Few topic areas within relationship science have undergone as much change over the past thirty years as that of same-sex relationships. Whereas early studies simply tallied the similarities and differences between heterosexual and same-sex couples, contemporary research adopts a more inclusive and process-oriented approach, seeking to answer deeper questions about the contributions of gender identity, sexual identity, and social marginalization to intimate relationship processes. The present chapter provides an overview of this burgeoning literature, emphasizing the most central and well-researched domains and highlighting the most productive questions for future research.

First, however, definitional issues require attention. Throughout this chapter we use the term sexual minority to describe individuals with same-sex attractions or behaviors. We use this term instead of LGB or lesbian/gay/bisexual because not all individuals with same-sex attractions or relationships claim an LGB identity (although we use the descriptors “lesbian,” “gay,” and “bisexual” when summarizing studies that recruited participants on the basis of lesbian/gay/bisexual identification). Also, this chapter devotes substantive attention to the intimate relationships of gender minorities as well as sexual minorities. The term gender minority denotes individuals whose gender identities or presentations deviate from conventional gender norms, and potentially from their sex assigned at birth. Some gender-minority individuals maintain a strong identification with their sex assigned at birth, despite their gender-atypical presentation; other gender-minority individuals adopt a gender identity that is different from their sex assigned at birth, and may seek physical modifications or legal changes to instantiate their authentic identity (this is the group commonly denoted transgender). Representative survey data indicate that 0.6 percent of US adults – approximately 1.4 million people – identify as transgender (Flores, Herman, Gates, & Brown, 2016), and scholars have called for greater research on their romantic and family ties. Hence, throughout this chapter we strive to consider the full range of relationship experiences among sexual and gender minorities. In adopting this approach, however, we want to emphasize that gender and sexual minorities are distinct populations with distinct experiences. We share the reservations expressed by other scholars who have noted that gender-minority individuals are often reflexively lumped together with sexual minorities (as in the acronym LGBT) without any substantive consideration of their distinct experiences (Blumer, Green, Knowles, & Williams, 2012). We also want to point out that throughout this chapter, we continue to use terms such as same-sex and other-sex (as well as female–female and male–male) to describe the results of research on these relationships types, but we openly acknowledge that these gender categories (which are typically based on the self-reports of the research participants) cannot be taken as reliable indicators of gender identity or sex assigned at birth.

MINORITY STRESS
Perhaps the most defining characteristic of the relationships of sexual and gender minorities is their exposure to social marginalization and stigmatization. Although tolerance of sexual and gender minorities has been progressively increasing over time (manifested most recently in the US legalization of same-sex marriage), considerable prejudice toward these populations persists. For example, in 2014, the Pew Research Foundation compared moral attitudes about homosexuality across forty countries (Pew Research Center, 2014). In the United States, 37 percent of citizens reported that homosexuality was morally unacceptable, 23 percent reported that it was morally acceptable, and 35 percent reported that it was not a moral issue. These are certainly more accepting attitudes than those found in many other countries (for example, homosexuality was judged morally unacceptable among 72 percent of Russians, 61 percent of Chinese, and 88 percent of Kenyans). Yet the United States was not among the most accepting 25 percent of countries – more favorable attitudes were found in Chile, Japan, Argentina, Italy, Australia, Britain, Canada, the Czech Republic, France, Germany, and Spain. Gender minorities face similar, and sometimes even greater levels of victimization and
discrimination (Grant et al., 2010; National Coalition of Anti-violence Programs, 2011).

The persistent social stigmatization of gender and sexual minorities has multiple pernicious manifestations, including family rejection, the threat of physical violence, and workplace and housing discrimination (National Coalition of Anti-violence Programs, 2011; Reisner et al., 2016; Ryan, Huebner, Diaz, & Sanchez, 2009). These accumulated experiences of stigmatization produce a phenomenon called minority stress, defined as the unique strain experienced as a result of occupying a socially marginalized category (Meyer, 2003). As reviewed by Meyer, the fundamental tenet underlying the conceptualization of minority stress is that individuals learn about themselves and develop their self-concepts on the basis of how they are treated and perceived by others. Individuals who become aware that they are negatively evaluated by members of their social network, their local community, and society at large may develop negative self-evaluations that impair their well-being.

These negative self-evaluations have a wide range of consequences, from stress-related mental health difficulties, externalizing problems, high-risk sexual behavior, psychiatric disorders, substance use, self-harming behavior, and suicidality (Duncan & Hatzenbuehler, 2014; Perez-Brumer, Hatzenbuehler, Oldenburg, & Bockting, 2015; Reisner et al., 2016). Some of the most powerful evidence for the detrimental consequences of minority stress comes from research linking systemic, community-wide stigmatization to individual-level well-being among sexual minorities: for example, sexual minorities are more likely to show elevated psychiatric distress in states that do not protect them from discrimination or hate crimes (Hatzenbuehler, Keyes, & Hasin, 2009), and in states that enacted constitutional amendments banning same-sex marriage, psychological problems among sexual minorities significantly increased during the twelve months after such amendments were passed (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010).

