



# INTIMATE PARTNER VIOLENCE AND SEXUAL ABUSE AMONG LGBT PEOPLE

A REVIEW OF EXISTING RESEARCH



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# EXECUTIVE SUMMARY

This report provides an overview of existing research on intimate partner violence (IPV) and sexual abuse (IPSA) among lesbian, gay, bisexual, and transgender (LGBT) people and makes recommendations for future research.

We reviewed 42 studies, from 1989 to the present, that include findings on the prevalence of IPV and IPSA, survivors' barriers to seeking help, and the quality of available assistance for LGBT people. Most studies reviewed for this report found a lifetime prevalence of IPV among lesbian and bisexual women, gay and bisexual men, and transgender people that is as high as or higher than the U.S. general population. Key findings from this review include the following:

## Sexual Minority Women

- According to the CDC's National Intimate Partner and Sexual Violence Survey (NISVS), there is a higher prevalence of lifetime experiences of IPV among bisexual women than heterosexual women (Walters et al, 2013). Bisexual women are 1.8 times more likely to report ever having experienced IPV than heterosexual women (see Table I). Though the reported lifetime prevalence of IPV among lesbians is higher than heterosexual women, this is not a statistically significant difference.
- According to the NISVS, bisexual women are 2.6 times more likely to report ever having experienced intimate partner sexual violence compared to heterosexual women.
- One study estimated that 3.6% of lesbian women had experienced IPSA in their lifetimes (Messinger, 2011).
- Men and women both contribute to the prevalence of IPV among sexual minority women. For example, the CDC found that 89.5% of bisexual women reported only male perpetrators of intimate partner physical violence, rape, and/or stalking and that almost a third of lesbian women who have experienced such incidents have had one or more male perpetrators.

## Sexual Minority Men

- According to the NISVS, bisexual men seem more likely to report ever having experienced IPV than heterosexual men, and gay men seem less likely than heterosexual men to report ever having experienced IPV. However, these differences are not statistically significant.
- One study that used a representative sample estimated that 26.9% of gay men had experienced IPV in their lifetimes and 12.1% had experienced IPV in the past year (Goldberg et al, 2013).
- Another study estimated a lifetime prevalence of IPSA among sexual minority men of 3.1% among gay men, as well as among bisexual men and MSM (Messinger, 2011).

Table I. Prevalence of Lifetime Intimate Partner Violence and Intimate Partner Sexual Violence in the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), by Sexual Orientation and Gender

	Lifetime Intimate Partner Violence		Lifetime Intimate Partner Sexual Violence	
	Men	Women	Men	Women
<b>General Population</b>	28.1%	32.9%	8.0%	15.9%
<b>Heterosexual</b>	28.7%	32.3%	*	15.3%
<b>Bisexual</b>	37.3%	56.9%^	*	40.0%^
<b>Gay/Lesbian</b>	25.2%	40.4%	*	**

*\* Estimate not reported    \*\* Estimate not reported; sample size too small    ^ Statistically significant difference in prevalence of IPV between bisexual and heterosexual women (p<.05)*

## Transgender People

- Although more limited in number, studies suggest that transgender people may confront similar levels, if not higher levels, of IPV as compared to sexual minority men and women and cisgender people. Findings of lifetime IPV among transgender people from purposive studies range from 31.1% to 50.0%.
- Only one study directly compared the lifetime prevalence of IPV among transgender and cisgender people. This study found that 31.1% of transgender people and 20.4% of cisgender people had ever experienced IPV or dating violence (Langenderfer-Magruder, 2014).
- Three studies provided findings of lifetime IPSA prevalence among transgender people, which range from 25.0% to 47.0%.

## Barriers to Assistance

- Research shows that LGBT people face barriers to seeking help that are unique to their sexual orientation and gender identity. These include:
  - Legal definitions of domestic violence that exclude same-sex couples
  - Dangers of “outing” oneself when seeking help and the risk of rejection and isolation from family, friends, and society
  - The lack of, or survivors not knowing about, LGBT-specific or LGBT-friendly assistance resources
  - Potential homophobia from staff of service providers or from non-LGBT survivors of IPV and IPSA with whom they may interact
  - Low levels of confidence in the sensitivity and effectiveness of law enforcement officials and courts for LGBT people

## Quality of Help

- **Individual Counselors:** A number of studies showed that LGBT survivors found individual counselors to be particularly helpful. For example, respondents to one survey identified counselors as the most needed service, and among those who spoke with counselors, nearly 90% found them to be helpful (Turrell, 2000a).
- **Shelters:** Studies suggest that some sexual minority men and women do not believe shelters to be helpful. LGBT survivors may fear homophobia at shelters, and sexual minority men and transgender people may be concerned that shelters are not open to them.
- **Health Care Providers:** Studies suggest that LGBT survivors have low confidence in health care providers' ability to help. Some transgender people have reported that their health care providers lack competency on transgender issues. Therefore, transgender people may have particular difficulty seeking help for IPV and IPSA from health care providers.
- **Law Enforcement:** LGBT people frequently cite law enforcement as unhelpful sources of assistance in addressing cases of IPV and IPSA.

## Further Research

The studies reviewed for this report also point to certain topics and considerations for future research.

- There is limited research in this field that uses randomly-selected, representative samples. Including questions about individuals' sexual orientation (such as has been done in the NISVS) and gender identity in these types of national and state-level surveys would advance our understanding of IPV and IPSA among LGBT people by providing more generalizable findings.
- While, overall, research about the prevalence, effects, and other aspects of IPV and IPSA among LGBT people is lacking, a very limited number of studies in this field is devoted solely to transgender people. Researchers should consider studies that focus on prevalence, effects, risk factors, and help-seeking related to IPV and IPSA among transgender people.
- Researchers should consider studies that evaluate the effectiveness of programs devoted to reducing the prevalence of IPV and IPSA among LGBT people and programs that assist LGBT survivors.

Further research into these areas will help researchers and service providers in developing studies and programs that more effectively address LGBT IPV and IPSA.



# INTRODUCTION

Research on issues of intimate partner violence (IPV) and sexual abuse (IPSA) within the general population is extensive. Though much of the discourse surrounding IPV and IPSA has traditionally focused on abuse perpetrated by men against women (Ahmed et al, 2014), IPV and IPSA are experienced by both men and women. According to the CDC’s National Intimate Partner and Sexual Violence Survey (NISVS), which helps to establish the prevalence of these types of violence in the general population, 32.9% of women and 28.1% of men in the United States have reported experiencing some form of physical violence at the hands of intimate partners at least once in their lifetimes (Brieding et al, 2014). This includes various experiences of physical violence, such as being slapped, kicked, burned, or harmed with a knife or gun. An estimated 15.9% of women and 8.0% of men reported ever experiencing sexual violence other than rape from an intimate partner.<sup>1</sup>

Research on lesbian, gay, bisexual, and transgender (LGBT)<sup>2</sup> people’s experiences of intimate partner violence and sexual abuse has grown considerably in the past decades. Past reviews of the research have suggested that the prevalence of IPV and IPSA may be as high as or even higher among LGBT individuals than the general population (Stotzer, 2009; Rothman et al, 2011; Edwards et al, 2015).

Experiences of IPV and IPSA can have a range of negative effects for survivors (Roch et al, 2010; Ard et al, 2011). LGBT individuals report barriers to seeking assistance related to IPV and IPSA in addition to the barriers experienced by the general population. These include the limitations of state definitions of domestic violence that may exclude LGBT individuals and couples, the availability of LGBT-specific resources, and the dangers of “outing” oneself and one’s partner when seeking assistance (Aulivola, 2004; Stapel, 2007). These barriers, in turn, impact the effectiveness of programs and services designed to assist LGBT survivors.

This review includes 42 studies, from 1989 to the present, that described the prevalence of intimate partner violence and sexual abuse among LGBT people and the barriers to accessing and quality of assistance available for LGBT survivors. This review provides a description of the prevalence of IPV and IPSA, assistance that survivors may seek, and barriers to accessing assistance, as well as recommendations for future research in the field.

