Research Brief

Same-Sex Couples and Healthy Relationship Education

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This brief reviews current literature regarding same-sex couples and LGB individuals to better understand their needs, strengths, and challenges; how they differ from and are similar to heterosexual couples; existing efforts to provide same-sex focused relationship education; and suggestions for expanding and providing culturally competent same-sex relationship and marriage education. As such, this brief intends to support various social services agencies as they integrate relationship education into their services to effectively meet the needs of heterosexual and LGB individuals and couples.

Introduction

The legal and political circumstances surrounding gay male and lesbian romantic relationships is quickly changing. Although the majority of lesbian, gay, and bisexual (LGB) individuals do not benefit from the numerous advantages of legal marriage (Boon & Alderson, 2009), the past years an increasing number of courts have recognized same-sex relationships. In June 2013, the Supreme Court of the United States partially struck down sections of the Federal Defense of Marriage Act that had established the Federal definition of marriage as between one man and one woman (United States v. Edith Schlain Windsor, 2013). Following the decision, various federal agencies took steps to recognize same-sex couples. For example, the U.S. Armed Forces extended full spousal benefits to same-sex couples and provided couples with leave to legally marry in another

state if their union was not recognized in their state of residence (Huetteman, 2013). The Internal Revenue Service now recognizes legally married same-sex couples and allows them to file as married, regardless of the legality of their marriage in their home state (Human Rights Campaign, 2013). In addition, the U.S. Department of Justice announced on February 10, 2014, that all federal employees and programs will be required to treat married same-sex couples the same as heterosexual married couples, regardless of state laws on marriage. These changes include not forcing couples to testify against each other in federal trials, visitation rights in federal prison, and eligibility for alimony (Horwitz, 2014). On the state level, as of February 2015, at least 36 states (and the District of Columbia) now allow same-sex marriage, while 13 have constitutional amendments prohibiting same-sex marriage (Pew Research Center, 2015).

Demographics of Same-sex Couples

These additional recognitions of the validity of same-sex relationships affect a sizable number of LGB Americans. It is only recently that we have reliable statistics to document the numbers and characteristics of gays and lesbians because previous population-based surveys and U.S. Census collections did not document sexual orientation. In fact, the first time the National Health Interview Survey asked about sexual orientation was in 2013,

showing that 2.3% of adults aged 18 and older self-identified as LGB (Ward, Dahlhamer, Galinsky, & Joestl, 2014). From California population-based surveys, we know that 3.2% of California adults under age 70 self-identify as LGB (Wight, LeBlanc, & Badgett, 2013). About 7% of those individuals are in a same-sex marriage or domestic partnership. Similarly, about a third of gay men and about half of lesbians in California share a home with a romantic partner (compared to about 60% of heterosexuals) (Carpenter & Gates, 2008).

Demographic data suggest that same-sex married or domestic partnership couples are better off economically than single gays and lesbians, but less affluent than heterosexual married couples (Wight et al., 2013). Heterosexuals are more likely than same-sex couples to have health insurance coverage for both partners (Gates, 2012) and are, on average, 5 years older (Gates, 2012). In contrast, same-sex couples are usually better educated (Wight et al., 2013) and older than single LGB individuals (Carpenter & Gates, 2008). At the same time, however, the percentage of same-sex couples with at least one senior citizen doubled from 5% to 11% in the last 5 years (Gates, 2012).

Demographics of Same-sex Families

US Census data analyses indicate that in 2011 approximately 650,000 households were headed by same-sex couples (Gates, 2012). Recent national data indicate that 1 in 5 same-sex headed households contain children (Gates, 2012; Payne, 2014). Lesbian couple-headed homes are about twice as likely to have children (28%) than gay male couple-headed families (13%) (Payne, 2014). This translates to about 115,000 same-sex headed households (LaSala, 2013) with approximately 235,000 children (Payne, 2014). Same sex couples of color are more likely to be living with a child than white same sex couples (Payne, 2014). Interestingly, same-sex coupled parents are

more likely to reside in the South, with Mississippi having the highest percent of same-sex headed families (Gates, 2012). Additionally, same-sex couples with less than a high school education (29% for gay males, 40% for lesbians) have the highest rates of parenting (Payne, 2014). Lesbian-headed families with high school degrees, some college or a college degree have similar rates (between 24 and 33%) of co-residence with children, but gay male couples with college degrees are the least likely to have children in their home (9%) (Payne, 2014).

