

Intimate Partner Violence Among Sexual Minority Populations: A Critical Review of the Literature and Agenda for Future Research

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Objective: This authors provide an overview and critical analysis of research on intimate partner violence (IPV) among lesbian, gay, and bisexual (LGB) persons and discuss recommendations for future research on the topic. **Method:** Ninety-six empirical articles published from 1999 to the present, examining IPV among samples of LGB persons, were reviewed. **Results:** Research documents that rates of IPV among LGB individuals are equal to or greater than rates observed among heterosexual individuals. A number of risk factors for IPV victimization and perpetration among LGB individuals have also been identified; these risk factors are similar to those documented among heterosexual individuals and also include minority stress risk factors (e.g., internalized homonegativity), which may help explain increased rates of IPV among sexual minorities. A substantial research literature also documents disclosure, help-seeking, leaving, and recovery processes among LGB victims of IPV, indicating a number of similarities to heterosexual victims of IPV, as well as differences, which too can be understood through a minority stress framework. **Conclusion:** We identified a number of important future research strategies within the domains of measurement, participants/sampling, study methodology, and IPV co-occurrence with other forms of violence. We also discussed the importance of addressing minority stress in IPV prevention efforts for LGB individuals, and improving LGB IPV service availability and provider sensitivity.

Keywords: domestic violence, intimate partner violence, LGB, review, sexual minority

Supplemental materials: <http://dx.doi.org/10.1037/a0038656.supp>

Over the past few decades, our understanding of intimate partner violence (IPV) has increased greatly, with approximately 14,200 original research studies on IPV published within the past 15 years alone.¹ However, of the approximately 14,200 research studies, roughly 400 (3%) specifically address IPV among LGB (lesbian, gay, bisexual, and other nonheterosexual and persons; used interchangeably in the paper with sexual minorities). Although the literature on IPV among LGB populations is only a fraction of the literature of IPV among heterosexual populations, research on the topic has grown substantially. The purpose of this article is to provide a comprehensive and critical overview of what we know to date about IPV among LGB persons and to provide a framework for future research inclusive of sexual minorities.

For the current review, the authors identified all published empirical articles ($n = 358$) written in English, referencing any form of IPV and participants' sexual minority status, published since 1999, when Burke and Follingstad published their exhaustive review of literature on same-sex IPV. Although there have been a several review and theoretical articles published on IPV among LGB individuals since 1999 (e.g., Duke & Davidson, 2009; Hill, Woodson, Ferguson, & Parks, 2012; Murray & Mobley, 2009), only two have been systematic (i.e., the authors articulated their methods used to locate articles and article inclusion and exclusion criteria) and comprehensive (inclusive of all published research meeting article inclusion criteria; i.e., Finneran & Stephenson, 2013; Mason et al., 2014). These two systematic reviews, however, focused only on IPV among men who have sex with men (MSM) or only on psychological IPV. Our review is inclusive of all forms of IPV and individuals all along the sexual minority spectrum. We also focus on a number of aspects (e.g., disclosure, help-seeking) beyond IPV incidence, prevalence, and risk factors.

From our initial pool of 358 empirical articles published since 1999, articles were excluded if they did not (a) present analyses for sexual minority participants separate from nonsexual minority participants ($n = 32$), (b) present analyses for IPV separately from other forms of interpersonal violence ($n = 9$), (c) measure IPV experiences specifically (e.g., we excluded articles that measured

This article was published Online First February 2, 2015.

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We thank Dr. Mary Moynihan, Dr. Jessica Turchik, Dr. Milo Wilson, Kristiana Dixon, and Kara Rodenhizer-Stampfli for their review and feedback on drafts of this article. Funding for this project was provided by the University of New Hampshire's College of Liberal Arts Dean's Office.

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¹ This figure is based on a search using PsychInfo and Violence and Abuse Abstracts search engines for peer-reviewed journal articles published between 1999 and 2013. Literature reviews, systematic reviews, and meta-analyses were excluded from these results.

perceptions of IPV) ($n = 22$), (d) present original data ($n = 123$), (e) include samples from Western cultures ($n = 22$). An additional 51 articles were excluded because they were duplicates of previously obtained articles. Finally, we excluded three articles that focused exclusively on transsexual/transgender individuals with no mention of sexual orientation. Of note, a number of studies involved transsexual/transgender individuals who also identified as a sexual minority (e.g., queer), and these were included in our review. We thus included a total of 96 articles in our review. In what follows, we summarize and critically review the extant literature in the following domains: incidence and prevalence rates, risk factors for IPV victimization, risk factors for IPV perpetration, characteristics of IPV incidents, victim outcomes, victim disclosure and help-seeking, leaving processes in abusive relationships, victim and perpetrator perceptions of IPV experiences, and treatment. Finally, we provide thematic findings across these domains, and most but not all of the 96 studies are discussed in the paper; a table individually summarizing findings from all of the 96 studies is available online (see the online supplemental materials).

