by physical Force

SVpa = Sexual Victimization by Power and Authority

SVap = Sexual Victimization by Arguments and Pressure

SVad = Sexual Victimization by Alcohol and Drugs

Interdep = Interdependence

NegDep = Negative Dependence

Indep = Independence

PersS = Personal Support

FamS = Family Support

SexIDS = Sexual Identity Support

IDacceptance = Sexual Identity Acceptance

Disclosure = Sexual Orientation Disclosure

Table 13

Factor Loadings for Seven-Factor Mediation LVM in Figure 3 (Sample 1; n = 242)

<i>Parameter estimate</i>	<i>Unstandardized (SE)</i>	<i>Standardized</i>	<i>(R²)</i>
<u>Childhood Sexual Abuse</u>			
CSA- no penetration	1.00	.941	.886
CSA- penetration	.442 (.025)*	.902	.813
<u>Negative Family Environment</u>			
Negative Family Perception	1.00	.670	.450
Family Physical Abuse	.741 (.114)*	.844	.712
<u>Adult Sexual Victimization</u>			
SV by physical force **	1.00	.785	.616
SV by power & authority **	.395 (.039)*	.746	.557
SV by arguments & pressure **	.532 (.063)*	.600	.360
SV by alcohol and/or drugs **	.220 (.043)*	.364	.133
<u>Social Support</u>			
Personal Support	1.00	.799	.639
Family Support	.606 (.137)*	.358	.128
Sexual Identity Support	.369 (.073)*	.421	.177
<u>Dyadic Dependency</u>			
Interdependence	1.00	.731	.535
Independence	-1.096 (.111)*	-.655	.427
<u>Psychological Symptoms</u>			
Depression	1.00	.841	.707
Anxiety	1.042 (.087)*	.884	.782
Somatization	.499 (.058)*	.558	.311
<u>Relationship Functioning</u>			
Relationship Satisfaction	1.00	.810	.655
Equality	3.143 (.208)*	.856	.732
Domestic Violence	-.603 (.058)*	-.637	.406
Sexual Satisfaction	1.048 (.111)*	.588	.346
Communication	1.196 (.142)*	.787	.620

* all significant at $p < .05$ level

**SV = sexual violence

Note: χ^2 (182, n = 242) = 380.685, $p < .001$; CFI = .908; RMSEA = .067 and average standardized residual = .0488.

Table 14

Factor Loadings for Six-Factor Mediation LVM in Figure 5 (Sample 1; n = 245)

<i>Parameter estimate</i>	<i>Unstandardized (SE)</i>	<i>Standardized</i>	<i>(R²)</i>
<u>Childhood Sexual Abuse</u>			
CSA- exhibition	1.00	.908	.824
CSA – touch	1.040 (.044)	.933	.870
CSA- penetration	.883 (.041)*	.894	.798
<u>Negative Family Environment</u>			
Not Understanding Family	1.00	.689	.475
Unhelpful Family	1.646 (.127)	.984	.967
Unhappy Family	1.443 (.113)P	.860	.740
<u>Adult Sexual Victimization</u>			
SV by physical force **	1.00	.783	.614
SV by power & authority **	.397 (.039)*	.749	.561
SV by arguments & pressure **	.534 (.063)*	.599	.359
SV by alcohol and/or drugs **	.219 (.043)*	.362	.131
<u>Social Support</u>			
Personal Support	1.00	.814	.663
Family Support	.588 (.134)*	.354	.125
Sexual Identity Support	.354 (.071)*	.413	.171
<u>Psychological Symptoms</u>			
Depression	1.00	.853	.728
Anxiety	1.013 (.085)*	.868	.753
Somatization	.488 (.057)*	.553	.306
<u>Relationship Functioning</u>			
Interdependence	1.00	.733	.537
Independence	1.100 (.111)*	.656	.430
Relationship Satisfaction	1.174 (.095)*	.809	.655
Equality	3.671 (.281)*	.853	.728
Domestic Violence	-.704 (.073)*	-.634	.402
Sexual Satisfaction	1.212 (.138)*	.581	.338
Communication	2.248 (.187)*	.788	.621

* all significant at $p < .05$ level

**SV = sexual violence

Note: χ^2 (223, $n = 245$) = 443.372, $p < .001$; $CFI = .923$; $RMSEA = .064$; and average standardized residual = .0499