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<sup>1</sup> The CDC’s National Intimate Partner and Sexual Violence Survey (NISVS) provides estimates of the prevalence of intimate partner sexual violence. The types of experiences that are labeled “sexual abuse” in other studies reviewed in this report may differ from the CDC’s definition of intimate partner sexual violence. The NISVS also collects information pertaining to respondents’ sexual orientation but not their gender identity.

<sup>2</sup> The acronym LGBT will be used throughout this review in reference to lesbian, gay, bisexual, or transgender individuals. References to subsamples of this population will be specifically noted. Some studies reviewed in this report focus on other sexual and gender minority identifiers, such as men who have sex with men. Descriptions of these samples are provided in the appendix using the terminology as it appears in the original studies.



# METHODS

We included in this review literature from academic articles, books, community needs assessments, analyses using clinical samples, and organization reports that addressed the prevalence of intimate partner violence and sexual abuse among LGBT people. To identify specific studies for inclusion, we conducted searches of a number of academic databases, including ScienceDirect, PsycINFO, JSTOR, and Google Scholar. We used keyword searches, such as “LGBT,” “homosexual,” “transgender,” “sexual minority,” “sexual orientation,” “gender identity,” and others, along with keyword searches denoting variables of interest, such as “intimate partner violence,” “partner abuse,” “sexual abuse,” and others. We then examined these studies’ references to identify additional sources of information, a process called “reference mining.” We replicated this process by searching for additional research cited in these references. All studies selected for inclusion were English publications. A majority, but not all, of the studies were based on surveys conducted in the United States.

In order to specifically address our interest in determining the prevalence of IPV and IPSA among LGBT people, we did not include studies that only examined domestic abuse generally or domestic abuse perpetrated by household members other than intimate partners. We did not include studies that only investigated violence or abuse that was not physical in nature. For instance, some studies distinguished between psychological and physical violence, and, in order to ensure that findings would be comparable, we chose to include only the latter findings. Similarly, we chose to include studies that examined intimate partner sexual abuse (IPSA) but not those that focused only on instances of rape. There is a substantial amount of literature focused solely on rape that it warrants a separate analysis of its prevalence and effects. Therefore, we did not include those studies in this review.

Studies varied widely in their own sample inclusion criteria. Some utilized data from surveys in which participants self-identified their LGBT status; others included participants who were identified based on behavior (e.g. men who have sex with men [MSM]) or couple status (e.g. women with a same-sex partner in the past five years). Specific details pertaining to the data collection practices, locations, populations, and purposes of these studies are available in the appendix.

A majority of the studies in this review included analyses of data drawn through purposive, or “non-representative,” sampling. There are many challenges that researchers face in collecting data about LGBT people, including the size of the population, perceived risks and dangers of “outing,” limited focus among researchers specifically on LGBT people, and others. Five studies in this review based their findings on data collected from representative samples, allowing their analyses to be more generalizable. Messinger (2011) and Tjaden et al (2000) used data from the National Violence Against Women Survey. Halpern et al (2004) used data from the National Longitudinal Survey of Adolescent Health, and Walters et al (2013) used data from the National Survey of Intimate Partner and Sexual Violence Survey. Goldberg et al (2013) used data from a state-based, representative sample drawn from the California Health Interview Survey.

In this report, we first describe findings on IPV and IPSA based on sexual orientation. We begin by describing studies of IPV and IPSA experienced by sexual minority women, including lesbian women, bisexual women, and women who have sex with women (WSW). We then describe findings on IPV and IPSA experienced by sexual minority men, including gay men, bisexual men, and MSM. We organized these findings into three broad categories (gay or lesbian, bisexual, and gay or lesbian and bisexual/MSM or WSW). In studies that we reviewed for findings based on sexual orientation, transgender respondents may have been included but were not separately analyzed. We describe findings of the prevalence of IPV and IPSA among transgender people in the next section. Finally, we present studies in which findings were not disaggregated on the basis of gender but were instead grouped together, such as for all bisexual, LGB, and LGBT people.

While we have organized the studies in the way we believe is most conducive to accurate comparisons of findings, the findings in these studies (and the ranges that they collectively define) are affected by their studies' inclusion criteria, sampling methods, definitions and measures, and quality of data. We have highlighted the ranges of findings that these studies have found partly to emphasize that even when utilizing data from similarly-defined populations, the methods that researchers employ affect their relative outcomes. We then review research on help seeking by LGBT people who have experienced IPV and IPSA and the quality of the assistance they received. We conclude by describing the limitations of the studies overall and needs for future research.



# PREVALENCE OF INTIMATE PARTNER VIOLENCE AND SEXUAL ABUSE AMONG LGBT PEOPLE

The 42 studies included in this review include findings on the prevalence of LGBT intimate partner violence and sexual abuse. In the studies that used representative samples, the prevalence of IPV in participants' lifetimes ranges from 8.8% to 56.9%, and prevalence over the past year ranges from 8.6% to 27.5%. The lifetime prevalence of IPSA ranges from 3.1% to 15.7%. Among the studies that analyzed purposive samples, the lifetime prevalence of IPV ranges from 7.0% to 55.0%, and past year prevalence of IPV ranges from 7.0% to 41.7%. Lifetime prevalence of IPSA ranges from 0.0% to 47.0%. Some of these ranges are wide, reflecting the fact that most of the studies in this review examined violence toward specific sexual and gender minority groups and not LGBT people as a whole. Therefore, in this report we have presented findings for the smallest subcategories of study participants that allow us to establish ranges of findings within comparable groups.

## Prevalence of Intimate Partner Violence and Sexual Abuse among Sexual Minority Women

The CDC estimated in the NISVS that, in the U.S. general population, 32.9% of women have experienced physical violence by an intimate partner in their lifetimes, and 3.6% of women have experienced such violence in the past year (Breiding et al, 2014). The NISVS collects additional data on specific forms of violence that respondents have experienced, including severe physical violence by an intimate partner. Among women in the U.S. general population, 24.3% have experienced such violence in their lifetimes and 2.7% have experienced it in the past year. Among lesbian women, bisexual women, and WSW, the prevalence of intimate partner violence seems as high as in the general population (see Table II).

Studies that employed representative sampling have found that 25.0%-40.4% of lesbian women have experienced IPV in their lifetimes and 10.2% have experienced IPV in the past year.<sup>3</sup> Studies that used purposive sampling found that 8.5% to 55.0% of lesbian women have experienced IPV in their lifetimes and 7.0%-30.6% have experienced IPV in the past year. Estimates for women in the general population fall within the ranges for lesbian women, or are lower.

Three studies estimated the prevalence of IPV among lesbian women based on representative samples (Messinger, 2011; Goldberg, 2013; Walters, 2013). Goldberg et al (2013) found a lifetime prevalence of 31.9% and a past year prevalence of 10.2% among lesbians asking whether an intimate partner, a “husband, wife, boyfriend, girlfriend, or someone [the participant] lived with or dated,” had “hit, slapped, pushed, kicked, or physically hurt” the survey participant. Messinger (2011) found a lifetime prevalence of 25% among lesbians, and Walters et al (2013) found a lifetime prevalence of 40.4% among lesbians.

Studies that used purposive sampling of lesbians found a wider range of lifetime IPV prevalence than found in studies that used representative sampling. Some studies that used purposive sampling found prevalence to be as high as or higher than in the general population. For example, Balsam et al (2005), which used a scale for the level of physical assault and injuries participants had experienced (CTS2), found that 47.5% of lesbians had experienced IPV. Other studies found lower prevalence, such as Carvalho et al (2011) which found that 25.0% of lesbians had experienced IPV in their lifetimes, asking survey participants whether they had “ever been a victim of domestic violence” and, if so, whether this violence was “same-sex violence,” “opposite-sex violence,” or “both.”