Summary of the Research Literature on IPV Among LGB Persons

Incidence and Prevalence Rates

Sixty-two studies have reported on the incidence and/or prevalence rates of IPV among LGB individuals. Rates of IPV range from 1% (e.g., Turell [2000] measuring forced sex perpetration in current relationships among LGBT individuals) to more than 97% (i.e., Hequembourg, Parks, & Vetter [2008] measuring any lifetime psychological, physical, and sexual IPV perpetration among LGB individuals). For example, Craft, Serovich, McKenry, and Lim (2008) found that psychological IPV was the most commonly reported form of IPV in their sample of perpetrators (including 97.6% of their sample of lesbians and 93.5% of their sample of gay men). This finding is consistent with, albeit larger than, Craft and Serovich's (2005) finding that 78.4% of HIV-positive men in same-sex relationships reported psychological IPV perpetration and 72.5% reported psychological IPV victimization. Studies reporting on sexual IPV specifically report lower rates of victimization, with researchers using the Conflict Tactics Scale—Revised (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) finding that 33.3% of men in same-sex relationships reporting victimization (Craft & Serovich, 2005), and 9.5% of gay and bisexual men reporting sexual victimization using author-created questions (Feldman, Ream, Diaz, & El-Bassel, 2008). Similar to the higher rates reported by Craft and Serovich (2005), these researchers also found that 27.5% of men in same-sex relationships reported sexual IPV perpetration (Craft & Serovich, 2005). Finally, research investigating physical IPV has found that 41.0% of gay and bisexual men report being the victim and 35.0% report being the perpetrator of at least one act of physical IPV in their lifetime (Bartholomew, Regan, White, & Oram, 2008), and Craft and Serovich (2005) found similar rates, with 45.1% of men in same-sex relationships reporting physical IPV victimization and 39.2% reporting perpetration. Although discrepancies appear to be a result of the different forms of IPV being measured and some researchers' tendencies to aggregate multiple forms of IPV when reporting rates, the

measures used can also influence rates. For instance, including milder forms of violence in IPV perpetration and victimization scales can lead to higher rates of reported violence. Specifically, Miller, Greene, Causby, White, and Lockhart (2001) found that 46.1% of the lesbians in their study reported some form of moderate physical IPV, whereas 14.1% reported severe physical IPV.

As shown above, the gaping discrepancy in rates of IPV is attributable to variability in how IPV is defined (IPV victimization and/or perpetration; physical, sexual, psychological, and/or stalking IPV; lifetime, current relationship, last year, or some other time frame) and measured (standardized measurement, most commonly the Conflict Tactics Scale Revised [Straus et al., 1996], or items created for the individual study by researchers) as well as the sample used (e.g., demographic make-up, national vs. convenience sample, clinical vs. community sample). Not surprising, the highest rates of IPV are documented when the measures and definitions used by researchers are more inclusive and include a longer time frame. The highest rates of IPV victimization are also documented in samples evidencing higher levels of IPV risk factors (e.g., clinical and criminal justice system samples).

IPV estimates ranging from 1% to more than 97% tell us extremely little about the scope of the problem. Consistent with other reviews (e.g., Finkelhor, 2011), herein we draw upon the most recent, nationally representative epidemiological data to provide what we consider to be the most reliable and valid estimates of IPV among LGB individuals, and how these estimates vary as a function of sexual orientation and gender. The CDC released some of the most recent data from the National Intimate Partner and Sexual Violence Survey, which documented that lifetime prevalence rates of IPV (inclusive of physical, sexual, stalking victimization, but not psychological victimization) occurred at similar to higher rates among self-identified LGB adults (bisexual women: 61.1%; lesbian women: 43.8%; bisexual men: 37.3%; gay men: 26.0%) than heterosexual adults (women: 35.0%; men: 29.0%) (Walters, Chen, & Breiding, 2013). When only considering severe physical violence by an intimate partner (e.g., hit with a fist, beaten), lifetime prevalence rates again were similar or higher for LGB adults (bisexual women: 49.3%; lesbian women: 29.4%; gay men: 16.4%) than heterosexual adults (women: 23.6%; men: 13.9%). The findings reported by Walters et al. (2013) are somewhat consistent with Messinger's (2011) analysis of the National Violence Against Women Survey, in which Messinger documented that means for all forms of IPV victimization (inclusive of physical, psychological, and sexual) were greater for LGB individuals than heterosexual individuals. Messinger also documented that sexual minority women were most likely to be victims of sexual IPV, followed by heterosexual women, sexual minority men, and heterosexual men. Further, bisexual individuals were more likely to be victimized than all other groups, and bisexual women were more likely to be victimized than bisexual men for all forms of IPV, except psychological IPV.