> **Using the perspective of social justice and humanistic lenses with couples in each relationship stage provides opportunities for counselors to be both with and for their clients. (Casquarelli & Fallon, 2011).**

Growing numbers of Americans identify as LGB, and hundreds of thousands of homes are headed by a same-sex couple. As gay and lesbian individuals and couples gain additional rights, it is important to review social services systems to ensure that such services are meeting their needs. Relationship education is one component of social services that requires such a review. Lesbians and gay men undoubtedly form couples and families, and could benefit from the skills and knowledge offered by the programs.

It is important to note that LGB individuals and families are not always visible. With the exception of the above population-based studies, most research related to LGB issues uses convenience sampling which may introduce selection bias. People who respond to ads and outreach may look and behave differently from those who do not do so. In addition, it is difficult to directly compare same-sex couples to heterosexual couples based on their levels of commitment. A comparison can now be made between a select group of married same-sex couples and heterosexual

married couples, but that opportunity is very recent. Most works compare cohabiting same-sex couples to either married heterosexual couples or cohabiting heterosexual couples. Each comparison may be somewhat inaccurate because some cohabiting same-sex couples are not as committed as heterosexual married couples, and some cohabiting same-sex couples are more committed than heterosexual cohabiting couples, who have the option of marrying.
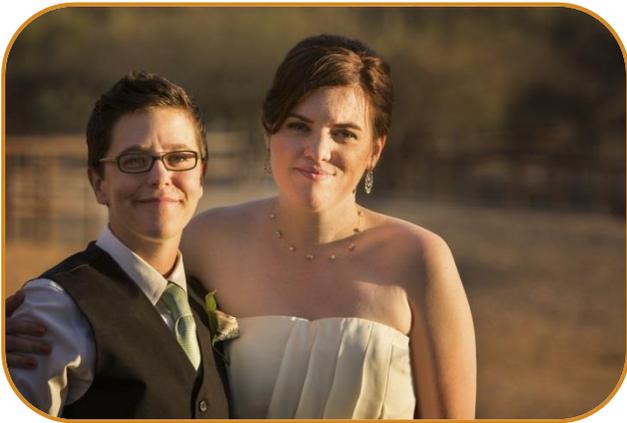
Definitions and Terminology

There are numerous overlapping, but slightly different terms used in the discussion of gay and lesbian individuals, couples, and families. The definitions below are provided for those who are unfamiliar with this literature.

- LGB/LGBT: Lesbian, Gay, Bisexual (and Transgender). Transgender is a blanket term that encompasses individuals who do not identify with stereotypical gender norms and roles, including androgynous and transsexual individuals (American Psychological Association, 2011). This brief uses the term LGB because transgender individuals have received far less attention in the relationship literature and thus conclusions with regard to transgender-focused relationship education would be premature.

- Same-sex couple: A couple consisting of either two men or two women. In this brief, they are also referred to as gay or lesbian couples, although it is acknowledged that bisexual individuals may also be members of a same-sex couple.

- Opposite-sex couple: A couple consisting of one woman and one man. In this brief, opposite-sex couple and heterosexual couple are used interchangeably, again acknowledging that bisexual individuals may also be members of an opposite-sex couple.

  Same-sex headed family: A family, usually with children, headed by either two women or two men. This term is used rather than gay or lesbian family because a family does not have a sexual orientation, and this brief does not address the orientation or eventual orientation of the children. Same-sex headed families can form in numerous ways, including adoption or the birth of a child in the context of a relationship, as a single individual, or as a previous member of either a same-sex or opposite-sex couple.

- Heterosexism: The ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community (Herek, 1995).

- Heteronormativity: The idea that heterosexuality is "normal" or a default sexuality for all individuals.

Challenges Facing LGB Individuals and Couples

Heterosexism, heteronormativity, discrimination, and stigma affect numerous aspects of LGB individuals' lives (Frost, 2013; Robinson & Brewster, 2013). For example, gays and lesbians can be discriminated against in foster care and adoption proceedings (Black et al., 2007), as well as in divorce proceedings.