Table 15

Factor Loadings for Six-Factor Mediation LVM in Figure 6 (no-partner participating subsample; n = 242)

<i>Parameter estimate</i>	<i>Unstandardized (SE)</i>	<i>Standardized</i>	<i>(R²)</i>
<u>Childhood Sexual Abuse</u>			
CSA- exhibition	1.00	.885	.784
CSA – touch	1.043 (.053)	.917	.841
CSA- penetration	.813 (.047)*	.840	.705
<u>Negative Family Environment</u>			
Not Understanding Family	1.00	.739	.545
Unhelpful Family	1.480 (.100)	.946	.895
Unhappy Family	1.431 (.098)*	.918	.843
<u>Adult Sexual Victimization</u>			
SV by physical force **	1.00	.697	.486
SV by power & authority **	.382 (.051)*	.616	.380
SV by arguments & pressure **	.525 (.081)*	.516	.266
SV by alcohol and/or drugs **	.327 (.057)*	.445	.198
<u>Social Support</u>			
Personal Support	1.00	.753	.566
Family Support	.913 (.143)*	.503	.253
Sexual Identity Support	.488 (.072)*	.538	.290
<u>Psychological Symptoms</u>			
Depression	1.00	.814	.663
Anxiety	1.033 (.080)*	.882	.778
Somatization	.684 (.063)*	.685	.469
<u>Relationship Functioning</u>			
Interdependence	1.00	.662	.438
Independence	1.019 (.121)*	.604	.365
Relationship Satisfaction	1.279 (.121)*	.784	.615
Equality	4.217 (.370)*	.866	.751
Domestic Violence	-.768 (.084)*	-.663	.440
Sexual Satisfaction	1.401 (.162)*	.622	.387
Communication	2.464 (.228)*	.806	.649

* all significant at $p < .05$ level

**SV = sexual violence

Note: χ^2 (223, $n = 242$) = 493.235, $p < .001$; $CFI = .904$; $RMSEA = .071$; and average standardized residual = .0531

Table 16

Factor Loadings for Six-Factor Direct LVM in Figure 7 (sample 1; n = 245)

<i>Parameter estimate</i>	<i>Unstandardized (SE)</i>	<i>Standardized</i>	<i>(R²)</i>
<u>Childhood Sexual Abuse</u>			
CSA- exhibition	1.00	.907	.823
CSA – touch	1.043 (.045)	.935	.874
CSA- penetration	.882 (.041)*	.892	.796
<u>Negative Family Environment</u>			
Not Understanding Family	1.00	.690	.476
Unhelpful Family	1.639 (.126)	.981	.962
Unhappy Family	1.445 (.113)*	.862	.744
<u>Adult Sexual Victimization</u>			
SV by physical force **	1.00	.830	.690
SV by power & authority **	.361 (.043)*	.722	.521
SV by arguments & pressure **	.488 (.064)*	.581	.338
SV by alcohol and/or drugs **	.202 (.042)*	.353	.125
<u>Social Support</u>			
Personal Support	1.00	.402	.161
Family Support	1.965 (.429)*	.583	.340
Sexual Identity Support	1.362 (.361)*	.783	.613
<u>Psychological Symptoms</u>			
Depression	1.00	.849	.721
Anxiety	1.026 (.085)*	.874	.764
Somatization	.486 (.057)*	.547	.300
<u>Relationship Functioning</u>			
Interdependence	1.00	.727	.528
Independence	1.116 (.113)*	.659	.435
Relationship Satisfaction	1.183 (.097)*	.809	.654
Equality	3.660 (.288)*	.844	.712
Domestic Violence	-.722 (.074)*	-.645	.416
Sexual Satisfaction	1.225 (.140)*	.583	.340
Communication	2.287 (.191)*	.795	.632

* all significant at $p < .05$ level

**SV = sexual violence

Note: χ^2 (224, $n = 245$) = 582.222, $p < .001$); $CFI = .875$; $RMSEA = .081$ and average standardized residual = .0856

Table 17

Factor Loadings for Six-Factor Mediation LVM in Figure 8 (sample 2; n = 244)