Data from the National Longitudinal Study of Adolescent Health provide information on IPV among adolescents and young adults as a function of gender and sexual orientation (Halpern, Young, Waller, Martin, & Kupper, 2004; Renner & Whitney, 2010). Using Wave II, Halpern et al. (2004) found that 24% of adolescents who were in same-sex relationships during the past 18 months reported physical and/or psychological IPV victimization. Girls in same-sex relationships reported higher rates of physical

and/or psychological IPV (26.6%) than boys in same-sex relationships (18.3%). Girls were more likely to have something thrown at them and to be sworn at than boys, whereas boys were more likely to receive threats than girls. When considering these results, it is important to keep in mind that youth could have also been in opposite sex sexual relationships during the past 18 months, and sexual orientation self-identification was not directly assessed. Using Wave III and sexual orientation self-identification labels, Renner and Whitney (2010) found that rates of physical, sexual, and threatening IPV victimization and perpetration did not differ between heterosexual youth and bisexual/homosexual youth; of note, boys and girls were not examined separately and bisexual and homosexual youth were collapsed into one category.

In sum, recent, national epidemiological data, as well as data from most convenience samples comparing rates of IPV among heterosexual and LGB individuals, find that the rates of IPV are similar or greater for sexual-minority individuals. However, most of this research has focused on rates of IPV victimization and not IPV perpetration. Researchers often collapse across sexual minority status categories and only sometimes examined the intersecting role of gender when estimating incidence and prevalence rates. In fact, in our review of the literature, in only 21 of the 96 studies (21.9%) did the researchers actually inquire about the sex and/or gender identification of the participants' partner involved in the IPV episode(s). Despite these methodological limitations, research indicates that the rates of IPV are equal to or higher among LGB individuals than heterosexual individuals. These increased rates may be attributable to additional risk factors related to minority stress that heterosexual individuals do not experience, as well as higher occurrence of shared risk factors among LGB individuals (e.g., higher substance use among LGB individuals compared with heterosexual individuals because of minority stress), all of which are discussed in the next section.

Risk Factors for Victimization and Perpetration

Victimization. Twenty-five studies have examined correlates, often conceptualized as risk factors, of IPV victimization among LGB individuals. In general, research suggests that the following factors are related to an increased risk for IPV victimization: racial minority status, lower socioeconomic status, younger age, deaf or hard of hearing, substance use/abuse/dependence, low self-esteem, risky sexual behavior, victim blaming attitudes, lack of power in relationships, attachment anxiety, HIV+ status, child abuse, witnessing IPV as a child, victimization in peer networks, psychological and physical health problems, history of sex work, and history of incarceration (e.g., Andrasik, Valentine, & Pantalone, 2013; Balsam & Szymanski, 2005; Barrett & St. Pierre, 2013; Bartholomew, Regan, Oram, & White, 2008; Craft & Serovich, 2005; Eaton et al., 2008; Houston & McKirnan, 2007; Jones & Raghavan, 2012; Nieves-Rosa, Carballo-Dieguez, & Dolezal, 2000). Research generally indicates that regardless of whether IPV victimization is physical (e.g., Bartholomew, Regan, Oram, et al., 2008; Bimbi, Palmadessa, & Parsons, 2008; Craft & Serovich, 2005; Descamps, Rothblum, Bradford, & Ryan, 2000), psychological (e.g., Bartholomew, Regan, Oram, et al., 2008; Bimbi et al., 2008), or sexual (e.g., Bimbi et al., 2008; Craft & Serovich, 2005; Descamps et al., 2000), these factors are generally associated with increased levels of victimization. Additionally, these risk factors

have been identified for both samples of only sexual minority women (e.g., Balsam & Szymanski, 2005; Descamps et al., 2000) and only sexual minority men (e.g., Bartholomew, Regan, Oram, et al., 2008; Craft & Serovich, 2005; Greenwood et al., 2002).

