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Family-of-Origin Factors and Partner Violence in the Intimate Relationships of Gay Men Who Are HIV Positive

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Abstract

This exploratory study examined the prevalence of intimate partner violence in a sample of gay men who are HIV positive. The concept of intergenerational transmission of violence, from family systems theory, provided the basis of this examination. It was hypothesized that men who had witnessed or experienced violence in their families of origin would be more likely to perpetrate or experience violence in their intimate relationships. Perpetration and receipt of abuse were assessed to provide a more comprehensive examination of these relationships. The results of this study indicated that psychological abuse was the most commonly reported form of violence in these relationships. The results also provided partial support for the hypothesized relationship between family-of-origin violence and subsequent violence in an intimate relationship. Implications for future research and intervention are discussed.

Keywords

violence; HIV positive; gay men; family

There has been little research on violence in nonheterosexual relationships. Partner violence is, however, a problem in the gay community. The presence of violence in these relationships is important to investigate because violence may place gay men at risk for more than just physical and/or emotional injury; that is, because of the prevalence of HIV and/or AIDS in the gay community, many gay men may be contending with HIV infection and partner abuse.

Men who are infected may choose to remain in violent relationships for a number of reasons, including poor health (Merrill & Wolfe, 2000; West, 1998); lack of financial resources (West, 1998); fear of losing a caregiver (Merrill & Wolfe, 2000; West, 1998); and a lack of available community resources (Merrill & Wolfe, 2000; West, 1998). The presence of violence in gay male relationships may also place partners who are not infected at risk for infection or men who are HIV positive at risk for reinfection. Thus, examining violence in the relationships of gay men is of utmost importance. The goals of the current study were to explore the incidence of partner abuse in a sample of gay men who were HIV positive and to identify possible relationships to the abuse.

VIOLENCE IN GAY MALE RELATIONSHIPS

Research on violence in gay male relationships is not as extensive as that on heterosexual relationships. Island and Letellier (1991) used a compilation of studies to estimate that between

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11% and 20% of gay men experienced violence in their relationships. Other studies have estimated the occurrence to be much higher, ranging from 30% (Waldner-Haugrud, Gratch, & Magruder, 1997) to 44% (Turrell, 2000). Sexual coercion is also reported as a part of intimate partner violence, and Waldner-Haugrud (1999) estimated that 12% to 29% of gay men may be subjected to sexual coercion. In a study of 52 gay men who identified themselves as victims of intimate partner abuse, Merrill and Wolfe (2000) reported that 73% had experienced some form of sexual abuse from partners.

In addition to sexual coercion, statistics regarding physical harm also have been compiled. Burke and Follingstad (1999) reported that 11% of gay men had experienced physical harm from their partner. During their most recent relationship, 87% of the men in the Merrill and Wolfe (2000) study reported severe and recurrent forms of physical abuse. In fact, 79% of the sample reported they had suffered physical injuries because of abuse. Turrell (2000) studied same-sex relationships to ascertain the prevalence of violence in these relationships. The sample consisted of 499 respondents of which 43% identified as gay men. The results indicated that gay men experienced the following: sexual abuse (13%), physical abuse (44%), coercion (41%), threats (45%), stalking (17%), shaming (63%), financial abuse (37%), and emotional abuse (83%). These results suggest not only a large incidence of victimization but also the complicated and varied nature of violence experienced in the relationships of gay men.

HIV INFECTION

Few studies have examined violence in the relationships of gay men who are HIV positive or gay men at risk of infection. Results from the Gay Men's Domestic Violence Project, a research study conducted in San Francisco, revealed that 30% of the men serviced for battering at the facility were also HIV positive (Letellier, 1994). The HIV Cost and Services Utilization Study (Zierler et al., 2000) reported that 11.5% of a sample of gay men who were HIV positive had experienced physical abuse in their relationships. Letellier (1994) described the co-occurrence of intimate partner violence and HIV as the twin epidemics. The assertion is not that HIV infection causes the violence; rather that it creates an environment that maintains it. Men who are HIV positive often have limited financial resources, which may contribute to dependency on their primary partners. If abuse is also occurring, the possibilities of leaving the relationship may be decreased because of this financial dependence (Letellier, 1994; West, 1998). In addition, health problems may prevent the victim from seeking help or leaving.