In some states, it is even legal to discriminate in employment decisions (Patterson, 2013). In some states, same-sex couples cannot achieve legal recognition of and protection for their relationships (Green, 2010). Even for legally married same-sex couples, crossing a state line could negate their protections (Patterson, 2013). Discrimination against same-sex couples sends the clear message that their love and commitment is less than that of heterosexual unions (Fingerhut, Riggle, & Rostosky, 2011). In addition to these major concerns, even minor exclusions, like the lack of same-sex appropriate Valentine's Day or anniversary cards, can remind LGB individuals about the dominance of heterosexuality (Casquarelli & Fallon, 2011). In addition, LGB individuals may internalize messages of heterosexism and maintain negative feelings and attitudes about themselves, including their self-worth, their right to be a parent, and the right to work without social discrimination (Robinson & Brewster, 2013). This internalized heterosexism could manifest itself in substance abuse, depression, and other negative outcomes. Internalized feelings of heterosexism or homophobia also have profound negative impacts on the quality of relationships (Frost & Meyer, 2009). Feelings of internalized stigma can make LGB individuals view themselves as unworthy of love and incapable of true intimacy. Relationship education programs or materials that do not acknowledge the experiences and commitment of same-sex couples can add to these negative effects.

Finally, due to a combination of factors including discrimination, racism, and socioeconomic status, LGB individuals report higher rates of numerous negative health statuses and outcomes. Gay men, compared to heterosexual men, are more likely to be HIV positive, be depressed, or have a panic disorder (Cochran, Sullivan, & Mays, 2003). Lesbian women have higher rates of anxiety than heterosexual women (Cochran, Sullivan, and & Mays, 2003). LGB young adults higher

rates of disability (Fredriksen-Goldsen, Kim and Barkan, 2012), and alcohol, tobacco and drug use (Mollon, 2012). These health disparities continue well into adulthood, with senior citizen LGB individuals reporting higher rates of disability, mental health challenges, and heavy drinking than their heterosexual counterparts (Fredriksen-Goldsen, Kim, Barkan, Murarco, Hoy-Ellis, 2013).

> **I want the same community connection that heterosexuals have. I want people to be glad for us when we're happy, I want them to be there for us when we're having difficult times, I want to be able to talk about our lives…And if we're not out, we don't have that (Knoble & Linville, 2012).**

Strengths Among LGB Individuals and Couples

While LGB individuals and same-sex couples face individual, institutional, societal, and cultural stigma, many people have developed strategies and internal monologues for remaining strong and resilient. A qualitative study of same-sex couples' narratives about how social stigma affects intimacy and relationship quality found that although many couples felt that the heavy burden of discrimination negatively affects their relationships to some degree, others were able to construct a positive reaction or defense drew on their experience with homophobia to help support their African American daughter process and address racism and, as a result, was able to grow closer as a family. Previous generations of openly gay adults reported that many of their families of origin rejected them or otherwise provided little or no social or emotional support (LaSala, 2013). These individuals formed "families of choice," with strong friend networks. However, younger LGB individuals report that they tend to give and receive social support from their biological

family (LaSala, 2013).Strengths-based relationship education programs should build from these resiliencies by acknowledging the positive ways in which LGB people deal with stigma and the support provided by chosen family.

Comparing LGB and Heterosexual Individuals

One major difference between heterosexual and LGB youth is the process of developing a sexual identity and possibly choosing a sexual orientation (LaSala, 2013). Due to heteronormativity, many heterosexual youth never experience the process of exploring and analyzing their sexual desires and attractions; that they would pair off with a member of the opposite sex was inevitable. Non-heterosexual youth, however, experience the realization that their desires and attractions differ from the expected norm. In previous generations many LGB individuals did not self-identify until adulthood, however because societal heteronormative pressures are less pervasive than in the past, many LGB youth are coming out at earlier ages (LaSala, 2013). Social services providers should expect that some adolescents have already identified as a sexual minority.

Decisions about when, where, and how to be "out" have no heterosexual comparison (Knoble & Linville, 2012). Generally, research suggests that being out and open about one's sexual orientation and/or identity is associated with better mental health and relationship quality. Such benefits, however, must be weighed against concerns about discrimination, safety, and social inclusion (Knoble & Linville, 2012). It may be particularly difficult for LGB youth to be out in some faith-oriented settings (Goldberg, 2010). In addition, while partnered LGB individuals often have more opportunities to be out because their romantic interests are on display, it is sometimes less obvious for single LGB individuals. Single lesbian mothers report encountering heteronormative assumptions about their sexual orientation (Lapidus, 2004). Society often incorrectly links the presence of children to opposite-sex conception and orientation. Clearly, social services providers should not assume that all participants are heterosexual, including parents, and should refrain from voicing or displaying heteronormative assumptions, such as asking a woman about her boyfriend.