Whereas all of the above-mentioned factors are also documented correlates of IPV victimization among heterosexual samples (for reviews, see Capaldi, Knoble, Shortt, & Kim, 2012; Dardis, Dixon, Edwards, & Turchik, 2014; Stith, Smith, Penn, Ward, & Tritt, 2004), four studies have examined factors unique to LGB individuals, under the umbrella of sexual minority stress, as correlates of IPV victimization. Two studies have documented that being more "out" was related to an increased risk for physical and psychological IPV victimization among gay and bisexual men (Bartholomew, Regan, Oram, et al., 2008) and IPV victimization (self-label) among gay men and lesbian women (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011). This finding could be a result of more "out" individuals having more time to be victimized by same-sex partners because less "out" partners would arguably not have been in same-sex relationships for as long of a time (Bartholomew, Regan, Oram, et al., 2008; Carvalho et al., 2011). Further, whereas Balsam and Szymanski (2005) and Barrett and St. Pierre (2013) documented that sexual-orientation-related discrimination was unrelated to physical, sexual, emotional, and/or economic IPV victimization among gay, lesbian, and bisexual adults, Balsam and Szymanski (2005) documented that internalized homophobia was positively related to physical and sexual IPV victimization among lesbian and bisexual women. Further, Carvalho et al. (2011) documented that among lesbian women and gay men, stigma conscientiousness was related to IPV victimization (self-label). Taken together, these results perhaps suggest that discrimination (which is based on the feelings/beliefs of others) related to sexual orientation does not relate to IPV victimization, but rather victimization is related to the individual's own feelings regarding their orientation (i.e., internalized homophobia and stigma conscientiousness). In other words, it appears that one's own feelings regarding one's orientation are more strongly linked to victimization than the feelings of others. It is important to keep in mind that these are largely cross-sectional relationships. Further, examining correlates and predictors of victimization may help us understand what factors increase risk for victimization, but understanding risk factors for perpetration is of utmost importance in order to truly prevent perpetration. Future research should extend this idea to the partners of victims to see whether internalized homophobia and stigma conscientiousness of one's partners predicts one's victimization.

Perpetration. Although more research has examined risk factors for and outcomes of IPV victimization that perpetration among LGB individuals, 16 studies have examined correlates of physical, sexual, and psychological IPV perpetration among LGB individuals. Many of these documented correlates of IPV perpetration are similar to those documented among heterosexual individuals and include: interpersonal problems, greater conformity to masculine norms, less secure attachments, greater psychological distress, more substance use/abuse/dependency, general aggressiveness, suppression of emotional vulnerability, high need for control, low socioeconomic status, less education, racial minority status, low self-esteem, more stress, HIV+ status, unprotected sexual intercourse, child abuse, exposure to IPV as a child, disordered personality characteristics, and poor relationship quality

(Balsam & Szymanski, 2005; Bartholomew et al., 2008; Bogart et al., 2005; Fortunata & Kohn, 2003; McKenry, Serovich, Mason, & Mosack, 2006; Miller et al., 2001; Oringer & Samuelson, 2011).

Although these correlates are generally consistent for male and female-identified sexual minorities and across types of IPV, there are also occasional documented discrepancies in the literature (e.g., HIV+ status was correlated with psychological IPV perpetration but not physical IPV perpetration [Bartholomew, Regan, Oram, et al., 2008]; sexual minority female perpetrators and non-perpetrators did not differ on socioeconomic status, whereas sexual minority male perpetrators had lower socioeconomic status than nonperpetrators [McKenry et al., 2006]). Because LGB individuals often report more psychological distress, substance use, and other risk factors than heterosexual individuals, this could explain why LGB individuals have higher rates of IPV perpetration than heterosexual individuals; that is, the rates are higher because LGB individuals are generally experiencing more and greater levels of risk factors than heterosexual individuals (e.g., Cochran, Sullivan, & Mays, 2003; D'Augelli, 2002; see also Klostermann, Kelley, Millettich, & Mignone, 2011).

A few studies have documented self-reported motives for IPV perpetration, as reported either by perpetrators or victims. Stanley, Bartholomew, Taylor, Oram, and Landolt (2006) found that IPV among gay and bisexual men more often results from conflict resolution and attachment fear as opposed to power and control. Fortunata and Kohn (2003) documented that self-defense was reported as a motive for IPV among 8% of their sample of lesbian IPV perpetrators, consistent with generally low reports of self-defense as a motive for IPV among heterosexual participants (see Neal, Dixon, Edwards, & Gidycz, in press; Neal & Edwards, 2015 for a review).