Much of the research concerning gay men who are HIV positive and violence has been with small samples or qualitative in nature. For example, Cruz and Firestone (1998) conducted a qualitative study with a sample of 25 gay men drawn from a local AIDS resource center and the Gay/Lesbian Alliance. The final sample of 25 participants included 11 men who were HIV positive. All of these men reported experience with a violent relationship, though all but two men had terminated that relationship. The findings were not distinguished by serostatus of the participant, so limited conclusions could be garnered from this study. A study conducted by Zierler et al. (2000), regarding the occurrence of physical violence after an HIV diagnosis among men who have sex with men, revealed that 11.5% of the men had been physically abused by a partner and that 4.5% had been abused as a result of their diagnosis. Among a sample of 307 Latin American men, those who engaged in receptive anal sex without using condoms were also more likely to be victims of physical or sexual abuse from their male partners (Nieves-Rosa, Carballo-Diequez, & Dolezal, 2000).

THEORETICAL REVIEW

Sociobiological, feminist, and social-psychological theories are commonly applied to the study of partner violence in heterosexual couples. Although these theories attempt to explain intimate partner violence, they each have severe limitations when applied to the context of gay male

relationships. Sociobiological theory (Dutton, 1994) is not applicable to gay sexual relationships because these unions are not necessarily based on any need to reproduce or maintain a genetic legacy. Feminist theory cannot adequately explain partner violence in the context of nonheterosexual relationships mainly because of its emphasis on the gender-specific roles of victim and perpetrator (i. e., females as victims and males as perpetrators) and its inability to address why some men are not violent, even in heterosexual relationships. Dell (1989) noted that one of the problems with social-psychological theories of violence is the strong emphasis on power, making it difficult to generalize to gay male relationships because power may be defined differently. Given the prevailing difficulties with commonly utilized theories, a new and different approach is necessary. Systems theory provides a genderless perspective that may prove heuristic.

FAMILY SYSTEMS THEORY AND THE INTERGENERATIONAL TRANSMISSION OF VIOLENCE

In general, systems theories hold that an initial maladaptive behavior most often results from the interaction of learning and response patterns (Lawson, 1989); that is, individuals learn behaviors by watching and imitating actions experienced in the home environment. In an attempt to maintain equilibrium in the family system, members may engage in violent means to attain this goal. In violence-prone families, love is equated with possession and disagreement is equated with hostility, disrespect, or rejection (Elbow, 1982). For the batterer, violence is an attempt to assert power and control in a stressful situation and is a practical method of doing so (Flemons, 1989). One paradox of intimate partner violence is that in an attempt to gain control, family members are actually increasing the dysfunction of the family.

An ecological model proposed by Belsky (1980) may also have application to intimate partner violence. The ontogenetic system referred to the historical, personal, psychological, and medical aspects of an individual. An interaction between this system, learned behaviors, and cultural norms may trigger violent methods of solving family problems. Witnessing intimate partner violence is a childhood trauma that may contribute to a dysfunctional ontogenetic system. More than 5 million children witness violence between their parents (Groves, 1997). Children whose mothers are abused are likely to suffer more severe forms of corporal punishment and more verbal aggression from their parent than children whose parents do not engage in spousal abuse (Moore et al., 1990).

A second system in Belsky's (1980) model, the microsystem, refers to characteristics of the family of origin. This addresses the day-to-day functions of the family, its level of dysfunction, and the relationships among family members. In those families where the mother is abused, children are more likely to develop behavioral and emotional problems because (a) they are constantly exposed to violent role models, (b) they are continuously exposed to marital problems that result from spousal abuse, (c) they have to cope with fear not only for their mother's safety but also their own safety, and (d) one or both of their parents may be abusing them as well (Rosenbaum & O'Leary, 1981). As adults, these men may display adherence to rigid role structures, poor impulse control, strong dependency needs, and view partners as possessions (Wolfe, Zak, Wilson, & Jaffe, 1986).

Men who perpetrate violence in their relationships have often experienced abuse in their own childhood. In a study that compared the characteristics of husbands who were abusive and nonabusive, Rosenbaum and O'Leary (1981) reported that 80% of husbands who were abusive had experienced abuse in their families of origin, and 82% of them had also witnessed spousal abuse. These findings would suggest that men who witness intimate partner violence, or experience the violence firsthand, are almost equally at risk for abusing their own families in adulthood. For men who are abusive, witnessing violence in their families of origin provides

a model of how to deal with relationship problems. In an attempt to maintain control over the relationship, these men may resort to violence because it is their most accessible coping strategy.