<i>Parameter estimate</i>	<i>Unstandardized (SE)</i>	<i>Standardized</i>	<i>(R²)</i>
<u>Childhood Sexual Abuse</u>			
CSA- exhibition	1.00	.847	.717
CSA – touch	1.129 (.073)	.896	.803
CSA- penetration	.740 (.056)	.754	.568
<u>Negative Family Environment</u>			
Not Understanding Family	1.00	.751	.564
Unhelpful Family	1.449 (.096)*	.937	.878
Unhappy Family	1.418 (.095)*	.913	.834
<u>Adult Sexual Victimization</u>			
SV by physical force **	1.00	.660	.436
SV by power & authority **	.237 (.047)*	.426	.182
SV by arguments & pressure **	.727 (.111)*	.640	.410
SV by alcohol and/or drugs **	.360 (.067)*	.456	.208
<u>Social Support</u>			
Personal Support	1.00	.634	.402
Family Support	1.429 (.178)*	.713	.508
Sexual Identity Support	.721 (.090)*	.709	.502
<u>Psychological Symptoms</u>			
Depression	1.00	.818	.670
Anxiety	.893 (.076)*	.823	.677
Somatization	.507 (.052)*	.651	.424
<u>Relationship Functioning</u>			
Interdependence	1.00	.598	.358
Independence	1.133 (.148)*	.587	.344
Relationship Satisfaction	1.423 (.152)*	.781	.611
Equality	4.371 (.448)*	.834	.696
Domestic Violence	-.882 (.105)*	-.666	.443
Sexual Satisfaction	1.577 (.201)*	.607	.368
Communication	2.942 (.301)*	.835	.697

* all significant at $p < .05$ level

**SV = sexual violence

Note: χ^2 (223, $n = 244$) = 444.704, $p < .001$; $CFI = .913$; $RMSEA = .064$; and average standardized residual = .0508

Figure 1. Proposed mediational latent variable model of female relationship functioning.

Figure 2. Summary of hierarchical regression analysis of the meditational model for Sample 1.

Note. Range of significant ($p < 0.05$) standardized beta-weights (β) is given for all indicators as a group under each latent variable.

Figure 3. Standardized parameter estimates for path coefficients among the model latent variables in the 7 factor mediational model for Sample 1, $\chi^2 (182, n = 242) = 380.685, p < .001$; $CFI = .908$; $RMSEA = .067$ and average standardized residual = .0488.

Figure 4. 6 Factor measurement model factor correlations and indicator loadings for Sample 1: χ^2 (215, $n = 256$) = 424.531, $p < .001$; $CFI = .927$; $RMSEA = .063$; and average standardized residual = .0422.

Figure 5. Standardized parameter estimates for path coefficients among the model latent variables in the 6 Factor mediational model for sample 1: $\chi^2 (223, n = 245) = 443.372, p < .001$; $CFI = .923$; $RMSEA = .064$; and average standardized residual = .0499.

Figure 6: Standardized parameter estimates for path coefficients among the model latent variables in the 6 Factor mediational model for participants without a participating partner sub-sample: $\chi^2 (223, n = 242) = 493.235, p = .000$; $CFI = .904$; $RMSEA = .071$; and average standardized residual = $.0531$

Figure 7. Standardized parameter estimates for path coefficients among the model latent variables in the 6 Factor direct model for sample 1: $\chi^2 (224, n = 245) = 582.222$, $p < .001$; $CFI = .875$; $RMSEA = .081$ and average standardized residual = .0856.

Figure 8. Standardized parameter estimates for path coefficients among the model latent variables in the 6 Factor mediational model for sample 2: $\chi^2 (223, n = 244) = 444.704, p < .001$; $CFI = .913$; $RMSEA = .064$; and average standardized residual = $.0508$.

APPENDIX A: RESEARCH SURVEY

Demographic Questionnaire

Thank you for taking the time to fill out this survey. Your answers will be kept confidential and anonymous. You must be 18 years or older, English speaking, and a woman currently in a committed, romantic relationship with another woman for at least the past 6 months.

Please answer the following honestly, your time and effort is appreciated. If you have questions, please refer them to A. Cassandra Golding. Thank you.

Identification:

1. Your age:
2. Your partner's age:
3. In what region of the country do you live?
4. What do you consider to be your ethnicity?
5. What is your partner's ethnicity?
6. What do you consider to be your gender?
7. What does your partner consider to be their gender?
8. How do you *privately* identify in terms of sexual orientation?
9. How do you *publicly* identify in terms of sexual orientation?
10. How does your partner identify their sexual orientation?