Variables that are unique to LGB individuals and their risk for perpetrating have also been examined. In general, this research suggests that internalized minority stressors (e.g., homonegativity, identity concealment) are positively related to physical, sexual, and/or psychological IPV perpetration (Balsam & Szymanski, 2005; Bartholomew, Regan, Oram, et al., 2008; Carvalho et al., 2011; Edwards & Sylaska, 2013). Externalized minority stressors (e.g., sexual-orientation related discrimination and victimization) are generally unrelated to physical, sexual, and psychological IPV perpetration, especially when considered in the presence of internalized minority stressors (Balsam & Szymanski, 2005; Bartholomew, Regan, Oram, et al., 2008; Edwards & Sylaska, 2013). Furthermore, Balsam and Szymanski (2005) found that the relationship between internalized homophobia and past-year IPV was fully mediated by relationship quality.

Critique of research on IPV victimization and perpetration.

It is important to keep in mind that all of the studies examining correlates of IPV victimization and perpetration among LGB individuals are cross-sectional; thus the extent to which these variables are true risk factors that precede IPV perpetration, victimization, and outcomes associated with IPV victimization is unknown. Moreover, because of the frequent lack of a heterosexual comparison group, the extent to which correlates for IPV victimization and perpetration are moderated by sexual orientation status is largely unknown. In other words, the extent to which some risk factors may be more or less salient for LGB individuals than heterosexual individuals is unknown. Also, with the frequent lack of a heterosexual comparison group, it is impossible to test explanatory mechanisms for why LGB individuals may demonstrate higher rates of IPV than heterosexual individuals. In

one of only a handful of studies to examine the underlying mechanisms in prevalence rate discrepancies between LGB and heterosexual individuals, Reisner, Falb, Van Wagenen, Grasso, and Bradford (2013) found that the higher rates of IPV among sexual minority individuals could be explained by differences in substance abuse for men but not women.

Characteristics of IPV Incidents

In addition to documenting the rates and correlates of IPV among LGB individuals, in 24 studies, researchers have focused more on characteristics of IPV situations among LGB individuals. Similar to what is documented in research with heterosexual samples, research with student and community samples of LGB individuals suggests that physical, sexual, and psychological IPV is more often mutual and bidirectional as opposed to unidirectional (Bartholomew et al., 2008; Edwards & Sylaska, 2013; Renner & Whitney, 2010; Stanley et al., 2006). However, other research, much of which is with LGB clinical and help-seeking samples and/or uses more qualitative methodologies, documents that the IPV is not bidirectional, and that there is more typically one primary perpetrator (Hardesty, Oswald, Khaw, Fonseca, & Chung, 2008; McKenry et al., 2006; Merrill & Wolfe, 2000). Kelly, Izienicki, Bimbi, and Parsons (2011) authored the only known study to examine correlates of dyadic types of physical and psychological IPV among LGB men and women. Kelly et al. documented that sexual minority participants who were both victims and perpetrators had the highest rates of substance use and treatment.

Research with LGB individuals unequivocally demonstrates that different types of IPV (e.g., physical, sexual) tend to co-occur (Burke, Jordan, & Owen, 2002; Edwards & Sylaska, 2013; Matte & Lafontaine, 2011; McClennen, Summers, & Daley, 2002; Merrill & Wolfe, 2000; Messinger, 2011), that IPV is more often chronic than an isolated incident (Eaton et al., 2008; McClennen, Summers, & Daley, 2002; McClennen, Summers, & Vaughan, 2002; Merrill & Wolfe, 2000), that IPV usually begins within the first year of the relationship (McClennen, Summers, & Vaughan, 2002; Merrill & Wolfe, 2000), and that IPV tends to escalate over time (Robinson, 2002; Stanley et al., 2006). In addition, several studies have documented that, in the majority of IPV situations, the victim and/or the perpetrator are under the influence of alcohol (McClennen et al., 2002; Nieves-Rosa et al., 2000).

Two studies using nationally representative samples have attempted to explore more closely the sex of victims and perpetrators of IPV among LGB individuals. Walters et al. (2013) found that most bisexual and heterosexual women reported only male perpetrators of IPV (i.e., that they had not been abused by female partners), and that most bisexual and heterosexual men reported only female perpetrators of IPV (i.e., that they had not been abused by male partners). However, nearly one in seven lesbian women reported having only female perpetrators (only their same-sex, female partners were perpetrators) of IPV and nine in 10 gay men reported only male perpetrators (only their same-sex, male partners were perpetrators) of IPV. Similarly, Messinger (2011) found that bisexual men and women were most likely to be victimized by an other-sex partner (i.e., bisexual men were more likely to be victimized by a female partner than a male partner, and bisexual women were more likely to be victimized by a male partner) with the exception of sexual IPV, which were all perpetrated by men.