Lesbians and gay men, may draw from stereotypical heterosexual dating scripts when embarking on their relationships (Goldberg, 2010). These scripts dictate that men pursue sexual gratification while women appear modest and focus on communication and emotional connections. In LGB dating, this may translate into gay male couples progressing quickly to sexual activity, with lesbians engaging primarily in conversation (Goldberg, 2010; Peplau, 2003; Peplau and Fingerhut, 2007; In fact, some lesbians describe difficulty determining whether they are on a date or are participating in a non-romantic friendship (Goldberg, 2010). Unfamiliarity with same-sex dating can also put LGB individuals at greater risk for domestic violence (Donovan & Hester, 2008). Young adults who experienced domestic violence in same-sex relationships highlighted several important factors, including not knowing what a healthy same-sex relationship looked like, feeling exhilarated to finally be in a same-sex relationship, and not having a supportive

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LGB network to turn to for information and support. Service providers should help dating adolescents and adults develop an understanding of healthy relationship behavior and set personal goals for healthy relationships.

Same-Sex Relationship Education

It is important to note that not all LGB individuals believe that same-sex marriage should be a goal for their community (Goldberg, 2010). Marriage can be seen as hegemonic, patriarchal, and reproducing the state-sanctioned privileges reserved only for married people, such as access to another's health insurance plan (Fingerhut et al., 2011). While such individuals are unlikely to be interested in relationship, or more specifically marriage, education providers should be aware that some LGB individuals see marriage as forcing sexual, behavioral, and normative control onto gays and lesbians. From an ethical standpoint, it seems clear that couples should be able to access relationship education without discrimination based on sexual orientation (Whitton & Buzzella, 2011).

> **Seeing him as a caring, loving father has deepened my love and respect for him . . . I wouldn't have known those parts of him had we not had children. I think the experience of having children has let us each develop parts of ourselves that the other would not have seen (Huebner et al., 2012).**

Researchers have pointed out the immense power that words and labels have in relationship education. For example, because same-sex couples in many states cannot legally marry, describing services as "marriage" education may send a message of exclusion (Casquarelli & Fallon, 2011). Levy (2008) documents the process a reform Jewish congregation undertook to expand their premarital education program to same-sex couples. They, too, struggled with terminology and whether the words premarital or marital would discriminate against same-sex couples. The group ultimately decided that the goal of the programming was to ready people for

marriage, and because the majority of the attendees would be heterosexual couples, that it was important to keep the word marriage in the title of the program. In addition, the committee developed a descriptive tagline that clearly showed that committed same-sex couples were also welcome and were a target audience for the services. Although the aforementioned program focused on couples entering marriage, it is important to recognize that same-sex couples attending either relationship or marriage education programming may have been a couple for a long time (Casquarelli & Fallon, 2011). Without marriage, there are few markers to indicate the length of a relationship or the level of commitment.

In addition to issues surrounding the word marriage, a survey of relationship educators indicated that a curriculum's focus on the institution of marriage needs to be adapted for a same-sex couple audience (Whitton & Buzzella, 2011). Because marriage is not always an option for same-sex couples, it cannot be used as programmatic shorthand for a committed, lifelong relationship. In addition, program language should be edited to replace the words husband and wife with the gender-neutral partner. While it is fairly easy for service providers to adapt their own language to reflect their participants' sexual orientations, it is more difficult for any given program or organization to adapt videos, handouts, presentation slides, and other materials to reflect their clients' diversity.

One important service delivery consideration is whether relationship education programs can be provided to a mixed group of opposite-sex and same-sex couples. Levy (2008) ultimately decided that a mixed group was feasible. In

contrast, Buzzella, Whitton, and Tompson (2012), in the only documented test of LGB relationship education found, their programs are restricted to gay male couples, thus achieving a homogenous group by sexual orientation and gender. When Buzzella et al. (2012) asked program graduates about expanding the group for future services, they indicated moderate comfort with participating in relationship education with lesbian couples, and minimal comfort with heterosexual couples.