RESEARCH QUESTION AND HYPOTHESIS

Obviously, there are many different theories that may be used to explain or examine intimate partner violence. For purposes of this nonexperimental, exploratory study, one aspect of systems theory was utilized: intergenerational transmission of violence. Although research on the effects of witnessing or experiencing violence in the family of origin in adult relationships provided contradictory results in prior studies (West, 1998), it served as a viable starting point for examining gay male relationship violence. Thus, our research question asks what types of violence are present in the relationships of gay men. Based on previous literature, it was hypothesized that men who witnessed or experienced violence in their families of origin will be more likely to express or to be victims of violence in their intimate relationships.

METHOD

Participants

A nonprobability, convenience sampling technique was used to solicit men for the current study. Eligible participants were men who were HIV positive and older than age of 18 years, currently engaged in an intimate relationship with another man, or in an intimate relationship with another man within the past year. For the purpose of the current study, an *intimate relationship* was defined as one in which the participant shared emotional and physical experiences and affection and sexual activity. Men were recruited in four ways. They were approached when they attended regularly scheduled visits to a longitudinal research study conducted by the second author, in an AIDS Clinical Trials Unit (ACTU) at a large midwestern university, during an HIV educational forum, and at a regional HIV conference. Participants were paid \$5 for completing the survey. Because of the variety of means required to recruit this sample, the number of men who did not consent to participate in the study was not counted, thus the calculation of a refusal rate was not possible.

Fifty-one men completed the study and constituted the final sample. These men were primarily White (54.9%, $n = 28$), with the remainder of the sample identified as either African American (43.1%, $n = 22$) or other (2.0%, $n = 1$). Participants ranged in age from 25 to 63 years, with a mean age of 40.47. These men were well educated, as 49.2% held a bachelor, graduate, or professional degree and 39.2% had attended some college. Although most of the participants were currently employed, a small percentage (13.8%) indicated they were either unemployed or unable to work because of disability. The mean annual income was US\$24,287.

More than 70% identified as having a steady partner, with smaller percentages identified as dating (15.7%) or single but not dating (11.8%); those individuals endorsing this last relationship category all indicated they had been in a relationship in the past year. The length of relationship for those men currently involved ranged from 1 month to 24 years, with a mean of 72.13 months ($SD = 76.60$). The prior relationship length for those men not currently involved ranged from 1 month to 6 years, with a mean of 24 months ($SD = 29.31$).

Partners of these men were primarily White (66.7%, $n = 32$), with the remainder identified as African American (25.0%, $n = 12$), Hispanic (6.3%, $n = 3$), or other (2.1%, $n = 1$); the racial identifications of participants and their partners indicated that less than 20% (18.75%, $n = 9$) were involved in interracial couples. Partners ranged in age 29 to 59 years, with a mean age of 39.96 years. These men were also well educated: 40% held a bachelor, graduate, or professional degree and 40.0% had attended some college. Most partners were currently employed, with

only 15.2% listed as unemployed or disabled. Their mean annual income was \$37,420. Paired *t* tests revealed no significant differences between participants and partners in terms of their age, race, occupation, or education.

Procedure

A written summary detailing the nature, purpose, and requirements of the current study and a consent form were presented to each of the men. Those who provided consent were asked to complete a set of three instruments related to the research question and hypotheses under investigation. Because of the sensitive nature of the topics presented in the questionnaires, each participant was also given a listing of various crisis intervention services available in the area.

Instrumentation

The Revised Conflict Tactics Scales (CTS2; Straus, Hamby, McCoy, & Sugarman, 1996) was used to assess the prevalence of emotionally, physically, and sexually violent behavior in the relationship. The measure consists of 78 self-report items divided into five subscales: Negotiation, Psychological Aggression, Physical Assault, Sexual Coercion, and Physical Injury. Negotiation includes any behavior involved in the resolution of a disagreement. Psychological Aggression includes verbal and nonverbal acts of aggression. Physical Assault pertains to acts of physical violence, such as hitting a partner with an object. Sexual Coercion includes any tactics used to force a partner to participate in unwanted sexual activities. Physical Injury includes consequences of physical violence that require medical attention and involve persistent pain and/or results in bone and tissue damage. Participants indicated the frequency with which they had either perpetrated or experienced each of the behaviors in their relationships during the past year. Straus et al. (1996) reported good internal consistency for the CTS2, with the following alpha coefficients: Negotiation (.86), Psychological Aggression (.79), Physical Assault (.86), Sexual Coercion (.87), and Physical Injury (.95). The overall reliability of the measure for this study was also high (.92). For the current study, the subscale alphas for perpetration of violence were the following: Negotiation (.78), Psychological Aggression (.76), Physical Assault (.89), Sexual Coercion (.88), and Physical Injury (.83). The subscale alphas for receipt of violence were as follows: Negotiation (.82), Psychological Aggression (.79), Physical Assault (.86), Sexual Coercion (.70), and Physical Injury (.81).