Victim Disclosure and Help-Seeking

Twenty-two studies have examined LGB victims' disclosure and help-seeking behavior and experiences associated with IPV victimization. These studies suggest that, similar to what is found among heterosexual victims (for a review, see Sylaska & Edwards, 2014), LGB individuals are more likely to disclose IPV to informal supports (e.g., friends) than formal supports (e.g., police; Donovan & Hester, 2008; Freedner, Freed, Yang, & Austin, 2002; McClennen, Summers, & Vaughan, 2002). Several studies have examined rates of IPV disclosure and how they vary as a function of gender and sexual orientation. Kuehnle and Sullivan (2003) found that 60% of lesbian victims reported IPV to the police, but less than half of gay male victims reported IPV to the police. Two studies (Dank, Lachman, Zweig, & Yahner, 2014; Freedner et al., 2002) with adolescents documented that a higher percentage of LGB victims disclosed physical, sexual, and/or psychological IPV than heterosexual victims.

Among LGB victims who seek help, friends (not including those who are friends with the perpetrator) are generally rated as more helpful than formal support providers (Irwin, 2008; McClennen, Summers, & Vaughan, 2002; Merrill & Wolfe, 2000). However, among LGB victims who sought help from friends, victims reported that their reactions were mixed (i.e., there were times when victims found the reactions of a friend helpful and other times the friend's reaction was not helpful; Turell & Herrmann, 2008).

Reasons for not seeking formal help as reported by LGB victims include services tailored to LGB individuals not being available, not having an awareness of services, concerns over service providers sensitivity to LGB issues, not being out about one's sexual orientation, silencing within the LGB community about IPV, distrust in providers, concerns that self-defense would be mistaken for IPV perpetration, shame related to same-sex IPV, fears related to children, and concerns the abuse would not be taken seriously (Burke et al., 2002; Eaton et al., 2008; Irwin, 2008; Giorgio, 2002; Oswald, Fonseca, & Hardesty, 2010; St. Pierre & Senn, 2010; Turell & Herrmann, 2008; Walters, 2011).

Among LGB victims who sought formal help for IPV, victims frequently reported that services were not tailored for LGB victims' needs and were perceived as unhelpful and even harmful (Alhusen, Lucea, & Glass, 2010; Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006; Irwin, 2008; St. Pierre & Senn, 2010). However, when services were tailored to LGB victims, they were generally perceived as helpful (Irwin, 2008; St. Pierre & Senn, 2010). LGB victims considered helpful IPV services as those in which providers are knowledgeable, resourceful, have knowledge about and experience with LGB populations, are nonjudgmental, nonheterosexist, non-homophobic, encourage self-empowerment, and directly address the IPV (Oswald et al., 2010; St. Pierre & Senn, 2010). However, two studies have documented that some LGB victims prefer services that are more covert, or secret, in addressing IPV (Hardesty, Oswald, Khaw, & Fonseca, 2011; Hester & Donovan, 2009).

Over the past 15 years, a number of studies have examined disclosure and help-seeking behavior and experiences among LGB victims of IPV. However, much of what we know about disclosure and help-seeking among sexual-minority victims is drawn from studies that included nonrepresentative samples (e.g., help-seeking women), used purely qualitative and cross-sectional methods, and largely focused on the experiences of female sexual minorities.

Victim Outcomes

Although most of the variables discussed in the risk factors for IPV victimization could indeed be victim outcomes, researchers in 15 studies used methodologies in which they directly asked LGB IPV victims about the outcomes of their experiences and/or directly connected outcome questions with IPV victimization experiences. LGB victims report myriad psychological, physical, and social consequences of their IPV victimization experiences (Descamps et al., 2000; Hester & Donovan, 2009; Irwin, 2008; Robinson, 2002; Walters et al., 2013). Between 17% and 36.6% of LGB individuals report sustaining injuries as a result of IPV victimization (Bartholomew, Regan, White, et al., 2008; Barrett & St. Pierre, 2013; Craft & Serovich, 2005), 13% to 31% of LGB IPV victims needed to seek medical treatment (Bartholomew, Regan, White, et al., 2008; Kuehnle & Sullivan, 2003), and 18.4% of LGB adults experiencing physical IPV reported that they feared for their lives (Barrett & St. Pierre, 2013).

