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*J Interpers Violence* 2004; 19; 639

DOI: 10.1177/0886260504263873

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# ***Domestic Violence in Puerto Rican Gay Male Couples***

## ***Perceived Prevalence, Intergenerational Violence, Addictive Behaviors, and Conflict Resolution Skills***

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*Domestic violence (DV) is a pattern of behaviors in the context of an intimate relationship, which can be manifested in emotional, physical, or sexual abuse. DV currently represents a social and a public health issue. This study is an effort to foster a better understanding of DV among same-sex couples. In it, the authors included the participation of 199 Puerto Rican gay males to identify prevalence of DV, violence in their family of origin, participants' addictive behaviors and exposure to violence at childhood, and their conflict resolution skills. Participants were relatively young, highly educated Puerto Rican gay men who reported a high level of domestic violence in their relationships. This violence was identified as emotional violence by 48% of the participants. This sample reported high levels of violence among their families of origin and low conflict resolution skills.*

**Keywords:** *domestic violence; gay male couples; intergenerational violence; conflict resolution skills*

***Violence, in its many manifestations,*** is part of our daily lives. It hides behind many different masks, and in its course it does not discriminate as to its victims' social class, ethnic origin, socioeconomic group, or educational level (Gay Men's Domestic Violence Project, 2002). One of the most common forms of violence, and the one most frequently highlighted by the

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Authors' Note: This project was funded by Institutional Research Funds (FIPI are its Spanish initials) at the University of Puerto Rico, and the American Psychology Foundation (APF). Please send correspondence to the first author at: CUSEP/UPR, P.O. Box 23174, San Juan, PR 00931-3174; e-mail: jtoro@rrpac.upr.clu.edu.

JOURNAL OF INTERPERSONAL VIOLENCE, Vol. 19 No. 6, June 2004 639-654

DOI: 10.1177/0886260504263873

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media, happens in the most intimate places. We know it as domestic violence, a problem that destroys romantic relationships.

Domestic violence is defined as a pattern of abusive behaviors in the context of an intimate relationship, which includes that of casual dating (Hickson et al., 1994; Merrill, 1999; Scarce, 1997). These behaviors, which can be manifested in the form of emotional, physical, or sexual abuse (Russo, 1999) are based on the perpetrators' desire to control, restrict, and dominate the other person (Farley, 1996; Schornstein, 1997).

Domestic violence currently represents a social problem and a public health issue that has serious repercussions for our communities and for society in general (Bachman & Saltzman, 1995, Greenfeld et al., 1998). Its victims suffer consequences that simply cannot be overlooked, such as serious wounds or homicide, sexually transmitted diseases including HIV/AIDS, suicide, mental health problems, and decreased work capacity and productivity, among others (Vélez et al., 2000).

It is estimated that between 25% and 33% of people have had experiences with violence in their romantic relationships (Koss, 1990; National Coalition of Anti-Violence Programs [NCAVP], 2000; Straus & Gelles, 1990). However, let us clarify that these figures are based only on those cases that have been reported. It is estimated that not every victim of domestic violence reports to the authorities for several reasons, some of which are fear, learned worthlessness, lack of economic resources, and low self-esteem, among others (Merrill, 1999).

The exposing of domestic violence marked an important moment in the history of women's rights activism, but it also contributed to the perception that domestic violence is an exclusively heterosexual problem. For this reason, the efforts, even today, have been focused on dealing with the issue within this framework (Hamberger, 1996), ignoring that domestic violence does not discriminate across lines of sexual orientation.

### DOMESTIC VIOLENCE IN SAME-SEX COUPLES

In contrast to the vast research that has been conducted regarding domestic violence in heterosexual couples, which has enabled the development of explicative and preventative theories, studies of violence in same-sex couples are strikingly absent. It was not long ago that gays and lesbians took on the work of identifying the prevalence of this kind of violence within their community (NCAVP, 1997; Renzetti, 1997, 1998; Shernoff, 1995).

Lobel (1986) and Island and Letellier (1991) were the pioneers in exposing the fact that not only does domestic violence exist in the gay/lesbian com-

munity but also it is alarmingly prevalent. These researchers estimated that at least 500,000 gay men in the United States had been victims of domestic violence and a similar number had been an aggressor. A yearly study with this population identified that 1 out of every 4 men had been involved in violent relationships (NCAVP, 2000). This figure is congruent with the statistics in lesbian relationships (De Vidas, 1999; Klinger & Stein, 1996).