Beyond logistics and service delivery concerns, it is important to determine the extent to which current relationship education curricula and other written materials meet some of the specific needs of LGB individuals and couples. Although, as this review has documented, same-sex couples are similar to opposite-sex couples in many important ways, they face unique relationship challenges. Whitton and Buzzella (2012) document relationship educators' identification of the following needs of same-sex couples: education around managing discrimination and stigma, the importance of negotiating expectations in a relationship, and developing social and community support.

As mentioned above, Buzzella et al. (2012) developed and pilot-tested a culturally competent relationship education program for same-sex couples. Their curriculum addressed positive communication, negative communication, problem solving, social support, support for the relationship, perceived stress, and discrimination over 10 hours of instruction. The curriculum was tested with a convenience sample of 12 male same-sex couples living in Massachusetts. Nine of the couples were married; the other three were engaged and living together. The participants were nearly all White, college educated, and middle-aged (the mean age was 45). The 22 program graduates (one couple moved immediately after completing the study assessment) showed a positive change after the program with regard to problem solving, negative communication, and perceived stress, in addition to improved relationship quality. At a 3-month follow-up session, there was indication that most of these positive changes were maintained. This preliminary study provides some evidence that relationship education can benefit same-sex couples, although additional studies and evaluation methodologies are needed. Buzzella and Whitton's work on same-sex relationship education is expanding. They are currently testing their curriculum with groups of gay male couples in decidedly different cultural environments (Massachusetts, Southern Ohio, and Northern Kentucky). It will be interesting to see if the curriculum is as applicable to the needs of gay couples outside of the Northeast. They have also been provided with funding to develop a related curriculum for lesbian couples.[2]

At least one team of researchers is testing the validity and reliability of a relationship quality scale for same-sex couples (Burgoyne, 2001). Many relationship education programs use scales such as the Dyadic Adjustment Scale (Spanier, 1976) or the ENRICH Marital Satisfaction Scale (Fowers & Olson, 1993) in their work, either as evaluation tools or as assessment tools. The Relationship Assessment Measure for Same-Sex Couples (RAM-SSC) is based on the Waring Intimacy Questionnaire and captures aspects of discriminated between clinical and nonclinical

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groups of gay male couples, and may be a fruitful tool in providing relationship education to relationship satisfaction, communication, adjustment, and intimacy. A preliminary test of this tool indicates that it successfully to LGB individuals. Another exciting tool in the culturally competent provision of same-sex relationship education is the Support for Gays and Lesbians Human Rights Scale (Green, Murphy, Blumer, & Palmanteer, 2009). This scale is important for social services providers as it can be used to gauge staff support, understanding, and comfort with working with LGB populations. It is imperative that all service providers engaging with LGB individuals and families believe in the validity of their relationships and their right to a supportive, caring, and welcoming service environment. Unfortunately, discrimination against LGB populations is fairly common, and not all social services providers are capable of working, or willing to work, with these families. An assessment tool such as the Support for Gays and Lesbians Human Rights Scale can help organizations assess their staffs and then provide adequate competency training.

> **Specific interventions for same-sex and bisexual couples may include exploring and expressing wounds they have experienced from an oppressive culture, learning communication methods for supporting each partner's healing and wholeness, and strategizing proactively to foster changes in legal and economic systems to secure their relationship (Casquarelli & Fallon, 2011).**

Adapting Programs for Same-Sex Couples

As shown above, there are a significant number of LGB individuals, same-sex couples, and same-sex headed families. Just like their heterosexual counterparts, these youth, adults,

couples, and families struggle with issues that can be addressed by relationship education, such as communication, problem solving, division of labor, parenting, and financial management. Through a willing adaptation and expansion of current program offerings, social services providers can help all families access healthy relationship education as part of a holistic approach to improve their relationships with their partners, children, employers, and communities.

Although the same-sex relationship field is in a very nascent stage, we can draw from the empirical literature regarding LGB individuals and couples to offer some starting points to begin expanding and adapting current healthy relationship and marriage education programming, curricula, and other educational materials to meet the needs of the LGB population.

Suggestions for developing culturally competent and inclusionary relationship education include:

- Providing information on important legal distinctions and referrals, such as how to protect assets in the absence of marital rights, how to complete second-parent adoptions, and how to be designated a medical decision maker for a partner (Casquarelli & Fallon, 2011).

