

Risks in same-sex relationships

Today numerous peer-reviewed published studies report serious relational, psychological and medical risks associated with same sex unions. A selection of these studies are described below.

IPV

1. Finneran and Stephenson (2012) conducted a systematic review of 28 studies examining interpersonal violence among men who have sex with men. The authors concluded that, “The emergent evidence reviewed here demonstrates that IPV – psychological, physical, and sexual – occurs in male-male partnerships at alarming rates” (p. 180). (Finneran, C., Stephenson, R. 2012. “Intimate Partner Violence Among Men Who Have Sex With Men: A Systematic Review,” *Trauma, Violence and Abuse*, 14: 168-185.)
2. A 2007 study published by the New York Academy of Medicine found that over 32 percent of active homosexuals report that they have suffered “abuse” by one or more “partners” during the course of their lives. Fifty-four percent (n = 144) of men reporting any history of abuse reported more than one form. Depression and substance abuse were among the strongest correlates of intimate partner abuse. (Houston, E. & McKiman, D.J. 2007, “Intimate Partner Abuse Among Gay and Bisexual Men: Risk Correlates and Health Outcomes,” *Journal of Urban Health* 84: 681-690.)
3. A 2014 systematic review of 19 studies examining associations between intimate partner violence (IPV) and men with SSA. The pooled lifetime prevalence rate of any form of IPV was 48 percent. (Buller, A. et al. 2014. “Associations between Intimate Partner Violence and Health among Men Who Have Sex with Men: A Systematic Review and Meta-Analysis.” *PLOS Medicine*, 11(3): e1001609. doi:10.1371/journal.pmed.1001609.)
4. A 2002 study of lifetime abuse victimization revealed that 7 percent of heterosexual males reported being abused whereas 39 percent of males with SSA reported being abused by other males with SSA. (Greenwood, G. et al. 2002. “Battering victimization among a probability-based sample of men who have sex with men,” *American Journal of Public Health*, 92:1964–69).
5. Adam Messinger, a sociologist at the University of California, Riverside, found that “independent of sex, respondents with a history of same-sex relationships are more likely to experience verbal, physical, controlling and sexual IPV” in a 2011 examination of IPV victimization by sexual orientation in the National Violence Against Women survey. The comparative proportions of partners experiencing intimate victimization were (comparing opposite-sex with same-sex): physical abuse—OS 14.6%, SS 31.2; verbal abuse—OS 35.6%, SS 55.6%; controlling abuse—OS 41.1%, SS 69.6%; sexual abuse—OS 2.4%, SS 3.3%. When bisexual persons were included, the author found that combined homosexual-bisexual (GLB) IPV “is startlingly *twice* as prevalent (emphasis his)” as among heterosexual partners. Titling his study “Invisible Victims,” the author concludes “this study represents an invaluable first step in raising awareness about IPV in the GLB community, ...researcher prejudice or indifference cannot justify treating GLB IPV victims as invisible, leaving them without support in a painful and potentially dangerous environment.” (Messinger, A. M. (2011). *Invisible victims: Same-sex*

IPV in the national violence against women survey. *Journal of interpersonal violence*, 26(11), 2228-2243.)