Exposure to minority stress, and the consequences of such exposure, vary across individuals with different personality characteristics, sexual identities, gender identities, histories of adversity, and ethnic/religious backgrounds. One's immediate social climate plays a particularly important role (Mohr & Sarno, 2016). For example, a same-sex couple living in a progressive, urban neighborhood populated by many other same-sex couples may rarely face anti-gay stigma, whereas a same-sex couple living in a small, politically conservative town in the Midwest may be chronically ostracized by neighbors. The confluence of other stressors (such as economic distress) also moderates the impact of marginalization (e.g., Gamarel, Reisner, Laurenceau, Nemoto, & Operario, 2014). Such variability introduces particular challenges for studying the effects of social marginalization on the couple relationships of sexual and gender minorities, since couple members may experience these effects quite differently from one another. Hence, although it is their status as a couple that may expose them to stigma, this stigma is always experienced at an individual level, and may not be shared across partners. For example, when receiving slow service at a restaurant, one member of a same-sex couple might believe that it is due to anti-gay discrimination, and feel angry and depressed as a result. Yet the other partner might believe that it is simply due to the fact that the restaurant is busy and the wait staff is overwhelmed, and might not share – or empathize with – his/her partner’s negative emotions. It does not matter which partner has the “right” interpretation – rather, what matters is each partner’s complex, psychobiological response to experiences of social threat and rejection, and how such responses influence both individual-level well-being and couple functioning over time.

It bears noting that there has been much less research on minority stress among bisexualy attracted individuals than among lesbian/gay individuals (Balsam & Mohr, 2007), perhaps reflecting long-standing assumptions that bisexuals are protected from social stigma by their ability to “pass” as heterosexuals. To the contrary, bisexual individuals face notable stigmatization from both heterosexual and gay/lesbian individuals, who often report perceiving bisexuals as untrustworthy or who may doubt the existence of bisexuality as a legitimate sexual orientation (Eliason, 2001; Rust, 2000). These stigmatizing views make it difficult for bisexuals to access social support for their unique experiences, which may partially explain why bisexual individuals report higher levels of stress-related mental health problems (such as anxiety, depression, and substance use) and risk behaviors (such as substance use and risky sexual behavior) than individuals with exclusively same-sex attractions or behavior (Bostwick, Boyd, Hughes, & McCabe, 2010; Gorman, Denney, Dowdy, & Meideiros, 2015).

The experiences of bisexual individuals may be further complicated when they become involved with other-sex partners – in such pairings, the bisexual partner’s experience and history of minority stress may diverge sharply from his/her partner’s. The same divergence can occur in the relationships of transgender individuals. For example, outsiders might perceive the pairing of a cisgender woman with a transmasculine partner as a “conventional” heterosexual relationship, but both partners may nonetheless be susceptible to the stress of social stigma. In fact, individuals whose status as sexual and/or gender minorities is not evident to outsiders report that such invisibility creates its own psychological burdens, such as a fear of discovery or a sense of inauthenticity (Diamond, 2008; Dyar, Feinstein, & London, 2014). Such examples underscore the diverse ways in which minority stress can manifest itself for sexual and gender-minority couples.

**RELATIONSHIP INITIATION**

Many sexual and gender minorities meet potential partners through the same channels used by heterosexuals,
such as work, school, friends, and recreational activities. Yet the single largest historical change affecting relationship initiation for all couples has been the explosion of online opportunities for meeting both casual and long-term partners (Cacioppo, Cacioppo, Gonzaga, Ogburn, & VanderWeele, 2013). These opportunities are particularly valuable for sexual and gender minorities because of the privacy and broad access they provide (Potárcí, Mills, & Neberich, 2015). Such privacy may prove particularly important for gender minorities, who can openly discuss the specifics of their gender expression to a potential partner before taking the risk of meeting face to face. Importantly, long-term relationships that begin online do not appear to be appreciably different from those that begin offline, and in fact research using representative samples of heterosexuals has found that online-initiated marriages actually show higher levels of satisfaction and stability than offline-initiated marriages (Cacioppo et al., 2013).

Some dating websites and apps cater specifically to the formation of casual sexual liaisons, allowing users to evaluate the physical attractiveness of potential sexual partners in their immediate area (Bilton, 2014; Wortham, 2013). Interestingly, smartphone applications catering to casual sex were first developed and established within the gay male community before heterosexuals began to adopt them (Wortham, 2013), potentially reflecting the fact that uncommitted sex is more acceptable within the gay male community than within society at large. One interesting observation arising from the widespread use of casual dating apps such as Tinder is that both men and women place considerable emphasis on a partner’s physical attractiveness. Unlike dating websites such as Match.com, EHarmony, and Okcupid, which contain extensive descriptions of the personalities and lifestyles of potential partners, the Tinder application prompts users to make decisions about potential partners on the basis of their photographs alone. Of the 91 million current users of the application, approximately 38 percent are female (Dredge, 2015), suggesting that when it is easy and socially acceptable for women to choose partners on the basis of physical appearance alone, they are nearly as likely as men to do so (contrary to widespread cultural norms suggesting that men, regardless of sexual orientation, place a higher value on a partner’s physical attractiveness than do women).