Education:

11. What is the highest degree of education that you have obtained?
12. What is the highest degree of education that your partner has obtained?
13. What is your current occupation?
14. What is your partner's current occupation?
15. What is your approximate annual household income?
16. What is your partner's approximate annual household income?

Relationship Status:

1. How many year(s) and months have you and your partner/ girlfriend/ wife/ mate been a couple?
2. Do you live with each other?
 - a. If so, for how long have you lived together (in months)?
3. Do children currently live with you?
4. Is your partner also participating in this study?

Sexual Assertiveness - Revised
(Morokoff, et al., 1997)

Think about the person you have had sex with most often in the past two months. Think about what you would do even if you have not done some of these things. Fill in your best answer.

Scale: 1 = “never”, 2 = sometimes, 3 = about half of the time, 4 = usually, 5 = always

1. I begin sex with my partner if I want to.
2. I let my partner know if I want my partner to touch my genitals.
3. I wait for my partner to touch my genitals instead of letting my partner know that's what I want. R
4. I wait for my partner to touch my breasts instead of letting my partner know that's what I want. R
5. I let my partner know if I want to have my genitals kissed.
6. More feminine partners should wait for more masculine partners to start things like breast touching. R
7. I give in and kiss if my partner pressures me, even if I already said no. R
8. I put my mouth on my partner's genitals if my partner wants me to, even if I don't want to. R
9. I refuse to let my partner touch my breasts if I don't want that, even if my partner insists.
10. I have sex if my partner wants me to, even if I don't want to. R
11. If I said no, I won't let my partner touch my genital even if my partner pressures me.
12. I refuse to have sex if I don't want to, even if my partner insists.

Butch-Femme Scale
(Golding, 2008)

Please answer the following in terms of how you typically interact with your partner.

Scale: 1 = strongly disagree
2 = disagree
3 = neither agree or disagree
4 = agree
5 = strongly agree

1. I am usually the one to pay when we go out*
2. I usually make the first move*
3. I typically am the one to take care of domestic tasks
4. Between the two of us, I am more assertive *
5. I like to flirt with potential partners
6. Sometimes I care more about my partner's feelings than my own
7. I never use sex as a way to manipulate my partner *
8. I tend to be more emotional than my partner
9. I like to take care of my partner*
10. I like my partner to take care of me
11. My partner and I each have consistent and specific gender roles in the relationship.*
12. My partner and I are seen by others as a "butch-femme" couple*
13. My partner and I play different gender roles in our relationship, but they are not always the same gender roles each time.
14. My partner and I do *not* consider ourselves a "butch-femme" couple
15. My partner and I try to do what we are good at rather than what is expected of us as the more "masculine" or "feminine" half of the relationship.
16. Because my partner and I play opposite gender roles in our relationship, we enjoy different activities with different friends.*
17. For the most part, my partner and I play similar gender roles in our relationship.

* = gender split items

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

For each of the 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 that 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 from 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

The Dyadic Adjustment Scale-10
(DAS-7; Spanier, 1976)

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

- 0 = Always disagree
1 = Almost always disagree
2 = Frequently disagree
3 = Occasionally disagree
4 = Almost always agree
5 = Always agree

- ___ 1. Philosophy of life
___ 2. Aims, goals, and things believed important
___ 3. Amount of time spent together

Lesbian relationship relevant items (Balsam & Szymanski, 2005)

- ___ 4. Being "out"
___ 5. My desire to be independent
___ 6. My partner's desire to be independent

How often would you say the following events occur between you and your mate?

- 0 = Never
1 = Less than once a month
2 = Once or twice a month
3 = Once or twice a week
4 = Once a day
5 = More often

- ___ 7. Have a stimulating exchange of ideas
___ 8. Calmly discuss something
___ 9. Work together on a project

10. The numbers on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number that best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

Ineffective Arguing Inventory
(Kurdek, 1994b)

Below are descriptions of the kinds of arguments people in relationships are likely to experience. Indicate on the scale below how much you agree that each statement fits your relationship (1 = Disagree Strongly, 5 = Agree Strongly).