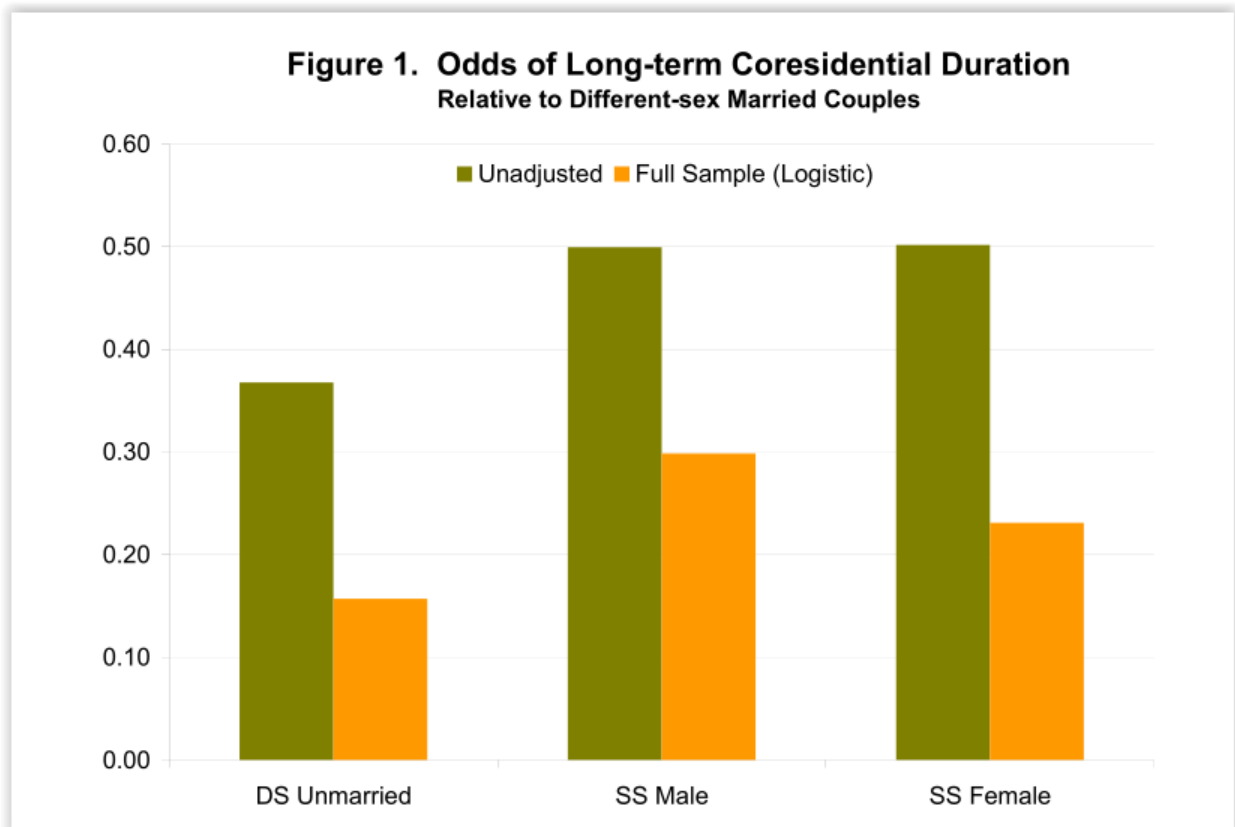
6. Twin reviews in 2015-6 of fourteen studies with large population samples by Badenes-Ribera and associates concluded that “studies with probabilistic samples show that lesbian women have suffered more violence from their partners than heterosexual women, ...” The authors found that, overall, 48% of self-identified lesbians had experienced IPV during their lifetime; 43% had suffered psychological abuse and 18% physical abuse; 14% had been victimized in their current or most recent relationship. (Badenes-Ribera, Laura, Amparo Bonilla-Campos, Dolores Frias-Navarro, Gemma Pons-Salvador, and Hector Monterde-i-Bort. “Intimate Partner Violence in Self-Identified Lesbians: A Systematic Review of Its Prevalence and Correlates.” *Trauma, Violence, & Abuse* 17, no. 3 (2016): 284–97. Badenes-Ribera, Laura, Dolores Frias-Navarro, Amparo Bonilla-Campos, Gemma Pons-Salvador, and Hector Monterde-i-Bort. “Intimate Partner Violence in Self-Identified Lesbians: A Meta-Analysis of Its Prevalence.” *Sexuality Research and Social Policy* 12, no. 1 (2015): 47–59.)