Among the studies that used representative sampling, three examined prevalence of IPV among multiple populations of sexual minority women (Messinger, 2011; Walters et al, 2013; Goldberg et al, 2013). Goldberg et al (2013) found a prevalence of 31.9% among lesbians, 52.0% among bisexual women, and 32.1% among WSW participants. Walters et al (2013) found a prevalence of 40.4% among lesbians and 56.9% among bisexual women. Messinger (2011) found a prevalence of 25% among lesbians, 42.9% among bisexual women, and 36.4% among a combined sample of lesbian and bisexual women. Each of these studies found that bisexual women were more likely than lesbian women to have experienced intimate partner violence in their lifetimes.

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<sup>3</sup> Only one study that used representative sampling estimated the prevalence of IPV among lesbians in the past year.



Walters et al (2013) also estimated that 49.3% of bisexual women compared to 29.4% of lesbians and 24.3% of women in the general population had ever experienced severe physical violence by an intimate partner. Bisexual women were, therefore, more than twice as likely to have experienced severe physical violence by an intimate partner than women in the general population.

Studies that used representative sampling to examine the experiences of bisexual women found that between 42.9% and 56.9% of bisexual women have experienced IPV in their lifetimes, and one study estimated that 27.5% of bisexual women had experienced IPV in the past year. Studies that used purposive sampling found that between 14.1% and 49.2% of bisexual women have experienced intimate partner violence in their lifetimes, and one study found that 20.0% have experienced IPV within the past year. Fewer studies have examined IPV among bisexual women than among lesbians. One of the two studies that used purposive sampling of bisexual women, found prevalence to be lower than the range found in the representative sample studies. Freedner et al (2002) found that 14.1% of adolescent bisexual women (ages 13 to 22 years old) had experienced IPV in their lifetimes. This prevalence is much lower than what has been found in other studies of bisexual women and may be due to the fact that the sample includes only young women who may have had fewer intimate partners in their lifetimes than older women. Balsam et al (2005) also examined bisexual women and found that 49.2% had ever experienced physical assault by an intimate partner. Evidence from existing studies suggests that the prevalence of IPV may be higher among bisexual women than lesbian women.

Studies based on representative samples of women who have sex with women and representative samples of both lesbian and bisexual women have found lifetime prevalence of IPV between 13.1% and 36.4% and past year prevalence of IPV of 21.6%.<sup>4</sup> Additional studies based on purposive samples of these populations have found lifetime prevalence of IPV between 9.2% and 40.1%. Morris et al (2003) found that 9.2% of women who identified as lesbian, gay, or bisexual had experienced being physically abused by a “female lover” in their lifetimes. This finding is the lowest among the studies that sampled WSW, bisexual women, and lesbians. In contrast, Hester et al (2009) found that, in a sample from the United Kingdom, 40.1% of women had experienced abuse in a same-sex relationship.

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<sup>4</sup> Only one study that used representative sampling estimated the prevalence of IPV in samples of WSW and samples of lesbian and bisexual women in the past year.

Table II. Prevalence of IPV and IPSA among Sexual Minority Women

	IPV in Lifetime			IPV in Past Year			IPSA in Lifetime		
	Lesbian	Bisexual	Lesbian and Bisexual/WSW	Lesbian	Bisexual	Lesbian and Bisexual/WSW	Lesbian	Bisexual	Lesbian and Bisexual/WSW
<b>Range (representative samples)</b>	25.0%-40.4%	42.9%-56.9%	13.1%-36.4%	10.2%	27.5%	21.6%	3.6%	15.7%	11.4%
<b>Range (purposive samples)</b>	8.5%-55.0%	14.1%-49.2%	9.2%-40.1%	7.0%-30.6%	20.0%	--	0.0%-30.6%	21.9%	--
<b>Goldberg (2013)*</b>	31.9%	52.0%	32.1%	10.2%	27.5%	21.6%			
<b>Messinger (2011)*</b>	25.0%	42.9%	36.4%				3.6%	15.7%	11.4%
<b>Balsam (2005)</b>	47.5%	49.2%		23.2%	20.0%				
<b>Freedner (2002)</b>	14.5% <sup>b</sup>	14.1% <sup>b</sup>					14.5% <sup>b</sup>	21.9% <sup>b</sup>	
<b>Walters (2013)*</b>	40.4%	56.9%							
<b>Hughes (2000)</b>	9.9%			7.0%					
<b>Schilit (1990)</b>	27.9%								
<b>Lie (1991)</b>	55.0%								
<b>Bradford (1994)</b>	8.5% <sup>5</sup>								
<b>Scherzer (1998)</b>	17.0% <sup>a</sup>								
<b>Turrell (2000<sup>b</sup>)</b>	55.0%						14.0%		
<b>Bernhard (2000)</b>	40.0%						24.0%		
<b>Descamps (2000)</b>	11.4%								
<b>McClennan (2002)</b>	36.8% <sup>6</sup>								
<b>Carvalho (2011)</b>	25.0%								
<b>Tjaden (2000)*</b>			35.4%						
<b>Morris (2003)</b>			9.2%						
<b>Halpern (2004)*</b>			13.1% <sup>b</sup>						
<b>Eaton (2008)</b>			15.6% <sup>7</sup>						
<b>Hester (2009)</b>			40.1%						
<b>McLaughlin (2001)</b>			34.0%						
<b>Lockhart (1994)</b>				30.6% <sup>a</sup>					
<b>Miller (2001)</b>				14.1% <sup>a8</sup>					
<b>Hughes (2002)</b>							0.0% <sup>a</sup>		
<b>Waterman (1989)</b>							30.6%		

\* Representative samples    <sup>a</sup> Current/latest partner    <sup>b</sup> Adolescents

<sup>5</sup> We calculated this finding by multiplying the percent of study participants experiencing physical violence as an adult (16.0%) by the percent of these individuals reporting that the perpetrator of that violence was a "lover" (53.0%).

<sup>6</sup> We calculated this finding by multiplying the percent of study participants experiencing an abusive lesbian relationship in their lifetimes (57.7%) by the percent of those individuals for whom the violence was physically abusive (63.8%).

<sup>7</sup> We calculated this finding by multiplying the percent of study participants experiencing IPV (40.0%) by the percent of those participants reporting the IPV was physical (39.0%).

<sup>8</sup> We calculated this finding by subtracting the percent of study participants experiencing no physical violence in their current or last lesbian

Among studies that examined sexual minority women's lifetime experiences of IPSA, Messinger (2011) was the only one that based its findings on a representative sample. It estimated that 3.6% of lesbians, 15.7% of bisexual women, and 11.4% of both bisexual women and lesbians had ever experienced sexual intimate partner violence in their lives. Findings from studies based on purposive sampling ranged 0% to 30.6% among lesbians and 21.9% among bisexual women.<sup>9</sup> Most of these studies found a higher prevalence of IPSA than Messinger. Freedner et al (2002) found that 14.5% of lesbians, compared to 21.9% of bisexual women and 12.2% of heterosexual women, reported experiencing sexual abuse by a partner. These two studies, Freedner et al (2002) and Messinger (2011), were the only ones that observed the prevalence of IPSA among different groups of sexual minority women. Both found that bisexual women had higher prevalence of IPSA than lesbian women.

A number of studies also inquired into the gender of the perpetrators of IPV and IPSA. These individuals, the intimate partners of sexual minority women, were not all women; some were men (Bernhard, 2000; McLaughlin et al, 2001; Morris et al, 2003; Carvalho et al, 2011; Messinger, 2011; Walters et al, 2013). The CDC found that 89.5% of bisexual women reported only male perpetrators of intimate partner physical violence, rape, and/or stalking, and 67.4% of lesbian women reported only female perpetrators. Presumably, therefore, nearly a third of lesbian women who have had these experiences have had one or more male perpetrators (Walters et al, 2013). McLaughlin et al (2001) found that, in a sample of lesbian and bisexual women, 34% reported experiencing abuse in a same-sex relationship and 25% reported experiencing abuse in an opposite-sex relationship. Men and women both contribute to the prevalence of intimate partner violence among sexual minority women.