1. By the end of the argument, each of us has been given a fair hearing. (R)
2. When we begin to fight or argue, I think, "here we go again."
3. Overall, I'd say we're pretty good at solving our problems. (R)
4. Our arguments are left hanging and unresolved.
5. We go for days without settling our differences.
6. Our arguments seem to end in frustrating stalemates.
7. We need to improve the way we settle our differences.
8. Overall, our arguments are brief and quickly forgotten. (R)

(R) Item is reverse-scored

Conflict Resolution Styles Inventory (CRSI; Kurdak, 1994b)

Using the scale 1 = Never, 5 = Always, rate how frequently you (your partner) use(s) each of the following styles to deal with arguments or disagreements with your partner (you).

1. Launching personal attacks*	CE
2. Focusing on the problem at hand.	PPS
3. Remaining silent for long periods of time*	W
4. Not being willing to stick up for myself*	C
5. Exploding and getting out of control*	CE
6. Sitting down and discussing differences constructively	PPS
7. Reaching a limit, "shutting down" and refusing to talk any further*	W
8. Being too compliant*	C
9. Getting carried away and saying things that aren't meant.*	CE
10. Finding alternatives that are acceptable to each of us	PPS
11. Tuning the other person out*	W
12. Not defending my position*	C
13. Throwing insults and digs*	CE
14. Negotiating and compromising	PPS
15. Withdrawing, acting distant, and not interested*	W
16. Giving in with little attempt to present my side of the issue*	C

*Item is reverse-scored for composite score (maximum score of 80 for self-report)

CE: Conflict Engagement PPS: Positive Problem-Solving W: Withdrawal C: Compliance

Equality Scale
(Kurdak, 1994a)

Please indicate how true the following statements are of your current relationship (1= not at all true, 9= very true)

1. My partner and I have equal power in the relationship
2. My partner shows as much affection to me as I think I show to her
3. My partner and I invest equal amounts of time and energy in the relationship
4. My partner and I are equally committed to working-out problems that occur in our relationship
5. All things considered, my partner and I contribute an equal amount to the relationship
6. My partner and I deal with each other as equals
7. My partner treats me and respects me as an equal
8. My partner depends on me as much as I depend on her

Brief Index of Sexual Functioning for Women- Shortened

(Taylor, Rosen & Lieblum, 1994)

This index covers material that is sensitive and personal. Your responses will be kept completely confidential. Answer the following questions by choosing the most accurate response for the past month.

1. Indicate how frequently you have felt sexual desire during the past month.

(0) Not at all	(4) 2 or 3 times per week
(1) Once	(5) Once a day
(2) 2 or 3 times	(6) More than once a day
(3) Once a week	
2. Indicate how frequently you have become sexually aroused.

(0) Not at all	(3) Usually, about 75% of the time
(1) Seldom, less than 25% of the time	(4) Always become aroused
(2) Sometimes, about 50% of the time	
3. Overall, during the past month, how frequently have you become anxious or inhibited during sexual activity with a partner?

(0) I have not had sexual activity with a partner in the past month	(3) Sometimes, about 50% of the time
(1) Not at all anxious or inhibited	(4) Usually, about 75% of the time
(2) Seldom, less than 25% of the time	(5) Always become anxious or inhibited
4. Indicate how frequently you engaged in sexual activity during the past month.

(0) Not at all	(4) 2 or 3 times per week
(1) Once	(5) Once a day
(2) 2 or 3 times	(6) More than once a day
(3) Once a week	
5. During the past month who has usually initiated sexual activity?

(0) I have not had sex with a partner during the past month	(2) My partner and I have equally initiated activity
(1) I usually have initiated activity	(3) My partner usually has initiated activity
6. When you have engaged in sexual activity in the past month, how often do you reach orgasm?

(0) I have not had sexual activity with a partner in the past month	(3) Sometimes, about 50% of the time
(1) Not at all	(4) Usually, about 75% of the time
(2) Seldom, less than 25% of the time	(5) Always reached orgasm
7. How satisfied are you with the overall appearance of your body?