The Family of Origin Violence Scale (FOVS), adapted from a study by Marshall and Rose (1988), was used to measure the intergenerational cycle of violence from the participants' families of origin. This 30-item questionnaire assessed father-mother (10 items), mother-father (10 items) and parent-child (10 items) violence. The participants indicated how often they observed the occurrence of 10 physically violent behaviors between their parents and how often these same behaviors were directed toward them. The father-to-child and mother-to-child subscales were combined to provide an overall measure of parent-to-child abuse, in addition to analyzing the subscales separately. The original response format of the scale consisted of anchors that ranged from 1 (*never*) to 5 (*very often*). To obtain a range of possible scores, anchors were recoded to more accurately indicate a total absence of violence, such that the new values ranged from 0 (*never*) to 4 (*very often*). Scores were calculated for each subscale, as well as for the entire measure. High scores indicate a higher prevalence of violence. For the current study, the overall alpha was high (.96), with the following alpha coefficients established for its subscales: witnessing mother-to-father violence (.93), witnessing father-to-mother violence (.96), and being the victim of parental violence (.95).

RESULTS

Research Question 1: What types of violence are present in the relationships of gay men?

Means, ranges, and frequencies were calculated for each subscale of the Revised Conflict Tactics Scales. Of the four types of violence, psychological aggression was the most common with a mean score of 20.94 ($SD = 32.09$) and scores ranging from 0 to 156 on psychological aggression; for being the victim of the psychological aggression, the mean score was 23.08 ($SD = 30.48$), with a range of 0 to 108. The majority (78.4%) of participants indicated they had perpetrated psychological aggression, whereas slightly fewer (72.5%) indicated they had been victims of psychological aggression. The second most common form of violence was physical assault. The mean of this subscale was 14.31 ($SD = 30.76$), with a range of 0 to 144, for perpetration; the mean score was 14.16 ($SD = 29.84$), with a range of 0 to 116.76, for those reporting themselves as victims. Slightly more participants reported themselves as the victims rather than the perpetrators (45.1% compared to 39.2%, respectively) of this violence. For perpetrators of sexual coercion, the third most common form of violence, the mean score was 6.98 ($SD = 23.46$) and the scores ranged from 0 to 132. For the victims of this coercion, the mean score was 5.78 ($SD = 12.30$) and the range was 0 to 59. Slightly more than one fourth of the men (27.5%) coerced their partners, and more than one third (33.3%) had been sexually coerced by their partners. Finally, most participants reported a low incidence of physical injury in their relationships. The mean score for those perpetrating the violence was 4.52 ($SD = 14.38$), with a range of 0 to 83. The mean for being the victim of physical injury was 4.23 ($SD = 10.65$), with a range of 0 to 42.69. About one fourth (25.5%) of participants indicated they had caused physical injury to their partners, and 23.5% had suffered physical injuries inflicted by their partners. Subscale frequencies are summarized in Table 1.

Hypothesis 1: Men who witnessed or experienced violence in their families of origin will be more likely to express or to be victims of violence in their intimate relationships.

Means and ranges were calculated for the three subscales of the FOVS. Of participants, 51% had never witnessed violence perpetrated by their mothers. The mean subscale score was 3.84 ($SD = 5.76$), with a range of 0 to 20. An equal percentage of participants (51.0%) had never witnessed violence perpetrated by their fathers. For this subscale, the mean score was 5.86 ($SD = 9.33$) and the range was 34. A small percentage (18.0%) of participants had never experienced violence from their parents. The mean of this subscale was 7.40 ($SD = 9.11$), whereas the range of scores on this subscale was 0 to 36.

To address this hypothesis, Pearson product—moment correlations were calculated between the FOVS and the CTS2. Witnessing violence from mother to father during childhood was positively correlated with both expressing ($r = .28, p < .05$) and being the victim of sexual coercion ($r = .26, p < .05$), as well as with being the victim of physical injury ($r = .31, p < .05$). Receiving parental abuse in the family of origin was also positively correlated with expressing physical assault ($r = .24, p < .05$), as well as with both expressing ($r = .31, p < .05$) and being the victim of sexual coercion ($r = .35, p < .05$) in the relationship. No significant correlations were found between witnessing violence from father to mother and expressing or being the victim of violence in the relationship. Therefore, the data provided partial support for this hypothesis. Correlations are summarized in Table 2.