More research is needed in this area, particularly with respect to the processes of relationship initiation that are relevant for gender-minority individuals. For example, when is the most appropriate time for trans individuals to disclose their gender identity when beginning a new relationship? How do gender-minority individuals balance the pros and cons of outing themselves at various points in a dating relationship (e.g., prior to the first date versus after the third date versus never)? Such questions are important given that many cisgender individuals (within and beyond the LGBTQ community) report an unwillingness to date transgender individuals (Blair & Hoskin, 2016). The strategies gender-minority individuals use to navigate these forms of stigmatization deserve substantive future study.

**RELATIONSHIP SATISFACTION AND STABILITY**

Numerous studies over the past several decades have confirmed that same-sex couples are generally as satisfied and dissatisfied as mixed-sex couples, for the same basic reasons: the balance of perceived rewards to perceived costs (Beals, Impett, & Peplau, 2002). As with heterosexual couples, satisfaction in same-sex couples is positively associated with partners’ perceptions of fairness and equity, and their mutual emphasis on dyadic attachment – i.e., shared activities, togetherness, intimacy, commitment, and sexual exclusivity (Deenen, Gijs, & Van Naerssen, 1994; Kurdek, 1998; Schreurs & Buunk, 1996). The external stress posed by stigmatization, however, places additional burdens on the relationships of sexual and gender minorities, and is associated with lower relationship satisfaction (Gamarel et al., 2014; Rostosky, Riggle, Gray, & Hatton, 2007).

Historically, the lack of social-legal recognition for same-sex relationships has meant that same-sex couples faced fewer barriers to relationship dissolution than married heterosexual couples, which explains why their breakup rates have historically been higher than those of married heterosexual couples (Kurdek, 1998). But in 2015 the US Supreme Court established the right of same-sex couples to marry in all fifty states, which will finally make it possible to compare same-sex and mixed-sex couples at equivalent stages of legal formalization. For example, Rosenfeld (2014) recently used representative, longitudinal data to compare dissolution rates for mixed-sex and same-sex couples and found that once commitment status (i.e., entry into marriage or a marriage-like legal tie) is taken into account, the breakup rates for same-sex couples are indistinguishable from those for mixed-sex couples. Other studies have found that same-sex couples who have legally formalized their relationships have lower break-up rates than married heterosexual couples (Badgett & Herman, 2011).

Legal formalization also appears to be associated with mental and physical health benefits for same-sex couples, and this has been a key rallying cry for advocates of same-sex marriage rights (Institute of Medicine, 2011; Lau & Stromm, 2011). Although studies show that both marital and nonmarital relationships are associated with mental and physical health benefits (reviewed in Diamond, Fagundes, & Butterworth, 2010), additional benefits appear to be associated with legal marriage, with its array of social, community, and institutional supports (reviewed in Reczek, Liu, & Spiker, 2014; Wight, LeBlanc, & Badgett, 2013). Such supports may help to explain why sexual minorities in legally recognized same-sex marriages show significantly lower psychological distress than those in committed but unmarried relationships (Wight

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et al., 2013). Yet marriage is unlikely to provide uniform protection from the stress of social stigmatization. In their study of same-sex couples who entered into civil unions in Vermont, Todosijevic and colleagues (2005) found that many of these couples continued to struggle with familial rejection of their relationships.

The foregoing research on relationship stability and satisfaction has focused exclusively on cisgender individuals (or individuals presumed to be cisgender). We know much less about how the presence of a gender-minority partner influences the level of satisfaction or stability in a same-sex or mixed-sex relationship. Certainly, in cases where a cisgender partner remains coupled with a transgender partner through the partner’s transition, the changes and stressors associated with the transition place new burdens on the partner and on the relationship (Theron & Collier, 2013). In some cases, the relationship may not survive these changes, but in other cases, couples manage to adapt and cope, validating one another’s distinctive challenges and working to find new ways to relate to each other emotionally and physically (Alegría & Ballard-Reisch, 2013). Communication appears to be critically important: transgender individuals report that being able to openly discuss issues of sex and gender with their intimate partners becomes particularly important during and after transition, although such discussions are often experienced as awkward and difficult (Levitt & Ippolito, 2014).