(0) Very dissatisfied	(4) Very satisfied
(1) Somewhat dissatisfied	
(2) Neither satisfied or dissatisfied	
(3) Somewhat satisfied	

8. During the past month, how frequently have you been able to communicate your sexual desires or preferences to your partner?
(0) I was always unable to communicate my desires or preferences	(3) Usually, about 75% of the time
(1) Seldom, less than 25% of the time	(4) I was always able to communicate my desires or preference
(2) Sometimes, about 50% of the time	
9. Overall, how satisfied have you been with your sexual relationship with your partner?
(0) Very dissatisfied	(3) Somewhat satisfied
(1) Somewhat dissatisfied	(4) Very satisfied
(2) Neither satisfied or dissatisfied	
10. Overall, how satisfied do you think your partner has been with your sexual relationship?
(0) Very dissatisfied	(3) Somewhat satisfied
(1) Somewhat dissatisfied	(4) Very satisfied
(2) Neither satisfied or dissatisfied	
11. Overall, how important a part of life is your sexual activity?
(0) Not at all important	(3) Somewhat important
(1) Somewhat unimportant	(4) Very important
(2) Neither important or unimportant	
12. Which statement best describes your sexual experience?
(1) Entirely same-sex	(4) Equally same-sex and opposite sex
(2) Largely same-sex, but some opposite sex experience	(5) Largely opposite sex, but considerable same-sex
(3) Largely same-sex, but considerable opposite sex experience	(6) Largely opposite sex, but some same-sex
	(7) Entirely opposite sex
13. Which statement best describes your sexual desires?
(1) Entirely same-sex	(5) Largely opposite sex, but considerable same-sex
(2) Largely same-sex, but some opposite sex experience	(6) Largely opposite sex, but some same-sex
(3) Largely same-sex, but considerable opposite sex experience	(7) Entirely opposite sex
(4) Equally same-sex and opposite sex	

Psychosexual Functioning
(Harlow, Quina, Morokoff, Rose, & Grimley, 1993)

For the next set of questions, think about the past six months. How often have you felt this way?

- 0 = never
- 1 = rarely
- 2 = sometimes
- 3 = most of the time
- 4 = always

1. Sex is a positive part of my life
2. I do not like some parts of my sex life*
3. I have control of my sex life
4. I feel powerless in sex situations*
5. I like the way my sex life is going
6. I have little or no say about my sex life*

* Item reverse scored

Female Couples Domestic Violence Inventory

No matter how well a couple 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
2 = rarely

3 = sometimes
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; Toleman, 1995)

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?
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.

The 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.*
3. Having lesbian/ bisexual friends is important to me.*
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*
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.*
8. I hate myself for being attracted to other women.
9. I feel comfortable being a lesbian/ bisexual.*
10. I feel comfortable with the diversity of women who make up the lesbian community*

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 defiantly knows about your sexual orientation status, but it is rarely talked about

6 = person defiantly 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)

Multidimensional Scale of Perceived Social Support

(MSPSS; Zimet, Dahlem, Zimet & Farley, 1988)

Scale: 1 = very strongly disagree
2 = strongly disagree
3 = disagree
4 = neither agree or disagree
5 = agree
6 = strongly agree
7 = very strongly agree

1. There is a special person who is around when I am in need.
2. There is a special person with whom I can share my joys and sorrows.
3. My family really tries to help me.
4. I get the emotional help I need from my family.
5. I have a special person who is a real source of comfort for me.
6. My friends really try to help me.
7. I can count on my friends when things go wrong.
8. I can talk about my problems with my family.
9. I have friends with whom I can share my joys and sorrows.
10. There is a special person in my life who cares about my feelings.
11. My family is willing to help me make decisions.
12. I can talk about my problems with my friends.

LGB-specific social support

1. My family supports my sexual identity
2. My family accepts my sexual orientation
3. My family welcomes my romantic partner(s)
4. My friends support my sexual identity
5. My friends understand what it means to be a sexual minority in this society
6. My friends include my partner in activities
7. My co-workers are supportive of my sexual identity
8. I am safe at work in terms of my sexual identity
9. I feel like my difference in sexual orientation is appreciated by my co-workers
10. Overall, I have a system of support for my sexual identity.

The next questions refer to you and your partner as a couple:

1. There is a person(s) who really appreciates my partner and I as a couple.
2. We know people who can help us with practical couple living decisions (i.e., financial management, adoption, buying a house, etc.) when needed.
3. We have friends and/or family who emotionally support us in maintaining our relationship.
4. We have friends with whom we enjoy leisure activities as a couple.
5. There are people that we can act ourselves around without concern of judgment.
6. If my partner is in need of help, there is someone who would go out of their way to support me in helping her.
7. Overall, I am satisfied with the amount and type of support we have as a couple.