## Prevalence of Intimate Partner Violence and Sexual Abuse among Sexual Minority Men

The CDC estimated that, in the U.S. general population, 28.1% of men have experienced physical violence by an intimate partner in their lifetimes, and 4.7% of men have experienced such violence in the past year (Breiding et al, 2014). An estimated 13.8% of all men have experienced severe physical violence in their lifetimes and 2.0% have experienced severe physical violence in the past year. These estimates for the U.S. general population represent the lower bounds of the range of studies' findings for IPV prevalence among gay and bisexual men (see Table III).

Eight studies examined the prevalence of IPV specifically among gay men.<sup>10</sup> Three of these studies used representative sampling to estimate a range of lifetime IPV prevalence from 25.2% to 33.3% and past year IPV prevalence of 12.1%.<sup>11</sup> Goldberg et al (2013) and Walters et al (2013) estimated that 26.9% and 25.2% of gay men, respectively, had experienced IPV in their lifetimes. These findings are lower than the estimate provided by the CDC for men in the general population. However, Messinger (2011) found that 33.3% of gay men had

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relationship in the past year (85.9%) from the total sample (100.0%).

<sup>9</sup> Only one study that used purposive sampling estimated the prevalence of IPSA in a sample of bisexual women.

<sup>10</sup> Additional studies identified their samples as including only gay men. However, we have concluded through review of the material presented in these studies, that some samples are better described as including gay men and bisexual men or men who have sex with (MSM). To ensure the accuracy of our comparisons, we have included these studies in the latter group (Gay and Bisexual/MSM).

<sup>11</sup> Only one study that used representative sampling estimated the prevalence of past year IPV in a sample of gay men.

experienced IPV in their lifetimes, a higher prevalence than the CDC's general population estimate. Walters et al (2013) found that 16.4% of gay men reported ever experiencing severe physical violence by an intimate partner, which is also a higher prevalence than the CDC's estimate of 13.8% among men in the general population.

Five other studies used purposive sampling and found a lifetime IPV prevalence ranging from 13.9% to 44.0% and a past year IPV range from 26.9% to 40.0% among gay men. Of these studies, all five asked survey participants to self-identify their sexual orientation (Landolt et al, 1997; Turrell, 2000b; Freedner et al, 2002; Balsam et al, 2005; Carvalho et al, 2011). Like studies that examined the experiences of lesbians, studies that used purposive sampling of gay men found a wider range of prevalence than those that used representative sampling of gay men. Balsam et al (2005) found a lifetime prevalence of 38.8%, and Turrell (2000b) found a lifetime prevalence of 44.0%. These two fall above the range found in studies with representative samples. Freedner et al (2002) found a lifetime prevalence of 13.9%, and Carvalho et al (2011) found a lifetime prevalence of 23.0%. These two fall below that range.

From the studies in this review, it is not clear whether the prevalence of IPV among bisexual men is different from the prevalence of IPV among gay men. Two of the three studies that used representative sampling of both gay and bisexual men estimated higher prevalence of lifetime IPV among gay men than bisexual men (Messinger, 2011; Goldberg et al, 2013), but one study found the opposite (Walters et al, 2013). Of the two studies that used purposive sampling of gay and bisexual men, one found a higher prevalence of lifetime IPV among bisexual men (Balsam et al, 2005), and one found a lower prevalence among bisexual men (Freedner et al, 2002).

Findings from three studies that used representative sampling provide a range of lifetime IPV prevalence from 16.1% to 37.3% for bisexual men. Goldberg et al (2013), the only one of these studies that looked at past year prevalence, estimated that 9.1% of bisexual men had experienced IPV in the past year. The studies that used purposive sampling found a range of lifetime IPV for bisexual men from 9.5% to 47.1% and past year IPV of 41.7%.<sup>12</sup> These estimates appear to be higher than those found in representative samples.

There are a number of studies that provided findings of the prevalence of IPV among samples of men who have sex with men, gay men, and bisexual men. Most of these studies did not provide separate findings for gay, bisexual, and MSM men, so it is difficult to compare prevalence between these subgroups. In the studies that used representative samples, between 8.8% and 24.6% of individuals reported incidents of IPV in their lifetimes, and 8.6% reported incidents within the past year.<sup>13</sup> In the studies that used purposive samples, between 19.2% and 39.0% of MSM, gay men, and bisexual men reported experiencing IPV in their lifetimes and between 11.8% and 25.5% reported experiencing IPV in the past year. The studies with purposive samples provide a range for MSM, gay men, and bisexual men that seems to be higher than the range provided by studies based on representative samples.

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<sup>12</sup> Only one study that used purposive sampling estimated the prevalence of past year IPV in a sample of bisexual men.

<sup>13</sup> Only one study that used representative sampling estimated the prevalence of past year IPV in a sample of MSM/gay and bisexual men.

Table III. Prevalence of IPV and IPSA among Sexual Minority Men

	IPV in Lifetime			IPV in Past Year			IPSA in Lifetime		
	Gay	Bisexual	Gay and Bisexual/MSM	Gay	Bisexual	Gay and Bisexual/MSM	Gay	Bisexual	Gay and Bisexual/MSM
<b>Range (representative samples)</b>	25.2%-33.3%	16.1%-37.3%	8.8%-24.6%	12.1%	9.1%	8.6%	3.1%	3.1%	3.1%
<b>Range (purposive samples)</b>	13.9%-44.0%	9.5%-47.1%	19.2%-39.0%	26.9%-40.0%	41.7%	11.8%-25.5%	12.1%-13.9%	14.3%	10.0%-25.0%
Goldberg (2013)*	26.9%	19.6%	16.5%	12.1%	9.1%	8.6%			
Messinger (2011)*	33.3%	16.1%	24.6%				3.1%	3.1%	3.1%
Balsam (2005)	38.8%	47.1%		26.9%	41.7%				
Freedner (2002)	13.9% <sup>c</sup>	9.5% <sup>c</sup>					13.9% <sup>c</sup>	14.3% <sup>c</sup>	
Walters (2013)*	25.2%	37.3%							
Turrell (2000 <sup>b</sup> )	44.0%						13.0%		
Carvalho (2011)	23.0%								
Stanley (2006)			39.0%						
Houston (2007)			19.2%						18.5%
Rodriguez Madera (2005)			26.0%						25.0%
Mustanski (2007)			34.4% <sup>c</sup>						11.0% <sup>c</sup>
Feldman (2008)			33.0%						10.0%
Tjaden (2000)*			21.5%						
Halpern (2004)*			8.8% <sup>c</sup>						
Hester (2009)			35.2%						
Landolt (1997)				40.0% <sup>a</sup>					
Craft (2005)						25.5% <sup>b</sup>			
Stephenson (2010)						11.8% <sup>a</sup>			
Stephenson (2013)						12.4%			
Waterman (1989)							12.1%		
Toro-Alfonso (2004)									25.0%

\* Representative samples    <sup>a</sup> Current/latest partner    <sup>b</sup> Sample of HIV+ individuals    <sup>c</sup> Adolescents/young adults

Only one study that based its findings on a representative sample examined lifetime prevalence of IPSA among sexual minority men. Messinger (2011) estimated a prevalence of 3.1% among gay men, as well as among bisexual men and MSM. This is lower than the prevalence of lifetime IPSA found in the eight studies that examined these experiences in purposive samples. These studies have found IPSA prevalence ranging from 12.1% to 13.9% among gay men, 14.3% among bisexual men,<sup>14</sup> and 10.0% to 25.0% among MSM, gay men, and bisexual men. The differences between these studies' findings may be at least partially explained

<sup>14</sup> Only one study that used purposive sampling estimated the prevalence of lifetime IPSA in a sample of bisexual men.

by different definitions of IPVA the studies employed and the inclusion criteria for the samples. For example, Turrell (2000b) used a definition of sexual abuse that included a number of different abusive actions (forced into sexual activity against one's will, hurt during sex against one's will, and forced into public sex) and found that 13.0% of gay men have experienced such incidents. Houston et al (2007) used only one of these abusive actions to designate intimate partner sexual abuse and found a prevalence of 18.5% among MSM.