Little systematic information is available on the factors that distinguish between couples who stay together during a gender transition and those who do not. Additionally, the very meaning of “staying together” varies from couple to couple: Some couples maintain a primary emotional connection to one another, but discontinue their sexual relationship; others maintain both their emotional and erotic relationships, and strive to create new ways of relating to one another. Both partners may experience changes in their sexual attractions and their desired forms of intimacy, and as a result it may prove impossible for couples to predict how each of them, and their relationship, will respond to the host of changes brought about by the transition. The predictors of stability versus dissolution are likely to be highly individualized for each case, but it is safe to assume that the couples who move through these changes with the greatest levels of satisfaction and security are those that began the process with high levels of mutual emotional support, commitment, respect, and access to the support and affirmation of friends, family, and community members.

**GENDER ROLES AND DYNAMICS**

One of the most common research questions regarding the relationships of sexual and gender minorities concerns their gender-related dynamics. Given that many gay, lesbian, and bisexual men and women deviate from traditional gender stereotypes in their interests, appearance, and behavior (Lippa, 2008), do they also adopt gender-atypical roles in their romantic and sexual relationships? The answer is generally no. When it comes to well-documented gender differences in domains such as interest in casual sex, emphasis on a partner’s youth and physical attractiveness, and interest in emotionally invested relationships, gay men show the same differences from lesbian women that heterosexual men have historically shown from heterosexual women (e.g., Bailey, Gaulin, Agyei, & Gladue, 1994; Hayes, 1995). To some degree, this should not be surprising: sexual minorities undergo the same gender socialization as do heterosexuals, and as a result, they have had plenty of opportunities to internalize the very same heteronormative cultural scripts regarding “appropriate” male and female interpersonal behavior as have heterosexuals.

Practically all previous research on gender dynamics within romantic relationships (whether same-sex or mixed-sex) has treated gender as a stable and bounded category. For example, studies frequently test for differences between the interpersonal behaviors and cognitions of women and men without calling into question the degree to which the particular “women” and “men” in any particular sample conform to conventional gender norms or personally identify as male or female. Yet as noted by Umberson and colleagues (2015), one’s personal sense of gender identity may prove more important than one’s sex assigned at birth in shaping the roles and responsibilities adopted in a couple, and a growing body of research on the relationships of gender-minority individuals underscores this point.

The roles that gender-minority individuals and their partners adopt within their intimate relationships take a wide variety of forms, and may be different from the roles they adopt in public life (Moore & Stambolis-Ruhstorfer, 2013). Some couples adopt traditional, clearly defined gender roles in order to help affirm the gender-minority partner’s desired gender identity, whereas other couples strive for gender-neutral or gender-nonconforming dynamics (Pfeffer, 2012). These idiosyncratic arrangements are typically invisible to outsiders, who often make assumptions (or ask inappropriate questions) about which partner in a couple adopts the “male” or “female” role. In some cases, gender-minority individuals seek a mixed or fluid gender identity (e.g., by combining male-typical and female-typical attributes, or by identifying as “them” instead of “he/she”) rather than a complete and categorical transition to the other gender (Kuper, Nussbaum, & Mustanski, 2012), and this can introduce tensions into their intimate ties. Many gender-minority individuals report worrying that their partners desire or expect a different degree of “gendering” than they are comfortable with or capable of (Levitt & Ippolito, 2014). Additional stress may be introduced into the couple if the non-transitioning partner comes to feel uncertain about his or her own gender identity, faces intrusive questions from friends and family members, experiences
rejection or stigma due to his/her relationship, or feels cut off from previous sources of community support (Gamarel et al., 2014; Reisner, Gamarel, Nemoto, & Operario, 2014).

One critical under-investigated question regarding the relationships of both sexual-minority and gender-minority individuals concerns how one’s gender role changes from relationship to relationship, depending on the specific gender identity and cultural background of one’s partner. Given the extensive research showing that gender is an inherently relational phenomenon that is repeatedly enacted in interactions with others (reviewed in Umberson, Thomeer, & Lodge, 2015), all individuals are likely to perceive and experience their own gender differently based upon their partners’ gender status, and each new relationship may prompt subtle renegotiations. The best way to assess and understand such changes is to follow-sexual-minority and gender-minority individuals over time, as they move through different relationships that elicit different gender dynamics (a recommendation we discuss in greater detail later in this chapter).

SEXUAL BEHAVIOR

Perhaps the most distinctive aspect of the sexual practices of gender and sexual minorities is that they do not revolve around penile–vaginal intercourse, which is the most common activity practiced by cisgender heterosexual couples (Call, Sprecher, & Schwartz, 1995; Laumann, Gagnon, Michael, & Michaels, 1994). For example, Laumann and colleagues (1994) found that 95 percent of their heterosexual respondents reported having vaginal sex the last time that they had sex, whereas only 30 percent pursued oral–genital contact. In contrast, between 70 percent and 90 percent of sexual minorities reported that they had engaged in manual–genital or oral–genital contact during their most recent partnered sex, and they also reported high rates of additional sexual activities such as anal–genital contact, anal–oral contact, and the use of dildos and vibrators (Diamant, Lever, & Schuster, 2000; Rosenberger et al., 2011). Because no single sexual act uniformly “stands in” for penile–vaginal intercourse as the primary sex act among sexual or gender minorities, they regularly engage in open and explicit negotiation with different sexual partners about their respective sexual likes and dislikes, their preferred roles regarding active/passive roles, their comfort with different types of penetration, and (especially for gender minorities) their level of comfort with different parts of their bodies. Such willingness to communicate openly about sexual needs and desires tends to foster high levels of sexual satisfaction (MacNeil & Byers, 1997; Purnine & Carey, 1997).