In another study, Kelly and Warshafsky (1987) found that 47% of participants had experienced domestic violence in their relationships. On the other hand, Burke and Follingstad (1999) and Toro-Alfonso (1999a) reported that between 7% and 13% of participants had been victims of physical violence. Nieves-Rosa, Carballo-Dieguez, and Dolezal (2000) found a higher percentage (35%). The findings of the studies by Toro-Alfonso (1999a) and by Nieves-Rosa et al. (2000) coincide in that a high number of participants (33% to 50%) reported having been victims of psychological violence by their partners. In addition, these researchers found that one fourth of participants had, under some form of sexual coercion, participated in unprotected anal sex.

Given such alarming statistics, it is important to question the reasons that same-sex violence has so long been ignored. It should not surprise us that the explanations are related to the prejudice and marginalization experienced by sexual minorities.

There are many factors that explain why the issue of domestic violence in same-sex couples has remained invisible. Among these, we will mention the following: (a) a society that is permeated with homophobia, discrimination, and sexism; (b) the denial of the problem by members of the gay and lesbian community, which is fueled by fear of triggering homophobic acts by the heterosexual community (Elliot, 1996; Hamberger, 1996; Hanson, 1996; Island & Letellier, 1991; Merrill, 1999; Renzetti, 1992); (c) the emphasis this community has put on other problems, such as HIV/AIDS and oppression by religious and political right wing organizations; and (d) the victims have been reluctant to resort to institutions such as the police, the judicial system, or facilities of physical and mental health due to prejudice, hostility, and perceived lack of interest (De Vidas, 1999; Fray-Witser, 1999).

### THEORETICAL BASIS

Our understanding of domestic violence includes an analysis of the structural and personal elements that perpetuate it. One important element is the degree to which the abusive partner's actions are influenced by his childhood experiences of role models and vicarious learning (Hening, Leintenberg,

Coffey, Turner, & Bennett, 1996; Jaffe, Wolfe, Wilson, & Zak, 1986; Kalmus, 1984; Straus, Gelles, & Steinmetz, 1980; Wolak & Finkelhor, 1998).

The social environment in which an abusive person was raised tends to be one of violence. The history of intergenerational violence in one's family of origin is probably a significant element leading to violence at home (Arias, 1984; Kalmus, 1984; Straus et al., 1980). Despite the fact that this is currently being debated, due to the contradictory evidence of the degree to which the abusive partner is influenced by violence in his or her own childhood household (West, 1998), we believe that one important aspect of the transmission of intergenerational patterns of violence is the role model provided by parents (Arias, 1984; O'Leary, 1988). In other words, it seems that someone who experiences violence between their parents is very likely to subsequently create the same abusive dynamic with their partner.

An important factor, also related to role models, is the learning of compulsive behaviors manifested in the form of addictions. A lack of personal control can be linked to violence (Gondolf, 1988). Some studies had identified that in those families in which a variety of compulsive or addictive behaviors are observed, a stronger tendency toward violence in the home is also observed (Shields, McCall, & Hanneke, 1988). They are referring to uncontrolled behaviors in eating, alcohol abuse, and compulsive sexual behavior. One study shows that there is a direct relationship between these behaviors and domestic violence, as well as unprotected sexual behaviors, in heterosexual couples (Bailey et al., 1999).

Homophobia might contribute to domestic violence, as it does not propitiate an appropriate social response (Merrill, 1999; Renzetti, 1997). Homophobia allows the practice of violence without major consequences due to the expected compliance of the social majority, which does not facilitate legal advocacy for couples that are socially sanctioned. In addition, homophobia enables the aggressors to continue their violent ways with the knowledge that they will not have to pay any consequences (Merrill, 1999).

This relationship dynamic is a cycle, as it involves on one side an individual who is violent against someone perceived to be less powerful, less experienced, less capable, and without reprisal and on the other side, a victim who keeps the violence hidden instead of reporting it to the appropriate authorities due to a perception of them (authorities) as hostile toward members of the gay and lesbian community (Gump, Kulik, & Henderson, 1998; Merrill & Wolfe, 2000). There seems to be a low level of reports of violence in same-sex couples. When a report is made, the authorities often insist on classifying it as "aggression," thus eliminating all the emotional and psychological

implications of violence in an intimate relationship (Fray-Witzer, 1999; Merrill, 1999).

