



Intimate Partner Violence among Sexual Minorities

Rob Stephenson, PhD
University of Michigan

IPV among sexual minority men

- A total of 52 studies with 32,048 participants were included for final analysis.
- Victimization: pooled prevalence of IPV was 33%
- Perpetration: pooled prevalence of IPV was 29%
- PP of physical violence was 17% and 12%
- PP of sexual violence was 9% and 4%
- PP of emotional violence was 33% and 41%

Liu M., Cai X., Hao G. et al., Prevalence of Intimate Partner Violence Among Men Who Have Sex With Men: An Updated Systematic Review and Meta-Analysis. Sex Med 2021;9:100433.

Basic facts

- Sexual minority men (SMM) report IPV victimization same or higher as heterosexual women, and significantly higher than heterosexual men
- SMM report higher levels of IPV perpetration than heterosexual men and women
- Emotional/ psychological IPV is the most reported form by SMM

Prevalence
may be as
high, but
form is
different

- In addition to the well-known forms of IPV, SMM (and other LGBTQ+) experience identity-specific forms of IPV
 - Threats of outing to family / friends (weaponizing identity)
 - Interference with LGBTQ+ specific health care needs
 - Threats to call the police (particularly for those with intersectional identities)
- Stephenson et al., (2012) developed 23-item IPV-GBM scale, to measure IPV as experienced by SMM
- Storholm et al., (2023 – ongoing), revisited the scale and extended to 63-item scale

Issues with reporting IPV in research

Majority of national surveys do not include sexual/ gender identity



Evidence that SMM over-report perpetration/ under-report victimization



Contrast to heterosexual men who under-report all IPV

Concepts of masculine identity/ toxic masculinity

Links to internalized homonegativity

Beliefs that it is not violence if between two men

IPV is a stress response behavior

All relationships have the potential to experience common stressors:

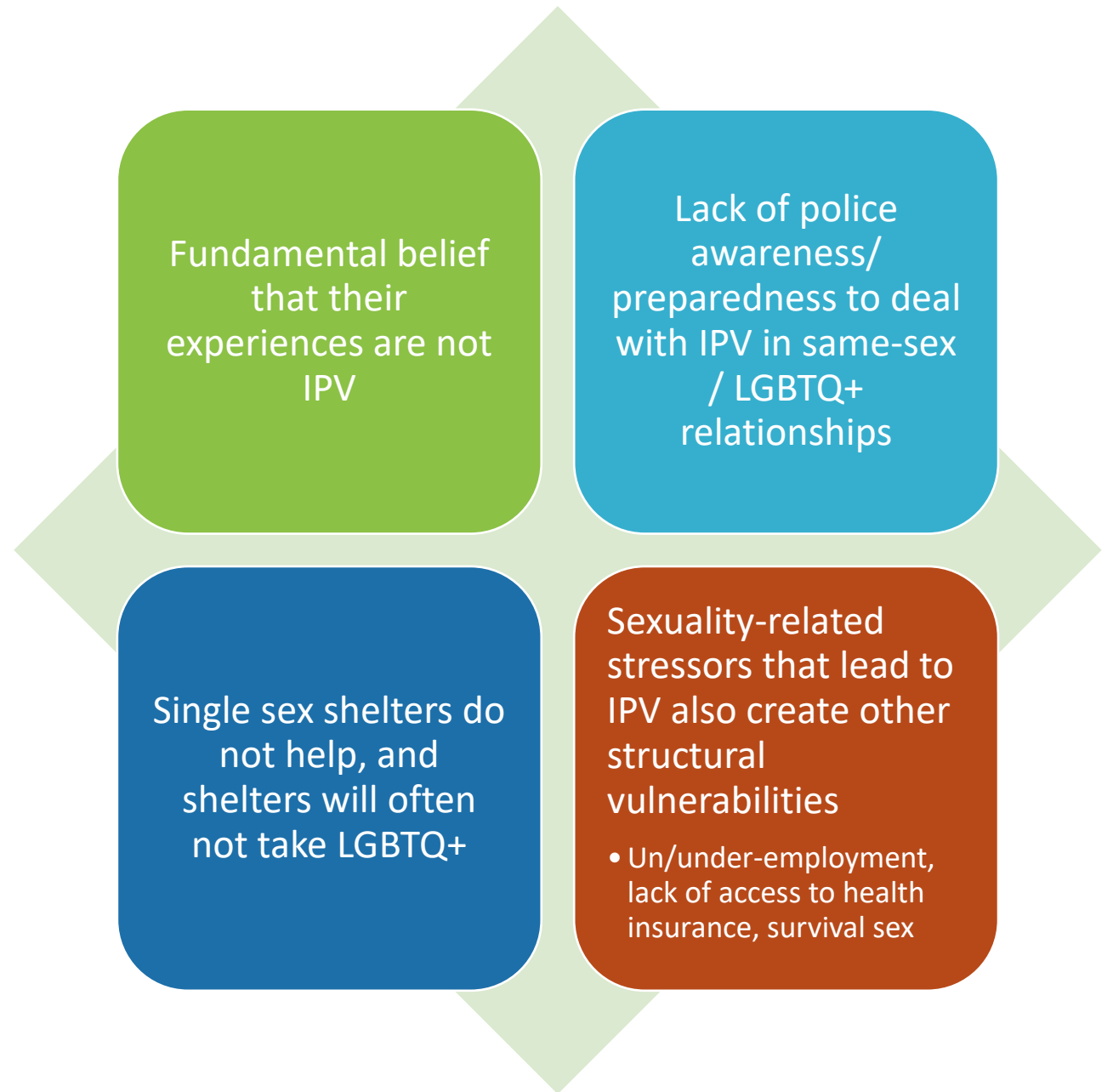
- Financial, employment, children/ childlessness

Layered onto this for LGBTQ+ couples are identity-linked stressors:

- Experiences/ anticipations of homophobia/ transphobia
- State-level policies restricting access to care
- Lack of recognition of relationships in institutional settings (e.g., health care)

Evidence that experience of these by one partner is linked to both victimization and perpetration of IPV

Barriers to accessing IPV services



Dual epidemics of IPV and HIV

For sexual and gender minorities, IPV and HIV are linked

- Lack of control over sex and contraception/condom use
- Physical trauma and transmission
- Immunological suppression

Pathways being explored for sexual minority men:

- Interference with PrEP use/ access to HIV care
- The role of IPV in limiting viral suppression

What we don't know

The prevention & care landscape is barren – very few services available

- Urgent need for funding of research into LGBTQ+ specific IPV programs

Issues with the reporting of IPV – to improve measurement accuracy

Links between IPV and health outcomes, particularly HIV, substance use and mental health

LGBTQ+ specific measures of IPV – although this is improving

- But awareness of limits of 'gold standard' measures is needed

Longitudinal studies of IPV for LGBTQ+ that are fully inclusive

Understanding the roles of structural stressors – linking policy to IPV as advocacy

Call to action

- Including questions about individuals' sexual orientation and gender identity in representative surveys
- Evaluate the effectiveness of programs devoted to reducing the prevalence of IPV among LGBTQ+ people & programs that assist LGBTQ+ survivors
- BUT – funding to developing interventions!
- Policy advocacy – inclusion of LGBTQ+ in the IPV discourse – it does not take away attention from heterosexual women
- We know the prevalence of IPV, some of the unique triggers and how it is linked to poor health outcomes – but there is so much more needed