Family Perception Scale- Revised
(Harlow, et al., 1989)

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*
7. I was slapped as a child.
8. I was kicked, bit, or hit with a fist or something else.
9. I was beaten up.

*R = reverse scored

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 older ever rub their genitals against your body?
5. Did anyone older ever *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.

The Sexual Experiences Survey
(Koss, Gidycz, & Wisniewski, 1987)

Please respond to the following questions for experiences that occurred between age 15 and present day *not* involving your current partner.

0 = *no*

1 = *yes*

1. Have you given into sex play (fondling, kissing, or petting, but not intercourse- penile or object penetration) when you didn't want to because you were overwhelmed by a man or woman's continual arguments and pressure?
2. Have you had sex play (fondling, kissing, or petting, but not intercourse- penile or object penetration) when you didn't want to because a man or woman used his or her position of authority (boss, teacher, camp counselor, supervisor) to make you?
3. Have you had sex play (fondling, kissing, or petting, but not intercourse- penile or object penetration) when you didn't want to because a man or woman threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you?
4. Have you had a man or woman attempt sexual intercourse (get on top of you, attempt to insert his penis or other object) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down, etc.), but intercourse did not occur?
5. Have you had a man or woman attempt sexual intercourse (get on top of you, attempt to insert his penis or other object) when you didn't want to by giving you alcohol or drugs, but intercourse did not occur?
6. Have you given into sexual intercourse (penile or object penetration) when you didn't want to because you were overwhelmed by a man or woman's continual arguments and pressure?
7. Have you had sexual intercourse (penile or object penetration) when you didn't want to because a man or woman used his or her position of authority (boss, teacher, camp counselor, or supervisor) to make you?
8. Have you had sexual intercourse (penile or object penetration) when you didn't want to because a man or woman gave you alcohol or drugs?
9. Have you had sexual intercourse (penile or object penetration) when you didn't want to because a man or woman threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you?
10. Have you had sex acts (anal or oral intercourse or penetration by objects other than the penis) when you didn't want to because a man or woman threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you?
11. How many of these experiences involved someone who abused you before age 15?

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 B: INFORMATION FOR PARTICIPANTS

STUDY OF FEMALE COUPLES

Thank you for your participation in this investigation. Your willingness to participate is greatly appreciated. This study explores relationships between women romantically involved with other women. The information gained through this research will be used to better understand how women relate in romantic relationships and how they define, view and experience closeness in their relationships. Your participation in this study is completely *voluntary, confidential and anonymous*. Once you complete the survey, you will have the option to be entered (via e-mail) in a random drawing for one of 25 monetary prizes.

Once you have read the below participant consent, understand and agree with it, please click on the url link to continue with the survey. This survey should take you approximately forty-five minutes. In order to participate, **you must be at least 18 years old, English speaking, and a woman in a committed, romantic relationship with another woman**. This study is not concerned with the way you may identify in terms of your sexual orientation. Therefore, you may identify as lesbian, gay, straight, bisexual, or any other term you choose. It is only important that you are currently involved in a committed, romantic relationship with another woman and have been for at least the six months.

Participant Consent

I state that I am at least eighteen years old and wish to participate in the project described above conducted by A. Cassandra Golding of the University of Rhode Island, Department of Psychology. I understand that my research participation will take approximately forty-five minutes to anonymously complete an online survey.

Confidentiality and Anonymity:

My participation in this study is entirely voluntary and I am free to withdraw at any time. All information collected in this study is confidential and anonymous and my name will not be identified at any time. I understand that the data will be kept completely confidential and securely stored for three years following the completion of this study.

I also understand that there will be no way to link my individual responses with my identity. I am aware that I have the right to examine the overall results of the research and any conclusions drawn from these results.

Risks or Discomfort and Benefits:

I understand that the possible risks or discomforts of this study are minimal, although I may feel some discomfort answering questions about my private relationships. I further understand that the research is not designed to help me personally, but that the

investigator hopes to learn more about closeness in female couples for all kinds of women.

Questions:

I am free to ask any questions I like. If I have more questions later, I may contact Cassandra Golding at 401-743-2907 and she will be happy to discuss them with me.