Social discrimination, stigmatization, denial within the community, and the lack of support and/or services to gay men who are victims of domestic violence all add to this sense of powerlessness and unworthiness (Merrill & Wolfe, 2000). Furthermore, they run the risk of being doubly victimized by the service providers, who treat them with apathy and prejudice (Lehman, 2002). Both gay men and lesbians who are victims of domestic violence are often unable to find shelters that will admit them, which increases the likelihood that they will go back to the "scene of the crime," where they are vulnerable to further episodes of violence. Although violence in same-sex relationships is quite similar to that in heterosexual relationships as far as the kind and the frequency of violence and the victim's reactions and justifications for staying in the relationship, homophobia does not allow mainstream service providers to have an adequate conceptualization nor the development of preventive and remedial strategies for the people involved (Coleman, 1997; Lehman, 2002; Merrill & Wolfe, 2000).

Due to the need for new efforts to foster a better understanding of violence in same-sex couples, we developed this study with a sample of Puerto Rican gay men. We were interested in following up the only documented intervention addressing this issue developed by an AIDS service organization in Puerto Rico (Toro-Alfonso, 1999b). We identified (a) the prevalence of domestic violence (in its three manifestations: emotional, physical, and sexual) in the participants' lives, (b) level of violence in families of origin, (c) participants' addictive behaviors and their exposure to this in their childhood household, and (d) their conflict resolution skills.

#### METHOD AND INSTRUMENTS

This is a descriptive study. Our intent was to recruit self-identified gay men who were willing to answer a self-administered questionnaire. To this end, we contacted organizations that offer services to gay men. We also identified social networks such that participants referred friends or acquaintances. We wrote letters to key participants, asking for their help in recruiting. All participants signed a consent form that detailed the nature of the study and indicated that they had the right to end their participation at any time without consequences neither of criticism nor, in the case of those referred by service organizations, the loss of services. The criteria for participation were to be of legal age, to be Puerto Rican and living in the island, to identify as gay

(or bisexual), and to have had at least one committed relationship in his life. We were targeting self-identified gay males but included those participants that reported "bisexual" as their sexual orientation.

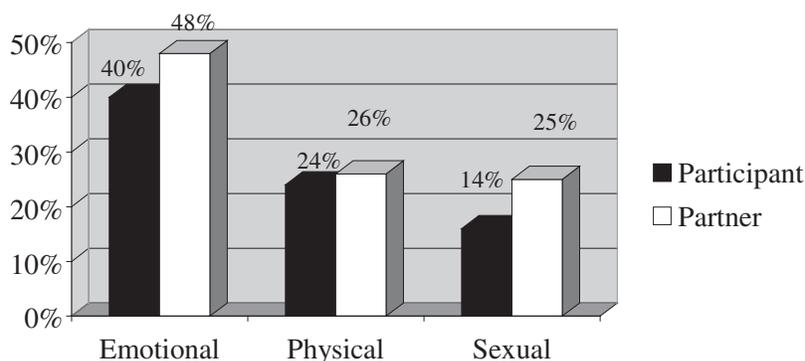
We used a self-administered instrument developed by Toro-Alfonso and Nieves-Rosa (1996) that was composed of the following scales: (a) history of intergenerational abuse, (b) perceived abusive behaviors, (c) perceived domestic violence behaviors on the part of the participants and/or their partners, and (d) a scale of conflict resolution skills, which includes two dimensions. The first dimension focuses on the responses that point to assertiveness in conflict resolution, and the second dimension focuses on the responses that point to aggression.

The questionnaire was 11 pages long with a 129 items that took approximately 30 to 40 minutes to be completed. Most of the questions were based on Likert-type scales, and some were multiple-choice items. In some instances, we provided space for the respondent to write "other" and to "specify" if the available options do not fit his answer. The first section of the instrument consisted of multiple-choice questions requesting demographic data through nominal variables including: age, educational level, employment status, annual income, place of birth, place of residence, and sexual orientation. Following, we included table-format questions about intergenerational violence in respondents' family of origin and compulsive/addictive behaviors.