Internalized shame and homophobia pose important barriers to sexual satisfaction among gender and sexual minorities (Armstrong & Reissing, 2013; Szymanski, Kashubeck-West, & Meyer, 2008), and gender minorities may struggle with discomfort regarding their body and the gender role they feel expected to adopt within sexual interactions (Cerwenka et al., 2014). The physical complications of genital surgery can provide additional challenges, since such surgeries directly affect sexual functioning. Most surgeons strive to optimize postsurgical sexual functioning, and follow-up studies indicate that the majority of individuals who undertake such procedures are satisfied with the cosmetic and functional result, but there is nonetheless variability in functional outcomes that may require adjustments to sexual practices (Bowen et al., 2014; Terrier, Courtois, Ruffion, & Journel, 2014).

Lesbian Bed Death?

There has been considerable attention (and controversy) regarding the phenomenon of sexual infrequency in long-term lesbian couples, sometimes called “lesbian bed death” (Iasenza, 2002). To be sure, all couples show declines in sexual frequency as a function of both age and relationship duration, but these declines tend to be steepest among female–female couples (Laumann et al., 1994). The prevalence, causes, and implications of diminished sexual frequency in long-term lesbian couples have been hotly debated: is it a dysfunctional consequence of excessive emotional intimacy, a side effect of women’s socialization toward sexual passivity and shame, a methodological artifact of overly restrictive definitions of “sex” in conventional questionnaires, or a reliance on defining sexual activity purely in terms of frequency? Numerous researchers have argued that male-centric, heterosexual definitions of “sex” fail to represent the fact that many women gain sexual satisfaction from a broader range of erotic activities (Frye, 1990; Peplau, Fingerhut, & Beals, 2004). Notably, women in same-sex relationships report greater consistency, frequency, and quality of orgasms compared to women in mixed-sex relationships (Garcia, Lloyd, Wallen, & Fisher, 2014). In a similar vein, research has also found that women in same-sex couples report spending a significantly longer amount of time on each individual sexual encounter compared to men in same-sex relationships and men and women in mixed-sex relationships, suggesting that a consideration of duration of sexual encounters in addition to their frequency may paint a more accurate picture of any given couple’s sex life (Blair & Pukall, 2014).

Despite sexual encounters that last longer and that are punctuated by an increased consistency in experiencing orgasm, the issue of low sexual frequency in female–female couples may be further understood within the context of sexual desire. Low levels of sexual desire are relatively common in adult women, reported by approximately 30 percent of US women (Laumann, Paik, & Rosen, 1999). Coupled with the fact that many women have been socialized not to take the lead in initiating sexual activity (Nichols, 1990), one might question whether most long-term heterosexual couples would show “bed death” if the female partner were responsible for initiating sex.

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Supporting this view, research on established heterosexual couples has documented that many women – and many men, as well – report “going along” with sexual activity that they are not particularly interested in. In a daily diary study, O’Sullivan and Allgeier (1998) found that about half of young adults (aged twenty-one to thirty) involved in committed relationships reported at least one occasion of “unwanted” (but consensual) sex in a two-week period, with an average lifetime prevalence of twelve occasions. Motives for complying with unwanted sexual activity include satisfying partners’ needs, promoting intimacy, and avoiding tension (Vannier & O’Sullivan, 2010), and women generally appear more likely to consent to unwanted sexual activity than do men (Impett & Peplau, 2002). Hence, women paired with women do not appear to have less sexual desire than women paired with men, but less propensity to engage in sexual activity that is not actively wanted by both partners. Some psychologists have therefore argued that it is inappropriate to describe any particular level of sexual activity as “healthy” or “unhealthy” within a couple: any pattern of sexual practice in a couple is healthy as long as it meets their (potentially differing) needs, communicates mutual respect, and deals honestly with individual and dyadic problems that might be affecting their sexual dynamics.