Rights and Complaints:

If I am not satisfied with the way this study is performed, I may phone Cassandra Golding at 401-743-2907, or Trish Morokoff, PhD. Department of Psychology, (401) 874-4239, anonymously, if I choose. I may also contact the office of the University of Rhode Island's Vice President for Graduate Studies, Research and Outreach, 70 Lower College Road, Suite 2, URI, Kingston, RI, (401) 874-4328.

I have read the consent form and my questions have been answered to my satisfaction. My participation in the online survey implies my consent to participate in this study.

A. Cassandra Golding, M.A.
P.O. Box 28606
Providence, RI 02908

Thank you again for you help

Relationship Functioning Construct
Relationship Satisfaction Indicator Items (alpha = .75)

1. DAS1. Philosophy of life
2. DAS2. Aims, goals, and things believed important
3. DAS3. Amount of time spent together
4. DASlgb4. Being "out"
5. DASlgb5. My desire to be independent
6. DASlgb6. My partner's desire to be independent
7. DAS10. The numbers on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number that best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

Communication Indicator Items (alpha = .91)

1. Launching personal attacks*	CE
2. Focusing on the problem at hand.	PPS
3. Remaining silent for long periods of time*	W
4. Not being willing to stick up for myself*	C
5. Exploding and getting out of control*	CE
6. Sitting down and discussing differences constructively	PPS
7. Reaching a limit, "shutting down" and refusing to talk any further*	W
8. Being too compliant*	C
9. Getting carried away and saying things that aren't meant.*	CE
10. Finding alternatives that are acceptable to each of us	PPS
11. Tuning the other person out*	W
12. Not defending my position*	C
13. Throwing insults and digs*	CE
14. Negotiating and compromising	PPS
15. Withdrawing, acting distant, and not interested*	W
16. Giving in with little attempt to present my side of the issue*	C

CE: Conflict Engagement PPS: Positive Problem-Solving W: Withdrawal C: Compliance

Equality Indicator Items (alpha = .92)

1. My partner and I have equal power in the relationship
2. My partner shows as much affection to me as I think I show to her
3. My partner and I invest equal amounts of time and energy in the relationship
4. My partner and I are equally committed to working-out problems that occur in our relationship
5. All things considered, my partner and I contribute an equal amount to the relationship
6. My partner and I deal with each other as equals

7. My partner treats me and respects me as an equal
8. My partner depends on me as much as I depend on her

Sexual Satisfaction Indicator Items (alpha = .89)

1. PsychoSex1	Sex is a positive part of my life
2. PsychoSex2R	I do not like some parts of my sex life*
3. PsychoSex3	I have control of my sex life
4. PsychoSex4R	I feel powerless in sex situations*
5. PsychoSex5	I like the way my sex life is going
6. PsychoSex6R	I have little or no say about my sex life*
7. BISF 9	Overall, how satisfied have you been with your sexual relationship with your partner?

Domestic Violence Indicator Items (alpha = .79)

1. PsychAgg1	Shouted or yelled
2. PsychAgg2	Ignored, shut out, or given the silent treatment?
3. PsychAgg3	Called hurtful names, sworn at or insulted?
4. PsychAgg4	Criticized or put down in front of others?
5. PsychAgg8	Thrown, smashed, hit, or kicked something in a partner's presence?
6. CITS2pa1	Slapped, kicked, bit, or hit with a fist or something else?

Psychological Health Construct
BSI (full scale alpha = .91)

Depression Indicator Items (alpha = .85)

- 19. Feeling lonely even when you are with people
- 20. Feeling no interest in things
- 21. Feeling blue
- 22. Feelings of worthlessness
- 23. Feeling hopeless about the future
- 24. Thoughts of ending your life

Anxiety Indicator Items (alpha = .85)

- 25. Nervousness or shakiness inside
- 26. Feeling tense or keyed up
- 27. Suddenly scared for no reason
- 28. Spells of terror or panic
- 29. Feeling so restless you couldn't sit still
- 30. Feeling fearful

Somatization Indicator Items (alpha = .78)

- 31. Faintness or dizziness
- 32. Pains in the heart or chest
- 33. Nausea or upset stomach
- 34. Trouble getting your breath
- 35. Numbness or tingling in parts of your body
- 36. Feeling weak in parts of your body

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