## Prevalence of Intimate Partner Violence and Sexual Abuse among Transgender People

Some studies also examined the prevalence of IPV and IPVA among transgender people (see Table IV).<sup>15</sup> All of these studies based their findings on purposive samples. Findings of lifetime IPV from these studies range from 31.1% to 50.0%. Risser et al (2005) found that 50.0% of transgender women have experienced IPV. Roch et al (2010) calculated a similar prevalence of 45.0% in a sample of transgender individuals. These findings suggest that transgender people may confront similar levels, if not higher levels, of intimate partner violence as compared to sexual minority men and women.

Most studies that investigated the prevalence of IPV among lesbian, gay, and bisexual people drew on samples that only included sexual minorities. A few included heterosexual participants, though, and these studies often used much larger heterosexual groups to make comparisons with LGB people. Studies that examined IPV among transgender people, however, needed to draw on samples of non-transgender, or cisgender, people for their controls. Langenderfer-Magruder et al (2014) is the only study to date examining the prevalence of IPV among transgender people that did this. The study found that 31.1% of transgender people and 20.4% of cisgender people had ever experienced IPV or dating violence. This was significantly higher for transgender people. However, additional studies are needed, particularly those based on representative samples, in order to conclude that such a difference exists in the general population.

Only one study included both transgender men and women and provided separate findings for each. The Transgender Community Health Project developed on behalf of the San Francisco Department of Health found that 37.0% of its transgender female participants and 27.0% of its transgender male participants reported experiencing physical abuse in the past year, and 44.0% of transgender female participants and 30.0% of transgender male participants attributed this abuse to their intimate partners (boyfriend/girlfriend, husband/wife, domestic partner, or sex partner) (Clements et al, 1999). This indicates that 16.0% of transgender women and 8.0% of transgender men had experienced IPV in the past year. The higher prevalence among transgender women is consistent with the higher prevalence of IPV among women generally.

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<sup>15</sup> We chose not to include one study, Xavier et al (2007), in Table IV. This study examined, among other variables, the prevalence of sexual and physical violence among transgender people, but we were not able, with the data presented, to provide an estimate of intimate partner violence that could be compared to those included in Table IV.

Table IV. Prevalence of IPV and IPSA among Transgender People

	IPV in Lifetime	IPV in Past Year	IPSA in Lifetime
<b>Range</b>	31.1%-50.0%	8.0%-16.0%	25.0%-47.0%
<b>Turrell (2000<sup>b</sup>)</b>	43.0%		28.0%
<b>Risser (2005)</b>	50.0% <sup>a</sup>		25.0% <sup>a</sup>
<b>Roch (2010)</b>	45.0%		47.0%
<b>Landers (2009)</b>	34.6%		
<b>Langenderfer-Magruder (2014)</b>	31.1%		
<b>Clements (1999)</b>		16.0% <sup>a</sup> , 8.0% <sup>b</sup>	

<sup>a</sup> Sample of transgender women    <sup>b</sup> Sample of transgender men

Only three studies provided findings of IPSA prevalence among transgender people, which ranged from 25.0% to 47.0%. Roch et al (2010) and Turrell (2000b) asked study participants whether they had ever experienced a specific set of sexually abusive behaviors from their intimate partners. From those responses they identified those who had experienced IPSA, 47.0% and 28.0%, respectively. Risser et al (2005) found that 25.0% of transgender women had experienced intimate partner sexual abuse. Further research is needed to better determine the prevalence of this type of abuse among transgender people.

### Prevalence of Intimate Partner Violence and Sexual Abuse among LG/BT and Bisexual People

Some studies observed IPV and IPSA in samples of sexual and gender minorities that were not separated according to gender (see Table V). All of these studies based their findings on purposive sampling. These include samples comprised of bisexual individuals (men and women), lesbian and gay individuals, and lesbian, gay, bisexual, and transgender individuals.<sup>16</sup> The prevalence of IPV in these samples is similar to the levels of IPV experienced by the general population.

Table V. Prevalence of IPV and IPSA among LG/BT and Bisexual People

	IPV in Lifetime			IPSA in Lifetime	
	Bisexual	LG	LGBT	Bisexual	LG
<b>Range</b>	18.4%-44.0%	7.0%-28.6%	14.5%-21.5%	7.0%	16.0%
<b>Landers (2009)</b>	18.4%	14.0%			
<b>Turrell (2000<sup>b</sup>)</b>	44.0%			7.0%	
<b>Toro-Alfonso (1999)</b>		7.0%-13.0% <sup>a</sup>			16.0%
<b>Burke (2002)</b>		28.6% <sup>17</sup>			
<b>Carvalho (2011)</b>		24.2%			
<b>Langenderfer-Magruder (2014)</b>			21.5%		
<b>Hellemans (2015)</b>			14.5% <sup>a</sup>		

<sup>a</sup> Current/latest partner

<sup>16</sup> As noted previously, each of these categories may include transgender participants. Only the latter category specifically identified transgender participants.

<sup>17</sup> To calculate this finding we added together the percent of study participants reporting they had “been hit, slapped, kicked, or otherwise physically harmed” one to two times (5.7%), three to four times (8.6%), and 5 or more times (14.3%).

Only one study looked exclusively at the experiences of bisexual people (both men and women). Turrell (2000b) found that 44.0% had experienced intimate partner violence in their lifetimes (a prevalence similar to Turrell's finding among transgender people, 43.0%). Another study, Landers et al (2009), found that 18.4% of bisexual participants had ever been threatened with physical violence by an intimate partner.<sup>18</sup> Certainly, more studies are needed to determine the actual prevalence of IPV among bisexual individuals.

The studies that observed samples of lesbian and gay individuals found lifetime prevalence of IPV between 7.0% and 28.6%, and studies of LGBT individuals found lifetime prevalence of IPV between 14.5% and 21.5%. It is difficult to compare these ranges, which include so few studies, to the ranges presented earlier for sexual minority men and women, as well as for prevalence findings from the general population. Very little research appears to have been conducted that included combined samples of lesbian, gay, bisexual, and transgender people. Researchers have frequently focused on specific subsamples of this population, so, while some studies have found that gay men and bisexual women, for example, experience a high prevalence of IPV compared to the general population, we cannot at this point conclude that LGBT people, as a whole, experience the same.

There are two studies that examined IPSA among bisexual and LG individuals. Turrell (2000b) found that 7.0% of bisexual individuals had experienced sexual abuse by an intimate partner. This is lower than the prevalence range found earlier in this review for bisexual women but within the range for bisexual men. However, Turrell used a definition that is fairly restrictive, citing just three examples of abuse that she classified as sexual abuse. Toro-Alfonso (1999) found that 16.0% of a sample of lesbian and gay individuals had experienced IPSA. This finding is within the ranges described earlier in this review for sexual minority men and women.



## BARRIERS TO SEEKING HELP

For those who experience intimate partner violence and sexual abuse, negative physical and emotional effects may result. Walters et al (2013) estimated that 33.5% of lesbians and 57.4% of bisexual women, compared to 28.2% of heterosexual women, have suffered lasting negative effects from IPV. The study found that 27.5% of bisexual women reported physical injury due to incidents of IPV, and 46.2% reported experiencing symptoms of post-traumatic stress disorder.

People who have experienced intimate partner violence and sexual abuse may seek help to find a safe space or to address negative effects associated with these experiences. LGBT people face many of the barriers to seeking help that non-LGBT people do but, in addition to those challenges, also face barriers that are specifically related to their sexual orientation or gender identity.

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<sup>18</sup> The prevalence of experiencing IPV and being threatened with IPV are not identical measures, but we include Landers et al (2009) to provide a related measure. While there is research about bisexual men and bisexual women (particularly as included in studies of LGB men and women), there is comparatively little research on the IPV experiences of bisexual individuals as a whole.