DISCUSSION

The results of the current study are consistent with previous research on violence in the relationships of gay men who are HIV positive. In fact, at least 45% of the sample reported an experience with violence within the past year suggesting that the abuse is probably ongoing and pervasive in the relationship. The nature of the violence appears to be emotional as psychological aggression was reported in a high percentage of the relationships. Prior studies have also reported this finding (Merrill & Wolfe, 2000; Turrell, 2000).

Of the three categories of violent behaviors assessed by the CTS2 (e.g., psychological aggression, physical assault, and sexual coercion), sexual coercion was reported the least in terms of perpetration and victimization. These results were substantially lower than the 73% reported by (Merrill and Wolfe (2000) but higher than many other prior estimates (Baier, Rozenweig, & Whipple, 1991; Turrell, 2000; Waldner-Haugrud, 1999; Waterman, Dawson, & Bologna, 1989). However, considering that all of the participants were HIV positive, the fact that 23.5% of them reported forcing their partners to have sex without using a condom and 27.5% of them were forced to have sex without a condom is alarming and requires further examination.

In contrast, psychological aggression was the most prevalent form of abuse to be experienced in these relationships. In the current study, slightly more participants reported themselves as the perpetrators of this particular form of violence than those who reported themselves as the victims. About 73% of participants indicated they had been the victims of psychological abuse. This is slightly less than the 83% of men in the Turrell (2000) study who reported psychological victimization. Nearly all of these men reported being the perpetrator of some emotionally abusive behavior. This fact would suggest the violence was bidirectional in these relationships. Some of those men who reported themselves as victims must also have been perpetrators, and vice versa. As the prevalence of psychological abuse was nearly double that of physical abuse, it could be concluded that these men may be more comfortable expressing themselves verbally rather than physically during arguments. The power dynamics in these particular relationships may be skewed toward verbal resources rather than physical strength.

The first hypothesis, that men who witnessed or experienced violence in their families of origin would be more likely to express or to be the victims of violence in their intimate relationships, was partially supported. It is interesting to note, although all of the statements in the FOVS specifically related to physical acts of violence, participants who had witnessed this violence were not more likely to report the perpetration or victimization of physical assault in their relationships. In fact, only those who were abused as children were more likely to express physically abusive behaviors in their intimate relationships. Although the current study only identified medium to large effects, these results are comparable to those reported by Julian, McKenry, Gavazzi, and Law (1999), in that, for men, only physical violence perpetrated by their parents was found to be significantly related to mental status and subsequent physical aggression in the marital relationship. Even more interesting is the fact that witnessing father-perpetrated violence was not significantly correlated with any violence in the intimate relationships of these men. This finding clearly contradicts a learning theory, which would assume that abusive men model their behaviors after their abusive fathers. In contrast, those men who witnessed mother-perpetrated violence in their families of origin were more likely to express sexual violence in their relationships, although the expression of psychological aggression and physical injury were approaching significance.

Overall, the idea of intergenerational transmission of violence appears to be most relevant for sexual coercion. Those men who witnessed mothers abusing their fathers and those who were the victims of abuse were more likely to express and to be the victims of sexual coercion in their intimate relationships. In addition, those men who witnessed mother-perpetrated violence were also more prone to receiving physical injury in their relationships. Men who are closer to their mothers may be more likely to model their behaviors as well. In those households where the mother was more likely to be the abuser, the mother would essentially be the most powerful member of the family. Therefore, those men who were closer with their mothers may also perpetuate the idea of violence equals power in their own intimate relationships.

Limitations

There are several limitations to the current study. First, as noted by Straus et al. (1996), the CTS2 “does not take into account the context and meaning of the acts” (p. 285), and it does not measure the attitudes about conflict, violence, or the tactics used. Second, the information gathered regarding these men's relationships was one-sided; partners were reported on but did not directly participate in the current study. It is difficult to interpret the findings related to the types of violence present in these relationships, as this data is retrospective and self-reported. Another possible limitation involved the issue of HIV status. All of the participants were HIV positive; however, this information was not gathered for their partners. This information may have provided insight not only into power issues in the relationship but also how that power translates into behaviors. In addition, the sample was small and nonrandomized, the participation refusal rate was not calculated, and there were a limited number of variables examined. Although several significant correlations were identified, the strengths of these relationships are weak.