**Sexual Exclusivity**

Perhaps the most distinguishing feature of male–male couples is that they are more likely than either male–female or female–female couples to openly permit extradyadic sexual activity. Estimates vary from study to study, but data suggest that between one-third and two-thirds of male–male couples have “open” (i.e., sexually nonmonogamous) relationships (Crawford et al., 2003; LaSala, 2004), and some have argued that open relationships among sexual-minority men represent adaptive solutions to partners’ desires to maintain a primary emotional commitment to one person while still pursuing sexual novelty and variety (LaSala, 2004). Longer-term relationships are more likely to be nonmonogamous (Ramirez & Brown, 2010), although the causal mechanism underlying this association is not clear. One possibility is that sexual-minority men may not be comfortable establishing nonmonogamy in a relationship until after it has progressed to a sufficient level of commitment and trust. Alternatively, sexual-minority men may be motivated to seek extradyadic sexual activity only after the “honeymoon” phase of a new relationship winds down and sexual frequency declines. Finally, it is possible that the decision to open up a relationship stabilizes male–male relationships by circumventing the potential obstacle of sexual boredom, obviating the need for infidelity, and prompting both partners to make explicit their emotional investment and commitment to one another.

Openness and good communication appear to be critical for the successful maintenance of nonmonogamous relationships. Couples without clear agreements about the boundaries regarding these relationships have lower levels of satisfaction and affection than those who establish and maintain explicit parameters (Bonello, 2009; Ramirez & Brown, 2010). The specific agreements that couples establish vary widely, although most are aimed at protecting the emotional primacy of the relationship, preventing either partner from feeling hurt or left out, and also preventing the acquisition and transmission of sexually transmitted infections (Ramirez & Brown, 2010). For example, some couples pursue extradyadic sex in the form of threesomes; other couples specify that mutual friends and former lovers are off-limits, or that new friendships or emotional connections cannot be formed with outside sexual partners; some couples agree not to discuss outside sexual partners with one another, whereas other couples specifically request that details be provided afterward. Regardless of the rules that couples establish, many find that these rules must be continually updated and revisited over time to account for unanticipated reactions and situations (LaSala, 2001).

A growing number of couples – both same-sex and other-sex – have also begun to explore polyamorous relationships, which involve multiple, concurrent romantic-sexual relationships – involving emotional commitment as well as sexual behavior – pursued with the full knowledge and consent of all parties. The development of clearly defined polyamorous identities and communities stretches back to the 1960s and 1970s, during which many individuals and groups began to challenge the cultural privileging of monogamy, but in the 1990s the internet fostered rapid increases in the visibility of polyamory and in the ability of individuals to form online polyamorous communities. Although individuals of all sexual orientations have been observed to practice polyamory, some research suggests that bisexuals are particularly likely to pursue this practice (Klesse, 2006). This may be attributable to the fact that bisexual identity formation often involves a wide-scale questioning of restrictive cultural standards regarding both exclusive heterosexuality and exclusive homosexuality, leading many bisexuals to reconsider the supposed moral and psychological preeminence of monogamy altogether.

Labriola (1999) identified three common models for polyamorous relationships: the primary/secondary model, the multiple primary partners model, and the multiple nonprimary relationships model. In the primary/secondary model, a couple views their relationship with each other as their primary bond, but each remains open to other lovers. The main difference between this model and the extradyadic sex pursued by some male–male couples is that the “secondary” relationships in a primary/secondary model may be ongoing sexual and emotional attachments, rather than “one-time only” sexual events. In the multiple primary partners model, an individual might have two partners, each of which is considered of equal importance. In some cases, the two partners will also be involved with
one another, thereby establishing a triadic relationship. In the multiple non-primary relationships model, individuals seek to avoid the very designation of “primary” versus “non-primary,” and seek fluid webs of relationships in which all individuals can freely negotiate the terms of their specific sexual and emotional involvement. Both polyamory and extradyadic sexual activity pose challenges to conventional models of “healthy” relationships, and future research on these practices offers the possibility to develop and test new hypotheses about how diverse relationship structures foster unique dynamics of support, intimacy, and commitment.

**INTIMATE PARTNER VIOLENCE**

Contrary to the notion that domestic violence is unique to the patriarchal dynamics of male–female pairings, recent years have seen increasing documentation of violence and abuse within the relationships of gender and sexual minorities, ranging from physical behaviors such as hitting, slapping, scratching, and attacking with a weapon, to non-physical behaviors such as threats, denigration, stalking, and sexual coercion (reviewed in Langenderfer-Magruder, Walls, Whitfield, Brown, & Barrett, 2016; Messinger, 2014). The most reliable prevalence estimates come from the 2010 National Intimate Partner and Sexual Violence Survey (NIPSVS), an ongoing and nationally representative survey that collects information on partner violence among more than 16,000 English- and Spanish-speaking men and women in the United States (Walters, Chen, & Breiding, 2013). These data show higher rates of partner violence among sexual minorities than among heterosexuals. The lifetime prevalence of physical violence, rape, or stalking by an intimate partner was 43.8 percent for lesbians, 61.1 percent for bisexual women, and 35 percent for heterosexual women. Of the bisexual women who experienced partner violence, 90 percent reported that the perpetrators were exclusively male. Of the lesbian women who experienced partner violence, 67 percent reported that the perpetrators were exclusively female. Among men, the lifetime prevalence of physical violence, rape, or stalking by an intimate partner was 26 percent for gay men, 37 percent for bisexual men, and 29 percent for heterosexual men. Of the bisexual men who experienced partner violence, 79 percent reported that the perpetrators were exclusively female. Of the gay men who experienced partner violence, 91 percent reported that the perpetrators were exclusively male. Research using representative samples has also found disproportionately high rates of dating violence among sexual-minority adolescents, especially bisexual girls (Martin-Storey, 2015).