The second section of the questionnaire included 4-point, Likert-type scales, ranging from 0 (*never*) to 3 (*frequently*), that measure domestic violence and conflict resolution skills. In addition, we added three questions related to the participant's perception of being involved in a violent relationship, either as victim or perpetrator. The domestic violence scale included three dimensions: emotional violence, physical violence, and sexual violence and coercion (Kalichman & Rompa, 1995). The domestic violence scales have a reliability index of .89 for emotional violence, .95 for physical violence, and .93 for sexual violence.

In addition, participants were asked whether any of the domestic abusive incidents happened on their current relationship. Four questions were added to explore whether alcohol and/or drug abuse (by the participant or his partner) were involved in the incidents. These questions were added to build on what Merrill (1999), Farley (1996), and Cruz (1996) found regarding the use of alcohol and/or drugs by the perpetrators of male-to-male domestic and dating violence.

This version of the questionnaire was revised after a pilot project developed by Toro-Alfonso (1999b). Content validity was developed by expert criteria by five independent judges. Issues of clarity and vocabulary were



**Figure 1: Domestic Violence in Participants' Intimate Relationships<sup>a</sup>**

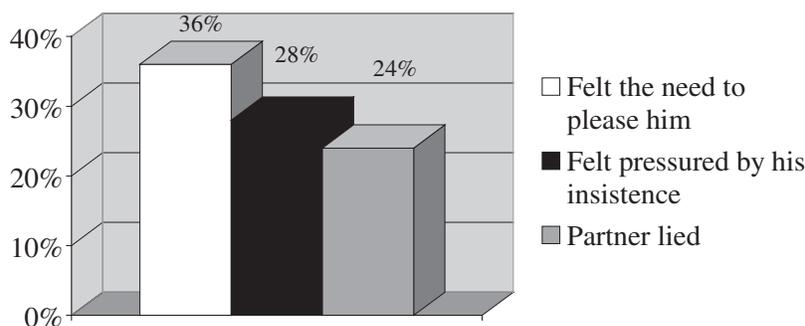
a. For example, for emotional violence items, expressed intense jealousy/threatened to commit suicide; for physical violence items, wrestled violently with partners/threatened partner with a weapon; for sexual violence items, had anal sex without condoms because he threatened to use physical force if you do not agree/pressured your partner by continuous arguments to penetrate him without a condom.

addressed. Those items that resulted in lesser or no discrimination power were eliminated or rephrased. Issues of translation were also revised. The changes to the questionnaire's format were made according to recommendations from consultants to make it easier for participants to complete. Some of these changes were clearer instructions in both languages, measurement scales in table format, and clear answering and skip patterns for questions that do not have to be answered by all participants.

## RESULTS

One hundred ninety-nine Puerto Rican gay men participated in our study. The average age of participants was 29 years old, and most had reached high levels of education; 56% had studied at the university level. Most participants (83%) identified themselves as gay. Close to two thirds of them (36%) were in a stable relationship at the time of the study, and 74% indicated having had no more than three committed relationships in their lives.

The data regarding domestic violence in participants' relationships include two perspectives: that which the participant reports that his partner has done to him and vice versa. In Figure 1, we see both the existence of a tendency for participants to perceive themselves more as victims of violence



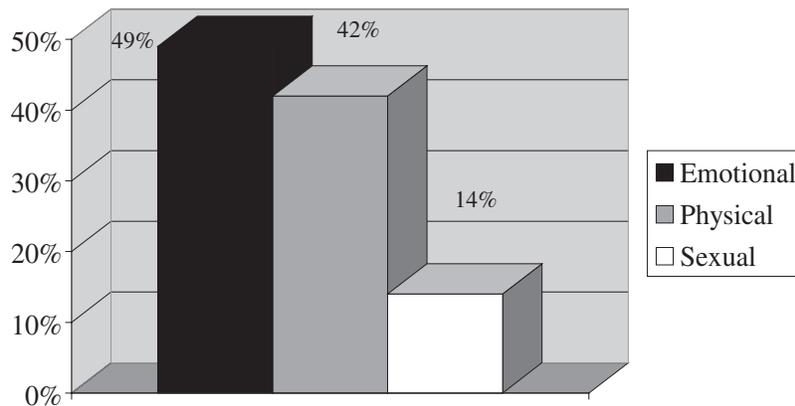
**Figure 2: Acts of Sexual Coercion That Lead to Unprotected Anal Sex**

than as aggressors and note that the most frequently identified abusive behaviors are associated with emotional violence. The dimensions of abuse were coded by taking into consideration the frequency of the reported incidents in each separate dimension (emotional, physical, and sexual). The severity of the incidents was not explored. We considered a behavior as part of the pattern of abuse when participants reported the incidents as “frequently” and “always.” Although participants identified abusive behaviors in the scale we provided, only 24% perceived that they were involved in a violent relationship.