Research also generally documents that negative outcomes are more common for LGB IPV victims than heterosexual IPV victims. For example, in a nationally representative sample, Walters et al. (2013) documented that 57.4% of bisexual female victims and 33.5% of lesbian victims reported at least one negative impact (e.g., missed at least one day at school, felt concerned for their safety, experienced posttraumatic stress symptoms), whereas 28.2% of female heterosexual IPV victims reported at least one negative impact. Further, in a large sample of sexual minority youth, Dank et al. (2014) found that sexual minority IPV victims were more likely than heterosexual IPV victims to have poorer psychological, academic, and behavioral functioning. However, Blossnich and Bossarte (2009) found no overall differences in health or quality-of-life outcomes between individuals experiencing IPV in same-sex versus opposite sex relationships. Although the evidence is mixed, LGB victims could have worse outcomes associated with IPV because of poorer social support systems, increased barriers to disclosure and help-seeking attributable to identity concealment and other concerns, and less community acknowledgment and readiness to address IPV among LGB individuals.

Leaving Processes in Abusive Relationships

Eight studies have examined factors that facilitate or hinder leaving an abusive relationship among LGB individuals. Across these studies, factors associated with staying in an abusive relationship among LGB individuals include lack of resources, strong emotional ties to the abuser, abusive experiences in childhood, dynamics of the relationship, not viewing the partner's behavior as abuse, homophobia, lesbian feminist ideals, fear, hoping that things would change, HIV-related concerns, having nowhere to go, not knowing where to seek help, financial dependency, positive relational qualities (e.g., commitment), concerns over loneliness, low self-esteem, physical attraction, feeling trapped, concerns over parental rights, and sharing property (Cruz, 2003; Hardesty et al., 2011; McClennen, Summers, & Vaughan, 2002; Merrill & Wolfe, 2000; Patzel, 2006; Robinson, 2002). Although some of the factors (e.g., lesbian feminist ideals) associated with staying in an abusive relationship are specific to sexual minority individuals, many of the factors associated with staying in an abusive relationship have also been documented in studies with heterosexual samples (see Rhatigan, Street, & Axsom, 2006).

Victim Perceptions of IPV Experiences

Sixteen studies have examined victims' and/or perpetrators' perceptions of IPV experiences. Two studies have examined IPV victims' labeling of their experiences, documenting that, among gay and bisexual male participants who answered affirmatively to behavioral items assessing IPV, when asked if they had ever been abused by a partner, only 23.5% to 31.3% of these participants actually consider themselves IPV victims and/or label the IPV as abuse (Nieves-Rosa et al., 2000; Valentine & Pantalone, 2013); research with heterosexual victims of IPV often finds that victims do not label the behavior as abuse or themselves as victims (Hammond & Calhoun, 2007; Miller, 2011; Perry & Fromouth, 2005). Several other studies have documented themes of normalization and minimization of IPV in same-sex relationships and among LGB individuals, which appears to be related to people and communities viewing IPV as a problem for heterosexual individuals only, gender role stereotyping, contradiction between their partners' chronic oppression and the chance that they could also be abusive, and lack of knowledge about what to expect in a same-sex relationship (Andrasik et al., 2013; Bornstein et al., 2006; Brown, 2007; Donovan & Hester, 2008; Hassounah & Glass, 2008; Hester & Donovan, 2009; Irwin, 2008).

Other research examining LGB victims' perceptions of IPV has documented that 6.3% of male gay and bisexual victims of IPV blamed themselves for the IPV (McClennen, Summers, & Vaughan, 2002). In addition, 84% of lesbian mothers believed substance abuse was related to the onset and continuation of abuse, and their percep-

tion of violence severity was influenced by the impact of the violence on children (Hardesty et al., 2011; Hardesty et al., 2008). Also, abuse that occurred in first same-sex relationships was also often characterized by contradictions of the abuse and the positive experience of being with someone (Donovan & Hester, 2008).

Treatment

Only two studies to date have examined the effectiveness of treatment (i.e., alcohol dependence treatment, psychoanalytic couple's therapy) with sexual minority IPV victims and/or perpetrators (Coleman, 2003; Hellmuth, Follansbee, Moore, & Stuart, 2008). Although the authors of both studies reported positive outcomes, both of the studies were case studies, meaning they cannot be generalized to other LGB individuals. Clearly, this is a critical area for future research.

Research Implications

All of the research reviewed in the current article has contributed to our understanding of IPV among LGB individuals. However, there are a number of important considerations for future research (see Table 1 for a summary). First, there are a number of measurement and assessment, as well as conceptual, issues that must be addressed in future research, including (a) assessing the gender identity and biological sex of the relationship partner that which IPV questions pertain, (b) using standardized measures of IPV (inclusive of IPV specific to sexual minority individuals)