Infidelity

1. One of the most extensive studies of same-sex couples found that only seven of the 156 couples surveyed had a completely exclusive sexual relationship and that the majority of relationships lasted less than five years. Couples whose relationship lasted longer than five years incorporated some provision for outside sexual activity in their relationship. The psychologists wrote, “The single most important factor that keeps couples together past the 10-year mark is the lack of possessiveness. ... Many couples learn very early in their relationship that ownership of each other sexually can be the greatest internal threat to their staying together” (McWhirter, D. and Mattison, A. 1985. “The Male Couple: How Relationships Develop.” (Upper Saddle River, NJ: Prentice Hall).
2. A 2010 study that interviewed 39 gay male couples in San Francisco about their sexual arrangements found that only 4 or 5 (13%) reported an exclusive sexual relationship. At least 25 (64%) reported having an agreement, in most cases explicit, allowing sex with other partners outside the relationship (“open” relationship). Another 12 (31%) had agreed to be monogamous, however the authors reported that “a few couples who had closed or monogamous agreements allowed some form of sex with outside partners.” 22 of the couples (56%) reported that one or both of them had broken their agreement at least once. For 2 couples, one partner thought their relationship was monogamous while the other one thought it was open. (Hoff, Colleen C., and Sean C. Beougher. "Sexual agreements among gay male couples." *Archives of sexual behavior* 39.3 (2010): 774-787.)
3. A 2000 survey of 73 gay male couples of mixed HIV status (one partner was positive and the other wasn't) found that only 30% reported a monogamous relationship. This proportion is concerningly high, since extra-marital sex can be life-threatening for the nonseropositive partner and/or the extramarital partner. (Wagner, Glenn J., Robert H. Remien, and Alex Carballo Dieguez. "Prevalence of extradyadic sex in male couples of mixed HIV status and its relationship to psychological distress and relationship quality." *Journal of Homosexuality* 39.2 (2000): 31-46.)

Instability

1. A 2008 study of data from the 2000 Census analyzed the percentage of U.S. couples who still lived together at the same address (“co-resided”) after five years. After five years, only 43.5% of same-sex couples still co-resided, compared to 87% of married opposite-sex couples. After taking differences in region, race and income into account, same-sex couples were less than a third as likely (male couples were 30% as likely, female couples 25% as likely) to achieve long-term coresidential duration as were opposite-sex married couples. Figure 1 below, from p. 26 of the study, illustrates the findings. (Gates, G. J. (2008). *Characteristics and Predictors of Coresidential Stability among Couples*. Available at SSRN 1224242.)



2. Partner instability is also present in lesbian relationships. A 2010 study in a respected peer-reviewed journal, showed lesbian relationships to be statistically less stable than heterosexual relationships. (Schumm, W. 2010. “Comparative Relationship Stability of Lesbian Mother and Heterosexual Mother Families: A Review of Evidence,” *Marriage and Family Review* 46: 499-509)
3. In a 2010 study of the [U.S. National Longitudinal Lesbian Family Study](#), 56% of lesbian parenting couples had dissolved their relationship by the time the child reached age 17. The average age of the child at the time of break-up was under 7 years old. (Gartrell, N. & Bos, H. 2010. “U.S. National Longitudinal Lesbian Family Study: Psychological Adjustment of 17-year-old Adolescents,” *Pediatrics*, 126 (1): 28-36.)

4. A 2007 study of marriage/cohabitation dissolution in the Netherlands found that “same-sex unions are more unstable than opposite-sex unions. . . same-sex couples have 3.1 times higher dissolution odds than opposite-sex co-habiting couples and . . . 11.5 times higher dissolution odds than married couples.” (Kalmijn, M., Loeve, A., & Manting, D. (2007). INCOME DYNAMICS IN COUPLES AND THE DISSOLUTION OF MARRIAGE AND COHABITATION*.

Demography 44(1), 159-79, at 170.)

5. A 2020 study of three large population datasets found that same-sex couples were more likely to break up when they were raising children. In all three datasets same-sex couples were at higher risk of ending their relationship than were opposite-sex couples, but the risk of breakup for same-sex couples with children in the home was 1.3 to 2.3 times higher than for same-sex couples without children. Among opposite-sex couples, those with children were less likely to break up. (Doug Allen & Joseph Price (2020) Stability Rates of Same-Sex Couples: With and Without Children, *Marriage & Family Review*, 56:1, 51-71.)

6. A 2017 review concluded that research has typically “found that same-sex female couples have higher rates of dissolution than same-sex male couples and different-sex couples.” The study, which examined the National Longitudinal Survey of Adolescent to Adult Health confirmed that “female couples have the highest rate of dissolution of coresidential unions”, followed by gay male couples and then heterosexual couples. Among couples who did not live together, gay male couples were more likely to break up than lesbian couples were. (Joyner, Manning and Bogle (2017) “Gender and the Stability of Same-Sex and Different-Sex Relationships Among Young Adults.” *Demography*, vol. 54, no. 6, 2017, pp. 2351–74.)

