



Partner abuse and its association with emotional distress: A study exploring LGBTI relationships



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ABSTRACT

This study examines partner abuse in LGBTI relationships, with focus on the associations with emotional distress and protective factors. Two hundred and eighty-seven participants took part. Partner abuse (victimisation) comprised three factors; conflict orientated aggression; hostile ignorance and control of communication; and social control and possessiveness (including threats to possessions). Perpetration factors were similar. Significant differences across sexuality or gender were limited to the perpetration of abuse relating to suspicion and possessiveness, where men were more likely to report this than the other gender groups, and women were less likely to report this. Of those reporting abuse in their current relationship, over half reported experiencing abuse in a primary relationship previously, with 60% reporting exposure to abuse as a child. Partner abuse in their current relationship predicted current levels of increased emotional distress, with reduced satisfaction with the current relationship having an indirect impact on this association. Resilience traits were not a predictor or mediator. The results demonstrate the similarity in abuse across LGBTI communities despite the diversity of genders, sexualities and experiences within these groups. The results are discussed with regard to directions for future research and implications for practice.

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1. Introduction

Research into Intimate Partner Violence (IPV), often also captured within the term Domestic and Family Violence (DFV), represents one of the most frequently studied forms of interpersonal violence (Hamel, 2006; Hamel & Nicholls, 2006). Despite this, research has focused on heterosexual relationships with limited research addressing Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) relationships (Baker, Buick, Kim, Moniz, & Nava, 2013; Cannon & Buttell, 2015; Dececco, Letellier, & Island, 2013; Edwards, Sylaska, & Neal, 2015; Turell, Herrmann, Hollander, & Galletly, 2012). For example, in their review, Edwards et al. (2015) noted that of around 14,200 studies published in the field of IPV/DFV in the past 15 years, only approximately 3% focused specifically on the LGB community, with a near neglect of transgender and intersex individuals (Courvant & Cook-Daniels, 2012; Papazian & Ball, 2016).

Of the limited research conducted with LGBTI communities, it has been concluded that IPV/DFV occurs just as often as, if not more, than in heterosexual relationships (Black et al., 2011). However, the extent

of such violence in LGBTI communities varies greatly, ranging from 1% (Turell, 2000) to >97% (Hequembourg, Parks, & Vetter, 2008). Specifically focusing on male victims, Nowinski and Bowen (2012) reported that homosexual male victimisation ranged between 1.8% and 93.7%. However, they also recognised the methodological weaknesses inherent in measuring such abuse, with such concerns reflected in other research that focused on LGB populations (e.g. Bartholomew, Regan, Oram, & White, 2008). Such methodological issues include small sample sizes, a reliance on self-report methods and indicators for sexuality and gender not being properly worded. These methodological difficulties are not unique to LGBTI research and are noted more broadly in the partner violence literature where a focus on self-selecting samples and specialised samples has also been criticised (Capaldi, Knoble, Shortt, & Kim, 2012).

A further criticism of LGBTI IPV/DFV research is how it has focused on the more extreme forms of intimate partner violence, such as sexual abuse (e.g. Turell, 2000), or on direct abuse, involving both physical and psychological abuse (Hequembourg et al., 2008). There remains limited attention paid to more subtle forms of aggression, including the full range of emotional abuses that can occur (Outlaw, 2009). Research into emotional abuse is in its infancy compared to other forms of aggression (Ireland & Birch, 2013; Murphy & Hoover, 1999; O'Leary & Maiuro, 2001; Outlaw, 2009). This is particularly the case for the IPV/DFV

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literature whereas in other areas of research, such as bullying, the concept of subtle and more indirect forms of aggression has been recognised and researched for many years (Björkqvist, Lagerspetz, & Kaukiainen, 1992; Ireland, 2011).

Regarding the specific nature of partner violence in LGBTI relationships, there is some consensus that verbal abuse is the most commonly reported; Kelly and Warshafsky (1997), for example, found that 95% of their gay and lesbian sample reported using verbally abusive tactics with their partners. Houston and McKirnan (2007) also found verbal abuse to be the most common reported (20.6%) in their sample of gay and bisexual men. This was closely followed by physical violence (19.2%) and unwanted sexual activity (18.5%) (Houston & McKirnan, 2007). Some research has, however, uncovered the presence of emotional abuse in LGBTI relationships. Turell (2000), for example, reported that 83% of gay men reported experiencing emotional abuse in their relationships. Multiple forms of abuse also commonly occur; 54% of those who had reported any abuse history reported experiencing more than one form of abuse from their partner (Houston & McKirnan, 2007). Regarding comparisons between the LGBTI and heterosexual communities, Black et al. (2011) found that 44% of lesbian and 61% of bisexual women reported experiences of rape, physical violence and/or stalking by an intimate partner across their lifetime, with 35% of heterosexual women reporting the same. Twenty six per cent of gay men and 37% of bisexual men reported experiencing these forms of partner violence compared to 29% of heterosexual males (Black et al., 2011). The *Another Closet* organisation in New South Wales recognises the problem of violence in LBGTIQ relationships, noting how the prevalence rates and impacts are similar to non-LBGTIQ populations, and focusing on supporting those involved in such relationships (Another Closet, 2014). The *It Stops Here* New South Wales Government Domestic and Family Violence Policy, launched in 2014, further focused on the violence that occurred within domestic situations in LBGTIQ relationships, recognising the similarities in prevalence and nature between LBGTIQ and non-LBGTIQ relationships and also the vulnerability of the LBGTIQ population in terms of difficulties in seeking help from mainstream domestic violence agencies.