Table 1
Methodological Issues Identifying During Literature Review

Methodological issue	Suggestions for consideration for future research	References for additional information
Measurement	<ul style="list-style-type: none"> - Assess gender of the relationship partner: sexual orientation is not a foolproof marker of gender of the perpetrator - Define and assess gender and sexual orientation on a continuum rather than reducing to a limited number of discrete categories - Explore assessment of IPV in forms (e.g., threatening to "out" the victim to others as a form of psychological IPV) that may be specific to sexual or gender minority individuals - Develop a research standard for assessment of IPV within specific timeframes for easier comparison across studies - Examine differences among sexual orientation identities, rather than examining LGB individuals as a single group - Explore the role of intersecting identities (e.g., race, gender, and sexual orientation) 	Baker et al., 2013; Burke & Follingstad, 1999; Finneran & Stephenson, 2013; Hill et al., 2012; Lewis et al., 2012; Mason et al., 2014; Murray & Mobley, 2009; Nowinski & Bowen, 2012; Rothman, Exner, & Baughman, 2011; West, 2002; West 2012
Participants and sampling	<ul style="list-style-type: none"> - Examine IPV experiences among more diverse samples (e.g., non-adult community samples, racial and ethnic minorities) - Specifically target underrepresented groups within the gender and sexual minority continuum (e.g., persons questioning their gender or sexual identity, non-cisgender-identified persons) 	Baker et al., 2013; Burke & Follingstad, 1999; Finneran & Stephenson, 2013; Lewis et al., 2012; Mason et al., 2014; Murray & Mobley, 2009; Nowinski & Bowen, 2012; Rothman, Exner, & Baughman, 2011; West, 2002; West, 2012
Study design	<ul style="list-style-type: none"> - Incorporate mixed-methodological designs to explore the fit of current overarching IPV research themes (e.g., theories, measures) within the LGB communities - Prioritize longitudinal designs to examine the trajectory of IPV experiences across the lifespan - Include variables of interest at the community and societal level of the social ecological model, rather than focusing exclusively on individual- and relational-level correlates of IPV 	Aulivola, 2004; Baker et al., 2013; Burke & Follingstad, 1999; Finneran & Stephenson, 2013; Mason et al., 2014; Murray, Mobley, Buford, & Searnan-DeJohn, 2006
IPV co-occurrence with other types of violence	<ul style="list-style-type: none"> - Examine IPV within the broader perspective of other types of violence (e.g., bullying, hate crime victimization, sexual assault, childhood abuse) 	Hamby & Grych, 2013

across studies so that cross-study comparisons can be generated more readily, and (c) implementing greater sophistication and nuanced measurements of gender identity and sexual identity along with assessment of intersecting social identities. Furthermore, researchers need to consider alternative methodologies (e.g., inclusion of diverse response options to sexual orientation questions in large epidemiological studies beyond gay/lesbian, bisexual, heterosexual) that will allow for individuals early in their coming out process to be included, as well as individuals questioning their sexual identity, since current sampling methodologies often result in largely "out" individuals. There is also an imperative need for prospective and longitudinal methodologies in order to understand better the temporal sequencing of risk and protective factors (including those at the outer realms of the social ecology) for IPV victimization, perpetration, and IPV-related outcomes.

Practice and Policy Implications

Although additional research is needed on IPV among LGB individuals, several practice and policy implications are clear from the extant literature base. First, IPV primary prevention efforts would likely be enhanced for LGB individuals if programming includes aspects to address and reduce minority stress, especially internalized minority stressors, because this is a consistent risk factor for IPV victimization and perpetration. Addressing minority stress in IPV programming efforts may also reduce barriers to disclosure and help-seeking among IPV victims. Similarly, formal and informal support networks must be educated on the most effective ways to respond to and support LGB IPV survivors in light of the fact that a number of researchers have documented the negative social reactions that are often received by LGB IPV survivors seeking help. Additionally, policies regarding IPV should be inclusive of IPV among LGB individuals and use language that does not address IPV as a heterosexual-only issue. Finally, practitioners, educators, and policymakers need to be made aware of the issue of IPV among LGB individuals, but in ways that will not affirm stereotypes or stigmatize sexual minority individuals.

Final Thoughts

Over the past few decades, there has been a growing recognition of the importance to study IPV among LGB persons. Preliminary research has been instrumental in identifying commonality in IPV experiences among LGB and heterosexual persons, as well as some important differences that can be understood through a minority stress framework, which underscores the critical need for future research on IPV among LGB individuals. Although these are clearly important areas of future research (e.g., comprehensive assessment of social identities, larger more representative samples of sexual minorities), an increased understanding of these issues will only take us so far and must exist alongside advocacy and social justice efforts that aim to promote awareness about IPV as it affects LGB populations and efforts that aim, more broadly, to secure full protection and recognition of human rights for LGB individuals.

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Received August 24, 2013

Revision received October 20, 2014

Accepted November 13, 2014 ■