Psychological aggression (including attempts to verbally insult and humiliate the partner and attempts to control, monitor, and threaten the partner) was also common among sexual minorities in the NIPSVS study: the rates of women’s lifetime experience of psychological aggression were 63 percent among lesbians, 76 percent among bisexuals, and 48 percent among heterosexuals. Among men, the rates were 60 percent for gay men, 53 percent for bisexuals, and 49 percent among heterosexuals. Examples of psychological aggression that were common for both women and men included being called names like ugly, fat, crazy, or stupid, having a partner make physical threats or threaten to commit suicide, or having a partner keep track of their whereabouts.

Although national prevalence estimates are not available for gender-minority individuals, a growing body of research has called attention to risks for partner violence in the close relationships of transgender and gender-minority individuals (Cook-Daniels, 2015; Langenderfer-Magruder et al., 2016). As argued by Cook-Daniels (2015), experiences of violence in the relationships of gender minorities must take into account the larger systems of discrimination and stigmatization in which such couples are embedded, and which are likely to erode the problem-solving skills of both partners in such relationships. Additionally, gender-minority individuals (as well as sexual minorities) may be reluctant to seek help for partner violence, given that many community shelters and anti-violence organizations are accustomed to dealing with male–female violence among cisgender individuals, and may be unprepared for or insensitive to the unique needs of sexual and gender minorities (reviewed in Ford, Slavin, Hilton, & Holt, 2013).

Minority stress and social marginalization play important roles in fostering partner violence in the relationships of gender and sexual minorities (Cook-Daniels, 2015; Stiles-Shields & Carroll, 2015). As reviewed by Stiles-Shields (2015), minority stress can render gender and sexual minorities more prone to violence because internalized feelings of shame and worthlessness can allow them to feel that they “deserve” abuse, and can make it difficult for them to reach out for help. Individuals who are hiding or still questioning their sexual or gender identity may be particularly silenced. Furthermore, factors such as substance use, anxiety, and depression (all of which are positively correlated with minority stress) increase the risks of violence. In interpreting such findings, it is important to keep in mind that research on intimate partner violence consistently finds that across all couple types and all ethnic groups, bidirectional partner violence is more common than unidirectional violence (Langhinrichsen-Rohl, Misra, Selwyn, & Rohling, 2012; Renner & Whitney, 2012). Hence, in order to prevent partner violence, we must view it as a property of an ongoing relationship (and not the “fault” of a single, dysfunctional individual) and we must seek to understand the specific dynamics between a couple that give rise to violent escalation. Also, we must consider that sexual and gender minorities are disproportionately likely to have childhood histories that may predispose them to partner violence, such as childhood abuse and neglect (Andersen & Blosnich, 2013; McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012; Sweet & Welles, 2012). Hence, when investigating
intimate partner violence among gender and sexual minorities, we must consider that both partners may bring a host of risk factors into the relationship (from childhood victimization to long-term histories of stigma and social marginalization) that can foster the development of maladaptive, dysfunctional patterns of psychological and physical aggression.

CONCLUSION AND FUTURE DIRECTIONS

We want to close by emphasizing several areas that are ripe for future study. As noted earlier, both bisexual and gender-minority individuals have been woefully underrepresented in relationship science, and their unique experiences need more systematic study. Consider, for example, that the experiences of bisexual individuals were altogether excluded from the recent legal and policy debates about same-sex marriage, as if their theoretical capacity to marry a heterosexual partner made them ineligible to advocate for their right to marry a same-sex partner (Boucai, 2012). From the perspective of relationship science, we would argue that the relationship trajectories of bisexualy attracted individuals (whether cisgender or transgender) offer unique opportunities to study the impact of social marginalization on intimate relationships, given that these individuals may experience starkly different levels of social marginalization at different points in time depending on the gender of their partner and their own gender presentation.

To account for such trajectories, Umberson and colleagues (2015) have advocated for a “relationship biography” approach, which would investigate within-person variation in relationship experiences over time. They ground this approach in a life-course perspective on individual development (Johnson, Crosnoe, & Elder, 2011), which seeks to understand how an individual’s sequences of transitions into and out of different relationships shapes his/her self-concept and well-being. We wholeheartedly agree with their view that this approach is particularly useful for investigating the relationship experiences of sexual minorities and their rapidly changing legal and cultural contexts. It is also particularly useful for understanding the experiences of bisexualy attracted and gender-minority individuals, given that they often pursue romantic relationships with both women and men over their life spans, and their relative experiences of satisfaction and comfort with each type of relationship may change over time. A biography approach is also particularly useful for tracking the impact of one partner’s gender transition on both partners’ experiences in their current relationship and their future relationships. Hence, a priority for future research should be the assessment of within-person variation in the relationship experiences of gender and sexual minorities over time.