Existing literature also tends to focus on the risk factors associated with IPV/DFV as opposed to protective factors (e.g. Andrasik, Valentine, & Pantalone, 2013; Balsam & Szymanski, 2005; Bartholomew et al., 2008; Craft & Serovich, 2005). Risk factors examined most often include mental health (Houston & McKirnan, 2007), in which increased levels of anxiety and depression have been associated with victimisation (Salom, Williams, Najman, & Alati, 2015). Houston and McKirnan (2007) also found that depression was significantly related to partner violence in men in same-sex relationships, and that abused men were more likely to report depressive symptoms than non-abused men. Negative developmental life experiences, such as child abuse or witnessing parental violence, were also well captured as risk factors in the IPV literature base (Craft & Serovich, 2005; Daigneault, Hébert, & McDuff, 2009; Fortunata & Kohn, 2003; Nieves-Rosa, Carballo-Diéguez, & Dolezal, 2000; O'Keefe, 1997; Rosen, Parmley, Knudson, & Fanher, 2002). For example, individuals who witnessed parental partner violence as a child or experience abuse themselves as children have been reported to be more likely to engage in violent behaviours in their adult relationships than those who do not have these childhood experiences (O'Keefe, 1997). Fortunata and Kohn (2003) found that lesbian perpetrators of partner violence were more likely to have experienced abuse as children than non-perpetrators, with Daigneault et al. (2009), Nieves-Rosa et al. (2000) and Rosen et al. (2002) reporting the same for gay victims than non-victims. This has also been reported for those witnessing parental violence (Craft & Serovich, 2005). These findings suggest that exposure to, or experiencing abuse as a child, can increase the likelihood of becoming a victim or perpetrator in adult relationships for those in the LGBTI community, as recognised in the work of Craft and Serovich (2005), Bartholomew et al. (2008), Houston and McKirnan (2007) and Landolt and Dutton (1997). It also demonstrates a need for perpetration

to be examined alongside victim potential, since the latter appears to be the main focus of research more broadly (Capaldi et al., 2012).

Protective factors thought to reduce the risk of IPV/DFV are important to consider. They can include resilience traits, strong social support (Carlson, McNutt, Choi, & Rose, 2002; Glass, Koziol-McLain, Campbell, & Block, 2004; Gondolf, Fisher, Fisher, & McPherson, 1988) and good relationship quality (Cramer, 2003; Testa & Leonard, 2001). As noted, protective factors have been neglected by the research compared to risk factors, both in the LGBTI and heterosexual literature. Relationship satisfaction has been of particular interest and is thought to act as a protective factor in terms of partner violence likelihood; if individuals are satisfied with their relationship quality, partner violence is less likely to occur (Cramer, 2003; Testa & Leonard, 2001). A meta-analysis by Stith, Green, Smith, and Ward (2008) found a significant negative relationship between marital satisfaction and partner violence. However, this did not include studies examining the LGBTI community and was limited to married couples, excluding dating and cohabiting couples. Relationship satisfaction and social support do appear to represent the most commonly considered potential protective factors whereas areas more commonly talked about in the emotional distress literature as important in mediating impacts, such as resilience traits, appear not to have received equal attention (Carlson et al., 2002), and certainly not with regard to the extent to they could buffer against the likely negative impacts of being in a conflictual relationship. However, as noted earlier, the LGBTI community is arguably limited in terms of services they can seek support from, with one potential factor impacting on this representing discrimination, or the fear of this, if trying to access mainstream domestic and family violence services (Another Closet, 2014).

The focus on heterosexual relationships has arguably limited the application of effective intervention models or strategies for the LGBTI community (Leventhal & Lundy, 1999; Turell et al., 2012), as the differences between heterosexual and LGBTI relationships are not accounted for. There is a need to develop further research that focuses on the nature and extent of IPV/DFV in LGBTI relationships and with a focus on examining the full range of aggressive behaviours that can be engaged in by partners, along with the protective and aggravating factors that may be in existence. The current study aims to address these areas using a LGBTI sample selected from LGBTI community networks and not from specialist interventions or support programmes. To address the gaps in the literature, the current study will explore a range of aggressive behaviours that could occur within primary intimate relationships.

The study also extends previous research by examining protective factors (e.g. relationship quality, resilience traits) and aggravating factors (emotional distress) that have potential value in terms of assessment and intervention. The predictions made are exploratory considering the limited research in this area beyond descriptive data. However, the following core predictions are indicated: 1.) There will be a positive association between reported abuse and emotional distress; 2.) Relationship satisfaction will moderate the relationship between partner abuse and emotional distress; and 3.) Resilience traits will moderate the relationship between partner abuse and emotional distress.

2. Method

2.1. Procedure

Members of LGBTI communities across Australia were invited to complete a number of measures online (using esurveycrator as a provider). The survey was supported and promoted by ACON (A New South Wales based health promotion organisation specialising in health support for lesbian, gay, bisexual, transgender and intersex). The survey protocol was reviewed and received ethical approval from the University of Central Lancashire. The survey was preceded by an information sheet

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