Suicide and mortality

1. A 2011 study analyzed the impact of sexual orientation on suicide mortality in Denmark during the first 12 years after legalization of same-sex registered domestic partnerships (RDPs), using data from death certificates issued between 1990-2001 and Danish census population estimates. This study found that the age-adjusted suicide risk for same-sex RDP men was nearly eight times greater than the suicide risk for men in a heterosexual marriage. (Mathy, R. et al. 2011. “The Association between Relationship Markers of Sexual Orientation and Suicide: Denmark, 1990-2001,” *Social Psychiatry and Psychiatric Epidemiology*, 46: 111-117)

STD and cancer risk

1. A major study published in the journal “Cancer” in May 2011 revealed that men with SSA in California are twice as likely to report a cancer as heterosexual men. Most troubling is the mean age of onset of cancer in the men with SSA - age 41, compared to age 51 in heterosexual males. (Boehmer, U. et al. 2011, “Cancer Survivorship and Sexual Orientation,” *Cancer*, 117:3796–3804.)

2. A November 12, 2014 article in the Wall St. Journal on HPV-related throat cancers stated that it increased by 72 percent between 2000 and 2004. Most of that growth has been in men and the number of sexual partners was suggested as a contributing factor. A researcher stated that, “the problem with HPV-positive oral cancer is that premalignant lesions are not clinically detectable.

They're deep within the tonsils that are in the base of the tongue. By the time HPV-infection is detected, they usually already have Stage 3 or 4 cancer.”

3. Research on men with SSA in Amsterdam found that 86 percent of new HIV infections occur within steady partnerships. The researchers concluded, “Prevention measures should address risky behavior, especially with steady partners, and the promotion of HIV testing.” (Xiridou, M. et al., 2003. “The contribution of steady and casual partnerships to the incidence of HIV infection among homosexual men in Amsterdam,” *AIDS* 17:1029-38.)

Mental distress

Research on persons who had sought help from Courage revealed that those with SSA had more mental health distress than a heterosexually-oriented, normative sample. SSA respondents who had become more chaste had an improvement in their overall mental health. Measures of authentic spirituality were also positively correlated to increased mental health. Positive correlations were also found between chastity, religious participation and self-reported measures of happiness. (Harris, S. 2009. “Mental health, chastity and religious participation in a population of same-sex attracted men.” Doctoral dissertation.)

Maternal Jealousy

Pelka explains (195), “Because each co-parent has the potential to be their child’s biological parent and because same-sex couples highly value relationship equality, unequal biological ties to children may cause feelings of jealousy between co-parents.” Lesbians who jointly parent by donor insemination (DI) often experience jealousy by the social mother toward the biological mother of the child. To avoid this problem, lesbian couples may conceive via IVF with embryo transfer (one mother contributes the egg while the other mother carries the child to birth), resulting in a shared biological attachment to the child, or may avoid biological attachments altogether by jointly adopting. Pelka, studying thirty lesbian couples—ten each who parented by DI, IVF and adoption—found respective rates of maternal jealousy of 60%, 20% and 10%. Corresponding jealousy toward the maternal bond by heterosexual men is virtually unknown. (Suzanne Pelka PhD (2009) *Sharing Motherhood: Maternal Jealousy Among Lesbian Co-Mothers*, *Journal of Homosexuality*, 56:2, 195-217)

Lower child wellbeing

A study examining over 11,000 children, including 72 with same-sex parents, on the Early Child Longitudinal Study found that children in same-sex parent families scored significantly lower on externalizing wellbeing, internalizing wellbeing and interpersonal skills relative to children with two biological married parents. Higher instability among same-sex couples accounted for most of the difference. (Potter & Potter (2017) *Psychosocial Well-Being in Children of Same-Sex Parents: A Longitudinal Analysis of Familial Transitions*, *Journal of Family Issues* 2017, Vol. 38(16) 2303 –2328.)

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