Some challenges come in the form of limited resources. Scherzer (1998) found that the single most frequently identified barrier to accessing assistance among lesbian women was money. It is not clear in what way money serves as a barrier for the lesbian women who reported that barrier. While money may be a barrier for both non-LGBT and LGBT people who are seeking such assistance, LGBT people have the added risk of rejection and isolation from family, friends, and society, and dependence on social networks that provide support and stability (including relationships with intimate partners) may make efforts to separate from abusers and seek help more costly (Ard et al, 2011; Goodmark, 2013).

LGBT people also may encounter intra- and interpersonal barriers to seeking help in ways similar to non-LGBT people. Like non-LGBT people, LGBT survivors of intimate partner violence and sexual abuse may have personal feelings of embarrassment, fear, shame, depression, guilt, and isolation that impede their willingness or ability to reach out for assistance (Scherzer, 1998; Turrell, 2000a). Fears and sadness related to breaking up with an abusive partner and expectations of the risks of retaliation can also lead survivors away from seeking help (Scherzer, 1998).

There are also intra- and interpersonal barriers that apply specifically to LGBT people. The risk or threat of “outing” someone can pose as both an abusive act and a barrier to seeking assistance (Roch et al, 2010; Ard et al, 2011). LGBT people who are not “out” to their friends and family members risk losing these individuals’ love, respect, and support if they disclose their relationship and their experiences of IPV. Ricks et al (2002) explained that lesbian women may face stigmatization from the heterosexual communities around them. Lesbian women may also face homophobia from non-LGBT survivors of IPV and IPSA who might otherwise provide empathy and assistance (Balsam, 2001). These challenges may also exist for gay, bisexual, and transgender people.

Popular understandings of what constitutes intimate partner violence and sexual abuse may even prevent survivors from recognizing that incidents of abuse by their partners are, in fact, abusive and that they are wrong and, potentially, illegal (Turrell, 2000a). Hassouneh et al (2008) found that women who had experienced violence from a same-sex intimate partner sometimes did not initially consider these incidents to be IPV. Some women cited their beliefs that only men perpetrate violence and that what violent acts women do commit are not serious or as dangerous as those perpetrated by men.

Institutional barriers, those challenges related to the perceived competency, availability, and effectiveness of assistance providers, may also affect whether an LGBT survivor of IPV and IPSA reaches out for assistance. Scherzer (1998) and Girshick (2002) explain that lesbian and bisexual women may not know whether there are LGBT-specific or LGBT-friendly assistance providers in their areas. There are concerns that sources of assistance are only available for heterosexual women and cisgender women (Poorman, 2001; Girshick, 2002; Goodmark, 2013). Of those sources of assistance that are available, some LGBT people fear that the organizations lack LGBT staff members who can make survivors feel welcome or have staff who are biased, lack knowledge of LGBT issues, lack experience, or are insensitive (Scherzer, 1998; Poorman, 2001; Girshick, 2002; Roch et al, 2010; Jacobson, 2013). There is a low level of confidence in the sensitivity and effectiveness of law enforcement officials and courts among many groups of LGBT people (Eaton et al, 2008; Goodmark, 2013). There is also the reality that IPV and IPSA among same-sex couples may not fit states’ statutory

definitions of domestic abuse, and these individuals may not have access to all the legal protections that non-LGBT people do (Hodges, 1999; Stapel, 2007).



## QUALITY OF HELP

When LGBT people do seek help they report that some sources of assistance are more helpful than others. Among the sources of help that LGBT people draw upon are those within their personal social networks. Some studies indicate that LGBT survivors find friends to be helpful (Renzetti, 1988; Turrell, 2000a; Merrill et al, 2000; McClennen et al, 2002); not surprisingly, one study found that individuals who are friends, mutual friends, or family members of survivors' abusive partners do not provide assistance to gay and bisexual male survivors that is ultimately helpful (Merrill et al, 2000). These studies also show mixed perceptions of the helpfulness of survivors' own family members. McClennan et al (2002) drew upon a sample of gay men who had experienced IPV and found that 80.0% reported their relatives were either "not helpful at all" or "a little helpful." Alternatively, Turrell (2000a), with a sample of 269 LGBT individuals, found that 74.0% reported that their family members provided helpful assistance.

LGBT people also sometimes turn to health care providers when seeking help. Studies show that medical doctors, psychologists, psychiatrists, and couples counselors are not always able to provide assistance for IPV-related issues that LGBT people consider helpful. Some studies show that LGBT survivors have low confidence in their ability to help (Renzetti, 1988; Merrill et al, 2000; McClennen et al, 2002). Transgender people, in particular, may have difficulty seeking help for IPV and IPSA from health care providers due to a lack of competency on transgender issues. For instance, transgender people surveyed in the National Transgender Discrimination Survey reported that they had to teach their own doctors about transgender people in order to get appropriate care (Grant et al, 2011).

Yet, a few studies found that some LGBT people reported that medical professionals provide helpful assistance. A number of studies showed that LGBT people found individual counselors to be particularly helpful (Renzetti, 1988; Turrell, 2000a; Merrill et al, 2000). Turrell (2000a) surveyed a sample of 499 LGBT individuals, asking what service was most needed for people in abusive relationships. The most frequently cited service was assistance from individual counselors. Among those who spoke with individual counselors, 89.0% found them to be helpful.

When it comes to services and programs provided by organizations that address LGBT intimate partner violence, it is not clear whether these services are effective because there is limited research and data on individual programs; though, there are a few studies that ask LGBT survivors to report whether IPV and IPSA-related services, in general, are helpful. One such study surveyed 52 gay and bisexual men and found that an overwhelming majority cited gay men's domestic violence programs, HIV-related agencies, and gay and lesbian agencies as somewhat or extremely helpful (Merrill et al, 2000).

One of the resources for survivors of IPV and IPSA that researchers have also focused on is shelters. According to the most recent report from the National Coalition of Anti-Violence Programs (NCAVP), which annually collects data on IPV among LGBTQ and HIV-affected persons from NCAVP member organizations, 15% of survivors sought assistance at shelters, and 21% of these individuals reported being denied shelter at these facilities (NCAVP, 2015). Among the individuals who were turned away, 20% reported that they were denied shelter because of their gender identity. Some studies have found that sexual minority men and women do not believe shelters to be particularly helpful (Renzetti, 1988; Lie et al, 2001; Turrell, 2000a; McClennen et al, 2002). Ristock (2002) noted that lesbian and bisexual women may be particularly hesitant to access services at shelters out of fear that their partners would also access services there or that they might encounter homophobia and rejection of their abusive experiences among the other survivors. Among sexual minority men, some perceive shelters for survivors of IPV and IPSA to be implicitly or explicitly targeted toward heterosexual women and women harmed by men only. Some gay men have reported not knowing about or being able to access shelters (Wolitski et al, 2005). In a survey of gay and bisexual men, McClennen et al (2002) found that shelters were the least utilized resource among survivors of IPV, and among those who did go to a shelter, 100% reported the shelter was “a little helpful” or “not helpful at all.” Turrell (2000a) similarly found that, in a sample of men and women who had been in a same-sex relationship, the fewest number of people rated shelters as helpful out of a list of 12 potential resources. Research on shelters for sexual minority IPV survivors tends to be older. Additional research may clarify if the situation for sexual minority people has changed in the past decade in regard to accessing and finding assistance from shelters. Research is needed on access to and the quality of assistance provided for gender minority people.