Conclusions and Implications

The purpose of the current study was to examine intimate partner violence among gay men who were HIV positive and to identify possible relationships to the abuse. The results are consistent with previous research on violence in the relationships of gay men with HIV. The need for continued research regarding intimate partner violence in the gay community is substantial. Theories that encompass the commonality and uniqueness of homosexual and heterosexual relationships are needed to provide a clearer and more relevant understanding of gay male violence. A qualitative examination of abuse in gay male relationships may help to clarify contextual issues surrounding abuse. In addition, measures that more accurately assess the issues relevant to gay relationships (e.g., outing) need to be developed. It is difficult to assess homosexual relationships with instruments that are based on heterosexist concepts.

The results of the current study have implications with regard to research on the prevention and intervention of intimate partner violence for homosexual and heterosexual couples. First, a longitudinal study of the progression of HIV infection and the occurrence of violence in the primary relationships of men who are HIV infected could provide insight regarding power dynamics in the relationship, particularly if the partner remains HIV negative throughout the relationship. In addition, more studies that examine the effects of partner violence on condom usage and negotiation are needed. Second, although not examined in the current study, prior research has linked substance abuse to intimate partner violence. An examination of whether the prevalence of violence in relationships differs for those individuals who only witnessed substance abuse in their families of origin and those who currently abuse alcohol or other drugs could provide further insight into this association.

With regard to intervention, the current study revealed that intimate partner violence might result in potential health consequences, particularly HIV infection. Future sexual risk reduction programs should include a violence prevention component that examines the link between intimate partner violence and sexual decision making. Addressing this association is critical for providing at-risk populations with the skills needed not only to diffuse potentially volatile situations but also to protect their health. Moreover, HIV interventions should provide referrals to shelters, crisis centers, or other community organizations for assistance regarding the potential physical and mental health consequences of remaining in an abusive relationship. These types of resources are often not available to men.

Biographies

Shonda M. Craft, M. S., is a doctoral student in marriage and family therapy at The Ohio State University. Her research interests include HIV/AIDS, intimate partner violence, sexual health, and medical family therapy. For the past 4½ years, she worked as a graduate research associate on several National Institutes of Health—funded studies regarding issues related to disclosure and mental health among women and gay men who were HIV positive. Prior to this, she spent 1 year as an undergraduate research associate on studies of adult and adolescent male sex offenders and antisocial behaviors among adolescent female detainees. She is a student member of the American Association for Marriage and Family Therapy, the Ohio Association for Marriage and Family Therapy, and the American College Health Association. She also holds leadership positions in several university and community organizations.

Julianne M. Serovich, Ph. D., is a professor of marriage and family therapy at The Ohio State University. She is a clinical member and approved supervisor of American Association for Marriage and Family Therapy (AAMFT) and a member of the National Council on Family Relations (NCFR). She is the author of numerous publications on HIV and currently has three grants from the National Institute of Mental Health to explore disclosure issues among men and women who are HIV positive. Her research is published in such journals as *Journal of Marriage and Family Therapy*, *American Journal of Family Therapy*, *Family Relations*, *AIDS Care*, and *AIDS Education and Prevention*.

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Table 1:
Subscale Means, Ranges, and Frequencies for the Revised Conflict Tactics Scales

	M	(SD)	Range	Frequency (%)
Perpetrator				
Psychological aggression	20.94	(32.09)	0 to 156	78.4
Physical assault	14.31	(30.76)	0 to 144	39.2
Sexual coercion	6.98	(23.46)	0 to 132	27.5
Physical injury	4.23	(14.38)	0 to 42.69	23.5
Victim				
Psychological aggression	23.08	(30.48)	0 to 108	72.5
Physical assault	14.16	(29.84)	0 to 116.76	45.1
Sexual coercion	5.78	(12.30)	0 to 59	33.3
Physical injury	4.23	(10.65)	0 to 83	25.5

TABLE 2:
Correlations Between Subscale Means on the Family of Origin Violence Scale and the Revised Conflict Tactics Scales

	Psychological Aggression	Physical Assault	Sexual Coercion	Physical Injury
Perpetrator				
Witnessing violence from mother to father	.216	.108	.279 [*]	.224
Witnessing violence from father to mother	-.089	.111	-.021	-.034
Victim of parental violence	-.062	.239 [*]	.305 [*]	.177
Victim				
Witnessing violence from mother to father	.154	.224	.260 [*]	.312 [*]
Witnessing violence from father to mother	.008	.007	.045 ^{**}	.033
Victim of parental violence	.033	.117	.353 ^{**}	.210

* p < .05.

** p < .01.