Another important area for future research involves investigation of the specific processes through which minority stress influences relationship experiences, and the differentiation between individual-level processes (such as one partner’s stress-induced susceptibility to jealousy) and dyadic-level processes such as emotional contagion. For example, LeBlanc, Frost, and Wight (2015) have called for greater investigation of stress proliferation in marginalized couples. In contrast to classic minority stress approaches, which focus on the effects of stigmatization and marginalization on individual-level functioning, stress proliferation approaches seek to understand how a stressor in one partner can beget and exacerbate additional stressors in both partners, cumulatively worsening their collective psychological impact. Process such as stress “crossover” within couples (Matthews, Del Priore, Acitelli, & Barnes-Farrell, 2006) provide examples of stress proliferation, and highlight the degree to which couples may not always be able to provide one another with the type of social support that is theorized to help buffer individuals against chronic stress.

At the same time, we also need to understand the processes through which sexual and gender minorities develop resilience to stress. Given the chronic exposure to marginalization and stigmatization faced by sexual and gender minorities, it is notable that their relationships do not, in fact, show large-scale deficits in satisfaction and stability. Clearly, many sexual and gender minorities have developed effective strategies for protecting their intimate relationships from the potentially corrosive effects of minority stress, and greater research on these strategies could make a substantial contribution to our understanding of stress and relationships more generally (reviewed in more depth in Cutrona, Bodenmann, Randall, Clavel, & Johnson, Chapter 25, this volume).

One possibility may have to do with the unique gender dynamics of same-sex couples. Studies have found that female–female couples tend to exhibit more emotional connectedness, cohesion, and empathy than male–male or male–female couples (Green, Bettinger, & Zacks, 1996; Ussher & Perz, 2008), along with more effective patterns of conflict resolution (Roisman, Clausell, Holland, Fortuna, & Elieff, 2008), possibly because women are encouraged from an early age to develop high levels of interpersonal sensitivity, empathy, emotional awareness, and emotional expressivity (Thomas & Fletcher, 2003). Studies of male–male couples have found that they tend to combine masculine and feminine styles of relating in ways that challenge heteronormative views of intimacy and foster effective support provision, such as closely monitoring a partner’s emotional needs and reliably stepping in to provide nurturance and support (Umberson, Thomeer, & Lodge, 2015). Future research should examine whether such unique dynamics play a role in fostering resilience to the detrimental relationship effects of minority stress.

Finally, the 2015 US Supreme Court decision legalizing same-sex marriage offers a host of new research opportunities. Currently, we know little about how the option of legal marriage may or may not alter the relationship...
trajectories of same-sex couples. One possibility is that the structural tie and structural supports of marriage will render same-sex couples more similar to married heterosexual couples with regard to relationship length. Alternatively, it might have little overall effect, if the types of couples seeking marriage were already strongly committed to one another even without a formalized relationship. Future research will undoubtedly address these questions. Also, in celebrating this landmark civil rights victory, we must remain mindful of the needs and experiences of sexual and gender minorities whose relationships fail to resemble the “marriage model.” During the fight for same-sex marriage, many advocates trumpeted research on the similarities between same-sex and heterosexual couples as a key basis for marriage equality. Yet this rhetorical strategy implicitly reinforces the notion that monogamous, heterosexual marriage is, in fact, the prototype of adult sexual/romantic intimacy (Kitzinger & Coyle, 1995), and fails to question cultural assumptions about the “naturalness” and inherent superiority of this particular type of union (e.g., see DePaulo & Morris, 2005; Kimpton, 2014). The notion that some types of intimate relationships are more “worthy” of legal protection than others has troubling implications, and scientists studying the relationships of gender and sexual minorities must continue to rigorously investigate alternative relationship practices, such as maintaining separate residences from primary partners, pursuing multiple partnerships, or forgoing sexual/romantic ties altogether in favor of “chosen families” of close friends.

Such investigations have an important role to play in “decentering” hetero-centrism by revealing that healthy, fulfilling intimate relationships need not conform to heterosexual norms (Oswald, Blume, & Marks, 2005). Future research must remain mindful of the multiple sociocultural and political forces that inescapably shape the context in which research on sexual-minority and gender-minority relationships is conducted and interpreted. By questioning society’s explicit and implicit assumptions about what is “normal” and “natural” when it comes to love and sexuality, we can best represent, describe, and explain the true diversity of intimate human relationships.

REFERENCES