LGBT people also report mixed perceptions of the effectiveness of formal legal service providers. Renzetti (1988) and McClennan et al (2002) found that, among the lesbian women they surveyed, most found attorneys and other legal advisors to be unhelpful. Turrell (2000a), however, found that 73.0% of LGBT people surveyed reported legal assistance to be helpful. Some studies also focused on the perceived helpfulness of law enforcement. According to the most recent NCAVP report, 55.4% of LGBTQ and HIV-affected survivors in their study reported experiences of IPV to the police (NCAVP, 2015). A number of studies found that LGBT people did not believe police to be helpful in addressing cases of IPV (Renzetti, 1988; Turrell, 2000a; McClennen et al, 2002, Poorman, 2001, Finneran, 2013). This may be related to findings that LGBT people have reported experiencing discrimination and harassment by law enforcement officers (Mallory et al, 2015). Finneran and Stephenson recently conducted a study of gay and bisexual men’s perceptions of the effectiveness of law enforcement in addressing intimate partner violence. They found that 59.0% of those individuals surveyed believed police would be less helpful towards gay and bisexual men than heterosexual women in cases of IPV, and individuals who had recently experienced physical IPV were more likely to view police as less helpful (Finneran et al, 2013).



## LIMITATIONS

There are limitations to the research presented in this review. In particular, studies that addressed intimate partner violence and sexual abuse among LGBT individuals were not well standardized in the definitions and measures they used. Definitions of sexual orientation and gender identity varied widely. Researchers employed surveys that asked participants to identify their sexual practices, past and current intimate partners, perceived gender identity, LGBT identity, and other variables to determine sexual orientation and gender identity. Researchers also measured intimate partner violence and sexual abuse in a variety of ways, including the frequency of these experiences, how they were defined, and in what ways they were ultimately presented in the literature. The literature on LGBT IPV is broad, focusing on a variety of related topics and subsamples of the population, but the lack of standard definitions and measures impedes comparative analysis.

Many studies in this review also utilized purposive sampling. This is in part due to the fact that LGBT people are not routinely identified in surveys using representative sampling techniques. As a result, most findings of the prevalence of intimate partner violence and sexual abuse in this review have limited generalizability.

While the research on IPV and IPSA is lacking in key areas for all LGBT people, there is particularly a lack of research about transgender individuals. In this review, we include only three studies that focused exclusively on transgender individuals' experiences with intimate partner violence and sexual abuse. There are other studies that addressed domestic violence and additional topics related to physical, emotional, and sexual violence among transgender people that are not included here, but research about IPV and IPSA among transgender people is sorely lacking.



## CONCLUSIONS AND FUTURE RESEARCH NEEDS

This report provides an overview of existing research on the prevalence of intimate partner violence and sexual abuse, barriers to seeking help, and quality of available assistance for lesbian, gay, bisexual, and transgender people. Findings in this review suggest that:

- According to the CDC's National Intimate Partner and Sexual Violence Survey (NISVS), the prevalence of intimate partner violence among gay and bisexual men and lesbian women is not significantly

different from heterosexual men and women, respectively. There is a higher prevalence of intimate partner violence and sexual violence among bisexual women as compared to heterosexual women.

- Most studies reviewed for this report have found a lifetime prevalence of IPV that is as high as or higher among lesbian and bisexual women, gay and bisexual men, and transgender people than the U.S. general population.
- LGBT people face barriers to seeking help that are unique to their sexual orientation and gender identity.
- LGBT people often rely on informal, personal networks for assistance in cases of intimate partner violence and sexual abuse.
- There is a diversity of opinions concerning which sources of assistance are actually helpful for LGBT people.
- LGBT people frequently cite law enforcement as unhelpful sources of assistance in addressing cases of IPV and IPSA.

The studies reviewed for this report also point to certain topics and considerations for future research.

- There is limited research in this field that uses randomly-selected, representative samples. Including questions about individuals' sexual orientation (such as has been done in the NISVS) and gender identity in these types of national and state-level surveys would advance our understanding of IPV and IPSA among LGBT people by providing more generalizable findings.
- While, overall, research about the prevalence, effects, and other aspects of IPV and IPSA among LGBT people is lacking, a very limited number of studies in this field is devoted solely to transgender people. Researchers should consider studies that focus on prevalence, effects, risk factors, and help-seeking related to intimate partner violence and sexual abuse among transgender people.
- Researchers should consider studies that evaluate the effectiveness of programs devoted to reducing the prevalence of IPV and IPSA among LGBT people and programs that assist LGBT survivors.

Further research into these areas will help researchers and service providers in developing studies and programs that more effectively address LGBT intimate partner violence and sexual abuse.



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# APPENDIX

Study	Year Data Collected	Location	Recruitment	Method	Sample	Primary Purpose of Research
<b>Waterman et al (1989)</b>	Not Specified	Northeastern United States	Outreach at a state university, state college, private university, and state university gay student group	Survey	36 women and 34 men currently or at one time in a gay/lesbian relationship	To investigate the prevalence and correlates of coercive sex in gay and lesbian relationships
<b>Schilit et al (1990)</b>	Not Specified	Tucson, AZ	Direct mail from local lesbian organization mailing list	Survey	104 self-identified lesbians	To examine the relationship between domestic violence and substance abuse in lesbian relationships
<b>Lie et al (1991)</b>	1985	Michigan	Distribution of surveys at a Michigan women's music festival workshop	Survey	169 women in currently abusive relationships	To examine the incidence of domestic violence and help-seeking in lesbian relationships
<b>Bradford et al (1994)</b>	1984-1985	50 U.S. States	Physical survey copies distributed at lesbian and gay health and mental health organization/practitioners; local network outreach	Survey	1,925 lesbians	To learn more about the health and mental health care needs of lesbians
<b>Lockhart et al (1994)</b>	1989	Southeastern United States	Paper surveys distributed at a large women's music festival	Survey	284 people who were currently (or had been in the past 6 months) in a committed, co-habiting lesbian relationship	To better understand the nature of lesbian violence
<b>Landolt et al (1997)</b>	Not Specified	Not Specified	Questionnaires mailed to couples after gay couples responded to advertisements for the survey in local gay publications and called the researcher on the telephone	Interviews & survey	52 gay male couples	To explore the relationship between partner abuse and other relationship dynamics
<b>Scherzer (1998)</b>	1993	San Francisco Bay area, CA	Individual outreach and snowball sampling	Survey	256 self-identified lesbians	To examine the frequency of lesbian domestic violence, participants' attitudes toward it, and help-seeking experiences
<b>Toro-Alfonso (1999)</b>	Not Specified	Puerto Rico	Outreach and networking in Puerto Rico	Survey	152 gay men and lesbians	To identify patterns of domestic violence among gay and lesbian Puerto Ricans; and to bring attention to this issue

Study	Year Data Collected	Location	Recruitment	Method	Sample	Primary Purpose of Research
Clements et al (1999)	1997	San Francisco, CA	Targeted sampling of survey advertisements at local venues, agencies, bars, events, etc; snowball sampling	Survey, interviews, and follow-up interviews	392 MTF and 123 FTM transgender people	To assess the HIV risk of transgender people in San Francisco
Turrell (2000)	Not Specified	Houston area, TX	Identification of potential participants at research presentations at local organizations; mailed survey	Survey	499 gay, lesbian, bisexual, and transgender people	To find the prevalence of same-sex relationship violence among LGBT people
Tjaden et al (2000)	1995-1996	United States	Random digit dialing	Survey	16,000 men and women including 79 women and 65 men with a history of same-sex cohabitation	To find and compare the prevalence of IPV among men and women
Hughes et al (2000)	1994-1996	Chicago, IL; Minneapolis/St. Paul, MN; New York, NY	Distribution of surveys through formal and informal lesbian settings and social networks	Survey	829 women including 550 lesbians and 279 heterosexual women	To detail more thoroughly the health of lesbians
Descamps et al (2000)	1984-1985	United States	Distribution of surveys throughout the United States by researchers from the National Lesbian Health Care Survey	Survey	1,925 lesbians	To find the prevalence of intimate partner violence, child sexual abuse, rape and hate crimes among a sample of lesbians
Bernhard (2000)	Not Specified	Urban area in the Midwestern United States	Direct researcher outreach at lesbian social, political, and health groups	Survey	215 women including 136 lesbians and 79 heterosexual women	To explore whether there are differences between experiences of violence among lesbians and heterosexual women
Miller et al (2001)	1989	Southeastern United States	Outreach at a large, regional women's music festival	Survey	284 self-identified lesbians	To identify predictors of violence in lesbian relationships
Hughes et al (2001)	Not Specified	Chicago area, IL	Outreach through advertisements placed in local newspapers; flyers posted in churches and bookstores and distributed to individuals and organizations	In-depth interview	120 women including 63 lesbians and a matched comparison group of 57 heterosexual women	To compare lesbians' and heterosexual women's experiences of sexual assault and to investigate relationships between sexual assault and alcohol abuse
McLaughlin et al (2001)	Not Specified	A large, urban, southwestern county in the United States	Physical distribution at a gay and lesbian center and an annual gay pride event	Survey	297 lesbians and bisexual women	To investigate the idea that the lesbian community may not be conceptualizing violence in lesbian relationships as domestic violence