- Building opportunities for same-sex couples to develop friendships and a sense of community (Casquarelli & Fallon, 2011).

- Ensuring that all services are delivered with respect, open communication, and in the spirit of support and acceptance (Casquarelli & Fallon, 2011).

- Recognizing that some same-sex couples may not be committed to monogamy, but instead need help negotiating a mutually accepted "sexual agreement" (Klesse, 2007).

- Connecting younger same-sex couples with established same-sex mentor couples to serve as role models (Casquarelli & Fallon, 2011).

- Because same-sex couples do not have a de facto gendered division of labor to work from, it is important that guidance and support is provided to help couples determine who will complete the various household chores and how (Klesse, 2007).

- Hiring supportive relationship education facilitators (Casquarelli & Fallon, 2011).

- Helping service providers examine their own biases, impressions, beliefs, and attitudes toward LGB individuals, families, and couples (Burkholder & Burbank, 2012).

- Considering the use of staff or facilitators who identify as LGB, or at least complementing the services by providing guest presentations by LGB individuals (Formby, 2011).

- Assuming, especially with individual- or youth-focused programming, that some participants have same-sex attractions or identify as LGB, even if they are not "out." Ensure that programs are set up in such a way that participants do not have to inadvertently discuss their sexual orientation (Formby, 2011).

- Encouraging service providers to ask questions rather than make assumptions about LGB family/couple choices, desires, actions, and decisions (Burkholder & Burbank, 2012). For example, providers should not assume that couples know what legal protections are available to them.

- Although the literature suggests that LGB individuals sometimes draw from heterosexual scripts or stereotypes, it is imperative that programs not stereotype

members of same-sex couples into male or female roles (O'Neill et al., 2012).

Social services providers will also need to rethink all of the ways that services are delivered in a gendered manner. This examination needs to include relatively minor issues, such as dividing couples into male and female discussion groups, as well as overhauling assumptions about, screenings for, and disclosure and referral procedures for domestic violence (Donovan & Hester, 2008), acknowledging that individuals in same-sex relationships experience domestic violence, too.

At the same time, service providers should not assume that one's status as a sexual minority is always paramount in programming (Moore, 2006). As shown, there is great diversity among same-sex couples and families. Depending on the focus of an agency, it may make more sense to group families by whether their children were born/adopted into the relationship, or whether they are a stepfamily. In addition, agencies may want to offer different services for newly partnered couples versus couples who have been in committed relationships for a long time. Beyond family dynamics, same-sex headed families may also be better served by ethnically or racially focused relationship education, rather than programming based on sexual orientation.

Conclusion

In the midst of this major social revolution, gay and lesbian adults and their families are rapidly gaining legal and social legitimacy and equality. As part of this shift and expansion of civil rights, social services organizations need to evaluate their programming to ensure that they are meeting the needs of all of their clients. For social services providers, this means ensuring that all services are inclusive of LGB individuals, same-sex couples, and same-sex headed families. This is particularly important for agencies that integrate healthy relationship education into their service delivery systems. As discussed in this brief, same-sex and opposite-sex couples have much in common. Both groups have similar relationship quality and are challenged by parenting, finances, division of labor, and securing social support. In addition, LGB individuals and couples face some substantial challenges and affronts to the well-being of their relationships, such as challenges with regard to coming out, developing dating scripts, or developing a nonfamily social support network. Most of these negative outcomes, however, are linked to discrimination, heterocentricity, and homophobia, rather than any innate dysfunction within a same-sex relationship or family. In addition, this brief has documented nascent work developing or adapting relationship education to meet the needs of same-sex couples and has provided concrete, empirically based examples of ways to begin aligning a program with the strengths and needs of same-sex couples.

No work is without its limitations, however. In this brief, and in much of the research, same-sex couples are compared to opposite-sex couples, although the differences between gay and lesbian couples may be important as well. It is unclear, from the current research, the extent to which programming needs to be based on sexual orientation, and possibly gender as well. In addition, in some cases, it may be more appropriate to classify families based on characteristics other than orientation. For example, African American LGB couples may have more in common with African American heterosexual couples than White LGB couples, depending on the particular issues. Additional research is needed to determine what roles matter when and under what circumstances. Service providers should document both successes and challenges, thus building the body of knowledge to improve healthy marriage and relationship education.

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