Here we emphasize that of the percentage of participants who reported having been sexually coerced by their partners, more than one fourth made reference to subtle situations in which there had been unprotected anal penetration without necessarily involving physical force. The scale of sexual abuse included events in which participants had been forced to have unprotected sex, putting them at risk for HIV infection. It also included the dimensions of rape and the coercion of a partner into unwanted sexual activity. In Figure 2, we see the reasons most frequently cited for letting them be penetrated without protection.

Taking into account the possibility of HIV infection, the sexual behavior of anal penetration in this gay community has enormous health implications (Doll & Carballo-Diequez, 1998). Being coerced into sexual acts that could result in exposure to HIV clearly constitutes domestic violence (Kalichman & Rompa, 1995).

Fifty-four percent of participants reported that they had experienced or witnessed violence in their childhood households. Figure 3 shows the distribution by the three different kinds of violence (emotional, physical, and sex-



**Figure 3: Kinds of Violence Experienced in Participants' Childhood Households**

ual) in participants' childhood homes. Forty-eight percent reported having experienced abuse by their father and 42% by their mother. Thirty-nine percent identified that their siblings had been violent with one another. We found a significant relationship between childhood experiences of violence (emotional, physical, and sexual) and adult physical and emotional violence with partners (see Table 1).

Almost half of participants indicated compulsive use of, or addiction to, at least one of the following: alcohol, drugs, food, and/or sex (see Table 2). The participants also identified these habits in their families of origin, including parents and siblings. The frequency of compulsive behaviors reported by participants seems to confirm the premise that there is a direct link between addictive tendencies and the necessity to aggressively control and dominate one's partner.

Finally, we observed that the majority of participants showed a violent approach to conflict resolution (see Table 3), whereas 69% indicated having moderate skills of assertiveness (see Table 4). The combination of a low level of assertiveness and the presence of a degree of aggression in the solving of conflicts is evidently a dangerous combination.

We have seen that the participants reported not having enough skills for assertive expression of their feelings, although they reported a tendency to react aggressively to difficulty. This combination of factors provides an incubator for domestic violence.

**TABLE 1: Relationship Between Childhood Experiences of Violence and Adult Violence (N = 267)**

<i>Childhood Experiences</i>	<i>Adult Violence</i>	
	<i>Yes</i>	<i>No</i>
Emotional violence	<u>Emotional violence</u>	
Yes	76	60
No	49	82
Chi $\leq$ 9.150; <i>df</i> = 1; <i>p</i> $\leq$ .003.		
Physical violence	<u>Emotional violence</u>	
Yes	83	75
No	42	67
Chi $\leq$ 5.077; <i>df</i> = 1; <i>p</i> $\leq$ .025.		
Sexual violence	<u>Emotional violence</u>	
Yes	114	115
No	11	27
Chi $\leq$ 5.682; <i>df</i> = 1; <i>p</i> $\leq$ .022.		
Sexual violence	<u>Physical violence</u>	
Yes	170	59
No	20	18
Chi $\leq$ 7.412; <i>df</i> = 1; <i>p</i> $\leq$ .011.		

## DISCUSSION

Generally speaking, participants in this study were relatively young gay Puerto Rican men living in Puerto Rico and having a university-level education. The level of education might be related to recruiting factors. Many of the key contacts and contact people at organizations were professionals with high education levels. Recruiters might select participants around their personal circle, allowing an overrepresentation of highly educated participants.

Close to half of them reported domestic violence in their intimate relationships. The abusive behaviors most frequently identified were those associated with emotional violence. Nevertheless, it is interesting to note that although 40% of the participants reported that their partners had been emotionally abusive to them, few of them perceived this experience as constituting domestic violence. This could be due to the fact that domestic violence is usually associated with physical or sexual abuse, minimizing the emotional aspect. We assert that the frequency of emotional abuse behaviors is part of a pattern of abuse and constitutes a significant portion of the domestic abuse

**TABLE 2: Addictive Behaviors Identified by Participants**

<i>Addictive Behaviors</i>	<i>Fathers (%)</i>	<i>Mothers (%)</i>	<i>Siblings (%)</i>	<i>Participants (%)</i>
Alcohol	42	6	44	46
Drugs	13	4	34	43
Food	19	20	21	36
Sex	18	11	23	47

NOTE: Participants may have reported more than one addictive behavior.