Study	Year Data Collected	Location	Recruitment	Method	Sample	Primary Purpose of Research
McClennan et al (2002)	Not Specified	United States	Outreach to social work clinicians and NCAVP member organizations for networking; advertisements placed in lesbian-targeted media; outreach at two Missouri pride events; researchers' personal outreach	Survey	78 lesbians	To assess power imbalance between lesbian couples resulting in partner abuse
Burke et al (2002)	Not Specified	Venezuela & United States	Outreach through researchers' personal connections; snowball sampling	Online survey	72 gay and lesbian individuals	To examine the prevalence of same-sex domestic violence in the United States and Venezuela
Freedner (2002)	2000	Northeastern United States	Sampling of attendees to an LGBT youth rights rally	Survey	521 LGB adolescents	To examine the prevalence of dating violence experienced by LGB adolescents
Morris et al (2003)	1994-1995	United States (all 50 states)	Distribution of survey to feminist, gay, and lesbian bookstores and community centers, political and social groups, national mailing lists, and friendship networks	Survey	2,431 lesbian, bisexual, and gay women	To contribute research on experiences of violence towards non-heterosexual women
Toro-Alfonso et al (2004)	Not Specified	Puerto Rico	Outreach and networking to organizations that provide services to gay men	Survey	199 gay and bisexual men in Puerto Rico	To foster a better understanding of domestic violence among same-sex couples
Halpern et al (2004)	1995	United States	Survey administration at high schools through the National Longitudinal Study of Adolescent Health	Survey, in-home interview, and follow-up interview	117 adolescents reporting exclusively same-sex romantic/sexual relationships in the past 18 months	To determine the prevalence of psychological and physical intimate partner violence between adolescents in same-sex relationships
Craft et al (2005)	Not Specified	Midwestern United States	Outreach at three HIV-specific clinics and organizations	Survey	51 HIV positive men currently (or in the past 6 months) in an intimate relationship with a man	To examine the prevalence of intimate partner violence among HIV positive gay men
Balsam et al (2005)	Not Specified	United States	Announcements sent to LGB periodicals and media	Survey	557 lesbian/gay, 163 bisexual, and 525 heterosexual individuals	To examine lifetime victimization of LGB people
Risser et al (2005)	2002-2003	Houston, TX	Outreach through network of transgender service organizations, bars, and clubs	Survey & interviews	67 MTF transgender individuals	To inform the Community Planning Group (Houston, Texas) in setting HIV-prevention priorities

Study	Year Data Collected	Location	Recruitment	Method	Sample	Primary Purpose of Research
Rodriguez Madera et al (2005)	Not Specified	Puerto Rico & New York	Outreach through gay and bisexual service organizations; snowball sampling	Survey	302 gay and bisexual Puerto Rican men	To describe the development of the survey instrument used in the study
Stanley et al (2006)	Not Specified	Vancouver, BC	Random digit-dialing procedure	Semi-structured interviews	69 gay and bisexual men (original sample: 1,176 men)	To explore the nature of male same-sex intimate violence
Houston et al (2007)	2001	Chicago, IL	Outreach by MSM community members at targeted venues	Survey	817 MSM or men who have had sex with another man in the past 6 months	To describe patterns of intimate partner abuse among MSM and psychosocial factors associated with abuse
Mustanski et al (2007)	2004-2005	Chicago, IL	Flyers posted in LGBT retail locations and LGBT youth-serving agencies; e-mail advertisements on high school and college list serves; palm cards distributed in LGBT-identified neighborhoods; snowball sampling	Survey	310 young self-identified MSM	To assess the extent to which psychosocial health problems had an additive effect on increasing HIV risk among young MSM
Feldman et al (2008)	1998-1999	New York, NY; Miami, FL; and Los Angeles, CA	Direct approach at social venues (e.g. bars, clubs, weeknight events) in Latino communities	Face-to-face interviews	912 self-identified Latino gay and bisexual men	To examine how participation in difficult sexual situations with specific constraints may explain associations between IPV and HIV sexual risk behavior
Eaton et al (2008)	2005	Atlanta, GA	Distribution of surveys at booths at an Atlanta gay pride Festival	Survey	226 women who have had a same-sex partner in the last 5 years	To assess the role of substance use and sex risk behaviors in relation to IPV and social barriers to reporting IPV
Hester et al (2009)	Not Specified	United Kingdom	Direct distribution throughout the same-sex community in the UK	Survey & interviews	800 individuals and 67 individuals self-identified as LGBTQ or heterosexual	To assess the effectiveness of measuring same-sex domestic violence with a survey methodology developed by the researchers
Landers et al (2009)	2009	Massachusetts	Online recruitment through MassEquality (state-based LGBT organization) mailing list	Online survey	1,598 individuals (including self-identified gay/lesbian, bisexual, transgender, and straight individuals)	To examine health disparities between lesbian, gay, bisexual, transgender individuals and straight individuals

Study	Year Data Collected	Location	Recruitment	Method	Sample	Primary Purpose of Research
<b>Roch et al (2010)</b>	Not Specified	Scotland, United Kingdom; United States	Outreach through online advertisements on LGBT Abuse Project and Scottish Transgender Alliance websites	Online and paper survey	60 transgender and gender-variant individuals	To provide data on transgender people's experiences of domestic abuse in the UK
<b>Stephenson et al (2010)</b>	Not Specified	United States	Outreach through selective placement of advertisements on MySpace.com	Online survey	402 men with at least one male sex partner in the past 12 months	To collect data on the experience and perpetration of IPV among men who have sex with men in the United States
<b>Messinger (2011)</b>	1995-1996	United States (All 50 states and DC)	Random digit dialing	Survey	14,182 individuals in co-habiting, marital relationships; 144 lesbian, gay, and bisexual participants	To find the prevalence of IPV among same-sex couples
<b>Carvalho et al (2011)</b>	Not Specified	Not Specified	Outreach through targeted announcements in media, list serves, bookstores, gay/lesbian events, and other areas; snowball sampling	Online survey	581 gay men and lesbian women	To examine the relationship among internalized homophobia, stigma consciousness, and openness to self-reported IPV victimization and perpetration
<b>Goldberg et al (2012)</b>	2007-2008	California	Random digit dialing	Computer-assisted telephone survey	31,623 individuals including 267 lesbian women, 247 bisexual women, 94 WSW, 415 gay men, 135 bisexual men, and 92 MSM	To find the prevalence of IPV among sexual minorities
<b>Stephenson et al (2013)</b>	2012	Atlanta, GA	Outreach through banner advertisements on Facebook	Online survey	822 gay and bisexual men	To describe development of a short-form IPV screening tool for gay and bisexual men
<b>Langenderfer et al (2014)</b>	2011	Colorado	Outreach to members of Colorado LGBT organization's and its partners' mailing lists; Online advertising via Facebook	Online survey	1,139 LGBTQ people	To determine lifetime prevalence of LGBTQ IPV and police-reporting among cis- and transgender people
<b>Heilemans et al (2015)</b>	2011-2012	Flanders, Belgium	Random sampling from Belgian National Registers	Survey & interviews	Sample 1: 1,690 individuals; Sample 2: 2,401 non-heterosexuals	To determine IPV prevalence among non-heterosexual men and women; to elaborate on prevalence and determine correlates of health

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