**TABLE 3: Percentage of Participants in the Dimension of Aggressiveness in the Conflict Resolution Scale<sup>a</sup>**

<i>Level of Skills</i>	<i>Percentage</i>
Low	7
Moderate	37
High	56
Total	100

a. For example, aggressiveness items included "swore at him/put him down verbally."

**TABLE 4: Percentage of Participants in the Dimension of Assertiveness in the Conflict Resolution Scale<sup>a</sup>**

<i>Level of Skills</i>	<i>Percentage</i>
Low	10
Moderate	69
High	21
Total	100

a. For example, assertiveness items included "telling him you were feeling angry against him/telling him that he makes you angry."

cycle. Frequent incidents of emotional abuse undermine the relationship and could provide the space for other manifestations of violence.

It is important to note that one fourth of the participants reported having been victims of sexual manipulation or coercion (Kalichman & Rompa, 1995; Krahe, Schutze, Fritsche, & Waizenhofer, 2000). The majority of the reported incidents included pressured contact, with verbal persuasion, intoxication, emotional manipulation, and bribery. Non-consensual sex had been found to be common among gay and homosexual communities (Krahe,

Schutze, Fritsche, & Waizenhofer, 2000). Besides a diminishing of trust in the relationship, coercion might produce unwanted sexual activities including high-risk behavior for HIV infection.

Our results indicate that the exposure to role models in families of origin seems to be an important element in the learning of behavior patterns. Participants who reported violence in their intimate relationships also reported violence in their childhood homes. In the same way, many had been exposed to addictive behaviors, especially on the part of their fathers or siblings, which seem to have influenced their behavior, resulting, as we found, in almost half of the participants showing this same kind of behavior in their adult lives (Dutton, 1995).

The lack of conflict resolution skills is another important element that we identified in this sample and that might be conducive to domestic violence. Participants reported using an aggressive approach, rather than an assertive one, to the process of managing situations of conflict. Domestic disputes seem to escalate when people address issues with aggression. Assertiveness implies capacity and skills for negotiation, reducing the possibility of interpersonal violence.

In summary, the findings of this study support our position that the factors that lead to domestic violence might be related to family models of violent behavior and the lack of personal control. We believe that domestic violence is a learned behavior, the result of a social context that fosters aggressive conduct and the lack of skills to address daily disagreements. It can be a risk factor for the physical and mental health of the victims, and it can result in vulnerability for HIV infection.

Therefore, we must develop concrete efforts to help those who are involved in violent same-sex relationships. Along these lines, there is an urgent need for intervention and prevention programs that confront (a) the impact of intergenerational violence and role models and (b) the skewed perception of what constitutes violent conduct because there are more subtle forms that tend to pass unnoticed. We believe that interventions should include the discussion of important aspects such as self-esteem, the development of negotiation skills, assertiveness skills, and the identification of risky situations, among others. In this way, we will work directly with the needs of those affected by violence, fostering the development of more equitable relationships. This exercise represents a necessary step in deconstructing homophobia and reducing the impact of interpersonal violence in our society.

However, this work should be viewed under its limitations. This was a convenient sample. Participants do not necessarily represent all self-identified, gay Puerto Rican men or all Puerto Rican males. The recruitment process might tint the reality of gay couples in Puerto Rico. Besides, severity of the

incidents was not measured, only the frequency of what participants considered abuse.

The instrument was a self-administered questionnaire, and social desirability could be an obstacle in considering answers to be totally reliable. The experience of interpersonal or domestic violence could be construed differently by different people so we must take this into account when we examine studies including such dimensions as intimate relations and the violence involved. Finally, this study includes only gay Puerto Rican males living in Puerto Rico, thus the results cannot be generalized to Puerto Ricans living in the mainland or elsewhere. We need more research in this direction. However, we consider this work as an initial step to address domestic violence among gay males in Puerto Rico. Other studies are needed to address the issue among lesbians. Future research should include other variables such as the severity of the incidents, access to support in the community, and the response of institutions such as the police department and shelters.

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